

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

**March 19, 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 477</a> .....	<a href="#">S-5075</a> .....	Filed	RECEIVED FROM THE HOUSE
<a href="#">SF 2158</a> .....	<a href="#">S-5071</a> .....	Withdrawn	NATE BOULTON
<a href="#">SF 2275</a> .....	<a href="#">S-5076</a> .....	Filed	RECEIVED FROM THE HOUSE
<a href="#">SF 2289</a> .....	<a href="#">S-5074</a> .....	Filed	RECEIVED FROM THE HOUSE
<a href="#">SF 2387</a> .....	<a href="#">S-5065</a> .....	Adopted	MIKE BOUSSELOT
<a href="#">HF 131</a> .....	<a href="#">S-5066</a> .....	Adopted	MIKE BOUSSELOT
<a href="#">HF 259</a> .....	<a href="#">S-5068</a> .....	Not Germane	LIZ BENNETT
<a href="#">HF 2163</a> .....	<a href="#">S-5072</a> .....	Not Germane	NATE BOULTON
<a href="#">HF 2240</a> .....	<a href="#">S-5069</a> .....	Filed	LIZ BENNETT
<a href="#">HF 2402</a> .....	<a href="#">S-5064</a> .....	Filed	COMMITTEE ON HEALTH AND HUMAN SERVICES, et al
<a href="#">HF 2404</a> .....	<a href="#">S-5070</a> .....	Filed	WAYLON BROWN
<a href="#">HF 2488</a> .....	<a href="#">S-5063</a> .....	Filed	COMMITTEE ON HEALTH AND HUMAN SERVICES, et al
<a href="#">HF 2612</a> .....	<a href="#">S-5062</a> .....	Adopted	LYNN EVANS

[HF 2612](#) ..... [S-5067](#) ..... Lost

[HF 2617](#) ..... [S-5073](#) ..... Filed

MOLLY  
DONAHUE, et al  
COMMITTEE ON  
EDUCATION,  
et al

**Fiscal Notes**

[SF 2282](#) — [Robbery, Statute of Limitations](#) (LSB5643SV)

HOUSE AMENDMENT TO  
SENATE FILE 477

S-5075

1 Amend Senate File 477, as amended, passed, and reprinted by  
2 the Senate, as follows:

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

5 <DIVISION I

6 LICENSURE OF INTERNATIONALLY TRAINED PHYSICIANS

7 Section 1. NEW SECTION. 148J.1 Definitions.

8 For the purposes of this chapter:

9 1. "*Board*" means the board of medicine established pursuant  
10 to chapter 147.

11 2. "*Health care facility*" means all of the following:

12 a. A facility as defined in section 514J.102.

13 b. A facility licensed pursuant to chapter 135B.

14 c. A facility licensed pursuant to chapter 135C.

15 3. "*International medical program*" means a medical school,  
16 residency program, medical internship program, or entity that  
17 provides physicians with a medical education or training  
18 outside of the United States that is substantially similar to  
19 the practice of medicine and surgery or osteopathic medicine  
20 and surgery in Iowa and that has been evaluated by the  
21 educational commission on foreign medical graduates.

22 4. "*International physician*" means an individual who meets  
23 all of the following requirements:

24 a. Has a medical doctorate or substantially similar degree  
25 issued by an international medical program in good standing.

26 b. Has been in good standing with the medical licensing or  
27 regulatory institution of the individual's resident country  
28 during the immediately preceding five years and has no pending  
29 discipline before the licensing or regulatory institution.

30 c. Has completed a residency or substantially similar  
31 postgraduate medical training in the individual's resident  
32 country.

33 d. Has practiced medicine and surgery or osteopathic  
34 medicine and surgery as a licensed physician for five years  
35 following the completion of a residency or substantially

1 similar postgraduate medical training.

2 e. Possesses basic fluency in the English language.

3 Sec. 2. NEW SECTION. 148J.2 International physicians —  
4 provisional licenses.

5 1. a. The board shall grant a provisional license to  
6 practice medicine and surgery or osteopathic medicine and  
7 surgery in this state to an international physician with an  
8 offer for employment as a physician at a health care facility  
9 in this state. However, the board shall not grant a license  
10 pursuant to this subsection to an international physician who  
11 does not possess a federal immigration status allowing the  
12 international medical graduate to practice as a physician  
13 in the United States, or to an international physician who  
14 fails to obtain a passing score on the United States medical  
15 licensing examination.

16 b. A provisional license granted pursuant to paragraph "a"  
17 may be converted to a full license to practice medicine and  
18 surgery or osteopathic medicine and surgery after three years,  
19 unless the license has been revoked pursuant to subsection 2  
20 or surrendered by the licensee.

21 2. a. The board may revoke a provisional license granted  
22 pursuant to subsection 1, paragraph "a", if the board finds by  
23 clear and compelling evidence that the licensee has violated  
24 a provision of section 148.6. A licensee may appeal a  
25 revocation pursuant to this subsection in a court of competent  
26 jurisdiction within one hundred twenty days of the date of  
27 revocation.

28 b. The board may revoke a provisional license granted  
29 pursuant to subsection 1, paragraph "a", if the international  
30 physician is not employed by a health care facility in this  
31 state during the entirety of the provisional licensing period.

32 3. This section does not require the board to grant a  
33 provisional license or full license pursuant to subsection 1 to  
34 an individual that does not do all of the following:

35 a. Complete training substantially similar to a physician

1 and surgeon or osteopathic physician and surgeon.

2 *b.* Receive a passing score on the United States medical  
3 licensing examination.

4 *c.* Pass a background check as required by the board.

5 *d.* Complete a licensure application as required by the  
6 board.

7 *e.* Pay all required fees as required by the board.

8 Sec. 3. EFFECTIVE DATE. This division of this Act takes  
9 effect January 1, 2025.

10

## DIVISION II

11

### ELECTRONIC PROTECTED HEALTH INFORMATION

12 Sec. 4. NEW SECTION. 135.194 Electronic protected health  
13 information of minor — disclosure to legal guardian — option  
14 to provide printed copy.

15 1. A health care provider or facility that maintains  
16 or transmits electronic protected health information shall  
17 disclose to the legal guardian of a minor the minor's  
18 electronic protected health information, with the following  
19 exceptions:

20 *a.* Electronic protected health information that relates  
21 to health care for which the minor is legally authorized to  
22 consent without the consent of a legal guardian.

23 *b.* If disclosure of the electronic protected health  
24 information to a legal guardian is otherwise prohibited  
25 by state law or federal law, including federal statute,  
26 regulation, or centers for disease control and prevention  
27 guidelines.

28 2. In lieu of disclosing the minor's electronic protected  
29 health information to the legal guardian of a minor as required  
30 pursuant to subsection 1, a health care provider or facility  
31 may comply with this section by providing a printed copy of the  
32 minor's electronic protected health information, subject to  
33 the exceptions prescribed pursuant to subsection 1, and at no  
34 charge to the legal guardian of the minor.

35 3. For the purposes of this section:

1     *a. "Disclosure"* means the release, transfer, provision of  
2 access to, or divulging in any manner of electronic protected  
3 health information outside the entity holding the electronic  
4 protected health information.

5     *b. "Electronic media"* means electronic storage material  
6 on which data is or may be recorded electronically and  
7 transmission media used to exchange information already in  
8 electronic storage media.

9     *c. "Electronic protected health information"* means protected  
10 health information that is transmitted or maintained by or in  
11 electronic media.

12     *d. "Facility"* means a health care delivery system location  
13 that provides a range of primary, secondary, and tertiary  
14 inpatient, outpatient, and physician services; an institution  
15 providing health care services; and any other health care  
16 setting including but not limited to a hospital or other  
17 licensed inpatient center, ambulatory surgical center  
18 or treatment center, skilled nursing center, residential  
19 treatment center, diagnostic, laboratory or imaging centers,  
20 rehabilitation or other therapeutic health setting, or the  
21 private office or clinic of an individual health care provider  
22 or group of health care providers.

23     *e. "Health care"* means care, services, or supplies related  
24 to the health of a person and includes but is not limited to:  
25     (1) Preventive, diagnostic, therapeutic, rehabilitative,  
26 maintenance, or palliative care, and any counseling, service,  
27 assessment, or procedure with respect to the physical or mental  
28 condition, or functional status of a person, or that affects  
29 the structure or function of the body.

