

**NINETIETH GENERAL ASSEMBLY  
2024 REGULAR SESSION  
DAILY  
SENATE CLIP SHEET**

**February 27, 2024**

**Clip Sheet Summary**

Displays all amendments, fiscal notes, and conference committee reports for previous day.

<b>Bill</b>	<b>Amendment</b>	<b>Action</b>	<b>Sponsor</b>
<a href="#">SF 2063</a> .....	<a href="#">S-5022</a> .....	Filed	WAYLON BROWN
<a href="#">SF 2384</a> .....	<a href="#">S-5021</a> .....	Adopted	DAN DAWSON

**Fiscal Notes**

[SF 2109](#) — [Minor Driving Permits](#) (LSB5885SV)

[SF 2251](#) — [Postpartum Coverage, Medicaid](#) (LSB5156SV.1)

[SF 2267](#) — [Motor Vehicle Window Tint](#) (LSB2067SZ)

[SF 2279](#) — [Assaults, Persons Engaged in Certain Occupations and by Inmates](#) (LSB5387SV)

[SF 2336](#) — [Theft of Public Funds](#) (LSB6012SV)

SENATE FILE 2063

S-5022

1 Amend the amendment, S-5001, to Senate File 2063, as  
2 follows:  
3 1. Page 1, after line 12 by inserting:  
4 <\_\_\_. Page 2, by striking lines 6 through 10 and inserting:  
5 <(2) The department shall reimburse a participating nursing  
6 home for fifteen percent of the trainee's base salary during  
7 the first year, not to exceed fifteen thousand dollars, and  
8 five percent of the trainee's base salary during the second  
9 year, not to exceed five thousand dollars. A participating  
10 nursing home shall match the reimbursement received on a  
11 dollar-for-dollar basis from a nonpublic source.>>  
12 2. Page 1, after line 26 by inserting:  
13 <\_\_\_. Page 2, line 27, after <administrator.> by inserting  
14 <The rules shall provide that priority in designating a nursing  
15 home as a participating nursing home shall be given to a  
16 nursing home that is publicly, community, or locally owned and  
17 operated.>>

By WAYLON BROWN

S-5022 FILED FEBRUARY 26, 2024

S-5021

1 Amend Senate File 2384 as follows:

2 1. By striking everything after the enacting clause and  
3 inserting:

4 <Section 1. NEW SECTION. 514C.3C **Dental care service plan**  
5 **contracts.**

6 1. *Definitions.* As used in this section unless the context  
7 otherwise provides:

8 a. "*Commissioner*" means the commissioner of insurance.

9 b. "*Contracting entity*" means any person, third-party  
10 administrator, health carrier, or dental carrier that enters  
11 into a contract with a dental care provider for the delivery  
12 of dental care services.

13 c. "*Covered person*" means a policyholder, subscriber,  
14 enrollee, or other individual participating in a dental care  
15 service plan or health benefit plan that provides for dental  
16 care services.

17 d. "*Dental care provider*" means any person licensed to  
18 practice dentistry pursuant to chapter 153, and who provides  
19 dental care services pursuant to a dental care service plan or  
20 health benefit plan.

21 e. "*Dental care service plan*" means a policy, contract,  
22 plan, certificate, or agreement that provides for third-party  
23 payment or prepayment of dental care services and that is  
24 delivered or issued for delivery by or through a dental carrier  
25 on a stand-alone basis. "*Dental care service plan*" includes a  
26 health benefit plan that provides for dental care services.

27 f. "*Dental care services*" means the same as defined in  
28 section 514J.102. "*Dental care services*" does not include  
29 services that are billed as medical expenses under a health  
30 benefit plan.

31 g. "*Dental carrier*" means an entity subject to the  
32 insurance laws and regulations of this state, or subject to  
33 the jurisdiction of the commissioner, including an insurance  
34 company offering dental care service plans, or any other entity  
35 that provides a dental care service plan.

1     *h. "Dental service contractor"* means any person who accepts  
2 a prepayment from, or for the benefit of, another person as  
3 consideration for the provision of future dental care services.  
4 *"Dental service contractor"* does not include a dental care  
5 provider that accepts prepayment on a fee-for-service basis for  
6 providing specific dental services to individual patients for  
7 whom such services have been prediagnosed.

8     *i. "Dentist agent"* means a person that contracts with  
9 a dental care provider to establish an agency relationship  
10 for purposes of processing bills for services provided by  
11 the dental care provider under the terms and conditions  
12 of a contract between the dentist agent and a health care  
13 provider. A contract between a dentist agent and a health care  
14 provider may permit the dentist agent to submit bills, request  
15 reconsideration, and receive reimbursement.

16     *j. "Health benefit plan"* means the same as defined in  
17 section 514J.102.

