

CHAPTER 147

GENERAL PROVISIONS, HEALTH-RELATED PROFESSIONS

Referred to in §135.11A, 135.61, 135G.1, 144E.6, 148.2A, 148.14, 148A.1, 148B.2, 148C.1, 148C.10, 148C.13, 148E.1, 148E.7, 148E.8, 148F.3, 148G.1, 148G.5, 148G.8, 148H.4, 148H.6, 149.1, 151.1A, 152.1, 152.4, 152.11, 152A.1, 152B.1, 152B.11, 152C.1, 152D.1, 152D.5, 153.12, 153.33, 154.1, 154B.1, 154B.6, 154C.1, 154C.4, 154C.7, 154D.1, 154D.3, 154D.4, 154E.1, 154E.2, 154E.3, 155.1, 155.4, 155.9, 155A.6, 155A.6A, 155A.6B, 155A.12, 155A.23, 155A.40, 225C.6, 235A.15, 235B.6, 257.11, 272C.1, 272C.2A, 272C.2B, 272C.6, 280.16, 489.1101, 496C.2, 514C.28, 514C.34, 519A.2, 614.1, 707A.1

Continuing education and regulation; see chapter 272C

	DEFINITIONS	147.33	Professional schools.
		147.34	Examinations.
147.1	Definitions.	147.35	Names of eligible candidates. Repealed by 2008 Acts, ch 1088, §79.
	LICENSES	147.36	Rules.
147.2	License required.	147.37	Identity of candidate concealed.
147.3	Qualifications.	147.38	Reserved.
147.4	Grounds for refusing.	147.39	through 147.42 Repealed by 2008 Acts, ch 1088, §79.
147.5	Certificate of license.		Preservation of records.
147.6	Certificate presumptive evidence.	147.43	Repealed by 2008 Acts, ch 1088, §78.
147.7	Display of license.		
147.8	Record of licenses.		
147.9	Change of address.		
147.10	Renewal.		
147.11	Reactivation and reinstatement.		RECIPROCAL LICENSES
		147.44	Reciprocal agreements.
		147.45	through 147.47 Repealed by 2008 Acts, ch 1088, §79.
	HEALTH PROFESSION BOARDS	147.48	Termination of reciprocal agreements.
147.12	Health profession boards.		License of another state.
147.13	Designation of boards.	147.49	Practical examinations.
147.14	Composition of boards — quorum.	147.50	Repealed by 2008 Acts, ch 1088, §79.
147.15	Reserved.		and 147.52 Repealed by 2008 Acts, ch 1088, §78.
147.16	Board members.	147.51	Power to adopt rules.
147.17	Reserved.		Change of residence. Repealed by 2008 Acts, ch 1088, §78.
147.18	Disqualifications. Repealed by 2008 Acts, ch 1088, §79.	147.53	
147.19	Terms of office.	147.54	
147.20	Nomination of board members.		LICENSEE DISCIPLINE
147.21	Examination information.		Grounds.
147.22	Officers.		Lyme disease treatment — exemption from discipline.
147.23	Reserved.	147.55	Reserved.
147.24	Compensation.	147.56	through 147.71 Repealed by 2008 Acts, ch 1088, §78.
147.25	System of health personnel statistics — fee.	147.57	
147.26	Supplies and examination quarters. Repealed by 2008 Acts, ch 1088, §79.	147.58	
147.27	Reserved.		USE OF TITLES AND DEGREES
147.28	National organization.		Professional titles and abbreviations.
147.28A	Scope of practice review committees — future repeal. Repealed by its own terms; 2005 Acts, ch 175, §84.	147.72	Titles used by holder of degree.
		147.73	Professional titles or abbreviations — false use prohibited.
		147.74	Itinerants. Repealed by 2008 Acts, ch 1088, §78.
	EXAMINATIONS		
147.29	Applications. Repealed by 2008 Acts, ch 1088, §78.	147.75	
147.30	Time and place of examinations. Repealed by 2008 Acts, ch 1088, §78.		RULES
147.31	and 147.32 Reserved.	147.76	Rules.

147.77	Powers, privileges, rights, or duties provided by rule — applicability to physician assistants.	WOUNDS BY CRIMINAL VIOLENCE OR MOTOR VEHICLE	147.111	Report of treatment of wounds and other injuries.
147.78	and 147.79 Reserved.		147.112	Investigation and report by law enforcement agency.
	FEEs		147.113	Violations.
147.80	Establishment of fees — administrative costs.	BURN INJURIES		
147.81	Reserved.	147.113A		Report of burn injuries.
147.82	Fee retention.			
	VIOLATIONS — CRIMES — PUNISHMENT	PELVIC EXAMINATIONS — INFORMED CONSENT		
147.83	Injunction.	147.114		Prior informed consent relative to pelvic examinations — patient under anesthesia or unconscious — penalties.
147.84	Forgeries.			
147.85	Fraud.	147.115		through 147.134 Reserved.
147.86	Penalties.			
	ENFORCEMENT PROVISIONS	MALPRACTICE		
147.87	Enforcement.	147.135		Peer review committees — nonliability — records and reports privileged and confidential.
147.88	Inspections and investigations.			
147.89	Report of violators.	147.136		Scope of recovery.
147.90	Rules and forms. Repealed by 2008 Acts, ch 1088, §78.	147.136A		Noneconomic damage awards against health care providers.
147.91	Publications.	147.137		Consent in writing.
147.92	Attorney general.	147.138		Contingent fee of attorney reviewed by court.
147.93	Prima facie evidence.	147.139		Expert witness standards.
147.94	through 147.96 Repealed by 2008 Acts, ch 1088, §79.	147.140		Expert witness — certificate of merit affidavit.
147.97	Reserved.	147.141		through 147.150 Reserved.
147.98	through 147.100 Repealed by 2008 Acts, ch 1088, §79.			
147.101	Reserved.			
147.102	through 147.103A Repealed by 2008 Acts, ch 1088, §79.	SPEECH PATHOLOGISTS AND AUDIOLOGISTS		
147.104	Records. Repealed by 2008 Acts, ch 1088, §78.	147.151		and 147.152 Repealed by 2008 Acts, ch 1088, §79.
147.105	Reserved.	147.153		through 147.156 Repealed by 2008 Acts, ch 1088, §78.
		147.157		through 147.160 Reserved.
	ANATOMIC PATHOLOGY SERVICES BILLING	BASIC EMERGENCY MEDICAL CARE PROVIDERS		
147.106	Anatomic pathology services — billing.	147.161		Repealed by 95 Acts, ch 41, §27.
	DRUG AND LENS DISPENSING, SUPPLYING, AND PRESCRIBING	OPIOID PRESCRIPTION RULES		
147.107	Drug dispensing, supplying, and prescribing — limitations.	147.162		Rules and directives relating to opioids.
147.108	Contact lens prescribing and dispensing.			
147.109	Ophthalmic spectacle lens prescribing and dispensing.	147.163		Provision of information — referral to ambulatory surgical center — licensee discipline.
147.110	Reserved.			

## DEFINITIONS

**147.1 Definitions.**

For the purpose of [this subtitle](#):

1. “*Board*” means one of the boards enumerated in [section 147.13](#) or any other board established in this subtitle whose members are appointed by the governor to license applicants and impose licensee discipline as authorized by law.

2. “*Department*” means the department of public health.

3. “*Licensed*” or “*certified*”, when applied to a physician and surgeon, podiatric physician, osteopathic physician and surgeon, genetic counselor, physician assistant, psychologist, chiropractor, nurse, dentist, dental hygienist, dental assistant, optometrist, speech pathologist, audiologist, pharmacist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, orthotist, prosthetist, pedorthist, respiratory care practitioner, practitioner of cosmetology arts and sciences, practitioner of barbering, funeral director, dietitian, behavior analyst, assistant behavior analyst, marital and family therapist, mental health counselor, respiratory care and polysomnography practitioner, polysomnographic technologist, social worker, massage therapist, athletic trainer, acupuncturist, nursing home administrator, hearing aid specialist, or sign language interpreter or transliterator means a person licensed under [this subtitle](#).

4. “*Peer review*” means evaluation of professional services rendered by a person licensed to practice a profession.

5. “*Peer review committee*” means one or more persons acting in a peer review capacity who also serve as an officer, director, trustee, agent, or member of any of the following:

a. A state or local professional society of a profession for which there is peer review.

b. Any organization approved to conduct peer review by a society as designated in paragraph “a” of [this subsection](#).

c. The medical staff of any licensed hospital.

d. A board enumerated in [section 147.13](#) or any other board established in this subtitle which is appointed by the governor to license applicants and impose licensee discipline as authorized by law.

e. The board of trustees of a licensed hospital when performing a function relating to the reporting required by [section 147.135, subsection 3](#).

f. A health care entity, including but not limited to a group medical practice, that provides health care services and follows a formal peer review process for the purpose of furthering quality health care.

6. “*Profession*” means medicine and surgery, podiatry, osteopathic medicine and surgery, genetic counseling, practice as a physician assistant, psychology, chiropractic, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, pharmacy, physical therapy, physical therapist assisting, occupational therapy, occupational therapy assisting, respiratory care, cosmetology arts and sciences, barbering, mortuary science, applied behavior analysis, marital and family therapy, mental health counseling, polysomnography, social work, dietetics, massage therapy, athletic training, acupuncture, nursing home administration, practice as a hearing aid specialist, sign language interpreting or transliterating, orthotics, prosthetics, or pedorthics.

[C24, 27, 31, 35, 39, §2438; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.1]

84 Acts, ch 1075, §6; 85 Acts, ch 168, §1; 86 Acts, ch 1211, §13; 87 Acts, ch 91, §6; 88 Acts, ch 1225, §2; 89 Acts, ch 89, §4, 5; 91 Acts, ch 229, §1; 92 Acts, ch 1205, §13; 94 Acts, ch 1132, §10; 95 Acts, ch 41, §8; 95 Acts, ch 108, §3; 96 Acts, ch 1036, §3, 4; 96 Acts, ch 1109, §1; 96 Acts, ch 1219, §20; 98 Acts, ch 1053, §2, 3; 2000 Acts, ch 1053, §1; 2000 Acts, ch 1148, §1; 2004 Acts, ch 1175, §419, 420, 433; 2007 Acts, ch 10, §26, 27; 2008 Acts, ch 1088, §1; 2012 Acts, ch 1101, §1; 2015 Acts, ch 30, §60; 2015 Acts, ch 57, §1; 2015 Acts, ch 70, §2; 2018 Acts, ch 1052, §1, 12; 2018 Acts, ch 1106, §2, 14

Referred to in §148F.4

## LICENSES

**147.2 License required.**

1. A person shall not engage in the practice of medicine and surgery, podiatry, osteopathic medicine and surgery, genetic counseling, psychology, chiropractic, physical therapy, physical therapist assisting, nursing, dentistry, dental hygiene, dental assisting, optometry, speech pathology, audiology, occupational therapy, occupational therapy assisting, orthotics, prosthetics, pedorthics, respiratory care, pharmacy, cosmetology arts and sciences, barbering, social work, dietetics, applied behavior analysis, marital and family therapy or mental health counseling, massage therapy, mortuary science, polysomnography, athletic training, acupuncture, nursing home administration, or sign language interpreting or transliterating, or shall not practice as a physician assistant or a hearing aid specialist, unless the person has obtained a license for that purpose from the board for the profession.

2. For purposes of [this section](#), a person who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in [section 152E.1](#) or pursuant to the advanced practice registered nurse compact contained in [section 152E.3](#) shall be considered to have obtained a license to practice nursing.

[C97, §2582, 2588; S13, §2575-a28, -a31, -a36, 2582, 2583-a, -d, -r, 2600-o4; SS15, §2588; C24, 27, 31, 35, 39, §2439; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.2]

85 Acts, ch 168, §2; 88 Acts, ch 1225, §3; 96 Acts, ch 1035, §1; 96 Acts, ch 1036, §5; 98 Acts, ch 1050, §1, 5; 2000 Acts, ch 1008, §1; 2000 Acts, ch 1053, §2; 2000 Acts, ch 1185, §1; 2004 Acts, ch 1045, §1; 2004 Acts, ch 1175, §421, 433; 2005 Acts, ch 53, §1; 2007 Acts, ch 10, §28; 2008 Acts, ch 1009, §1, 5; 2008 Acts, ch 1088, §2; 2012 Acts, ch 1101, §2; 2015 Acts, ch 57, §2; 2015 Acts, ch 70, §3, 18; 2018 Acts, ch 1052, §2, 12; 2018 Acts, ch 1106, §3, 14

Referred to in [§148.6](#), [148G.1](#), [148G.6](#)

**147.3 Qualifications.**

An applicant for a license to practice a profession under this subtitle is not ineligible because of age, citizenship, sex, race, religion, marital status, or national origin, although the application form may require citizenship information.

[S13, §2575-a29, -a37, 2583-a, -1, 2600-d; C24, 27, 31, 35, 39, §2440, 2567; C46, 50, 54, 58, 62, 66, §147.3, 153.3; C71, 73, §147.3, 153.5; C75, 77, 79, 81, §147.3]

84 Acts, ch 1075, §7; 85 Acts, ch 168, §3; 88 Acts, ch 1225, §4; 94 Acts, ch 1132, §11; 96 Acts, ch 1036, §6; 98 Acts, ch 1053, §4; 2008 Acts, ch 1088, §3; 2020 Acts, ch 1103, §11, 31

Referred to in [§152.7](#)

**147.4 Grounds for refusing.**

A board may refuse to grant a license to practice a profession to any person otherwise qualified upon any of the grounds for which a license may be revoked or suspended.

[C97, §2578; S13, §2575-a33, -a41, 2578, 2583-c; C24, 27, 31, 35, 39, §2441; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.4]

90 Acts, ch 1086, §1; 2008 Acts, ch 1088, §4

Grounds for revocation, see [§147.55](#)

**147.5 Certificate of license.**

1. Every license to practice a profession shall be in the form of a certificate under the seal of the board. Such license shall be issued in the name of the board.

2. [This section](#) shall not apply to a person who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in [section 152E.1](#) or pursuant to the advanced practice registered nurse compact contained in [section 152E.3](#).

[C97, §2576, 2577, 2591; S13, §2575-a30, -a38, 2576, 2583-k, 2600-d; C24, 27, 31, 35, 39, §2442; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.5]

2000 Acts, ch 1008, §2; 2000 Acts, ch 1140, §30; 2005 Acts, ch 53, §2; 2007 Acts, ch 10, §29; 2008 Acts, ch 1088, §5

**147.6 Certificate presumptive evidence.**

Every license issued under this subtitle shall be presumptive evidence of the right of the holder to practice in this state the profession therein specified.

[C97, §2576; S13, §2575-a30, -a38, 2576, 2583-k, 2600-d; C24, 27, 31, 35, 39, §2443; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.6]

94 Acts, ch 1132, §12; 96 Acts, ch 1036, §7; 98 Acts, ch 1053, §5

**147.7 Display of license.**

1. A board may require every person licensed by the board to display the license and evidence of current renewal publicly in a manner prescribed by the board.

