## Senate File 569 - Introduced

(SUCCESSOR TO SF 536) (SUCCESSOR TO SSB 1195)

Passed	Senate,	Date	Passed	House,	Date	
Vote:	Ayes	Nays	Vote:	Ayes _	Nays	
	_	pproved				

### A BILL FOR

1 An Act relating to entities and activities regulated by the Iowa department of public health, including the practices of optometry and mortuary science, establishment of a state public health dental director and an oral health bureau, membership on the child death review team, and immunity for emergency response, and providing for the revision of fees.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION T
                                     OPTOMETRY
         Section 1. Section 154.1, Code 2007, is amended to read as
   4 follows:
                 OPTOMETRY == <u>DIAGNOSTICALLY</u> CERTIFIED LICENSED
   6 OPTOMETRISTS == THERAPEUTICALLY CERTIFIED OPTOMETRISTS.
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         1. For the purpose of this subtitle the following classes
   8 of persons shall be deemed to be engaged in the practice of
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   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.
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         2. b. Persons who allow the public to use any mechanical
1 18 device for such a purpose described in paragraph "a".
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         3. c. Persons who publicly profess to be optometrists and
  20 to assume the duties incident to said the profession.
21 2. Certified Diagnostically certified licensed
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1 22 optometrists may employ cycloplegics, mydriatics, and topical
  23 anesthetics as diagnostic agents topically applied to
  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 <u>diagnostically</u> certified
  27 licensed optometrist is an optometrist who is licensed to
  28 practice optometry in this state and who is certified by the
1 29 board of optometry examiners to use diagnostic agents.
  30 certified licensed optometrist shall be provided with a 31 distinctive certificate by the board which shall be displayed
  32 for viewing by the patients of the optometrist.
         3. Therapeutically certified optometrists may employ all
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  34 diagnostic and therapeutic pharmaceutical agents for the
  35 purpose of diagnosis and treatment of conditions of the human
   1 eye and adnexa pursuant to this paragraph subsection,
   2 excluding the use of injections other than to counteract an
   3 anaphylactic reaction, and notwithstanding section 147.107,
   4 may without charge supply any of the above pharmaceuticals to 5 commence a course of therapy. Therapeutically certified
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   6 optometrists may prescribe oral steroids for a period not to 7 exceed fourteen days without consultation with a primary care
   8 physician. Therapeutically certified optometrists shall not
   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
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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 19 human eye and adnexa. The therapeutic efforts of a 20 therapeutically certified optometrist are intended for the 21 purpose of examination, diagnosis, and treatment of visual 22 defects, abnormal conditions, and diseases of the human eye 23 and adnexa, for proper optometric practice or referral for 24 consultation or treatment to persons licensed under chapter 25 148, 150, or 150A. A therapeutically certified optometrist is 26 an optometrist who is licensed to practice optometry in this 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 30 shall be provided with a distinctive certificate by the board 31 which shall be displayed for viewing by the patients of the 2 32 optometrist. Sec. 2. Section 154.3, Code 2007, is amended to read as 2 34 follows: 2 35 154.3 LICENSE.  $\frac{1}{2}$  Every applicant for a license to practice optometry 2 shall: 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 6 accredited school of optometry. c. 3. Pass an examination as determined by the board by 3 8 rule. A person applying to be licensed as an optometrist 3 10 after January 1, 1980, shall also apply to be a certified 11 licensed optometrist and shall, in addition to satisfactorily 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 <del>3 17 the human eye for the purpose of examination of the human eye,</del> 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. A person licensed as an optometrist prior to January 1, 3 24 1980 who applies to be a certified licensed optometrist shall 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 35 States office of education, and approved by the board of 1 optometry examiners. 4. In addition to the examination required by subsection 3 1, paragraph "c", a person applying to be a certified licensed 4 optometrist shall also pass an examination prescribed by the 5 optometry examiners in the subjects of physiology and 4 6 pathology appropriate to the use of diagnostic pharmaceutical 7 agents and diagnosis of conditions of the human eye, and 8 pharmacology including systemic effects of ophthalmic 9 diagnostic pharmaceutical agents and the possible adverse 4 10 reactions thereto, authorized for use by optometrists by 4 11 section 154.1. 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

1 certified optometrist shall first satisfactorily complete 5 2 course as defined by rule of the board of optometry examiners 5 3 with particular emphasis on the examination, diagnosis and 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 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 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 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 <del>5 30 1, 1988.</del>

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 1 be one of the providers of this continuing education.