30     (2) The sale or dispensing of a drug, device, equipment, or  
31 other item in accordance with a prescription.

32     *f. "Health care provider"* means a physician or osteopathic  
33 physician licensed under chapter 148, a physician assistant  
34 licensed under chapter 148C, a podiatrist licensed under  
35 chapter 149, a chiropractor licensed under chapter 151, a

1 licensed practical nurse, a registered nurse, or an advanced  
2 registered nurse practitioner licensed under chapter 152 or  
3 152E, a dentist licensed under chapter 153, an optometrist  
4 licensed under chapter 154, a pharmacist licensed under chapter  
5 155A, or any other person who is licensed, certified, or  
6 otherwise authorized or permitted by the law of this state to  
7 administer health care in the ordinary course of business or in  
8 the practice of a profession.

9 *g. "Health information"* means health information as defined  
10 in 45 C.F.R. §160.103 that is maintained or transmitted by a  
11 health care provider or facility.

12 *h. "Legal guardian"* means a person appointed by a court as  
13 the guardian of a minor pursuant to chapter 633, or the parent  
14 or other person responsible for the care of the minor.

15 *i. "Protected health information"* means protected health  
16 information as defined in 45 C.F.R. §160.103 that is maintained  
17 or transmitted by a health care provider or facility.>

18 2. Title page, line 1, after <to> by inserting <health care,  
19 including>

20 3. Title page, line 2, after <and> by inserting <electronic  
21 protected health information, and>

SENATE FILE 2158

S-5071

1 Amend Senate File 2158 as follows:

2 1. Page 1, after line 9 by inserting:

3 <Sec. \_\_\_\_\_. Section 97A.1, subsection 6, Code 2024, is  
4 amended by striking the subsection and inserting in lieu  
5 thereof the following:

6 6. "*Cancer*" means a group of diseases involving abnormal  
7 cell growth with the potential to invade or spread to other  
8 parts of the body.

9 Sec. \_\_\_\_\_. Section 411.1, subsection 6, Code 2024, is amended  
10 by striking the subsection and inserting in lieu thereof the  
11 following:

12 6. "*Cancer*" means a group of diseases involving abnormal  
13 cell growth with the potential to invade or spread to other  
14 parts of the body.

15 Sec. \_\_\_\_\_. Section 411.1, Code 2024, is amended by adding the  
16 following new subsection:

17 NEW SUBSECTION. 8A. "*Cost-sharing*" means any coverage  
18 limit, copayment, coinsurance, deductible, or other  
19 out-of-pocket cost obligation related to an injury or disease  
20 incurred while in the performance of duties.

21 Sec. \_\_\_\_\_. Section 411.15, Code 2024, is amended to read as  
22 follows:

23 **411.15 Hospitalization and medical attention.**

24 1. Cities shall provide hospital, nursing, and physical  
25 or mental medical attention for the members of the police and  
26 fire departments of the cities, when injured while in the  
27 performance of their duties as members of such department, and  
28 shall continue to provide hospital, nursing, and physical or  
29 mental medical attention for injuries or diseases incurred  
30 while in the performance of their duties for members receiving  
31 a retirement allowance under section 411.6, subsection 6.

32 2. Cities may fund the cost of the hospital, nursing, and  
33 physical or mental medical attention required by this section  
34 through the purchase of insurance, including by processing  
35 claims concerning the cancer, heart, and lung or respiratory



1 issues described in section 411.6, subsection 5, paragraph "c",  
2 through their group health insurance plan as long as the member  
3 is not responsible for any cost-sharing; by self-insuring  
4 the obligation; or through payment of moneys into a local  
5 government risk pool established for the purpose of covering  
6 the costs associated with the requirements of this section.  
7 However, the cost of the hospital, nursing, and physical or  
8 mental medical attention required by this section shall not  
9 be funded through an employee-paid health insurance policy,  
10 except as otherwise specified in this subsection . Cancers,  
11 heart disease, and lung or respiratory diseases described in  
12 section 411.6, subsection 5, paragraph "c", shall not be deemed  
13 work-related for purposes of coverage through the employer's  
14 group health insurance plan.

15 3. The cost of the hospital, nursing, and physical or mental  
16 medical attention required by this section shall be paid from  
17 moneys held in a trust and agency fund established pursuant to  
18 section 384.6, or out of the appropriation for the department  
19 to which the injured person belongs or belonged, provided  
20 that any amounts received by the injured person from any other  
21 source for such specific purposes, shall be deducted from the  
22 amount paid by the city under the provisions of this section.>

23 2. Page 1, after line 19 by inserting:

24 <Sec. \_\_\_\_ . IMPLEMENTATION OF ACT. Section 25B.2,  
25 subsection 3, shall not apply to this Act.>

26 3. Title page, line 1, after <telecommunicators> by  
27 inserting <, members of the public safety peace officers'  
28 retirement, accident, and disability system, and the municipal  
29 fire and police retirement system>

30 4. By renumbering as necessary.

By NATE BOULTON

[S-5071](#) FILED MARCH 18, 2024

WITHDRAWN

HOUSE AMENDMENT TO  
SENATE FILE 2275

S-5076

1 Amend Senate File 2275, as amended, passed, and reprinted by  
2 the Senate, as follows:

3 1. Page 1, line 12, by striking <of application for>

4 2. Page 1, by striking line 13 and inserting <the  
5 pleading, motion, or petition that raises the challenge to the  
6 constitutionality of the statute is filed.>

7 3. Page 1, by striking lines 14 through 23 and inserting:

8 <2. Failure to provide notice pursuant to subsection 1 shall  
9 not constitute grounds for a dismissal of the appeal.>

S-5076 FILED MARCH 18, 2024

HOUSE AMENDMENT TO  
SENATE FILE 2289

S-5074

1 Amend Senate File 2289, as amended, passed, and reprinted by  
2 the Senate, as follows:

3 1. Page 6, after line 33 by inserting:

4 <4. Promulgate rules necessary to carry out the provisions  
5 of this chapter, subject to review in accordance with  
6 chapter 17A. Rules promulgated by the governor pursuant to a  
7 proclamation issued under section 473.8 shall not be subject  
8 to review or a public hearing as required in chapter 17A;  
9 however, authority rules for implementation of the governor's  
10 proclamation are subject to the requirements of chapter 17A.>

11 2. Page 7, after line 9 by inserting:

12 <Sec. \_\_\_\_\_. Section 473.8, subsection 1, Code 2024, is  
13 amended to read as follows:

14 1. If the ~~authority by resolution determines~~ director  
15 makes a determination the health, safety, or welfare of the  
16 people of this state is threatened by an actual or impending  
17 acute shortage of usable energy, ~~it shall transmit the~~  
18 ~~resolution~~ the director shall provide the determination to  
19 the governor together with ~~its recommendation~~ the director's  
20 recommendations on the declaration of an emergency by the  
21 governor and recommended actions, if any, to be undertaken.  
22 Within thirty days of the date of the ~~resolution~~ determination  
23 by the director, the governor may issue a proclamation of  
24 emergency which shall be filed with the secretary of state.  
25 The proclamation shall state the facts relied upon and the  
26 reasons for the proclamation.

27 Sec. \_\_\_\_\_. Section 473.8, subsection 2, paragraph a,  
28 subparagraph (6), Code 2024, is amended to read as follows:

29 (6) Accept the delegation of the authority for other  
30 mandatory measures as allowed ~~by~~ under the federal Emergency  
31 Energy Conservation Act of 1979, Pub. L. No. 96-102, as  
32 amended.

33 Sec. \_\_\_\_\_. Section 473.10, Code 2024, is amended to read as  
34 follows:

35 **473.10 Reserve required.**

1 1. If the ~~authority~~ director or the governor finds that  
2 an impending or actual shortage or distribution imbalance of  
3 liquid fossil fuels may cause hardship or pose a threat to the  
4 health and economic well-being of the people of the state or a  
5 significant segment of the state's population, the ~~authority~~  
6 ~~or the~~ governor may authorize the director to operate a liquid  
7 fossil fuel set-aside program as provided in subsection 2.