18     *k. "Health carrier"* means the same as defined in section  
19 514J.102.

20     *l. "Network contract"* means a contract between a contracting  
21 entity and a dental care provider that specifies the rights and  
22 responsibilities of the contracting entity and provides for the  
23 delivery and payment of dental services to a covered person.

24     *m. "Third party"* means a person, not including a covered  
25 person, that enters into a contract with a contracting entity  
26 to access the dental services or contractual discounts of a  
27 network contract. *"Third party"* does not include an employer or  
28 other group for whom the dental carrier or contracting entity  
29 provides administrative services.

30     *n. "Virtual credit card payment"* means an electronic funds  
31 transfer in which a dental care service plan, or a contracted  
32 vendor, issues a single-use series of numbers associated with  
33 the payment of dental care services performed by a dental care  
34 provider and chargeable to a predetermined dollar amount, where  
35 the dental care provider is responsible for processing the

1 payment by a credit card terminal or internet portal. *Virtual*  
2 *credit card payment* includes only electronic or virtual credit  
3 card payments, where no physical credit card is used and  
4 the single-use electronic credit card expires upon payment  
5 processing.

6 2. *Third-party access to network contracts.*

7 a. A contracting entity may grant a third party access  
8 to a network contract, or to a dental care provider's dental  
9 care services or contractual discounts provided pursuant to a  
10 network contract, if all of the following requirements are met:

11 (1) If the contracting entity is a dental carrier or health  
12 carrier, at the time the network contract is entered into,  
13 renewed, or material modifications relevant to granting access  
14 to a third party are made, the contracting entity allows any  
15 dental care provider that is part of the contracting entity's  
16 network contract to choose not to participate in third-party  
17 access to the network contract, or to enter into a contract  
18 directly with the third party. If a dental care provider opts  
19 out of lease arrangements, a contracting entity shall not  
20 cancel or terminate a contractual relationship with, or refuse  
21 to contract with, the dental care provider.

22 (2) The network contract specifically states that the  
23 contracting entity may enter into an agreement with a third  
24 party to allow the third party to obtain the contracting  
25 entity's rights and responsibilities under the network  
26 contract as if the third party were the contracting entity.  
27 If the contracting entity is a dental carrier, the network  
28 contract must specifically state that the dental care provider  
29 may choose not to participate in third-party access to the  
30 network contract, and that the dental care provider chose to  
31 participate in third-party access at the time the network  
32 contract was entered into or renewed.

33 (3) The third party accessing the network contract agrees to  
34 comply with all of the network contract's terms.

35 (4) The contracting entity identifies to the dental care

1 provider, in writing, all third parties participating in the  
2 network contract as of the date the network contract is entered  
3 into or renewed.

4 (5) The contracting entity provides a list of all  
5 third parties participating in the network contract on the  
6 contracting entity's internet site and the list of third  
7 parties is updated at least once every ninety days.

8 (6) The contracting entity notifies a dental care provider  
9 under the network contract at least thirty days prior to a new  
10 third party leasing or purchasing the network contract.

11 (7) The contracting entity requires a third party to  
12 identify, for all remittance advice or explanations of payment  
13 under which a discount applies, the source of the discount.  
14 This subparagraph does not apply to an electronic transaction  
15 mandated by the federal Health Insurance Portability and  
16 Accountability Act of 1996, Pub. L. No. 104-191.

17 (8) The contracting entity notifies a third party of the  
18 termination of a network contract no later than thirty days  
19 from the termination date of the network contract.

20 (9) A third party's right to a dental care provider's  
21 discounted rate is terminated as of the termination date of the  
22 network contract.

23 (10) In the adjudication of a claim under the network  
24 contract, the contracting entity makes available to the  
25 dental care provider a copy of the network contract no later  
26 than thirty days after a request for the network contract is  
27 received.

28 *b.* This section shall not apply to access to a network  
29 contract provided to a third party that is either an affiliate  
30 of, or operating under the same brand licensing as, the  
31 contracting entity. A contracting entity shall provide a list  
32 of all affiliates on the contracting entity's internet site.

33 *c.* No dental care provider shall be bound by, or required to  
34 perform, dental care services under a network contract that has  
35 been granted to a third party in violation of this section.

1     3. *Dental care service plans — method of payment.*

2     a. A dental care service plan shall not require payments  
3 to be made to dental care providers by virtual credit card  
4 payment.

5     b. A dental care service plan, when initiating payments to  
6 a dental care provider via virtual credit card payment, or when  
7 changing the method of payment for a dental care provider to  
8 virtual credit card payments, shall do all of the following:

9       (1) Notify the dental care provider of any fees associated  
10 with each payment method.

11       (2) Inform the dental care provider of the available options  
12 for methods of payment and provide clear instructions to the  
13 dental care provider for the selection of an alternative  
14 payment method.

