



Division I Background and Summary: The [Iowa Board of Hearing Aid Dispensers](#) that is under the purview of the Bureau of Professional Licensure in the Iowa Department of Public Health (IDPH) requests that the term “dispensers” be replaced with the term “specialists” where applicable in Iowa code. The “Board of Hearing Aid Specialists” is consistent with the name change adopted by the [International Hearing Society](#) (IHS). The IHS provides education and training programs for hearing health professionals and provides the licensure examination for most states, including Iowa. The IHS requests that all licensing jurisdictions and government entities, like the Iowa Board of Hearing Aid Dispensers, make this change. Use of this term “hearing aid specialists” should reduce confusion among consumers and policymakers. The Board voted to proceed with the change on August 4, 2014.

Section by Section Division Summary:

Sections 1-3 amend Iowa Code Chapter [147](#) (General Provisions, Health-Related Professions) by replacing the term “dispenser” with the term “specialist” where applicable. Minor technical changes are also made for grammatical purposes.

Sections 2-13 amend Iowa Code Chapter [154A](#) (Hearing Aids) by replacing the term “dispenser” with the term “specialist” where applicable. Minor technical changes are also made for grammatical purposes. Section 6 strikes the definition of “hearing aid dispenser” and Section 7 adds a definition of “hearing aid specialist” to the chapter.

Sections 14-15 amend Iowa Code Chapter [154F](#) (Speech Pathology and Audiology) by replacing the term “dispenser” with the term “specialist” where applicable.

Section 16 amends Iowa Code Chapter [216E](#) (Assistive Devices) by replacing the term “dispenser” with the term “specialist” where applicable.

Section 17 amends Iowa Code Chapter 272C (Regulation of Licensed Professions and Occupations) by replacing the term “dispenser” with the term “specialist” where applicable.

Division II Background and Summary:

Division II fixes an error in Senate File 2196 ([2014 Iowa Acts, Chapter 1106](#)) that passed the legislature and was signed into law by the Governor on May 23, 2014. The purpose of the legislation was to repeal specific sunset dates and extend others for several programs and accounts related to the Health Care Workforce Support Initiative established in Iowa Code Sections [135.175](#) and [135.176](#). The repeal date of June 30, 2014 occurred before the bill’s enactment date of July 1, 2014 therefore the code sections were repealed despite the legislative intent to have them continue. **Sections 18-20** re-insert code section 135.176 and make it retroactively apply as intended to enable ongoing operations of the medical residency grants program. The department is recommending changes to the original Code section as provided for in Division III of this legislation. All other applicable code sections from SF 2196 will be reinstated as well, however, those will be located in the Iowa Code Editor’s annual code clean-up and corrective actions’ bill. Currently the file number is unknown for Iowa Code Editor’s bill as it has yet to be introduced.

Division III Background and Summary:

Iowa Code Section 135.176 established the Medical Residency Training State Matching Grants Program under IDPH. It was adopted by the General Assembly and signed into law in 2009. The language was dormant until funding was provided to the program in FY 2014 in the amount of \$2.0 million. The same amount was appropriated in FY 2015. The Governor has recommended an increase of \$1.0 million for a total of \$3.0 million for the program in FY 2016 and FY 2017.



The goals of the program are in response to numerous studies that indicate that physicians are more likely to remain in the state in which they obtained graduate medical education (residencies). It is no secret that Iowa has a physician shortage issue. In the past decade, Iowa has fallen further and further behind in the number of active physicians per 100,000 residents. Iowa is 46th in the nation in internal medicine doctors, 47th in the nation in pediatric doctors, and 48th in psychiatrists. The state is last in both emergency medicine doctors and obstetrics and gynecology doctors. Expanding access to more residency training slots in Iowa may increase the number of physicians remaining in the state to practice.

The department conducted the first request for proposals process (RFP) in 2014 and awarded funding to all four bidders that applied. There is a strong desire amongst policymakers, stakeholders, and IDPH to see the funding used for new residency slots in existing programs and establishment of new residency programs to meet the goal of getting additional residents into the system. There was an increase in new slots for residencies however proposals for new programs were not received. IDPH proposes the following changes with the goal of making the program more attractive to entities wanting to establish new programs for any discipline. They include increasing the value of the state award for new programs and simplifying the processes in the application requirements.

Section by Section Division Summary:

Section 21 amends Iowa Code Section 135.176 for two purposes. The first change relates to a burdensome application requirement. Currently, an applicant is required to show that they have already attained the required match before an award can be made. Amounts to be raised by some sponsors for the program could be in the millions of dollars. The department recognizes that it may be difficult for a sponsor to raise funds and set those monies aside in an account prior to making application. The department is proposing a more attainable goal of showing a budget for the matching amount. This way, entities can create payment plans and incremental installments of committed funds. Sponsors will still be required to prove matching funds have been spent for program purposes.

The second change relates to the matching requirement for new programs. It is clear that the current matching requirement is not attractive enough to entice new programs to be established. Currently the match is only 25% from the state – for every \$4 in sponsor-provided funds that are dedicated, one dollar of state match is provided. The bill proposes to increase the match to 100% and for new programs only.

Separately, a cap on the total award for sponsors is still maintained but an adjustment upward to no more than 50% of the available funds is proposed for purposes of new program creation. This is increased from 25% in the current code language.

The table below provides information on the 2014 grantees.



2014 Medical Residency Program Awards:

Applicant	Option A, B or C	Discipline	Total Award 10/2014- 6/2017
Cedar Rapids Medical Education Foundation	B Expanding -Create family physicians through the creation of new curriculum in 2014 and the addition of family residency physicians in the 2015 match process	Family Medicine	\$85,275
Mercy Medical Center – Des Moines	B Expanding -Increase by one, the number of plastic surgeon fellowships each year until full program capacity of 3 fellows per year is reached	Plastic Surgery	\$197,816
UnityPoint Health – Des Moines	B Expanding -Increase by one resident per year the number of pediatric residency positions in Blank Children’s Hospital pediatric residency program	Pediatric Residency	\$707,557
University of Iowa Hospitals and Clinics	C In excess of the federal residency cap -Applicant will maintain and support existing primary care residencies particularly in family medicine and psychiatry	Family Medicine and Psychiatry	\$1,000,000
Total Funds Requested			\$1,990,648