

Iowa Hospitals

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State of Iowa
Reprint 1954

**Rules and Regulations
for
Hospitals and Related
Institutions**

Prepared by
**IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA**

Published by
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NOTICE

The following Rules and Regulations for Hospitals and Related Institutions now appearing in the official book entitled "Iowa Departmental Rules" as published by the State of Iowa, were prepared by the Iowa State Department of Health together with the Iowa Hospital Licensing Board in accordance with Chapters 135A and 135B of the 1950 Code of Iowa, Chapter 91, Acts of the 52nd General Assembly.

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PREFACE

The Iowa Hospital Association recognizing the growing public demand for improved patient care in Iowa hospitals several years ago initiated a program for the regulation and licensure of hospitals. This request by the association and many leaders in the field of health resulted in the passage by the 52nd General Assembly of the present licensing law, Chapter 91. The purpose of this Act was to provide for the development, establishment and enforcement of basic standards for the construction, maintenance and operation of hospitals insuring adequate patient care for all individuals. The Act directs the Iowa State Department of Health to carry out the functions of this new law. The Legislature directed the Iowa State Department of Health to administer the provisions of the Act with the advice of the Hospital Licensing Board. The Board consists of five (5) individuals of recognized ability in the hospital field. The duties of the Board are: To consult and advise with the Department and review and approve the rules, regulations, and standards.

Since their organization they have been most diligent in their efforts, meeting at frequent intervals with the Department to advise and assist in the study and preparation of the Rules and Regulations.

It is hoped that these regulations will result in raising the general level of patient care throughout the State, and that the main emphasis be placed on education and raising of standards of operation rather than on punitive measures.

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IOWA STATE DEPARTMENT OF HEALTH
RULES AND REGULATIONS
FOR
HOSPITALS AND RELATED INSTITUTIONS

Approved by the Hospital Licensing Board on June 30, 1948.

Approved by the State Board of Health on July 13, 1948.

REGULATION 1

A. Definitions as used in these regulations:

1. Hospital: A hospital shall mean a place which is devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care over a period exceeding twenty-four hours of two or more non-related individuals suffering from illness, injury, or deformity, or a place which is devoted primarily to the rendering over a period exceeding twenty-four hours of obstetrical or other medical or nursing care for two or more non-related individuals, or any institution, place, building or agency in which any accommodation is primarily maintained, furnished, or offered for the care over a period exceeding twenty-four hours of two or more non-related aged or infirm persons requiring or receiving chronic or convalescent care and shall include sanatoriums, rest homes, nursing homes, boarding homes or other related institutions within the meaning of this Act. Provided, however, nothing in this Act shall apply to hotels or other similar places that furnish only food and lodging, or either, to their guests. "Hospital" shall include, in any event, any facilities wholly or partially constructed or to be constructed with Federal financial assistance pursuant to Public Law 725-79th Congress, approved August 13, 1946.
2. Medical Staff: The medical staff of a hospital shall be defined as an organized body composed of all licensed physicians who are appointed to the staff of a hospital by its governing board.
3. Registered Nurse: A registered nurse shall be a person from an accredited school of nursing and registered in the State of Iowa.

REGULATION 2

A. Classification of hospitals and compliance with regulations:

1. Classification: For the purpose of administering the hospital licensing law, all institutions subject to licensure shall be classified in the following manner:
 - a. General Hospital: Any institution providing hospital care, including general medical, surgical, or maternity care and treatment.
 - b. Specialized Hospital or Sanatorium: Any institution providing specialized care and treatment, e. g. Tuberculosis, Pediatrics, Mental Diseases, Orthopedics, etc.
2. Compliance requirements for each classification:
 - a. General Hospitals: Any hospital classified as a general hospital shall comply with all of the general regulations for hospitals, and they shall comply with regulations pertaining to specialized services, insofar as such specialized services are provided in the hospital.
 - b. Specialized Hospitals and Sanatoriums: Specialized hospitals and

- admissions during year, total number discharged during year, total number of deaths during year, bed capacity, average percentage of bed occupancy, total patient days, average length of stay, number of major operations, number of minor operations, number of autopsies, complete maternity statistics as required by the State Department of Health, and a report of any changes in the physical plant within the past year.
2. Communicable disease report: The hospital or institution shall cooperate with the attending physician in the reporting of all reportable diseases occurring or being treated within the hospital or institution to the proper authorities, as provided by the laws of Iowa and the rules and regulations of the Iowa State Department of Health.

BUILDING AND CONSTRUCTION

REGULATION 7

A. Plans and specifications for new hospital construction:

1. Hospitals shall be licensed by the State Department of Health, when the following requirements have been fulfilled:
 - a. In locating an institution, the local zoning restrictions shall be obtained from the local civil authorities.
 - b. New hospitals shall be so located that they are free from undue noises from railroads, freight yards, main traffic arteries, schools and childrens' playgrounds.
 - c. The site shall be free from smoke, foul odors, and dust from nearby industrial plants.
 - d. Hospitals must be served by good roads, kept passable at all times of the year.
2. When construction is contemplated, either for new buildings, additions to existing buildings or material alterations to existing buildings, the preliminary plan or sketch shall be submitted in duplicate to the State Department of Health for review and approval, preferably before the preparation of working drawings in accordance with Chapter 91, Acts of the 52nd General Assembly.
 - a. Complete construction plans and specifications for the building or remodeling hereafter shall be submitted to the State Department of Health in triplicate for review and approval before construction begins, and shall be in accordance with all the applicable laws, rules, and regulations and local municipal codes in accordance with Chapter 91, Acts of the 52nd General Assembly.
 - b. Plans and specifications for any new hospital additions to an existing hospital, or structural change of an existing hospital, shall show that every consideration has been given to features of design that are necessary to insure efficient care of the patient and protection of patients from any material or human source of infection, such as the segregation of various hospital departments, the room arrangements in these departments, and the sanitary features of the heating, lighting, ventilating, and plumbing facilities.
 - c. The plans and specifications for the design and construction of a new hospital, or addition to an existing hospital, or major structural change in an existing hospital, shall be in accordance with all the applicable laws, rules, and regulations and local municipal codes; the sanitary facilities, including the system of water supply, plumbing, sewerage, garbage, refuse disposal, and equipment shall be selected,

constructed, and installed in accordance with existing laws and regulations pertaining to environmental sanitation; and features of design and arrangement shall be in substantial accordance with recognized standards for hospitals.

