



[SF 477](#) – Medical License, Internationally Trained Doctors (LSB1866SV.3)
Staff Contact: Xavier Leonard (515.725.0509) xavier.leonard@legis.iowa.gov
Fiscal Note Version – Final Action

[Senate File 477](#) relates to the licensure of internationally trained physicians and the disclosure of electronic protected health information (EPHI) of a minor to a legal guardian and does the following:

- Makes changes to the licensure standards for internationally trained physicians.
 - Requires EPHI to be disclosed to the legal guardian of a minor, with some exceptions.
-

Division I — Licensure of Internationally Trained Physicians

Description

Division I directs the Iowa Board of Medicine to grant a license to practice medicine and surgery or osteopathic medicine and surgery to an international physician who is licensed to practice outside of the United States and meets additional requirements. **Division I** states that licenses may be granted with no additional training or residency requirements, as long as the training and residency requirements of the international physician were substantially similar.

Division I takes effect January 1, 2025.

Background

The Board is funded entirely through fees charged by its members, without a General Fund appropriation. Additional costs for administering the Board and carrying out the duties assigned to the Board would result in increased fees to licensees.

Assumptions

Senate File 477 requires the creation of a new type of medical practitioner license in the licensing system used by the Board. The Board is currently procuring a new system and anticipates that the requirements of **Division I** can be implemented in the new system for no additional cost.

The Board estimates that approximately 422 individuals will apply for the license created by the Bill. The Board estimates the fee for the new provisional license to be \$340. Processing these licenses will require an additional 1.0 full-time equivalent (FTE) position. Overseeing the implementation of the program is expected to require approximately 25.0% of the 1.0 FTE position currently attributed to the Board's Licensing Director and 10.0% of the 1.0 FTE position currently assigned to the Board's Executive Director. Because the Board is funded entirely by fee revenue, the Board will need to add the work hours for these FTE positions to the cost of establishing and administering the license when estimating the required license fee.

Fiscal Impact

Ongoing FTE position costs include \$50,000 for 1.0 FTE position for a Clerk Specialist to process the additional licenses, as well as additional supervisory time from the Board's Licensure Director and the Board's Executive Director. The 10.0% of the Executive Director's 1.0 FTE position is estimated to add approximately \$17,000 to the cost of administering the

license. The 25.0% of the Licensing Director’s 1.0 FTE position is estimated to add approximately \$28,000 to the cost of administering the license. These supervisory requirements are expected to decrease after the first two years of the license. **Figure 1** shows a complete estimate of approximate costs.

Figure 1 — Total Implementation and Administration Costs

| Expense | FY 2025 Est. Cost | FY 2026 Est. Cost |
|---|------------------------------|------------------------------|
| 0.25 FTE Position — Licensing Director | \$ 14,000 | \$ 28,000 |
| 0.10 FTE Position — Executive Director | 9,000 | 17,000 |
| 1.00 FTE Position — Clerk Specialist | 25,000 | 50,000 |
| Other Board Costs Attributed to the New License | 2,000 | 2,000 |
| Total Costs | \$ 50,000 | \$ 97,000 |

The new license type is estimated to result in approximately \$143,000 deposited into the Licensing and Regulation Fund.

Sources

Department of Inspections, Appeals, and Licensing
 Board of Medicine
 Legislative Services Agency

Division II — Electronic Protected Health Information

Description and Background

Division II requires a health care provider or facility that maintains or transmits EPHI to disclose to the legal guardian of a minor the minor’s EPHI. The EPHI must relate to health care for which the minor is allowed to provide consent without a legal guardian. Currently legal guardians are allowed to request paper copies of a minor’s medical records.

Assumptions and Fiscal Impact

Division II of the Bill is not estimated to have a fiscal impact to the State.

Source

Iowa Hospital Association

/s/ Jennifer Acton

April 29, 2024

Doc ID 1448838

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.