

The Iowa Nurses Association's 2015 Legislative Priorities With Corresponding Bills of Interest from the 2015 Legislative Session

The 85th Legislative Assembly was uniquely complicated. Common ground was hard to find, especially relating to education and some areas of healthcare. Health related bills were present in record numbers. The sheer number of bills compounded legislators' work load. Our health care system is changing at an unprecedented rate. Please thank your local legislators for taking the time to understand the complexity (and importance) of these bills. We are living in an important historical era. The voices of nurses were very important this year and will be again in 2016.

Reaching consensus on appropriations bills took extra time this year prolonging the session long after the official end date. June decisions made in closed conference committees included compromise language to maintain the Mount Pleasant and Clarinda Mental Health Institutes—which was later vetoed by the Governor. The same was true for the one-time education funding which was also vetoed by the Governor. Compromise health care provisions were maintained such as patient transparency/literacy language and the enactment of the State medical compact for physicians. Additionally, the Office of Health Care Transformation (OHCT) which was formerly the Medical Home Systems Advisory Council was updated to accurately reflect the use of the funding for activities of the OHCT. The Council's name was also updated in Iowa Code Sections 135.151 and 135.161 to be called the Patient-Centered Health Advisory Council. Judy Collins, INA President has been a long time member of the Medical Home and now the Patient Centered Health Advisory Council.

Just before the 4th of July holiday, the Governor signed outstanding bills for the year including the remaining appropriations bills. There were significant line item vetoes within the HHS appropriations bill. Some expected but, many were a surprise.

The below is a list of key bills that fit under each of the INA legislative priorities. You are able to access these bills online. INA encourages you to take the time to read bills that interest you on the State of Iowa's legislative website at: <https://www.legis.iowa.gov/> Simply type in the bill's number into the search box. NOTE: Type the letters prior to the bill's number into the search text box without a space between. For example: SF203.

INA PRIORITY #1: Participate in efforts to redesign aspects of the Iowa healthcare system that:

- Makes health care affordable and accessible
- Provides a full range of services across health care settings
- Addresses mental health services
- Assures health care access in rural settings
- Addresses long term care needs

BILLS OF INTEREST:

Bills Related to a Full range of Affordable, Accessible Services:

HF 381 (SF 229) HEALTH INFORMATION NETWORK (Human Resources) Floor Manager: Forristall. Enacts provisions to transition the Iowa Health Information Network to a private, not-for-profit organization. Makes findings and definitions and includes requirements on governance. See SF 229. The **House PASSED** the bill 99-0 and the **Senate PASSED** the bill 46-4. Signed by Governor

SF 273 (Formerly SSB 1019) Interstate Medical Licensure Compact. bill was introduced by the Iowa Board of Medicine. It passed the Senate Chamber by a vote of 42-7 and was referred to the House Human Resources Committee of **L Miller** (Chair), **R Taylor, Winckler**. It was approved by the Committee and was placed on House calendar. It did not advance this step in time to meet the second funnel deadline. INA was registered in favor of this bill and understands the importance of being able to practice across state boundaries. **NOTE:** Although the original bill DIED in Funnel, the compact was added to Section 82 of SF 510, the Standing Appropriations Act.

Bills Related to Health Care Redesign:

DIED in funnel **SSB 1253 MEDICAID TRANSFORMATION COMMISSION.** Attempted to establish a Medicaid Transformation and Oversight Commission, with legislative members (HHS budget sub and HR & Appropriations committee chairs and ranking members) to contract for services, and to seek assistance from the UI Public Policy Center and others to evaluate changes in Medicaid. This bill was **PASSED** by the **Senate (Floor Manager: Ragan)** but the **House** version did not make it through full committee with 11 Republicans voting against the bill, and 9 Democrats voting for the bill. The committee did consider the bill briefly before voting it down on party-lines. **NOTE:** SF 505 Division IX, Sec. 63-66 addressed managed care by:

§ Directing DHS to hold monthly statewide public meetings to receive input from stakeholders regarding Medicaid managed care beginning in March 2016. The Executive Committee of the Medical Assistance Advisory Council (MAAC) will review the input and make recommendations to DHS.

§ Establishing a Legislative Health Policy Oversight Committee. This committee will consist of legislators only.