15     c. A dental care service plan that transmits payments to  
16 a dental care provider in accordance with the standards of 45  
17 C.F.R. §162.1601 and 162.1602 shall not charge a fee solely for  
18 the transmission of the payment to the dental care provider  
19 unless the dental care provider has consented to payment of  
20 the fee. When transmitting a national automated clearinghouse  
21 payment, a dentist agent may charge a reasonable fee related  
22 to bank transmittal, transaction management, data management,  
23 portal services, and other value-added services.

24     4. *Waiver prohibited.* The requirements of this section  
25 shall not be waived by contract. Any contractual arrangement  
26 contrary to this section shall be null and void.

27     5. *Rules.* The commissioner may adopt rules pursuant to  
28 chapter 17A to administer this chapter.>

By DAN DAWSON

[S-5021](#) FILED FEBRUARY 26, 2024

ADOPTED



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[SF 2109](#) – Minor Driving Permits (LSB5885SV)  
Staff Contact: Garry Martin (515.281.4611) [garry.martin@legis.iowa.gov](mailto:garry.martin@legis.iowa.gov)  
Fiscal Note Version – New

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**Description**

[Senate File 2109](#) replaces the current special minor's license with a new special minor's restricted license. The special minor's restricted license entitles a person under the age of 16 (licensee) to drive up to 25 miles from the licensee's residence to the licensee's school, extracurricular activities, or work shift in the hour before or after the licensee's scheduled work shift, school day, or extracurricular activity. A licensee may drive more than 25 miles if the licensee attends a public school and resides within the public school district. Under the Bill, an applicant for a special minor's restricted license must hold an instruction permit or a comparable permit issued by another state.

A licensee's parent or guardian must provide the [Department of Transportation](#) (DOT) with written consent for the licensee to drive to work. Eligible work activities include farm work and work activities under Iowa Code chapter [92](#). The Bill eliminates the privilege for a licensee to drive as a part of the licensee's employment under the new special minor's restricted license.

The Bill removes the current requirement for schools to certify that a special need exists for the DOT to issue a special minor's license, and instead requires an applicant's school to certify that the applicant is enrolled as a student. The Bill authorizes a licensee to drive to school regardless of whether the school is public or accredited nonpublic.

The Bill contains various provisions for a licensee who violates the license restrictions or is convicted of violating a traffic law. The Bill establishes that a violation of a license restriction becomes a moving violation.

The Bill does not require a person who holds a special minor's license that was issued before the effective date of the Bill to apply for a new license. However, a person who was issued a special minor's license prior to the effective date of the Bill is prohibited from driving unaccompanied to the person's place of employment until after the person's parent or guardian provides written consent to the DOT in accordance with the Bill.

**Background**

Under current law, the DOT is authorized to issue special permits and licenses to persons under the age of 18, including a special minor's license, which authorizes unsupervised driving and can be issued to a person 14 and a half years of age. A special minor's license entitles a person between the ages of 14 and a half to 18 (student driver) to operate a motor vehicle without adult supervision up to 50 miles from the student driver's residence to the student driver's school or school bus stop or public transportation service. The student driver can operate a vehicle without supervision for more than 50 miles if the student driver drives to a school within the school district of enrollment or within a school district contiguous to the school district of enrollment. Current law also distinguishes between a public school and accredited nonpublic school in regard to where a student driver is authorized to drive unsupervised, requires schools to certify that a special need exists for the DOT to issue a special minor's



license, and authorizes a student driver to drive to approved locations between the hours of 5:00 a.m. and 10:00 p.m.

Under current law, a student driver who resides on a farm or is employed for compensation on a farm may drive up to 50 miles for the purpose of assisting the person’s parents, guardians, or employers with farm work or in connection with any farm job, employment, or other farm-related work, including traveling to or from the location of the farm work.

**Assumptions**

- The DOT will incur a one-time vendor cost of \$80,000 to redesign the existing minor school license to a special minor restricted license.
- The DOT will incur one-time information technology (IT) programming costs of \$68,000 for the DOT database to update the card design and create a new license, restriction, and sanction for the new special minor restricted license. A new form and a new program for the receipt/recording of the form will need to be created.
- The DOT estimates approximately 21,000 students may be eligible for special restricted driver’s licenses. It is assumed that 10,600 students would apply for this type of license per year.
- The DOT may incur additional staff overtime costs to help process employment consent forms.

**Fiscal Impact**

The estimated fiscal impact to the DOT for SF 2109 is approximately \$209,000 in FY 2025, and ongoing costs of approximately \$61,000 in FY 2026.