8 2. Upon authorization by ~~the authority or~~ the governor  
9 the director may require a prime supplier to reserve a  
10 specified fraction of the prime supplier's projected total  
11 monthly release of liquid fossil fuel in Iowa. The director  
12 may release any or all of the fuel required to be reserved  
13 by a prime supplier to end-users or to distributors for  
14 release through normal retail distribution channels to retail  
15 customers. However, the specified fraction required to be  
16 reserved shall not exceed three percent for propane, aviation  
17 fuel and residual oil, and five percent for motor gasoline,  
18 heating oil, and diesel oil.

19 3. The ~~authority~~ director shall periodically review and  
20 may terminate the operation of a set-aside program authorized  
21 by the ~~authority~~ director under subsection 1 when the  
22 ~~authority~~ director finds that the conditions that prompted the  
23 authorization no longer exist. The governor shall periodically  
24 review and may terminate the operation of a set-aside program  
25 authorized by the governor under subsection 1 when the governor  
26 finds that the conditions that prompted the authorization no  
27 longer exist.

28 4. The authority shall adopt rules to implement this  
29 section.>

30 3. Page 7, line 10, after <Sections> by inserting <473.7,>

SENATE FILE 2387

S-5065

1 Amend Senate File 2387 as follows:

2 1. Page 1, after line 27 by inserting:

3 <3. A prohibited person may request a review of the  
4 determination made by the authority pursuant to subsection 2.

5 a. The request to review the determination shall be made  
6 within thirty-five calendar days of the date the authority  
7 provided written notice to the prohibited person. The request  
8 to review the determination must be in writing and state the  
9 specific reasons or legal basis for review.

10 b. Within sixty calendar days of the receipt of the request  
11 to review, the authority shall approve, deny, or modify the  
12 determination, if the authority finds that the determination  
13 is based on a clear error of material fact or law, or if the  
14 authority finds the determination was arbitrary, capricious, or  
15 an abuse of discretion.

16 c. The authority shall issue its decision in writing and  
17 provide written notice of the decision to the prohibited  
18 person.

19 d. The decision of the authority pursuant to this subsection  
20 shall be considered final agency action. A petition for  
21 judicial review of the decision of the authority shall be filed  
22 pursuant to section 17A.19.>

23 2. Page 1, line 28, by striking <3.> and inserting <4.>

By MIKE BOUSSELOT

S-5065 FILED MARCH 18, 2024

ADOPTED

HOUSE FILE 131

S-5066

1 Amend House File 131, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. Page 1, line 2, by striking <2023> and inserting <2024>

4 2. By striking page 1, line 12, through page 2, line 25.

5 3. Page 2, line 26, by striking <2023> and inserting <2024>

6 4. Page 2, by striking lines 28 through 33 and inserting:

7 ~~8. a. A credit union director shall not receive~~  
8 ~~compensation for service as a director. However, a director~~  
9 ~~may be reimbursed for reasonable expenses directly related~~  
10 ~~to such service~~ Subject to its bylaws, a credit union may  
11 provide compensation to members of the credit union's board,  
12 elected pursuant to section 533.204, in an amount not to exceed  
13 sixteen thousand dollars per year per board member for a credit  
14 union with one billion dollars or greater in assets, or not to  
15 exceed eight thousand dollars per year per board member for a  
16 credit union with less than one billion dollars in assets. A  
17 director who receives compensation under this paragraph shall  
18 not be reimbursed for expenses directly related to service as  
19 a director.

20 b. A credit union director who does not receive compensation  
21 under paragraph "a" may be reimbursed for reasonable expenses  
22 directly related to service as a director.>

23 5. Page 2, line 34, by striking <2023> and inserting <2024>

24 6. Page 3, after line 22 by inserting:

25 <NEW SUBSECTION. 13. a. In addition to any other liability  
26 imposed by law upon the directors of a state credit union, the  
27 directors of a state credit union shall be liable for all of  
28 the following:

29 (1) The directors of a state credit union who vote for,  
30 or assent to, the declaration of any dividend or other  
31 distribution of the assets of the state credit union to the  
32 state credit union's members in willful or negligent violation  
33 of this chapter, any restrictions contained in the articles of  
34 incorporation, or any order by the superintendent restricting  
35 the payment of dividends or other distribution of assets, shall

1 be jointly and severally liable to the state credit union for  
2 the amount of the dividend which is paid, or the value of  
3 such assets which are distributed, in excess of the amount of  
4 such dividend or distribution which could have been paid or  
5 distributed had the violation not occurred.

6 (2) The directors of a state credit union who vote for,  
7 or assent to, any distribution of the assets of the state  
8 credit union to the state credit union's members during the  
9 dissolution of the state credit union without the payment and  
10 discharge of, or making adequate provision for, all known  
11 debts, obligations, and liabilities of the state credit union  
12 shall be jointly and severally liable to the state credit union  
13 for the value of the distributed assets to the extent that such  
14 debts, obligations, and liabilities of the state credit union  
15 are not thereafter paid and discharged.

16 (3) The directors of a state credit union who willfully  
17 or negligently vote for, or assent to, a loan or an extension  
18 of credit in violation of this chapter shall be jointly and  
19 severally liable to the state credit union for the total amount  
20 of any loss sustained by the state credit union.

21 (4) The directors of a state credit union who willfully or  
22 negligently vote for, or assent to, any investment of funds of  
23 the state credit union in violation of this chapter shall be  
24 jointly and severally liable to the state credit union for the  
25 amount of any loss sustained by the state credit union on the  
26 investment of funds.

27 *b.* A director shall not be liable under paragraph "a" if  
28 the director relied and acted in good faith on information  
29 that was held out to the director to be correct by any officer  
30 of the state credit union, or was stated in a written report  
31 by a certified public accountant or firm of certified public  
32 accounts. A director shall not be deemed to be negligent if  
33 the director in good faith exercised the diligence, care, and  
34 skill which an ordinarily prudent person would exercise as a  
35 director under similar circumstances.

1     *c.* When deemed necessary by the superintendent, and after  
2 affording an opportunity for a hearing upon adequate notice,  
3 the superintendent may require that a director whom the  
4 superintendent reasonably believes to be liable to a state  
5 credit union pursuant to paragraph "a" to place in an escrow  
6 account in an insured credit union located in this state,  
7 as directed by the superintendent, an amount sufficient to  
8 discharge any liability which may accrue pursuant to paragraph  
9 "a". Upon a final determination of the amount of liability owed  
10 pursuant to paragraph "a", the superintendent shall pay over the  
11 amount due to the state credit union from the escrow account.  
12 Any portion of the escrow account in excess of the amount of  
13 liability owed shall be refunded on a pro rata basis to the  
14 directors required to contribute to the escrow account pursuant  
15 to this paragraph.

16     *d.* The liability provisions of this subsection shall not  
17 apply to a director of a credit union who is not directly  
18 compensated for services as a director other than the  
19 reimbursement of actual expenses.

20     NEW SUBSECTION. 14. *a.* Any director held liable for  
21 the payment of a dividend or other distribution of assets of  
22 a state credit union under subsection 13 shall be entitled  
23 to contribution from any member of the state credit union  
24 who accepted or received a dividend or other distribution of  
25 assets, knowing that the dividend or distribution of assets was  
26 made in violation of this chapter, in proportion to the amount  
27 received by each member.

28     *b.* Any director held liable under subsection 13 shall be  
29 entitled to contribution from any other director found to be  
30 similarly liable.

31     NEW SUBSECTION. 15. *a.* A director of a state credit union  
32 who is present at a meeting of the state credit union's board  
33 of directors shall be presumed to have assented to any matter  
34 taken up by, or action taken by, the board, unless the director  
35 dissents by doing any of the following:



S-5066 (Continued)

1 (1) Has the director's dissent entered into the minutes of  
2 the board meeting.

3 (2) Files the director's written dissent with the  
4 individual acting as the secretary of the board meeting before  
5 the adjournment of the board meeting.

6 (3) Forwards the director's written dissent by registered  
7 or certified mail to the board secretary of the state credit  
8 union promptly after the adjournment of the board meeting.

9 b. The right to dissent pursuant to paragraph "a" shall not  
10 apply to a director who votes in favor of the action of the  
11 board.

