

INPS/IANP 2015 Legislative Report

Two Bills Passed For Nurse Practitioners

The first session of the 86th General Assembly came to a close on June 5th. The House adjourned at 3:38 p.m. followed by the Senate at 3:48 p.m.

The legislature passed 143 bills in 2015, up one bill from the shorter 2014 session.

SF 203: Board of Nursing Bill

2015 was the second consecutive year for a Board of Nursing bill to pass the legislature. Last year's SF 2120 seemed to be a very minor bill, but an interpretation of SF 2120 from the Attorney General's Office led to the realization that the legislature had enacted a licensing bill. The bill apparently only dealt with allowing ARNP's to use the acronym on their name badges at work.

SF 203 further cemented the licensing aspect of SF 2120 by changing the word "registration" with "license and licensing" throughout the requisite code chapters dealing with our profession.

The pronouncement of death by a nurse practitioner was strengthened by deleting the requirement that nurse practitioners had to follow any directions given by the physician. The Board of Nursing gained some flexibility in the uses of their state appropriations by adding the following directive: The collection, analysis, and dissemination of nursing workforce data.

The Board also gained the right to have a nurse, if necessary, to be examined by a health care provider, including a nurse practitioner, and not be limited to refer the nurse to a physician only.

SF 203 generally cleaned up all the awkward language dealing with nurse practitioners, adding the properly defined term where needed throughout the code. These fixes were necessary because the nurse practitioner law in Iowa had been one primarily created by administrative rule.

SF 203 was signed by Governor Branstad on April 24th.

SF 426: Privileged Communications

This bill was introduced by the Iowa Medical Society, after negotiation and consulting with the Iowa Trial Lawyers Association. INPS/IANP quickly realized that SF 426 would be beneficial to nurse practitioners. We were able to amend ourselves into the bill. SF 426 will allow physicians, podiatrists, physician assistants, and nurse practitioners to contact patients who have suffered an adverse health incident so that open communications with the patient can begin. Research has shown that many patients sue the health care provider because they don't believe they are getting all the information pertinent to their adverse health result. Health care providers have been reluctant to engage in these communications for fear of the information being used against them in a lawsuit. In the communication to the patient, the patient has to be advised that they have the right to seek an attorney. But, the documents presented and what is said in the communications session can't be used against the health care provider.

Governor Branstad signed the bill on April 14th.

IANP/INPS Bill Registrations

Nurse practitioners found 27 bills that we registered on in the 2015 session. Let's list them and report what happened in the order we registered.

SSB 1039 An Act relating to public health including public health modernization and boards of health. This bill passed the Senate and became SF 275. The bill passed out of the House Human Resources Committee, but did not receive a floor vote. The bill was sent back to committee and is eligible for consideration in 2016.

SSB 1001 An Act relating to a dementia proficient workforce task force. This bill received no action.

SSB 1005 An Act relating to the reclassification of marijuana, including tetrahydrocannabinols, and the possession of marijuana, and providing a penalty. The bill received no action.

HSB 83/HF 193/SF 274 An Act relating to programs and services under the purview of the department of public health including the board of hearing aid dispensers and the medical residency training matching grants program and including effective date and retroactive applicability provisions. This Iowa Department of Health bill, SF 274, was signed by Governor Branstad on April 24th.

SSB 1097 An Act relating to persons and activities regulated by the board of nursing.

SSB 1097, after passing the Senate Human Resources Committee, became SF 203 which we reported on earlier.

SF 31/SF 334/HF 276 A bill for an act relating to sexual orientation change efforts and making penalties applicable. This bill, supported by nurse practitioners, passed the Senate 26-24. It was not considered by the House. SF 334 is eligible for debate in 2016.

SSB 1020 A study bill for An Act relating to the Iowa information program for drug prescribing and dispensing. There was a subcommittee meeting on the bill in the Senate, but the bill did not advance.

HF 203/SF 337/SSB1130/HSB 75 An Act providing for the licensing of polysomnographic technologists and exceptions thereto, making penalties applicable, and including effective date provisions. Nurse practitioners were able to have protective language inserted into this bill which was signed by Governor Branstad on April 14th.

HSB 103/SSB1150 A study bill relating to licensure of anesthesiologist assistants, providing for fees, and making penalties applicable. Subcommittee meetings were held in both the House and the Senate on these bills which nurse practitioners opposed.

Taking the lead against the bills was the Iowa Association of Nurse Anesthetists. Both bills died in subcommittee.

SF 201/SSB 1002 A bill for an act relating to the findings of an examining physician assistant for a person believed to be seriously mentally impaired in an emergency situation. This bill was another victory for physician assistants in that they gained the right for civil commitment without needing the approval of a physician. Governor Branstad signed the bill on April 17th.