- d. Plans and revisions shall be certified by an engineer or architect licensed to practice in the State of Iowa or eligible for licensure in Iowa.

REGULATION 8

A. Design, equipment, and maintenance of the physical plant:

1. The hospital structure and its component parts and facilities shall be kept in good repair and maintained with consideration for the safety and comfort of the patient.
2. Walls, floors, and ceilings shall be constructed of materials and maintained to permit frequent cleansing or disinfection necessary for the safe care of patients.
3. Beds must be spaced so as to provide adequate room for nursing procedures and to prevent the transmission of infection. The following allowances of floor space are minimum:

Single patient rooms	— 100 sq. ft.
Multiple rooms or wards	— 80 sq. ft. per bed
Pediatric beds or cribs	— 40 sq. ft. per bed
Full term nursing bassinets	— 20 sq. ft. per bassinet
4. Doors to patients' rooms shall be wide enough to permit the removal of any occupied bed used in the rooms. Where it is not practical to widen the corridors and the doors of the individual rooms, the State Fire Marshal may accept in lieu thereof, mattresses which have been equipped with two straps on each side and one on each end. These straps, which are to be used as hand grips, shall be substantially fastened to the mattress and of sufficient strength so that the patient may be easily removed from the beds and transported to the outside.
5. Vision panels shall be required in all double acting doors.
6. Each patient's room shall have at least one window opening to the outside to permit ventilation and a source of natural light.
7. No room shall be used for the bed care of patients which can only be reached by passing through another patient's room.
8. There shall be space and facilities for the proper storage of all drugs, supplies, linen, and equipment.
9. Every room, including storerooms, hallways, and others, shall have sufficient artificial light to make all parts clearly visible and to permit efficient performance of all necessary work.
10. All utility rooms shall be provided with lighting and ventilation and necessary plumbing.
11. Safe emergency lighting facilities shall be provided and distributed, so as to be readily available to personnel on duty at all times.
12. An adequate number of stairways shall be provided with handrails and shall be of size and design permitting the removal of patients on a stretcher.
13. There shall be more than one means of egress leading to the outside of the building from each floor. Egresses are to be located as near to opposite ends of the building as practical.

RULES AND REGULATIONS FOR
ENVIRONMENTAL SANITATION

REGULATION 9

A. Heating and ventilation:

1. The heating plant shall be adequate to maintain a cold weather temperature of 70° F. throughout the building and a higher temperature where required.
2. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means to prevent offensive odors from entering patients' rooms and the public halls.

REGULATION 10

A. Water supply:

1. The water shall be obtained from a municipal water supply or from a private supply system; the location, construction, and operation of which is acceptable to the State Department of Health.
2. The water shall be distributed to conveniently located taps and fixtures in the building.
3. Hot water shall be available at sinks and lavatories at all times.

REGULATION 11

A. Sewage disposal:

1. Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated and disposed of in an independent sewerage system which complies with standards of design and operation approved by the State Department of Health.

REGULATION 12

A. Plumbing:

1. All plumbing shall be installed and maintained in accordance with the Iowa State Plumbing Code.
2. Adequate toilet, lavatory, and bath facilities shall be provided on each floor where patients are cared for in the institution.
3. Cross connections, back siphonage defects, and, particularly, water operated suction apparatus are prohibited.

REGULATION 13

A. Sterilizing equipment:

1. Adequate facilities shall be provided for the sterilization of utensils, instruments, supplies, and water in accordance with the needs of the patients treated. The facilities shall be carefully maintained and routinely checked to assure continuous efficiency.
2. Adequate facilities with proper safeguards shall be provided for the preparation, storage, and dispensing of sterile equipment and supplies.

REGULATION 14

A. Anesthesia storage:

1. Hospitals using anesthetic gases, capable of exploding under certain conditions of concentration, humidity, etc., shall take all reasonable precautions to avoid explosion hazards in storage or in use.

REGULATION 15

A. Screens:

1. Screens shall be provided for any outside or inside aperture which could transmit any insect vector carrying infectious material in jeopardy to the welfare and safety of patients. All screen doors shall be equipped with self-closing devices.

REGULATION 16

A. Incineration:

1. Incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes and other similar materials.

REGULATION 17

A. Laundry:

1. The hospital shall make provisions for the proper cleansing of linen and washable goods. Where linen is sent to an outside laundry, the hospital shall be responsible for the effectiveness of cleansing methods used and the proper care of contaminated linens.

REGULATION 18

A. Hand-washing facilities:

1. There shall be hand-washing facilities throughout the institution, within or conveniently located with regard to every patient's room or patient caring service. Hand-scrubbing sinks or lavatories, foot pedal preferred, shall be provided in operating, delivery, and labor rooms, nurseries, examining and treatment rooms, dietary facilities, toilet rooms, and rooms used for the isolation of patients. Hand-scrubbing sinks shall be designed to make it possible to wash the hands without break in technique. The use of a common towel is prohibited.

REGULATION 19

A. Food service:

1. Floors: The floors of all rooms in which food or beverage is stored, prepared, or served, or in which utensils are washed shall be of such construction so as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. The floors shall be composed of such material as to constitute a minimal hazard when wet or greasy.
2. Walls and ceilings: Walls and ceilings of all rooms shall be kept clean and in good repair. All walls and ceilings of rooms in which food or beverage is stored or prepared shall be finished in light color. The walls of all rooms in which food or beverage is prepared or utensils are washed shall have a smooth, washable surface up to the level reached by splash or spray.
3. Doors and windows: When flies are prevalent, all openings into the outer air shall be effectively screened and doors shall be self-closing, unless other effective means are provided to prevent the entrance of flies.
4. Lighting: All rooms in which food or beverage is stored or prepared, or in which utensils are washed shall be well lighted.
5. Ventilation: All rooms in which food or beverage is stored, prepared, or served, or in which utensils are washed shall be well ventilated. A system of forced air ventilation shall be used in the cooking area.