12 NEW SUBSECTION. 16. Any action seeking to impose liability  
13 under this section, other than liability for contribution,  
14 shall be commenced within five years of the event giving rise  
15 to the liability.>

16 7. Page 3, line 23, by striking <2023> and inserting <2024>

17 8. Page 4, line 10, by striking <2023> and inserting <2024>

18 9. Page 5, by striking lines 1 through 24.

19 10. By renumbering as necessary.

By MIKE BOUSSELOT

S-5066 FILED MARCH 18, 2024

ADOPTED

HOUSE FILE 259

S-5068

1 Amend House File 259, as passed by the House, as follows:

2 1. Page 6, after line 3 by inserting:

3 <Sec. \_\_\_\_\_. Section 124E.12, Code 2024, is amended by adding  
4 the following new subsection:

5 NEW SUBSECTION. 4A. In a prosecution for operating while  
6 intoxicated under chapter 321J, if the violation is solely  
7 based on an amount of a controlled substance that the person  
8 is authorized to consume under this chapter, present in the  
9 person as measured in the person's blood or urine, it is an  
10 affirmative and complete defense to the prosecution if the  
11 person is a veteran, as defined in section 35.1, and furnishes  
12 proof in accordance with section 321J.2, subsection 11,  
13 paragraph "b", subparagraph (2).

14 Sec. \_\_\_\_\_. Section 321J.2, subsection 8, Code 2024, is  
15 amended by adding the following new paragraph:

16 NEW PARAGRAPH. d. A conviction for a violation of  
17 subsection 1, paragraph "c", committed prior to the effective  
18 date of this Act shall not be considered a previous offense  
19 if the person is a veteran, as defined in section 35.1, and  
20 furnishes proof that a medical cannabidiol registration card  
21 was issued to the person pursuant to chapter 124E, the card was  
22 valid on the date the person committed the offense, and there  
23 was no admissible evidence of consumption of alcohol or any  
24 other controlled substance that was not covered by the person's  
25 medical cannabidiol registration card.

26 Sec. \_\_\_\_\_. Section 321J.2, Code 2024, is amended by adding  
27 the following new subsection:

28 NEW SUBSECTION. 11A. a. This section does not apply to a  
29 person who is a veteran, as defined in section 35.1, operating  
30 a motor vehicle while under the influence of a drug if the  
31 substance was consumed in accordance with chapter 124E and  
32 there is no admissible evidence of the consumption of alcohol.

33 b. When charged with a violation of subsection 1, paragraph  
34 "c", a person who is a veteran may assert, as an affirmative  
35 defense, that the controlled substance present in the person's

S-5068 (Continued)

1 blood or urine was consumed in accordance with chapter  
2 124E. For purposes of this paragraph, it is presumed that  
3 a controlled substance present in a person's blood or urine  
4 was consumed in accordance with chapter 124E if the person  
5 furnishes proof that the person held a medical cannabidiol  
6 registration card issued pursuant to chapter 124E valid on the  
7 date the person is alleged to have committed the offense.

8 Sec. \_\_\_\_\_. Section 321J.6, Code 2024, is amended by adding  
9 the following new subsection:

10 NEW SUBSECTION. 4. If a person is suspected of violating  
11 section 321J.2, and at the time of the traffic stop the person  
12 is a veteran, as defined in section 35.1, and furnishes proof  
13 in accordance with section 321J.2, subsection 11A, and if  
14 there are no reasonable grounds to believe the person consumed  
15 alcohol or any other controlled substance that is not covered  
16 by the person's medical cannabidiol registration card, then  
17 no reasonable grounds exist to subject the person to chemical  
18 testing under this section.>

19 2. Title page, line 1, before <atters> by inserting  
20 <veterans, including>

21 3. Title page, lines 2 and 3, by striking <including county  
22 commissions of veteran affairs and cemetery expenditures.> and  
23 inserting <county commissions of veteran affairs, cemetery  
24 expenditures, and certain defenses available to a veteran  
25 operating a motor vehicle after consuming medical cannabidiol.>

26 4. By renumbering as necessary.

By LIZ BENNETT

S-5068 FILED MARCH 18, 2024

NOT GERMANE

HOUSE FILE 2163

S-5072

1 Amend House File 2163, as passed by the House, as follows:

2 1. Page 1, after line 9 by inserting:

3 <Sec. \_\_\_\_\_. Section 97A.1, subsection 6, Code 2024, is  
4 amended by striking the subsection and inserting in lieu  
5 thereof the following:

6 6. "*Cancer*" means a group of diseases involving abnormal  
7 cell growth with the potential to invade or spread to other  
8 parts of the body.

9 Sec. \_\_\_\_\_. Section 411.1, subsection 6, Code 2024, is amended  
10 by striking the subsection and inserting in lieu thereof the  
11 following:

12 6. "*Cancer*" means a group of diseases involving abnormal  
13 cell growth with the potential to invade or spread to other  
14 parts of the body.

15 Sec. \_\_\_\_\_. Section 411.1, Code 2024, is amended by adding the  
16 following new subsection:

17 NEW SUBSECTION. 8A. "*Cost-sharing*" means any coverage  
18 limit, copayment, coinsurance, deductible, or other  
19 out-of-pocket cost obligation related to an injury or disease  
20 incurred while in the performance of duties.

21 Sec. \_\_\_\_\_. Section 411.15, Code 2024, is amended to read as  
22 follows:

23 **411.15 Hospitalization and medical attention.**

24 1. Cities shall provide hospital, nursing, and physical  
25 or mental medical attention for the members of the police and  
26 fire departments of the cities, when injured while in the  
27 performance of their duties as members of such department, and  
28 shall continue to provide hospital, nursing, and physical or  
29 mental medical attention for injuries or diseases incurred  
30 while in the performance of their duties for members receiving  
31 a retirement allowance under section 411.6, subsection 6.

32 2. Cities may fund the cost of the hospital, nursing, and  
33 physical or mental medical attention required by this section  
34 through the purchase of insurance, including by processing  
35 claims concerning the cancer, heart, and lung or respiratory

1 issues described in section 411.6, subsection 5, paragraph "c",  
2 through their group health insurance plan as long as the member  
3 is not responsible for any cost-sharing; by self-insuring  
4 the obligation; or through payment of moneys into a local  
5 government risk pool established for the purpose of covering  
6 the costs associated with the requirements of this section.  
7 However, the cost of the hospital, nursing, and physical or  
8 mental medical attention required by this section shall not  
9 be funded through an employee-paid health insurance policy,  
10 except as otherwise specified in this subsection . Cancers,  
11 heart disease, and lung or respiratory diseases described in  
12 section 411.6, subsection 5, paragraph "c", shall not be deemed  
13 work-related for purposes of coverage through the employer's  
14 group health insurance plan.

15 3. The cost of the hospital, nursing, and physical or mental  
16 medical attention required by this section shall be paid from  
17 moneys held in a trust and agency fund established pursuant to  
18 section 384.6, or out of the appropriation for the department  
19 to which the injured person belongs or belonged, provided  
20 that any amounts received by the injured person from any other  
21 source for such specific purposes, shall be deducted from the  
22 amount paid by the city under the provisions of this section.>

23 2. Page 1, after line 19 by inserting:

24 <Sec. \_\_\_\_ . IMPLEMENTATION OF ACT. Section 25B.2,  
25 subsection 3, shall not apply to this Act.>

26 3. Title page, line 1, after <telecommunicators> by  
27 inserting <, members of the public safety peace officers'  
28 retirement, accident, and disability system, and the municipal  
29 fire and police retirement system>

30 4. By renumbering as necessary.

By NATE BOULTON

[S-5072](#) FILED MARCH 18, 2024

NOT GERMANE

HOUSE FILE 2240

S-5069

1 Amend House File 2240, as passed by the House, as follows:  
2 1. Page 1, line 9, after <or posting.> by inserting  
3 <Notwithstanding subsection 5, or section 692A.102, subsection  
4 1, paragraph "a", a person who commits a violation of this  
5 subparagraph shall be required to register as a sex offender  
6 pursuant to the provisions of chapter 692A.>

By LIZ BENNETT

S-5069 FILED MARCH 18, 2024

HOUSE FILE 2402

S-5064

1 Amend House File 2402, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. By striking page 1, line 18, through page 4, line 3.

