CHAPTER 118

HEALTH CARE —
SERVICES, PROVIDERS, AND INSURANCE

S.F. 389

AN ACT relating to health care, health care providers, and health care coverage, providing retroactive and other effective dates and providing repeals.

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

DIVISION I
LEGISLATIVE HEALTH CARE COVERAGE COMMISSION

Section 1. LEGISLATIVE HEALTH CARE COVERAGE COMMISSION.

1. A legislative health care coverage commission is created under the authority of the legislative council.

a. The commission shall include the following persons who are ex officio, nonvoting members of the commission:

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

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

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

(4) Four members of the general assembly, one appointed by the speaker of the house of representatives, one appointed by the minority leader of the house of representatives, one appointed by the majority leader of the senate, and one appointed by the minority leader of the senate.

b. The commission shall include the following persons who are voting members of the commission and who are appointed by the legislative council:

(1) A person who represents large employers.

(2) A person who represents Iowa insurers.

(3) A person who represents health underwriters.

(4) A health care provider.

(5) A person who represents labor.

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

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

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

(9) A person who represents small businesses.

(10) A person who represents nonprofit entities.

(11) A person who represents independent insurance agents.

2. The legislative council may employ or contract with a person or persons to assist the commission in carrying out its duties. The person or persons employed or contracted with to assist the commission shall gather and coordinate information for the use of the commission in its deliberations concerning health reform initiatives and activities related to the medical home system advisory council, the electronic health information advisory council and executive committee, the prevention and chronic care management advisory council, the direct care worker task force, the health and long-term care access technical advisory committee, the clinicians advisory panel, the long-term living initiatives of the department of elder affairs, medical assistance and hawk-i program expansions and initiatives, prevention and wellness initiatives including but not limited to those administered through the Iowa healthy communities initiative pursuant to section 135.27 and through the governor's council on physical fitness and nutrition, health care transparency activities, and other health care reform-related advisory bodies and activities that provide direction and promote collaborative efforts among health care providers involved in the initiatives and activities. The legislative services agency shall provide administrative support to the commission.

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

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

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

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

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

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

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

f. Options for development of a long-term strategy to provide access to affordable health care coverage to the uninsured in Iowa, particularly adults, and development of a structure to implement that strategy including consideration of whether to utilize an existing government agency or a newly created entity.

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

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

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

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

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

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

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

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

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

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

10. The commission shall conclude its deliberations by July 1, 2011, and shall submit a final report to the general assembly by October 1, 2011, summarizing the commission's activities particularly pertaining to the availability of health care coverage programs for adults, analyzing issues studied, and setting forth options, recommendations, and priorities for an Iowa health care reform strategic plan that will ensure that all Iowans have access to health care coverage which meets minimum standards of quality and affordability. The commission may include any other information the commission deems relevant and necessary.

11. This section is repealed on December 31, 2011.

COORDINATING AMENDMENTS

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

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

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

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

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

DIVISION II
HEALTH CARE COVERAGE OF ADULT CHILDREN

Sec. 6. Section 422.7, Code 2009, is amended by adding the following new subsection:
NEW SUBSECTION. 29A. If the health benefits coverage or insurance of the taxpayer includes coverage of a nonqualified tax dependent as determined by the federal internal revenue service, subtract, to the extent included, the amount of the value of such coverage attributable to the nonqualified tax dependent.

Sec. 7. Section 509.3, subsection 8, Code 2009, is amended to read as follows:
8. A provision that the insurer will permit continuation of existing coverage or reenrollment in previously existing coverage for an individual who meets the requirements of section 513B.2, subsection 14, paragraph "a", "b", "c", "d", or "e", and who is an unmarried child of an insured or enrollee who so elects, at least through the policy anniversary date on or after the date the child marries, ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.
In addition to the provisions required in subsections 1 through ~~7~~ 8, the commissioner shall require provisions through the adoption of rules implementing the federal Health Insurance Portability and Accountability Act, Pub. L. No. 104-191.

Sec. 8. Section 509A.13B, Code 2009, is amended to read as follows:
509A.13B ~~CONTINUATION OF DEPENDENT~~ COVERAGE OF CHILDREN — CONTINUATION OR REENROLLMENT.
If a governing body, a county board of supervisors, or a city council has procured accident or health care coverage for its employees under this chapter such coverage shall permit continuation of existing coverage or reenrollment in previously existing coverage for an individual who meets the requirements of section 513B.2, subsection 14, paragraph "a", "b", "c", "d", or "e", and who is an unmarried child of an insured or enrollee who so elects, at least through the policy anniversary date on or after the date the child marries, ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.

