Legislative/Administrative Accomplishments For Nurse Practitioners

Legislative victories just don’t happen. The victories are a result of nurse practitioners becoming a member of their professional organization. Iowa Nurse Practitioner Society and Iowa Association of Nurse Practitioners jointly hire a lobbyist who works with legislators on issues important to nurse practitioners, keeps ARNPs updated as to what bills are being introduced, and consults with nurse practitioners as to the best strategies to get our ideas passed into law, and prevent bad ideas from being passed.

1994

1. SF 2053, signed by Governor Terry Branstad on May 2, 1994, gave prescriptive authority to advanced registered nurse practitioners.

1996

2. HF 2144, signed by Governor Terry Branstad on April 25, 1996, stated that a policy or contract providing for third party payment or prepayment of health or medical expenses shall include a provision for the payment of necessary medical or surgical care and treatment provided by an advanced registered nurse practitioner.

1999

3. SF 277, signed by Governor Tom Vilsack on April 21, 1999, gave hospital clinical privileges to advanced registered nurse practitioners.

2000

4. HF 2105 established chapter 152E which is the nurse and advanced practice registered nurse compact law. Iowa was one of the early states to join the compact whose purpose is to seek uniformity in practice for nurse around the United States and to foster reciprocity of state licenses for nurses and advanced practice nurses. Governor Tom Vilsack signed HF 2105 into law on March 16, 2000.

2001

5. Governor Tom Vilsack became the first Governor to send a letter to CMS opting out of the rule requiring physician supervision of CRNAs in performing anesthesia. In his December 12, 2001 letter, Governor Vilsack cited the fact that 91 of Iowa’s 118 hospitals relied solely on CRNAs to provide anesthesia care.

2007

6. SF 277, school nurses, signed by Governor Culver on 4/26/2007…. each school district shall have a school nurse to provide health services to its students. Each school district shall work
toward the goal of having one school nurse for every seven hundred fifty students enrolled in the school district.

2008

6. HF 2539 passed the legislature in 2008. It related to health care reform including health care coverage intended for children and adults, health information technology, end-of-life care decision making, preexisting conditions and dependent children coverage, medical homes, prevention and chronic care management, a buy-in provision for certain individuals under the medical assistance program, disease prevention and wellness initiatives, and health care transparency.

7. HF 2151 was the bill to repeal the sunset from the ARNP compact in the code. Without the passage of HF 2151, Iowa’s participation in the compact would have ended on July 1, 2008. HF 2151 contains no future repeal dates. Governor Culver signed the bill into law on March 5. It went into effect on that date.

8. HF 2603 authorized psychiatric advanced registered nurse practitioners to file certain court reports on chronic substance abusers and persons with mental illness who do not require full time placement in a treatment facility. The law requires a psychiatrist to personally evaluate the patient at least on an annual basis as part of the authorization. Governor Culver signed the bill on April 11.

9. HF 2212 was the bill outlawing smoking in most public places. Governor Culver signed the bill into law on April 15, 2008

10. HF 2679 contained $100,000 in funding for the registered nurse and nurse educator loan forgiveness program.

2009

11. IANP/INPS appeared at a public hearing, conducted by the Board of Nursing, on June 3-2009, in support of the BON’s proposed rule which would make it clear that ARNPs and CRNAs have the right, after taking the requisite courses, to supervise the use of fluoroscopic X-ray equipment. The Iowa Medical Society appeared in opposition to this proposed rule.

2010

12. HJR 2206, introduced in 2010, would have nullified the Board of Nursing’s administrative rule allowing ANRPs to provide direct supervision in the use of fluoroscopic X-ray equipment. HJR 2006 was referred to the House Judiciary Committee where Chairman Kurt Swaim refused to consider the resolution.
13. SSB 3085/HF 2136 would have completely disallowed CRNAs and all nurse practitioners from doing any kind of interventional pain management. Nurse practitioners and CRNAs were able to convince the legislature not to consider these bills in 2010.

14. The Iowa Hospital Association, with support of the NP Committee, successfully amended SF 2201 (section 16) so that ARNPs and PAs could be paid while credentialing was being processed and before it was completed. SF 2201 was signed by Governor Culver on April 9th, 2010.

15. HF 674 dealt with treatment of serious wounds. Medical personnel, in addition to reporting gunshot and stab wounds to law enforcement, have to report those coming in for treatment as a result of vehicle accidents, if there is something criminal to report, such as excessive alcohol.

16. SF 2384 established an Iowa needs nurses now initiative.

2011

17. SF 143, signed into law on March 30th, allowed ARNPs and PAs to report on persons incapable of driving and to send in physicals indicating when the person can resume driving.

18. HF 393, signed into law on April 6th, allowed ARNPs to sign death certificates. HF 393 was strongly opposed by the Iowa Medical Society.

2012

19. HF 2165 was a law relating to physician orders for scope of treatment. ARNPs were listed as part of this system of keeping clear advanced directives that accompany the patient as the patient moves from one place to another for treatments. HF 2165 passed the legislature and was signed by Governor Branstad on March 7, 2012.

20. SF 2248 was a law relating to the licensed professionals authorized to prescribe respiratory care services. This law was important because of changes by CMS on what gets paid for by Medicare and Medicaid. If a state’s scope of practice act did not give clear authority for a function, nurse practitioners won’t get paid for their work.