By COMMITTEE ON HEALTH AND HUMAN  
SERVICES

JEFF EDLER, CHAIRPERSON

S-5064 FILED MARCH 18, 2024

HOUSE FILE 2404

S-5070

1 Amend House File 2404, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. Page 5, after line 8 by inserting:

4 <DIVISION \_\_\_\_

5 HEALTH CARE COORDINATION AND INTERVENTION TEAMS

6 Sec. \_\_\_\_ . NEW SECTION. **249A.4A Health care coordination**  
7 **and intervention teams.**

8 1. For purposes of this section, "*health care provider*"  
9 means a health care provider as defined in section 135.24, a  
10 mental health professional, or a substance use professional.

11 2. The director may establish health care coordination and  
12 intervention teams as part of the state medical assistance  
13 program to conduct individual case reviews to determine whether  
14 additional health services or interventions may be appropriate  
15 for an individual's care needs.

16 3. *a.* A health care coordination and intervention team  
17 shall review individual cases including but not limited to  
18 cases involving individuals with complex conditions who are in  
19 need of urgent placement and services.

20 *b.* A review of an individual case by a health care  
21 coordination and intervention team may be initiated by the  
22 department or by a health care provider.

23 *c.* In conducting an individual case review, a health care  
24 coordination and intervention team shall:

25 (1) Review and analyze all relevant case information for the  
26 purpose of recommending additional health services, treatments,  
27 and interventions as appropriate to meet the individual's needs  
28 and to ensure the protection of human health and safety.

29 (2) Consult with the individual's health care providers to  
30 assist and facilitate care coordination and treatment referral  
31 actions as appropriate.

32 (3) Collect and review clinical records and other pertinent  
33 information, both confidential and nonconfidential, from  
34 hospitals and health care providers as necessary to review the  
35 individual's health treatment needs.



1 4. a. Upon request of a health care coordination and  
2 intervention team, a hospital or health care provider shall  
3 provide records relating to an individual case being reviewed  
4 by the health care coordination and intervention team.

5 b. Upon request of a health care coordination and  
6 intervention team, a person in possession or control of  
7 medical, investigative, assessment, or other information  
8 pertaining to an individual case under review by the health  
9 care coordination and intervention team shall provide the  
10 information to the health care coordination and intervention  
11 team.

12 c. Confidential records and information provided to a health  
13 care coordination and intervention team under this subsection  
14 shall remain confidential and the health care coordination and  
15 intervention team shall not release the records or information  
16 to any person or entity without a court order.

17 d. A person or entity shall not be liable for providing  
18 records or information requested by a health care coordination  
19 and intervention team under this subsection to the health care  
20 coordination and intervention team or to the department.

21 5. A health care coordination and intervention team member,  
22 and an agent of a health care coordination and intervention  
23 team member, shall be immune from any liability, civil or  
24 criminal, which might otherwise be incurred or imposed as  
25 a result of any act, omission, proceeding, decision, or  
26 determination undertaken or performed, or recommendation made  
27 provided that the team member or agent acted in good faith and  
28 without malice in carrying out official duties as a member of a  
29 health care coordination and intervention team or an agent of a  
30 health care coordination and intervention team member.

31 6. Subject to federal law, individual case reviews  
32 conducted pursuant to this section shall be considered care  
33 coordination as defined in section 135D.2.

34 Sec. \_\_\_\_ . EFFECTIVE DATE. This division of this Act, being  
35 deemed of immediate importance, takes effect upon enactment.>

S-5070 (Continued)

1     2. Title page, line 4, by striking <and mandatory reporter  
2 training> and inserting <mandatory reporter training, and  
3 health care coordination and intervention teams, and including  
4 effective date provisions>

By   WAYLON BROWN

[S-5070](#) FILED MARCH 18, 2024

HOUSE FILE 2488

S-5063

1 Amend House File 2488, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. Page 1, before line 1 by inserting:

4 <DIVISION I

5 PRIOR AUTHORIZATIONS AND EXEMPTIONS>

6 2. Page 3, after line 8 by inserting:

7 <DIVISION \_\_\_\_

8 COST CONTROLS FOR HEALTH CARE SERVICES

9 Sec. \_\_\_\_ . Section 507B.4, subsection 3, Code 2024, is  
10 amended by adding the following new paragraph:

11 NEW PARAGRAPH. *v. Improper denial of claims.* A health  
12 carrier improperly denying claims under chapter 514M.

13 Sec. \_\_\_\_ . NEW SECTION. 514M.1 **Short title.**

14 This chapter shall be known and may be cited as "*The*  
15 *Patient's Right to Save Act*".

16 Sec. \_\_\_\_ . NEW SECTION. 514M.2 **Definitions.**

17 As used in this chapter, unless the context otherwise  
18 requires:

19 1. "*Average allowed amount*" means the average of all  
20 contractually agreed upon amounts paid by a health benefit  
21 plan or a health carrier to a health care provider or other  
22 entity participating in the health carrier's network. The  
23 average shall be calculated according to payments within a  
24 reasonable amount of time not to exceed one calendar year. The  
25 commissioner may approve methodologies for calculating the  
26 average allowed amount that are based on any of the following:

27 a. A specific covered person's health plan.

28 b. All health plans offered in the state by a specific  
29 health carrier.

30 c. Geographic area.

31 2. "*Cost-sharing*" means any coverage limit, copayment,  
32 coinsurance, deductible, or other out-of-pocket expense  
33 obligation imposed on a covered person by a policy, contract,  
34 or plan providing for third-party payment or prepayment of  
35 health or medical expenses.

1 3. "*Covered benefits*" or "*benefits*" means health care  
2 services that a covered person is entitled to under the terms  
3 of a health benefit plan.

4 4. "*Covered person*" means a policyholder, subscriber,  
5 enrollee, or other individual participating in a health benefit  
6 plan.

7 5. "*Discounted cash price*" means the price an individual  
8 pays for a specific health care service if the individual pays  
9 for the health care service with cash or a cash equivalent.

10 6. "*Health benefit plan*" means a policy, contract,  
11 certificate, or agreement offered or issued by a health carrier  
12 to provide, deliver, arrange for, pay for, or reimburse any of  
13 the costs of health care services.

14 7. "*Health care provider*" means a physician or other  
15 health care practitioner licensed, accredited, registered, or  
16 certified to perform specified health care services consistent  
17 with state law, an institution providing health care services,  
18 a health care setting, including but not limited to a hospital  
19 or other licensed inpatient center, an ambulatory surgical  
20 or treatment center, a skilled nursing center, a residential  
21 treatment center, a diagnostic, laboratory, and imaging center,  
22 or a rehabilitation or other therapeutic health setting.

23 8. "*Health care services*" means services for the diagnosis,  
24 prevention, treatment, cure, or relief of a health condition,  
25 illness, injury, or disease.

26 9. a. "*Health carrier*" means an entity subject to the  
27 insurance laws and regulations of this state, or subject  
28 to the jurisdiction of the commissioner, including an  
29 insurance company offering sickness and accident plans, a  
30 health maintenance organization, a nonprofit health service  
31 corporation, a plan established pursuant to chapter 509A  
32 for public employees, or any other entity providing a plan  
33 of health insurance, health care benefits, or health care  
34 services.

35 b. For purposes of this chapter, "*health carrier*" does not

1 include an entity providing any of the following:

2 (1) Coverage for accident-only, or disability income  
3 insurance.

4 (2) Coverage issued as a supplement to liability insurance.

5 (3) Liability insurance, including general liability  
6 insurance and automobile liability insurance.

7 (4) Workers' compensation or similar insurance.

8 (5) Automobile medical-payment insurance.

9 (6) Credit-only insurance.

10 (7) Coverage for on-site medical clinic care.

11 (8) Other similar insurance coverage, specified in  
12 federal regulations, under which benefits for medical care  
13 are secondary or incidental to other insurance coverage or  
14 benefits.

15 *c.* For purposes of this chapter, "*health carrier*" does not  
16 include an entity providing benefits under a separate policy  
17 including any of the following:

18 (1) Limited scope dental or vision benefits.