**Figure 1 — Estimated Fiscal Impact for SF 2109**

<b>DOT Costs</b>	<b>FY 2025</b>	<b>FY 2026</b>
Card Redesign	\$ 80,000	\$ 0
IT Programming	68,000	0
Employment Consent Form Processing Time	61,000	61,000
<b>Total</b>	<b>\$ 209,000</b>	<b>\$ 61,000</b>

Numbers may not total due to rounding.

**Sources**

Department of Transportation  
Legislative Services Agency

\_\_\_\_\_  
/s/ Jennifer Acton

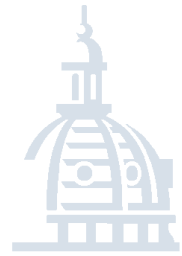
February 26, 2024

Doc ID 1446323

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The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

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[SF 2251](#) – Postpartum Coverage, Medicaid (LSB5156SV.1)  
Staff Contact: Eric Richardson (515.281.6767) [eric.richardson@legis.iowa.gov](mailto:eric.richardson@legis.iowa.gov)  
Fiscal Note Version – As passed by the Senate

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**Description**

[Senate File 2251](#) extends postpartum Medicaid coverage for women. The Bill does the following:

- Extends postpartum Medicaid coverage from 60 days to 12 months after a pregnancy ends.
- Amends the income eligibility threshold for infants and pregnant women to 215.0% of the federal poverty level (FPL) for postpartum Medicaid coverage.
- Requires the Iowa Department of Health and Human Services (HHS) to submit a Medicaid State plan amendment to the Centers for Medicare and Medicaid Services (CMS) to provide continuous Medicaid eligibility to pregnant women until 12 months after a pregnancy ends, beginning January 1, 2025.
- Requires the HHS to submit a Children’s Health Insurance Program (CHIP) State plan amendment to the CMS to update infant eligibility consistent with provisions of the Bill, beginning January 1, 2025.

The section of the Bill directing the HHS to submit a Medicaid State plan amendment to the CMS takes effect upon enactment. The eligibility measures in the Bill for infants and pregnant women take effect January 1, 2025.

**Background**

Iowa Code section [249A.3\(1\)\(h\)](#) provides Medicaid coverage to women who meet eligibility requirements, except for income, for 60 days after a pregnancy ends. Currently in Iowa, children under one year of age and pregnant women are eligible for postpartum coverage with income eligibility requirements up to 375.0% of the FPL (\$117,000 for a family of four in calendar year 2024). The [American Rescue Plan Act of 2021](#) allowed states to submit a Medicaid State plan amendment, effective for five years, to provide postpartum Medicaid coverage for 12 months after a pregnancy ends. Subsequently, a provision in the [Consolidated Appropriations Act of 2023](#) removed the five-year limitation period for the State plan amendment. As of January 2024, 44 states (including Washington, D.C.) have [extended postpartum coverage](#) to 12 months, with Alaska, Nevada, Utah, and Wisconsin having submitted State plan amendments to the CMS to implement a 12-month extension. Arkansas, Idaho, and Iowa have not formally submitted amendments to the CMS to increase postpartum coverage to 12 months.

Income eligibility for Medicaid for pregnant women and infants under one year of age is specified in [441 IAC 75.1\(28\)](#) at a maximum of 375.0% of the FPL. The Healthy and Well Kids in Iowa (Hawki) program has an income eligibility limit of 302.0% of the FPL. Currently, pregnant women who lose Medicaid coverage after 60 days may be eligible to enroll in the Iowa Health and Wellness Program (IHAWP), which has an income limit of up to 133.0% of the FPL. [42 C.F.R. §435.116](#) details minimum and maximum federal income eligibility requirements for pregnant women who are eligible to receive Medicaid benefits.