2. This section shall not apply to a person who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in section 152E.1 or pursuant to the advanced practice registered nurse compact contained in section 152E.3. A person licensed in another state and recognized for licensure in this state pursuant to either compact shall, however, maintain a copy of a license issued by the person's home state available for inspection when engaged in the practice of nursing in this state.

[C97, §2591; S13, §2600-o1; C24, 27, 31, 35, 39, §2444; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.7]

90 Acts, ch 1086, §2; 94 Acts, ch 1132, §13; 96 Acts, ch 1036, §8; 98 Acts, ch 1053, §6; 2000 Acts, ch 1008, §3; 2005 Acts, ch 53, §3; 2006 Acts, ch 1010, §54; 2008 Acts, ch 1088, §6

**147.8 Record of licenses.**

A board shall keep the following information available for public inspection for each person licensed by the board:

1. Name.
2. Address of record.
3. The number of the license.
4. The date of issuance of the license.

[C97, §2591; S13, §2575-a40, 2583-a, -k, 2600-d; C24, 27, 31, 35, 39, §2445; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.8]

96 Acts, ch 1128, §5; 2008 Acts, ch 1088, §7; 2009 Acts, ch 41, §50

**147.9 Change of address.**

Every person licensed pursuant to this chapter shall notify the board which issued the license of a change in the person's address of record within a time period established by board rule.

[C97, §2591; C24, 27, 31, 35, 39, §2446; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.9]

90 Acts, ch 1086, §3; 94 Acts, ch 1132, §14; 96 Acts, ch 1036, §9; 98 Acts, ch 1053, §7; 2008 Acts, ch 1088, §8

**147.10 Renewal.**

1. Every license to practice a profession shall expire in multiyear intervals and be renewed as determined by the board upon application by the licensee. Each board shall establish rules for license renewal and concomitant fees. Application for renewal shall be made to the board accompanied by the required fee at least thirty days prior to the expiration of such license.

2. Each board may by rule establish a grace period following expiration of a license in which the license is not invalidated. Each board may assess a reasonable penalty for renewal of a license during the grace period. Failure of a licensee to renew a license within the grace period shall cause the license to become inactive or lapsed. A licensee whose license is inactive or lapsed shall not engage in the practice of the profession until the license is reactivated or reinstated.

[C97, §2590; S13, §2575-a39, 2589-d; C24, 27, 31, §2447; C35, §2447, 2573-g2 – 2573-g4; C39, §2447, 2573.02 – 2573.04; C46, 50, 54, 58, 62, 66, §147.10, 153.11 – 153.12; C71, 73, §147.10, 153.9, 153.10; C75, 77, 79, 81, §147.10]

2002 Acts, ch 1108, §12; 2008 Acts, ch 1088, §9

Referred to in §147.11, 148.6

**147.11 Reactivation and reinstatement.**

1. A licensee who allows the license to become inactive or lapsed by failing to renew the license, as provided in [section 147.10](#), may reactivate the license upon payment of a reactivation fee and compliance with other terms established by board rule.

2. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with board rule and must apply for and be granted reactivation of the license in accordance with board rule prior to practicing the profession.

[C24, 27, 31, 35, 39, §2448; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.11]  
[2007 Acts, ch 10, §30](#); [2008 Acts, ch 1088, §10](#); [2009 Acts, ch 41, §51](#)

## HEALTH PROFESSION BOARDS

**147.12 Health profession boards.**

1. The governor shall appoint, subject to confirmation by the senate, a board for each of the professions. The board members shall not be required to be members of professional societies or associations composed of members of their professions.

2. If a person who has been appointed by the governor to serve on a board has ever been disciplined in a contested case by the board to which the person has been appointed, all board statements of charges, settlement agreements, findings of fact, and orders pertaining to the disciplinary action shall be made available to the senate committee to which the appointment is referred at the committee's request before the full senate votes on the person's appointment.

[C97, §2576, 2584; S13, §2575-a29, -a37, 2576, 2583-a, -h, 2600-b; SS15, §2584; C24, 27, 31, 35, 39, §2449; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.12]

[88 Acts, ch 1128, §2](#); [94 Acts, ch 1132, §15](#); [96 Acts, ch 1036, §10](#); [98 Acts, ch 1053, §8](#); [2007 Acts, ch 10, §31](#); [2008 Acts, ch 1088, §11](#)

Referred to in [§147.13](#), [148.2A](#), [155A.2A](#)

Confirmation, see [§2.32](#)

Board of medicine alternate members, see [§148.2A](#)

Board of pharmacy alternate members, see [§155A.2A](#)

**147.13 Designation of boards.**

The boards provided in [section 147.12](#) shall be designated as follows:

1. For medicine and surgery, osteopathic medicine and surgery, acupuncture, and genetic counseling, the board of medicine.

2. For physician assistants, the board of physician assistants.

3. For psychology, the board of psychology.

4. For podiatry, the board of podiatry.

5. For chiropractic, the board of chiropractic.

6. For physical therapy and occupational therapy, the board of physical and occupational therapy.

7. For nursing, the board of nursing.

8. For dentistry, dental hygiene, and dental assisting, the dental board.

9. For optometry, the board of optometry.

10. For speech pathology and audiology, the board of speech pathology and audiology.

11. For cosmetology arts and sciences, the board of cosmetology arts and sciences.

12. For barbering, the board of barbering.

13. For pharmacy, the board of pharmacy.

14. For mortuary science, the board of mortuary science.

15. For social work, the board of social work.

16. For applied behavior analysis, marital and family therapy, and mental health counseling, the board of behavioral science.

17. For dietetics, the board of dietetics.

18. For respiratory care and polysomnography, the board of respiratory care and polysomnography.

19. For massage therapy, the board of massage therapy.

20. For athletic training, the board of athletic training.
21. For interpreting, the board of sign language interpreters and transliterators.
22. For hearing aid specialists, the board of hearing aid specialists.
23. For nursing home administration, the board of nursing home administrators.
24. For orthotics, prosthetics, and pedorthics, the board of podiatry.

[C24, 27, 31, 35, 39, §2450; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.13]

84 Acts, ch 1075, §8; 85 Acts, ch 168, §4; 88 Acts, ch 1225, §5; 91 Acts, ch 229, §2; 92 Acts, ch 1205, §14; 93 Acts, ch 86, §12; 96 Acts, ch 1036, §11; 98 Acts, ch 1053, §9; 2000 Acts, ch 1002, §1; 2004 Acts, ch 1175, §422, 433; 2006 Acts, ch 1155, §3, 15; 2007 Acts, ch 10, §32; 2007 Acts, ch 218, §197; 2008 Acts, ch 1088, §12, 141; 2009 Acts, ch 41, §52; 2012 Acts, ch 1101, §3; 2015 Acts, ch 57, §3; 2015 Acts, ch 70, §4; 2018 Acts, ch 1052, §3, 12; 2018 Acts, ch 1106, §4, 14

Referred to in §147.1, 147.82, 232.69, 235B.16, 280.13C, 422.7(16)

#### **147.14 Composition of boards — quorum.**

1. The board members shall consist of the following:
  - a. For barbering, three members licensed to practice barbering, and two members who are not licensed to practice barbering and who shall represent the general public.
  - b. For medicine, five members licensed to practice medicine and surgery, two members licensed to practice osteopathic medicine and surgery, and three members not licensed to practice either medicine and surgery or osteopathic medicine and surgery, and who shall represent the general public.
  - c. For nursing, four registered nurses, two of whom shall be actively engaged in practice, two of whom shall be nurse educators from nursing education programs; of these, one in higher education and one in area community and vocational-technical registered nurse education; one licensed practical nurse actively engaged in practice; and two members not registered nurses or licensed practical nurses and who shall represent the general public. The representatives of the general public shall not be members of health care delivery systems.
  - d. For dentistry, five members licensed to practice dentistry, two members licensed to practice dental hygiene, and two members not licensed to practice dentistry or dental hygiene and who shall represent the general public. The two dental hygienist board members and one dentist board member shall constitute a dental hygiene committee of the board as provided in [section 153.33A](#).
  - e. For pharmacy, five members licensed to practice pharmacy, one member registered as a certified pharmacy technician as defined by the board by rule, and two members who are not licensed to practice pharmacy or registered as a certified pharmacy technician and who shall represent the general public.
  - f. For optometry, five members licensed to practice optometry and two members who are not licensed to practice optometry and who shall represent the general public.
  - g. For psychology, five members who are licensed to practice psychology and two members not licensed to practice psychology and who shall represent the general public. Of the five members who are licensed to practice psychology, one member shall be primarily engaged in graduate teaching in psychology or primarily engaged in research psychology, three members shall be persons who render services in psychology, and one member shall represent areas of applied psychology and may be affiliated with training institutions and shall devote a major part of the member's time to rendering service in psychology.
  - h. For chiropractic, five members licensed to practice chiropractic and two members who are not licensed to practice chiropractic and who shall represent the general public.
  - i. For speech pathology and audiology, five members licensed to practice speech pathology or audiology at least two of whom shall be licensed to practice speech pathology and at least two of whom shall be licensed to practice audiology, and two members who are not licensed to practice speech pathology or audiology and who shall represent the general public.
  - j. For physical therapy and occupational therapy, three members licensed to practice physical therapy, two members licensed to practice occupational therapy, and two members who are not licensed to practice physical therapy or occupational therapy and who shall represent the general public.
  - k. For dietetics, one licensed dietitian representing the approved or accredited dietetic

education programs, one licensed dietitian representing clinical dietetics, one licensed dietitian representing community nutrition services, and two members who are not licensed dietitians and who shall represent the general public.

*l.* For the board of physician assistants, five members licensed to practice as physician assistants, at least two of whom practice in counties with a population of less than fifty thousand, one member licensed to practice medicine and surgery who supervises a physician assistant, one member licensed to practice osteopathic medicine and surgery who supervises a physician assistant, and two members who are not licensed to practice either medicine and surgery or osteopathic medicine and surgery or licensed as a physician assistant and who shall represent the general public. At least one of the physician or osteopathic physician members shall be in practice in a county with a population of less than fifty thousand.

*m.* For behavioral science, three members licensed to practice marital and family therapy, all of whom shall be practicing marital and family therapists; three members licensed to practice mental health counseling, one of whom shall be employed in graduate teaching, training, or research in mental health counseling and two of whom shall be practicing mental health counselors; two licensed behavior analysts; one licensed assistant behavior analyst; and three members who are not licensed to practice marital and family therapy, applied behavior analysis, or mental health counseling and who shall represent the general public.

*n.* For cosmetology arts and sciences, a total of seven members, three who are licensed cosmetologists, one who is a licensed electrologist, esthetician, or nail technologist, one who is a licensed instructor of cosmetology arts and sciences at a public or private school and who does not own a school of cosmetology arts and sciences, and two who are not licensed in a practice of cosmetology arts and sciences and who shall represent the general public.

*o.* For respiratory care and polysomnography, one licensed physician with training in respiratory care, two respiratory care practitioners who have practiced respiratory care for a minimum of six years immediately preceding their appointment to the board and who are recommended by the society for respiratory care, one polysomnographic technologist who has practiced polysomnography for a minimum of six years immediately preceding appointment to the board and who is recommended by the Iowa sleep society, and one member not licensed to practice medicine, osteopathic medicine, polysomnography, or respiratory care who shall represent the general public.

*p.* For mortuary science, four members licensed to practice mortuary science, one member owning, operating, or employed by a crematory, and two members not licensed to practice mortuary science and not a crematory owner, operator, or employee who shall represent the general public.

*q.* For massage therapists, four members licensed to practice massage therapy and three members who are not licensed to practice massage therapy and who shall represent the general public.

*r.* For athletic trainers, three members licensed to practice athletic training, three members licensed to practice medicine and surgery, and one member not licensed to practice athletic training or medicine and surgery and who shall represent the general public.

*s.* For podiatry, five members licensed to practice podiatry, two members licensed to practice orthotics, prosthetics, or pedorthics, and two members who are not so licensed and who shall represent the general public.

*t.* For social work, a total of seven members, five who are licensed to practice social work, with at least one from each of three levels of licensure described in [section 154C.3, subsection 1](#), and one employed in the area of children's social work, and two who are not licensed social workers and who shall represent the general public.

*u.* For sign language interpreting and transliterating, four members licensed to practice interpreting and transliterating, three of whom shall be practicing interpreters and transliterators at the time of appointment to the board and at least one of whom is employed in an educational setting; and three members who are consumers of interpreting or transliterating services as defined in [section 154E.1](#), each of whom shall be deaf or hard of hearing.

*v.* For hearing aid specialists, three licensed hearing aid specialists and two members who are not licensed hearing aid specialists who shall represent the general public. No more

than two members of the board shall be employees of, or specialists principally for, the same hearing aid manufacturer.

w. For nursing home administrators, a total of nine members, four who are licensed nursing home administrators, one of whom is the administrator of a nonproprietary nursing home; three licensed members of any profession concerned with the care and treatment of chronically ill or elderly patients who are not nursing home administrators or nursing home owners; and two members of the general public who are not licensed under [chapter 155](#), have no financial interest in any nursing home, and who shall represent the general public.

2. A majority of the members of a board constitutes a quorum.

[C97, §2564, 2576, 2584; S13, §2564, 2575-a29, -a30, -a37, -a38, 2576, 2583-a, -h, -i, 2600-b, -c; SS15, §2584; C24, 27, 31, 35, 39, §2451, 2452, 2475; C46, 50, 54, 58, 62, 66, §147.14, 147.15, 147.38; C71, 73, §147.14, 147.15, 147.38, 153.1; C75, 77, 79, 81, §147.14]

84 Acts, ch 1075, §9; 85 Acts, ch 168, §5; 86 Acts, ch 1003, §1; 86 Acts, ch 1022, §1; 88 Acts, ch 1134, §29; 88 Acts, ch 1225, §6, 7; 91 Acts, ch 229, §3; 92 Acts, ch 1183, §2; 92 Acts, ch 1205, §15, 16; 96 Acts, ch 1035, §2, 3, 13; 96 Acts, ch 1036, §12; 96 Acts, ch 1148, §1, 2; 98 Acts, ch 1002, §1, 2; 98 Acts, ch 1010, §1; 98 Acts, ch 1053, §10; 99 Acts, ch 19, §1; 99 Acts, ch 96, §14; 2004 Acts, ch 1175, §423, 433; 2005 Acts, ch 3, §36; 2007 Acts, ch 10, §33; 2007 Acts, ch 218, §188; 2008 Acts, ch 1032, §26; 2008 Acts, ch 1088, §13; 2009 Acts, ch 56, §2; 2009 Acts, ch 133, §47; 2010 Acts, ch 1069, §18; 2012 Acts, ch 1101, §4; 2015 Acts, ch 57, §4; 2015 Acts, ch 70, §5; 2018 Acts, ch 1106, §5, 14; 2018 Acts, ch 1141, §1; 2020 Acts, ch 1102, §6

Referred to in §148.2A, 154F1, 155A.2A

Board of medicine alternate members, see §148.2A

Board of pharmacy alternate members, see §155A.2A

**147.15** Reserved.

**147.16 Board members.**

1. Each licensed board member shall be actively engaged in the practice or the instruction of the board member's profession and shall have been so engaged for a period of five years just preceding the board member's appointment, the last two of which shall be in this state.