SSB 1166 A study bill for an act requiring the posting of a notice regarding the effects of alcohol during pregnancy on the licensed premises of holders of liquor control, beer, and

wine licenses or permits, and providing a civil penalty. SSB 1166 never made it out of the Senate subcommittee.

SSB 1176/HSB 143 became SF 426, privileged communications, which is explained earlier in this report.

HF 600 (HF 218) A bill for an act relating to telehealth and professional licensure, insurance coverage, and reimbursement under the medical assistance program. The bill passed out of House Human Resources Committee, but had no further action.

2016 Legislative Session

The second session of the 86th General Assembly will convene on Monday, January 11th 2016. It will be an election year in the fall. Expenses will be paid for 100 calendar days instead of 110 days. These factors usually lead to a shorter legislative session. Public policy work for organizations such as INPS/IANP is an ongoing effort. Take advantage of any opportunity you have to visit with your Iowa legislators. Nurse practitioners will increasingly be a larger part of primary care in Iowa. Your legislators and candidates need to be kept up to date on your important role in health care.

[IDPH Policy and Budget Package Recap](#)

(written by Deborah Thompson, Legislative Liaison for the Iowa Department of Public Health)

IDPH Policy Package:

- 2 out of 3 bills that were introduced by IDPH were signed by the Governor. They are as follows:
 - [SF 274](#) IDPH Omnibus Bill. Medical Residency Program and the Board of Hearing Aid Specialists. Signed Friday, April 24.
 - [HF 381](#) Iowa Health Information Network Transition. Biggest policy priority. Also signed April 24.
 - [SF 275](#) Local Public Health Flexibility Bill. Died...twice. Couldn't gain enough momentum in the House.

IDPH Budget Priorities:

- General Fund – Appropriated in [SF 505](#) (FY 2016 and FY 2017 Health and Human Services Appropriations Act):
 - The reallocation request of \$200,000 from the Cervical Cancer Screening Program to the Bureau of EMS and Trauma Systems (BETS) was achieved.
 - The increase of \$1.0 million for the Medical Residency Program was not included in the final budget.
- Rebuild Iowa Infrastructure Fund (RIIF) – Appropriated in [HF 650](#) (FY 2016 Infrastructure Act):
 - \$500,000 in FY 2016 for the Bureaus of Family Health and Oral Health Delivery Systems data integration project. Currently, five data management systems are operated by the bureaus, all of which function independently of each other. Not all are web-based and all lack the ability to easily share data among programs or with the public. These systems are aging and are costly to

update and repair. This project will replace the five existing systems with a single web-based, integrated electronic data management system. Features of the new system will include case management, referral management, risk assessment, billing, and client and population-level reporting. The integrated system will support eight programs.

- \$500,000 to study the 98 database systems in IDPH for long and short term planning of replacement and consolidation strategies was not included in the final budget.

[Health and Human Services Appropriations Act](#)

[SF 505](#) was item-vetoed by Governor Branstad on July 2. To view the item-veto letter please click [here](#).

The bill appropriates funding to the Departments of Public Health, Human Services, Aging, and Veterans Affairs and the Iowa Veterans Home. IDPH's total FY 2016 General Fund budget is \$57.8 million. This is a net decrease of \$1.5 million compared to FY 2015. The following are new directives, new allocations, and decreases or increases in funding compared to FY 2015 in Division III, Sec. 3 of the bill:

- **Addictive Disorders:**

- *Tobacco Use Prevention and Control (Sec. 3(1)(a))*: Received status quo funding. A new directive was added for Quitline Iowa to screen patients for third-party coverage of nicotine replacement therapy. A report is required but a due date was not assigned.
- The tobacco-related allocation paragraphs were consolidated for increased flexibility in the determination of funded activities.

- **Healthy Children and Families:**

- *1st Five Program (Sec. 3(2)(c))*: Received an increase of \$571,000 for a total allocation of \$2.2 million. Initial estimates anticipate expansion into approximately 13 new counties for a total of 62.
- *Child Burial Grant Program (Sec. 3(2)(j))*: This program was new in FY 2015 and received an allocation of \$100,000 complete with carryforward authority. Significant funding is still available from that allocation hence, the legislature directs IDPH to continue to spend down the existing balance in FY 2016 instead of allocating additional funding to the program.
- *Office of Health Care Transformation (OHCT) (Sec. 3(3)(k))*: Formerly identified as the allocation paragraph for the Medical Home Systems Advisory Council, the language in the allocation paragraph has been updated to accurately reflect the use of the funding for activities in 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. This change is made in Division VII, Sec. 38 of the bill.

- **Chronic Conditions:**

- *Cervical Cancer Screening Program (Sec. 3(3)(h))*: Received a decrease of \$200,000 as part of a reallocation request made by IDPH. The funding has been

reallocated to the Public Protection budget unit for use in the IDPH Bureau of Emergency Medical Services and Trauma Systems (BETS).