## Assumptions

- It is assumed that the State plan amendment will be approved by the CMS to begin on January 1, 2025.
- Postpartum coverage would remain without interruption for Medicaid members with an income level of 215.0% of the FPL or lower.
- According to the HHS, one-time information technology (IT) costs totaling \$1.2 million are necessary due to enrollment changes in Medicaid and the IHAWP and would be expended in FY 2025. The State will pay for approximately 25.0% of these costs, or \$297,000, out of the Family Investment Program General Fund appropriation.
  - IT costs include hiring contractors for a total cost of \$107,000 for 438 total hours at \$125 per hour to update the data warehouse, 29 total hours at \$125 per hour for project management, 97 total hours at \$125 per hour for a business analyst, and 288 total hours at \$125 per hour for enterprise architecture.
  - IT costs also include \$1.1 million to update the HHS's Eligibility Integrated Application Solution (ELIAS) system to determine Medicaid eligibility for pregnant women.
- An actuarial services contract may be necessary to determine the impact of enrollment changes on managed care organization (MCO) capitation rates and maternal and infant health care payments to the MCOs. The costs of this contract are anticipated to be absorbed within the existing Health Program Operations General Fund appropriation.
- There are currently 10,800 Medicaid members with postpartum coverage. The HHS reports that approximately 15.8%, or 1,700 members per month on average, may lose coverage under the provisions of the Bill, including approximately 1,300 women with income between 215.0% and 375.0% of the FPL and 400 infants in families with income between 302.0% and 375.0% of the FPL.
- A monthly average of approximately 1,100 infants in families with income between 215.0% and 302.0% of the FPL may have coverage shifted from Medicaid to Hawki if they are not covered by other insurance.
- A monthly average of approximately 2,300 pregnant women are anticipated to maintain Medicaid coverage beyond the current two months postpartum instead of transferring to the IHAWP, which has income eligibility up to 133.0% of the FPL. Beginning in FY 2025, the State is estimated to pay for 36.75% of expenses under Medicaid for pregnant women and 11.61% of expenses for the IHAWP, creating increased net State costs of \$86 per month for these members beginning in FY 2026.
- An estimated 2,700 women with an income level of 215.0% of the FPL or lower who otherwise would have lost Medicaid coverage after 60 days may be eligible for Medicaid coverage.
- Combined with program savings due to an estimated 1,300 women losing Medicaid coverage, the estimated fiscal impact related to pregnant women under Medicaid is a decrease in total costs of \$3.7 million in FY 2025 (\$855,000 decrease in State costs), a decrease in total costs of \$1.5 million in FY 2026 (\$2.3 million increase in State costs), and a decrease in total costs of \$963,000 beginning in FY 2027 (\$2.6 million increase in State costs) and continuing annually. Costs are anticipated to be funded from the Medical Assistance (Medicaid) General Fund appropriation.
- An additional monthly cost of \$6.60 per person was added to account for dental costs paid outside of MCO capitation rates.
- Approximately 400 infants may no longer receive Medicaid coverage due to the Bill, causing a decrease in total infant costs under Medicaid of \$5.0 million in FY 2025 (\$1.9 million decrease in State costs) and \$10.1 million annually beginning in FY 2026 (\$3.7 million in State costs). State savings equal 36.75% of total savings beginning in FY 2025, and any savings are anticipated to be applied to the Medicaid General Fund appropriation.

- Approximately 1,100 infants' coverage may shift from Medicaid to Hawki due to the Bill, causing an increase in total costs by \$2.7 million (\$707,000 in State costs) in FY 2025 and \$5.5 million annually (\$1.4 million in State costs) beginning in FY 2026. Costs are anticipated to be funded from the CHIP General Fund appropriation.
- According to the HHS, costs of the Bill beginning in FY 2027 will require a General Fund appropriation.

**Fiscal Impact**

[Senate File 2251](#) is estimated to decrease State costs by approximately \$1.7 million in FY 2025 and \$40,000 in FY 2026 and will increase State costs by \$286,000 beginning in FY 2027 and continuing annually.

**Figure 1 — Medicaid Postpartum Coverage Fiscal Impact**

Expense Category	FY 2025		FY 2026		FY 2027	
	Total	State	Total	State	Total	State
Information Technology	\$ 1,187,000	\$ 297,000	\$ 0	\$ 0	\$ 0	\$ 0
Medicaid — Pregnant Women	-3,723,000	-855,000	-1,450,000	2,251,000	-963,000	2,577,000
Medicaid — Infants	-5,041,000	-1,853,000	-10,083,000	-3,705,000	-10,083,000	-3,705,000
Hawki — Infants	2,748,000	707,000	5,496,000	1,414,000	5,496,000	1,414,000
<b>Total Fiscal Impact</b>	<b>\$ -4,829,000</b>	<b>\$ -1,704,000</b>	<b>\$ -6,037,000</b>	<b>\$ -40,000</b>	<b>\$ -5,550,000</b>	<b>\$ 286,000</b>

**Sources**

Iowa Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Legislative Services Agency analysis

/s/ Jennifer Acton

February 26, 2024

Doc ID 1447231

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

www.legis.iowa.gov



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[SF 2267](#) – Motor Vehicle Window Tint (LSB2067SZ)  
Staff Contact: Garry Martin (515.281.4611) [garry.martin@legis.iowa.gov](mailto:garry.martin@legis.iowa.gov)  
Fiscal Note Version – New

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**Description**

[Senate File 2267](#) prohibits the operation of a motor vehicle equipped with window tinting on a front windshield, front side windows, or forward sidewing that allows a minimum standard of transparency of less than 35.0% light transmittance. The Bill also removes the Department of Transportation's (DOT's) rulemaking authority to establish a minimum standard transparency for window tint.

**Background**

Iowa Code section [321.438\(2\)](#) currently does not allow a front windshield, side window, or sidewing of a vehicle to be excessively dark or reflective and requires the DOT to establish rules to set a minimum measurable standard of transparency for this provision. The DOT adopted administrative rule [761 IAC 450.7](#), which established 70.0% light transmittance as the lowest level acceptable for vehicles.