2. However, each licensed physician assistant member of the board of physician assistants shall be actively engaged in practice as a physician assistant and shall have been so engaged for a period of three years just preceding the member's appointment, the last year of which shall be in this state.

[C97, §2584; S13, §2583-a, -h, 2600-b; SS15, §2584; C24, 27, 31, 35, 39, §2453; C46, 50, 54, 58, 62, 66, §147.16; C71, 73, §147.16, 153.1; C75, 77, 79, 81, §147.16; 81 Acts, ch 65, §1]

88 Acts, ch 1225, §8; 2007 Acts, ch 10, §34

**147.17** Reserved.

**147.18 Disqualifications.** Repealed by 2008 Acts, ch 1088, §79.

**147.19 Terms of office.**

The board members shall serve three-year terms, which shall commence and end as provided by [section 69.19](#). Any vacancy in the membership of a board shall be filled by appointment of the governor subject to senate confirmation. A member shall serve no more than nine years in total on the same board.

[C97, §2564, 2576, 2584; S13, §2564, 2575-a29, -a37, 2576, 2583-a, -h, 2600-b; SS15, §2584; C24, 27, 31, 35, 39, §2456, 2458; C46, 50, 54, 58, 62, 66, §147.19, 147.21; C71, 73, §147.19, 147.21, 153.1; C75, 77, 79, 81, §147.19]

2007 Acts, ch 10, §36; 2008 Acts, ch 1088, §14

Referred to in §148.2A, 155A.2A

Confirmation, see §2.32

Board of medicine alternate members, see §148.2A

Board of pharmacy alternate members, see §155A.2A

**147.20 Nomination of board members.**

The regular state association or society for each profession may recommend the names of potential board members to the governor, but the governor shall not be bound by the recommendations.

[S13, §2583-a, -h, 2600-b; C24, 27, 31, 35, 39, §2457; C46, 50, 54, 58, 62, 66, §147.20; C71, 73, §147.20, 153.1; C75, 77, 79, 81, §147.20]

[2007 Acts, ch 10, §37](#)

**147.21 Examination information.**

1. The public members of a board shall be allowed to participate in administrative, clerical, or ministerial functions incident to giving the examination, but shall not determine the content of the examination or determine the correctness of the answers.

2. A member of the board shall not disclose information relating to any of the following:

a. The contents of the examination.

b. The examination results other than final score except for information about the results of an examination which is given to the person who took the examination.

3. A member of the board who willfully communicates or seeks to communicate such information, and any person who willfully requests, obtains, or seeks to obtain such information, is guilty of a simple misdemeanor.

[C75, 77, 79, 81, §147.21]

[83 Acts, ch 101, §26](#); [2008 Acts, ch 1088, §15](#)

Referred to in [§152.12](#), [157.3B](#)

**147.22 Officers.**

Each board shall annually select a chairperson and a vice chairperson from its own membership.

[C97, §2576, 2585; S13, §2576, 2583-i, 2585, 2600-c; C24, 27, 31, 35, 39, §2459; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.22]

[2007 Acts, ch 10, §38](#); [2008 Acts, ch 1088, §16](#)

**147.23 Reserved.****147.24 Compensation.**

Members of a board shall receive actual expenses for their duties as a member of the board. Each member of each board shall also be eligible to receive compensation as provided in [section 7E.6](#), within the limits of funds available.

[C97, §2574; S13, §2574, 2575-a34, -a44, 2583-a, -p, 2600-g; C24, 27, 31, 35, 39, §2461; C46, 50, 54, 58, 62, 66, §147.24; C71, 73, §147.24, 153.3; C75, 77, 79, 81, §147.24]

[86 Acts, ch 1245, §1141](#); [2007 Acts, ch 10, §39](#); [2008 Acts, ch 1088, §17](#)

**147.25 System of health personnel statistics — fee.**

1. A board may establish a system to collect, maintain, and disseminate health personnel statistical data regarding board licensees, including but not limited to number of licensees, employment status, location of practice or place of employment, areas of professional specialization and ages of licensees, and other pertinent information bearing on the availability of trained and licensed personnel to provide services in this state.

2. In addition to any other fee provided by law, a fee may be set by the respective boards for each license and renewal of a license to practice a profession, which fee shall be based on the annual cost of collecting information for use by the board in the administration of the system of health personnel statistics established by [this section](#). The fee shall be retained by the respective board in the manner in which license and renewal fees are retained in [section 147.82](#).

[C75, 77, 79, 81, §147.25]

[84 Acts, ch 1075, §10](#); [85 Acts, ch 168, §6](#); [88 Acts, ch 1225, §9](#); [2006 Acts, ch 1155, §4, 15](#); [2007 Acts, ch 10, §40, 184](#); [2008 Acts, ch 1088, §18](#)

**147.26 Supplies and examination quarters.** Repealed by [2008 Acts, ch 1088, §79](#).

**147.27** Reserved.

**147.28 National organization.**

Each board may maintain a membership in the national organization of the regulatory boards of its profession to be paid from board funds.

[C27, 31, 35, §2465-b1; C39, §2465.1; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.28] [2007 Acts, ch 10, §42](#); [2008 Acts, ch 1088, §19](#)

**147.28A Scope of practice review committees — future repeal.** Repealed by its own terms; [2005 Acts, ch 175, §84](#).

## EXAMINATIONS

**147.29 Applications.** Repealed by [2008 Acts, ch 1088, §78](#).

**147.30 Time and place of examinations.** Repealed by [2008 Acts, ch 1088, §78](#). See [§147.34](#).

**147.31 and 147.32** Reserved.

**147.33 Professional schools.**

A dean of a college or university which provides instruction or training in a profession shall supply information or data related to the college or university upon request of a board.

[C24, 27, 31, 35, 39, §2470; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.33] [2007 Acts, ch 10, §44](#); [2008 Acts, ch 1088, §20](#)

**147.34 Examinations.**

1. Each board shall by rule prescribe the examination or examinations required for licensure for the profession and the manner in which an applicant shall complete the examination process. A board may develop and administer the examination, may designate a national, uniform, or other examination as the prescribed examination, or may contract for such services. Dentists shall pass an examination approved by a majority of the dentist members of the dental board.

2. When a board administers an examination, the board shall provide adequate public notice of the time and place of the examination to allow candidates to comply with the provisions of this subtitle. Administration of examinations, including location, frequency, and reexamination, may be determined by the board.

3. Applicants who fail the examination once shall be allowed to take the examination at the next authorized time. Thereafter, applicants shall be allowed to take the examination at the discretion of the board. An applicant who has failed an examination may request in writing information from the board concerning the examination grade and subject areas or questions which the applicant failed to answer correctly, except that if the board prescribes a national or uniform examination, the board shall only be required to provide the examination grade and such other information concerning the applicant's examination results which are available to the board.

[C97, §2576, 2582, 2589, 2597; S13, §2575-a29, -a37, 2576, 2582, 2583-a, -i, -k, 2589-a, 2600-c, -d; SS15, §2589-a; C24, 27, 31, 35, 39, §2471, 2567, 2572, 2573; C46, 50, 54, 58, 62, 66, §147.34, 153.3, 153.8, 153.9; C71, 73, §147.34, 153.2, 153.6, 153.8; C75, 77, 79, 81, §147.34]

[94 Acts, ch 1132, §17](#); [96 Acts, ch 1036, §14](#); [98 Acts, ch 1053, §12](#); [2007 Acts, ch 10, §45](#); [2008 Acts, ch 1088, §21](#)

Referred to in [§153.21](#), [155.3](#), [156.4](#)

**147.35 Names of eligible candidates.** Repealed by [2008 Acts, ch 1088, §79](#).

**147.36 Rules.**

Each board may establish rules for any of the following:

1. The qualifications required for applicants seeking to take examinations.
2. The denial of applicants seeking to take examinations.
3. The conducting of examinations.
4. The grading of examinations and passing upon the technical qualifications of applicants, as shown by such examinations.
5. The minimum scores required for passing standardized examinations.

[C97, §2584; S13, §2575-a38, 2583-a, -i, 2600-e; SS15, §2584; C24, 27, 31, 35, 39, §2473; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.36]

[92 Acts, ch 1183, §3](#); [2007 Acts, ch 10, §47](#); [2008 Acts, ch 1088, §22](#)

**147.37 Identity of candidate concealed.**

The identity of the person taking an examination shall not be disclosed during the examination process and in practice the identity of the candidate shall be concealed to the extent possible.

[C97, §2576; S13, §2576, 2583-a; C24, 27, 31, 35, 39, §2474; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.37]

[2007 Acts, ch 10, §48](#); [2008 Acts, ch 1088, §23](#)

**147.38** Reserved.

**147.39 through 147.42** Repealed by 2008 Acts, ch 1088, §79.

**147.43 Preservation of records.** Repealed by [2008 Acts, ch 1088, §78](#).

## RECIPROCAL LICENSES

**147.44 Reciprocal agreements.**

A board may enter into a reciprocal agreement with a licensing authority of another state for the purpose of recognizing licenses issued by the other state, provided that such licensing authority imposes licensure requirements substantially equivalent to those imposed in this state. The board may establish by rule the conditions for the recognition of such licenses and the process for licensing such individuals to practice in this state.

[C97, §2582; S13, §2582; C24, 27, 31, 35, 39, §2481; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.44]

[94 Acts, ch 1132, §19](#); [96 Acts, ch 1036, §16](#); [98 Acts, ch 1053, §14](#); [2007 Acts, ch 10, §53](#); [2008 Acts, ch 1088, §24](#)

Referred to in [§148.3](#), [152.8](#), [153.36](#), [155.11](#), [157.3](#), [158.3](#)

**147.45 through 147.47** Repealed by 2008 Acts, ch 1088, §79.

**147.48 Termination of reciprocal agreements.**

If the requirements for a license in any state with which this state has a reciprocal agreement are changed by any law or rule of the authorities in that state so that such requirements are no longer substantially equivalent to those existing in this state, the agreement shall be deemed terminated and licenses issued in that state shall not be recognized as a basis of granting a license in this state until a new agreement has been negotiated.

[C24, 27, 31, 35, 39, §2485; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.48]

[2007 Acts, ch 10, §57](#); [2008 Acts, ch 1088, §25](#)

Referred to in [§152.8](#), [153.36](#), [155.11](#), [157.3](#), [158.3](#)

**147.49 License of another state.**

A board shall, upon presentation of a license to practice a profession issued by the duly constituted authority of another state with which this state has established reciprocal

relations, and subject to the rules of the board for such profession, license the applicant to practice in this state, unless under the rules of the board a practical or jurisprudence examination is required. The board of medicine may accept in lieu of the examination prescribed in [section 148.3](#) a license to practice medicine and surgery or osteopathic medicine and surgery, issued by the duly constituted authority of another state, territory, or foreign country. Endorsement may be accepted in lieu of further written examination without regard to the existence or nonexistence of a reciprocal agreement, but shall not be in lieu of the standards and qualifications prescribed by [section 148.3](#).

[C97, §2582; S13, §2575-a30, -a39, 2582, 2583-l, 2589-b, 2600-m; C24, 27, 31, 35, 39, §2486; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.49]

[2007 Acts, ch 10, §58](#); [2008 Acts, ch 1088, §26](#)

Referred to in [§152.8](#), [153.36](#), [155.11](#), [157.3](#), [158.3](#)

**147.50 Practical examinations.** Repealed by [2008 Acts, ch 1088, §79](#).

**147.51 and 147.52** Repealed by 2008 Acts, ch 1088, §78.

**147.53 Power to adopt rules.**

Each board entering into a reciprocal agreement shall adopt necessary rules, not inconsistent with law, for carrying out the reciprocal relations with other states which are authorized by [this chapter](#).

[C24, 27, 31, 35, 39, §2490; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.53]

[2007 Acts, ch 10, §60](#); [2008 Acts, ch 1088, §27](#)

Referred to in [§152.8](#), [153.36](#), [155.11](#)

**147.54 Change of residence.** Repealed by [2008 Acts, ch 1088, §78](#).

## LICENSEE DISCIPLINE

**147.55 Grounds.**

A licensee's license to practice a profession shall be revoked or suspended, or the licensee otherwise disciplined by the board for that profession, when the licensee is guilty of any of the following acts or offenses:

1. Fraud in procuring a license.
2. Professional incompetence.
3. Knowingly making misleading, deceptive, untrue, or fraudulent representations in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
4. Habitual intoxication or addiction to the use of drugs.
5. Fraud in representations as to skill or ability.
6. Use of untruthful or improbable statements in advertisements.
7. Willful or repeated violations of the provisions of [this chapter](#), [chapter 272C](#), or a board's enabling statute.
8. Sexual abuse in the fourth degree in violation of [section 709.4A](#).
9. Fraud in assisted reproduction in violation of [section 714I.3](#).
10. Other acts or offenses as specified by board rule.

1. [C97, §2578; S13, §2575-a33, -a41, 2578, 2583-c, 2600-o5; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(1)]

2. [C97, §2578; S13, §2578, 2583-c, -m; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(2)]

3. [C97, §2578; S13, §2575-a33, -a41, 2578, 2583-m, 2600-o5; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(3)]

4. [C97, §2578; S13, §2575-a41, 2578, 2583-c, -m, 2600-o5; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(4)]

5. [C97, §2578; S13, §2578, 2583-c; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(6)]

6. [C97, §2578; S13, §2578, 2583-c, 2600-o5; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.55(7)]

7. [C97, §2596; S13, §2575-a33, -a41; C24, 27, 31, 35, 39, §2492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, §147.55(9); C79, 81, §147.55(8)]

2008 Acts, ch 1088, §28; 2009 Acts, ch 133, §48; 2020 Acts, ch 1103, §12, 31; 2022 Acts, ch 1123, §5

Referred to in §148.6, 148.7, 148A.7, 148E.8, 148H.7, 152.10, 152D.6, 153.36, 155.4, 155A.12, 156.9, 272C.3, 272C.4  
NEW subsections 8 and 9 and former subsection 8 renumbered as 10

#### **147.56 Lyme disease treatment — exemption from discipline.**

A person licensed by a board under this subtitle shall not be subject to discipline under [this chapter](#) or the board's enabling statute based solely on the licensee's recommendation or provision of a treatment method for Lyme disease or other tick-borne disease if the recommendation or provision of such treatment meets all the following criteria:

1. The treatment is provided after an examination is performed and informed consent is received from the patient.

2. The licensee identifies a medical reason for recommending or providing the treatment.

3. The treatment is provided after the licensee informs the patient about other recognized treatment options and describes to the patient the licensee's education, experience, and credentials regarding the treatment of Lyme disease or other tick-borne disease.

4. The licensee uses the licensee's own medical judgment based on a thorough review of all available clinical information and Lyme disease or other tick-borne disease literature to determine the best course of treatment for the individual patient.

5. The treatment will not, in the opinion of the licensee, result in the direct and proximate death of or serious bodily injury to the patient.

