

Senate File 389 - Enrolled

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SENATE FILE 389

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AN ACT

1 4 RELATING TO HEALTH CARE, HEALTH CARE PROVIDERS, AND HEALTH

1 5 CARE COVERAGE, PROVIDING RETROACTIVE AND OTHER EFFECTIVE

1 6 DATES AND PROVIDING REPEALS.

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1 8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

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LEGISLATIVE HEALTH CARE COVERAGE COMMISSION

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Section 1. LEGISLATIVE HEALTH CARE COVERAGE COMMISSION.

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1. A legislative health care coverage commission is

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created under the authority of the legislative council.

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a. The commission shall include the following persons who

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are ex officio, nonvoting members of the commission:

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(1) The commissioner of insurance, or a designee.

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(2) The director of human services, or a designee.

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(3) The director of public health, or a designee.

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(4) Four members of the general assembly, one appointed by

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the speaker of the house of representatives, one appointed by

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the minority leader of the house of representatives, one

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appointed by the majority leader of the senate, and one

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appointed by the minority leader of the senate.

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b. The commission shall include the following persons who

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are voting members of the commission and who are appointed by

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the legislative council:

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(1) A person who represents large employers.

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(2) A person who represents Iowa insurers.

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(3) A person who represents health underwriters.

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(4) A health care provider.

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(5) A person who represents labor.

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(6) A consumer who represents the pre-Medicare population.

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(7) A consumer who represents middle-income adults and

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families.

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(8) A consumer who represents low-income adults and

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families.

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(9) A person who represents small businesses.

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(10) A person who represents nonprofit entities.

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(11) A person who represents independent insurance agents.

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2. The legislative council may employ or contract with a

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person or persons to assist the commission in carrying out its

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duties. The person or persons employed or contracted with to

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assist the commission shall gather and coordinate information

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for the use of the commission in its deliberations concerning

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health reform initiatives and activities related to the

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medical home system advisory council, the electronic health

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information advisory council and executive committee, the

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prevention and chronic care management advisory council, the

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direct care worker task force, the health and long-term care

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access technical advisory committee, the clinicians advisory

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panel, the long-term living initiatives of the department of

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elder affairs, medical assistance and hawk-i program

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expansions and initiatives, prevention and wellness

2 20 initiatives including but not limited to those administered
2 21 through the Iowa healthy communities initiative pursuant to
2 22 section 135.27 and through the governor's council on physical
2 23 fitness and nutrition, health care transparency activities,
2 24 and other health care reform-related advisory bodies and
2 25 activities that provide direction and promote collaborative
2 26 efforts among health care providers involved in the
2 27 initiatives and activities. The legislative services agency
2 28 shall provide administrative support to the commission.

2 29 3. The legislative council shall appoint one voting member
2 30 as chairperson and one as vice chairperson. Legislative
2 31 members of the commission are eligible for per diem and
2 32 reimbursement of actual expenses as provided in section 2.10.
2 33 The consumers appointed to the commission are entitled to
2 34 receive a per diem as specified in section 7E.6 for each day
2 35 spent in performance of duties as a member, and shall be
3 1 reimbursed for all actual and necessary expenses incurred in
3 2 the performance of duties as a member of the commission.

3 3 4. The commission shall develop an Iowa health care reform
3 4 strategic plan which includes but is not limited to a review
3 5 and analysis of, and recommendations and prioritization of
3 6 recommendations for, the following:

3 7 a. Options for the coordination of a children's health
3 8 care network in the state that provides health care coverage
3 9 to all children without such coverage; utilizes, modifies, and
3 10 enhances existing public programs; maximizes the ability of
3 11 the state to obtain federal funding and reimbursement for such
3 12 programs; and provides access to private, affordable health
3 13 care coverage for children who are not otherwise eligible for
3 14 health care coverage through public programs.

3 15 b. Options for children, adults, and families to
3 16 transition seamlessly among public and private health care
3 17 coverage options.

3 18 c. Options for subsidized and unsubsidized health care
3 19 coverage programs which offer public and private, adequate and
3 20 affordable health care coverage including but not limited to
3 21 options to purchase coverage with varying levels of benefits
3 22 including basic or catastrophic benefits, an intermediate
3 23 level of benefits, and comprehensive benefits coverage. The
3 24 commission shall also consider options and make
3 25 recommendations for providing an array of benefits that may
3 26 include physical, mental, and dental health care coverage.
3 27 Affordable health care coverage options for purchase by adults
3 28 and families shall be developed with the goal of including
3 29 options for which the contribution requirement for all
3 30 cost-sharing expenses is no more than six and one-half percent
3 31 of family income.

3 32 d. Options to offer a program to provide coverage under a
3 33 state health or medical group insurance plan to nonstate
3 34 public employees, including employees of counties, cities,
3 35 schools, area education agencies, and community colleges, and
4 1 employees of nonprofit employers and small employers and to
4 2 pool such employees with the state plan.

4 3 e. The ramifications of requiring each employer in the
4 4 state with more than ten employees to adopt and maintain a
4 5 cafeteria plan that satisfies section 125 of the Internal
4 6 Revenue Code of 1986.

4 7 f. Options for development of a long-term strategy to
4 8 provide access to affordable health care coverage to the
4 9 uninsured in Iowa, particularly adults, and development of a
4 10 structure to implement that strategy including consideration

4 11 of whether to utilize an existing government agency or a newly
4 12 created entity.

4 13 5. As part of developing the strategic plan, the
4 14 commission shall collaborate with health care coverage experts
4 15 to do including but not limited to the following:

4 16 a. Design solutions to issues relating to guaranteed
4 17 issuance of insurance, preexisting condition exclusions,
4 18 portability, and allowable pooling and rating classifications.

4 19 b. Formulate principles that ensure fair and appropriate
4 20 practices relating to issues involving individual health care
4 21 policies such as rescission and preexisting condition clauses,
4 22 and that provide for a binding third-party review process to
4 23 resolve disputes related to such issues.

4 24 c. Design affordable, portable health care coverage
4 25 options for low-income children, adults, and families.

4 26 d. Design a proposed premium schedule for health care
4 27 coverage options which includes the development of rating
4 28 factors that are consistent with market conditions.

4 29 e. Design protocols to limit the transfer from
4 30 employer-sponsored or other private health care coverage to
4 31 state-developed health care coverage plans.

4 32 6. The commission may request from any state agency or
4 33 official information and assistance as needed to perform its
4 34 duties pursuant to this section. A state agency or official
4 35 shall furnish the information or assistance requested within
5 1 the authority and resources of the state agency or official.
5 2 This subsection does not allow the examination or copying of
5 3 any public record required by law to be kept confidential.

5 4 7. The commission shall provide progress reports to the
5 5 legislative council every quarter summarizing the commission's
5 6 activities.

5 7 8. The commission shall provide a progress report to the
5 8 general assembly by January 1, 2010, summarizing the
5 9 commission's activities thus far, that includes but is not
5 10 limited to recommendations and prioritization of
5 11 recommendations for subsidized and unsubsidized health care
5 12 coverage programs which offer public and private and adequate
5 13 and affordable health care coverage for adults. The
5 14 commission shall collaborate with health care coverage experts
5 15 to ensure that health care coverage for adults that is
5 16 consistent with the commission's recommendations and
5 17 priorities is available for purchase by the public by July 1,
5 18 2010.

5 19 9. The commission shall provide a report to the general
5 20 assembly by January 1, 2011, summarizing the commission's
5 21 activities since the previous annual report provided on
5 22 January 1, 2010, including but not limited to information
5 23 about health care coverage for adults, including enrollment
5 24 information, that was available for purchase by the public by
5 25 July 1, 2010, consistent with the commission's recommendations
5 26 and priorities, and including further recommendations and
5 27 prioritization of those recommendations.

5 28 10. The commission shall conclude its deliberations by
5 29 July 1, 2011, and shall submit a final report to the general
5 30 assembly by October 1, 2011, summarizing the commission's
5 31 activities particularly pertaining to the availability of
5 32 health care coverage programs for adults, analyzing issues
5 33 studied, and setting forth options, recommendations, and
5 34 priorities for an Iowa health care reform strategic plan that
5 35 will ensure that all Iowans have access to health care
6 1 coverage which meets minimum standards of quality and

6 2 affordability. The commission may include any other
6 3 information the commission deems relevant and necessary.
6 4 11. This section is repealed on December 31, 2011.

6 5 COORDINATING AMENDMENTS

6 6 Sec. 2. Section 514E.1, subsections 15 and 22, Code 2009,
6 7 are amended by striking the subsections.

6 8 Sec. 3. Section 514E.2, subsection 3, unnumbered paragraph
6 9 1, Code 2009, is amended to read as follows:

6 10 The association shall submit to the commissioner a plan of
6 11 operation for the association and any amendments necessary or
6 12 suitable to assure the fair, reasonable, and equitable
6 13 administration of the association. ~~The plan of operation~~
~~6 14 shall include provisions for the development of a~~
~~6 15 comprehensive health care coverage plan as provided in section~~
~~6 16 514E.5. In developing the comprehensive plan the association~~
~~6 17 shall give deference to the recommendations made by the~~
~~6 18 advisory council as provided in section 514E.6, subsection 1.~~
~~6 19 The association shall approve or disapprove but shall not~~
~~6 20 modify recommendations made by the advisory council.~~
~~6 21 Recommendations that are approved shall be included in the~~
~~6 22 plan of operation submitted to the commissioner.~~
~~6 23 Recommendations that are disapproved shall be submitted to the~~
~~6 24 commissioner with reasons for the disapproval.~~ The plan of
6 25 operation becomes effective upon approval in writing by the
6 26 commissioner prior to the date on which the coverage under
6 27 this chapter must be made available. After notice and
6 28 hearing, the commissioner shall approve the plan of operation
6 29 if the plan is determined to be suitable to assure the fair,
6 30 reasonable, and equitable administration of the association,
6 31 and provides for the sharing of association losses, if any, on
6 32 an equitable and proportionate basis among the member
6 33 carriers. If the association fails to submit a suitable plan
6 34 of operation within one hundred eighty days after the
6 35 appointment of the board of directors, or if at any later time
7 1 the association fails to submit suitable amendments to the
7 2 plan, the commissioner shall adopt, pursuant to chapter 17A,
7 3 rules necessary to implement this section. The rules shall
7 4 continue in force until modified by the commissioner or
7 5 superseded by a plan submitted by the association and approved
7 6 by the commissioner. In addition to other requirements, the
7 7 plan of operation shall provide for all of the following:

7 8 Sec. 4. Sections 514E.5 and 514E.6, Code 2009, are
7 9 repealed.