In FY 2023, there were 10,065 violations of Iowa Code section 321.438(2). The current scheduled fine for a violation of Iowa Code section 321.438(2) is \$70.

Under Iowa Code section [602.8106\(4\)\(b\)](#), scheduled fine revenue for a State law violation is distributed as follows: 91.0% to the State and 9.0% to the general fund of the county in which the violation occurred. For the State share of citations, 1.3% is distributed to the Emergency Medical Services (EMS) Fund and 98.7% is distributed to the State General Fund.

In addition to the scheduled fine, a Crime Services Surcharge, equal to 15.0% of the fine, and a \$55 fee for court costs are also imposed. The Crime Services Surcharge is remitted to the State Court Administrator and is distributed as follows: 46.0% to the Juvenile Detention Home Fund; 32.0% to the Victim Compensation Fund; 20.0% to the Criminalistics Laboratory Fund; and 2.0% to the Drug Abuse Resistance Education (DARE) Fund. The fee assessed for court costs is deposited into the State General Fund.

**Assumptions**

- The number of convictions for an excessively dark window or windshield may decrease under SF 2267.
- For estimation purposes, it is assumed that the number of current convictions may decrease by 1,000, 2,000, and 3,000 per year.
- The collection rate for scheduled violations is estimated at 59.2%.
- Commercial motor vehicles are not included in the estimated impact.

**Fiscal Impact**

The fiscal impact of SF 2267 cannot be determined. However, any reduction in convictions under Iowa Code section 321.438(2) may reduce revenue to the General Fund and may also reduce annual fine and surcharge revenue allocated by the law to other funds and local jurisdictions. **Figure 1** shows the distribution of the estimated annual revenue reduction based on conviction decreases of 1,000, 2,000, and 3,000.

**Figure 1 — Estimated Range of Annual Fiscal Impact Under SF 2267**

	Potential Decrease in Convictions			
	Current Law	1,000 Convictions	2,000 Convictions	3,000 Convictions
<b>General Fund</b>				
Penalty Revenue	\$ 374,621	\$ -37,220	\$ -74,440	\$ -111,660
Court Fee	327,716	-32,560	-65,120	-97,680
<b>Subtotal</b>	<b>\$ 702,337</b>	<b>\$ -69,780</b>	<b>\$ -139,560</b>	<b>\$ -209,340</b>
<b>Surcharge Revenue</b>				
Juvenile Detention	\$ 28,779	\$ -2,859	\$ -5,719	\$ -8,578
Victim Comp.	20,020	-1,989	-3,978	-5,967
Crime Lab	12,513	-1,243	-2,486	-3,730
DARE	1,251	-124	-249	-373
<b>Subtotal</b>	<b>\$ 62,564</b>	<b>\$ -6,216</b>	<b>\$ -12,432</b>	<b>\$ -18,648</b>
<b>Other</b>				
County General Funds	\$ 37,538	\$ -3,730	\$ -7,459	\$ -11,189
EMS Fund	4,934	-490	-980	-1,471
<b>Grand Total</b>	<b>\$ 807,374</b>	<b>\$ -80,216</b>	<b>\$ -160,432</b>	<b>\$ -240,648</b>

\*Figures may not add up due to rounding

**Sources**

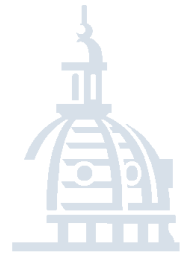
Criminal and Juvenile Justice Planning, Department of Management  
Legislative Services Agency calculations

/s/ Jennifer Acton

February 26, 2024

Doc ID 1446144

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.



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[SF 2279](#) – Assaults, Persons Engaged in Certain Occupations and by Inmates (LSB5387SV)  
Staff Contact: Molly Kilker (515.725.1286) [molly.kilker@legis.iowa.gov](mailto:molly.kilker@legis.iowa.gov)  
Fiscal Note Version – New

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**Description**

[Senate File 2279](#) expands occupations under Iowa Code section [708.3A](#) related to assault against certain occupations to include employees of the Department of Inspections, Appeals, and Licensing (DIAL). The Bill elevates the penalties for assault from a Class D felony to a Class C felony and from an aggravated misdemeanor to a Class D felony.

The Bill also provides that a person who, while confined in a jail, institution, or facility under the control of the Department of Corrections (DOC), ejects saliva in a manner intending to cause pain or injury, or to be insulting or offensive, commits an act of assault.

**Background**

Assault as it relates to the Bill is defined in Iowa Code section [708.1](#). To commit assault under Iowa Code section 708.3A, the person committing the assault must know that the person against whom the assault is committed is engaged in an occupation detailed in that Iowa Code section.