19 (2) Benefits for long-term care, nursing home care, home  
20 health care, or community-based care.

21 (3) Any other similar limited benefits as provided by the  
22 commissioner by rule.

23 *d.* For purposes of this chapter, "*health carrier*" does not  
24 include an entity providing benefits offered as independent  
25 noncoordinated benefits including any of the following:

26 (1) Coverage only for a specified disease or illness.

27 (2) A hospital indemnity or other fixed indemnity  
28 insurance.

29 *e.* For purposes of this chapter, "*health carrier*" does  
30 not include an entity providing a Medicare supplemental  
31 health insurance policy as defined under section 1882(g)(1)  
32 of the federal Social Security Act, coverage supplemental to  
33 the coverage provided under 10 U.S.C. ch. 55, and similar  
34 supplemental coverage provided to coverage under group health  
35 insurance coverage.

1 10. "Pharmacist" means the same as defined in section  
2 155A.3.

3 11. "Pharmacy" means the same as defined in section 155A.3.  
4 Sec. \_\_\_\_ . NEW SECTION. 514M.3 Health care services — cost  
5 controls.

6 1. a. All health care providers shall establish and  
7 disclose the discounted cash price the health care provider  
8 will accept for specific health care services. The disclosure  
9 shall specify if the discounted cash price varies due to  
10 different circumstances, including but not limited to the  
11 day or time a health care service is provided, the office or  
12 location at which the health care service is provided, how  
13 quickly an individual pays the discounted cash price for a  
14 health care service the individual received, the income level  
15 of the individual who received the health care service, or  
16 the ancillary services or amenities provided to an individual  
17 at the same time the health care service is provided. The  
18 discounted cash price shall be available to all covered persons  
19 and to all uninsured individuals. A health care provider may  
20 satisfy the requirements of this paragraph by complying with  
21 the centers for Medicare and Medicaid services of the United  
22 States department of health and human services hospital price  
23 transparency final rule published in the federal register on  
24 November 22, 2023, or any amendment thereto.

25 b. A health care provider shall post all discounted cash  
26 prices on the health care provider's internet site in a  
27 manner that is easily accessible to the public. A health care  
28 provider shall update any change in a discounted cash price  
29 within ten calendar days of the change, and shall review each  
30 discounted cash price at least annually.

31 c. (1) Prior to the provision of a scheduled health care  
32 service, a health care provider shall inform all covered  
33 persons and uninsured individuals of the right of the covered  
34 person or uninsured individual to pay for a health care service  
35 via the discounted cash price. The notice may be provided

1 electronically, verbally, in writing, or posted at the physical  
2 location of the health care provider.

3 (2) Prior to the provision of a scheduled health care  
4 service, a health care provider shall inform a covered person  
5 that the covered person may qualify for a deductible credit  
6 if the covered person pays the discounted cash price for the  
7 health care service and if the discounted cash price is below  
8 the average allowed amount paid by the health carrier to  
9 network providers for a comparable health care service. The  
10 notice may be provided electronically, verbally, in writing, or  
11 posted at the physical location of the health care provider.

12 d. A health care provider shall not enter into a contract  
13 that prohibits the health care provider from offering a  
14 discounted cash price below the contracted rates the health  
15 care provider has with a health carrier, or that prohibits the  
16 health care provider from disclosing the health care provider's  
17 discounted cash price under paragraph "b".

18 e. A health carrier shall not enter into a contract with a  
19 health care provider that prohibits the health care provider  
20 from offering a discounted cash price below the contracted  
21 rates the health care provider has with a health carrier, or  
22 that prohibits the health care provider from disclosing the  
23 health care provider's discounted cash price under paragraph  
24 "b".

25 f. A covered person's out-of-pocket pricing for each  
26 prescription drug on a health carrier's formulary shall be  
27 available to a pharmacist via an easily accessible and secure  
28 internet site hosted by the health carrier at the point the  
29 pharmacist fills a prescription drug to the covered person.

30 g. A health care provider shall provide an individual with  
31 an itemized list of all health care services provided to the  
32 individual, a statement that the individual paid out-of-pocket  
33 for the health care services, and a statement that the health  
34 care provider will not make a claim against a health carrier  
35 for payment for the health care services provided to the

1 individual if the individual is a covered person.

2 2. Each health benefit plan shall disclose to the health  
3 benefit plan's covered persons the average allowed amount for  
4 each health care service that is covered under the covered  
5 person's health benefit plan. If a health benefit plan fails  
6 to disclose the average allowed amount for a health care  
7 service, a covered person may substitute a benchmark selected  
8 by the commissioner.

9 3. A covered person who elects to receive a covered health  
10 care service at a discounted cash price that is below the  
11 average allowed amount shall receive credit toward the covered  
12 person's in-network cost-sharing as specified in the covered  
13 person's health benefit plan, as if the health care service is  
14 provided by an in-network health care provider.

15 4. A health benefit plan shall not discriminate in the  
16 form of payment for any covered in-network health care service  
17 solely on the basis that the covered person was referred for  
18 the health care service by an out-of-network health care  
19 provider.

20 5. a. If a covered person elects to pay cash price for  
21 a generic-brand covered prescription drug that results in a  
22 lower cost than the average allowed amount for the name-brand  
23 covered prescription drug under the covered person's health  
24 benefit plan, excluding any drug manufacturer's rebate or  
25 other discount from the average allowed amount, the health  
26 benefit plan shall apply any payments made by the covered  
27 person for the generic-brand covered prescription drug  
28 to the covered person's cost-sharing as specified in the  
29 covered person's health benefit plan as if the covered person  
30 purchased the generic-brand prescription drug from a network  
31 pharmacy using the covered person's health benefit plan. The  
32 health benefit plan shall credit half the difference in the  
33 cash price for the generic-brand covered prescription drug  
34 and the average allowed amount for the name-brand covered  
35 prescription drug, excluding any drug manufacturer's rebate



1 or other discount from the average allowed amount, toward  
2 the covered person's cost-sharing for health care services  
3 that are covered or that are considered formulary under the  
4 covered person's health benefit plan. The health benefit  
5 plan may credit half the difference in the cash price for  
6 the generic-brand covered prescription drug and the average  
7 allowed amount for the name-brand covered prescription drug,  
8 excluding any drug manufacturer's rebate or other discount  
9 from the average allowed amount, toward the covered person's  
10 cost-sharing for health care services that are not covered  
11 or that are considered nonformulary under the covered  
12 person's health benefit plan. This paragraph shall not be  
13 construed to restrict a health benefit plan from requiring a  
14 preauthorization or other precertification normally required by  
15 the health benefit plan.

16 *b.* A health benefit plan shall provide a downloadable or  
17 interactive online form for a covered person to submit proof of  
18 payment under paragraph "a", and shall annually inform covered  
19 persons of their options under this subsection.

20 6. Annually at enrollment or renewal, a health carrier shall  
21 provide notice to covered persons via the health carrier's  
22 health benefit plan materials and the health carrier's internet  
23 site of the option, and the process, to receive a covered  
24 health care service at a discounted cash price.

25 7. If a covered person pays a discounted cash price that is  
26 above the average allowed amount, the health benefit plan shall  
27 credit the covered person's cost-sharing an amount equal to  
28 the lesser of the discounted cash price or the average allowed  
29 amount.

30 8. *a.* If a health carrier denies a claim submitted by a  
31 covered person pursuant to this chapter, the health carrier  
32 shall notify the commissioner and provide evidence to support  
33 the denial to the covered person and to the commissioner.

34 *b.* A covered person may appeal a claim denial pursuant to  
35 chapter 514J.

1 9. *a.* A covered person shall have access to a program that  
2 directly rewards the covered person with a savings incentive  
3 for medically necessary covered health care services received  
4 from health care providers that offer a discounted cash price  
5 below the average allowed amount. Annually at enrollment or  
6 renewal, a health carrier shall provide notice to covered  
7 persons via the health carrier's health benefit plan materials  
8 and the health carrier's internet site of the savings incentive  
9 program and how the savings incentive program works. If a  
10 covered person exceeds the covered person's annual deductible,  
11 the covered person's health benefit plan shall notify the  
12 covered person of the savings incentive program and how the  
13 savings incentive program works.