7 10 Sec. 5. EFFECTIVE DATE. This division of this Act, being
7 11 deemed of immediate importance, takes effect upon enactment.

7 12 DIVISION II

7 13 HEALTH CARE COVERAGE OF ADULT CHILDREN

7 14 Sec. 6. Section 422.7, Code 2009, is amended by adding the
7 15 following new subsection:

7 16 NEW SUBSECTION. 29A. If the health benefits coverage or
7 17 insurance of the taxpayer includes coverage of a nonqualified
7 18 tax dependent as determined by the federal internal revenue
7 19 service, subtract, to the extent included, the amount of the
7 20 value of such coverage attributable to the nonqualified tax
7 21 dependent.

7 22 Sec. 7. Section 509.3, subsection 8, Code 2009, is amended
7 23 to read as follows:

7 24 8. A provision that the insurer will permit continuation
7 25 of existing coverage or reenrollment in previously existing
7 26 coverage for an individual who meets the requirements of
7 27 section 513B.2, subsection 14, paragraph "a", "b", "c", "d",

7 28 or "e", and who is an unmarried child of an insured or
7 29 enrollee who so elects, at least through the policy
7 30 anniversary date on or after the date the child marries,
7 31 ceases to be a resident of this state, or attains the age of
7 32 twenty-five years old, whichever occurs first, or so long as
7 33 the unmarried child maintains full-time status as a student in
7 34 an accredited institution of postsecondary education.

7 35 In addition to the provisions required in subsections 1
8 1 through 7 8, the commissioner shall require provisions through
8 2 the adoption of rules implementing the federal Health
8 3 Insurance Portability and Accountability Act, Pub. L. No.
8 4 104-191.

8 5 Sec. 8. Section 509A.13B, Code 2009, is amended to read as
8 6 follows:

8 7 509A.13B ~~CONTINUATION OF DEPENDENT COVERAGE OF CHILDREN ==~~
8 8 ~~CONTINUATION OR REENROLLMENT.~~

8 9 If a governing body, a county board of supervisors, or a
8 10 city council has procured accident or health care coverage for
8 11 its employees under this chapter such coverage shall permit
8 12 continuation of existing coverage or reenrollment in
8 13 previously existing coverage for an individual who meets the
8 14 requirements of section 513B.2, subsection 14, paragraph "a",
8 15 "b", "c", "d", or "e", and who is an unmarried child of an
8 16 insured or enrollee who so elects, at least through the policy
8 17 anniversary date on or after the date the child marries,
8 18 ceases to be a resident of this state, or attains the age of
8 19 twenty-five years old, whichever occurs first, or so long as
8 20 the unmarried child maintains full-time status as a student in
8 21 an accredited institution of postsecondary education.

8 22 Sec. 9. Section 514A.3B, subsection 2, Code 2009, is
8 23 amended to read as follows:

8 24 2. An insurer issuing an individual policy or contract of
8 25 accident and health insurance which provides coverage for
8 26 children of the insured shall permit continuation of existing
8 27 coverage or reenrollment in previously existing coverage for
8 28 an individual who meets the requirements of section 513B.2,
8 29 subsection 14, paragraph "a", "b", "c", "d", or "e", and who
8 30 is an unmarried child of an insured or enrollee who so elects,
8 31 at least through the policy anniversary date on or after the
8 32 date the child marries, ceases to be a resident of this state,
8 33 or attains the age of twenty-five years old, whichever occurs
8 34 first, or so long as the unmarried child maintains full-time
8 35 status as a student in an accredited institution of
9 1 postsecondary education.

9 2 Sec. 10. NEW SECTION. 514B.9A COVERAGE OF CHILDREN ==
9 3 CONTINUATION OR REENROLLMENT.

9 4 A health maintenance organization which provides health
9 5 care coverage pursuant to an individual or group health
9 6 maintenance organization contract regulated under this chapter
9 7 for children of an enrollee shall permit continuation of
9 8 existing coverage or reenrollment in previously existing
9 9 coverage for an individual who meets the requirements of
9 10 section 513B.2, subsection 14, paragraph "a", "b", "c", "d",
9 11 or "e", and who is an unmarried child of an enrollee who so
9 12 elects, at least through the policy anniversary date on or
9 13 after the date the child marries, ceases to be a resident of
9 14 this state, or attains the age of twenty-five years old,
9 15 whichever occurs first, or so long as the unmarried child
9 16 maintains full-time status as a student in an accredited
9 17 institution of postsecondary education.

9 18 Sec. 11. APPLICABILITY. The sections of this Act amending

9 19 section 509.3, subsection 8, 509A.13B, and 514A.3B, subsection
9 20 2, and enacting section 514B.9A, apply to policies, contracts,
9 21 or plans of accident and health insurance delivered, issued
9 22 for delivery, continued, or renewed in this state on or after
9 23 July 1, 2009.

9 24 Sec. 12. RETROACTIVE APPLICABILITY DATE. The section of
9 25 this Act enacting section 422.7, subsection 29A, applies
9 26 retroactively to January 1, 2009, for tax years beginning on
9 27 or after that date.

9 28 DIVISION III

9 29 MEDICAL ASSISTANCE AND HAWK=I PROVISIONS

9 30 COVERAGE FOR ALL INCOME=ELIGIBLE CHILDREN

9 31 Sec. 13. NEW SECTION. 249A.3A MEDICAL ASSISTANCE == ALL
9 32 INCOME=ELIGIBLE CHILDREN.

9 33 The department shall provide medical assistance to
9 34 individuals under nineteen years of age who meet the income
9 35 eligibility requirements for the state medical assistance
10 1 program and for whom federal financial participation is or
10 2 becomes available for the cost of such assistance.

10 3 Sec. 14. NEW SECTION. 514I.8A HAWK=I == ALL
10 4 INCOME=ELIGIBLE CHILDREN.

10 5 The department shall provide coverage to individuals under
10 6 nineteen years of age who meet the income eligibility
10 7 requirements for the hawk=i program and for whom federal
10 8 financial participation is or becomes available for the cost
10 9 of such coverage.

10 10 REQUIRED APPLICATION FOR DEPENDENT CHILD HEALTH CARE
10 11 COVERAGE

10 12 Sec. 15. Section 422.12M, Code 2009, is amended to read as
10 13 follows:

10 14 422.12M INCOME TAX FORM == INDICATION OF DEPENDENT CHILD
10 15 HEALTH CARE COVERAGE.

10 16 1. The director shall draft the income tax form to ~~allow~~
10 17 require beginning with the tax returns for tax year ~~2008~~ 2010,
10 18 a person who files an individual or joint income tax return
10 19 with the department under section 422.13 to indicate the
10 20 presence or absence of health care coverage for each dependent
10 21 child for whom an exemption is claimed.

10 22 2. Beginning with the income tax return for tax year ~~2008~~
10 23 2010, a person who files an individual or joint income tax
10 24 return with the department under section 422.13, ~~may~~ shall
10 25 report on the income tax return, in the form required, the
10 26 presence or absence of health care coverage for each dependent
10 27 child for whom an exemption is claimed.

10 28 a. If the taxpayer indicates on the income tax return that
10 29 a dependent child does not have health care coverage, and the
10 30 income of the taxpayer's tax return does not exceed the
10 31 highest level of income eligibility standard for the medical
10 32 assistance program pursuant to chapter 249A or the hawk=i
10 33 program pursuant to chapter 514I, the department shall send a
10 34 notice to the taxpayer indicating that the dependent child may
10 35 be eligible for the medical assistance program or the hawk=i
11 1 program and providing information to the taxpayer about how to
11 2 enroll the dependent child in the ~~programs~~ appropriate
11 3 program. The taxpayer shall submit an application for the
11 4 appropriate program within ninety days of receipt of the
11 5 enrollment information.

11 6 ~~b. Notwithstanding any other provision of law to the~~
~~11 7 contrary, a taxpayer shall not be subject to a penalty for not~~
~~11 8 providing the information required under this section.~~

11 9 ~~e.~~ b. The department shall consult with the department of

11 10 human services in developing the tax return form and the
11 11 information to be provided to tax filers under this section.
11 12 3. The department, in cooperation with the department of
11 13 human services, shall adopt rules pursuant to chapter 17A to
11 14 administer this section, including rules defining "health care
11 15 coverage" for the purpose of indicating its presence or
11 16 absence on the tax form.

11 17 4. The department, in cooperation with the department of
11 18 human services, shall report, annually, to the governor and
11 19 the general assembly all of the following:

11 20 a. The number of Iowa families, by income level, claiming
11 21 the state income tax exemption for dependent children.

11 22 b. The number of Iowa families, by income level, claiming
11 23 the state income tax exemption for dependent children ~~who also~~
11 24 and whether they indicate the presence or absence of health
11 25 care coverage for the dependent children.

