

# House Study Bill 318

HOUSE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON  
WAYS AND MEANS BILL BY  
CHAIRPERSON SHOMSHOR)

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to entities and activities regulated by the Iowa  
2 department of public health, including the practices of  
3 optometry and mortuary science, establishment of a state  
4 public health dental director and an oral health bureau,  
5 membership on the child death review team, and immunity for  
6 emergency response, and providing for the revision of fees.  
7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
8 TLSB 1213HC 82  
9 nh/cf/24

PAG LIN

1 1 DIVISION I  
1 2 OPTOMETRY  
1 3 Section 1. Section 154.1, Code 2007, is amended to read as  
1 4 follows:  
1 5 154.1 OPTOMETRY == DIAGNOSTICALLY CERTIFIED LICENSED  
1 6 OPTOMETRISTS == THERAPEUTICALLY CERTIFIED OPTOMETRISTS.  
1 7 1. For the purpose of this subtitle the following classes  
1 8 of persons shall be deemed to be engaged in the practice of  
1 9 optometry:  
1 10 ~~1. a.~~ Persons employing any means other than the use of  
1 11 drugs, medicine, or surgery for the measurement of the visual  
1 12 power and visual efficiency of the human eye; persons engaged  
1 13 in the prescribing and adapting of lenses, prisms, and contact  
1 14 lenses; and persons engaged in the using or employing of  
1 15 visual training or ocular exercise; for the aid, relief, or  
1 16 correction of vision.  
1 17 ~~2. b.~~ Persons who allow the public to use any mechanical  
1 18 device for ~~such a~~ purpose described in paragraph "a".  
1 19 ~~3. c.~~ Persons who publicly profess to be optometrists and  
1 20 to assume the duties incident to ~~said the~~ profession.  
1 21 ~~2. Certified~~ Diagnostically certified licensed  
1 22 optometrists may employ cycloplegics, mydriatics, and topical  
1 23 anesthetics as diagnostic agents topically applied to  
1 24 determine the condition of the human eye for proper optometric  
1 25 practice or referral for treatment to a person licensed under  
1 26 chapter 148, ~~150,~~ or 150A. A diagnostically certified  
1 27 licensed optometrist is an optometrist who is licensed to  
1 28 practice optometry in this state and who is certified by the  
1 29 board of optometry examiners to use diagnostic agents. ~~A~~  
~~1 30 certified licensed optometrist shall be provided with a~~  
~~1 31 distinctive certificate by the board which shall be displayed~~  
~~1 32 for viewing by the patients of the optometrist.~~  
1 33 3. Therapeutically certified optometrists may employ all  
1 34 diagnostic and therapeutic pharmaceutical agents for the  
1 35 purpose of diagnosis and treatment of conditions of the human  
2 1 eye and adnexa pursuant to this paragraph subsection,  
2 2 excluding the use of injections other than to counteract an  
2 3 anaphylactic reaction, and notwithstanding section 147.107,  
2 4 may without charge supply any of the above pharmaceuticals to  
2 5 commence a course of therapy. Therapeutically certified  
2 6 optometrists may prescribe oral steroids for a period not to  
2 7 exceed fourteen days without consultation with a ~~primary care~~  
2 8 physician. Therapeutically certified optometrists shall not  
2 9 prescribe oral Imuran or oral Methotrexate. Therapeutically  
2 10 certified optometrists may be authorized, where reasonable and  
2 11 appropriate, by rule of the board, to employ new diagnostic  
2 12 and therapeutic pharmaceutical agents approved by the United  
2 13 States food and drug administration on or after July 1, 2002,  
2 14 for the diagnosis and treatment of the human eye and adnexa.  
2 15 The board shall not be required to adopt rules relating to

2 16 topical pharmaceutical agents, oral antimicrobial agents, oral  
2 17 antihistamines, oral antiglaucoma agents, and oral analgesic  
2 18 agents. Superficial foreign bodies may be removed from the  
2 19 human eye and adnexa. The therapeutic efforts of a  
2 20 therapeutically certified optometrist are intended for the  
2 21 purpose of examination, diagnosis, and treatment of visual  
2 22 defects, abnormal conditions, and diseases of the human eye  
2 23 and adnexa, for proper optometric practice or referral for  
2 24 consultation or treatment to persons licensed under chapter  
2 25 148, 150, or 150A. A therapeutically certified optometrist is  
2 26 an optometrist who is licensed to practice optometry in this  
2 27 state and who is certified by the board of optometry examiners  
2 28 to use the agents and procedures authorized pursuant to this  
2 29 ~~paragraph subsection. A therapeutically certified optometrist~~  
~~2 30 shall be provided with a distinctive certificate by the board~~  
~~2 31 which shall be displayed for viewing by the patients of the~~  
~~2 32 optometrist.~~

2 33 Sec. 2. Section 154.3, Code 2007, is amended to read as  
2 34 follows:

2 35 154.3 LICENSE.