6. Toilet facilities: Every hospital shall be provided with adequate and conveniently located toilet facilities for its employees engaged in food handling. Toilet rooms shall not open directly into any room in which food, beverage, or utensils are handled or stored. The doors of all toilet rooms shall be self closing. Toilet rooms shall be kept in a clean condition, in good repair, and well lighted and ventilated. Hand-washing signs shall be posted in each toilet room used by employees.
7. Water supply: Running water under pressure shall be easily accessible to all rooms in which food is prepared or utensils washed.
8. Lavatory facilities: Adequate and convenient hand-washing facilities, shall be provided within the kitchen area or adjacent to kitchen area, including hot and cold running water, soap, and approved sanitary towels and shall be readily accessible to employees. The use of a common towel is prohibited.
9. Construction of utensils and equipment: All multi-use utensils, cases, counters, shelves, tables, refrigerating equipment, sinks, and other equipment or utensils used in connection with the operation of the food service shall be so constructed so as to be easily cleaned and shall be kept in good repair. Utensils containing or plated with cadmium or lead shall not be used, provided, that solder containing lead may be used for jointing.
10. Cleaning and bactericidal treatment of utensils and equipment:
 - a. All equipment including cases, counters, shelves, tables, refrigerators, stoves, hoods, and sinks shall be kept clean and free from dust, dirt, insects, and other contaminating material. All cloths used by maids, chefs, and other employees shall be clean. Single-service containers shall be used only once.
 - b. All multi-use eating and drinking utensils shall be thoroughly cleaned and effectively subjected to an approved bactericidal process after each usage. All multi-use utensils used in preparation or serving of food and beverage shall be thoroughly cleansed and effectively subjected to an approved bactericidal process immediately following the day's operation. Drying cloths, if used, shall be clean and shall be used for no other purpose.
 - c. No article, polish or other substance containing any cyanide preparation or other poisonous material shall be used for the cleansing or polishing of utensils.
11. Storage and handling of utensils and equipment: After bactericidal treatment utensils shall be stored in a clean, dry place protected from insects, dust, and other contamination; and shall be handled in such a manner as to prevent contamination as far as practicable. Single-service utensils shall be purchased only in sanitary container, shall be stored therein in a clean, dry place until used, and shall be handled in a sanitary manner.
12. Disposal of wastes: All wastes shall be properly disposed of, and all garbage and trash shall be kept in suitable receptacles in such manner as not to become a nuisance.
13. Refrigeration: All readily perishable food and beverage shall be kept at or below 40° F. except when being prepared or served. All refrigerators shall be provided with thermometers.
14. Wholesomeness of food and beverage: All food and beverage shall be clean, wholesome, free from spoilage, and prepared so as to be safe for human consumption. Milk and fluid milk products shall be served in the individual original containers in which they were received from the distributor or from a bulk container equipped with an approved dis-

- pensing device. This requirement shall not apply to cream, which may be served from the original bottle or from a dispenser approved for such service.
15. Storage and serving of food and beverage: All food and beverage shall be so stored, and served as to be protected from dust, insects, vermin, depredation, and pollution by rodents, unnecessary handling, droplet infection, overhead leakage, and other contamination. Foods shall be properly cleaned before storage. All means necessary for the elimination of flies, roaches, and rodents shall be used.
 16. Cleanliness of employees: All employees shall wear clean outer garments and shall keep their hands clean at all times while engaged in handling food, beverage, utensils, or equipment. Employees shall not expectorate or use tobacco in any form in rooms in which food is prepared.
 17. Miscellaneous: The premises of all hospitals shall be kept clean and free of litter or rubbish. None of the operations connected with the food service shall be conducted in any room used as living or sleeping quarters. Adequate lockers or dressing rooms shall be provided for employees' clothing and shall be kept clean. Soiled linens, coats, and aprons shall be kept in containers provided for this purpose.
 18. Ice: All ice used in contact with food or beverage shall be safe in quality, meeting State Department of Health standards for drinking water. It shall be handled and dispensed in a sanitary manner. No ice used for human consumption shall be stored in proximity to an area where wastes are disposed.
 19. Milk and milk products: There shall be a safe supply of milk, cream and milk products for human consumption. Where pasteurized or Grade A raw milk is not available, condensed, evaporated, or dried milk shall be used.
 20. Food-handling employees:
 - a. Health certificates: The hospital or institution shall require a medical certificate, given by a reputable physician, for every person handling food in the hospital, stating as the result of a physical examination, and the indicated laboratory procedure that the employee is free from an infectious or communicable disease in a communicable stage, or a carrier of disease, and is physically and mentally able to perform his duties. Such certificate shall be renewed at least once yearly.
 - b. No person suffering from any infectious or contagious disease or who is a disease carrier shall be employed in the hospital.
 21. Disposal of waste: Suitable facilities shall be provided for storage, collection and disposal of garbage at frequent intervals in a manner which does not create a nuisance, will not permit the transmission of contagious diseases, or provide a breeding place for flies.

REGULATION 20

A. Dietary Department of the hospital:

1. Dietitian: The dietary department should be under the supervision of a trained dietitian or a person skilled in the handling, preparation and serving of foods and the supervision and management of food handlers.
2. Dietary departments not supervised by a trained dietitian: In hospitals where a trained and qualified dietitian is not employed, the services of a trained dietitian or a nutritionist available to the community, or a nutrition consultant of the State Department of Health shall be obtained periodically to consult with the personnel of the dietary department on the storing, preparing, and serving of food and the planning of menus.

3. Food provided patients and employees: Food provided patients or employees shall fulfill all the requirements of a diet selected and prepared in accordance with accepted nutritional standards of the National Research Council. The duties of both the skilled and unskilled employees shall be assigned so that these requirements are fulfilled.

REGULATION 21

- A. **Facilities and equipment for patient care:** Hospital equipment shall be selected, maintained, and used in accordance with the needs of the patients.
 1. **Furnishings, supplies, and equipment:**
 - a. **Bed:** A hospital bed with suitable mattress, pillows and necessary coverings shall be provided for each patient. After the discharge of each patient, the bed and room furnishings shall be thoroughly cleansed.
 - b. **Beside furniture:** There shall be a chair and bedside table for each patient, unless clinically contraindicated.
 - c. **Linen:** A supply of towels, wash cloths, bath blankets and all other linen which comes directly in contact with the patient shall be provided as needed for each individual patient. No such linen shall be interchangeable from one patient to another before being properly cleansed or laundered.
 - d. **Individual equipment:** Individual bedpans, wash basins and mouth wash cups shall be provided for each patient. This equipment shall be properly cleansed and stored. Individual thermometers shall be supplied and disinfected before each use.
 2. **Hot water bags:** Hot water bags shall be of the proper temperature to protect against burning, and shall be covered before being placed in a bed. Any electrical heating appliance used for patient care shall be carefully checked periodically.
 3. **Restraints:** Restraints shall be applied only when they are necessary to prevent injury to the patient or to others, and shall be used only when alternative measures are not sufficient to accomplish their purposes. There must be a written order signed by the attending physician approving the use of restraints either at the time they are applied or as soon thereafter as possible. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.
 4. **Signals:** Means of signaling nurses shall be provided within easy reach of all patients confined to bed.
 5. **Screens:** Screens or curtains shall be provided in wards or semi-private rooms in order to secure privacy of each patient.
 6. **Storage space:** There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients and all articles shall be marked or identified.