§ Authorizes the existing Office of Long-Term Care Ombudsman to provide specified types of assistance to Medicaid enrollees that are recipients of long-term care services. This set of directives also includes a directive for a collaborative plan to develop a proposal for the establishment of a health consumer ombudsman alliance due by December 15, 2015. The Office shall work with several state agencies including IDPH.

DIED in Funnel **HF 218 IOWA TELEHEALTH ACT.** Establishes the Iowa Telehealth Act. Makes findings and allows health care professionals to use telehealth technology. Includes provisions on scope of practice, rules, insurance coverage and related matters. Requires the DPH to make a report to the Legislature and the Governor by December 2015. **UPDATE: AMENDED & PASSED** 21-0; FM: **Heaton** (The amendment was approved 13-8.) INA understands the importance of telehealth as new service delivery option but also recognizes the importance of careful design of rules that insure that Iowans have quality health care.

DIED in Funnel **COUNCIL ON DISABILITIES.** Defining prevention activities for the Council for the Prevention of Disabilities (policies, programs, and practices that prevent a disability from occurring or identify a disability early, or that reduce the effect of a disability). Gives the Council the certain duties of the Iowa Developmental Disabilities Council. Adds members from various state agencies (IDA, DPH, DHS, DOE). Gives the Council additional duties on making recommendations, on planning and on coordinating the activities of disability prevention groups. Gives the DHS the duty to adopt rules to implement the bill, subject to Council approval. **UPDATE: PASSED** the **Senate** 50-0. Referred to House Human Resources Committee. It passed out of the House Human Resources Committee on March 31 with amendment [H-1174](#). However, it was not placed on the House Unfinished Business Calendar by April 9th which meant that it was no longer eligible for consideration this session. **NOTE:** **SF 505** extended the Prevention of Disabilities Policy Council for one additional year until June 30, 2016 and requires the Council to work with DHS IDPH and other specified stakeholders to transfer duties to other existing groups.

Bills Related to Mental Health Services:

Although there were a number of mental health bills that passed the Iowa legislature, mental health advocates were disappointed that 2 of the 4 Mental Health Institutes were closed by our Governor without consultation or collaborative decision making that assured that those served provided by these institutions would locate adequate alternatives.

HF 449 PSYCHIATRIC PATIENT TRACKING. Requires the DHS to spend \$200,000 on an in-patient psychiatric bed tracking system, including children. Includes timeframes for holding beds. Requires the DHS to work with the same magistrates and same hospital personnel that assisted in creating the hospital bed tracking report along with various health groups and providers and county sheriffs. Requires courts to use the system. The **House PASSED** the bill 92-0. the **Senate PASSED** the bill 48-0. Signed by Governor

HF 468 APPOINTING MH ADVOCATES. Requires that all MH advocate appointments made to represent a person who is involuntarily committed be made by the county supervisors of the person's county of residence. Disqualifies certain officials from serving as an advocate. Requires the State MH/DS Commission to adopt rules after consultation with counties, advocates and the Judicial Branch. Deems that all advocates serving as of July 2015 to have been appointed by the county supervisors. The House **PASSED** the bill 93-2. Deems that all advocates serving as of July 2015 to have been appointed by the county supervisors. Amendment S-3072 by Human Resources - Corrective. **ADOPTED.** The Senate **PASSED** the bill as amended 46-0. Amendment H-1209 by the Senate - Corrective. The House **CONCURRED & PASSED** the bill as amended 91-1. Signed by the Governor.

DIED in Funnel **HF 510 (Formerly HF 251) TRANSPORTING BEHAVIORAL HEALTH PATIENTS.** This bill passed out of the House Chamber by a vote of 95-1 on March 17. It passed out of the Senate Human Resources Committee on March 31 with an amendment. However, it was not placed on the House Unfinished Business Calendar by April 9th. This meant that this bill was no longer eligible for consideration this session. Those who work in the mental health field recognize the intense need to correct the inability to transport those who are in mental health crises.

HF 534 PMIC STIPENDS. Requires the MH professional shortage program to pay stipends for psychiatric positions at PMICs, if 50% of the service is covered through Medicaid. Allows unused funds to be used for community MH centers that meet these criteria, for consulting psychiatrists, and for psychiatric residents who work in a MH service shortage area for five years. **UPDATE:** Amendment S-3103 by **Human Resources** - Broadens criteria and expands the shortage area **ADOPTED.** The **Senate PASSED** the bill as amended 48-0. **House** agreed with the amendment and **PASSED it 99-0.** It was included in appropriations.