11 26 c. ~~The effect of the reporting requirements and provision~~
~~11 27 of information requirements under this section on the number~~
~~11 28 and percentage of children in the state who are uninsured.~~

11 29 The number of Iowa families, by income level, claiming the
11 30 state income tax exemption for dependent children who receive
11 31 information from the department pursuant to subsection 2 and
11 32 who subsequently apply for and are enrolled in the appropriate
11 33 program.

11 34 PREGNANT WOMEN INCOME ELIGIBILITY FOR MEDICAID

11 35 Sec. 16. Section 249A.3, subsection 1, paragraph 1, Code
12 1 2009, is amended to read as follows:

12 2 1. (1) Is an infant whose income is not more than two
12 3 hundred percent of the federal poverty level, as defined by
12 4 the most recently revised income guidelines published by the
12 5 United States department of health and human services.

12 6 (2) Additionally, effective July 1, 2009, medical
12 7 assistance shall be provided to ~~an~~ a pregnant woman or infant
12 8 whose family income is at or below three hundred percent of
12 9 the federal poverty level, as defined by the most recently
12 10 revised poverty income guidelines published by the United
12 11 States department of health and human services, if otherwise
12 12 eligible.

12 13 Sec. 17. Section 514I.8, subsection 1, Code 2009, is
12 14 amended to read as follows:

12 15 1. Effective July 1, 1998, and notwithstanding any medical
12 16 assistance program eligibility criteria to the contrary,
12 17 medical assistance shall be provided to, or on behalf of, an
12 18 eligible child under the age of nineteen whose family income
12 19 does not exceed one hundred thirty=three percent of the
12 20 federal poverty level, as defined by the most recently revised
12 21 poverty income guidelines published by the United States
12 22 department of health and human services. Additionally,
12 23 effective July 1, 2000, and notwithstanding any medical
12 24 assistance program eligibility criteria to the contrary,
12 25 medical assistance shall be provided to, or on behalf of, an
12 26 eligible infant whose family income does not exceed two
12 27 hundred percent of the federal poverty level, as defined by
12 28 the most recently revised poverty income guidelines published
12 29 by the United States department of health and human services.

12 30 Effective July 1, 2009, and notwithstanding any medical
12 31 assistance program eligibility criteria to the contrary,
12 32 medical assistance shall be provided to, or on behalf of, a
12 33 pregnant woman or an eligible child who is an infant and whose
12 34 family income is at or below three hundred percent of the
12 35 federal poverty level, as defined by the most recently revised

13 1 poverty income guidelines published by the United States
13 2 department of health and human services.

13 3 IMPROVING ACCESS AND RETENTION

13 4 Sec. 18. Section 249A.4, Code 2009, is amended by adding
13 5 the following new subsection:

13 6 NEW SUBSECTION. 16. Implement the premium assistance
13 7 program options described under the federal Children's Health
13 8 Insurance Program Reauthorization Act of 2009, Pub. L. No.
13 9 111-3, for the medical assistance program. The department may
13 10 adopt rules as necessary to administer these options.

13 11 Sec. 19. NEW SECTION. 509.3A CREDITABLE COVERAGE.

13 12 For the purposes of any policies of group accident or
13 13 health insurance or combination of such policies issued in
13 14 this state, "creditable coverage" means health benefits or
13 15 coverage provided to an individual under any of the following:

13 16 1. A group health plan.

13 17 2. Health insurance coverage.

13 18 3. Part A or Part B Medicare pursuant to Title XVIII of
13 19 the federal Social Security Act.

13 20 4. Medicaid pursuant to Title XIX of the federal Social
13 21 Security Act, other than coverage consisting solely of
13 22 benefits under section 1928 of that Act.

13 23 5. 10 U.S.C. ch. 55.

13 24 6. A health or medical care program provided through the
13 25 Indian health service or a tribal organization.

13 26 7. A state health benefits risk pool.

13 27 8. A health plan offered under 5 U.S.C. ch. 89.

13 28 9. A public health plan as defined under federal
13 29 regulations.

13 30 10. A health benefit plan under section 5(e) of the
13 31 federal Peace Corps Act, 22 U.S.C. } 2504(e).

13 32 11. An organized delivery system licensed by the director
13 33 of public health.

13 34 12. A short-term limited duration policy.

13 35 13. The hawk=i program authorized by chapter 514I.

14 1 Sec. 20. Section 513B.2, subsection 8, Code 2009, is
14 2 amended by adding the following new paragraph:

14 3 NEW PARAGRAPH. m. The hawk=i program authorized by
14 4 chapter 514I.

14 5 Sec. 21. Section 514A.3B, subsection 1, Code 2009, is
14 6 amended to read as follows:

14 7 1. An insurer which accepts an individual for coverage
14 8 under an individual policy or contract of accident and health
14 9 insurance shall waive any time period applicable to a
14 10 preexisting condition exclusion or limitation period
14 11 requirement of the policy or contract with respect to
14 12 particular services in an individual health benefit plan for
14 13 the period of time the individual was previously covered by
14 14 qualifying previous coverage as defined in section 513C.3, by
14 15 chapter 249A or 514I, or by Medicare coverage provided

14 16 pursuant to Title XVIII of the federal Social Security Act

14 17 that provided benefits with respect to such services, provided
14 18 that the ~~qualifying previous~~ coverage was continuous to a date
14 19 not more than sixty-three days prior to the effective date of
14 20 the new policy or contract. ~~Any days of coverage provided to~~

~~14 21 an individual pursuant to chapter 249A or 514I, or Medicare~~

~~14 22 coverage provided pursuant to Title XVIII of the federal~~

~~14 23 Social Security Act, do not constitute qualifying previous~~

~~14 24 coverage. Such days of chapter 249A or 514I or Medicare~~

~~14 25 coverage shall be counted as part of the maximum~~

~~14 26 sixty-three-day grace period and shall not constitute a basis~~

~~14 27 for the waiver of any preexisting condition exclusion or
14 28 limitation period.~~

14 29 Sec. 22. Section 514A.3B, Code 2009, is amended by adding
14 30 the following new subsection:

14 31 NEW SUBSECTION. 3. For the purposes of any policies of
14 32 accident and sickness insurance issued in this state,
14 33 "creditable coverage" means health benefits or coverage
14 34 provided to an individual under any of the following:

- 14 35 a. A group health plan.
- 15 1 b. Health insurance coverage.
- 15 2 c. Part A or Part B Medicare pursuant to Title XVIII of
15 3 the federal Social Security Act.
- 15 4 d. Medicaid pursuant to Title XIX of the federal Social
15 5 Security Act, other than coverage consisting solely of
15 6 benefits under section 1928 of that Act.
- 15 7 e. 10 U.S.C. ch. 55.
- 15 8 f. A health or medical care program provided through the
15 9 Indian health service or a tribal organization.
- 15 10 g. A state health benefits risk pool.
- 15 11 h. A health plan offered under 5 U.S.C. ch. 89.
- 15 12 i. A public health plan as defined under federal
15 13 regulations.
- 15 14 j. A health benefit plan under section 5(e) of the federal
15 15 Peace Corps Act, 22 U.S.C. } 2504(e).
- 15 16 k. An organized delivery system licensed by the director
15 17 of public health.
- 15 18 l. A short-term limited duration policy.
- 15 19 m. The hawk-i program authorized by chapter 514I.

15 20 Sec. 23. Section 514I.1, subsection 4, Code 2009, is
15 21 amended to read as follows:

15 22 4. It is the intent of the general assembly that the
15 23 hawk-i program be an integral part of the continuum of health
15 24 insurance coverage and that the program be developed and
15 25 implemented in such a manner as to facilitate movement of
15 26 families between health insurance providers and to facilitate
15 27 the transition of families to private sector health insurance
15 28 coverage. ~~It is the intent of the general assembly in
15 29 developing such continuum of health insurance coverage and in
15 30 facilitating such transition, that beginning July 1, 2009, the
15 31 department implement the hawk-i expansion program.~~

15 32 Sec. 24. Section 514I.2, subsection 8, Code 2009, is
15 33 amended by striking the subsection.

15 34 Sec. 25. Section 514I.3, Code 2009, is amended by adding
15 35 the following new subsection:

16 1 NEW SUBSECTION. 6. Health care coverage provided under
16 2 this chapter in accordance with Title XXI of the federal
16 3 Social Security Act shall be recognized as prior creditable
16 4 coverage for the purposes of private individual and group
16 5 health insurance coverage.

16 6 Sec. 26. Section 514I.4, subsection 2, Code 2009, is
16 7 amended to read as follows:

16 8 2. a. The director, with the approval of the board, may
16 9 contract with participating insurers to provide dental-only
16 10 services.

16 11 b. The director, with the approval of the board, may
16 12 contract with participating insurers to provide the
16 13 supplemental dental-only coverage to otherwise eligible
16 14 children who have private health care coverage as specified in
16 15 the federal Children's Health Insurance Program
16 16 Reauthorization Act of 2009, Pub. L. No. 111-3.

16 17 Sec. 27. Section 514I.4, subsection 5, paragraphs a and b,

16 18 Code 2009, are amended to read as follows:

16 19 a. Develop a joint program application form ~~not to exceed~~
~~16 20 two pages in length, which is consistent with the rules of the~~
~~16 21 board,~~ which is easy to understand, complete, and concise, ~~and~~
~~16 22 which, to the greatest extent possible, coordinates with the~~
16 23 supplemental forms, and the same application and renewal
16 24 verification process for both the hawk=i and medical
16 25 assistance program programs.

16 26 b. (1) Establish the family cost sharing amounts for
16 27 children of families with incomes of one hundred fifty percent
16 28 or more but not exceeding two hundred percent of the federal
16 29 poverty level, of not less than ten dollars per individual and
16 30 twenty dollars per family, if not otherwise prohibited by
16 31 federal law, with the approval of the board.