REGULATION 22

A. **Storage of medicines:**

1. All medicines, poisons, and stimulants kept in a nursing service division shall be plainly labeled and stored in a specially designated medicine cabinet, closet or storeroom, and made accessible only to authorized personnel. The cabinet for drugs shall be well illuminated.
2. Narcotics must be securely locked at all times and accessible only to persons in charge.
3. All medications which cannot be reused with safety shall be discarded when orders have been discontinued or patient has been dismissed.

4. There shall be adequate refrigeration for biologicals and such drug products as require refrigeration.

REGULATION 23

A. Control of infectious, contagious, and communicable diseases: In hospitals accepting communicable disease patients, there shall be facilities and proper procedures for the prevention and control of infectious, contagious, and communicable diseases, and the hospital and its staff shall provide for compliance with the Rules and Regulations for the Control of Communicable Diseases as provided by the State Department of Health.

1. Segregation: There shall be facilities and proper arrangement of departments, rooms, and patients' beds to provide for the prevention of cross-infections and the control of infectious, contagious and communicable diseases.
 - a. The maternity and newborn infant services shall be segregated from other services, so as to avoid transmission of infections, and there shall be provisions for removal of infectious maternity or newborn cases to a location where proper isolation can be carried out.
 - b. There shall be facilities for the isolation or segregation of unclean or infectious medical or surgical cases, and there shall be facilities and proper procedures for the cleansing of rooms and surgeries, immediately following the care of an infectious or contagious case.
 - c. Segregation of infectious cases shall include policies for the medical, nursing, and lay staffs, providing for proper isolation technique in order to prevent cross-infection between patients, departments and services in the hospital.
 - d. In planning new hospitals or additions to existing hospitals, there shall be complete separation of obstetrical and surgical services; also, there shall be one or more rooms for contagion, according to the size of the hospital and the needs of the community. Rooms planned for isolation of patients shall have adjoining lavatory and toilet facilities isolated from the rest of the hospital.
2. Visitors: The governing authority of the hospital shall establish proper policies for the control of visitors to all services in the hospital in accordance with hospital practice.
 - a. Maternity hospitals and maternity departments: In maternity hospitals and maternity departments, not more than two visitors in addition to the husband shall be permitted to a patient during visiting hours, and no visitors under fourteen (14) years of age shall be permitted beyond the lobby of a maternity hospital or the visitors' waiting rooms of a maternity department.
 - b. Whenever babies are shown to visitors there must be a complete separation by a glass window.
 - c. Visitors with colds or any other apparent signs of infection shall be excluded from the hospital.

REGULATION 24

A. Fire prevention and safety:

1. Facilities and construction shall be in accordance with rules and regulations of the State and local fire authorities, and shall be so certified by the local authority.
2. There shall be at least one piece of first aid fire fighting equipment on each floor of every hospital building. Where special hazards exist the type of fire fighting equipment recommended by the State Fire Marshal shall be used.

RULES AND REGULATIONS FOR

3. Fire extinguishers shall be inspected periodically and recharged; the date of check shall be registered on the tag attached to extinguisher.
4. A system of warning occupants and attendants of fire shall be provided. The type, location, device and control point shall be determined by the local fire authority or the State Fire Marshal.
5. All employees shall be instructed in the fire prevention facilities of the institution, use of fire-fighting apparatus, and the methods of removing patients from the building. A person within the institution shall be designated to give these instructions and to be responsible for evacuating patients in case of fire.
6. All parts of the heating system shall be constructed and maintained so as to eliminate fire hazards. Metal and asbestos protection must be provided for all steam pipes and hot water pipes when placed nearer than two (2) inches from woodwork.
7. Laundry chutes and dumb-waiter shafts shall be lined with fireproof materials and have close fitting doors. No shaft shall terminate in the attic.
8. Elevator shafts shall be enclosed with fireproof material. There shall be no open grille work in new construction.
9. Plain lettered red exit lights shall be located at fire exits on each floor and shall be kept burning between sunset and sunrise.
10. All exit doors shall open outward.

REGULATION 25

A. Pharmacy Service:

1. The pharmacy operating in connection with a hospital shall comply with Regulation 22, and shall comply with the provisions of the Pharmacy Law requiring registration of drug stores and pharmacies, and the regulations of the Iowa State Board of Pharmacy Examiners.
2. In all hospitals with a pharmacy or drug room, this service shall be under the complete supervision of a pharmacist licensed to practice in the State of Iowa.

REGULATION 26

A. Radiology Service:

1. There shall be safe X-ray equipment and competent operators in the hospital, or available for the hospital's use in the immediate community, sufficient for radiography, fluoroscopy, and the development of films.
2. Adequate protection for the patients, the operators, and nearby personnel shall be provided.

REGULATION 27

A. Laboratory Service:

1. Sufficient laboratory and pathological facilities shall be provided in the hospital, or arrangements made with nearby hospitals or laboratories, to provide these services in accordance with the needs of the patients treated in the hospital.
2. Minimum laboratory facilities for urinalysis and blood counts shall be provided in every hospital.
3. All laboratory services shall be under the supervision of a physician, preferably a clinical pathologist.

REGULATION 28

A. Emergency and out-patient services:

1. All hospitals shall provide space and facilities for emergency care and treatment, including the administration of blood or blood plasma and intravenous medication, facilities for the control of bleeding, the emergency splinting of fractures, and for the administration of oxygen and anesthesia. Competent personnel shall at all times be available or on call for the care of emergencies.

REGULATION 29

A. Surgical departments: Hospitals providing for the surgical care of patients shall provide an operating room or rooms, graduate nursing personnel, modern surgical equipment in good repair to assure safe and aseptic treatment of all surgical patients, and to protect all clean or elective surgical patients from cross-infection.