HF 630 (Formerly HSB 177) FEDERAL BLOCK GRANTS. Makes the federal block grant distributions. appropriating federal funds made available from federal block grants and other non-state sources, allocating portions of federal block grants, and providing procedures if federal funds are more or less than anticipated or if federal block grants are more. This bill passed the House Chamber on April 15 by a vote of 92-0. **UPDATE:** It passed the Senate Chamber 50-0. Signed by Governor

UPDATE SF 345/HF 490 ANTIBULLYING BILL. The **Senate** passed their version of the bill but the **House** had difficulty with two of the provisions: 1) Giving school personnel the task to report suspected bullying outside of school hours and 2) Allowing school officials to keep information from parents of a bullying victim if it would cause an untoward impact.

SF 401 SUBACUTE CARE COMMITMENTS. (Human Resources; Successor to SSB 1240) Floor Manager: Ragan. Allows a court to order the respondent in an involuntary commitment into care at a subacute care facility, after the hospitalization hearing. Amendment S-3021 by **Ragan** - Increases the number of authorized publically-funded beds in existing facilities from 50 to 75. **ADOPTED.** The **Senate PASSED** the bill as amended 47-0 and was then **PASSED** by the **House** subcommittee of **Forristal** (Chair), **Bacon, Winkler** and then full committee to survive the 2nd funnel. S-3113 by the **House** - Does not require DHS to use an RFP process to identify the best providers. The **Senate CONCURRED & PASSED** the bill as amended 48-0. Signed by Governor

SF 402 CLARINDA & MT PLEASANTD MHI. (Human Resources; Successor to SF 308) Floor Manager: Taylor.

Attempted to prohibit DHS from closing the Mount Pleasant and Clarinda MHIs until a comprehensive and long-term care plan is developed by DHS and approved by the Legislature. Asked DHS to work with stakeholders to ensure continued service for all patients, that expertise developed at the two MHIs is shared with other state facilities and other facilities are appropriately staffed and funded. UPDATE: The **Senate PASSED** the bill 29-19. **PASSED** the **House** appropriations Committee as **AMENDED** 25-0.

Considerable effort was made by advocates to alter Governor Branstad's statements early on in the session that he had the authority to close the Clarinda and Mt Pleasant MHIs without legislative approval. Branstad said that he was elected to reduce the cost of government and that the decision to close these two MHIs is "long overdue." He said that closing the two MHIs will save money without compromising services. Branstad said there will be resistance whenever the state makes a major change like closing an MHI, but said that he does not intend to delay the layoffs or closure of the two MHIs.

Gov. Branstad's item veto message for Senate File 505 read in part: "I am unable to approve the designated portion of the item designated as Section 23, subsection 3. Today, more Iowans than ever before have access to mental health treatment. Through the bi-partisan Mental Health Redesign signed into law in 2012, Iowans are accessing care locally through mental health regions. The mental health regions are investing substantial resources into increased access to home and community based substance abuse and mental health services. In the 1800s, Iowa opened four mental health institutions. At their peak, they served more than 6,600 people on any given day combined. However, modern mental health care has come a long way and best practices rightfully no longer include the warehousing of mental health patients. In fact, the average daily bed census at the Mount Pleasant Mental Health Institute over the past four years is only 61 patients. In fiscal year 2014, this came at the high cost to state taxpayers of \$126,791 per patient. These resources can best be used to provide better, more modern mental health services to more Iowans. Other states have already gone down this path by closing their outdated institutions and offering innovative mental healthcare options.

SF 440 MH/SA BORDER SERVICES. Allows a region or county to enter into a contract for MH/SA services with an agency in a border state. Requires the DHS exempt a county from entering into a regional MH system. Allows for civil commitments. UPDATE: The **Senate PASSED** the bill as amended 47-0. the **House** passed it as amended 96-0. Signed by the Governor.

SF 463 MH/DS REGION REDESIGN. (Human Resources; Successor to SSB 1181) Floor Manager: Ragan. Updates references in the Code related to the changes due to the MH/DS system redesign. Makes the DHS responsible for voluntary admissions of minors. Makes the county responsible for the costs services for a person with intellectual disability if person is not eligible for Medicaid and the service is covered by the region plan, and makes the state responsible if the person is eligible for Medicaid or is a state case. **PASSED** by the Senate. The **House PASSED** the bill 97-0. Signed by Governor.

