Each individual renting or leasing a room, accommodations, or facilities of the hotel shall register, and may be required by the owner or operator of the hotel to show proof of identity by producing a valid driver's license, or other identification satisfactory to the owner or operator. The identification shall have a photograph of the individual and include the name and residence of the individual. If the individual is a minor, the owner or operator may also require a parent or guardian of the minor to register.

The guest register may be kept and maintained by recording, copying, or reproducing the register by any photographic, photostatic, microfilm, microcard, miniature photographic, electronic imaging, electronic data processing, or other process which accurately reproduces or forms a durable medium for accurately and legibly reproducing an unaltered image or reproduction of the original.

Approved March 31, 1994

CHAPTER 1033

COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM

S.F. 2069

AN ACT relating to the development and implementation of a community health management information system, providing a civil penalty, and extending the repeal of the health data commission.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. NEW SECTION. 144C.1 SHORT TITLE.

This chapter shall be cited as the "Community Health Management Information System Act".

Sec. 2. LEGISLATIVE FINDINGS.

The general assembly finds that the development of a community health management information system will result in a more efficient and cost-effective health care transaction process; provide an efficient mechanism for the exchange of medical and transactional information among providers and other interested entities; provide communities with information on cost, appropriateness, and effectiveness of health care providers; and provide information to employers and researchers which will allow for benefit plan analysis, severity of illness and outcomes analysis, and related studies. The general assembly finds that the exchange of such medical and transactional information, while vital in the effort to control health care administrative costs and in analyzing benefit plans and medical outcomes, must be accomplished in a manner which protects and assures patient confidentiality; that authorized users of the system must keep such information confidential; and that the privacy rights of individuals must not be violated as a result of the exchange of such information. The general assembly also finds that the implementation of such a system will result in a reduction of the number of paper transaction forms that need to be completed, a reduction in the error rate on transaction submissions, an improvement in the overall data communication among affected parties, and a reduction in health care administrative costs. The general assembly also finds that there shall be only a single community health management information system in this state.

Sec. 3. NEW SECTION. 144C.2 DEFINITIONS.

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

1. "Board" means the community health management information system governing board established in section 144C.5.

2. "Commissioner" means the commissioner of insurance.

3. "Community health management information system" or "system" means an integrated electronic health management information system for transmittal and selected storage of data related to transactions and other health care-related information.

4. "Consumer" means an employer, labor union, an individual representing an employer or labor union, a representative of state government, or a member of the general public. "Consumer" does not include a provider, payor, an employee of a provider or payor, or other person with a financial interest in the provision of or payment for health care.

5. "Data repository" means the community health management information system data repository for the storage and transmittal of data related to transactions and other health care-related information.

6. "Division" means the insurance division.

7. "Interface" means the ability to communicate electronically according to standards and communication formats established by the board.

8. "Outcomes measurement" means a method established by the board for determining the quality of health care provided to consumers.

9. "Payor" means a person who provides for the payment of health care benefits including a third party administrator subject to chapter 513A; an insurer issuing a group accident or sickness insurance policy on an expense incurred basis; a person issuing a group hospital or medical service contract pursuant to chapter 509, 514, or 514A; a group health maintenance organization operating pursuant to chapter 514B; or a self-insured plan.

10. "Provider" means a hospital licensed pursuant to chapter 135B; a health care facility licensed pursuant to chapter 135C, 135G, 135H; a hospice program certified under Title XVIII or XIX of the federal Social Security Act or a hospice program licensed under chapter 135J; a health-related professional licensed under chapters 147 through 154, and chapters 154B and 155A; and a home care aide services program certified under Title XVIII or XIX of the federal Social Security Act or a home care aide services program under contract with the department of public health.

11. "Self-insured plan" means a plan which retains the risk of loss or payment of claims related to the payment of accident and health benefits or medical, surgical, or hospital benefits as determined by the person establishing such plan.

12. "Severity of illness" means the clinical measurement of the relative medical condition of a patient.

13. "Severity of illness risk adjustment" means a reporting methodology used to adjust various statistics based upon severity of illness which is approved by the board.

14. "Transaction" means an electronic claim, encounter, or other electronic message as defined by the board pursuant to section 144C.4.