16 32 (2) Establish for children of families with incomes
16 33 exceeding two hundred percent but not exceeding three hundred
16 34 percent of the federal poverty level, family cost-sharing
16 35 amounts, and graduated premiums based on a rationally
17 1 developed sliding fee schedule, in accordance with federal
17 2 law, with the approval of the board.

17 3 Sec. 28. Section 514I.5, subsection 7, paragraph 1, Code
17 4 2009, is amended to read as follows:

17 5 1. Develop options and recommendations to allow children
17 6 eligible for the hawk=i ~~or hawk=i expansion~~ program to
17 7 participate in qualified employer-sponsored health plans
17 8 through a premium assistance program. The options and
17 9 recommendations shall ensure reasonable alignment between the
17 10 benefits and costs of the hawk=i ~~and hawk=i expansion programs~~
17 11 program and the employer-sponsored health plans consistent
17 12 with federal law. ~~The options and recommendations shall be~~
~~17 13 completed by January 1, 2009, and submitted to the governor~~
~~17 14 and the general assembly for consideration as part of the~~
~~17 15 hawk=i and hawk=i expansion programs. In addition, the board~~
17 16 shall implement the premium assistance program options
17 17 described under the federal Children's Health Insurance
17 18 Program Reauthorization Act of 2009, Pub. L. No. 111=3, for
17 19 the hawk=i program.

17 20 Sec. 29. Section 514I.5, subsection 8, paragraph e, Code
17 21 2009, is amended by adding the following new subparagraph:

17 22 NEW SUBPARAGRAPH. (15) Translation and interpreter
17 23 services as specified pursuant to the federal Children's
17 24 Health Insurance Program Reauthorization Act of 2009, Pub. L.
17 25 No. 111=3.

17 26 Sec. 30. Section 514I.5, subsection 8, paragraph g, Code
17 27 2009, is amended to read as follows:

17 28 g. Presumptive eligibility criteria for the program.
17 29 Beginning January 1, 2010, presumptive eligibility shall be
17 30 provided for eligible children.

17 31 Sec. 31. Section 514I.5, subsection 9, Code 2009, is
17 32 amended to read as follows:

17 33 9. a. The hawk=i board may provide approval to the
17 34 director to contract with participating insurers to provide
17 35 dental-only services. In determining whether to provide such
18 1 approval to the director, the board shall take into
18 2 consideration the impact on the overall program of single
18 3 source contracting for dental services.

18 4 b. The hawk=i board may provide approval to the director
18 5 to contract with participating insurers to provide the
18 6 supplemental dental-only coverage to otherwise eligible
18 7 children who have private health care coverage as specified in
18 8 the federal Children's Health Insurance Program

18 9 Reauthorization Act of 2009, Pub. L. No. 111=3.

18 10 Sec. 32. Section 514I.6, subsections 2 and 3, Code 2009,
18 11 are amended to read as follows:

18 12 2. Provide or reimburse accessible, quality medical or
18 13 dental services.

18 14 3. Require that any plan provided by the participating
18 15 insurer establishes and maintains a conflict management system
18 16 that includes methods for both preventing and resolving
18 17 disputes involving the health or dental care needs of eligible
18 18 children, and a process for resolution of such disputes.

18 19 Sec. 33. Section 514I.6, subsection 4, paragraph a, Code
18 20 2009, is amended to read as follows:

18 21 a. A list of providers of medical or dental services under
18 22 the plan.

18 23 Sec. 34. Section 514I.7, subsection 2, paragraph d, Code
18 24 2009, is amended to read as follows:

18 25 d. Monitor and assess the medical and dental care provided
18 26 through or by participating insurers as well as complaints and
18 27 grievances.

18 28 Sec. 35. Section 514I.8, subsection 2, paragraph c, Code
18 29 2009, is amended to read as follows:

18 30 c. Is a member of a family whose income does not exceed
18 31 ~~two~~ three hundred percent of the federal poverty level, as
18 32 defined in 42 U.S.C. } 9902(2), including any revision
18 33 required by such section, and in accordance with the federal
18 34 Children's Health Insurance Program Reauthorization Act of

18 35 2009, Pub. L. No. 111=3.

19 1 Sec. 36. Section 514I.10, Code 2009, is amended by adding
19 2 the following new subsection:

19 3 NEW SUBSECTION. 2A. Cost sharing for an eligible child
19 4 whose family income exceeds two hundred percent but does not
19 5 exceed three hundred percent of the federal poverty level may
19 6 include copayments and graduated premium amounts which do not
19 7 exceed the limitations of federal law.

19 8 Sec. 37. Section 514I.11, subsections 1 and 3, Code 2009,
19 9 are amended to read as follows:

19 10 1. A hawk=i trust fund is created in the state treasury
19 11 under the authority of the department of human services, in
19 12 which all appropriations and other revenues of the program ~~and~~
~~19 13 the hawk-i expansion program~~ such as grants, contributions,
19 14 and participant payments shall be deposited and used for the
19 15 purposes of the program ~~and the hawk-i expansion program~~. The
19 16 moneys in the fund shall not be considered revenue of the
19 17 state, but rather shall be funds of the program.

19 18 3. Moneys in the fund are appropriated to the department
19 19 and shall be used to offset any program ~~and hawk-i expansion~~
~~19 20 program~~ costs.

19 21 Sec. 38. MEDICAL ASSISTANCE PROGRAM == PROGRAMMATIC AND
19 22 PROCEDURAL PROVISIONS. The department of human services shall
19 23 adopt rules pursuant to chapter 17A to provide for all of the
19 24 following:

19 25 1. To allow for the submission of one pay stub per
19 26 employer by an individual as verification of earned income for
19 27 the medical assistance program when it is indicative of future
19 28 income.

19 29 2. To allow for an averaging of three years of income for
19 30 self-employed families to establish eligibility for the
19 31 medical assistance program.

19 32 3. To extend the period for annual renewal by medical
19 33 assistance members by mailing the renewal form to the member
19 34 on the first day of the month prior to the month of renewal.

19 35 4. To provide for all of the following in accordance with
20 1 the requirements for qualification for the performance bonus
20 2 payments described under the federal Children's Health
20 3 Insurance Program Reauthorization Act of 2009, Pub. L. No.
20 4 111=3:

- 20 5 a. Utilization of joint applications and supplemental
20 6 forms, and the same application and renewal verification
20 7 processes for the medical assistance and hawk=i programs.
- 20 8 b. Implementation of administrative or paperless
20 9 verification at renewal for the medical assistance program.
- 20 10 c. Utilization of presumptive eligibility when determining
20 11 a child's eligibility for the medical assistance program.
- 20 12 d. Utilization of the express lane option, including
20 13 utilization of other public program databases to reach and
20 14 enroll children in the medical assistance program.

20 15 5. To provide translation and interpretation services
20 16 under the medical assistance program as specified pursuant to
20 17 the federal Children's Health Insurance Program
20 18 Reauthorization Act of 2009, Pub. L. No. 111=3.

20 19 Sec. 39. HAWK=I PROGRAM == PROGRAMMATIC AND PROCEDURAL
20 20 PROVISIONS. The hawk=i board, in consultation with the
20 21 department of human services, shall adopt rules pursuant to
20 22 chapter 17A to provide for all of the following:

- 20 23 1. To allow for the submission of one pay stub per
20 24 employer by an individual as verification of earned income for
20 25 the hawk=i program when it is indicative of future income.
- 20 26 2. To allow for an averaging of three years of income for
20 27 self-employed families to establish eligibility for the hawk=i
20 28 program.

20 29 3. To provide for all of the following in accordance with
20 30 the requirements for qualification for the performance bonus
20 31 payments described under the federal Children's Health
20 32 Insurance Program Reauthorization Act of 2009, Pub. L. No.
20 33 111=3:

- 20 34 a. Utilization of joint applications and supplemental
20 35 forms, and the same application and renewal verification
21 1 processes for the hawk=i and medical assistance programs.
- 21 2 b. Implementation of administrative or paperless
21 3 verification at renewal for the hawk=i program.
- 21 4 c. Utilization of presumptive eligibility when determining
21 5 a child's eligibility for the hawk=i program.
- 21 6 d. Utilization of the express lane option, including
21 7 utilization of other public program databases to reach and
21 8 enroll children in the hawk=i program.

21 9 Sec. 40. DEMONSTRATION GRANTS == CHIPRA. The department
21 10 of human services in cooperation with the department of public
21 11 health and other appropriate agencies, shall apply for grants
21 12 available under the Children's Health Insurance Program
21 13 Reauthorization Act of 2009, Pub. L. No. 111=3, to promote
21 14 outreach activities and quality child health outcomes under
21 15 the medical assistance and hawk=i programs.

21 16 Sec. 41. Section 514I.12, Code 2009, is repealed.

21 17 Sec. 42. EFFECTIVE DATE. The section of this division of
21 18 this Act amending section 422.12M, takes effect July 1, 2010.

21 19 DIVISION IV

21 20 VOLUNTEER HEALTH CARE PROVIDERS

21 21 Sec. 43. Section 135.24, Code 2009, is amended to read as
21 22 follows:

21 23 135.24 VOLUNTEER HEALTH CARE PROVIDER PROGRAM ESTABLISHED
21 24 == IMMUNITY FROM CIVIL LIABILITY.

- 21 25 1. The director shall establish within the department a

21 26 program to provide to eligible hospitals, clinics, free
21 27 clinics, field dental clinics, specialty health care provider
21 28 offices, or other health care facilities, health care referral
21 29 programs, or charitable organizations, free medical, dental,
21 30 chiropractic, pharmaceutical, nursing, optometric,
21 31 psychological, social work, behavioral science, podiatric,
21 32 physical therapy, occupational therapy, respiratory therapy,
21 33 and emergency medical care services given on a voluntary basis
21 34 by health care providers. A participating health care
21 35 provider shall register with the department and obtain from
22 1 the department a list of eligible, participating hospitals,
22 2 clinics, free clinics, field dental clinics, specialty health
22 3 care provider offices, or other health care facilities, health
22 4 care referral programs, or charitable organizations.