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.

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 <del>6 12 eye and adnexa.</del>

6 13 Sec. 3. Section 154.10, Code 2007, is amended to read as 6 14 follows: 6 15 154.1

154.10 STANDARD OF CARE.

- 1. A diagnostically certified licensed optometrist 6 16 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.
- A therapeutically certified optometrist employing <u>2.</u> 6 23 pharmaceutical agents as authorized by section 154.1 shall be 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. Sec. 4. Sections 154.4, 154.5, 154.6, and 154.7, Code

28 2007, are repealed.

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# DIVISION II

MORTUARY SCIENCE

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

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. Sec. 6. Section 156.1, subsection 7, paragraph d, Code 2 2007, is amended to read as follows:
3 d. Embalming by disinfecting or preserving dead human 4 bodies, entire or in part, by the use of chemical substances, 5 fluids, or gases in the body, or by the introduction of the same into the body by vascular or injections, hypodermic 6 injections, or by direct surface application into the organs 8 or cavities for the purpose of preservation or disinfection. Sec. 7. Section 156.4, subsections 1 and 3, Code 2007, are 7 10 amended to read as follows: 1. The practice of a funeral director must be conducted 7 11 7 12 from a funeral establishment licensed by the board. The board 13 may specify criteria for exceptions to the requirement of this 14 subsection in rules. 3. Applications for the examination for a funeral 7 15 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 23 accredited by the American board of funeral service education 7 24 and shall regulate the registration, training, and fees for 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 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. b. Executing a death certificate or burial transit permit 8 1 for use by anyone except a funeral director or a certified 2 intern who is working under the direct supervision of a funeral director unless otherwise allowed under section 4 144.32. A violation of chapter 144 related to the practice of 5 mortuary science. 8 8 c. Knowingly aiding, assisting, procuring, advising, or 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 mortuary science or implicating the licensee's competence to safely perform mortuary science services, including but not 13 limited to a crime involving moral character, dishonesty, 8 14 fraud, theft, embezzlement, extortion, or controlled 15 substances, in a court of competent jurisdiction in this 16 state, or in another state, territory, or district of the 8 17 United States, or in a foreign jurisdiction. For purposes of 18 this paragraph, "conviction" includes a guilty plea, deferred 19 judgment, or other finding of guilt. A certified copy of the 20 judgment is prima facie evidence of the conviction. Sec. 10. Section 156.10, Code 2007, is amended to read as 8 21 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. An 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 33 director of public health. The fee shall be determined by the 8 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: a. Been convicted of a felony or a misdemeanor involving 3 moral turpitude any crime related to the practice of mortuary 4 science or implicating the establishment's ability to safely 5 perform mortuary science services, or if the applicant is an 6 association, joint stock company, partnership, or corporation, 7 that a managing officer or owner has been convicted of a <u>8 felony or a misdemeanor involving moral turpitude such a</u> 9 crime, under the laws of this state, another state, or the 9 10 United States.

Sec. 12. Section 156.13, Code 2007, is repealed. DIVISION III

STATE PUBLIC HEALTH DENTAL DIRECTOR AND ORAL HEALTH BUREAU ESTABLISHED

Sec. 13. NEW SECTION. 135.14 STATE PUBLIC HEALTH DENTAL 9 16 DIRECTOR == DUTIES.