2017 Acts, ch 16, §1, 2

**147.57** Reserved.

**147.58 through 147.71** Repealed by 2008 Acts, ch 1088, §78.

## USE OF TITLES AND DEGREES

#### **147.72 Professional titles and abbreviations.**

Any person licensed to practice a profession under this subtitle may append to the person's name any recognized title or abbreviation, which the person is entitled to use, to designate the person's particular profession, but no other person shall assume or use such title or abbreviation, and no licensee shall advertise in such a manner as to lead the public to believe that the licensee is engaged in the practice of any other profession than the one which the licensee is licensed to practice.

[S13, §2575-a28, -a31, 2583-q; C24, 27, 31, 35, 39, §2509; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.72]

94 Acts, ch 1132, §22; 96 Acts, ch 1036, §19; 98 Acts, ch 1053, §17

Referred to in §147.73

#### **147.73 Titles used by holder of degree.**

Nothing in [section 147.72](#) shall be construed:

1. As authorizing any person licensed to practice a profession under this subtitle to use or assume any degree or abbreviation of the degree unless such degree has been conferred upon the person by an institution of learning accredited by the appropriate board, or by some recognized state or national accredited agency.

2. As prohibiting any holder of a degree conferred by an institution of learning accredited by the appropriate board created in [this chapter](#), or by some recognized state or national accrediting agency, from using the title which such degree authorizes the holder to use, but

the holder shall not use such degree or abbreviation in any manner which might mislead the public as to the holder's qualifications to treat human ailments.

[C24, 27, 31, 35, 39, §2510; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.73]

94 Acts, ch 1132, §23; 96 Acts, ch 1036, §20; 98 Acts, ch 1053, §18; 2008 Acts, ch 1088, §30

#### **147.74 Professional titles or abbreviations — false use prohibited.**

1. Any person who falsely claims by the use of any professional title or abbreviation, either in writing, cards, signs, circulars, advertisements, the internet, or other written or electronic means, to be a practitioner of a profession other than the one under which the person holds a license or who fails to use the designations provided in [this section](#) shall be guilty of a simple misdemeanor.

2. A physician or surgeon may use the prefix “Dr.” or “Doctor”, and shall add after the person's name the letters, “M. D.”

3. An osteopathic physician and surgeon may use the prefix “Dr.” or “Doctor”, and shall add after the person's name the letters, “D. O.”, or the words “osteopathic physician and surgeon”.

4. A chiropractor may use the prefix “Dr.” or “Doctor”, but shall add after the person's name the letters, “D. C.” or the word, “chiropractor”.

5. A dentist may use the prefix “Dr.” or “Doctor”, but shall add after the person's name the letters “D. D. S.”, or “D. M. D.”, or the word “dentist” or “dental surgeon”. A dental hygienist may use the words “registered dental hygienist” or the letters “R. D. H.” after the person's name. A dental assistant may use the words “registered dental assistant” or the letters “R. D. A.” after the person's name.

6. A podiatric physician may use the prefix “Dr.” or “Doctor”, but shall add after the person's name the letters “D. P. M.” or the words “podiatric physician”.

7. A graduate of a school accredited by the board of optometry may use the prefix “Dr.” or “Doctor”, but shall add after the person's name the letters “O. D.”

8. A physical therapist registered or licensed under [chapter 148A](#) may use the words “physical therapist” after the person's name or signify the same by the use of the letters “P. T.” after the person's name. A physical therapist with an earned doctoral degree from an accredited school, college, or university may use the suffix designating the degree, or the prefix “Doctor” or “Dr.” and add after the person's name the words “physical therapist”. An occupational therapist registered or licensed under [chapter 148B](#) may use the words “occupational therapist” after the person's name or signify the same by the use of the letters “O. T.” after the person's name. An occupational therapist with an earned doctoral degree from an accredited school, college, or university may use the suffix designating the degree, or the prefix “Doctor” or “Dr.” and add after the person's name the words “occupational therapist”.

9. A physical therapist assistant licensed under [chapter 148A](#) may use the words “physical therapist assistant” after the person's name or signify the same by use of the letters “P. T. A.” after the person's name. An occupational therapy assistant licensed under [chapter 148B](#) may use the words “occupational therapy assistant” after the person's name or signify the same by use of the letters “O. T. A.” after the person's name.

10. A psychologist who possesses a doctoral degree may use the prefix “Dr.” or “Doctor” but shall add after the person's name the word “psychologist”.

11. A speech pathologist with an earned doctoral degree in speech pathology obtained beyond a bachelor's degree from an accredited school, college, or university, may use the suffix designating the degree, or the prefix “Doctor” or “Dr.” and add after the person's name the words “speech pathologist”. An audiologist with an earned doctoral degree in audiology obtained beyond a bachelor's degree from an accredited school, college, or university, may use the suffix designating the degree, or the prefix “Doctor” or “Dr.” and add after the person's name the word “audiologist”.

12. A bachelor social worker licensed under [chapter 154C](#) may use the words “licensed bachelor social worker” or the letters “L. B. S. W.” after the person's name. A master social worker licensed under [chapter 154C](#) may use the words “licensed master social worker” or the letters “L. M. S. W.” after the person's name. An independent social worker licensed

under [chapter 154C](#) may use the words “licensed independent social worker”, or the letters “L. I. S. W.” after the person’s name.

13. A marital and family therapist licensed under [chapter 154D](#) and [this chapter](#) may use the words “licensed marital and family therapist” after the person’s name or signify the same by the use of the letters “L. M. F. T.” after the person’s name. A marital and family therapist licensed under [chapter 154D](#) and [this chapter](#) who possesses a doctoral degree may use the prefix “Doctor” or “Dr.” in conjunction with the person’s name, but shall add after the person’s name the words “licensed marital and family therapist”.

14. A mental health counselor licensed under [chapter 154D](#) and [this chapter](#) may use the words “licensed mental health counselor” after the person’s name. A mental health counselor licensed under [chapter 154D](#) and [this chapter](#) who possesses a doctoral degree may use the prefix “Doctor” or “Dr.” in conjunction with the person’s name, but shall add after the person’s name the words “licensed mental health counselor”.

15. *a.* A behavior analyst licensed under [chapter 154D](#) may use the letters “LBA” after the person’s name.

*b.* An assistant behavior analyst licensed under [chapter 154D](#) may use the letters “LABA” after the person’s name.

16. A pharmacist who possesses a doctoral degree recognized by the accreditation council for pharmacy education from a college of pharmacy approved by the board of pharmacy or a doctor of philosophy degree in an area related to pharmacy may use the prefix “Doctor” or “Dr.” but shall add after the person’s name the word “pharmacist” or “Pharm. D.”

17. A physician assistant licensed under [chapter 148C](#) may use the words “physician assistant” after the person’s name or signify the same by the use of the letters “P.A.” after the person’s name.

18. A massage therapist licensed under [chapter 152C](#) may use the words “licensed massage therapist” or the initials “L. M. T.” after the person’s name.

19. An acupuncturist licensed under [chapter 148E](#) may use the words “licensed acupuncturist” or the abbreviation “L. Ac.” after the person’s name.

20. A respiratory care practitioner licensed under [chapter 152B](#) and [this chapter](#) may use the title “respiratory care practitioner” or the letters “R. C. P.” after the person’s name.

21. An athletic trainer licensed under [chapter 152D](#) and [this chapter](#) may use the words “licensed athletic trainer” or the letters “LAT” after the person’s name.

22. A registered nurse licensed under [chapter 152](#) may use the words “registered nurse” or the letters “R. N.” after the person’s name. A licensed practical nurse licensed under [chapter 152](#) may use the words “licensed practical nurse” or the letters “L. P. N.” after the person’s name. An advanced registered nurse practitioner licensed under [chapter 152](#) or [152E](#) may use the words “advanced registered nurse practitioner” or the letters “A.R.N.P.” after the person’s name.

23. A sign language interpreter or transliterator licensed under [chapter 154E](#) and [this chapter](#) may use the title “licensed sign language interpreter” or the letters “L. I.” after the person’s name.

24. *a.* An orthotist licensed under [chapter 148F](#) may use the words “licensed orthotist” after the person’s name or signify the same by the use of the letters “L.O.” after the person’s name.

*b.* A pedorthist licensed under [chapter 148F](#) may use the words “licensed pedorthist” after the person’s name or signify the same by the use of the letters “L.ped.” after the person’s name.

*c.* A prosthetist licensed under [chapter 148F](#) may use the words “licensed prosthetist” after the person’s name or signify the same by the use of the letters “L.P.” after the person’s name.

25. A genetic counselor licensed under [chapter 148H](#) may use the words “genetic counselor” or “licensed genetic counselor” or corresponding abbreviations after the person’s name.

26. A person who is licensed to engage in the practice of polysomnography shall have the right to use the title “polysomnographic technologist” or the letters “P.S.G.T.” after the person’s name. No other person may use that title or letters or any other words or letters indicating that the person is a polysomnographic technologist.

27. No other practitioner licensed to practice a profession under any of the provisions of this subtitle shall be entitled to use the prefix “Dr.” or “Doctor” unless the licensed practitioner possesses an earned doctoral degree. Such a practitioner shall reference the degree held after the person’s name.

[C31, 35, §2510-d1; C39, §2510.1; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.74; 81 Acts, ch 66, §1]

84 Acts, ch 1075, §11; 87 Acts, ch 215, §40; 88 Acts, ch 1225, §10; 90 Acts, ch 1168, §27; 91 Acts, ch 228, §1; 91 Acts, ch 229, §4; 92 Acts, ch 1137, §7; 92 Acts, ch 1183, §4; 93 Acts, ch 86, §13; 95 Acts, ch 108, §4; 96 Acts, ch 1035, §4; 96 Acts, ch 1036, §21; 98 Acts, ch 1053, §19; 99 Acts, ch 101, §1; 2000 Acts, ch 1053, §3; 2001 Acts, ch 58, §7; 2003 Acts, ch 93, §1, 14; 2004 Acts, ch 1045, §2; 2004 Acts, ch 1175, §424, 433; 2007 Acts, ch 10, §61; 2007 Acts, ch 215, §246; 2008 Acts, ch 1088, §31; 2012 Acts, ch 1101, §5; 2014 Acts, ch 1019, §1; 2015 Acts, ch 70, §6; 2018 Acts, ch 1052, §4, 12; 2018 Acts, ch 1106, §6, 14

Referred to in §148A.7

**147.75 Itinerants.** Repealed by 2008 Acts, ch 1088, §78.

## RULES

### 147.76 Rules.

The boards for the various professions shall adopt all necessary and proper rules to administer and interpret [this chapter](#) and [chapters 148 through 158](#), except [chapter 148D](#).

[C77, 79, 81, §147.76]

89 Acts, ch 83, §28; 92 Acts, ch 1097, §4; 2007 Acts, ch 10, §62; 2008 Acts, ch 1088, §32

**147.77 Powers, privileges, rights, or duties provided by rule — applicability to physician assistants.**

1. The following agencies that adopt rules pursuant to [chapter 17A](#) providing a power, privilege, right, or duty to a physician licensed under [chapter 148](#) or other profession licensed under [this subtitle](#) relating to the following subjects shall, consistent with the scope of practice of physician assistants licensed under [chapter 148C](#), and unless otherwise inconsistent with state or federal law, provide the same power, privilege, right, or duty by rule to a physician assistant licensed under [chapter 148C](#):

a. The department of administrative services, with respect to rules relating to the following:

(1) Retroactive conversion of vacation time to sick leave for vacation time spent under the care of a physician.

(2) Certification of a catastrophic illness by a physician for purposes of donation of leave and second medical opinions and updates sought from a physician relating to such certifications.

b. The department on aging, with respect to rules relating to a written order from a physician for an older individual requesting a therapeutic diet, and the interpretation of such orders.

c. The department of corrections, with respect to rules relating to the following:

(1) That a parolee shall not use, purchase, possess, or transfer any drugs unless prescribed by a physician.

(2) That a serious medical need is one that has been diagnosed by a physician as requiring treatment or is one so obvious that a lay person would easily recognize the necessity for a physician’s attention.

(3) That each jail shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of prisoners as deemed necessary and appropriate.

(4) That prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Prisoners with medication from a personal physician,

osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the jail administrator to determine if the present medication is appropriate.

(5) That expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending physician, shall be destroyed by the jail administrator or designee in the presence of a witness.

(6) That special diets in jails prescribed by a physician shall be followed and documented, that the physician who prescribes the special diet shall specify a date on which the diet will be reviewed for renewal or discontinuation, and that unless specified by the prescribing physician, a certified dietitian shall develop the menu.

(7) That special diets prescribed by a physician for the care and treatment of juveniles in nonsecure hold shall be followed and documented.

(8) For medical services in temporary holding facilities, that a serious medical need is one that has been diagnosed by a physician as requiring treatment or one that is so obvious that a lay person would easily recognize the necessity for a physician's attention.

(9) For medical resources in temporary holding facilities, that each facility shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of detainees as deemed necessary and appropriate.

(10) Medication procedures in temporary holding facilities, that prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Detainees with medication from a personal physician, osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the facility administrator to determine if the present medication is appropriate.

(11) For medication storage in temporary holding facilities, that expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending physician, shall be destroyed by the facility administrator or designee in the presence of a witness.

(12) For medical diets in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

(13) For medical care and treatment for juveniles in nonsecure holds in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

d. The economic development authority, with respect to rules relating to the certification of a person with a disability for the purpose of the targeted small business program, that in order to be considered a person with a disability for the purpose of the targeted small business program, the person must qualify and receive certification as having a disability from a licensed medical physician or must have been found eligible for vocational rehabilitation services by the department of education, division of vocational rehabilitation services, or by the department for the blind.

e. The department of education, with respect to rules relating to the following:

(1) For statements relating to medication administration policies, that a statement that persons administering medication shall include authorized practitioners, such as licensed registered nurses and physicians, and persons to whom authorized practitioners have delegated the administration of prescription and nonprescription drugs. Individuals shall self-administer asthma or other airway constricting disease medication or possess and have use of an epinephrine auto-injector with parent and physician consent on file, without the necessity of demonstrating competency to self-administer these medications.

(2) For medication administration courses relating to medication administration policies, that a medication administration course be conducted by a registered nurse or licensed pharmacist and include an annual medication administration procedural skills check completed with a registered nurse or pharmacist.

(3) For school-based youth services programs, that preventive and primary health care services shall be delivered by specifically credentialed providers as specified.

f. The department of human services, with respect to rules relating to the following:

(1) That an incident for purposes of accreditation of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities includes but is not limited

to an occurrence involving the individual using the service that results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital.

(2) That a mental health professional, for purposes of accreditation of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities, includes a medical professional licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(3) That home health aide services for purposes of disability services management and regional services may include medications specifically ordered by a physician.

(4) That payment relating to the state supplementary assistance program for residential care shall only be made when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services.

(5) That a case folder for a facility participating in the state supplementary assistance program must include a physician's statement certifying that a resident does not require nursing services.

(6) That personnel providing psychological evaluations and counseling or psychotherapy services for area education agencies under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(7) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of infant and toddler program services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(8) That personnel providing other services for providers of infant and toddler program services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(9) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of local education agency services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(10) That personnel providing other services for providers of local education agency services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(11) For payment for medically necessary home health agency services under the medical assistance program, that payment shall be approved for medically necessary home health agency services prescribed by a physician in a plan of home health care provided by a Medicare-certified home health agency.