- **Community Capacity:**

- *Iowa Collaborative Safety Net Provider Network (Sec. 3(4)(g))*: The allocation paragraphs were consolidated for increased flexibility in the determination of funded activities. Received status quo funding from the legislature, however, a total of \$1.6 million to be used for activities such as community care teams was *vetoed by the Governor*.
- *Direct Care Professional (DCP) Activities (Sec. 3(4)(h,i))*: Received status quo funding. New language is included in the DCP Council's allocation paragraph but does not appear to significantly impact the Council's current work. A request for proposals (RFP) will be required for the funding that has been traditionally passed directly through to the Iowa CareGivers. Contract requirements are also included to use a portion of the funding to collect data to determine results based on the performance and outcomes measures included in the contract.
- *Delta Dental Loan Repayment Program (Sec. 3(4)(k))*: Received an increase of \$50,000 for a total of \$100,000 for FY 2016.
- *Reach Out and Read Program*: Funding of \$50,000 was eliminated for this program.
- *University of Iowa Hospitals and Clinics (UIHC), Mental Health in Primary Care Settings (Sec. 3(4)(p))*: This is a new allocation for FY 2016 of \$159,619 that IDPH will pass through to the UIHC. The program will provide additional training to medical residency students about mental health and psychiatric prescriptions and on how to track data and outcomes.

- **Public Protection:**

- *Emergency Medical Services (EMS)*: Increase of \$200,000. Funding will support EMS activities including organizing local system/service training, data evaluation, primary system development and providing local EMS agencies assistance in capitalizing use of the system development funds; and to provide technical consultation and assistance to EMS services and providers.

- **IDPH-related items under the DHS sections of the bill:**

- *Eldora Juvenile Home Substance Abuse Treatment Program (Sec. 17(1)(b))*: A new directive to DHS to work with IDPH to identify substance abuse programs and resources to provide appropriate treatment for juveniles with substance-related disorders at the State Training School.
- *Child Protection Centers Grant (CPC) Program (Sec. 18(11))*: The allocation paragraph was amended to specify that the grant program shall only fund CPCs located in Iowa. In addition, the funding that remains after a base amount is awarded shall be awarded by a funding formula based upon the volume of children served.

- **IDPH-related items in the policy sections of the bill:**

- *Patient-Centered Health Advisory Council (Division VII, Secs. 38-41)*: Updates the name change from the Medical Homes Systems Advisory Council to the Patient-Centered Health Advisory Council that is administered by IDPH.
- *Health Policy – Oversight (Division IX, Secs. 63-66)*: This Division does a few things related to managed care.
 - The first is a directive to 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.
 - The second establishes a Legislative Health Policy Oversight Committee. This committee will consist of legislators only.
 - The third 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.
- *Behavior Analyst and Board Certified Assistant Behavior Analyst Grants Program and Fund (Division X, Secs. 68-7)*: Creates a new program in IDPH to provide financial assistance to the aforementioned professionals that have been accepted for admission or are attending educational or training programs in preparation of becoming a board certified behavior analyst or assistant behavior analyst. An allocation of \$250,000 is provided in Sec. 13(5)(a) of the bill from the DHS Autism Support Program.
- *Interagency Dementia Proficient Workforce Task Force (Division XII, Sec. 73)*. Directs the Department on Aging (IDA) to convene an interagency task force, that includes IDPH, and in collaboration with the Alzheimer’s Association to review several specified topics. A report is due by December 15, 2015
- *Children’s Mental Health and Well-Being Workgroup (Division XXII, Sec. 102)*: Directs DHS to facilitate a workgroup of stakeholders that includes IDPH, to study and make recommendations relating to children’s mental health and well-being in Iowa. A report is due by December 15, 2015.
- *Prevention of Disabilities Policy Council (Division XXIII, Sec. 103)*: Extends 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.
- *Hospital and Long-Term Care Pharmacy Practice – Pneumococcal Vaccines (Division XXIV, Sec. 104)*: Directs the Board of Pharmacy to adopt administrative rules that permit the administration of pneumococcal conjugate vaccine to an adult

pursuant to physician-approved hospital or facility policy without a written or verbal patient-specific medication administration order.

- *Physician Assistant Supervision (Division XXXI, Sec. 113)*: Requires the Boards of Medicine and Physician Assistants to jointly adopt rules that establish standards and definitions for supervision of physician assistants by physicians by February 1, 2016.
- *Board of Respiratory Care and Polysomnography (Division XXXIV, Sec. 116)*: Requires the Board of Respiratory Care and Polysomnography to repay and funds appropriated for the administration of Iowa Code Chapter 148G. IDPH received \$36,000 from the Rebuild Iowa Infrastructure Fund (RIIF) in HF 650 (Infrastructure Appropriations Bill) for this purpose however it was vetoed by the Governor therefore this directive is moot.