

CHAPTER 61
COSMETOLOGY ARTS AND SCIENCES
S.F. 288

AN ACT relating to cosmetology including providing an exclusion from the definition of the practice of cosmetology arts and sciences for the purpose of licensure.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 157.1, subsection 16, Code 1993, is amended to read as follows:

16. "School of cosmetology arts and sciences" means an establishment licensed for the purpose of teaching ~~all of the~~ cosmetology arts and sciences.

Sec. 2. Section 157.2, Code 1993, is amended by adding the following new subsection:

NEW SUBSECTION. 8. Persons who apply samples of make up, nail polish or other nail care products, cosmetics, or other cosmetology or esthetics preparations to persons to demonstrate the products in the regular course of business.

Sec. 3. Section 157.2, Code 1993, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. Cosmetologists shall not represent themselves to the public as electrologists, estheticians, or nail technologists unless the cosmetologist has completed the additional course study for the respective practice as prescribed by the board pursuant to section 157.10.

Approved April 28, 1993

CHAPTER 62
COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM
S.F. 320

AN ACT relating to the development of a community health management information system.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. **LEGISLATIVE FINDINGS.** The general assembly finds that the development of a community health management information system will result in a more efficient and cost-effective health care claims process; provide an efficient mechanism for the exchange of medical and claims information among providers and other interested entities; provide communities with information on the cost, appropriateness, and effectiveness of health care providers; and provide information to employers and researchers which will allow for benefit plan analysis, and medical effectiveness and related studies. The general assembly finds that the exchange of such medical and claims information, while vital in the effort to control health care administrative costs and in analyzing benefit plans and medical effectiveness, must be done such that all unnecessary identifying information remains confidential; that authorized users of the system must keep such information confidential; and that the privacy rights of individuals must not be violated as a result of the exchange of such information. The general assembly also finds that the implementation of such a system will result in a reduction of the number of paper claim forms that need to be completed, a reduction in the error rate on such forms, an improvement in the overall data communication among affected parties; and a reduction in health care administrative costs.