



## Iowa's State of Public Health Disaster Emergency Declarations

Governor Kim Reynolds has issued and extended multiple emergency declarations. These resolutions are meant to speed resources and ease regulatory barriers to help the state respond to the COVID-19 pandemic. Several provisions will impact health care providers in Iowa. Below is a list of applicable provisions, as well as legal considerations for those looking to take action under these provisions. All provisions expire at midnight on the date listed for that section, unless terminated sooner or extended by a future order. This information does not constitute legal advice. Practices and individuals are encouraged to consult their medical liability insurer and legal counsel.

### **Increasing Bed Capacity** *(Expires 6/25)*

The order suspends the Certificate of Need statute to allow facilities to increase bed capacity. Increased beds must be for the provision of medical assistance and treatment of COVID-19 patients, and are only permissible through the end of the public health emergency.

### **Expanded Telehealth Services** *(Expires 6/25)*

The order suspends regulatory practice standards for the provision of medical services via telehealth. This includes protecting practitioners from additional liability exposure for providing telehealth services without first obtaining written consent and a suspension of any legal requirements for face-to-face interactions between a provider and a patient for the provision of medical services, including substance use disorder (SUD) treatment. With the recent commercial and federal changes to allow for coverage of telephonic visits and telehealth visits via private platforms that would otherwise not comply with HIPAA standards, this order will account for the utilization of systems that do not allow for a patient to provide real-time written consent prior to initiating care. In the absence of written consent for telehealth visits, documentation of verbal consent may be the only record that a patient provided consent to receive medical care.

### **Retired Practitioners Allowed to Practice Without Active License** *(Expires 6/25)*

The order allows physicians, physician assistants, nurses, and respiratory therapists whose Iowa licenses have expired or lapsed within the past five years to resume practice without first obtaining or renewing their professional license. Care is limited to the provision of assistance and treatment of COVID-19 patients, and is only permissible through the end of the public health emergency. These individuals are not required to obtain permission from their previous licensure board or otherwise register with state officials. Individuals returning to practice and doing so on a voluntary basis are immune from civil liability under Iowa's Good Samaritan Act, however, they may be subject to the credentialing requirements of their local facilities.

### **Expedited Licensure for Individuals Still Completing Medical Training** *(Expires 6/25)*

The order suspends select statutory provisions and directs the Board of Medicine (BOM) along with other professional licensing boards to develop a process and issue guidance to allow individuals who have not yet completed their medical education to apply for an emergency medical license for individuals it determines to have completed sufficient education to safely render medical aid during the pandemic. The BOM has developed an emergency licensure process available to individuals who has graduated from an accredited medical school

but who have not obtained an initial Iowa medical license. Medical school graduates who would like to apply for an Emergency Medical License should use the [Resident license application](#) and indicate that they are applying for an Emergency Medical License.

**Suspending CME In-Person Requirements & Deadlines** *(Expires 6/25)*

The order suspends any statutory and regulatory requirements that continuing medical education (CME) must be completed in person for the duration of the emergency declaration. The order also suspends any CME deadlines that may occur during the emergency declaration and suspends any additional requirements that licensees may be unable to satisfy due to the pandemic. The BOM is directed to issue additional guidance to licensees.

**Extends Medical Licenses Due for Renewal** *(Expires 6/25)*

The order suspends the expiration and renewal dates for medical licenses and the professional licenses of many other health care providers for the duration of the emergency declaration. Licenses set to expire during this time will be automatically extended for the duration of the declaration. The BOM is directed to issue additional guidance to licensees.

**Professional Background Checks** *(Expires 6/25)*

To help expedite the onboarding of new providers, the order suspends the statutory and regulatory requirements pertaining to background check for new employees prior to beginning employment at a healthcare facility. Facilities must still submit a background check for new employees, however, they are not required to wait for the results of check before the individual may begin working. Should issues be discovered upon receipt of the results of the background check, facilities must take appropriate steps.

**Banning All Elective Surgeries & Nonessential Medical Procedures** *(Expires 6/25)*

The order prohibits all elective surgeries and nonessential medical procedures that require the use of personal protective equipment (PPE). The order classifies surgeries and procedures as elective if they can be delayed without undue risk to the current or future health of a patient, considering all appropriate factors including the following criteria:

- 1) threat to patient's life if not performed;
- 2) threat of permanent dysfunction of an extremity or organ system;
- 3) risk of progression of the illness;
- 4) risk of rapidly worsening to severe symptoms

The latest order further delimitates that these restrictions do not apply if further delay of the procedure would pose a significant risk to quality of life. The latest order also allows for the resumption of elective surgeries and nonessential procedures so long as practices comply with a series of criteria, including COVID-19 testing procedures, PPE supply, and facility capacity. Consult the IMS Elective Procedures Checklist for more information.

When conducting surgeries or offering essential medical services that meet these criteria to continue during the emergency public health declaration, facilities must limit all nonessential individuals in any patient care areas where PPE is required. Each facility must establish an internal governance structure to make sure these rules are being followed. The Board of Medicine has issued further clarification to guide determination of elective surgeries and nonessential procedures. Routine screening procedures for patients without symptoms or additional risk factors are considered nonessential. Instances of trauma, uncontrolled bleeding, or malignancy

are considered essential. All other procedures should be evaluated on a case-by-case basis with the ordering physician, the patient, and external review staff as necessary to determine the essential nature of the procedure. This order is specific to the actions of an individual licensee.

Enforcement of this ban will be on a complaint-driven basis with the Board of Medicine investigating each complaint to determine the essential nature of procedures in question. Violation of the order may result in disciplinary action or criminal charges. The order establishes similar restrictions for dental and orthodontic procedures.

**Expanding Coverage & Payment Parity for Telehealth Services** *(Expires 6/25)*

The order expands the definition of telehealth for the purposes of commercial, non-ERISA health plans to include audio-only telephone transmission and requires commercial insurers to provide coverage for these expanded telehealth services. The order also requires that commercial plans reimburse providers at a rate that is equal to reimbursement for in-person services. *(Note: This directive only applies to state-governed, non-ERISA plans. Some commercial insurers have already voluntarily enacted these measures. Visit the IMS COVID-19 Telehealth Resource Page for more information.)*

**Mandatory Screening of Health Facility Staff** *(Expires 6/25)*

The order requires that all hospitals, nursing facilities, intermediate care facilities, residential care facilities, hospice programs, and assisted living programs to screen all staff at the beginning of their shift. This screen shall evaluate for fever or respiratory symptoms, absence or shortness of breath, new or change in cough, or sore throat, take the employee's temperature, and take any preventative measures based on that screening to prevent the spread of COVID-19. The order does not specify the subsequent steps a facility must take for staff found to have these symptoms. Facilities may follow their internal protocols for responding to staff exhibiting potential symptoms of COVID-19.

**Pharmacist Therapeutic Substitution** *(Expires 6/25)*

The order suspends statutory and administrative restrictions to allow for therapeutic substitution of prescription medications by a pharmacist without prior consent by the prescriber. This authority is granted for all controlled and noncontrolled substance prescriptions for the duration of the public health emergency. The Board of Pharmacy is directed to issue additional guidance regarding the effect of this suspension.

***\*\*Note: This is a non-exhaustive summary of the pertinent provisions of Iowa's State Public Health Emergency Declarations. IMS will continue to update this summary as additional information and subsequent orders or extension from the governor become available. Last updated: May 26, 2020.\*\****