SF 505 directs the formation of a Children's Mental Health and Well-Being Workgroup (Division XXII, Sec. 102) directing DHS to facilitate a workgroup of stakeholders that includes IDPH to study and make recommendations relation to children's mental health and well-being in Iowa. A report is due by Dec. 15, 2015.

Bills Addressing Long Term Care Needs:

No bills were successfully passed. Most died early in committee or subcommittee. SF 505 convenes an Interagency Dementia Proficient Workforce Talks Force (Division XII, Sec. 73) directing the Dept. of Aging to include the IDPH and Alzheimer's Association to review several specific topics and report by Dec. 15, 2015.

DIED in Funnel **HF 179 LONG-TERM CARE COMMITTEE. (Mascher, 25 D's) Human Resources.** Establishes a long-term care committee. Specifies membership and duties. Requires an interim report to both the Legislature and the Governor by December 2015 and a final report and recommendations by December 2016. **UPDATE:** INA monitored this bill.

DIED in Funnel **HF 180 ELDER DEPRESSION SCREENING.** (Mascher, 19 D's) Human Resources. Requires the IDA to establish an evidence-based depression screening and treatment program for elders. Gives the administrative duties to the area agencies on aging. **UPDATE:** INA monitored this bill.

DIED in Funnel **HF 187 BARRIERS TO ELDERLY.** (Mascher, 24 D's) State Government. Attempted to establish an interagency workgroup to evaluate the barriers to community living for elders and individuals with disabilities created by policies, rules, programs and statutes. Names the agencies and other state entities that must be involved. Requires the workgroup to seek input from consumers and persons with disabilities. Directs the Olmstead Consumer task force, the IDA and the DHS to make recommendations on addressing barriers to community integration and on a seamless service delivery system SIMILAR TO HF 179. INA monitored this bill.

INA PRIORITY #2: Promote a culture of patient safety in all practice settings.

BILLS OF INTEREST:

Bills Addressing the Safety of our Children:

SF 462 EPINEPHRINE AUTO-INJECTORS. Schools: Allows schools to have epinephrine auto-injectors available for use. Requires auto-injectors to be in a secure location and to allow authorized personnel to use them. Permits a licensed health care professional to write a prescription in the name of a school. Establishes immunity except for gross negligence. Makes definitions. Requires the DOE, DPH, BOM and BOP to adopt rules on device usage. **Students:** Allows students, with a written statement from a licensed health care professional on file, to have an auto-injector on school property. Allows students with asthma to self-administrate. Requires parental notice before a school withdraws auto-injector permission. (Makes changes regarding administration by licensed health care providers.) Amendment S-3022 by **Ragan** - Changes physician to licensed health care professional. **ADOPTED**, the **Senate PASSED** the bill as amended 50-0. *FM: Ragan*. It **PASSED** the **House** education subcommittee (**Mommsen (C) , Fry, Mascher**) amended (S-3109) to clarify wording describing the epi auto injector device with clarification on the "agent or employee" who can administer the pen under emergency conditions. **AMENDED & PASSED House 97-0**. The **Senate CONCURRED & PASSED** the bill as amended 48-0. **Signed by Governor** INA and ISNO developed the language in the bill and successfully lobbied for the passage of the bill.

This bill has been around for several sessions. Representative Mascher said that it has taken four years to get the bill into its present format. She said that "this really is a bill that could save children's lives." Mascher said Iowa is only one of four states that did not have provisions which allow schools to have epi-pens on hand to deal with sudden allergic reactions.

On hold this session. **SF232/HF 420 TANNING FACILITY REGULATION.** (Human Resources) This bill creates a new Code section prohibiting a tanning facility from allowing individuals under 18 years of age to use a tanning device. INA was in favor of this bill. Amendment S-3064 by **Dotzler** Strikes the exception for written orders from a health care professional. Amendments S-3069 to S-3064 by Chelgren & Zaun - Allows a minor 16 or older to use a tanning bed with a release from a parent or guardian **FAILED** 31-18. Amendment S-3064 by **Dotzler** - **ADOPTED** 27-22. The **Senate PASSED** the bill as amended 26-23. The House has a tanning ban bill on its calendar (HF 420). INA supports restrictions prohibiting minors from tanning. **FINAL UPDATE:** This bill passed the House Human Resources Committee on February 17. However, it was not taken up by the full House Chamber and has been referred back to the Human Resources Committee for consideration next session. Health care groups were unanimous wanting regulations for minors.