- 1. The position of state public health dental director is 9 18 established within the department.
- 2. The dental director shall perform all of the following 9 20 duties:
- Plan and direct all work activities of the statewide 9 22 public health dental program.
  - b. Develop comprehensive dental initiatives for prevention 24 activities.
- c. Evaluate the effectiveness of the statewide public 9 26 health dental program and of program personnel.
- 9 27 d. Manage the oral health bureau including direction, 9 28 supervision, and fiscal management of bureau staff.
  - e. Other related work as required.

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Sec. 14. <u>NEW SECTION</u>. 135.15 ORAL HEALTH BUREAU 31 ESTABLISHED == RESPONSIBILITIES.

An oral health bureau is established within the division of 33 health promotion and chronic disease prevention of the 34 department. The bureau shall be responsible for all of the 35 following:

- 1. Providing population=based oral health services, 2 including public health training, improvement of dental support systems for families, technical assistance, 4 awareness=building activities, and educational services, at 5 the state and local level to assist Iowans in maintaining 6 optimal oral health throughout all stages of life.
- 2. Performing infrastructure building and enabling 8 services through the administration of state and federal grant 9 programs targeting access improvement, prevention, and local 10 10 oral health programs utilizing maternal and child health 10 11 programs, Medicaid, and other new or existing programs. 10 12
- 3. Leveraging federal, state, and local resources for 10 13 programs under the purview of the bureau.
- 4. Facilitating ongoing strategic planning and application 10 15 of evidence=based research in oral health care policy 10 16 development that improves oral health care access and the 10 17 overall oral health of all Iowans.
- 5. Developing and implementing an ongoing oral health 10 19 surveillance system for the evaluation and monitoring of the oral health status of children and other underserved 10 21 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 10 28 statewide perinatal program based on the recommendations of 10 29 the American academy of pediatrics and the American college of 10 30 obstetricians and gynecologists contained in the most recent 10 31 edition of the guidelines for perinatal care, and shall adopt 10 32 rules in accordance with chapter 17A to implement those 10 33 recommendations. Hospitals within the state shall determine 10 34 whether to participate in the statewide perinatal program, and 10 35 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 3 participation selected by the hospital.

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

"Charitable organization" means a charitable 7 organization within the meaning of section 501(c)(3) of the 8 Internal Revenue Code which has as its primary purpose the 9 sponsorship or support of programs designed to improve the -11 10 quality, awareness, and availability of chiropractic, dental, -11 11 medical, pharmaceutical, nursing, optometric, psychological, 11 12 social work, behavioral science, podiatric, physical therapy, 11 13 occupational therapy, respiratory therapy, or emergency 11 14 medical care services to children and to serve as a funding -11 15 mechanism for provision of chiropractic, dental, medical, -11 16 pharmaceutical, nursing, optometric, psychological, social 11 17 work, behavioral science, podiatric, physical therapy, 11 18 occupational therapy, respiratory therapy, or emergency 19 medical care services, including but not limited to

-11 20 immunizations, to children in this state.

Sec. 17. Section 135.43, subsection 2, unnumbered

The membership of the review team is subject to the 11 23 11 24 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 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 The review team shall meet upon 32 necessary by the review team. 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 necessary expenses incurred in the performance of their 12 2 official duties. 12 Sec. 18. Section 135.43, subsection 5, Code 2007, is amended to read as follows: 12 4 12 5. <u>a.</u> The following individuals shall designate a liaison 12 to assist the review team in fulfilling its responsibilities: 6 The director of public health. The director of human services. 12 <del>a.</del> <u>(1)</u> b. (2) 12 8 c. (3) The commissioner of public safety. 12 9 12 10 d. The administrator of the bureau of vital records of the <del>-12</del> Iowa department of public health. 11 12 12 e. (4) The attorney general. f. (5) The director of transportation.
 g. (6) The director of the department of education. 12 13 12 14 12 15 In addition, the chairperson of the review team shall designate a liaison from the public at large to assist the review team in fulfilling its responsibilities.