15. "Transaction network" means an electronic network which the board has certified and with which the board has entered into an agreement for receiving and transmitting data as provided in this chapter between health care providers, payors, the data repository, and any other persons the board deems necessary.

Sec. 4. NEW SECTION. 144C.3 COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM ESTABLISHED — DATA REPOSITORY.

1. A community health management information system is established and shall be organized as a nonprofit corporation pursuant to chapter 504A. The system shall operate subject to the control and direction of the community health management information system governing board.

2. A data repository is established which is subject to the control and direction of the board. The data repository shall collect health care data and provide patients, physicians, hospitals, purchasers, payors, government agencies, and researchers with information on which to base decisions on the quality, effectiveness, and appropriateness of care.

Sec. 5. NEW SECTION. 144C.4 COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM GOVERNING BOARD ESTABLISHED — DUTIES.

1. A community health management information system governing board is established and shall consist of twelve members, including the following:

a. Four individuals representing providers including two individuals representing hospitals as defined in chapter 135B, and two individuals representing physicians as defined in chapters 148 and 150A.

b. Six individuals representing consumers of which at least two individuals shall represent employment-based purchasers representing nongovernmental entities purchasing group health plans on behalf of other individuals. Additionally, at least one of the individuals representing employment-based purchasers shall represent self-insured plans.

c. Two individuals representing payors other than a self-insured plan.

2. The members of the board shall be appointed by the governor, subject to senate confirmation. Members shall serve three-year staggered terms beginning and ending as provided in section 69.19. Appointments to the board are subject to sections 69.16 and 69.16A. Removal of a member of the board and the filling of a vacancy on the board are governed by chapter 69. The members of the board shall be reimbursed from funds collected by the system for actual and necessary travel and related expenses incurred in the discharge of official duties.

3. The commissioner shall cooperate with the board in the implementation of this chapter and shall review the procedures and operation of the system as provided in section 144C.5.

4. The board shall develop all public policy positions and operational policies and procedures related to the system. The board shall adopt written policies and procedures necessary to implement and administer this chapter. Policies and procedures adopted by the board are subject to the review and approval of the insurance division.

5. The board shall do all of the following:

a. Define a reporting methodology for the types of information, including severity of illness and outcomes, gathered by the community health management information system, applicable to all Iowa hospitals and hospital discharges, and outpatient and ambulatory care. For purposes of this chapter, data related to severity of illness shall include a severity of illness risk adjustment, patient average length of stay, patient mortality, and average total patient charges. Upon implementation of the severity of illness and outcomes reporting methodology as authorized in this section, the board, through its data advisory committee, may continue to review alternative severity of illness and outcomes measures which may be recommended to the board for use in the data plan.

b. Establish and implement functions as appropriate for the operation of the system consistent with the implementation of the system as provided in section 144C.8.

c. Appoint appropriate advisory committees as necessary including, but not limited to, an ethics and confidentiality review committee, a data advisory committee, a technical advisory committee, and a communications and education committee to provide technical assistance regarding the operation of the system, policies and contractual agreements, and other functions within the authority of the system.

d. Establish a certification process for transaction networks. The board shall only contract with certified transaction networks for purposes of this chapter.

e. Establish an appropriate network certification fee and any other fees as necessary to maintain the efficient administration of the system and for the repayment of any indebtedness incurred by the board pursuant to this chapter.

f. Establish standards for the electronic transaction submission format, transaction networks, supplemental information requirement transaction forms, computer software, and any other information or procedures necessary to effect the purposes of this chapter.

6. The board may do any of the following:

a. Enter into contracts as necessary to administer the provisions of this chapter.

b. Borrow money to effect the purposes of the system, except that the board shall not have the authority to directly issue any notes or bonds for indebtedness and shall not have the authority to pledge the credit or taxing power of this state.

c. Employ legal counsel and other staff as necessary to effect the purposes of this chapter.

d. Assist health care providers and payors, as needed in obtaining necessary equipment and skills to access the system and in implementing the necessary procedures to effect the purposes of this chapter.

e. Enter into agreements consistent with and furthering the intent and purposes of this chapter with similar entities created in other states.