Bills Addressing Safety Within Health Care:

Died in Funnel **SSB 1020 IOWA INFORMATION PROGRAM FOR DRUG PRESCRIBING AND DISPENSING** of drug diversion, misuse or abuse. INA was registered in favor of this bill.

HF 426 (formerly HF 532) ADVERSE OUTCOME DISCUSSIONS. Allows a doctor and a hospital to engage in an open discussion with a patient about an adverse outcome. Allows the doctor, or the doctor and hospital, or other health care providers, to make an offer for an open discussion, and establishes procedures for such a discussion if the patient accepts. Allows the doctor or hospital to determine whether compensation is warranted and to make an offer. Makes all of these communications privileged and confidential and not admissible in court or subject to subpoena or discovery. Deems that payments do not need to be reported to a licensing board or to the Insurance Commissioner. **UPDATE:** Note: PA's and ARNP's were added to the bill. **PASSED Senate 48-0. PASSED House 96-0.** The **House PASSED** the bill 96-0. **Signed by the Governor**

HF 651 E911 SPENDING & E911 Equipment: Required the DHS/ED to reimburse the vendor selected by DAS for the provision for E911 equipment and services for mobile radio services that interface with the statewide interoperability radio system. Allows public safety answering points (PSAPS) to use the system at no cost. Includes reporting requirements. **Expenditures:** Makes allocations to the joint E911 Board and the DPS the third spending priority from the E911 Emergency Communications fund. **Surcharges:** Increases the percentages of surcharges allocated to the fund to 53%. Sets the cost allocation to 10%. Requires the program manager to allocate such funds to joint E911 boards with public safety answering points. **Other:** Allocates up to \$100,000 in any surplus funds in the E911 Emergency Communications fund for public awareness programs, training, upgrades and related expenses. Amendment H-1394 by the **Senate** - States that the DPS, CIO and DOT will maximize use of existing communication platforms prior to expansion. Makes the surcharge percentage 58%. Appropriates \$4 million for lease costs. **Signed by Governor with item veto**

DIED in Funnel **SF 80 BREAST DENSITY.** (Jochum, 17 D's, 3 R's) Human Resources. Required the DPH to adopt rules requiring that mammogram facilities give patients information on breast density and inform patients if they have dense breasts according to national standards, that dense breasts may make cancer detection more difficult. Requires mammography facilities to comply by January 2016.

Bills Addressing Other Safety Issues:

HF 567 (formerly HF 279) SYNTHETIC SUBSTANCES. Prohibits the sale or distribution of synthetic substitute for an illegal drug. Includes criteria for evaluating if a substance is a synthetic substance. Requires a city or county to allow a retailer to have a hearing before issuing a civil penalty. Makes a first offense a \$200 fine and second or subsequent offenses a \$500 fine. **UPDATE: PASSED House 83-13. Referred to Senate Judiciary Committee. PASSED Senate 27-23.**

SF 410 OVERDOSE PREVENTION. Immunity: Establishes limited immunity protections for good faith actions by OD patients and reporters. **Administration of Opioid Antagonists:** Allows the good-faith possession of an opioid antagonist and for persons who are not licensed to administer the opioid antagonists in emergency situations. Allows an EM provider or law enforcement officer who has been trained to administer an opioid antagonist. Allows health care professionals to give, prescribe or through a standing order to furnish opioid antagonists to a person experiencing an overdose, or to a friend or family member. Establishes good-faith immunity provisions. **DPS:** Requires DPH to develop education materials, protocols for use, recordkeeping standards and to make annual reports on opioid antagonists. **DHS:** Directs the DHS to include an opioid antagonist on the Medicaid preferred drug list and to not require prior authorization. **UPDATE:** The **Senate PASSED** the bill as amended 44-2. **House** committee (Klein, Abdul-Samad, and Fry) **AMENDED & PASSED 20-0; FM: Klein** (Adds provisions on insurance coverage for alternate opioid painkillers that are abuse resistant.) Referred to Public Safety.

