

**135B.7 Rules and enforcement.**

1. *a.* The department, with the approval of the council on health and human services, shall adopt rules setting out the standards for the different types of hospitals and for rural emergency hospitals to be licensed under [this chapter](#). The department shall enforce the rules.

*b.* Rules or standards shall not be adopted or enforced which would have the effect of denying a license to a hospital, rural emergency hospital, or other institution required to be licensed, solely by reason of the school or system of practice employed or permitted to be employed by physicians in the hospital, rural emergency hospital, or other institution if the school or system of practice is recognized by the laws of this state.

2. *a.* The rules shall state that a hospital or rural emergency hospital shall not deny clinical privileges to physicians and surgeons, podiatric physicians, osteopathic physicians and surgeons, dentists, certified health service providers in psychology, physician assistants, or advanced registered nurse practitioners licensed under [chapter 148](#), [148C](#), [149](#), [152](#), or [153](#), or [section 154B.7](#), solely by reason of the license held by the practitioner or solely by reason of the school or institution in which the practitioner received medical schooling or postgraduate training if the medical schooling or postgraduate training was accredited by an organization recognized by the council on higher education accreditation or an accrediting group recognized by the United States department of education.

*b.* A hospital or rural emergency hospital may establish procedures for interaction between a patient and a practitioner. The rules shall not prohibit a hospital or rural emergency hospital from limiting, restricting, or revoking clinical privileges of a practitioner for violation of hospital rules, regulations, or procedures established under this paragraph, when applied in good faith and in a nondiscriminatory manner.

*c.* [This subsection](#) shall not require a hospital or rural emergency hospital to expand the current scope of service delivery solely to offer the services of a class of providers not currently providing services at the hospital or rural emergency hospital. [This section](#) shall not be construed to require a hospital or rural emergency hospital to establish rules which are inconsistent with the scope of practice established for licensure of practitioners to whom [this subsection](#) applies.

*d.* [This section](#) shall not be construed to authorize the denial of clinical privileges to a practitioner or class of practitioners solely because a hospital or rural emergency hospital has as employees of the hospital or rural emergency hospital identically licensed practitioners providing the same or similar services.

3. The rules shall require that a hospital or rural emergency hospital establish and implement written criteria for the granting of clinical privileges. The written criteria shall include but are not limited to consideration of all of the following:

*a.* The ability of an applicant for privileges to provide patient care services independently and appropriately in the hospital or rural emergency hospital.

*b.* The license held by the applicant to practice.

*c.* The training, experience, and competence of the applicant.

*d.* The relationship between the applicant's request for the granting of privileges and the hospital's or rural emergency hospital's current scope of patient care services, as well as the hospital's or rural emergency hospital's determination of the necessity to grant privileges to a practitioner authorized to provide comprehensive, appropriate, and cost-effective services.

4. The department shall also adopt rules requiring hospitals and rural emergency hospitals to establish and implement protocols for responding to the needs of patients who are victims of domestic abuse, as defined in [section 236.2](#).

5. The department shall also adopt rules requiring hospitals and rural emergency hospitals to establish and implement protocols for responding to the needs of patients who are victims of elder abuse, as defined in [section 235F.1](#).

[C50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §135B.7]

[83 Acts, ch 101, §16](#); [85 Acts, ch 169, §1](#); [90 Acts, ch 1093, §1](#); [90 Acts, ch 1204, §6](#); [91 Acts, ch 218, §3](#); [93 Acts, ch 108, §1](#); [96 Acts, ch 1034, §68](#); [99 Acts, ch 42, §1](#); [2008 Acts, ch 1088](#),

§88; 2009 Acts, ch 41, §45; 2014 Acts, ch 1107, §10; 2016 Acts, ch 1011, §35; 2020 Acts, ch 1103, §38, 51; 2023 Acts, ch 16, §8, 20, 21; 2023 Acts, ch 19, §163

Referred to in §135B.5

2023 amendment by 2023 Acts, ch 16, §8, applies to a facility or, due to change in ownership, a successor facility that was, on or before December 27, 2020, a general hospital with no more than fifty licensed beds, located in a county in a rural area as specified in section 135E.3A with a specified population, and operating on and prior to a specified date under a valid certificate of need; 2023 Acts, ch 16, §20

See Code editor's note on simple harmonization at the beginning of this Code volume

Section amended