14 *b.* A covered person's savings incentive for a specific  
15 health care service shall be calculated as the difference  
16 between the discounted cash price and the average allowed  
17 amount. A savings incentive shall be divided equally between  
18 the covered person and the covered person's health benefit  
19 plan, and may include a cash payment to the covered person. If  
20 a third party helps facilitate a covered person in utilizing  
21 a discounted cash price that saves money for the covered  
22 person, the covered person may share a portion of their savings  
23 incentive with the third party.

24 *c.* Savings incentives under this subsection shall not be  
25 an administrative expense of the health benefit plan for rate  
26 development or rate filing purposes.

27 10. This chapter shall not be construed to prohibit a health  
28 care provider from billing a covered person, a covered person's  
29 guarantor, or a third-party payor including a health insurer,  
30 for health care services provided to a covered person; or to  
31 require a health care provider to refund any payment made to  
32 the health care provider for a health care service provided to  
33 a covered person.

34 11. If a provision of this chapter or its application to  
35 any person or circumstance is held invalid, the invalidity does

S-5063 (Continued)

1 not affect other provisions or applications of this chapter  
2 which can be given effect without the invalid provision or  
3 application.

4 Sec. \_\_\_\_\_. SAVINGS INCENTIVE PROGRAM AND DEDUCTIBLE CREDIT  
5 PROGRAM FOR STATE EMPLOYEES.

6 1. Before August 1, 2025, the department of administrative  
7 services shall conduct an analysis of the cost-effectiveness of  
8 offering a savings incentive program and deductible credit for  
9 state employees and retirees.

10 2. On or before September 1, 2025, the department of  
11 administrative services shall submit a report to the general  
12 assembly that contains an explanation as to the decision to  
13 implement, or not implement, a savings incentive program or  
14 deductible credit program.

15 3. Any savings incentive program or deductible credit found  
16 to be cost-effective shall be implemented for the 2026 state  
17 employee health insurance open enrollment period.>

18 3. Title page, line 2, by striking <organizations> and  
19 inserting <organizations, and certain cost controls for health  
20 care services>

21 4. By renumbering as necessary.

By COMMITTEE ON HEALTH AND HUMAN  
SERVICES

JEFF EDLER, CHAIRPERSON

S-5063 FILED MARCH 18, 2024

HOUSE FILE 2612

S-5062

1 Amend the amendment, S-5043, to House File 2612, as amended,  
2 passed, and reprinted by the House, as follows:

3 1. Page 3, line 5, by striking <or nonpublic> and inserting  
4 <or nonpublic>

5 2. Page 3, line 7, after <256.11.> by inserting <The  
6 area education agency board shall furnish educational and  
7 media services and programs as provided in section 273.1,  
8 this section, sections 273.3 through 273.8, and chapter 256B  
9 to the pupils enrolled in nonpublic schools located within  
10 its boundaries which are on the list of accredited nonpublic  
11 schools pursuant to section 256.11 regardless of whether the  
12 school district in which the accredited nonpublic school is  
13 located receives such services and programs from the area  
14 education agency.>

15 3. Page 17, by striking lines 18 and 19 and inserting:

16 <(a) The greater of the following:

17 (i) Ten percent of the amount calculated for special  
18 education support services for the school district.

19 (ii) The amount calculated for special education support  
20 services for the school district that is attributable to that  
21 portion of the special education support services weighted  
22 enrollment that is nonpublic school pupils served with special  
23 education support services by the area education agency.>

24 4. Page 17, after line 23 by inserting:

25 <(d) The amount calculated in section 257.37 for media  
26 services for the school district that is attributable to that  
27 portion of the enrollment served, as defined in section 257.37,  
28 subsection 4, that is nonpublic school pupils served with media  
29 services by the area education agency.

30 (e) The amount calculated in section 257.37 for educational  
31 services for the school district that is attributable to that  
32 portion of the enrollment served, as defined in section 257.37,  
33 subsection 4, that is nonpublic school pupils served with  
34 educational services by the area education agency.>

S-5062 (Continued)

By LYNN EVANS

[S-5062](#) FILED MARCH 18, 2024  
ADOPTED

HOUSE FILE 2612

S-5067

1 Amend the amendment, S-5043, to House File 2612, as amended,  
2 passed, and reprinted by the House, as follows:

3 1. By striking page 1, line 5, through page 26, line 17, and  
4 inserting:

5 <Section 1. AREA EDUCATION AGENCY COMMISSION.

6 1. A commission is established to conduct a comprehensive  
7 study of area education agencies and make recommendations  
8 related to how to improve the outcomes of students who utilize  
9 services provided by area education agencies.

10 2. a. A statewide association located in this state that  
11 represents educational professionals shall appoint one co-chair  
12 to the commission.

13 b. The co-chair appointed pursuant to paragraph "a" must be  
14 a current or recently retired special education teacher or a  
15 current or recently retired superintendent who has many years  
16 of experience as a licensed educator or administrator in this  
17 state.

18 c. The co-chair appointed pursuant to paragraph "a" shall  
19 not be a member of the general assembly.

20 3. a. A statewide organization located in this state  
21 that represents educational administrators shall appoint one  
22 co-chair to the commission.

23 b. The co-chair appointed pursuant to paragraph "a" must be  
24 a current or recently retired special education teacher or a  
25 current or recently retired superintendent who has many years  
26 of experience as a licensed educator or administrator in this  
27 state.

28 c. The co-chair appointed pursuant to paragraph "a" shall  
29 not be a member of the general assembly.

30 4. The association described in subsection 2, paragraph  
31 "a", and the organization described in subsection 3, paragraph  
32 "a", shall consult to ensure that one co-chair has declared a  
33 political party affiliation with the republican party and the  
34 other co-chair has declared a political party affiliation with  
35 the democratic party.

- 1     5. a. Subject to paragraphs "b" and "c", the co-chairs  
2 shall appoint additional members to the commission, as  
3 determined by the co-chairs, including members representing  
4 the office of the governor, the general assembly, and the  
5 department of education.
- 6     b. The commission shall be bipartisan in its composition.
- 7     c. All members of the commission appointed by the co-chairs  
8 must be residents of this state.
- 9     6. All contractors engaged by the commission shall be  
10 residents of this state.
- 11    7. The co-chairs may create working groups to study and make  
12 recommendations related to any of the following:
- 13    a. Area education agency funding and finances.
- 14    b. Area education agency governance structures.
- 15    c. Area education agency oversight.
- 16    d. Services area education agencies should provide in the  
17 school year beginning July 1, 2024, and subsequent school  
18 years.
- 19    e. The educational and service standards that apply to area  
20 education agencies.
- 21    f. The quality of the educational programs and services  
22 provided by area education agencies to school districts.
- 23    g. The role of school districts in guiding the services  
24 provided by area education agencies.
- 25    h. The role of parents, students, and communities in guiding  
26 the services provided by area education agencies.
- 27    i. How to improve the outcomes of students in this state who  
28 receive special education programs and services.
- 29    8. The commission shall submit a report, including findings  
30 and recommendations for policy changes, to the general assembly  
31 by December 31, 2024.>
- 32    2. Page 26, by striking lines 18 through 26 and inserting:  
33    <\_\_\_. Title page, by striking lines 1 through 7 and  
34 inserting <An Act establishing a commission to study and make  
35 recommendations related to area education agencies.>>

S-5067 (Continued)

1 3. By renumbering as necessary.