(12) For authorization for medically necessary home health agency services under the medical assistance program, that services shall be authorized by a physician, evidenced by the physician's signature and date on a plan of treatment.

(13) For treatment plans of home health agencies under the medical assistance program, that a member's medical condition shall be reflected by the date last seen by a physician, if available.

(14) For items included in treatment plans of home health agencies under the medical assistance program, that a plan of care shall include a physician's signature and date and that the plan of care must be signed and dated by the physician before the claim for service is submitted for reimbursement.

(15) For skilled nursing services provided by a home health agency under the medical assistance program, that medical documentation shall be submitted justifying the need for continued visits, including the physician's estimate of the length of time that additional visits will be necessary, and that daily skilled nursing visits or multiple daily visits for wound care

or insulin injections shall be covered when ordered by a physician and included in the plan of care.

(16) For physical therapy services provided by a home health agency under the medical assistance program, that payment shall be made for physical therapy services when the services follow a treatment plan established by the physician after any needed consultation with the qualified physical therapist.

(17) For occupational therapy services provided by a home health agency under the medical assistance program, that payment shall be made for occupational therapy services when the services follow a treatment plan established by the physician.

(18) For speech therapy services provided by a home health agency under the medical assistance program, that payment shall be made for speech therapy services when the services follow a treatment plan established by the physician.

(19) For home health aide services provided by a home health agency under the medical assistance program, that the service as well as the frequency and duration are stated in a written plan of treatment established by a physician.

(20) For home health aide services provided by a home health agency under the medical assistance program, that services provided for specified durations when ordered by a physician and included in a plan of care shall be allowed as intermittent services.

(21) For home health aide services provided by a home health agency under the medical assistance program, that personal care services include helping the member take medications specifically ordered by a physician.

(22) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing services are those services which are provided by a registered nurse or a licensed practical nurse under the direction of the member's physician to a member in the member's place of residence or outside the member's residence, when normal life activities take the member outside the place of residence.

(23) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that services shall be provided according to a written plan of care authorized by a licensed physician.

(24) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that personal care services are those services provided by a home health aide or certified nurse's aide and which are delegated and supervised by a registered nurse under the direction of the member's physician to a member in the member's place of residence or outside the member's residence, when normal life activities take the member outside the place of residence, and that these services shall be in accordance with the member's plan of care and authorized by a physician.

(25) For requirements for private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing or personal care services shall be ordered in writing by a physician as evidenced by the physician's signature on the plan of care.

(26) For obtaining prescription medications for children in juvenile detention and shelter care homes, that prescription medication provided to residents shall be dispensed only from a licensed pharmacy in this state in accordance with state law, from a licensed pharmacy in another state according to the laws of that state, or by a licensed physician.

(27) For health and dental programs provided by agencies providing foster care services, that a child's physical examination shall be performed by a licensed physician or licensed nurse practitioner.

(28) For health and dental programs provided by agencies providing foster care services, that if documentation of prior immunization is unavailable, immunizations required by the department of public health shall begin within thirty days of placement, unless contraindicated and unless a statement from a physician to that effect is included in the child's medical record, and that a statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.

(29) For the dispensing, storage, authorization, and recording of medications in child care centers, that all medications shall be stored in their original containers, with accompanying

physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public.

(30) For an infants' area in a child care center, that upon the recommendation of a child's physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the department, remain in the infant area.

(31) For facility requirements for a child development home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(32) For medications and hazardous materials in a child development home, that medications shall be given only with the parent's or doctor's written authorization, and that each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(33) For medical reports regarding the health of a family in a family life home, that a medical report shall provide significant findings of a physician, such as the presence or absence of any communicable disease.

(34) For medical reexaminations of a family in a family life home, that medical reexaminations may be required at the discretion of a physician.

(35) For medical examinations of a client in a family life home, that a physician shall certify that the client is free from any communicable disease and does not require a higher level of care than that provided by a family life home.

(36) For the records of a client in a family life home, that the family shall have available at all times, the name, address, and telephone number of the client's physician.

(37) For the facility requirements for a child care home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(38) For the administration of medications at a child care home, that medications shall be given only with the parent's or doctor's written authorization and each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(39) For payments for foster care, that an intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as an intellectual disabilities professional.

(40) For payments for foster care, that a mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(41) For the subsidized adoption program, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(42) For the subsidized adoption program, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(43) For the information provided to a foster care provider by a department worker at the time of placement, that the information shall include the names, addresses, and telephone numbers of the child's physician and dentist.

g. The department of inspections and appeals, with respect to rules relating to the following:

(1) For the qualifications of an attending physician at a hospice, that the person shall have an active Iowa license to practice medicine.

(2) For residential care facilities for persons with intellectual disabilities, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(3) For nursing facilities, that a qualified intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disabilities professional.

(4) For intermediate care facilities for persons with mental illness, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(5) For notifications submitted to the department from a subacute mental health care facility in the event of an accident causing a major injury, including as a major injury an injury which requires consultation with the attending physician or designee of the physician or advanced registered nurse practitioner who determines that an injury is a major injury.

*h.* The racing and gaming commission, with respect to rules relating to the following:

(1) For the grounds for denial, suspension, or revocation of an occupational or vendor license, that a license shall be denied if the applicant has a history of mental illness without demonstrating successful treatment by a licensed medical physician.

(2) For the qualifications for jockeys, that a jockey shall pass a physical examination by a licensed physician affirming fitness to participate as a jockey.

(3) For the regulation of licensees in restricted areas of a racing facility, that licensees whose duties require them to be in a restricted area of a racing facility shall not have present within their systems any controlled substance as listed in schedules I to V of U.S.C. Tit. 21 (Food and Drug Section 812), [chapter 124](#), or any prescription drug unless it was obtained directly or pursuant to valid prescription or order from a duly licensed physician who is acting in the course of professional practice.

*i.* The Iowa law enforcement academy, with respect to rules relating to the following:

(1) For the minimum standards for law enforcement officers, that an officer is examined by a licensed physician or surgeon.

(2) For hiring standards must be reverified if an individual is not hired by an Iowa law enforcement agency during a specified period of time following completion of the course of study, that the individual must be examined by a licensed physician or surgeon.

(3) For the selection or appointment of reserve peace officers, that the person shall be examined by a licensed physician or surgeon.

*j.* The natural resource commission, with respect to rules relating to the following:

(1) That the grounds for revoking or suspending an instructor license include participation in a course while ingesting prescription medication in a manner contrary to the dosing directions given by the prescribing physician.

(2) For applications for use of a crossbow for deer and turkey hunting by handicapped individuals, that an application must include a statement signed by the applicant's physician declaring that the individual is not physically capable of shooting a bow and arrow.

(3) For authorization for the use of a crossbow for deer and turkey hunting by handicapped individuals, that if a conservation officer has probable cause to believe the person's handicapped status has improved, making it possible for the person to shoot a bow and arrow, the department of natural resources may, upon the officer's request, require the person to obtain in writing a current physician's statement.

(4) For licenses for nonresidents to participate in a special deer hunting season for severely disabled persons, that a nonresident applying for the license must have on file with the department of natural resources either a copy of a disabilities parking permit issued by a state department of transportation or an Iowa department of natural resources form signed by a physician that verifies their disability.

*k.* The Iowa department of public health, with respect to rules relating to the following:

(1) That "*impaired glucose tolerance*", for purposes of outpatient diabetes education programs, means a condition in which blood glucose levels are higher than normal, diagnosed by a physician, and treated with a food plan, exercise, or weight control.

(2) For instructors for programs not recognized by the American diabetes association or accredited by the American association of diabetes educators, that the primary instructors shall be one or more of specified health care professionals who are knowledgeable about the disease process of diabetes and the treatment of diabetes.

(3) For the written form for participation in the prescription drug donation repository program, that the form shall include the name and telephone number of the responsible pharmacist, physician, or nurse practitioner who is employed by or under contract with the pharmacy or medical facility, and shall also include a statement, signed and dated by the responsible pharmacist, physician, or nurse practitioner, indicating that the pharmacy or medical facility meets the eligibility requirements and shall comply with the requirements established by rule.

(4) For the dispensing of donated prescription drugs and supplies, that donated drugs and supplies may be dispensed only if the drugs or supplies are prescribed by a health care practitioner for use by an eligible individual and are dispensed by a licensed pharmacist, physician, or nurse practitioner.

*l.* The department of public safety, with respect to rules relating to permits to carry weapons, that a person who is an unlawful user of or addicted to any controlled substance includes any person who is a current user of a controlled substance in a manner other than as prescribed by a licensed physician.

*m.* The department of transportation, with respect to rules relating to exemptions from motor vehicle window transparency requirements, that a motor vehicle fitted with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance before July 4, 2012, may continue to be maintained and operated with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance on or after July 4, 2012, so long as the vehicle continues to be used for the transport of a passenger or operator who documented in the manner specified by the department a medical need for such reduced transparency, which document was signed by the person's physician before July 4, 2012.

*n.* The Iowa department of veterans affairs, with respect to rules relating to expenses relating to the purchase of durable equipment or services, that individuals requesting reimbursement who need durable equipment as a medical necessity should provide information from a physician.

*o.* The department of workforce development, with respect to rules relating to the following:

(1) That a voluntary quit shall be presumed to be without good cause attributable to the employer for purposes of unemployment compensation if a claimant left employment because of illness or injury which was not caused or aggravated by the employment or pregnancy and failed to obtain the advice of a licensed and practicing physician, obtain certification of release for work from a licensed and practicing physician, or return to the employer and offer services upon recovery and certification for work by a licensed and practicing physician.

(2) That for purposes of unemployment compensation, it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment because of illness, injury, or pregnancy upon the advice of a licensed and practicing physician, and upon recovery, when recovery was certified by a licensed and practicing physician, the claimant returned and offered to perform services to the employer, but no suitable, comparable work was available.

(3) That for purposes of unemployment compensation it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment upon the advice of a licensed and practicing physician for the sole purpose of taking a family member to a place having a different climate and subsequently returned to the claimant's regular employer and offered to perform services, but the claimant's regular or comparable work was not available.

*p.* The labor services division of the department of workforce development, with respect to rules relating to the following:

(1) For the disclosure of a trade secret relating to a hazardous chemical during a medical emergency, that where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a hazardous chemical is necessary for emergency or first-aid treatment, the chemical manufacturer, importer, or employer shall immediately disclose the specific chemical identity of a trade secret chemical to that treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement.

(2) For the disclosure of a trade secret relating to a hazardous chemical in a nonemergency situation, that in nonemergency situations, a chemical manufacturer, importer, or employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld by rule, to a specified health professional providing medical or other occupational health services to exposed employees or designated representatives in specified circumstances.

(3) For applications for a license to practice asbestos removal, that except as noted in

rule, only worker and contractor/supervisor license applicants must submit the respiratory protection and physician's certification forms.

(4) For documentation held by persons licensed for asbestos abatement in an area that is subject to a disaster emergency proclamation, that the labor commissioner deems an individual contractor, supervisor, or worker to be licensed and authorized for asbestos abatement if the individual, in addition to other specified conditions, makes immediately available on the work site a copy of a physician's statement indicating that, consistent with federal law, a licensed physician has examined the individual within the past twelve months and approved the individual to work while wearing a respirator.

(5) That the contents of an application for an event license for a covered athletic event other than a professional wrestling event shall contain, along with other requirements, a copy of the medical license of the ringside physician and the date, time, and location of the ringside physician's examination of the contestants.

(6) For the responsibilities of the promoter of an athletic event, that the promoter submit test results to the ringside physician no later than at the time of the physical showing that each contestant scheduled for the event tested negative for the human immunodeficiency, hepatitis B, and hepatitis C viruses within the one-year period prior to the event, and that the contestant shall not participate and the physician shall notify the promoter that the contestant is prohibited from participating for medical reasons if specified circumstances occur.

(7) For injuries during a professional boxing match, that if a contestant claims to be injured during the bout, the referee shall stop the bout and request the attending physician to make an examination. If the physician decides that the contestant has been injured as the result of a foul, the physician shall advise the referee of the injury. If the physician is of the opinion that the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. It shall be the duty of the promoter to have an approved physician in attendance during the entire duration of all bouts.

(8) For persons allowed in a ring during a professional boxing match, that no person other than the contestants and the referee shall enter the ring during the bout, excepting the seconds between the rounds or the attending physician if asked by the referee to examine an injury to a contestant.

(9) For the weighing of contestants in a professional boxing match, that contestants shall be weighed and examined on the day of the scheduled match by the attending ring physician at a time and place to be determined by the commissioner.

(10) For attending ring physicians during a professional boxing match, that when a boxer has been injured seriously, knocked out, or technically knocked out, the referee shall immediately summon the attending ring physician to aid the stricken boxer, and that managers, handlers, and seconds shall not attend to the stricken boxer, except at the request of the physician.

(11) For the keeping of time during a professional boxing match, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(12) For the suspension of contestants during a professional boxing match that is an elimination tournament, that a contestant who for specified reasons is not permitted to box in the state for a period of time shall be examined by a physician approved by the commissioner before being permitted to fight again.

(13) For the designation of officials for professional kickboxing, that the designation of physicians is subject to the approval of the commissioner or designee.

(14) For officials for a mixed martial arts event, that officials shall include a physician.

(15) For the keeping of time for a mixed martial arts event, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(16) For persons allowed in the cage during a mixed martial arts event, that a physician may enter the cage to examine a contestant upon the request of the referee.

(17) For the decorum of persons involved in a mixed martial arts event, that a contestant is exempt from prohibitions on specified conduct while interacting with the contestant's

opponent during a round, but if the round is stopped by the physician or referee for a time out, the prohibitions shall apply to the contestant.

(18) For the examination of contestants in a mixed martial arts event, that on the day of the event, at a time and place to be approved by the commissioner, the ringside physician shall conduct a rigorous physical examination to determine the contestant's fitness to participate in a mixed martial arts match, and that a contestant deemed not fit by the physician shall not participate in the event.

(19) For injuries during a mixed martial arts event, that if a contestant claims to be injured or when a contestant has been injured seriously or knocked out, the referee shall immediately stop the fight and summon the attending ring physician to make an examination of the stricken fighter. If the physician decides that the contestant has been injured, the physician shall advise the referee of the severity of the injury. If the physician is of the opinion the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. Managers, handlers, and seconds shall not attend to the stricken fighter, except at the request of the physician.

2. [This section](#) shall not be construed to expand, diminish, or otherwise modify the scope of practice of any profession licensed under [this subtitle](#).

3. The rulemaking requirements provided in [this section](#) shall not be construed to prohibit the agencies listed in [subsection 1](#) from engaging in further rulemaking not in conflict with [this section](#) or state or federal law relating to the subject matter of [this section](#) or to otherwise diminish the authority to engage in rulemaking provided to those agencies by any other statute.