Sec. 9. Section 514A.3B, subsection 2, Code 2009, is amended to read as follows:
2. An insurer issuing an individual policy or contract of accident and health insurance which provides coverage for children of the insured shall permit continuation of existing coverage or reenrollment in previously existing coverage for an individual who meets the requirements of section 513B.2, subsection 14, paragraph "a", "b", "c", "d", or "e", and who is an unmarried child of an insured or enrollee who so elects, at least through the policy anniversary date on or after the date the child marries, ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.

Sec. 10. NEW SECTION. 514B.9A COVERAGE OF CHILDREN — CONTINUATION OR REENROLLMENT.
A health maintenance organization which provides health care coverage pursuant to an individual or group health maintenance organization contract regulated under this chapter for children of an enrollee shall permit continuation of existing coverage or reenrollment in previously existing coverage for an individual who meets the requirements of section 513B.2, subsection 14, paragraph "a", "b", "c", "d", or "e", and who is an unmarried child of an enrollee who so elects, at least through the policy anniversary date on or after the date the child marries,

ceases to be a resident of this state, or attains the age of twenty-five years old, whichever occurs first, or so long as the unmarried child maintains full-time status as a student in an accredited institution of postsecondary education.

Sec. 11. APPLICABILITY. The sections of this Act amending section 509.3, subsection 8, 509A.13B, and 514A.3B, subsection 2, and enacting section 514B.9A, apply to policies, contracts, or plans of accident and health insurance delivered, issued for delivery, continued, or renewed in this state on or after July 1, 2009.

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

DIVISION III
MEDICAL ASSISTANCE AND HAWK-I PROVISIONS
COVERAGE FOR ALL INCOME-ELIGIBLE CHILDREN

Sec. 13. NEW SECTION. 249A.3A MEDICAL ASSISTANCE — ALL INCOME-ELIGIBLE CHILDREN.

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

Sec. 14. NEW SECTION. 514I.8A HAWK-I — ALL INCOME-ELIGIBLE CHILDREN.

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

REQUIRED APPLICATION FOR DEPENDENT CHILD HEALTH CARE
COVERAGE

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

422.12M INCOME TAX FORM — INDICATION OF DEPENDENT CHILD HEALTH CARE COVERAGE.

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

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

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

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

~~c.~~ b. The department shall consult with the department of human services in developing the tax return form and the information to be provided to tax filers under this section.

3. The department, in cooperation with the department of human services, shall adopt rules pursuant to chapter 17A to administer this section, including rules defining "health care coverage" for the purpose of indicating its presence or absence on the tax form.

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

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

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

c. ~~The effect of the reporting requirements and provision of information requirements under this section on the number and percentage of children in the state who are uninsured.~~ The number of Iowa families, by income level, claiming the state income tax exemption for dependent children who receive information from the department pursuant to subsection 2 and who subsequently apply for and are enrolled in the appropriate program.

PREGNANT WOMEN INCOME ELIGIBILITY FOR MEDICAID

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

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

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

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

1. Effective July 1, 1998, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, an eligible child under the age of nineteen whose family income does not exceed one hundred thirty-three percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services. Additionally, effective July 1, 2000, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, an eligible infant whose family income does not exceed two hundred percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services. Effective July 1, 2009, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, a pregnant woman or an eligible child who is an infant and whose family income is at or below three hundred percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

IMPROVING ACCESS AND RETENTION

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

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

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

For the purposes of any policies of group accident or health insurance or combination of

such policies issued in this state, "creditable coverage" means health benefits or coverage provided to an individual under any of the following:

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

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

NEW PARAGRAPH. m. The hawk-i program authorized by chapter 514I.

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

1. An insurer which accepts an individual for coverage under an individual policy or contract of accident and health insurance shall waive any time period applicable to a preexisting condition exclusion or limitation period requirement of the policy or contract with respect to particular services in an individual health benefit plan for the period of time the individual was previously covered by qualifying previous coverage as defined in section 513C.3, by chapter 249A or 514I, or by Medicare coverage provided pursuant to Title XVIII of the federal Social Security Act that provided benefits with respect to such services, provided that the ~~qualifying previous~~ coverage was continuous to a date not more than sixty-three days prior to the effective date of the new policy or contract. ~~Any days of coverage provided to an individual pursuant to chapter 249A or 514I, or Medicare coverage provided pursuant to Title XVIII of the federal Social Security Act, do not constitute qualifying previous coverage. Such days of chapter 249A or 514I or Medicare coverage shall be counted as part of the maximum sixty-three-day grace period and shall not constitute a basis for the waiver of any preexisting condition exclusion or limitation period.~~