Sec. 19. NEW SECTION. 135.147 IMMUNITY FOR EMERGENCY AID 12 17 12 18 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 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 4 advisory committee composed of owners, operators, local -13-13<u>5 officials, and representatives of the public to advise it in</u> -136 the formulation of appropriate rules. 13 Sec. 21. Section 135I.6, Code 2007, is amended to read as 13 8 follows: 13 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 17 necessary corrective action has been taken. 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 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 down 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 individual by the prescribing health care practitioner or the practitioner's authorized agent. 30 13 31 Sec. 23. Section 139A.13A, subsection 1, Code 2007, is

11 22 paragraph 1, Code 2007, is amended to read as follows:

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 1 proposed promotion, or take action to reduce an employee's 2 wages or benefits for actual time worked, due to the 14 14 3 compliance of an employee with a quarantine or isolation order 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 <u> 7 services</u>. 14 8 Sec. 24. Section 144.28, subsection 1, Code 2007, is 14 9 amended to read as follows: 1. The medical certification shall be completed and signed 14 10 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. <u>If upon inquiry into the death, the</u> 17 county medical examiner determines that a preexisting natural 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 elect to defer to the physician in charge of the patient's 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. Section 144.46, Code 2007, is amended to read as 14 27 Sec. 25. 14 28 follows: 14 29 144.4 144.46 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 33 following: 14 34 a. A certified copy or short form certification of 14 35 certificates or records, or for a certificate or record. b. A search of the files or records when no copy is made, 15 2 or when no record is found on file. 15 c. A copy of a certificate or record or a vital statistics data file provided to a researcher in accordance with section 15 15 3 C. F 15 4 data fil 15 5 144.44. 15 6 d. F 15 7 data fil 15 8 or priva 15 9 section A copy of a certificate or record or a vital statistics 7 data file provided to a federal, state, local, or other public 8 or private agency for statistical purposes in accordance with 9 section 144.45. e. Verification or certification of vital statistics data provided to a federal, state, or local governmental agency е. 15 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 to pay for the purposes designated in subsection 1. 27 3. 2. Increased fees collected by the state registrar 15 28 15 29 pursuant to this section shall be credited to the vital 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 Sec. 27. Section 152.1, subsection 4, paragraph c, Code 2007, is amended to read as follows: 16 16 c. Make the pronouncement of death for a patient whose 16 5 death is anticipated if the death occurs in a licensed 6 hospital, a licensed health care facility, a 16 16 7 Medicare-certified home health agency, or a Medicare-certified 8 hospice program or facility, or an assisted living facility or

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

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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 residential care facility, with notice of the death to a 16 20 physician and in accordance with any directions of a 16 21 physician.

#### EXPLANATION

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 variou 16 26 provisions relating to requirements for licensure as an The bill eliminates various Code 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 is to be displayed for viewing by the optometrist's patients 16 34 is eliminated.

DIVISION II == MORTUARY SCIENCE. The bill makes variou changes relating to the practice of mortuary science. The The bill makes various 2 bill modifies the definition of "intern" to require such 3 persons to be directly supervised by a preceptor certified by 4 the board of mortuary science examiners. A description of 5 embalming procedures utilized in the practice of mortuary 6 science is amended to provide that chemical substances, fluids, or gases may be introduced into the body by surface, rather than direct, application into the organs or cavities.

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.

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 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.

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

DIVISION III == DENTAL AND ORAL HEALTH. The bill establishes the position of state public health dental 5 director and the oral health bureau within the department. The state public health dental director is directed to plan and direct all activities of the statewide public health 6 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.

The oral health bureau is responsible for providing 18 12 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.

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DIVISION IV == MISCELLANEOUS PROVISIONS. The bill codifies 18 21 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.

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

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.

The bill extends isolation and quarantine employment 19 18 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.

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 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 2 political subdivisions and agencies of the state from payment 3 of vital records fees.

The bill also provides that such fees collected by the 5 state registrar and by the county registrar on behalf of the 6 state shall be deposited in the general fund of the state and 7 the vital records fund, in an apportionment established by 8 rule. Currently, such fees are deposited in the general fund 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. 20 26 LSB 1213SZ 82

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