Iowa Code sections 708.3A(1) through 708.3A(4) relate to assault against persons engaged in certain occupations as follows:

- Section 708.3A(1) relates to assaults with the intent to inflict a serious injury and establishes such assaults as a Class D felony under current law.
- Section 708.3A(2) relates to assaults with the use or display of a dangerous weapon in connection with an assault and establishes such assaults as a Class D felony under current law.
- Section 708.3A(3) relates to assault causing bodily injury or mental illness and establishes such assaults as an aggravated misdemeanor under current law.
- Section 708.3A(4) relates to all other forms of assault and establishes such assaults as a serious misdemeanor under current law.

Under the Bill, the penalties under Iowa Code sections 708.3A(1) through 708.3A(4) would be enhanced as follows:

- Assaults under section 708.3A(1) would become a Class C felony.
- Assaults under section 708.3A(2) would become a Class C felony.
- Assaults under section 708.3A(3) would become a Class D felony.
- Assaults under section 708.3A(4) would become an aggravated misdemeanor. A person who violates the section would be required to serve a minimum term of seven days of the sentence imposed by law and would not be eligible for suspension of the minimum sentence.

Under Iowa Code section [708.3B](#), a person who, while confined in a jail, institution, or facility under the control of the DOC, assaults or commits an act that is intended to cause pain or injury, or be insulting or offensive, to an employee of the jail, institution, or facility, and that



results in the employee coming into contact with blood, seminal fluid, urine, or feces, commits a Class D felony. The Bill adds “saliva” to these bodily excretions.

A Class C felony is punishable by confinement for up to 10 years and a fine of at least \$1,375 but no more than \$13,660. A Class D felony is punishable by confinement for up to five years and a fine of at least \$1,025 but no more than \$10,245. An aggravated misdemeanor is punishable by confinement for up to two years and a fine of at least \$855 but no more than \$8,540.

### **Assumptions**

- The following will not change over the projection period: charge, conviction, and sentencing patterns and trends; prisoner length of stay (LOS); revocation rates; plea bargaining; and other criminal justice system policies and practices.
- A delay of six months is assumed from the effective date of this Bill to the date of first entry of affected offenders into the correctional system.
- Marginal costs for county jails cannot be estimated due to a lack of data. For purposes of this analysis, the marginal cost for county jails is assumed to be \$50 per day.
- The expansion of the definition of assault will increase the number of prosecutions.
- If the average cost per claim of the increased level of offense remains, there will be a 20.0% increase in the average claim cost under Iowa Code sections 708.3A(1) through 708.3A(4) to the Office of the State Public Defender (SPD).
- Contract attorney pay will be the same as current hourly rates.

### **Correctional Impact**

Senate File 2279 enhances various crimes under Iowa Code section 708.3A and expands definitions to include assaults in which a person employed in certain occupations comes into contact with saliva. It is not known how many additional convictions under Iowa Code section 708.3A or 708.3B would result from the expanded definitions; therefore, the correctional impact cannot be estimated for that provision of the Bill.

Senate File 2279 is estimated to increase the LOS for individuals admitted to prison and Community-Based Corrections (CBC). In FY 2023, there were 27 individuals admitted to prison, 10 individuals admitted to parole, and 101 individuals admitted to probation for a most serious offense under Iowa Code section 708.3A. Under the Bill, the DOC estimates that prison and parole admissions would be enhanced. The probation counts would be redistributed given the enhancements, since some individuals would be ordered to prison under the Bill. Due to increased LOS and additional individuals admitted to prison, the Bill is estimated to increase the prison population.

Refer to the Legislative Services Agency (LSA) memo addressed to the General Assembly, [Cost Estimates Used for Correctional Impact Statements](#), dated January 16, 2024, for information related to the correctional system.

### **Minority Impact**

Senate File 2279 increases the penalties for assaults on persons in certain occupations. Criminal and Juvenile Justice Planning (CJJP) of the Department of Management (DOM) estimates that the increased penalties would result in an increase in prison admissions. Of the 627 individuals convicted under Iowa Code section 708.3A in FY 2023, 66.5% were White, 23.5% were Black, and 9.9% were other races. Iowa’s population is 89.8% White, 4.4% Black, and 5.8% other races. Refer to the LSA memo addressed to the General Assembly, [Minority Impact Statement](#), dated January 16, 2024, for information related to minorities in the criminal justice system.



**Fiscal Impact**

Senate File 2279 is anticipated to increase prison admissions and LOS, which would increase costs to the DOC by approximately \$1.1 million. **Figure 1** represents the cost of all individuals admitted to DOC supervision in one year under Iowa Code sections 708.3A(1) through 708.3A(4) and under SF 2279. This cost would recur for each annual group of admissions.