22 5 2. The department, in consultation with the department of
22 6 human services, shall adopt rules to implement the volunteer
22 7 health care provider program which shall include the
22 8 following:

22 9 a. Procedures for registration of health care providers
22 10 deemed qualified by the board of medicine, the board of
22 11 physician assistants, the dental board, the board of nursing,
22 12 the board of chiropractic, the board of psychology, the board
22 13 of social work, the board of behavioral science, the board of
22 14 pharmacy, the board of optometry, the board of podiatry, the
22 15 board of physical and occupational therapy, the board of
22 16 respiratory care, and the Iowa department of public health, as
22 17 applicable.

22 18 b. Procedures for registration of free clinics, ~~and~~ field
22 19 dental clinics, and specialty health care provider offices.

22 20 c. Criteria for and identification of hospitals, clinics,
22 21 free clinics, field dental clinics, specialty health care
22 22 provider offices, or other health care facilities, health care
22 23 referral programs, or charitable organizations, eligible to
22 24 participate in the provision of free medical, dental,
22 25 chiropractic, pharmaceutical, nursing, optometric,
22 26 psychological, social work, behavioral science, podiatric,
22 27 physical therapy, occupational therapy, respiratory therapy,
22 28 or emergency medical care services through the volunteer
22 29 health care provider program. A free clinic, a field dental
22 30 clinic, a specialty health care provider office, a health care
22 31 facility, a health care referral program, a charitable
22 32 organization, or a health care provider participating in the
22 33 program shall not bill or charge a patient for any health care
22 34 provider service provided under the volunteer health care
22 35 provider program.

23 1 d. Identification of the services to be provided under the
23 2 program. The services provided may include, but shall not be
23 3 limited to, obstetrical and gynecological medical services,
23 4 psychiatric services provided by a physician licensed under
23 5 chapter 148, dental services provided under chapter 153, or
23 6 other services provided under chapter 147A, 148A, 148B, 148C,
23 7 149, 151, 152, 152B, 152E, 154, 154B, 154C, 154D, 154F, or
23 8 155A.

23 9 3. A health care provider providing free care under this
23 10 section shall be considered an employee of the state under
23 11 chapter 669, shall be afforded protection as an employee of
23 12 the state under section 669.21, and shall not be subject to
23 13 payment of claims arising out of the free care provided under
23 14 this section through the health care provider's own
23 15 professional liability insurance coverage, provided that the
23 16 health care provider has done all of the following:

23 17 a. Registered with the department pursuant to subsection
23 18 1.

23 19 b. Provided medical, dental, chiropractic, pharmaceutical,
23 20 nursing, optometric, psychological, social work, behavioral
23 21 science, podiatric, physical therapy, occupational therapy,
23 22 respiratory therapy, or emergency medical care services
23 23 through a hospital, clinic, free clinic, field dental clinic,
23 24 specialty health care provider office, or other health care
23 25 facility, health care referral program, or charitable
23 26 organization listed as eligible and participating by the
23 27 department pursuant to subsection 1.

23 28 4. A free clinic providing free care under this section
23 29 shall be considered a state agency solely for the purposes of
23 30 this section and chapter 669 and shall be afforded protection
23 31 under chapter 669 as a state agency for all claims arising
23 32 from the provision of free care by a health care provider
23 33 registered under subsection 3 who is providing services at the
23 34 free clinic in accordance with this section or from the
23 35 provision of free care by a health care provider who is
24 1 covered by adequate medical malpractice insurance as
24 2 determined by the department, if the free clinic has
24 3 registered with the department pursuant to subsection 1.

24 4 5. A field dental clinic providing free care under this
24 5 section shall be considered a state agency solely for the
24 6 purposes of this section and chapter 669 and shall be afforded
24 7 protection under chapter 669 as a state agency for all claims
24 8 arising from the provision of free care by a health care
24 9 provider registered under subsection 3 who is providing
24 10 services at the field dental clinic in accordance with this
24 11 section or from the provision of free care by a health care
24 12 provider who is covered by adequate medical malpractice
24 13 insurance, as determined by the department, if the field
24 14 dental clinic has registered with the department pursuant to
24 15 subsection 1.

24 16 5A. A specialty health care provider office providing free
24 17 care under this section shall be considered a state agency
24 18 solely for the purposes of this section and chapter 669 and
24 19 shall be afforded protection under chapter 669 as a state
24 20 agency for all claims arising from the provision of free care
24 21 by a health care provider registered under subsection 3 who is
24 22 providing services at the specialty health care provider
24 23 office in accordance with this section or from the provision
24 24 of free care by a health care provider who is covered by
24 25 adequate medical malpractice insurance, as determined by the
24 26 department, if the specialty health care provider office has
24 27 registered with the department pursuant to subsection 1.

24 28 6. For the purposes of this section:

24 29 a. "Charitable organization" means a charitable
24 30 organization within the meaning of section 501(c)(3) of the
24 31 Internal Revenue Code.

24 32 b. "Field dental clinic" means a dental clinic temporarily
24 33 or periodically erected at a location utilizing mobile dental
24 34 equipment, instruments, or supplies, as necessary, to provide
24 35 dental services.

25 1 c. "Free clinic" means a facility, other than a hospital
25 2 or health care provider's office which is exempt from taxation
25 3 under section 501(c)(3) of the Internal Revenue Code and which
25 4 has as its sole purpose the provision of health care services
25 5 without charge to individuals who are otherwise unable to pay
25 6 for the services.

25 7 d. "Health care provider" means a physician licensed under

25 8 chapter 148, a chiropractor licensed under chapter 151, a
25 9 physical therapist licensed pursuant to chapter 148A, an
25 10 occupational therapist licensed pursuant to chapter 148B, a
25 11 podiatrist licensed pursuant to chapter 149, a physician
25 12 assistant licensed and practicing under a supervising
25 13 physician pursuant to chapter 148C, a licensed practical
25 14 nurse, a registered nurse, or an advanced registered nurse
25 15 practitioner licensed pursuant to chapter 152 or 152E, a
25 16 respiratory therapist licensed pursuant to chapter 152B, a
25 17 dentist, dental hygienist, or dental assistant registered or
25 18 licensed to practice under chapter 153, an optometrist
25 19 licensed pursuant to chapter 154, a psychologist licensed
25 20 pursuant to chapter 154B, a social worker licensed pursuant to
25 21 chapter 154C, a mental health counselor or a marital and
25 22 family therapist licensed pursuant to chapter 154D, a
25 23 pharmacist licensed pursuant to chapter 155A, or an emergency
25 24 medical care provider certified pursuant to chapter 147A.

25 25 e. "Specialty health care provider office" means the
25 26 private office or clinic of an individual specialty health
25 27 care provider or group of specialty health care providers as
25 28 referred by the Iowa collaborative safety net provider network
25 29 established in section 135.153, but does not include a field
25 30 dental clinic, a free clinic, or a hospital.

25 31 DIVISION V

25 32 HEALTH CARE WORKFORCE SUPPORT INITIATIVE

25 33 Sec. 44. NEW SECTION. 135.153A SAFETY NET PROVIDER
25 34 RECRUITMENT AND RETENTION INITIATIVES PROGRAM REPEAL.

25 35 The department, in accordance with efforts pursuant to
26 1 sections 135.163 and 135.164 and in cooperation with the Iowa
26 2 collaborative safety net provider network governing group as
26 3 described in section 135.153, shall establish and administer a
26 4 safety net provider recruitment and retention initiatives
26 5 program to address the health care workforce shortage relative
26 6 to safety net providers. Funding for the program may be
26 7 provided through the health care workforce shortage fund or
26 8 the safety net provider network workforce shortage account
26 9 created in section 135.175. The department, in cooperation
26 10 with the governing group, shall adopt rules pursuant to
26 11 chapter 17A to implement and administer such program. This
26 12 section is repealed June 30, 2014.

26 13 Sec. 45. NEW SECTION. 135.175 HEALTH CARE WORKFORCE
26 14 SUPPORT INITIATIVE == WORKFORCE SHORTAGE FUND == ACCOUNTS ==
26 15 REPEAL.

26 16 1. a. A health care workforce support initiative is
26 17 established to provide for the coordination and support of
26 18 various efforts to address the health care workforce shortage
26 19 in this state. This initiative shall include the medical
26 20 residency training state matching grants program created in
26 21 section 135.176, the health care professional and nursing
26 22 workforce shortage initiative created in sections 261.128 and
26 23 261.129, the safety net provider recruitment and retention
26 24 initiatives program credited in section 135.153A, health care
26 25 workforce shortage national initiatives, and the physician
26 26 assistant mental health fellowship program created in section
26 27 135.177.

26 28 b. A health care workforce shortage fund is created in the
26 29 state treasury as a separate fund under the control of the
26 30 department, in cooperation with the entities identified in
26 31 this section as having control over the accounts within the
26 32 fund. The fund and the accounts within the fund shall be
26 33 controlled and managed in a manner consistent with the

26 34 principles specified and the strategic plan developed pursuant
26 35 to sections 135.163 and 135.164.

27 1 2. The fund and the accounts within the fund shall consist
27 2 of moneys appropriated from the general fund of the state for
27 3 the purposes of the fund or the accounts within the fund;
27 4 moneys received from the federal government for the purposes
27 5 of addressing the health care workforce shortage;
27 6 contributions, grants, and other moneys from communities and
27 7 health care employers; and moneys from any other public or
27 8 private source available.