7. The board shall file a written report with the general assembly on or before January 15 of each year concerning the operation of the system. In addition to any other information contained in the report, the board shall include the system's annual operating budget for the coming year and any legislative recommendations which the board believes are necessary and which further the purposes of this chapter.

Sec. 6. NEW SECTION. 144C.5 INSURANCE DIVISION RESPONSIBILITIES.

1. The division shall enforce this chapter. All policies and procedures adopted by the board are subject to review and approval by the division. The division shall review such policies and procedures adopted by the board and determine whether such policies and procedures comply with the provisions and purposes of this chapter. Written notice of a policy or procedure which is not approved by the division shall be provided to the board stating the reason such policy or procedure is not approved. The board may amend and resubmit for review and approval any policy or procedure which is not approved by the division. The board shall not implement a policy or procedure prior to the approval of the division.

2. The division may impose a civil penalty against a payor, provider, transaction network, the data repository, or the board for failure to comply with this chapter or rules adopted pursuant to this chapter. The civil penalty imposed shall not exceed five hundred dollars for each offense. Each day of noncompliance constitutes a separate offense. However, the division shall not impose a civil penalty for a technical, nonsubstantive violation or if the noncomplying party makes a good faith effort to comply with the requirements of this chapter.

The division shall notify the noncomplying party of the division's intent to impose a civil penalty. The notice shall be sent by certified mail to the party's last known address and shall state the nature of the party's actions leading to the charge of noncompliance, the specific statute or rule involved, and the amount of the proposed penalty. The notice shall advise the party that upon failure to pay the civil penalty, the penalty may be collected by civil action. The party shall be given the opportunity to respond to the imposition of the penalty in writing, within a reasonable time as established by rule of the division.

The division may reduce or void a civil penalty imposed under this section, as appropriate. A party upon whom a civil penalty is imposed may appeal the action of the division pursuant to chapter 17A. Moneys collected from the civil penalties shall be deposited in the general fund of the state.

3. The division shall adopt rules pursuant to chapter 17A necessary to carry out the division's role related to the system and to assure that the system operates consistent with this chapter. In addition to any other rules adopted, the division shall specifically develop rules under which the board shall develop policies and procedures for the certification of transaction networks for operation in the system.

The rules shall establish procedures to sanction agreements between payors, providers, transaction networks, the data repository, and the board, upon a finding by the commissioner that the agreement will assist in the implementation of this chapter, but which agreement might be a violation of antitrust laws if undertaken without governmental direction and approval.

The rules shall assure that the purposes of this chapter are implemented and that patient confidentiality is protected.

Sec. 7. NEW SECTION. 144C.6 CONFIDENTIALITY OF INFORMATION.

1. The transactions data and other data collected and transmitted through the system shall be kept confidential. The confidentiality of patient information shall be protected and the laws of this state which relate to patient confidentiality apply.

2. The board shall establish policies and procedures consistent with this chapter and rules adopted by the division which ensure the confidentiality of information in the system, provide access to qualified individuals or organizations requesting access, establish a review process for denials of access to information in the system, and establish penalties for violations of these policies and procedures. Policies and procedures adopted by the board pursuant to this section are subject to the review and approval of the division.

3. The board shall establish an ethics and confidentiality review committee to administer this section.

Sec. 8. NEW SECTION. 144C.7 TRANSACTION PROCEDURE – NETWORK – INFORMATION TO BE SUBMITTED.

1. A provider submitting a health claim in this state shall file the claim electronically and use a standardized electronic transaction submission format as provided in this section. The electronic transaction submission format shall use the American national standards institute form for data submission and reporting to the data repository. A payor offering health care coverage in the state shall accept electronic transaction submissions, provide remittance, and transmit eligibility electronically as provided by the board. This section requires, to the extent permitted under federal law, that a self-insured plan providing health care coverage in this state shall, on its own or through a third-party administrator or other third party, accept electronic transaction submissions, provide remittance, and transmit eligibility electronically as provided by the board. A transaction network shall have the ability to accept all transactions processed electronically through the system and transmit such transaction data to the appropriate network or payor, interface with other networks or payors, provide electronic eligibility for all payors, and provide for electronic remittance for claims and concurrently transmit data to the data repository.