3 1 ~~1.~~ Every applicant for a license to practice optometry  
3 2 shall:

3 3 ~~a. 1.~~ Be a graduate of an accredited school of optometry  
3 4 ~~and meet requirements as established by rules of the board.~~

3 5 ~~b. 2.~~ Present an official transcript issued by an  
3 6 accredited school of optometry.

3 7 ~~c. 3.~~ Pass an examination as determined by the board by  
3 8 rule.

3 9 ~~2.~~ A person applying to be licensed as an optometrist  
~~3 10 after January 1, 1980, shall also apply to be a certified~~  
~~3 11 licensed optometrist and shall, in addition to satisfactorily~~  
~~3 12 completing all requirements for a license to practice~~  
~~3 13 optometry, satisfactorily complete a course consisting of at~~  
~~3 14 least one hundred contact hours in pharmacology and receive~~  
~~3 15 clinical training as it applies to optometry with particular~~  
~~3 16 emphasis on the topical application of diagnostic agents to~~  
~~3 17 the human eye for the purpose of examination of the human eye,~~  
~~3 18 and the diagnosis of conditions of the human eye, at an~~  
~~3 19 institution accredited by a regional or professional~~  
~~3 20 accreditation organization which is recognized or approved by~~  
~~3 21 the council on postsecondary accreditation or the United~~  
~~3 22 States office of education.~~

3 23 ~~3.~~ A person licensed as an optometrist prior to January 1,  
~~3 24 1980 who applies to be a certified licensed optometrist shall~~  
~~3 25 first satisfactorily complete a course consisting of at least~~  
~~3 26 one hundred contact hours in pharmacology as it applies to~~  
~~3 27 optometry including clinical training as it applies to~~  
~~3 28 optometry with particular emphasis on the topical application~~  
~~3 29 of diagnostic agents to the human eye and possible adverse~~  
~~3 30 reactions thereto, for the purpose of examination of the human~~  
~~3 31 eye and the diagnosis of conditions of the human eye, provided~~  
~~3 32 by an institution accredited by a regional or professional~~  
~~3 33 accreditation organization which is recognized or approved by~~  
~~3 34 the council on postsecondary accreditation or the United~~  
~~3 35 States office of education, and approved by the board of~~  
~~4 1 optometry examiners.~~

4 2 ~~4.~~ In addition to the examination required by subsection  
~~4 3 1, paragraph "c", a person applying to be a certified licensed~~  
~~4 4 optometrist shall also pass an examination prescribed by the~~  
~~4 5 optometry examiners in the subjects of physiology and~~  
~~4 6 pathology appropriate to the use of diagnostic pharmaceutical~~  
~~4 7 agents and diagnosis of conditions of the human eye, and~~  
~~4 8 pharmacology including systemic effects of ophthalmic~~  
~~4 9 diagnostic pharmaceutical agents and the possible adverse~~  
~~4 10 reactions thereto, authorized for use by optometrists by~~  
~~4 11 section 154.1.~~

4 12 ~~5.~~ A person applying to be licensed as an optometrist  
~~4 13 after January 1, 1986, shall also apply to be a~~  
~~4 14 therapeutically certified optometrist and shall, in addition~~  
~~4 15 to satisfactorily completing all requirements for a license to~~  
~~4 16 practice optometry, satisfactorily complete a course as~~  
~~4 17 defined by rule of the state board of optometry examiners with~~  
~~4 18 particular emphasis on the examination, diagnosis and~~  
~~4 19 treatment of conditions of the human eye and adnexa provided~~  
~~4 20 by an institution accredited by a regional or professional~~  
~~4 21 accreditation organization which is recognized or approved by~~  
~~4 22 the council on postsecondary accreditation of the United~~  
~~4 23 States office of education, and approved by the board of~~  
~~4 24 optometry examiners. The rule of the board shall require a~~  
~~4 25 course including a minimum of forty hours of didactic~~  
~~4 26 education and sixty hours of approved supervised clinical~~

~~4 27 training in the examination, diagnosis and treatment of  
4 28 conditions of the human eye and adnexa. The board may also,  
4 29 by rule, provide a procedure by which an applicant who has  
4 30 received didactic education meeting the requirements of rules  
4 31 adopted pursuant to this subsection at an approved school of  
4 32 optometry may apply to the board for a waiver of the didactic  
4 33 education requirements of this subsection.~~