[2022 Acts, ch 1066, §51; 2022 Acts, ch 1153, §8, 9](#)

NEW section

**147.78 and 147.79** Reserved.

## FEES

### **147.80 Establishment of fees — administrative costs.**

1. Each board may by rule establish fees for the following based on the costs of sustaining the board and the actual costs of the service:

- a. Examinations.
- b. Licensure, certification, or registration.
- c. Renewal of licensure, certification, or registration.
- d. Renewal of licensure, certification, or registration during the grace period.
- e. Reinstatement or reactivation of licensure, certification, or registration.
- f. Issuance of a certified statement that a person is licensed, registered, or has been issued a certificate to practice in this state.
- g. Issuance of a duplicate license, registration, or certificate, which shall be so designated on its face. A board may require satisfactory proof that the original license, registration, or certificate issued by the board has been lost or destroyed.
- h. Issuance of a renewal card.
- i. Verification of licensure, registration, or certification.
- j. Returned checks.
- k. Inspections.

2. Each board shall annually prepare estimates of projected revenues to be generated by the fees received by the board as well as a projection of the fairly apportioned administrative costs and rental expenses attributable to the board. Each board shall annually review and adjust its schedule of fees to cover projected expenses.

3. The board of medicine, the board of pharmacy, the dental board, and the board of nursing shall retain individual executive officers pursuant to [section 135.11B](#), but shall make

every effort to share administrative, clerical, and investigative staff to the greatest extent possible.

[C97, §2576, 2597, 2590; S13, §2575-a30, -a38, -a39, 2582, 2583-a, -l, 2589-d, 2600-d; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.80; [81 Acts, ch 2, §10\(5\), ch 5, §4\(5\)](#)]

1. [C97, §2597; S13, §2600-d, -m; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, §147.80(1, 2, 7); C66, 71, 73, §147.80(1, 7); C75, 77, 79, 81, §147.80(1)]

2. [C97, §2590; S13, §2589-b, -d; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, §147.80(5 - 7); C66, 71, 73, §147.80(1, 7); C75, 77, 79, 81, §147.80(2)]

3. [C97, §2576; S13, §2576, 2582, 2583-a; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, §147.80(1 - 4); C66, 71, 73, §147.80(2, 7); C75, 77, 79, 81, §147.80(3)]

4. [C75, 77, 79, 81, §147.80(4)]

6. [C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(3, 4, 7); C75, 77, 79, 81, §147.80(5)]

7. [C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(3, 4, 7); C75, 77, 79, 81, §147.80(6)]

8. [C66, 71, 73, §147.80(3, 4, 7); C75, 77, 79, 81, §147.80(7)]

10. [S13, §2583-l, -n; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(3, 4, 7); C75, 77, 79, 81, §147.80(8)]

11. [C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(5 - 7); C75, 77, 79, 81, §147.80(9)]

12. [S13, §2575-a38, -a39; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(5 - 7); C75, 77, 79, 81, §147.80(10)]

13. [S13, §2575-a30; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, §147.80(5 - 7); C66, §147.80(6, 7, 16, 17); C71, 73, §147.80(6, 7, 19, 20); C75, 77, 79, 81, §147.80(11)]

14. [C66, §147.80(19); C71, 73, §147.80(22); C75, 77, 79, 81, §147.80(12)]

15. [C27, §2516(5 - 7); C31, 35, 39, §2516(5 - 7, 11, 13); C46, 50, 54, 58, 62, §147.80(5 - 7, 11, 13); C66, 71, 73, §147.80(5 - 7, 10, 11); C75, 77, 79, 81, §147.80(13)]

16. [C27, 31, 35, 39, §2516; C46, 50, 54, §147.80(5 - 7, 12, 13); C58, 62, 66, §147.80(5 - 7, 12 - 14); C71, 73, §147.80(5 - 7, 12 - 17); C75, 77, 79, 81, §147.80(14)]

17. [C77, 79, 81, §147.80(15)]

18. [C81, §147.80(16)]

19. [C81, §147.80(17)]

24. [S13, §2600-n; C24, 27, 31, 35, 39, §2516; C46, 50, 54, 58, 62, 66, 71, 73, §147.80(8); C75, §147.80(15); C77, 79, §147.80(16); C81, §147.80(18)]

25. [C66, 71, 73, §147.80(18); C75, §147.80(16); C77, 79, §147.80(17); C81, §147.80(19)]

[84 Acts, ch 1075, §12](#); [85 Acts, ch 168, §7](#); [85 Acts, ch 246, §1](#); [88 Acts, ch 1225, §11](#); [89 Acts, ch 240, §1](#); [91 Acts, ch 228, §2](#); [91 Acts, ch 229, §5](#); [92 Acts, ch 1183, §5](#); [92 Acts, ch 1205, §17](#); [93 Acts, ch 86, §14](#); [96 Acts, ch 1036, §22](#); [98 Acts, ch 1053, §20](#); [2000 Acts, ch 1002, §2](#); [2000 Acts, ch 1053, §4](#); [2001 Acts, ch 24, §31](#); [2001 Acts, ch 58, §8](#); [2003 Acts, ch 93, §2, 14](#); [2004 Acts, ch 1175, §425, 433](#); [2005 Acts, ch 175, §85](#); [2006 Acts, ch 1155, §5, 15](#); [2007 Acts, ch 10, §63](#); [2007 Acts, ch 218, §199, 200](#); [2008 Acts, ch 1088, §33](#); [2009 Acts, ch 133, §49](#); [2019 Acts, ch 85, §60](#)

Referred to in [§147.82](#), [148F3](#), [154A.13](#), [155A.43](#), [157.4](#), [157.8](#), [157.11](#), [158.4](#), [158.7](#), [158.9](#)

**147.81** Reserved.

### **147.82 Fee retention.**

All fees collected by a board listed in [section 147.13](#) or by the department for the bureau of professional licensure, and fees collected pursuant to [sections 124.301](#) and [147.80](#) and [chapter 155A](#) by the board of pharmacy, shall be retained by each board or by the department for the bureau of professional licensure. The moneys retained by a board shall be used for any of the board's duties, including but not limited to the addition of full-time equivalent positions for program services and investigations. Revenues retained by a board pursuant to [this section](#) shall be considered repayment receipts as defined in [section 8.2](#). Notwithstanding [section](#)

8.33, moneys retained by a board pursuant to [this section](#) are not subject to reversion to the general fund of the state.

[C97, §2583; S13, §2575-a44, 2583-a, -s; C24, 27, 31, 35, 39, §2518; C46, 50, 54, 58, 62, 66, §147.82; C71, 73, §147.82, 153.4; C75, 77, 79, 81, §147.82]

2005 Acts, ch 175, §86; 2006 Acts, ch 1155, §6, 15; 2006 Acts, ch 1184, §86; 2007 Acts, ch 10, §184; 2008 Acts, ch 1088, §34

Referred to in §147.25, 153.37, 155A.43

## VIOLATIONS — CRIMES — PUNISHMENT

### 147.83 Injunction.

Any person engaging in any business or in the practice of any profession for which a license is required by this subtitle without such license may be restrained by permanent injunction.

[C24, 27, 31, 35, 39, §2519; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.83]

94 Acts, ch 1132, §24; 96 Acts, ch 1036, §23; 98 Acts, ch 1053, §21

Referred to in §154C.2, 156.16

Injunctions, R.C.P. 1.1501 - 1.1511

### 147.84 Forgeries.

Any person who files or attempts to file with a board any false or forged diploma, certificate or affidavit of identification or qualification, or other document shall be guilty of a fraudulent practice.

[C97, §2580, 2595; S13, §2583-d; C24, 27, 31, 35, 39, §2520; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.84]

2008 Acts, ch 1088, §35

Referred to in §148.6

See also §714.8, chapter 715A

### 147.85 Fraud.

Any person who presents to a board a diploma or certificate of which the person is not the rightful owner, for the purpose of procuring a license, or who falsely impersonates anyone to whom a license has been issued by the board shall be guilty of a serious misdemeanor.

[C97, §2580, 2581, 2595; S13, §2575-a45, 2581, 2583-c, -d; C24, 27, 31, 35, 39, §2521; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.85]

2008 Acts, ch 1088, §36; 2009 Acts, ch 133, §50

Referred to in §148.6

### 147.86 Penalties.

Any person violating any provision of [this subtitle](#), except insofar as the provisions apply or relate to or affect the practice of pharmacy, or where a specific penalty is otherwise provided, shall be guilty of a serious misdemeanor.

[C97, §2580, 2581, 2588, 2590, 2591, 2595; S13, §2575-a35, -a45, 2581, 2583-d, -r, 2589-d, 2600-o4; SS15, §2588; C24, 27, 31, 35, 39, §2522; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.86]

92 Acts, ch 1183, §6; 94 Acts, ch 1023, §12; 94 Acts, ch 1132, §25; 96 Acts, ch 1036, §24; 98 Acts, ch 1053, §22; 2015 Acts, ch 30, §61

Referred to in §147.107, 147.108, 147.109, 147.114

## ENFORCEMENT PROVISIONS

### 147.87 Enforcement.

A board shall enforce the provisions of [this chapter](#) and the board's enabling statute and for that purpose may request the department of inspections and appeals to make necessary investigations. Every licensee and member of a board shall furnish the board or the

department of inspections and appeals such evidence as the member or licensee may have relative to any alleged violation which is being investigated.

[C24, 27, 31, 35, 39, §2523; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.87]  
 90 Acts, ch 1204, §19; 94 Acts, ch 1132, §26; 96 Acts, ch 1036, §25; 98 Acts, ch 1053, §23;  
 2007 Acts, ch 10, §64; 2008 Acts, ch 1088, §37; 2009 Acts, ch 41, §53

Referred to in §152.10, 153.36, 156.9  
 Continuing education and regulation, chapter 272C

#### **147.88 Inspections and investigations.**

The department of inspections and appeals may perform inspections and investigations as required by this subtitle, except inspections and investigations for the board of medicine, board of pharmacy, board of nursing, and the dental board. The department of inspections and appeals shall employ personnel related to the inspection and investigative functions.

[C31, 35, §2523-c1; C39, §2523.1; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.88]  
 90 Acts, ch 1204, §20; 94 Acts, ch 1132, §27; 96 Acts, ch 1036, §26; 98 Acts, ch 1053, §24;  
 2007 Acts, ch 10, §65; 2007 Acts, ch 218, §201; 2008 Acts, ch 1088, §38

Referred to in §152.10, 153.36

#### **147.89 Report of violators.**

Every licensee and member of a board shall report to the board the name of any person without the required license if the licensee or member of the board has reason to believe the person is practicing the profession without a license.

[C24, 27, 31, 35, 39, §2524; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.89]  
 2007 Acts, ch 10, §66; 2008 Acts, ch 1088, §39; 2009 Acts, ch 41, §54

Referred to in §152.10, 153.36

#### **147.90 Rules and forms.** Repealed by 2008 Acts, ch 1088, §78.

#### **147.91 Publications.**

Each board shall provide access to the laws and rules regulating the board to the public upon request and shall make this information available through the internet.

[C24, 27, 31, 35, 39, §2526; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.91]  
 90 Acts, ch 1204, §22; 2001 Acts, ch 58, §9; 2007 Acts, ch 10, §67; 2008 Acts, ch 1088, §40

Referred to in §153.36

#### **147.92 Attorney general.**

Upon request of a board the attorney general shall institute in the name of the state the proper proceedings against any person charged by the board with violating any provision of this or the following chapters of this subtitle.

[S13, §2600-o7; C24, 27, 31, 35, 39, §2527; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.92]

94 Acts, ch 1132, §29; 94 Acts, ch 1173, §8; 96 Acts, ch 1036, §28; 98 Acts, ch 1053, §26;  
 2008 Acts, ch 1088, §41

Referred to in §153.36

#### **147.93 Prima facie evidence.**

The opening of an office or place of business for the practice of any profession for which a license is required by this subtitle, the announcing to the public in any way the intention to practice any such profession, the use of any professional degree or designation, or of any sign, card, circular, device, internet site, or advertisement, as a practitioner of any such profession, or as a person skilled in the same, shall be prima facie evidence of engaging in the practice of such profession.

[S13, §2575-a28, -a31, 2600-o; C24, 27, 31, 35, 39, §2528; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.93]

94 Acts, ch 1132, §30; 96 Acts, ch 1036, §29; 98 Acts, ch 1053, §27; 2008 Acts, ch 1088, §42;  
 2013 Acts, ch 90, §257

#### **147.94 through 147.96** Repealed by 2008 Acts, ch 1088, §79.

**147.97** Reserved.

**147.98 through 147.100** Repealed by 2008 Acts, ch 1088, §79.

**147.101** Reserved.

**147.102 through 147.103A** Repealed by 2008 Acts, ch 1088, §79.

**147.104 Records.** Repealed by 2008 Acts, ch 1088, §78.

**147.105** Reserved.

#### ANATOMIC PATHOLOGY SERVICES BILLING

**147.106 Anatomic pathology services — billing.**

1. A physician or a clinical laboratory located in this state or in another state that provides anatomic pathology services to a patient in this state shall present or cause to be presented a claim, bill, or demand for payment for such services only to the following persons:

- a. The patient who is the recipient of the services.
- b. The insurer or other third-party payor responsible for payment of the services.
- c. The hospital that ordered the services.
- d. The public health clinic or nonprofit clinic that ordered the services.
- e. The referring clinical laboratory, other than the laboratory of a physician's office or group practice, that ordered the services. A laboratory of a physician's office or group practice that ordered the services may be presented a claim, bill, or demand for payment if a physician in the physician's office or group practice is performing the professional component of the anatomic pathology services.

f. A governmental agency or a specified public or private agent, agency, or organization that is responsible for payment of the services on behalf of the recipient of the services.

2. Except as provided under [subsections 5 and 6](#), a clinical laboratory or a physician providing anatomic pathology services to patients in this state shall not, directly or indirectly, charge, bill, or otherwise solicit payment for such services unless the services were personally rendered by the clinical laboratory or the physician or under the direct supervision of the clinical laboratory or the physician in accordance with section 353 of the federal Public Health Service Act, 42 U.S.C. §263a.

3. A person to whom a claim, bill, or demand for payment for anatomic pathology services is submitted is not required to pay the claim, bill, or demand for payment if the claim, bill, or demand for payment is submitted in violation of [this section](#).

4. [This section](#) shall not be construed to mandate the assignment of benefits for anatomic pathology services as defined in [this section](#).

5. [This section](#) does not prohibit claims or charges presented to a referring clinical laboratory, other than a laboratory of a physician's office or group practice unless in accordance with [subsection 1](#), paragraph "e", by another clinical laboratory when samples are transferred between laboratories for the provision of anatomic pathology services.

6. [This section](#) does not prohibit claims or charges for anatomic pathology services presented on behalf of a public health clinic or nonprofit clinic that ordered the services provided that the clinic is identified on the claim or charge presented.

7. A violation of [this section](#) by a physician shall subject the physician to the disciplinary provisions of [section 272C.3, subsection 2](#).

8. As used in [this section](#):

a. "Anatomic pathology services" includes all of the following:

(1) Histopathology or surgical pathology, meaning the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician.

(2) Cytopathology, meaning the examination of cells from fluids, aspirates, washings, brushings, or smears, including the Pap test examination, performed by a physician or under the supervision of a physician.

(3) Hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician or under the supervision of a physician, and the examination of peripheral blood smears performed by a physician or under the supervision of a physician upon the request of an attending or treating physician or technologist that a blood smear be reviewed by a physician.