1. Surgery location and equipment:
 - a. There shall be at least one room provided for surgery in all hospitals providing surgical care.
 - b. The operating room shall have impervious floors and washable walls.
 - c. There shall be satisfactory means of illumination of the operating field, as well as general illumination. Safe and adequate auxiliary lighting shall, also, be provided.
 - d. Minimum facilities for sterilization (sub-sterilizing) shall be provided in close proximity to the operating room.
2. Surgical beds and wards:
 - a. In hospitals providing care for surgical patients, provisions shall be made for the setting aside of surgical beds, and the arrangement shall be in a manner such as to protect elective and clean surgical cases from cross-infection from unclean or infectious surgical cases.
3. Pathology examination service:
 - a. It shall be the policy of all hospitals providing services for surgical care to have available facilities for the pathological examination of tissue specimen, either on the premises or by arrangement through affiliation, or other means, with a competent pathological laboratory.

REGULATION 30

A. Obstetric service: All general or specialized hospitals providing for the obstetrical care of maternity patients shall be properly organized and equipped to provide accommodations for mothers and newborn infants; the supervision of the maternity department shall be under the direction of a qualified registered nurse; there shall be accommodations for the isolation of infected cases; there shall be facilities and quarters for a formulary for newborn infants providing for equipment, personnel, and food-handling apart from the possibility of cross-infection from adult patients, or chemical poisons, particularly, boric acid in powder or solution.

1. Location and arrangement of obstetric and newborn services: Obstetric and newborn services shall be so located and arranged so as to provide for complete protection of mothers and newborn infants from infection and from cross-infection from patients in other services in the hospital.
 - a. Labor and delivery room facilities: Room or rooms shall be set aside for the use of maternity patients for labor and delivery, and every precaution shall be taken to prevent the housing of patients with an infectious, contagious, or communicable disease; recognized policies shall be established for the thorough and complete cleansing of such

- rooms after care of a patient with an infectious condition. Proper nursing techniques shall be carried out by personnel assigned to the obstetrical service to insure safe care within this area.
- b. Newborn nursery, suspect nursery, and provisions for isolation: There shall be exclusive rooms for the care of newborn infants and provisions for a suspect nursery for infants suspected of a contagious, infectious, or communicable disease; there shall be provisions for the complete isolation of infants with a known infectious, contagious, or communicable disease. Newborn and older infants admitted from the outside shall not be cared for in the normal newborn nursery.
2. Labor and delivery room services: The number of rooms for labor and delivery and the technical equipment for these rooms shall be commensurate with the needs of the hospital; there shall be in all hospitals facilities and supplies for the treatment, including the administration of plasma to maternity patients suffering from shock or hemorrhage.
 3. Care of the newborn:
 - a. In all hospitals providing maternity care, or care of the newborn infant, there shall be nursing personnel exclusively assigned to the service, and proper facilities to provide for segregation of newborn infants, control of the spread of diseases of the newborn, particularly epidemic diarrhea and impetigo, facilities for care of the premature infant, including incubators. Necessary policies and procedures shall be established to insure safe care.
 - b. In every hospital providing care of maternity patients and care of the newborn, there shall be at least one premature care incubator of a design approved by the State Department of Health.
 4. Formulary: In every hospital providing care for the newborn, there shall be space set aside for a formulary providing for the storage, handling and preparation of infant formulas apart from food provided to adult patients. No drugs or other extraneous substances shall be kept in the formulary.
 5. Reporting of children born out of wedlock: Children taken from the hospital by persons other than their own parent or parents, and referrals for child placement or adoption shall be in accordance with the laws and the Rules and Regulations of the State Department of Social Welfare.

REGULATION 31

- A. **Pediatric services:** All hospitals providing pediatric care shall be properly organized and equipped to provide adequate service.
 1. A hospital providing care for children shall have registered nursing personnel commensurate with the needs of the hospital and the size of the service.
 2. Hospitals providing pediatric care shall have proper facilities for the caring of children apart from the services for adult patients. Apart from the newborn nursing service, there shall be proper facilities and procedures for the isolation of children with infectious, contagious, or communicable diseases.

REGULATION 32

A. Tuberculosis hospitals:

1. Any hospital or sanatorium primarily intended for the reception, diagnosis, care, and treatment of tuberculosis cases shall be considered a Tuberculosis Hospital or Sanatorium, and shall conform to all the requirements set forth in the foregoing Standards and Regulations for General Hospitals and Special Hospitals, except that maternity facilities

need not be provided as part of the tuberculosis hospital service if provision is made for adequate prenatal care at the institution, and arrangements are made for the delivery, post-partum care of the mother, and the care of the infant at some available licensed hospital that does provide maternity service.

2. The professional staff shall be personnel especially qualified in the diagnosis and treatment of tuberculosis.
3. All patients diagnosed or suspected or having tuberculosis shall be segregated from the non-infectious patients in the hospital.
4. The use of infectious disease precautions (Isolation Technique) shall be established for the protection of the patients, hospital personnel and visitors, and the necessary instruction given to patients, personnel and visitors to insure this procedure.
5. Personnel employed at tuberculosis hospitals shall have a complete physical examination which shall include skin tests with tuberculin, and a chest X-ray at the start of service of employment, and annually thereafter, unless indicated at shorter intervals.

REGULATION 33

A. Nervous and Mental Disease Hospitals:

1. Any Nervous and Mental Disease Hospital operating as a Nervous and Mental Disease Hospital, must be devoted primarily to the care of mental cases, have a staff of professional personnel especially qualified in the diagnosis and treatment of mental illnesses.
2. Hospitals admitting mental patients shall be under the direction of a well qualified physician who is experienced in psychiatry.
3. There shall be in attendance at all times a registered nurse with special training or experience in the care of mental patients.
4. Nervous or mental patients shall be admitted to mental hospitals in accordance with the Commitment Laws of Iowa.
5. Patients should be grouped according to age, degree of activity, kind and duration of mental illness. Children under 16 years of age, alcoholics and/or drug addicts, patients with favorable prognosis shall be segregated, as well as patients with tuberculosis or other communicable diseases.
6. Facilities for isolation as recommended by the attending physician shall be provided.
7. Rules and regulations pertaining to general hospitals are applicable to mental hospitals; except that maternity facilities need not be provided as part of the mental hospital service if provision is made for adequate prenatal care of the mother, and the care of the infant at some available licensed hospital that does provide maternity service.

REGULATION 34

A. Contagious Disease Hospital:

1. Any Contagious Disease Hospital operating as a Contagious Disease Hospital, which is not primarily a Tuberculosis Hospital, shall conform to all the requirements and facilities which will insure adequate care for the patients served.