4 34 6. A person licensed in any state as an optometrist prior  
4 35 to January 1, 1986, who applies to be a therapeutically  
5 1 certified optometrist shall first satisfactorily complete a  
5 2 course as defined by rule of the board of optometry examiners  
5 3 with particular emphasis on the examination, diagnosis and  
5 4 treatment of conditions of the human eye and adnexa provided  
5 5 by an institution accredited by a regional or professional  
5 6 accreditation organization which is recognized or approved by  
5 7 the council on postsecondary accreditation of the United  
5 8 States office of education, and approved by the board of  
5 9 optometry examiners. The rule of the board shall require a  
5 10 course including a minimum of forty hours of didactic  
5 11 education and sixty hours of approved supervised clinical  
5 12 training in the examination, diagnosis, and treatment of  
5 13 conditions of the human eye and adnexa. Effective July 1,  
5 14 1987, the board shall require that therapeutically certified  
5 15 optometrists prior to the utilization of topical and oral  
5 16 antiglaucoma agents, oral antimicrobial agents and oral  
5 17 analgesic agents shall complete an additional forty-four hours  
5 18 of education with emphasis on treatment and management of  
5 19 glaucoma and use of oral pharmaceutical agents for treatment  
5 20 and management of ocular diseases, provided by an institution  
5 21 accredited by a regional or professional accreditation  
5 22 organization which is recognized or approved by the council on  
5 23 postsecondary accreditation of the United States office of  
5 24 education, and approved by the board of optometry examiners.  
5 25 Upon completion of the additional forty-four hours of  
5 26 education, a therapeutically certified optometrist shall also  
5 27 pass an oral or written examination prescribed by the board.  
5 28 The board shall suspend the optometrist's therapeutic  
5 29 certificate for failure to comply with this subsection by July  
5 30 1, 1988.

5 31 The board shall adopt rules requiring an additional twenty  
5 32 hours per biennium of continuing education in the treatment  
5 33 and management of ocular disease for all therapeutically  
5 34 certified optometrists. The department of ophthalmology of  
5 35 the school of medicine of the state university of Iowa shall  
6 1 be one of the providers of this continuing education.

6 2 7. A person licensed in any state as an optometrist prior  
6 3 to January 1, 1986, who applies to be a therapeutically  
6 4 certified optometrist shall also be required to qualify as a  
6 5 certified licensed optometrist as defined in subsections 2, 3,  
6 6 and 4.

6 7 8. In addition to the examination required by subsection  
6 8 1, paragraph "c", a person applying to be a therapeutically  
6 9 certified optometrist shall also pass an examination  
6 10 prescribed by the board of optometry examiners in the  
6 11 examination, diagnosis, and treatment of diseases of the human  
6 12 eye and adnexa.

6 13 Sec. 3. Section 154.10, Code 2007, is amended to read as  
6 14 follows:

6 15 154.10 STANDARD OF CARE.

6 16 1. A diagnostically certified licensed optometrist  
6 17 employing diagnostic pharmaceutical agents as authorized by  
6 18 section 154.1 shall be held to the same standard of care in  
6 19 the use of such agents and in diagnosis as is common to  
6 20 persons licensed under chapter 148, 150, or 150A in this  
6 21 state.

6 22 2. A therapeutically certified optometrist employing  
6 23 pharmaceutical agents as authorized by section 154.1 shall be  
6 24 held to the same standard of care in the use of such agents  
6 25 and in diagnosis and treatment as is common to persons  
6 26 licensed under chapter 148, 150, or 150A in this state.

6 27 Sec. 4. Sections 154.4, 154.5, 154.6, and 154.7, Code  
6 28 2007, are repealed.

6 29 DIVISION II  
6 30 MORTUARY SCIENCE

6 31 Sec. 5. Section 156.1, subsection 6, Code 2007, is amended  
6 32 to read as follows:

6 33 6. "Intern" means a person registered by the board to  
6 34 practice mortuary science under the direct supervision of a  
6 35 funeral director preceptor certified by the board.

7 1 Sec. 6. Section 156.1, subsection 7, paragraph d, Code  
7 2 2007, is amended to read as follows:

7 3 d. ~~Embalming by disinfecting or preserving~~ dead human  
7 4 bodies, entire or in part, by the use of chemical substances,  
7 5 fluids, or gases in the body, or by the introduction of the  
7 6 same into the body by vascular or injections, hypodermic  
7 7 injections, or by direct surface application into the organs  
7 8 or cavities for the purpose of preservation or disinfection.

7 9 Sec. 7. Section 156.4, subsections 1 and 3, Code 2007, are  
7 10 amended to read as follows:

7 11 1. The practice of a funeral director must be conducted  
7 12 from a funeral establishment licensed by the board. The board  
7 13 may specify criteria for exceptions to the requirement of this  
7 14 subsection in rules.

7 15 3. Applications for the examination for a funeral  
7 16 director's license shall be ~~in writing and~~ verified on a form  
7 17 furnished by the board.

7 18 Sec. 8. Section 156.8A, Code 2007, is amended to read as  
7 19 follows:

7 20 156.8A STUDENT PRACTICUM.