**Figure 1 — Fiscal Impact to the DOC Under SF 2279**

<b>Iowa Code Section</b>	<b>Current Cost</b>	<b>Cost Under SF 2279</b>	<b>Fiscal Impact</b>
708.3A(1)	\$ 158,990	\$ 407,361	\$ 248,371
708.3A(2)	191,031	511,370	320,339
708.3A(3)	309,555	701,032	391,477
708.3A(4)	250,702	350,378	99,676
<b>Total Fiscal Impact</b>			<b>\$ 1,059,863</b>

Senate File 2279 enforces a minimum sentence and increases the level of offense, which is anticipated to create costs to the SPD. In FY 2023, there were 570 claims under Iowa Code sections 708.3A(1) through 708.3A(4) paid from the Indigent Defense Fund, totaling \$392,000. The increased level of offense would increase the estimated claim cost to the SPD by \$131,000. The addition of the excretion of saliva as a form of assault is also estimated to increase the claims to the SPD, causing an increased cost of approximately \$4,000. These changes would result in a total estimated fiscal impact to the Indigent Defense Fund of \$135,000.

**Figure 2** shows the total estimated fiscal impact of Senate File 2279.

**Figure 2 — Total Fiscal Impact Under SF 2279**

<b>State Agency</b>	<b>Fiscal Impact</b>
DOC	\$ 1,059,863
SPD	134,524
<b>Total Fiscal Impact</b>	<b>\$ 1,194,387</b>

**Sources**

Department of Corrections  
Criminal and Juvenile Justice Planning, Department of Management  
Office of the State Public Defender  
Legislative Services Agency

/s/ Jennifer Acton

February 26, 2024

Doc ID 1446105

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.



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[SF 2336](#) – Theft of Public Funds (LSB6012SV)  
Staff Contact: Evan Johnson (515.281.6301) [evan.johnson@legis.iowa.gov](mailto:evan.johnson@legis.iowa.gov)  
Fiscal Note Version – New

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**Description**

[Senate File 2336](#) prohibits a sentencing court from deferring the judgment or sentence of a defendant if the defendant was a public employee or public official who unlawfully took more than \$7,500 from a public employer. The Bill also prohibits a sentencing court from suspending the sentence of a defendant if the defendant was a public employee or public official who unlawfully took more than \$7,500 from a public employer unless mitigating circumstances exist.

Senate File 2336 takes effect upon enactment.

**Background**

Iowa Code chapter [907](#) defines the following terms:

- “Deferred judgment” means a sentencing option whereby both the adjudication of guilt and the imposition of a sentence are deferred by the court and whereby the court assesses a civil penalty as provided in Iowa Code section [907.14](#) upon the entry of the deferred judgment. The court retains the power to pronounce judgment and impose sentence subject to the defendant’s compliance with conditions set by the court as a requirement of the deferred judgment.
- “Deferred sentence” means a sentencing option whereby the court enters an adjudication of guilt but does not impose a sentence. The court retains the power to sentence the defendant to any sentence it originally could have imposed subject to the defendant’s compliance with conditions set by the court as a requirement of the deferred sentence.
- “Suspended sentence” means a sentencing option whereby the court pronounces judgment and imposes a sentence and then suspends execution of the sentence subject to the defendant’s compliance with conditions set by the court as a requirement of the suspended sentence. Revocation of the suspended sentence results in the execution of sentence already pronounced.

**Assumptions**

- The following will not change over the projection period: charge, conviction, and sentencing patterns and trends; prisoner length of stay (LOS); revocation rates; plea bargaining; and other criminal justice system policies and practices.
- A delay of six months is assumed from the effective date of this Bill to the date of first entry of affected offenders into the correctional system.
- Marginal costs for county jails cannot be estimated due to a lack of data. For purposes of this analysis, the marginal cost for county jails is assumed to be \$50 per day.
- The marginal cost per day in prison is \$24.94.

**Correctional Impact**

Senate File 2336 modifies sentencing guidelines related to the theft of public funds, and the correctional impact cannot be estimated due to a lack of data. Refer to the Legislative Services

Agency (LSA) memo addressed to the General Assembly, [Cost Estimates Used for Correctional Impact Statements](#), dated January 16, 2024, for information related to the correctional system.

**Minority Impact**

Senate File 2336 modifies sentencing guidelines related to the theft of public funds, and the minority impact cannot be estimated due to a lack of data. Refer to the LSA memo addressed to the General Assembly, [Minority Impact Statement](#), dated January 16, 2024, for information related to minorities in the criminal justice system.

**Fiscal Impact**

Senate File 2336 is estimated to have a minimal fiscal impact to the State.

**Sources**

Criminal and Juvenile Justice Planning, Department of Management  
Department of Corrections

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/s/ Jennifer Acton

February 26, 2024

Doc ID 1446530

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The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

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