27 9 3. The department and any entity identified in this
27 10 section as having control over any of the accounts within the
27 11 fund, may receive contributions, grants, and in-kind
27 12 contributions to support the purposes of the fund and the
27 13 accounts within the fund.

27 14 4. The fund and the accounts within the fund shall be
27 15 separate from the general fund of the state and shall not be
27 16 considered part of the general fund of the state. The moneys
27 17 in the fund and the accounts within the fund shall not be
27 18 considered revenue of the state, but rather shall be moneys of
27 19 the fund or the accounts. The moneys in the fund and the
27 20 accounts within the fund are not subject to section 8.33 and
27 21 shall not be transferred, used, obligated, appropriated, or
27 22 otherwise encumbered, except to provide for the purposes of
27 23 this section. Notwithstanding section 12C.7, subsection 2,
27 24 interest or earnings on moneys deposited in the fund shall be
27 25 credited to the fund and the accounts within the fund.

27 26 5. The fund shall consist of the following accounts:

27 27 a. The medical residency training account. The medical
27 28 residency training account shall be under the control of the
27 29 department and the moneys in the account shall be used for the
27 30 purposes of the medical residency training state matching
27 31 grants program as specified in section 135.176. Moneys in the
27 32 account shall consist of moneys appropriated or allocated for
27 33 deposit in or received by the fund or the account and
27 34 specifically dedicated to the medical residency training state
27 35 matching grants program or account for the purposes of such
28 1 account.

28 2 b. The health care professional and nurse workforce
28 3 shortage initiative account. The health care professional and
28 4 nurse workforce shortage initiative account shall be under the
28 5 control of the college student aid commission created in
28 6 section 261.1 and the moneys in the account shall be used for
28 7 the purposes of the health care professional incentive payment
28 8 program and the nurse workforce shortage initiative as
28 9 specified in sections 261.128 and 261.129. Moneys in the
28 10 account shall consist of moneys appropriated or allocated for
28 11 deposit in or received by the fund or the account and
28 12 specifically dedicated to the health care professional and
28 13 nurse workforce shortage initiative or the account for the
28 14 purposes of the account.

28 15 c. The safety net provider network workforce shortage
28 16 account. The safety net provider network workforce shortage
28 17 account shall be under the control of the governing group of
28 18 the Iowa collaborative safety net provider network created in
28 19 section 135.153 and the moneys in the account shall be used
28 20 for the purposes of the safety net provider recruitment and
28 21 retention initiatives program as specified in section
28 22 135.153A. Moneys in the account shall consist of moneys
28 23 appropriated or allocated for deposit in or received by the
28 24 fund or the account and specifically dedicated to the safety

28 25 net provider recruitment and retention initiatives program or
28 26 the account for the purposes of the account.

28 27 d. The health care workforce shortage national initiatives
28 28 account. The health care workforce shortage national
28 29 initiatives account shall be under the control of the state
28 30 entity identified for receipt of the federal funds by the
28 31 federal government entity through which the federal funding is
28 32 available for a specified health care workforce shortage
28 33 initiative. Moneys in the account shall consist of moneys
28 34 appropriated or allocated for deposit in or received by the
28 35 fund or the account and specifically dedicated to health care
29 1 workforce shortage national initiatives or the account and for
29 2 a specified health care workforce shortage initiative.

29 3 e. The physician assistant mental health fellowship
29 4 program account. The physician assistant mental health
29 5 fellowship program account shall be under the control of the
29 6 department and the moneys in the account shall be used for the
29 7 purposes of the physician assistant mental health fellowship
29 8 program as specified in section 135.177. Moneys in the
29 9 account shall consist of moneys appropriated or allocated for
29 10 deposit in or received by the fund or the account and
29 11 specifically dedicated to the physician assistant mental
29 12 health fellowship program or the account for the purposes of
29 13 the account.

29 14 6. a. Moneys in the fund and the accounts in the fund
29 15 shall only be appropriated in a manner consistent with the
29 16 principles specified and the strategic plan developed pursuant
29 17 to sections 135.163 and 135.164 to support the medical
29 18 residency training state matching grants program, the health
29 19 care professional incentive payment program, the nurse
29 20 educator incentive payment and nursing faculty fellowship
29 21 programs, the safety net recruitment and retention initiatives
29 22 program, for national health care workforce shortage
29 23 initiatives, for the physician assistant mental health
29 24 fellowship program, and to provide funding for state health
29 25 care workforce shortage programs as provided in this section.

29 26 b. State programs that may receive funding from the fund
29 27 and the accounts in the fund, if specifically designated for
29 28 the purpose of drawing down federal funding, are the primary
29 29 care recruitment and retention endeavor (PRIMECARRE), the Iowa
29 30 affiliate of the national rural recruitment and retention
29 31 network, the primary care office shortage designation program,
29 32 the state office of rural health, and the Iowa health
29 33 workforce center, administered through the bureau of health
29 34 care access of the department of public health; the area
29 35 health education centers programs at Des Moines university ==
30 1 osteopathic medical center and the university of Iowa; the
30 2 Iowa collaborative safety net provider network established
30 3 pursuant to section 135.153; any entity identified by the
30 4 federal government entity through which federal funding for a
30 5 specified health care workforce shortage initiative is
30 6 received; and a program developed in accordance with the
30 7 strategic plan developed by the department of public health in
30 8 accordance with sections 135.163 and 135.164.

30 9 c. State appropriations to the fund shall be allocated in
30 10 equal amounts to each of the accounts within the fund, unless
30 11 otherwise specified in the appropriation or allocation. Any
30 12 federal funding received for the purposes of addressing state
30 13 health care workforce shortages shall be deposited in the
30 14 health care workforce shortage national initiatives account,
30 15 unless otherwise specified by the source of the funds, and

30 16 shall be used as required by the source of the funds. If use
30 17 of the federal funding is not designated, twenty-five percent
30 18 of such funding shall be deposited in the safety net provider
30 19 network workforce shortage account to be used for the purposes
30 20 of the account and the remainder of the funds shall be used in
30 21 accordance with the strategic plan developed by the department
30 22 of public health in accordance with sections 135.163 and
30 23 135.164, or to address workforce shortages as otherwise
30 24 designated by the department of public health. Other sources
30 25 of funding shall be deposited in the fund or account and used
30 26 as specified by the source of the funding.

30 27 7. No more than five percent of the moneys in any of the
30 28 accounts within the fund, not to exceed one hundred thousand
30 29 dollars in each account, shall be used for administrative
30 30 purposes, unless otherwise provided by the appropriation,
30 31 allocation, or source of the funds.

30 32 8. The department, in cooperation with the entities
30 33 identified in this section as having control over any of the
30 34 accounts within the fund, shall submit an annual report to the
30 35 governor and the general assembly regarding the status of the
31 1 health care workforce support initiative, including the
31 2 balance remaining in and appropriations from the health care
31 3 workforce shortage fund and the accounts within the fund.

31 4 9. This section is repealed June 30, 2014.

31 5 Sec. 46. NEW SECTION. 135.176 MEDICAL RESIDENCY TRAINING
31 6 STATE MATCHING GRANTS PROGRAM == REPEAL.

31 7 1. The department shall establish a medical residency
31 8 training state matching grants program to provide matching
31 9 state funding to sponsors of accredited graduate medical
31 10 education residency programs in this state to establish,
31 11 expand, or support medical residency training programs.
31 12 Funding for the program may be provided through the health
31 13 care workforce shortage fund or the medical residency training
31 14 account created in section 135.175. For the purposes of this
31 15 section, unless the context otherwise requires, "accredited"
31 16 means a graduate medical education program approved by the
31 17 accreditation council for graduate medical education or the
31 18 American osteopathic association. The grant funds may be used
31 19 to support medical residency programs through any of the
31 20 following:

31 21 a. The establishment of new or alternative campus
31 22 accredited medical residency training programs. For the
31 23 purposes of this paragraph, "new or alternative campus
31 24 accredited medical residency training program" means a program
31 25 that is accredited by a recognized entity approved for such
31 26 purpose by the accreditation council for graduate medical
31 27 education or the American osteopathic association with the
31 28 exception that a new medical residency training program that,
31 29 by reason of an insufficient period of operation is not
31 30 eligible for accreditation on or before the date of submission
31 31 of an application for a grant, may be deemed accredited if the
31 32 accreditation council for graduate medical education or the
31 33 American osteopathic association finds, after consultation
31 34 with the appropriate accreditation entity, that there is
31 35 reasonable assurance that the program will meet the
32 1 accreditation standards of the entity prior to the date of
32 2 graduation of the initial class in the program.

32 3 b. The provision of new residency positions within
32 4 existing accredited medical residency or fellowship training
32 5 programs.

32 6 c. The funding of residency positions which are in excess

32 7 of the federal residency cap. For the purposes of this
32 8 paragraph, "in excess of the federal residency cap" means a
32 9 residency position for which no federal Medicare funding is
32 10 available because the residency position is a position beyond
32 11 the cap for residency positions established by the federal
32 12 Balanced Budget Act of 1997, Pub. L. No. 105=33.

32 13 2. The department shall adopt rules pursuant to chapter
32 14 17A to provide for all of the following:

32 15 a. Eligibility requirements for and qualifications of a
32 16 sponsor of an accredited graduate medical education residency
32 17 program to receive a grant. The requirements and
32 18 qualifications shall include but are not limited to all of the
32 19 following:

32 20 (1) Only a sponsor that establishes a dedicated fund to
32 21 support a residency program that meets the specifications of
32 22 this section shall be eligible to receive a matching grant. A
32 23 sponsor funding residency positions in excess of the federal
32 24 residency cap, as defined in subsection 1, paragraph "c",
32 25 exclusive of funds provided under the medical residency
32 26 training state matching grants program established in this
32 27 section, is deemed to have satisfied this requirement and
32 28 shall be eligible for a matching grant equal to the amount of
32 29 funds expended for such residency positions, subject to the
32 30 limitation on the maximum award of grant funds specified in
32 31 paragraph "e".