(4) Subcellular pathology and molecular pathology services performed by a physician or under the supervision of a physician.

(5) Bloodbanking services performed by a physician or under the supervision of a physician.

b. “Physician” means any person licensed to practice medicine and surgery or osteopathic medicine and surgery in this state or in another state.

2005 Acts, ch 10, §1; 2005 Acts, ch 179, §120; 2006 Acts, ch 1185, §73, 74; 2008 Acts, ch 1088, §95

#### DRUG AND LENS DISPENSING, SUPPLYING, AND PRESCRIBING

##### **147.107 Drug dispensing, supplying, and prescribing — limitations.**

1. A person, other than a pharmacist, physician, dentist, podiatric physician, prescribing psychologist, or veterinarian who dispenses as an incident to the practice of the practitioner’s profession, shall not dispense prescription drugs or controlled substances.

2. a. A prescriber who dispenses prescription drugs, including but not limited to controlled substances, for human use, may delegate nonjudgmental dispensing functions to staff assistants only when verification of the accuracy and completeness of the dispensing is determined by the practitioner in the practitioner’s physical presence. However, the physical presence requirement does not apply when a practitioner is utilizing an automated dispensing system. When using an automated dispensing system, the practitioner shall utilize an internal quality control assurance plan that ensures accuracy for dispensing. Verification of automated dispensing accuracy and completeness remains the responsibility of the practitioner and shall be determined in accordance with rules adopted by the board of medicine, the dental board, the board of podiatry, and the board of psychology for their respective licensees.

b. A prescriber who dispenses prescription drugs, other than drug samples, pursuant to [this subsection](#), shall report the fact that they dispense prescription drugs with the practitioner’s respective board at least biennially.

c. A prescriber who dispenses prescription drugs, other than drug samples, pursuant to [this subsection](#), shall provide the patient with a prescription, if requested, that may be dispensed from a pharmacy of the patient’s choice or offer to transmit the prescription orally, electronically, or by facsimile in accordance with [section 155A.27](#) to a pharmacy of the patient’s choice.

d. A pharmacist who dispenses prescription drugs, including but not limited to controlled substances, for human use, may delegate nonjudgmental dispensing functions only when verification of the accuracy and completeness of the dispensing is determined by the pharmacist in the pharmacist’s physical presence. The pharmacist’s verification of the accuracy of the prescription drug dispensed shall not be required when verified by a certified pharmacy technician in a technician product verification program as defined in [section 155A.3](#). The pharmacist’s physical presence shall not be required when the pharmacist is remotely supervising pharmacy personnel operating in a licensed telepharmacy site or when utilizing an automated dispensing system that utilizes an internal quality control assurance plan. When utilizing a technician product verification program, or when remotely supervising pharmacy personnel operating at a licensed telepharmacy site, the pharmacist shall utilize an internal quality control assurance plan, in accordance with rules adopted

by the board of pharmacy, that ensures accuracy for dispensing. Automated dispensing verification, technician product verification, and telepharmacy practice accuracy and completeness remains the responsibility of the pharmacist and shall be determined in accordance with rules adopted by the board of pharmacy.

3. A registered nurse may supply, when pharmacist services are not reasonably available or when it is in the best interests of the patient, on the direct order of the supervising physician, a quantity of properly packaged and labeled prescription drugs, controlled substances, or contraceptive devices necessary to complete a course of therapy. However, a remote clinic, staffed by a registered nurse, where pharmacy services are not reasonably available, shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage, and appropriate use of such drugs, substances, and devices.

4. A physician assistant may prescribe, dispense, order, administer, or procure prescription drugs, controlled substances, or medical devices necessary to complete a course of therapy pursuant to [section 148C.4](#).

5. Notwithstanding [subsection 1](#) and any other provision of [this section](#) to the contrary, a physician may delegate the function of prescribing drugs, controlled substances, and medical devices for which the supervising physician has sufficient training or experience to a physician assistant licensed pursuant to [chapter 148C](#) after the supervising physician determines the physician assistant's proficiency and competence. Rules relating to the authority of physician assistants to prescribe drugs, controlled substances, and medical devices pursuant to [this subsection](#) shall be adopted by the board of physician assistants, after consultation with the board of medicine and the board of pharmacy.

6. Health care providers shall consider the instructions of the physician assistant to be instructions of the supervising physician if the instructions concern duties delegated to the physician assistant by a supervising physician.

7. Notwithstanding [subsection 1](#), a family planning clinic may dispense birth control drugs and devices upon the order of a physician. [Subsections 2 and 3](#) do not apply to a family planning clinic under [this subsection](#).

8. Notwithstanding [subsection 1](#), but subject to the limitations contained in [subsections 2 and 3](#), a registered nurse who is licensed as an advanced registered nurse practitioner may prescribe substances or devices, including controlled substances or devices, if the nurse is engaged in the practice of a nursing specialty regulated under rules adopted by the board of nursing in consultation with the board of medicine and the board of pharmacy.

9. Notwithstanding [section 147.86](#), a person, including a pharmacist, who violates [this section](#) is guilty of a simple misdemeanor.

84 Acts, ch 1006, §1; 88 Acts, ch 1232, §1; 91 Acts, ch 238, §1; 91 Acts, ch 239, §1; 92 Acts, ch 1163, §37; 92 Acts, ch 1183, §10; 94 Acts, ch 1134, §1; 95 Acts, ch 108, §5; 2002 Acts, ch 1108, §13; 2003 Acts, ch 93, §3, 14; 2003 Acts, ch 108, §39; 2004 Acts, ch 1036, §8; 2004 Acts, ch 1101, §22; 2006 Acts, ch 1094, §1; 2007 Acts, ch 10, §78; 2007 Acts, ch 218, §202; 2008 Acts, ch 1016, §1; 2008 Acts, ch 1088, §43; 2015 Acts, ch 56, §3; 2016 Acts, ch 1093, §1; 2016 Acts, ch 1112, §3; 2018 Acts, ch 1142, §1; 2020 Acts, ch 1020, §1, 12; 2021 Acts, ch 68, §1

Referred to in §148G.1, 152B.1, 154.1, 155A.2, 155A.4, 155A.47

#### **147.108 Contact lens prescribing and dispensing.**

1. A person shall not dispense or adapt contact lenses without first receiving authorization to do so by a written, electronic, or facsimile prescription, except when authorized orally under [subsection 2](#), from a person licensed under [chapter 148](#) or [154](#). The board of optometry shall adopt rules relating to electronic or facsimile transmission of a prescription under [this section](#).

2. After contact lenses have been adequately adapted and the patient released from initial follow-up care by a person licensed under [chapter 148](#) or [154](#), the patient may request a copy, at no cost, of the contact lens prescription from that licensed person. A person licensed under [chapter 148](#) or [154](#) shall not withhold a contact lens prescription after the requirements of [this section](#) have been met. The prescription, at the option of the prescriber, may be given orally only to a person who is actively practicing and licensed under [chapter 148](#), [154](#), or [155A](#). The contact lens prescription shall contain an expiration date, at the discretion of the

prescriber, but not to exceed eighteen months. The contact lens prescription shall contain the necessary requirements of the ophthalmic lens, and the prescription validation requirements as defined by rules adopted pursuant to [this section](#). The prescription may contain adapting and material guidelines and may also contain specific instructions for use by the patient. For the purpose of [this section](#), “*ophthalmic lens*” means one which has been fabricated to fill the requirements of a particular contact lens prescription, including pharmaceutical-delivering contact lenses as defined in [section 154.1, subsection 3](#).

3. A person who fills a contact lens prescription shall maintain a file of a valid prescription for a period of two years.

4. Notwithstanding [section 147.86](#), a person who violates [this section](#) is guilty of a simple misdemeanor for a first violation. Subsequent violations are governed by [section 147.86](#).

[94 Acts, ch 1098, §1](#); [2004 Acts, ch 1036, §9](#); [2007 Acts, ch 10, §79](#); [2008 Acts, ch 1088, §96](#); [2010 Acts, ch 1010, §1](#); [2012 Acts, ch 1004, §1](#)

#### **147.109 Ophthalmic spectacle lens prescribing and dispensing.**

1. A person shall not dispense or adapt an ophthalmic spectacle lens or lenses without first receiving authorization to do so by a written, electronic, or facsimile prescription from a person licensed under [chapter 148](#) or [154](#). For the purpose of [this section](#), “*ophthalmic spectacle lens*” means one which has been fabricated to fill the requirements of a particular spectacle lens prescription. The board of optometry shall adopt rules relating to electronic or facsimile transmission of a prescription under [this section](#).

2. Upon completion of an eye examination, a person licensed under [chapter 148](#) or [154](#) shall furnish the patient a copy of their ophthalmic spectacle lens prescription at no cost. The ophthalmic spectacle lens prescription shall contain an expiration date. The ophthalmic spectacle lens prescription shall contain the requirements of the ophthalmic spectacle lens and the prescription validation requirements as defined by rules adopted pursuant to [this section](#). The prescription, at the option of the prescriber, may contain adapting and material guidelines and may also contain specific instructions for use by the patient.

3. Upon request of a patient, a person licensed under [chapter 148](#) or [154](#) shall provide the prescription of the patient, if the prescription has not expired, at no cost to another person licensed under [chapter 148](#) or [154](#). The person licensed under [chapter 148](#) or [154](#) shall accept the prescription and shall not require the patient to undergo an eye examination unless, due to observation or patient history, the licensee has reason to require an examination.

4. A dispenser shall maintain a file of a valid prescription for a period of two years.

5. Notwithstanding [section 147.86](#), a person who violates [this section](#) is guilty of a simple misdemeanor for a first violation. Subsequent violations are governed by [section 147.86](#).

[94 Acts, ch 1098, §2](#); [2004 Acts, ch 1036, §10](#); [2007 Acts, ch 10, §80](#); [2008 Acts, ch 1088, §97](#)

**147.110** Reserved.

### WOUNDS BY CRIMINAL VIOLENCE OR MOTOR VEHICLE

#### **147.111 Report of treatment of wounds and other injuries.**

1. A person licensed under the provisions of [this subtitle](#) who administers any treatment to any person suffering a gunshot or stab wound or other serious injury, as defined in [section 702.18](#), which appears to have been received in connection with the commission of a criminal offense, or a motor vehicle accident or crash, or to whom an application is made for treatment of any nature because of any such gunshot or stab wound or other serious injury, as defined in [section 702.18](#), shall at once but not later than twelve hours thereafter, report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application for treatment was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the gunshot or stab wound or other serious injury occurred, stating the name of such person, the person’s residence if ascertainable, and giving a brief description of the gunshot or stab wound or other serious injury.

2. A person certified under the provisions of [chapter 147A](#) who administers any treatment

to any person suffering a gunshot or stab wound or other serious injury, as defined in [section 702.18](#), which appears to have been received in connection with the commission of a criminal offense, or a motor vehicle accident or crash, or to whom an application is made for treatment of any nature because of any such gunshot or stab wound or other serious injury, may report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or application for treatment was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the gunshot or stab wound or other serious injury occurred, stating the name of the person, the person's residence if ascertainable, and giving a brief description of the gunshot or stab wound or other serious injury.

3. Any provision of law or rule of evidence relating to a confidential communication is suspended for communications under [this section](#).

[C31, 35, §2537-d1; C39, §2537.7; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.111]  
[93 Acts, ch 100, §2](#); [94 Acts, ch 1132, §31](#); [96 Acts, ch 1036, §30](#); [98 Acts, ch 1053, §28](#); [99 Acts, ch 114, §8](#); [2010 Acts, ch 1127, §1](#)

Referred to in [§147.112](#), [331.653](#)

#### **147.112 Investigation and report by law enforcement agency.**

The law enforcement agency who has received any report required by [this chapter](#) and who has any reason to believe that the person injured was involved in the commission of any crime, either as perpetrator or victim, shall at once commence an investigation into the circumstances of the gunshot or stab wound or other serious injury and make a report of the investigation to the county attorney in whose jurisdiction the gunshot or stab wound or other serious injury occurred. Law enforcement personnel shall not divulge any information received under the provisions of [this section](#) and [section 147.111](#) to any person other than a law enforcing officer, and then only in connection with the investigation of the alleged commission of a crime.

[C31, 35, §2537-d2; C39, §2537.8; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.112]  
[93 Acts, ch 100, §3](#); [99 Acts, ch 114, §9](#)

Referred to in [§331.653](#)

"Serious injury" definition, see [§702.18](#)

#### **147.113 Violations.**

Any person failing to make the report required herein shall be guilty of a simple misdemeanor.

[C31, 35, §2537-d3; C39, §2537.9; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §147.113]

## BURN INJURIES

#### **147.113A Report of burn injuries.**

Any person licensed under the provisions of this subtitle who administers any treatment to a person suffering a burn which appears to be of a suspicious nature on the body, a burn to the upper respiratory tract, a laryngeal edema due to the inhalation of super-heated air, or a burn injury that is likely to result in death, which appears to have been received in connection with the commission of a criminal offense, or to whom an application is made for treatment of any nature because of any such burn or burn injury shall at once but not later than twelve hours after treatment was administered or application was made report the fact to law enforcement. The report shall be made to the law enforcement agency within whose jurisdiction the treatment was administered or application was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the burn or burn injury occurred, stating the name of such person, the person's residence if ascertainable, and giving a brief description of the burn or burn injury. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of [this section](#) are concerned.

[2003 Acts, ch 134, §1](#)

## PELVIC EXAMINATIONS — INFORMED CONSENT

**147.114 Prior informed consent relative to pelvic examinations — patient under anesthesia or unconscious — penalties.**

1. A person licensed or certified to practice a profession, or a student undertaking a course of instruction or participating in a clinical training or residency program for a profession, shall not perform a pelvic examination on an anesthetized or unconscious patient unless one of the following conditions is met:

a. The patient or the patient's authorized representative provides prior written informed consent to the pelvic examination, and the pelvic examination is necessary for preventive, diagnostic, or treatment purposes.

b. The patient or the patient's authorized representative has provided prior written informed consent to a surgical procedure or diagnostic examination to be performed on the patient, and the performance of a pelvic examination is within the scope of care ordered for that surgical procedure or diagnostic examination.

c. The patient is unconscious and incapable of providing prior informed consent, and the pelvic examination is necessary for diagnostic or treatment purposes.

d. A court has ordered the performance of the pelvic examination for the purposes of collection of evidence.

2. A person who violates [this section](#) is subject to the penalty specified under [section 147.86](#), and any professional disciplinary provisions, as applicable.

[2017 Acts, ch 174, §111](#)

**147.115 through 147.134** Reserved.

## MALPRACTICE

**147.135 Peer review committees — nonliability — records and reports privileged and confidential.**

1. A person shall not be civilly liable as a result of acts, omissions, or decisions made in connection with the person's service on a peer review committee. However, such immunity from civil liability shall not apply if an act, omission, or decision is made with malice.