HF 585 CONFIDENTIAL ADDRESSES Establishes an address confidentiality program for victims of domestic abuse, human trafficking, sex abuse, stalking or due fears of personal safety with the Secretary of State. Allows such a

person to submit information to the SOS for a confidential designated address. Requires the SOS to forward mail sent to the designated address. Makes the enrollment for four years. Includes confidentiality provisions and grounds for canceling a certification. States the intent of the program to prevent victims from being located through publically-available addresses. H-1233 by the **Senate** - Adds corrective language making the fund a revolving fund. The **House CONCURRED & PASSED** the bill as amended 94-0. **Signed by the Governor**

On hold this session SF232/HF 420 TANNING FACILITY REGULATION. (Human Resources) This bill creates a new Code section prohibiting a tanning facility from allowing individuals under 18 years of age to use a tanning device. UPDATE: INA was in favor of this bill. Amendment S-3064 by **Dotzler** Strikes the exception for written orders from a health care professional. Amendments S-3069 to S-3064 by Chelgren & Zaun - Allows a minor 16 or older to use a tanning bed with a release from a parent or guardian **FAILED** 31-18. Amendment S-3064 by **Dotzler** - **ADOPTED** 27-22. The **Senate PASSED** the bill as amended 26-23. The House has a tanning ban bill on its calendar (HF 420). INA supports restrictions prohibiting minors from tanning. **UPDATE:** This bill passed the House Human Resources Committee on February 17. However, it was not taken up by the full House Chamber and has been referred back to the **House** Human Resources Committee for consideration next session.

INA PRIORITY # 3: Support efforts to expand nursing workforce development, increase the proportion of nurses with higher education and address nursing faculty shortages.

BILLS OF INTEREST:

Important sustaining language was added within H.F. 536, a Judicial bill, to continue the Iowa Needs Nurses Now and Nurse Residency programs in hope that funding can be located next legislative session.

Statutory Corrections in HF 536 are located on pages 76-91 in Division II, Reenactment of Division II of 2014 Iowa Acts, Ch. 1106. The Sections of interest are listed below:

Sec. 211. 135.153A. Safety net provider recruitment and retention initiatives program-repeal

Sec. 212. 135.175 Healthcare workforce support initiative-accounts

Sec. 213. 135.176 Medical residency training state matching grants program. The increase of \$1 million was NOT included in the final budget.

Sec. 214. 135.177 Physician assistant mental health fellowship program-will repeal June 30, 2016

Sec. 215. 135.1778 Nurse residency state matching grants program-will repeal June 30, 2016

Sec. 216. 261.128 Health care professional incentive payment program-will repeal June 30, 2016

Sec. 217. 261.129 Iowa Needs Nurses Now Initiative-will repeal June 30, 2016

INA PRIORITY # 4: Support Public Health programs, functions and infrastructure to:

- Prevent infectious diseases
- Promote evidenced-based preventive health care
- Provide chronic care management

- Promote healthy communities

BILLS OF INTEREST:

SF 274 DPH PROGRAMS. Changes references from hearing aid dispensers to hearing aid specialists. **Grants:** Changes the Medical Residency Training Matching Grant program to encourage the creation of more residencies. Does not require the creation of dedicated fund for residencies and requires instead that the residency in the organization's budget. Establishes caps on grant awards. **Other:** Makes corrections. The **Senate PASSED** the bill 48-0. The **House PASSED** the bill 97-0. Signed by Governor

Health care advocates prevented the **Legalization of Fireworks** in Iowa for another year.

SF 335 RECORDS FOR ORGAN DONATIONS. Requires that medical examiner reports, including preliminary reports, and autopsies related to an organ donation be released to an organ procurement organization. Requires hospitals, health care professionals and medical examiners to release certain patient records to an organ procurement organization as part of a referral of a potential patient donor. Does not require the ME to release information if doing so would create a clear and present danger. The **Senate PASSED** the bill 47-0. The **House PASSED** the bill 98-0. Signed by Governor

SF 275 PUBLIC HEALTH GOVERNANCE (Human Resources; Successor to SSB 1015) FM: Allen
Modernizes public health governance, including eliminating obsolete public health standards and accreditation. Makes other changes. **UPDATE:** The **Senate PASSED** the bill 49-0. **PASSED House** committee of **R. Taylor, Heddens and Rizer** on April 2nd. INA was in favor of public health modernization.

SSB 1096 DPH PROGRAMS. (caps on grant awards. Other: Makes corrections. (DPH). See HSB 83.