REGULATION 35

A. Penalty and enforcement:

1. See Chapter 91, Acts of the 52nd General Assembly, Sections 14, 15 and

16. A copy of the Iowa Hospital Licensing Law, Chapter 91, Acts of the 52nd General Assembly, is included in this publication as Appendix A.

REGULATION 36

A. **Validity of Rules and Regulations:**

1. If any provision of these rules and regulations or the application thereof to any person or circumstances shall be held invalid, such validity shall not affect the provisions or application of these regulations which can be given effect without the invalid provision or application, and to this end the provisions of these regulations are declared to be severable.

APPENDIX A

CHAPTER 91—52nd G.A.

HOUSE FILE 465

AN ACT

TO REQUIRE the licensing, inspection and regulation of hospitals as herein defined; creating a Hospital Licensing Board and prescribing its powers; providing for regulations, enforcement procedures and penalties.

Be it enacted by the General Assembly of the State of Iowa:

Section 1. Definitions. As used in this Act:

(a) "Hospital means a place which is devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care over a period exceeding 24 hours of two or more non-related individuals suffering from illness, injury, or deformity, or a place which is devoted primarily to the rendering over a period exceeding 24 hours of obstetrical or other medical or nursing care for two or more non-related individuals, or any institution, place, building or agency in which any accommodation is primarily maintained, furnished or offered for the care over a period exceeding 24 hours of two or more non-related aged or infirm persons requiring or receiving chronic or convalescent care; and shall include sanatoriums, rest homes, nursing homes, boarding homes, or other related institutions within the meaning of this Act. Provided, however, nothing in this Act shall apply to hotels or other similar places that furnish only food and lodging, or either, to their guests. "Hospital" shall include, in any event, any facilities wholly or partially constructed or to be constructed with Federal financial assistance, pursuant to Public Law 725—79th Congress, approved August 13, 1946.

(b) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association; and includes any trustee, receiver, assignee or other similar representative thereof.

(c) "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board or other agency of any of the foregoing.

Sec. 2. Purpose. The purpose of this Act is to provide for the development, establishment and enforcement of basic standards (1) for the care and treatment of individuals in hospitals and (2) for the construction, maintenance and operation of such hospitals, which, in the light of existing knowledge, will promote safe and adequate treatment of such individuals in hospitals, in the interest of health, welfare and safety of the public.

Sec. 3. Licensure. After January 2, 1948, no person or governmental unit, acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a hospital in this State without a license.

Sec. 4. Application for License. Licenses shall be obtained from the State Department of Health. Applications shall be upon such forms and shall contain such information as the said Department may reasonably require, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as may be lawfully prescribed hereunder. Each application for license shall be accompanied by the license fee, which shall be refunded to the applicant if the license is denied and which shall be paid over into the State Treasury credited to the general fund if the license is issued. In case of death of any person holding such license or the sale of any hospital license hereunder within the first year of the tenure of such license the department shall certify to the state comptroller a claim on behalf of the licensee for refund of a proportionate share of the license fee. Said refund shall be based on one-twelfth the amount thereof multiplied by the remaining months in the year. The comptroller shall thereupon draw a warrant against the general fund payable to the order of the licensee. Hospitals having fifty beds or less shall pay an initial fee

of \$15; hospitals of more than fifty beds and not more than one hundred beds shall pay an initial license fee of \$25; all other hospitals shall pay an initial license fee of \$50.

Sec. 5. Issuance and Renewal of License. Upon receipt of an application for license and the license fee, the State Department of Health shall issue a license if the applicant and hospital facilities comply with the provisions of this Act and the regulations of the said Department. Each such license, unless sooner suspended or revoked, shall be renewable annually upon payment of \$10 and upon filing by the licensee, and approval by the Department, of an annual report upon such uniform dates and containing such information in such form as the State Department of Health, with the advice of the Hospital Licensing Board, shall prescribe by regulation. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the State Department of Health. Licenses shall be posted in a conspicuous place on the licensed premises as prescribed by regulation of the said Department.

Sec. 6. Denial or Revocation of License; Hearings and Review. The State Department of Health shall have the authority to deny, suspend or revoke a license in any case where it finds that there has been a substantial failure to comply with the provisions of this act or the rules, regulations or minimum standards promulgated under this act.

Such denial, suspension, or revocation shall be effected by mailing to the applicant or licensee by registered mail, or by personal service of, a notice setting forth the particular reasons for such action. Such denial, suspension, or revocation shall become effective thirty days after the mailing or service of the notice, unless the applicant or licensee, within such thirty day period shall give written notice to the Department requesting a hearing, in which case the notice shall be deemed to be suspended. If a hearing has been requested, the applicant or licensee shall be given an opportunity for a prompt and fair hearing before the Department. At any time at or prior to hearing, the Department may rescind the notice of denial, suspension or revocation upon being satisfied that the reasons for the denial, suspension or revocation have been or will be removed. On the basis of any such hearing, or upon default of the applicant or licensee the determination involved in the notice may be affirmed, modified, or set aside, by the Department. A copy of such decision, setting forth the finding of facts and the particular reasons for the decision shall be sent by registered mail, or served personally upon, the applicant or licensee. The decision shall become final thirty days after it is so mailed or served, unless the applicant or licensee, within such thirty day period, appeals the decision to the Court, pursuant to section 14 hereof.

The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by said Department with the advice of the Hospital Licensing Board. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to section 14 hereof. A copy or copies of the transcript may be obtained by an interested party on payment of the cost of preparing such copy or copies. Witnesses may be subpoenaed by either party and shall be allowed fees at a rate prescribed by the aforesaid rules.

Sec. 7. Rules, Regulations, and Enforcement. The State Department of Health with the advice of the Hospital Licensing Board, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to the different types of hospitals to be licensed hereunder as may be designed to further the accomplishment of the purposes of the Act. Rules, regulations and standards may be adopted imposing requirements in excess of those provided in chapter 413 of the Code, but no rule, regulation or standard shall be adopted imposing require-

ments less than those provided by said chapter. No rules, regulations or standards shall be adopted or enforced which would have the effect of denying a license to a hospital or other institution required to be licensed hereunder, solely by reason of the school or system of practice employed or permitted to be employed by physicians therein; provided that such school or system of practice is recognized by the laws of this State.