21. SF 2247, a bill relating to terminology changes in Iowa Code, made references to mental retardation. Mental retardation references in the code were changed to intellectual disability. “Intellectual disability” means a disability of children and adults who as a result of inadequately
developed intelligence have a significant impairment in ability to learn or to adapt to the

22. SF 2312 was the second bill passed out of the three dealing with mental health redesign.
The important part of SF 2312 for ARNPs is the definition of mental health professional.
It is the intent of the legislature that all future references in legislation to mental health
professional will be cross referenced to this definition. Nurse practitioners had to do some strong
lobbying to assist in getting a definition that reflected the independence of our practice. The
definition of mental health professional is as follows:

*Mental health professional*” means an individual who has **either (a or b) of the following** qualifications: **a.** The individual meets all of the following requirements: (1) The individual
holds at least a master’s degree in a mental health field, including but not limited to psychology,
counseling and guidance, nursing, and social work, or is an advanced registered nurse
practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and
surgeon. (2) The individual holds a current Iowa license if practicing in a field covered by an
Iowa licensure law. (3) The individual has at least two years of post-degree clinical experience,
supervised by another mental health professional, in assessing mental health needs and problems
and in providing appropriate mental health services.

**b.** The individual holds a current Iowa license if practicing in a field covered by an Iowa
licensure law and is a psychiatrist, an advanced registered nurse practitioner who holds a national
certification in psychiatric mental health care registered by the board of nursing, a physician
assistant practicing under the supervision of a psychiatrist, or an individual who holds a
doctorate degree in psychology and is licensed by the Board of Psychology. SF 2312 was signed
by Governor Branstad on April 12, 2012.

23. SF 2315 was the centerpiece of mental health redesign. The most difficult part of this bill was the
funding involved between the state and local governments. For ARNPs, the most difficult part
was making sure that all the definitions reflected the independent practice of ARNPs. Here is the
definition of mental health services in the bill. Prior to an amendment ARNPs instigated, the
section was called “psychiatric services.”

*Mental health services” means services provided by a mental health professional operating
within the scope of the professional’s practice which address mental, emotional, medical, or
behavioral problems.
In one section of the bill, we convinced legislators to change language which had psychiatrists
delegating duties to ARNPs. The changed language read as follows:
After the respondent’s admission, the observation, medical treatment, and hospital care of the
respondent may be provided by a mental health professional, as defined in section 228.1, who is
licensed as a physician, advanced registered nurse practitioner or physician assistant. SF 2315
contained useful language on how to treat patients with co-occurring conditions:
“A mental health professional, as defined in section 228.1, who is employed by a treatment provider under the program, may provide treatment to a person with co-occurring substance-related and mental health disorder. Such treatment may also be provided by a person employed by such a treatment provider who is receiving the supervision required to meet the definition of mental health professional but has not completed the supervision component.”

2013

24. The Iowa Supreme Court delivered a resounding victory for nursing and nurse practitioners on May 31. The issue was supervision of fluoroscopy, an issue which had been stewing since 2007. The high court reversed the Polk County District Court and upheld the BON and IDPH administrative rules regarding the supervision by ARNPS of radiation techs conducting fluoroscopy. As an added benefit of the Iowa Supreme Court ruling, the decision makes clear that the Board of Nursing is in total control of the scope of practice for nurses. Since the 1970’s, interpretation over part of the BON statute implied that the BON had to consult with other health and medical groups when dealing with scope of practice matters. Some have implied that the other groups held some kind of veto power over the BON, if they disagreed with a proposal.

25. The Iowa DOT promulgated an administrative rule completing the journey of allowing nurse practitioners to both report drivers who shouldn’t be on the road for health reasons and to have physical exams accepted by DOT to allow those drivers to return to driving. The rule went into effect on May 8th, 2013.

26. HF 486 dropped language from the code which required nurse practitioners to confer with physicians before making referrals to orthotic, prosthetic, and pedorthic professionals. The law was signed on April 5th.

27. SF 203 was important because we had to be watchful so that ARNPs, working in sub-acute facilities, could maintain their autonomy of practice, to the extent of their scope of practice. The original drafting of this bill would have allowed only psychiatrists to supervise the treatment care plans for those being treated in the facility. We were able to convince the legislature to change the bill from psychiatrists to mental health professionals, which includes ARNPs. SF 203 was signed into law on April 5th.

28. SF 115 was a change in the intermediate drivers’ license law, a concept that ARNPs had supported for a number of years. The intermediate license has been expanded from six months to twelve months. SF 115 also requires, for the first six months of the intermediate license, that the driver can have only one other underage and unrelated passenger, unless such provision is waived by the parents. This law, signed by the Governor on May 1, takes effect on January 1 of 2014.
29. HF 604 created a new rural loan funding program for nurse practitioners to be administered by the College Student Aid Commission. The legislature appropriated $400,000 for the program for the 2014 fiscal year beginning in July. For nurse practitioners the program will work only at the University of Iowa for those students seeking a doctorate of nursing practices degree. For PAs, the eligible program is a master’s degree from Des Moines University.

30. SF 452, which was passed into law, contained a section on death certificates. When an electronic system for filing death certificates is developed, each professional allowed to sign death certificates shall use the electronic system. Advanced registered nurse practitioners are listed among those professionals. This is due to the passage into law of HF 393 in 2011, allowing nurse practitioners to sign death certificates of their patients.

SF 452 also incorporated HF 9 and SF 393, requiring pulse oximetry screening for newborns. Each newborn is to be tested for congenital heart disease by means of pulse oximetry or other means as developed by administrative rule. The attending health care professional is responsible for seeing that the test is administered. If the parent objects to the test, it will not be done, and the objection shall be noted in the newborn’s medical records.

2014 Session

The second session of the 85th General Assembly will convene on Monday, January 13th. Nurse practitioners will be back to protect the interests of the profession. If you have recommendations for legislative action, be sure to contact either IANP or INPS.