7 21 The board, by rule, shall provide for practicums in  
7 22 mortuary science for students available through any school  
7 23 accredited by the American board of funeral service education  
7 24 ~~and shall regulate the registration, training, and fees for~~  
7 25 ~~such practicums.~~

7 26 Sec. 9. Section 156.9, subsection 2, Code 2007, is amended  
7 27 to read as follows:

7 28 2. In addition to the grounds stated in sections 147.55  
7 29 and 272C.10, the board may revoke or suspend the license of,  
7 30 ~~or otherwise discipline,~~ a funeral director for any one of the  
7 31 following acts:

7 32 a. Knowingly misrepresenting any material matter to a  
7 33 prospective purchaser of funeral merchandise, furnishings, or  
7 34 services.

7 35 b. ~~Executing a death certificate or burial transit permit~~  
8 1 ~~for use by anyone except a funeral director or a certified~~  
8 2 ~~intern who is working under the direct supervision of a~~  
8 3 ~~funeral director unless otherwise allowed under section~~  
8 4 ~~144.32. A violation of chapter 144 related to the practice of~~  
8 5 ~~mortuary science.~~

8 6 c. Knowingly aiding, assisting, procuring, advising, or  
8 7 allowing a person to unlawfully practice mortuary science.

8 8 d. Willful or repeated violations of this chapter, or the  
8 9 rules adopted pursuant to this chapter.

8 10 e. Conviction of any crime related to the practice of  
8 11 mortuary science or implicating the licensee's competence to  
8 12 safely perform mortuary science services, including but not  
8 13 limited to a crime involving moral character, dishonesty,  
8 14 fraud, theft, embezzlement, extortion, or controlled  
8 15 substances, in a court of competent jurisdiction in this  
8 16 state, or in another state, territory, or district of the  
8 17 United States, or in a foreign jurisdiction. For purposes of  
8 18 this paragraph, "conviction" includes a guilty plea, deferred  
8 19 judgment, or other finding of guilt. A certified copy of the  
8 20 judgment is prima facie evidence of the conviction.

8 21 Sec. 10. Section 156.10, Code 2007, is amended to read as  
8 22 follows:

8 23 156.10 INSPECTION.

8 24 1. The director of public health shall inspect all places  
8 25 where dead human bodies are prepared or held for burial,  
8 26 entombment, or cremation, and shall adopt and enforce such  
8 27 rules and regulations in connection with the inspection as  
8 28 shall be necessary for the preservation of the public health.

8 29 2. ~~At~~ The Iowa department of public health shall assess an  
8 30 inspection fee for each an inspection of a place where dead  
8 31 human bodies are prepared for burial or cremation shall be  
8 32 fifteen dollars per year, which shall be collected by the  
8 33 director of public health. The fee shall be determined by the  
8 34 department by rule.

8 35 Sec. 11. Section 156.15, subsection 2, paragraph a, Code  
9 1 2007, is amended to read as follows:

9 2 a. ~~Been convicted of a felony or a misdemeanor involving~~  
9 3 ~~moral turpitude any crime related to the practice of mortuary~~  
9 4 ~~science or implicating the establishment's ability to safely~~  
9 5 ~~perform mortuary science services, or if the applicant is an~~  
9 6 ~~association, joint stock company, partnership, or corporation,~~  
9 7 ~~that a managing officer or owner has been convicted of a~~  
9 8 ~~felony or a misdemeanor involving moral turpitude such a~~  
9 9 ~~crime, under the laws of this state, another state, or the~~  
9 10 ~~United States.~~

9 11 Sec. 12. Section 156.13, Code 2007, is repealed.

9 12 DIVISION III

9 13 STATE PUBLIC HEALTH DENTAL DIRECTOR AND ORAL

HEALTH BUREAU ESTABLISHED

Sec. 13. NEW SECTION. 135.14 STATE PUBLIC HEALTH DENTAL DIRECTOR == DUTIES.

1. The position of state public health dental director is established within the department.

2. The dental director shall perform all of the following duties:

a. Plan and direct all work activities of the statewide public health dental program.

b. Develop comprehensive dental initiatives for prevention activities.

c. Evaluate the effectiveness of the statewide public health dental program and of program personnel.

d. Manage the oral health bureau including direction, supervision, and fiscal management of bureau staff.

e. Other related work as required.

Sec. 14. NEW SECTION. 135.15 ORAL HEALTH BUREAU ESTABLISHED == RESPONSIBILITIES.

An oral health bureau is established within the division of health promotion and chronic disease prevention of the department. The bureau shall be responsible for all of the following:

1. Providing population-based oral health services, including public health training, improvement of dental support systems for families, technical assistance, awareness-building activities, and educational services, at the state and local level to assist Iowans in maintaining optimal oral health throughout all stages of life.