By MOLLY DONAHUE  
TONY BISIGNANO  
NATE BOULTON  
CLAIRE CELSI  
WILLIAM A. DOTZLER, JR.  
ERIC GIDDENS  
PAM JOCHUM  
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TODD TAYLOR  
SARAH TRONE GARRIOTT  
ZACH WAHLS  
JANICE WEINER  
CINDY WINCKLER

[S-5067](#) FILED MARCH 18, 2024

LOST



HOUSE FILE 2617

S-5073

1 Amend House File 2617, as passed by the House, as follows:

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

4 <Section 1. Section 256.11, subsection 4, Code 2024, is  
5 amended to read as follows:

6 4. The following shall be taught in grades seven and  
7 eight: English-language arts; social studies; mathematics;  
8 science; health; age-appropriate and research-based human  
9 growth and development that incorporates the standards  
10 established under section 279.50, subsection 3, paragraph "b";  
11 career exploration and development; physical education; music;  
12 and visual art. Computer science instruction incorporating  
13 the standards established under section 256.7, subsection  
14 26, paragraph "a", subparagraph (4), shall be offered in  
15 at least one grade level commencing with the school year  
16 beginning July 1, 2023. Career exploration and development  
17 shall be designed so that students are appropriately prepared  
18 to create an individual career and academic plan pursuant to  
19 section 279.61, incorporate foundational career and technical  
20 education concepts aligned with the six career and technical  
21 education service areas as defined in subsection 5, paragraph  
22 "h", incorporate relevant twenty-first century skills to  
23 facilitate career readiness, and introduce students to career  
24 opportunities within the local community and across this  
25 state. The health curriculum shall include age-appropriate  
26 and research-based information regarding the characteristics  
27 of sexually transmitted diseases. The state board as part of  
28 accreditation standards shall adopt curriculum definitions for  
29 implementing the program in grades seven and eight. However,  
30 this subsection shall not apply to the teaching of career  
31 exploration and development in nonpublic schools.

32 Sec. 2. Section 256.11, subsection 5, paragraph j,  
33 subparagraph (1), Code 2024, is amended to read as follows:

34 (1) One unit of health education which may include personal  
35 health; food and nutrition; environmental health; safety and

1 survival skills; consumer health; family life; age-appropriate  
2 and research-based human growth and development that  
3 incorporates the standards established under section 279.50,  
4 subsection 3, paragraph "b"; substance use disorder and nonuse;  
5 emotional and social health; health resources; cardiopulmonary  
6 resuscitation; and prevention and control of disease, including  
7 age-appropriate and research-based information regarding  
8 sexually transmitted diseases.

9 Sec. 3. Section 256E.7, subsection 2, paragraph g, Code  
10 2024, is amended to read as follows:

11 g. Be subject to and comply with the requirements of section  
12 256.7, subsection 21, and the educational standards of section  
13 256.11, unless specifically waived by the state board during  
14 the application process; provided, however, that the state  
15 board shall not waive the educational standards of section  
16 256.11 relating to the human growth and development curriculum  
17 for grades seven and eight or the health curriculum for grades  
18 nine through twelve.

19 Sec. 4. Section 256F.4, subsection 2, Code 2024, is amended  
20 by adding the following new paragraph:

21 NEW PARAGRAPH. p. Be subject to and comply with the  
22 requirements of section 256.11 relating to the human growth  
23 and development curriculum for grades seven and eight and the  
24 health curriculum for grades nine through twelve.

25 Sec. 5. Section 279.50, subsection 3, Code 2024, is amended  
26 to read as follows:

27 3. a. Each school board shall provide age-appropriate and  
28 research-based instruction in human growth and development  
29 including instruction regarding human sexuality, self-esteem,  
30 stress management, interpersonal relationships, domestic abuse,  
31 and the prevention and control of disease, including sexually  
32 transmitted diseases as required in section 256.11, in grades  
33 seven through twelve.

34 b. The age-appropriate and research-based instruction in  
35 human growth and development described in paragraph "a" shall

S-5073 (Continued)

1 include all of the following:

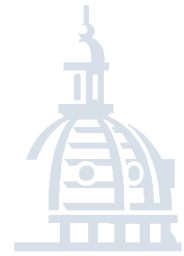
2 (1) Instruction related to human development inside the  
3 womb.

4 (2) A high-definition ultrasound video showing the presence  
5 of the brain, heart, and other vital organs in early fetal  
6 development.

7 (3) A high-quality, computer-generated rendering or  
8 animation that depicts the humanity of the unborn child, that  
9 shows every stage of human development inside the uterus,  
10 starting at conception, and that notes significant markers in  
11 cell growth and organ development for every significant marker  
12 of pregnancy until birth.>

By COMMITTEE ON EDUCATION  
KEN ROZENBOOM, CHAIRPERSON

[S-5073](#) FILED MARCH 18, 2024



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[SF 2282](#) – Robbery, Statute of Limitations (LSB5643SV)  
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 2282](#) extends the statute of limitations for robbery in the first degree under Iowa Code section [711.2](#), and robbery in the second degree under Iowa Code section [711.3](#), from three years to five years after the commission of the offense.

## **Background**

Under Iowa Code section [802.3](#), for any felony except for those enumerated in Iowa Code section [802.1](#) (murder), [802.2](#) (sexual abuse — first, second, or third degree), [802.2A](#) (incest), [802.2B](#) (other sexual offenses), [802.2C](#) (kidnapping), [802.2D](#) (human trafficking), [802.2E](#) (sexual abuse — fourth degree), or [802.10](#) (DNA profile of accused), an indictment or information for a felony must be found within three years after the commission of the offense.

Robbery in the first degree is a Class B felony, which is punishable by confinement for up to 25 years. Under Iowa Code section [902.12](#), this offense carries a mandatory minimum term. A person commits robbery in the first degree when, while perpetrating a robbery, the person purposely inflicts or attempts to inflict serious injury or is armed with a dangerous weapon.

Robbery in the second degree is a Class C felony, which is punishable by confinement for up to 10 years and a fine of at least \$1,370 but no more than \$13,660. Under Iowa Code section [902.12](#), this offense carries a mandatory minimum. All robbery that is not robbery in the first degree is robbery in the second degree.

In FY 2023, 24 individuals were convicted of robbery in the first degree under Iowa Code section [711.2](#) and 56 individuals were convicted of robbery in the second degree under Iowa Code section [711.3](#).

## **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.

## **Correctional Impact**

The correctional impact of expanding the existing statute of limitations for robbery in the first degree and robbery in the second degree from three years to five years cannot be estimated due to a lack of data. **Figure 1** shows estimates for sentencing to State prison, parole, probation, or Community-Based Corrections (CBC) residential facilities; LOS in months under those supervisions; and supervision marginal costs per day for Class B and Class C felonies. 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.

**Figure 1 — Sentencing Estimate and Length of Stay (LOS)**

Conviction Offense Class	Percent Ordered to State Prison	FY 2023 Avg LOS in Prison (All Releases)	Marginal Cost Per Day Prison	Percent Ordered to Probation	FY23 Field Avg LOS on Probation	Avg Cost Per Day on Probation	Percent Sentenced to CBC Residential Facility	Marginal Cost Per Day CBC	Percent Ordered to County Jail	Marginal Cost Per Day Jail	FY23 Field Avg LOS on Parole	Marginal Cost Per Day Parole
B Felony (Persons)	95.2%	132.1	\$24.94	9.7%	53.3	\$ 7.67	2.1%	\$ 20.00	45.5%	\$ 50.00	26.7	\$ 7.67
C Felony (Non-Persons)	86.0%	19.4	\$24.94	64.2%	42.2	\$ 7.67	13.0%	\$ 20.00	34.0%	\$ 50.00	21.3	\$ 7.67

**Minority Impact**

Senate File 2282 extends the statute of limitations for robbery in the first degree and robbery in the second degree from three years to five years and may disproportionately impact Black individuals if trends remain constant. Of the 24 individuals convicted in FY 2023 of first-degree robbery under Iowa Code section 711.2, 25.0% were White, 66.7% were Black, and 8.3% were of other races. Of the 52 individuals convicted in FY 2023 of second-degree robbery under Iowa Code section 711.3, 34.6% were White, 48.1% were Black, and 17.3% were of 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 2282 extends the statute of limitations for first-degree and second-degree robbery, and the fiscal impact cannot be estimated due to a lack of data. **Figure 2** shows the average State cost per offense for a Class B felony and a Class C felony. The estimated impact to the State General Fund includes operating costs incurred by the Judicial Branch, the Indigent Defense Fund, and the Department of Corrections (DOC). The cost would be incurred across multiple fiscal years for prison and parole supervision.

**Figure 2 — Average State Cost Per Offense**

Offense Class	Average Cost
Class B Felony	\$16,100 to \$55,200
Class C Felony	\$14,300 to \$27,500

**Sources**

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

/s/ Jennifer Acton

March 18, 2024

Doc ID 1448097

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.