2. The board shall review annually all transaction networks and their effectiveness, and provide for additional electronic filing requirements as necessary and feasible.

3. The system shall use identification numbers as follows:

a. A patient identification number shall be the individual's social security number, or, upon request of the patient, a random identification number.

b. A provider identification number system shall be established by the board including the unique physician identification number, the medicare provider number, and other identifying numbers as provided by the board for providers who do not have a unique physician identification number or medicare provider number.

c. Such other identification numbers as determined by the board to be necessary to assure efficient and accurate transmittal and receipt of data through the system.

4. The system shall contain a data repository consistent with section 144C.3 which shall maintain claims information and other information as determined by the board.

5. A person shall not engage in any transaction between health care providers, payors, and the data repository unless certified by the board.

Sec. 9. NEW SECTION. 144C.8 SYSTEM IMPLEMENTATION.

The board shall implement the system as follows:

1. Phase I of the system shall be operational no later than July 1, 1996. For purposes of this chapter, "phase I" means the collection and submission of data including a patient identifier; a provider identification number; data elements included in the uniform billing-1992 form for hospitals; data elements included in the federal health care financing administration's 1500 form for physicians; an outpatient pharmacy code as determined by the board; data on all currently required discharges provided to the health data commission; and severity of illness and outcomes measurement, a measure of consumer health behavior, health status, and satisfaction with services provided as determined by the board.

2. Phase II of the system shall be operational no later than July 1, 1999. For purposes of this chapter, "phase II" means the collection and submission of data including clinical data sets; laboratory tests, X-ray results, and inpatient pharmacy codes; measures of functional outcomes;

and provider activity records for both organized delivery systems and providers not participating in an organized delivery system. The board shall develop more complete definitions of these items and submit these definitions to the general assembly for enactment as a part of this chapter no later than January 1, 1999.

3. Phase III of the system shall be implemented only after implementation of phase I and phase II, and upon approval of the general assembly. For purposes of this chapter, "phase III" means the development of a totally automated patient records system including all data elements included in phase I and phase II, and other data elements as determined by the board.

4. The board shall submit a status report regarding the development of an electronic system for the transmission of payments related to claims submitted to the system to the general assembly no later than January 1, 1995.

Sec. 10. INITIAL APPOINTMENTS TO THE BOARD. Initial appointments to the board established in 144C.4 shall be as follows:

1. One provider, one payor, and two consumers shall be appointed for a term of one year.
2. Two providers and two consumers shall be appointed for a term of two years.
3. One provider, one payor, and two consumers shall be appointed for a term of three years.

Sec. 11. Section 145.1A, Code Supplement 1993, is amended to read as follows:

145.1A REPEAL.

This chapter is repealed effective July 1, ~~1994~~ 1996.

Approved April 4, 1994

CHAPTER 1034

TRUSTEES OF CITY HOSPITALS OR HEALTH CARE FACILITIES

H.F. 259

AN ACT relating to boards of trustees of city hospitals or health care facilities.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 392.6, unnumbered paragraphs 1, 2, and 4, Code 1993, are amended to read as follows:

If a hospital or health care facility is established by a city, the city shall by ordinance provide for the election, at a general, city, or special election, of three trustees, whose terms of office shall be ~~six~~ four years; ~~but.~~ However, at the first election, three shall be elected and hold their office, ~~respectively, for two, four, and six~~ one for four years and two for two years, and they shall by lot determine their respective terms. A board of trustees elected pursuant to this section shall serve as the sole and only board of trustees for any and all institutions established by a city as provided for in this section.

Cities maintaining an institution as provided for in this section which have a board of trustees consisting of three members may by ordinance increase the number of members to five and provide for the appointment of one of the additional members until the next succeeding general or city election, and for the appointment of the other additional member until the second succeeding general or city election. Thereafter, the terms of office of such additional members shall be ~~six~~ four years.

The ~~official serving as treasurer of the city shall be the~~ treasurer of the board of trustees, ~~and~~ shall receive and disburse all funds under the control of the board as ordered by it, ~~but shall receive no additional compensation for services~~. The treasurer shall give bond in a form and amount as determined by the board in its discretion.