Sec. 8. Effective Date of Regulations. Any hospital which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this Act shall be given a reasonable time, not to exceed one year from the date of such promulgation, within which to comply with such rules and regulations and minimum standards.

Sec. 9. Inspections and Consultations. The State Department of Health shall make or cause to be made such inspections as it may deem necessary. The State Department of Health shall, with the advice of the Hospital Licensing Board, prescribe by regulations that any licensee or applicant for license desiring to make specified types of alteration or addition to its facilities or to construct new facilities shall before commencing such alteration, addition or new construction, submit plans and specifications therefor to the State Department of Health for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized.

Sec. 10. Hospital Licensing Board. The five individuals appointed by the Governor to the Hospital Advisory Council as individuals of recognized ability in the field of hospital administration, shall function as and be the Hospital Licensing Board.

Sec. 11. Functions of Hospital Licensing Board. The Hospital Licensing Board shall have the following responsibilities and duties,

(a) To consult and advise with the Department of Health in matters of policy affecting administration of this Act, and in the development of rules, regulations and standards provided for hereunder.

(b) To review and approve such rules, regulations and standards authorized hereunder prior to their promulgation by the Department of Health as specified herein.

The members of the board shall receive no compensation or expenses for their services as members thereof.

Sec. 12. Information Confidential. Information received by the State Department of Health through filed reports, inspection, or as otherwise authorized under this Act, shall not be disclosed publicly in such manner as to identify individuals or hospitals, except in a proceeding involving the question of licensure or the denial, suspension or revocation of a license.

Sec. 13. Annual Report of Department. The State Department of Health shall prepare and publish an annual report of its activities and operations under this Act.

Sec. 14. Judicial Review. Any applicant or licensee who is dissatisfied with the decision of the Commissioner of Public Health as a result of the hearing provided herein may, within thirty days after the mailing or serving of notice of the decision as provided in said section, file a notice of appeal in the District Court of the County in which the hospital is located or to be located, and serve a copy of said notice of appeal upon the Department. Thereupon the Department shall within thirty days certify and file with the Court a copy of the record and decision, including the transcript of the hearings on which the decision is based. The trial before the Court shall be de novo and all legal evidence pertaining to the matter of whether or not such license shall be denied, suspended or revoked, as the case may be, may be submitted including new or additional evidence not submitted to the Commissioner, and the Court shall have power to affirm, modify or reverse the decision of the Commissioner. Pending final disposition of the

matter the status quo of the applicant or licensee shall be preserved.

Sec. 15. Penalties. Any person establishing, conducting, managing, or operating any hospital without a license shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than one hundred dollars or more than five hundred dollars, and each day of continuing violation after conviction shall be considered a separate offense.

Sec. 16. Injunction. Notwithstanding the existence or pursuit of any other remedy, the Department may, in the manner provided by law, maintain an action in the name of the State for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital without a license.

Sec. 17. Amend section two hundred thirty-six point twelve (236.12), Code 1946, by substituting a comma (,) for the period (.) in line four (4), and adding the following: "or any institution which holds a hospital license under any other general hospital licensure law."

Sec. 18 If any provision of this Act or the application thereof to any person or circumstance shall be held invalid, such validity shall not affect the provisions or application of this Act which can be given effect without the invalid provision or application, and to this end the provisions of the Act are declared to be severable.

Sec. 19. All laws or parts of laws in conflict herewith, are hereby repealed; provided however that this Act shall not be construed as affecting, modifying or repealing any provision of chapter four hundred thirteen (413), Code 1946, except as provided in section seven (7) hereof, and provided further that said Act shall be construed as being in addition to and not in conflict with chapter two hundred thirty-five (235) and chapter two hundred thirty-six (236), Code 1946.

Gustav T. Kuester,
Speaker of the House

Kenneth A. Evans,
President of the Senate

I hereby certify that this Bill originated in the House and is known as House File 465, Fifty-second General Assembly.

A. C. Gustafson,
Chief Clerk of the House

Approved April 22, 1947.

Robert D. Blue,
Governor

APPENDIX B

CHAPTER 90—52nd G.A.

HOUSE FILE 314

AN ACT

TO PROVIDE for an inventory of existing hospitals, for a survey of the need for additional hospital facilities, and for the development and administration of a hospital construction program which will, in conjunction with existing facilities, afford hospitals adequate to serve all people of the State, establishing methods of administration and control, providing for compliance with the requirements of the Federal Hospital Survey and Construction Act and regulations thereunder, authorizing the acceptance and expenditure of Federal funds. Be it enacted by the General Assembly of the State of Iowa:

Section 1. Title. This Act may be cited as the "Iowa Hospital Survey and Construction Act."

Sec. 2. Definitions as used in this Act:

(a) "Commissioner" means the Commissioner of Public Health.

(b) "The Federal Act" means Public Law 725 of the 79th Congress, approved August 13, 1946, and any amendments thereto, entitled the Hospital Survey and Construction Act.

(c) "The Surgeon General" means the Surgeon General of the Public Health Service of the United States.

(d) "Hospital" includes public health centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but does not include any hospital furnishing primarily domiciliary care.

(e) "Public Health Center" means a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.

(f) "Nonprofit Hospital" means any hospital owned and operated by a corporation or association, no part of the net earnings of which inures, or may lawfully inure, directly or indirectly, to the benefit of any private shareholder or individual.

Sec. 3. Administration: Division of Hospital Survey and Construction. There is hereby established in the State Department of Health a Division of Hospital Survey and Construction which shall be administered by a full-time salaried director under the supervision and direction of the Commissioner. The State Department of Health through such division, shall constitute the sole agency of the State for the purpose of:

(a) Making an inventory of existing hospitals, surveying the need for construction of hospitals, and developing a program of hospital construction as provided in this Act, and

(b) Developing and administering a State plan for the construction of public and other nonprofit hospitals as provided in this Act.

Sec. 4. General powers and duties. In carrying out the purposes of the Act, the Commissioner is authorized and directed:

(a) To require such reports, make such inspections and investigations, and, with the advice of the Hospital Advisory Council, prescribe such regulations as he deems necessary. No report shall be required, inspections and investigations made, or regulations adopted which would have the effect of discriminating against a hospital or other institution contemplated hereunder, solely by reason of the school or system of practice employed or permitted to be employed by physicians therein; provided that such school or system of practice is recognized by the laws of this State.

(b) To provide such methods of administration, appoint a director and other personnel of the division and take such other action as may be necessary to comply with the requirements of the Federal Act and the regulations thereunder.