2. Performing infrastructure building and enabling services through the administration of state and federal grant programs targeting access improvement, prevention, and local oral health programs utilizing maternal and child health programs, Medicaid, and other new or existing programs.

3. Leveraging federal, state, and local resources for programs under the purview of the bureau.

4. Facilitating ongoing strategic planning and application of evidence-based research in oral health care policy development that improves oral health care access and the overall oral health of all Iowans.

5. Developing and implementing an ongoing oral health surveillance system for the evaluation and monitoring of the oral health status of children and other underserved populations.

DIVISION IV

MISCELLANEOUS PROVISIONS

Sec. 15. Section 135.11, Code 2007, is amended by adding the following new subsection:

NEW SUBSECTION. 31. In consultation with the advisory committee for perinatal guidelines, develop and maintain the statewide perinatal program based on the recommendations of the American academy of pediatrics and the American college of obstetricians and gynecologists contained in the most recent edition of the guidelines for perinatal care, and shall adopt rules in accordance with chapter 17A to implement those recommendations. Hospitals within the state shall determine whether to participate in the statewide perinatal program, and select the hospital's level of participation in the program.

A hospital having determined to participate in the program shall comply with the guidelines appropriate to the level of participation selected by the hospital.

Sec. 16. Section 135.24, subsection 5, paragraph a, Code 2007, is amended to read as follows:

a. "Charitable organization" means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code ~~which has as its primary purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of chiropractic, dental, medical, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services to children and to serve as a funding mechanism for provision of chiropractic, dental, medical, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services, including but not limited to immunizations, to children in this state.~~

Sec. 17. Section 135.43, subsection 2, unnumbered paragraph 1, Code 2007, is amended to read as follows:

The membership of the review team is subject to the provisions of sections 69.16 and 69.16A, relating to political

11 25 affiliation and gender balance. Review team members who are  
11 26 not designated by another appointing authority shall be  
11 27 appointed by the director of public health ~~in consultation~~  
~~11 28 with the director of human services.~~ Membership terms shall  
11 29 be for three years. A membership vacancy shall be filled in  
11 30 the same manner as the original appointment. The review team  
11 31 shall elect a chairperson and other officers as deemed  
11 32 necessary by the review team. The review team shall meet upon  
11 33 the call of the chairperson, upon the request of a state  
11 34 agency, or as determined by the review team. The members of  
11 35 the team are eligible for reimbursement of actual and  
12 1 necessary expenses incurred in the performance of their  
12 2 official duties.

12 3 Sec. 18. Section 135.43, subsection 5, Code 2007, is  
12 4 amended to read as follows:

12 5 5. a. The following individuals shall designate a liaison  
12 6 to assist the review team in fulfilling its responsibilities:

12 7 ~~a. (1)~~ The director of public health.

12 8 ~~b. (2)~~ The director of human services.

12 9 ~~c. (3)~~ The commissioner of public safety.

12 10 ~~d. The administrator of the bureau of vital records of the~~  
~~12 11 Iowa department of public health.~~

12 12 ~~e. (4)~~ The attorney general.

12 13 ~~f. (5)~~ The director of transportation.

12 14 ~~g. (6)~~ The director of the department of education.

12 15 b. In addition, the chairperson of the review team shall

12 16 designate a liaison from the public at large to assist the  
12 17 review team in fulfilling its responsibilities.

12 18 Sec. 19. NEW SECTION. 135.147 IMMUNITY FOR EMERGENCY AID  
12 19 == EXCEPTIONS.

12 20 1. A person, corporation, or other legal entity, or an  
12 21 employee or agent of such person, corporation, or entity, who,  
12 22 during a public health disaster, in good faith and at the  
12 23 request of or under the direction of the department or the  
12 24 department of public defense renders emergency care or  
12 25 assistance to a victim of the public health disaster shall not  
12 26 be liable for civil damages for causing the death of or injury  
12 27 to a person, or for damage to property, unless such acts or  
12 28 omissions constitute recklessness.

12 29 2. The immunities provided in this section shall not apply  
12 30 to any person, corporation, or other legal entity, or an  
12 31 employee or agent of such person, corporation, or entity,  
12 32 whose act or omission caused in whole or in part the public  
12 33 health disaster and who would otherwise be liable therefor.

12 34 Sec. 20. Section 135I.4, subsection 5, Code 2007, is  
12 35 amended to read as follows:

13 1 5. Adopt rules in accordance with chapter 17A for the  
13 2 implementation and enforcement of this chapter, and the  
13 3 establishment of fees. ~~The department shall appoint an~~

~~13 4 advisory committee composed of owners, operators, local~~  
~~13 5 officials, and representatives of the public to advise it in~~  
~~13 6 the formulation of appropriate rules.~~

13 7 Sec. 21. Section 135I.6, Code 2007, is amended to read as  
13 8 follows:

13 9 135I.6 ENFORCEMENT.