32 32 (2) A sponsor shall demonstrate through documented
32 33 financial information as prescribed by rule of the department,
32 34 that funds have been reserved and will be expended by the
32 35 sponsor in the amount required to provide matching funds for
33 1 each residency proposed in the request for state matching
33 2 funds.

33 3 (3) A sponsor shall demonstrate through objective evidence
33 4 as prescribed by rule of the department, a need for such
33 5 residency program in the state.

33 6 b. The application process for the grant.

33 7 c. Criteria for preference in awarding of the grants,
33 8 including preference in the residency specialty.

33 9 d. Determination of the amount of a grant. The total
33 10 amount of a grant awarded to a sponsor shall be limited to no
33 11 more than twenty=five percent of the amount that the sponsor
33 12 has demonstrated through documented financial information has
33 13 been reserved and will be expended by the sponsor for each
33 14 residency sponsored for the purpose of the residency program.

33 15 e. The maximum award of grant funds to a particular
33 16 individual sponsor per year. An individual sponsor shall not
33 17 receive more than twenty=five percent of the state matching
33 18 funds available each year to support the program. However, if
33 19 less than ninety=five percent of the available funds has been
33 20 awarded in a given year, a sponsor may receive more than
33 21 twenty=five percent of the state matching funds available if
33 22 total funds awarded do not exceed ninety=five percent of the
33 23 available funds. If more than one sponsor meets the
33 24 requirements of this section and has established, expanded, or
33 25 supported a graduate medical residency training program, as
33 26 specified in subsection 1, in excess of the sponsor's
33 27 twenty=five percent maximum share of state matching funds, the
33 28 state matching funds shall be divided proportionately among
33 29 such sponsors.

33 30 f. Use of the funds awarded. Funds may be used to pay the
33 31 costs of establishing, expanding, or supporting an accredited
33 32 graduate medical education program as specified in this

33 33 section, including but not limited to the costs associated
33 34 with residency stipends and physician faculty stipends.

33 35 3. This section is repealed June 30, 2014.

34 1 Sec. 47. NEW SECTION. 135.177 PHYSICIAN ASSISTANT MENTAL
34 2 HEALTH FELLOWSHIP PROGRAM == REPEAL.

34 3 1. The department, in cooperation with the college student
34 4 aid commission, shall establish a physician assistant mental
34 5 health fellowship program in accordance with this section.
34 6 Funding for the program may be provided through the health
34 7 care workforce shortage fund or the physician assistant mental
34 8 health fellowship program account created in section 135.175.
34 9 The purpose of the program is to determine the effect of
34 10 specialized training and support for physician assistants in
34 11 providing mental health services on addressing Iowa's shortage
34 12 of mental health professionals.

34 13 2. The program shall provide for all of the following:

34 14 a. Collaboration with a hospital serving a thirteen-county
34 15 area in central Iowa that provides a clinic at the Iowa
34 16 veterans home, a private nonprofit agency headquartered in a
34 17 city with a population of more than one hundred ninety
34 18 thousand that operates a freestanding psychiatric medical
34 19 institution for children, a private university with a medical
34 20 school educating osteopathic physicians located in a city with
34 21 a population of more than one hundred ninety thousand, the
34 22 Iowa veterans home, and any other clinical partner designated
34 23 for the program. Population figures used in this paragraph
34 24 refer to the most recent certified federal census. The
34 25 clinical partners shall provide supervision, clinical
34 26 experience, training, and other support for the program and
34 27 physician assistant students participating in the program.

34 28 b. Elderly, youth, and general population clinical
34 29 experiences.

34 30 c. A fellowship of twelve months for three physician
34 31 assistant students, annually.

34 32 d. Supervision of students participating in the program
34 33 provided by the university and the other clinical partners
34 34 participating in the program.

34 35 e. A student participating in the program shall be
35 1 eligible for a stipend of not more than fifty thousand dollars
35 2 for the twelve months of the fellowship plus related fringe
35 3 benefits. In addition, a student who completes the program
35 4 and practices in Iowa in a mental health professional shortage
35 5 area, as defined in section 135.80, shall be eligible for up
35 6 to twenty thousand dollars in loan forgiveness. The stipend
35 7 and loan forgiveness provisions shall be determined by the
35 8 department and the college student aid commission, in
35 9 consultation with the clinical partners.

35 10 f. The state and private entity clinical partners shall
35 11 regularly evaluate and document their experiences with the
35 12 approaches utilized and outcomes achieved by the program to
35 13 identify an optimal model for operating the program. The
35 14 evaluation process shall include but is not limited to
35 15 identifying ways the program's clinical and training
35 16 components could be modified to facilitate other student and
35 17 practicing physician assistants specializing as mental health
35 18 professionals.

35 19 3. This section is repealed June 30, 2014.

35 20 Sec. 48. Section 261.2, Code 2009, is amended by adding
35 21 the following new subsection:

35 22 NEW SUBSECTION. 10. Administer the health care
35 23 professional incentive payment program established in section

35 24 261.128 and the nursing workforce shortage initiative created
35 25 in section 261.129. This subsection is repealed June 30,
35 26 2014.

35 27 Sec. 49. Section 261.23, subsection 1, Code 2009, is
35 28 amended to read as follows:

35 29 1. A registered nurse and nurse educator loan forgiveness
35 30 program is established to be administered by the commission.
35 31 The program shall consist of loan forgiveness for eligible
35 32 federally guaranteed loans for registered nurses and nurse
35 33 educators who practice or teach in this state. For purposes
35 34 of this section, unless the context otherwise requires, "nurse
35 35 educator" means a registered nurse who holds a master's degree
36 1 or doctorate degree and is employed as a faculty member who
36 2 teaches nursing as provided in 655 IAC 2.6(152) at a community
36 3 college, an accredited private institution, or an institution
36 4 of higher education governed by the state board of regents.

36 5 Sec. 50. Section 261.23, subsection 2, paragraph c, Code
36 6 2009, is amended to read as follows:

36 7 c. Complete and return, on a form approved by the
36 8 commission, an affidavit of practice verifying that the
36 9 applicant is a registered nurse practicing in this state or a
36 10 nurse educator teaching at a community college, an accredited
36 11 private institution, or an institution of higher learning
36 12 governed by the state board of regents.

36 13 Sec. 51. NEW SECTION. 261.128 HEALTH CARE PROFESSIONAL
36 14 INCENTIVE PAYMENT PROGRAM == REPEAL.

36 15 1. The commission shall establish a health care
36 16 professional incentive payment program to recruit and retain
36 17 health care professionals in this state. Funding for the
36 18 program may be provided through the health care workforce
36 19 shortage fund or the health care professional and nurse
36 20 workforce shortage account created in section 135.175.

36 21 2. The commission shall administer the incentive payment
36 22 program with the assistance of Des Moines university ==
36 23 osteopathic medical center.

36 24 3. The commission, with the assistance of Des Moines
36 25 university == osteopathic medical center, shall adopt rules
36 26 pursuant to chapter 17A, relating to the establishment and
36 27 administration of the health care professional incentive
36 28 payment program. The rules adopted shall address all of the
36 29 following:

36 30 a. Eligibility and qualification requirements for a health
36 31 care professional, a community, and a health care employer to
36 32 participate in the incentive payment program. Any community
36 33 in the state and all health care specialties shall be
36 34 considered for participation. However, health care employers
36 35 located in and communities that are designated as medically
37 1 underserved areas or populations or that are designated as
37 2 health professional shortage areas by the health resources and
37 3 services administration of the United States department of
37 4 health and human services shall have first priority in the
37 5 awarding of incentive payments.

37 6 (1) To be eligible, a health care professional at a
37 7 minimum must not have any unserved obligations to a federal,
37 8 state, or local government or other entity that would prevent
37 9 compliance with obligations under the agreement for the
37 10 incentive payment; must have a current and unrestricted
37 11 license to practice the professional's respective profession;
37 12 and must be able to begin full-time clinical practice upon
37 13 signing an agreement for an incentive payment.

37 14 (2) To be eligible, a community must provide a clinical

37 15 setting for full-time practice of a health care professional
37 16 and must provide a fifty thousand dollar matching contribution
37 17 for a physician and a fifteen thousand dollar matching
37 18 contribution for any other health care professional to receive
37 19 an equal amount of state matching funds.

37 20 (3) To be eligible, a health care employer must provide a
37 21 clinical setting for a full-time practice of a health care
37 22 professional and must provide a fifty thousand dollar matching
37 23 contribution for a physician and a fifteen thousand dollar
37 24 matching contribution for any other health care professional
37 25 to receive an equal amount of state matching funds.

37 26 b. The process for awarding incentive payments. The
37 27 commission shall receive recommendations from the department
37 28 of public health regarding selection of incentive payment
37 29 recipients. The process shall require each recipient to enter
37 30 into an agreement with the commission that specifies the
37 31 obligations of the recipient and the commission prior to
37 32 receiving the incentive payment.

37 33 c. Public awareness regarding the program including
37 34 notification of potential health care professionals,
37 35 communities, and health care employers about the program and
38 1 dissemination of applications to appropriate entities.

38 2 d. Measures regarding all of the following:

38 3 (1) The amount of the incentive payment and the specifics
38 4 of obligated service for an incentive payment recipient. An
38 5 incentive payment recipient shall agree to provide service in
38 6 full-time clinical practice for a minimum of four consecutive
38 7 years. If an incentive payment recipient is sponsored by a
38 8 community or health care employer, the obligated service shall
38 9 be provided in the sponsoring community or health care
38 10 employer location. An incentive payment recipient sponsored
38 11 by a health care employer shall agree to provide health care
38 12 services as specified in an employment agreement with the
38 13 sponsoring health care employer.