2. As used in [this subsection](#), "*peer review records*" means all complaint files, investigation files, reports, and other investigative information relating to licensee discipline or professional competence in the possession of a peer review committee or an employee of a peer review committee. As used in [this subsection](#), "*peer review committee*" does not include licensing boards. Peer review records are privileged and confidential, are not subject to discovery, subpoena, or other means of legal compulsion for release to a person other than an affected licensee or a peer review committee, and are not admissible in evidence in a judicial or administrative proceeding other than a proceeding involving licensee discipline or a proceeding brought by a licensee who is the subject of a peer review record and whose competence is at issue. A person shall not be liable as a result of filing a report or complaint with a peer review committee or providing information to such a committee, or for disclosure of privileged matter to a peer review committee. A person present at a meeting of a peer review committee shall not be permitted to testify as to the findings, recommendations, evaluations, or opinions of the peer review committee in any judicial or administrative proceeding other than a proceeding involving licensee discipline or a proceeding brought by a licensee who is the subject of a peer review committee meeting and whose competence is at issue. Information or documents discoverable from sources other than the peer review committee do not become nondiscoverable from the other sources merely because they are made available to or are in the possession of a peer review committee. However, such information relating to licensee discipline may be disclosed to an appropriate licensing authority in any jurisdiction in which the licensee is licensed or has applied for a license. If such information indicates a crime has been committed, the information shall be reported

to the proper law enforcement agency. [This subsection](#) shall not preclude the discovery of the identification of witnesses or documents known to a peer review committee. Any final written decision and finding of fact by a licensing board in a disciplinary proceeding is a public record. Upon appeal by a licensee of a decision of a board, the entire case record shall be submitted to the reviewing court. In all cases where privileged and confidential information under [this subsection](#) becomes discoverable, admissible, or part of a court record the identity of an individual whose privilege has been involuntarily waived shall be withheld.

3. a. A full and confidential report concerning any final hospital disciplinary action approved by a hospital board of trustees that results in a limitation, suspension, or revocation of a physician's privilege to practice for reasons relating to the physician's professional competence or concerning any voluntary surrender or limitation of privileges for reasons relating to professional competence shall be made to the board of medicine by the hospital administrator or chief of medical staff within ten days of such action. The board of medicine shall investigate the report and take appropriate action. These reports shall be privileged and confidential as though included in and subject to the requirements for peer review committee information in [subsection 2](#). Persons making these reports and persons participating in resulting proceedings related to these reports shall be immune from civil liability with respect to the making of the report or participation in resulting proceedings. As used in [this subsection](#), "physician" means a person licensed pursuant to [chapter 148](#).

b. Notwithstanding [subsection 2](#), if the board of medicine conducts an investigation based on a complaint received or upon its own motion, a hospital pursuant to subpoena shall make available information and documents requested by the board, specifically including reports or descriptions of any complaints or incidents concerning an individual who is the subject of the board's investigation, even though the information and documents are also kept for, are the subject of, or are being used in peer review by the hospital. However, the deliberations, testimony, decisions, conclusions, findings, recommendations, evaluations, work product, or opinions of a peer review committee or its members and those portions of any documents or records containing or revealing information relating thereto shall not be subject to the board's request for information, subpoena, or other legal compulsion. All information and documents received by the board from a hospital under [this section](#) shall be confidential pursuant to [section 272C.6, subsection 4](#).

[C77, 79, 81, §147.135]

[86 Acts, ch 1211, §14; 90 Acts, ch 1086, §7; 2007 Acts, ch 10, §82; 2009 Acts, ch 133, §51](#)

Referred to in [§139A.22, 147.1, 147A.24](#)

### **147.136 Scope of recovery.**

1. Except as otherwise provided in [subsection 2](#), in an action for damages for personal injury against a physician and surgeon, osteopathic physician and surgeon, dentist, podiatric physician, optometrist, pharmacist, chiropractor, physician assistant, or nurse licensed to practice that profession in this state, or against a hospital licensed for operation in this state, based on the alleged negligence of the practitioner in the practice of the profession or occupation, or upon the alleged negligence of the hospital in patient care, in which liability is admitted or established, the damages awarded shall not include actual economic losses incurred or to be incurred in the future by the claimant by reason of the personal injury, including but not limited to the cost of reasonable and necessary medical care, rehabilitation services, and custodial care, and the loss of services and loss of earned income, to the extent that those losses are replaced or are indemnified by insurance, or by governmental, employment, or service benefit programs or from any other source.

2. [This section](#) shall not bar recovery of economic losses replaced or indemnified by any of the following:

a. Benefits received under the medical assistance program under [chapter 249A](#).

b. The assets of the claimant or of the members of the claimant's immediate family.

[C77, 79, 81, §147.136]

[95 Acts, ch 108, §6; 2008 Acts, ch 1088, §141; 2011 Acts, ch 129, §85, 156; 2020 Acts, ch 1020, §2, 12](#)

Referred to in [§668.14, 668.14A](#)

**147.136A Noneconomic damage awards against health care providers.**

1. For purposes of this section:

a. “*Health care provider*” means a hospital as defined in [section 135B.1](#), a health care facility as defined in [section 135C.1](#), a health facility as defined in [section 135P.1](#), a physician or an osteopathic physician licensed under [chapter 148](#), a physician assistant licensed and practicing under a supervising physician under [chapter 148C](#), a podiatrist licensed under [chapter 149](#), a chiropractor licensed under [chapter 151](#), a licensed practical nurse, a registered nurse, or an advanced registered nurse practitioner licensed under [chapter 152](#) or [152E](#), a dentist licensed under [chapter 153](#), an optometrist licensed under [chapter 154](#), a pharmacist licensed under [chapter 155A](#), a professional corporation under [chapter 496C](#) that is owned by persons licensed to practice a profession listed in this paragraph, or any other person or entity who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or in the practice of a profession.

b. “*Noneconomic damages*” means damages arising from pain, suffering, inconvenience, physical impairment, mental anguish, emotional pain and suffering, loss of chance, loss of consortium, or any other nonpecuniary damages.

c. “*Occurrence*” means the event, incident, or happening, and the acts or omissions incident thereto, which proximately caused injuries or damages for which recovery is claimed by the patient or the patient’s representative.

2. The total amount recoverable in any civil action for noneconomic damages for personal injury or death, whether in tort, contract, or otherwise, against a health care provider shall be limited to two hundred fifty thousand dollars for any occurrence resulting in injury or death of a patient regardless of the number of plaintiffs, derivative claims, theories of liability, or defendants in the civil action, unless the jury determines that there is a substantial or permanent loss or impairment of a bodily function, substantial disfigurement, or death, which warrants a finding that imposition of such a limitation would deprive the plaintiff of just compensation for the injuries sustained.

3. The limitation on damages contained in [this section](#) shall not apply as to a defendant if that defendant’s actions constituted actual malice.

[2017 Acts, ch 107, §2, 5](#); [2018 Acts, ch 1041, §46](#)

Referred to in [§147.139](#), [147.140](#)

Section applies to causes of action that accrue on or after July 1, 2017; [2017 Acts, ch 107, §5](#)

**147.137 Consent in writing.**

A consent in writing to any medical or surgical procedure or course of procedures in patient care which meets the requirements of [this section](#) shall create a presumption that informed consent was given. A consent in writing meets the requirements of [this section](#) if it:

1. Sets forth in general terms the nature and purpose of the procedure or procedures, together with the known risks, if any, of death, brain damage, quadriplegia, paraplegia, the loss or loss of function of any organ or limb, or disfiguring scars associated with such procedure or procedures, with the probability of each such risk if reasonably determinable.

2. Acknowledges that the disclosure of that information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.

3. Is signed by the patient for whom the procedure is to be performed, or if the patient for any reason lacks legal capacity to consent, is signed by a person who has legal authority to consent on behalf of that patient in those circumstances.

[C77, 79, 81, §147.137]

**147.138 Contingent fee of attorney reviewed by court.**

In any action for personal injury or wrongful death against any physician and surgeon, osteopathic physician and surgeon, dentist, podiatric physician, optometrist, pharmacist, chiropractor, physician assistant, or nurse licensed under [this chapter](#) or against any hospital licensed under [chapter 135B](#), based upon the alleged negligence of the licensee in the practice of that profession or occupation, or upon the alleged negligence of the hospital in

patient care, the court shall determine the reasonableness of any contingent fee arrangement between the plaintiff and the plaintiff's attorney.

[C77, 79, 81, §147.138]

95 Acts, ch 108, §7; 2008 Acts, ch 1088, §141; 2020 Acts, ch 1020, §3, 12

#### **147.139 Expert witness standards.**

If the standard of care given by a health care provider, as defined in [section 147.136A](#), is at issue, the court shall only allow a person the plaintiff designates as an expert witness to qualify as an expert witness and to testify on the issue of the appropriate standard of care or breach of the standard of care if all of the following are established by the evidence:

1. The person is licensed to practice in the same or a substantially similar field as the defendant, is in good standing in each state of licensure, and in the five years preceding the act or omission alleged to be negligent, has not had a license in any state revoked or suspended.

2. In the five years preceding the act or omission alleged to be negligent, the person actively practiced in the same or a substantially similar field as the defendant or was a qualified instructor at an accredited university in the same field as the defendant.

3. If the defendant is board-certified in a specialty, the person is certified in the same or a substantially similar specialty by a board recognized by the American board of medical specialties, the American osteopathic association, or the council on podiatric medical education.

4. *a.* If the defendant is a licensed physician or osteopathic physician under [chapter 148](#), the person is a physician or osteopathic physician licensed in this state or another state.

*b.* If the defendant is a licensed podiatric physician under [chapter 149](#), the person is a physician, osteopathic physician, or a podiatric physician licensed in this state or another state.

86 Acts, ch 1211, §16; 2008 Acts, ch 1088, §98; 2017 Acts, ch 107, §3, 5; 2018 Acts, ch 1172, §46

Referred to in [§147.140](#)

2017 amendment applies to causes of action that accrue on or after July 1, 2017; 2017 Acts, ch 107, §5

#### **147.140 Expert witness — certificate of merit affidavit.**

1. *a.* In any action for personal injury or wrongful death against a health care provider based upon the alleged negligence in the practice of that profession or occupation or in patient care, which includes a cause of action for which expert testimony is necessary to establish a prima facie case, the plaintiff shall, prior to the commencement of discovery in the case and within sixty days of the defendant's answer, serve upon the defendant a certificate of merit affidavit signed by an expert witness with respect to the issue of standard of care and an alleged breach of the standard of care. The expert witness must meet the qualifying standards of [section 147.139](#).

*b.* A certificate of merit affidavit must be signed by the expert witness and certify the purpose for calling the expert witness by providing under the oath of the expert witness all of the following:

(1) The expert witness's statement of familiarity with the applicable standard of care.

(2) The expert witness's statement that the standard of care was breached by the health care provider named in the petition.

*c.* A plaintiff shall serve a separate certificate of merit affidavit on each defendant named in the petition.

2. An expert witness's certificate of merit affidavit does not preclude additional discovery and supplementation of the expert witness's opinions in accordance with the rules of civil procedure.

3. The parties shall comply with the requirements of [section 668.11](#) and all other applicable law governing certification and disclosure of expert witnesses.

4. The parties by agreement or the court for good cause shown and in response to a motion filed prior to the expiration of the time limits specified in [subsection 1](#) may provide for extensions of the time limits. Good cause shall include but not be limited to the inability

to timely obtain the plaintiff's medical records from health care providers when requested prior to filing the petition.

5. If the plaintiff is acting pro se, the plaintiff shall have the expert witness sign the certificate of merit affidavit or answers to interrogatories referred to in [this section](#) and the plaintiff shall be bound by those provisions as if represented by an attorney.

6. Failure to substantially comply with [subsection 1](#) shall result, upon motion, in dismissal with prejudice of each cause of action as to which expert witness testimony is necessary to establish a prima facie case.

7. For purposes of [this section](#), “health care provider” means the same as defined in [section 147.136A](#).

[2017 Acts, ch 107, §4, 5](#)

Section applies to causes of action that accrue on or after July 1, 2017; [2017 Acts, ch 107, §5](#)

**147.141 through 147.150** Reserved.

#### SPEECH PATHOLOGISTS AND AUDIOLOGISTS

**147.151 and 147.152** Repealed by 2008 Acts, ch 1088, §79. See §154F.1, 154F.2.

**147.153 through 147.156** Repealed by 2008 Acts, ch 1088, §78. See §154F.3 through 154F.6.

**147.157 through 147.160** Reserved.

#### BASIC EMERGENCY MEDICAL CARE PROVIDERS

**147.161** Repealed by 95 Acts, ch 41, §27. See [chapter 147A](#).

#### OPIOID PRESCRIPTION RULES

##### **147.162 Rules and directives relating to opioids.**

1. Any board created under [this chapter](#) that licenses a prescribing practitioner shall adopt rules under [chapter 17A](#) establishing penalties for prescribing practitioners that prescribe opioids in dosage amounts exceeding what would be prescribed by a reasonably prudent prescribing practitioner engaged in the same practice.

2. For the purposes of [this section](#), “prescribing practitioner” means a licensed health care professional with the authority to prescribe prescription drugs including opioids.

[2018 Acts, ch 1138, §21](#)

#### AMBULATORY SURGICAL CENTERS

##### **147.163 Provision of information — referral to ambulatory surgical center — licensee discipline.**

1. A health care provider who determines that a patient is a candidate for outpatient surgery based on the patient's medical status and surgical service needs, and refers the patient to an ambulatory surgical center as an option for the surgery, shall provide the patient with a written document listing the factors the patient should consider to make a fully informed decision about the patient's recommended course of care. The considerations shall include all of the following:

- a. The differences in ownership; licensure, certification, or accreditation; and payment alternatives between the ambulatory surgical center and a hospital.
- b. The types of medical personnel generally involved in the patient's surgical service and

the capacity of the ambulatory surgical center and a hospital to comply with the personnel requirements.

c. The capacity of the ambulatory surgical center and a hospital to respond to medical complications and emergencies that may arise from the surgical service.

d. The proximity of the ambulatory surgical center to a hospital and the protocols in place for transfer of a patient from the ambulatory surgical center to the hospital for emergency care.

e. The type of anesthesia generally used for the patient's surgical service and the capacity of the ambulatory surgical center and a hospital to comply with requirements relative to the use of anesthesia.

2. For the purposes of [this section](#):

a. "*Ambulatory surgical center*" means a distinct facility that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services does not exceed twenty-four hours following an admission. "*Ambulatory surgical center*" includes a facility that otherwise meets the definition of ambulatory surgical center whether or not licensed, certified, or accredited as an ambulatory surgical center and which may or may not operate on a partially cash-only or completely cash-only basis. "*Ambulatory surgical center*" does not include individual or group practice offices of private physicians or podiatrists that do not contain a distinct area used for outpatient surgical treatment on a regular basis, or that only provide surgery routinely provided in a physician's or podiatrist's office using local anesthesia or conscious sedation; individual or group practice offices of private dentists; or a portion of a licensed hospital designated for outpatient surgical treatment.

b. "*Health care provider*" means a person who is licensed, certified, or otherwise authorized or permitted by the laws of this state to administer health care in the ordinary course of business or in the practice of a profession.

c. "*Hospital*" means the same as defined in [section 135B.1](#).

3. A health care provider who violates [this section](#) is subject to licensee discipline by the appropriate licensing or disciplinary authority.

[2022 Acts, ch 1153, §48](#)

NEW section