13 10 If the department or a local board of health acting  
13 11 pursuant to agreement with the department determines that a  
13 12 provision of this chapter or a rule adopted pursuant to this  
13 13 chapter has been or is being violated, the department may  
13 14 withhold or revoke the registration of a swimming pool or spa,  
13 15 or the department or the local board of health may order that  
13 16 a facility or item of equipment not be used, until the  
13 17 necessary corrective action has been taken. The department or  
13 18 the local board of health may request the county attorney to  
13 19 bring appropriate legal proceedings to enforce this chapter,  
13 20 including an action to enjoin violations. The attorney  
13 21 general may also institute appropriate legal proceedings at  
13 22 the request of the department. This remedy is in addition to  
13 23 any other legal remedy available to the department or a local  
13 24 board of health.

13 25 Sec. 22. Section 135M.4, subsection 1, paragraph d, Code  
13 26 2007, is amended to read as follows:

13 27 d. The prescription drug or supplies are prescribed by a  
13 28 health care practitioner for use by an eligible individual and  
13 29 are dispensed by a pharmacist or are dispensed to an eligible  
13 30 individual by the prescribing health care practitioner or the  
13 31 practitioner's authorized agent.

13 32 Sec. 23. Section 139A.13A, subsection 1, Code 2007, is  
13 33 amended to read as follows:

13 34 1. An employer shall not discharge an employee, or take or  
13 35 fail to take action regarding an employee's promotion or

14 1 proposed promotion, or take action to reduce an employee's  
14 2 wages or benefits for actual time worked, due to the  
14 3 compliance of an employee with a quarantine or isolation order  
14 4 or voluntary confinement request issued by the department, or  
14 5 a local board, or the centers for disease control and  
14 6 prevention of the United States department of health and human  
14 7 services.

14 8 Sec. 24. Section 144.28, subsection 1, Code 2007, is  
14 9 amended to read as follows:

14 10 1. The medical certification shall be completed and signed  
14 11 by the physician in charge of the patient's care for the  
14 12 illness or condition which resulted in death within  
14 13 seventy-two hours after receipt of the death certificate from  
14 14 the funeral director or individual who initially assumes  
14 15 custody of the body, except when inquiry is required by the  
14 16 county medical examiner. If upon inquiry into the death, the  
14 17 county medical examiner determines that a preexisting natural  
14 18 disease or condition was the likely cause of death and that  
14 19 the death does not affect the public interest as described in  
14 20 section 331.802, subsection 3, the county medical examiner may  
14 21 elect to defer to the physician in charge of the patient's  
14 22 preexisting condition the certification of the cause of death.

14 23 When inquiry is required by the county medical examiner, the  
14 24 medical examiner shall investigate the cause of death and  
14 25 shall complete and sign the medical certification within  
14 26 seventy-two hours after determination of the cause of death.

14 27 Sec. 25. Section 144.46, Code 2007, is amended to read as  
14 28 follows:

14 29 144.46 ~~FEE FOR COPY OF RECORD FEES.~~

14 30 1. The department by rule shall establish fees based on  
14 31 the average administrative cost which shall be collected by  
14 32 the state registrar or the county registrar for each of the  
14 33 following:

14 34 a. ~~A certified copy or short form certification of~~  
14 35 ~~certificates or records, or for a certificate or record.~~

15 1 b. ~~A search of the files or records when no copy is made,~~  
15 2 ~~or when no record is found on file.~~

15 3 c. ~~A copy of a certificate or record or a vital statistics~~  
15 4 ~~data file provided to a researcher in accordance with section~~  
15 5 ~~144.44.~~

15 6 d. ~~A copy of a certificate or record or a vital statistics~~  
15 7 ~~data file provided to a federal, state, local, or other public~~  
15 8 ~~or private agency for statistical purposes in accordance with~~  
15 9 ~~section 144.45.~~

15 10 e. ~~Verification or certification of vital statistics data~~  
15 11 ~~provided to a federal, state, or local governmental agency~~  
15 12 ~~authorized by rule to receive such data.~~

15 13 2. Fees collected by the state registrar and by the county  
15 14 registrar on behalf of the state under this section shall be  
15 15 deposited in the general fund of the state and the vital  
15 16 records fund established in section 144.46A in accordance with  
15 17 an apportionment established by rule. Fees collected by the  
15 18 county registrar pursuant to section 331.605, subsection 6,  
15 19 shall be deposited in the county general fund. ~~A fee shall~~  
15 20 ~~not be collected from a political subdivision or agency of~~  
15 21 ~~this state.~~

15 22 Sec. 26. Section 144.46A, subsections 2 and 3, Code 2007,  
15 23 are amended to read as follows:

15 24 2. ~~The department shall adopt rules providing for an~~  
15 25 ~~increase in the fees charged by the state registrar for vital~~  
15 26 ~~records services under section 144.46 in an amount necessary~~  
15 27 ~~to pay for the purposes designated in subsection 1.~~

15 28 3. ~~2. Increased fees collected by the state registrar~~  
15 29 ~~pursuant to this section shall be credited to the vital~~  
15 30 ~~records fund.~~ Moneys credited to the fund pursuant to section  
15 31 144.46 and otherwise are appropriated to the department to be

15 32 used for the purposes designated in subsection 1.  
15 33 Notwithstanding section 8.33, moneys credited to the fund that  
15 34 remain unencumbered or unobligated at the close of the fiscal  
15 35 year shall not revert to any fund but shall remain available

16 1 for expenditure for the purposes designated.  
16 2 Sec. 27. Section 152.1, subsection 4, paragraph c, Code  
16 3 2007, is amended to read as follows:

16 4 c. Make the pronouncement of death for a patient whose  
16 5 death is anticipated if the death occurs in a licensed  
16 6 hospital, a licensed health care facility, a  
16 7 Medicare-certified home health agency, ~~or~~ a Medicare-certified  
16 8 hospice program or facility, or an assisted living facility or  
16 9 residential care facility, with notice of the death to a  
16 10 physician and in accordance with any directions of a  
16 11 physician.

16 12 Sec. 28. Section 152.1, subsection 6, paragraph e, Code  
16 13 2007, is amended to read as follows:  
16 14 e. Make the pronouncement of death for a patient whose  
16 15 death is anticipated if the death occurs in a licensed  
16 16 hospital, a licensed health care facility, a  
16 17 Medicare-certified home health agency, ~~or~~ a Medicare-certified  
16 18 hospice program or facility, an assisted living facility, or a  
16 19 residential care facility, with notice of the death to a  
16 20 physician and in accordance with any directions of a  
16 21 physician.

#### 16 22 EXPLANATION

16 23 This bill relates to entities and activities regulated by  
16 24 the Iowa department of public health.

16 25 DIVISION I == OPTOMETRY. The bill eliminates various Code  
16 26 provisions relating to requirements for licensure as an  
16 27 optometrist and provides that the board of optometry examiners  
16 28 shall establish requirements for licensure by rule. The bill  
16 29 specifies that certain optometrists are diagnostically  
16 30 certified to distinguish them from optometrists who are  
16 31 therapeutically certified. A requirement that certified  
16 32 optometrists be provided with a distinctive certificate which  
16 33 is to be displayed for viewing by the optometrist's patients  
16 34 is eliminated.

16 35 DIVISION II == MORTUARY SCIENCE. The bill makes various  
17 1 changes relating to the practice of mortuary science. The  
17 2 bill modifies the definition of "intern" to require such  
17 3 persons to be directly supervised by a preceptor certified by  
17 4 the board of mortuary science examiners. A description of  
17 5 embalming procedures utilized in the practice of mortuary  
17 6 science is amended to provide that chemical substances,  
17 7 fluids, or gases may be introduced into the body by surface,  
17 8 rather than direct, application into the organs or cavities.  
17 9 A provision requiring the practice of a funeral director to  
17 10 be conducted from an establishment licensed by the board is  
17 11 amended to allow the board to specify exceptions to the  
17 12 requirement in rules. The bill eliminates provisions  
17 13 requiring that an application for examination for a funeral  
17 14 director's license be in writing, allowing electronic  
17 15 submission; requiring the board to regulate registration,  
17 16 training, and fees for mortuary science practicums, which are  
17 17 regulated by certain mortuary science schools; and allowing  
17 18 the department, with the approval of the board, to accept  
17 19 certain national certificates of examination in lieu of the  
17 20 examination prescribed by the board.

17 21 The bill allows the board to discipline a licensed funeral  
17 22 director other than by license revocation or suspension and  
17 23 makes changes in the permissible grounds for revocation or  
17 24 suspension. The bill provides that such grounds include  
17 25 violations of Code chapter 144 (vital statistics) relating to  
17 26 the practice of mortuary science and convictions of crimes  
17 27 related to the practice of mortuary science or implicating the  
17 28 licensee's competence to safely perform mortuary science  
17 29 services. The bill similarly modifies the grounds for  
17 30 revocation of a funeral or cremation establishment's license  
17 31 based on a criminal conviction and adds an owner of such a  
17 32 funeral or cremation establishment to the list of persons and  
17 33 entities who may commit such a crime causing the revocation or  
17 34 suspension.

17 35 The \$15 annual fee for funeral and cremation establishment  
18 1 inspections is replaced by an inspection fee to be established  
18 2 by the department by rule.