38 14 (2) Determination of the conditions of the incentive
38 15 payment applicable to an incentive payment recipient. At the
38 16 time of approval for participation in the program, an
38 17 incentive payment recipient shall be required to submit proof
38 18 of indebtedness incurred as the result of obtaining loans to
38 19 pay for educational costs resulting in a degree in health
38 20 sciences. For the purposes of this subparagraph,
38 21 "indebtedness" means debt incurred from obtaining a government
38 22 or commercial loan for actual costs paid for tuition,
38 23 reasonable education expenses, and reasonable living expenses
38 24 related to the graduate, undergraduate, or associate education
38 25 of a health care professional.

38 26 (3) Enforcement of the state's rights under an incentive
38 27 payment agreement, including the commencement of any court
38 28 action. A recipient who fails to fulfill the requirements of
38 29 the incentive payment agreement is subject to repayment of the
38 30 incentive payment in an amount equal to the amount of the
38 31 incentive payment. A recipient who fails to meet the
38 32 requirements of the incentive payment agreement may also be
38 33 subject to repayment of moneys advanced by a community or
38 34 health care employer as provided in any agreement with the
38 35 community or employer.

39 1 (4) A process for monitoring compliance with eligibility
39 2 requirements, obligated service provisions, and use of funds
39 3 by recipients to verify eligibility of recipients and to
39 4 ensure that state, federal, and other matching funds are used
39 5 in accordance with program requirements.

39 6 (5) The use of the funds received. Any portion of the
39 7 incentive payment that is attributable to federal funds shall
39 8 be used as required by the federal entity providing the funds.
39 9 Any portion of the incentive payment that is attributable to
39 10 state funds shall first be used toward payment of any
39 11 outstanding loan indebtedness of the recipient. The remaining
39 12 portion of the incentive payment shall be used as specified in
39 13 the incentive payment agreement.

39 14 4. A recipient is responsible for reporting on federal
39 15 income tax forms any amount received through the program, to
39 16 the extent required by federal law. Incentive payments
39 17 received through the program by a recipient in compliance with
39 18 the requirements of the incentive payment program are exempt
39 19 from state income taxation.

39 20 5. This section is repealed June 30, 2014.

39 21 Sec. 52. NEW SECTION. 261.129 NURSING WORKFORCE SHORTAGE
39 22 INITIATIVE == REPEAL.

39 23 1. NURSE EDUCATOR INCENTIVE PAYMENT PROGRAM.

39 24 a. The commission shall establish a nurse educator
39 25 incentive payment program. Funding for the program may be
39 26 provided through the health care workforce shortage fund or
39 27 the health care professional and nurse workforce shortage
39 28 initiative account created in section 135.175. For the
39 29 purposes of this subsection, "nurse educator" means a
39 30 registered nurse who holds a master's degree or doctorate
39 31 degree and is employed as a faculty member who teaches nursing
39 32 in a nursing education program as provided in 655 IAC 2.6 at a
39 33 community college, an accredited private institution, or an
39 34 institution of higher education governed by the state board of
39 35 regents.

40 1 b. The program shall consist of incentive payments to
40 2 recruit and retain nurse educators. The program shall provide
40 3 for incentive payments of up to twenty thousand dollars for a
40 4 nurse educator who remains teaching in a qualifying teaching
40 5 position for a period of not less than four consecutive
40 6 academic years.

40 7 c. The nurse educator and the commission shall enter into
40 8 an agreement specifying the obligations of the nurse educator
40 9 and the commission. If the nurse educator leaves the
40 10 qualifying teaching position prior to teaching for four
40 11 consecutive academic years, the nurse educator shall be liable
40 12 to repay the incentive payment amount to the state, plus
40 13 interest as specified by rule. However, if the nurse educator
40 14 leaves the qualifying teaching position involuntarily, the
40 15 nurse educator shall be liable to repay only a pro rata amount
40 16 of the incentive payment based on incompleting years of
40 17 service.

40 18 d. The commission, in consultation with the department of
40 19 public health, shall adopt rules pursuant to chapter 17A
40 20 relating to the establishment and administration of the nurse
40 21 educator incentive payment program. The rules shall include
40 22 provisions specifying what constitutes a qualifying teaching
40 23 position.

40 24 2. NURSING FACULTY FELLOWSHIP PROGRAM.

40 25 a. The commission shall establish a nursing faculty
40 26 fellowship program to provide funds to nursing schools in the
40 27 state, including but not limited to nursing schools located at
40 28 community colleges, for fellowships for individuals employed
40 29 in qualifying positions on the nursing faculty. Funding for
40 30 the program may be provided through the health care workforce
40 31 shortage fund or the health care professional and nurse

40 32 workforce shortage initiative account created in section
40 33 135.175. The program shall be designed to assist nursing
40 34 schools in filling vacancies in qualifying positions
40 35 throughout the state.

41 1 b. The commission, in consultation with the department of
41 2 public health and in cooperation with nursing schools
41 3 throughout the state, shall develop a distribution formula
41 4 which shall provide that no more than thirty percent of the
41 5 available moneys are awarded to a single nursing school.
41 6 Additionally, the program shall limit funding for a qualifying
41 7 position in a nursing school to no more than ten thousand
41 8 dollars per year for up to three years.

41 9 c. The commission, in consultation with the department of
41 10 public health, shall adopt rules pursuant to chapter 17A to
41 11 administer the program. The rules shall include provisions
41 12 specifying what constitutes a qualifying position at a nursing
41 13 school.

41 14 d. In determining eligibility for a fellowship, the
41 15 commission shall consider all of the following:

- 41 16 (1) The length of time a qualifying position has gone
41 17 unfilled at a nursing school.
- 41 18 (2) Documented recruiting efforts by a nursing school.
- 41 19 (3) The geographic location of a nursing school.
- 41 20 (4) The type of nursing program offered at the nursing
41 21 school, including associate, bachelor's, master's, or doctoral
41 22 degrees in nursing, and the need for the specific nursing
41 23 program in the state.

41 24 3. REPEAL. This section is repealed June 30, 2014.

41 25 Sec. 53. HEALTH CARE WORKFORCE INITIATIVES == FEDERAL
41 26 FUNDING. The department of public health shall work with the
41 27 department of workforce development and health care
41 28 stakeholders to apply for federal moneys allocated in the
41 29 federal American Recovery and Reinvestment Act of 2009 for
41 30 health care workforce initiatives that are available through a
41 31 competitive grant process administered by the health resources
41 32 and services administration of the United States department of
41 33 health and human services or the United States department of
41 34 health and human services. Any federal moneys received shall
41 35 be deposited in the health care workforce shortage fund
42 1 created in section 135.175 as enacted by this division of this
42 2 Act and shall be used for the purposes specified for the fund
42 3 and for the purposes specified in the federal American
42 4 Recovery and Reinvestment Act of 2009.

42 5 Sec. 54. IMPLEMENTATION. This division of this Act shall
42 6 be implemented only to the extent funding is available.

42 7 Sec. 55. CODE EDITOR DIRECTIVES. The Code editor shall do
42 8 all of the following:

- 42 9 1. Create a new division in chapter 135 codifying section
42 10 135.175, as enacted in this division of this Act, as the
42 11 health care workforce support initiative and fund.
- 42 12 2. Create a new division in chapter 135 codifying sections
42 13 135.176 and 135.177, as enacted in this division of this Act,
42 14 as health care workforce support.
- 42 15 3. Create a new division in chapter 261 codifying section
42 16 261.128, as enacted in this division of this Act, as the
42 17 health care professional incentive payment program.
- 42 18 4. Create a new division in chapter 261 codifying section
42 19 261.129, as enacted in this division of this Act, as the
42 20 nursing workforce shortage initiative.

42 21 DIVISION VI
42 22 GIFTS == REPORTING OF SANCTIONS

42 23 Sec. 56. REPORTING OF SANCTIONS FOR GIFTS. The health
42 24 profession boards established in chapter 147 shall report to
42 25 the general assembly by January 15, 2010, any public
42 26 information regarding sanctions levied against a health care
42 27 professional for receipt of gifts in a manner not in
42 28 compliance with the requirements and limitations of the
42 29 respective health profession as established by the respective
42 30 board.

42 31 DIVISION VII

42 32 HEALTH CARE TRANSPARENCY

42 33 Sec. 57. NEW SECTION. 135.166 HEALTH CARE DATA ==
42 34 COLLECTION FROM HOSPITALS.

42 35 1. The department of public health shall enter into a
43 1 memorandum of understanding to utilize the Iowa hospital
43 2 association to act as the department's intermediary in
43 3 collecting, maintaining, and disseminating hospital inpatient,
43 4 outpatient, and ambulatory information, as initially
43 5 authorized in 1996 Iowa Acts, chapter 1212, section 5,
43 6 subsection 1, paragraph "a", subparagraph (4) and 641 IAC
43 7 177.3.

43 8 2. The memorandum of understanding shall include but is
43 9 not limited to provisions that address the duties of the
43 10 department and the Iowa hospital association regarding the
43 11 collection, reporting, disclosure, storage, and
43 12 confidentiality of the data.

43 13
43 14
43 15
43 16 _____
43 17 JOHN P. KIBBIE
43 18 President of the Senate

43 19
43 20 _____
43 21 PATRICK J. MURPHY
43 22 Speaker of the House

43 23
43 24 I hereby certify that this bill originated in the Senate and
43 25 is known as Senate File 389, Eighty-third General Assembly.

43 26
43 27
43 28 _____
43 29 MICHAEL E. MARSHALL
43 30 Secretary of the Senate

43 31 Approved _____, 2009

43 32
43 33
43 34 _____
43 35 CHESTER J. CULVER
44 1 Governor