SF232/HF 420 TANNING FACILITY REGULATION passed the House Human Resources Committee on February 17. However, it was not taken up by the full House Chamber and has been referred back to the Human Resources Committee for consideration next session.

SF 505 Health and Human Services Appropriations Act. Appropriates funding to the Dept. of Public Health, Human Services, Aging and Veterans Affairs. New directives or allocations and decreases or increases in funding as compared to FY 2015 include:

- 1st Five Program received an increase of \$571,000 for a total allocation of \$2.2 Million. Will expand programming into 13 new counties for a total of 62.
- Tobacco Use Prevention and Control received status quo funding. A new directive was added for Quitline Iowa to screen patients for third party coverage of nicotine replacement therapy.
- Tobacco related allocation paragraphs were consolidated to increase flexibility determining funded activities.
- Iowa Collaborative Safety Net Provider Network received a status quo funding from the legislation however 1.6 million to be used for community care teams was vetoed by the Governor.

SF 335 RECORDS FOR ORGAN DONATIONS. Requires that medical examiner reports, including preliminary reports, and autopsies related to an organ donation be released to an organ procurement organization. Requires hospitals, health care professionals and medical examiners to release certain patient records to an organ procurement organization as part of a referral of a potential patient donor. Does not require the ME to release information if doing so would create a clear and present danger. The **Senate PASSED** the bill 47-0. The **House PASSED** the bill 98-0. Signed by Governor

INA Priority # 5: Support efforts that allow nurses to practice to the highest extent of their education and as full participants of a team based care delivery model.

BILLS OF INTEREST:

SF 203 NURSING CHANGES. The IBON bill that specified changes within Chapter 152 of the Iowa Code. Updates references to ARNP in the Code. The bill updates references to ARNP and specifies that an RN with the authority to pronounce death can also provide notice to doctors, ARNPs and PAs. It made other reference changes and changes made for clarity. SF 203 makes licensing language more consistent with other states' advanced practice acts. The **Senate PASSED** the bill 50-0 and later **CONCURRED** and **PASSED HOUSE** amendment S-3111 -Changes references from examination to evaluation. **PASSED House** 97-0 with amendment. *Floor Manager was Rep. Linda Miller (Scott Co.).* **Signed by Governor** INA was registered in favor of this bill and supported the IBON efforts to improve Chapter 152.

Background Information:

SF 203 makes licensing language more consistent with other states' advanced practice acts and adds ARNP to Chapter 152 of the Iowa Code.

- This bill add ARNP's to Chapter 152 of the Iowa Code with an approved definition of ARNP from 135 G.1
- The bill simply substitutes "licensed" for "registered"
- There are some other "clean up" language changes but no changes to the ARNP scope of practice or qualifications.

HF 203 POLYSOMNOGRAPHIC LICENSING. Requires the licensing of polysomnographic technologists and respiratory care and polysomnographic practitioners as of January 2017. Establishes a licensing board, licensing requirements, including written verification of the person's ability to perform polysomnography and other matters. Requires background checks of applicants. Specifies that the fees assessed shall be enough to cover the costs of administration. INA helped refine language that previously restricted advanced practice boundaries and excluded ARNP's from ordering sleep studies. The **House PASSED** the bill 91-1.the **Senate PASSED** the bill 37-13. **Signed by Governor**

DIED in funnel **HSB 103 ANESTHESIOLOGIST ASSISTANT LICENSING.** (Human Resources) **R. Taylor** (Chair), **Best**, and **Heddens**. This bill provides for licensing of anesthesiologist assistants. The board of medicine is to be responsible for governing the licensure process for anesthesiologist assistants. INA opposed this bill. It was not approved by subcommittee which stopped efforts to Efforts to add this health care group in Iowa.

DIED in funnel **HF 188 MIDWIVES.** (**Mascher**) State Government. Establishes licensing provisions for midwives, including a seven-member board, fees, scope of practice and other related provisions. **UPDATE:** INA was registered opposed to this bill and will support the nationally defined standards when they are final.

DIED in Funnel **HF 423 MIDWIFE PRACTICE** (**Kaufmann, 10 R's**) Human Resources. Allows a person to practice as a midwife and to advertise but prohibits the use of professional titles in conjunction with the practice of midwifery. **UPDATE:** INA was registered in opposition to this bill and will support the nationally defined standards when they are final.