18 3 DIVISION III == DENTAL AND ORAL HEALTH. The bill  
18 4 establishes the position of state public health dental  
18 5 director and the oral health bureau within the department.  
18 6 The state public health dental director is directed to plan  
18 7 and direct all activities of the statewide public health  
18 8 dental program, develop comprehensive dental initiatives for  
18 9 prevention activities, evaluate the effectiveness of the  
18 10 dental program and of program personnel, and manage the oral  
18 11 health bureau.

18 12 The oral health bureau is responsible for providing  
18 13 population-based oral health services at the state and local  
18 14 level, performing infrastructure building and enabling  
18 15 services, facilitating ongoing strategic planning and  
18 16 application of research in oral health care policy development  
18 17 that improves access and the overall oral health of Iowans,  
18 18 and developing and implementing an oral health surveillance  
18 19 system for the evaluation and monitoring of the oral health  
18 20 status of underserved populations.

18 21 DIVISION IV == MISCELLANEOUS PROVISIONS. The bill codifies  
18 22 provisions enacted in 1998 directing the department to develop

18 23 and maintain the statewide perinatal program.

18 24 A definition of "charitable organization" for purposes of  
18 25 the volunteer health care provider program is amended to  
18 26 remove the specific purposes such an organization must have,  
18 27 leaving the reference to the definition in the Internal  
18 28 Revenue Code.

18 29 The bill makes several changes to the membership of the  
18 30 child death review team. The bill eliminates a requirement  
18 31 that the director of public health consult with the director  
18 32 of human services in making appointments to the review team  
18 33 and replaces a liaison to the review team designated by the  
18 34 administrator of the bureau of vital records with an at-large  
18 35 liaison designated by the chairperson of the review team.

19 1 The bill provides legal immunity for persons and entities,  
19 2 or employees or agents of such persons or entities, who in  
19 3 good faith and at the request of or under the direction of the  
19 4 department of public health or the department of public  
19 5 defense render emergency care or assistance during a public  
19 6 health disaster to a victim of such disaster. Such immunity  
19 7 does not apply in the event of recklessness or to a person or  
19 8 entity, or employee or agent of such person or entity, whose  
19 9 act or omission caused the public health disaster and who  
19 10 would otherwise be liable therefor.

19 11 A provision requiring the department to appoint an advisory  
19 12 committee relating to the regulation of swimming pools and  
19 13 spas is eliminated in the bill. The bill allows the  
19 14 department to withhold or revoke the registration of a  
19 15 swimming pool or spa for a violation of the laws or rules  
19 16 regulating pools and spas until the necessary corrective  
19 17 action has been taken.

19 18 The bill extends isolation and quarantine employment  
19 19 protection for persons who voluntarily comply with a  
19 20 confinement request issued by the department, a local board of  
19 21 health, or the federal centers for disease control and  
19 22 prevention.

19 23 The bill allows a county medical examiner to defer to the  
19 24 physician in charge of a patient's preexisting condition the  
19 25 certification of the cause of death if the medical examiner  
19 26 determines that a preexisting natural disease or condition was  
19 27 the likely cause of death and that the death does not affect  
19 28 the public interest.

19 29 Provisions regarding the fees for certain vital records  
19 30 copies and services are amended in the bill. The bill  
19 31 provides that the department shall establish fees by rule for  
19 32 copies of certain vital records documents provided to  
19 33 researchers and public and private agencies and for  
19 34 verification or certification of vital statistics data  
19 35 provided to a governmental agency authorized by rule to  
20 1 receive such data. The bill eliminates a provision exempting  
20 2 political subdivisions and agencies of the state from payment  
20 3 of vital records fees.

20 4 The bill also provides that such fees collected by the  
20 5 state registrar and by the county registrar on behalf of the  
20 6 state shall be deposited in the general fund of the state and  
20 7 the vital records fund, in an apportionment established by  
20 8 rule. Currently, such fees are deposited in the general fund  
20 9 of the state, with the exception of that portion of the fees  
20 10 attributed to the 2005 increase in such fees, which is to be  
20 11 deposited in the vital records fund, to be used for purposes  
20 12 of the purchase and maintenance of an electronic system for  
20 13 vital records scanning, data capture, data reporting, storage,  
20 14 and retrieval, and for all registration and issuance  
20 15 activities.

20 16 In addition, provisions relating to the scope of practice  
20 17 of licensed practical nurses and registered nurses are amended  
20 18 to include making a pronouncement of death for a patient whose  
20 19 death is anticipated if the death occurs in an assisted living  
20 20 or residential care facility, with notice of the death to a  
20 21 physician and in accordance with any directions of a  
20 22 physician. Currently, such nurses may make a pronouncement of  
20 23 death if the death occurs in a licensed hospital, a licensed  
20 24 health care facility, a Medicare-certified home health agency,  
20 25 or a Medicare-certified hospice program or facility.

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