(c) To procure in his discretion the temporary or intermittent services of experts or consultants or organizations thereof, by contract, when such services are to be performed on a part-time or fee-for-service basis and do not involve the performance of administrative duties.

(d) To the extent that he considers desirable to effectuate the purpose of this Act, to enter into agreement for the utilization of the facilities and services of other departments, agencies, and institutions, public or private.

(e) To accept on behalf of the State and to deposit with the State Treasurer any grant, gift or contribution, subject to the approval by the Executive Council, made to assist in meeting the cost of carrying out the purposes of this Act, and to expend the same for such purposes.

(f) On November one (1) of each year, to make an annual report to the Governor on activities and expenditures pursuant to this Act.

Sec. 5. Hospital Advisory Council. The Governor shall appoint a Hospital Advisory Council to advise and consult with the State Department of Health in carrying out the administration of this Act. The Hospital Advisory Council shall consist of the Commissioner who shall serve as chairman ex officio and twelve members to include: five individuals of recognized ability in the field of hospital administration, (four from a list submitted by the Iowa Hospital Association and one from a list submitted by the Iowa Osteopathic Hospital Association), three individuals of recognized ability in the field of health; and four individuals with broad civic interests representing consumers of hospital services. The Governor shall appoint three members for terms of one year, three members for terms of two years, three members for terms of three years, and three members for terms of four years, provided, however, that the terms of no more than two members of any of the three aforesaid groups shall expire in the same year. Their successors shall be appointed for terms of four years, except when appointed to complete an unexpired term. Members whose terms expire shall hold office until appointment of their successors. Members of the Council shall serve without compensation, but shall be reimbursed for actual expenses incurred in the performance of their official duties. The Council shall meet quarterly each year, and additional meetings shall be held at the call of the chairman or the request of any four of its members.

Sec. 6. Survey and planning activities. The Commissioner is authorized and directed to make an inventory of existing hospitals, including public, nonprofit and proprietary hospitals, to survey the need for construction of hospitals, and, on the basis of such inventory and survey, to develop a program for the construction of such public and other nonprofit hospitals as will, in conjunction with existing facilities, afford the necessary physical facilities for furnishing adequate hospital, clinic and similar services to all the people of the State.

Sec. 7. Construction program. The construction program shall provide in accordance with regulations prescribed under the Federal Act, for adequate hospital facilities for the people residing in this State and insofar as possible shall provide for their distribution throughout the state in such manner as to make all types of hospital service reasonably accessible to all persons in the State.

Sec. 8. Application for Federal funds for survey and planning: expenditure. The Commissioner is authorized to make application to the Surgeon General for Federal funds to assist in carrying out the survey and planning activities herein provided. Such funds shall be deposited in the State Treasury and shall be available to the Commissioner for expenditure for carrying out the purpose of this Act in accordance with the provisions of Public Law 725 of the 79th Congress, any amendments thereto, and the statutes of the State of Iowa.

Sec. 9. State plan. The Commissioner shall, with the advice of the Hospital Advisory Council, prepare and submit to the Surgeon General a State Plan which shall include the hospital construction program developed under this Act and which shall provide for the establishment, administration and operation of hospital construction activities in accordance with the requirements of the Federal Act and regulations thereunder. The Commissioner shall, prior to the submission of such Plan to the Surgeon General, give adequate publicity to a general description to all the provisions proposed to be included therein, and hold a public hearing at which all persons or organizations with a legitimate interest in such Plan may be given an opportunity to express their views. After approval of the Plan by the Surgeon General, the Commissioner shall make the Plan or a copy thereof available upon request to all interested persons or organizations. The Commissioner shall from time to time review the hospital construction program and submit to the Surgeon General any modifications thereof which he may find necessary and may submit to the Surgeon General such modifications to the State Plan, not inconsistent with the requirements of the Federal Act, as he may deem advisable.

Sec. 10. Minimum standards for hospital maintenance and operation. The Commissioner shall by regulation prescribe minimum standards for the maintenance and operation of hospitals which receive Federal aid for construction under the State Plan.

Sec. 11. Priority of projects. The State Plan shall set forth the relative need for the several projects included in the construction program determined in accordance with regulations prescribed pursuant to the Federal Act, and provide for the construction, insofar as financial resources are available therefor and also for maintenance and operations in the order of such relative need.

Sec. 12. Construction projects: applications. Applications for hospital construction projects for which Federal funds are requested shall be submitted to the Commissioner and may be submitted by the State or any political subdivision thereof or by any public or nonprofit agency authorized to construct and operate a hospital. Each application for a construction project shall conform to Federal and State requirements.

Sec. 13. Consideration and forwarding of applications. The Commissioner shall afford to every applicant for a construction project an opportunity for a fair hearing. If the Commissioner, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that a project application complies with the requirements of this Act and is otherwise in conformity with the State Plan, he shall approve such application and shall recommend and forward it to the Surgeon General.

Sec. 14. Inspection of projects. From time to time the Commissioner shall cause to be inspected each construction project approved by the Surgeon General, and, if the inspection so warrants, the Commissioner shall certify to the Surgeon General that work has been performed upon the project, or purchases have been made, in accordance with the approved plans and specifications, and that payment of an installment of Federal funds is due to the applicant.

Sec. 15. Hospital construction fund. The Commissioner is hereby authorized to receive Federal funds in behalf of, and transmit them to, such applicants. There is hereby established, separate and apart from all public moneys and funds of this State, a hospital construction fund. Money received from the Federal Government for a construction project approved by the Surgeon General shall be deposited to the credit of this fund and shall be used solely for payments due applicants for work performed, or purchases made, in carrying out approved projects. Warrants for all payments from the hospital construction fund shall bear the signature of the Commissioner or his duly authorized agent for such purpose.

Sec. 16. If any provision of this Act or the application thereof to any person

or circumstance shall be held invalid, such invalidity shall not affect the provisions or applications of this Act which can be given effect without the invalid provision or application, and to this end the provisions of the Act are declared to be severable.

Sec. 17. All acts or parts of acts which are inconsistent with the provisions of this Act are hereby repealed.

Gustav T. Kuester,
Speaker of the House

Kenneth A. Evans,
President of the Senate

I hereby certify that this Bill originated in the House and is known as House File 314, Fifty-second General Assembly.

A. C. Gustafson,
Chief Clerk of the House

Approved April 17, 1947.

Robert D. Blue,
Governor

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