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

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

a. A group health plan.
b. Health insurance coverage.
c. Part A or Part B Medicare pursuant to Title XVIII of the federal Social Security Act.
d. Medicaid pursuant to Title XIX of the federal Social Security Act, other than coverage consisting solely of benefits under section 1928 of that Act.
e. 10 U.S.C. ch. 55.
f. A health or medical care program provided through the Indian health service or a tribal organization.
g. A state health benefits risk pool.
h. A health plan offered under 5 U.S.C. ch. 89.
i. A public health plan as defined under federal regulations.

j. A health benefit plan under section 5(e) of the federal Peace Corps Act, 22 U.S.C. § 2504(e).

k. An organized delivery system licensed by the director of public health.

l. A short-term limited duration policy.

m. The hawk-i program authorized by chapter 514I.

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

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

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

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

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

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

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

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

Sec. 27. Section 514I.4, subsection 5, paragraphs a and b, Code 2009, are amended to read as follows:

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

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

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

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

l. Develop options and recommendations to allow children eligible for the hawk-i ~~or hawk-i expansion~~ program to participate in qualified employer-sponsored health plans through a premium assistance program. The options and recommendations shall ensure reasonable alignment between the benefits and costs of the hawk-i ~~and hawk-i expansion programs~~ program and the employer-sponsored health plans consistent with federal law. ~~The options and recommendations shall be completed by January 1, 2009, and submitted to the governor and the gen-~~

~~eral assembly for consideration as part of the hawk-i and hawk-i expansion programs.~~ In addition, the board shall implement the premium assistance program options described under the federal Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, for the hawk-i program.

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

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

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

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

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

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

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

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

2. Provide or reimburse accessible, quality medical or dental services.

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

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

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

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

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

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

c. Is a member of a family whose income does not exceed ~~two~~ three hundred percent of the federal poverty level, as defined in 42 U.S.C. § 9902(2), including any revision required by such section, and in accordance with the federal Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3.

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

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

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

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

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

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

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

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

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

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

a. Utilization of joint applications and supplemental forms, and the same application and renewal verification processes for the medical assistance and hawk-i programs.

b. Implementation of administrative or paperless verification at renewal for the medical assistance program.

c. Utilization of presumptive eligibility when determining a child's eligibility for the medical assistance program.

d. Utilization of the express lane option, including utilization of other public program databases to reach and enroll children in the medical assistance program.

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

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

1. To allow for the submission of one pay stub per employer by an individual as verification of earned income for the hawk-i program when it is indicative of future income.

2. To allow for an averaging of three years of income for self-employed families to establish eligibility for the hawk-i program.

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

a. Utilization of joint applications and supplemental forms, and the same application and renewal verification processes for the hawk-i and medical assistance programs.

b. Implementation of administrative or paperless verification at renewal for the hawk-i program.

c. Utilization of presumptive eligibility when determining a child's eligibility for the hawk-i program.

d. Utilization of the express lane option, including utilization of other public program databases to reach and enroll children in the hawk-i program.

Sec. 40. DEMONSTRATION GRANTS — CHIPRA. The department of human services in

cooperation with the department of public health and other appropriate agencies, shall apply for grants available under the Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, to promote outreach activities and quality child health outcomes under the medical assistance and hawk-i programs.

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

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

DIVISION IV
VOLUNTEER HEALTH CARE PROVIDERS

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

135.24 VOLUNTEER HEALTH CARE PROVIDER PROGRAM ESTABLISHED — IMMUNITY FROM CIVIL LIABILITY.

1. The director shall establish within the department a program to provide to eligible hospitals, clinics, free clinics, field dental clinics, specialty health care provider offices, or other health care facilities, health care referral programs, or charitable organizations, free medical, dental, chiropractic, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, and emergency medical care services given on a voluntary basis by health care providers. A participating health care provider shall register with the department and obtain from the department a list of eligible, participating hospitals, clinics, free clinics, field dental clinics, specialty health care provider offices, or other health care facilities, health care referral programs, or charitable organizations.

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

a. Procedures for registration of health care providers deemed qualified by the board of medicine, the board of physician assistants, the dental board, the board of nursing, the board of chiropractic, the board of psychology, the board of social work, the board of behavioral science, the board of pharmacy, the board of optometry, the board of podiatry, the board of physical and occupational therapy, the board of respiratory care, and the Iowa department of public health, as applicable.

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

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

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

3. A health care provider providing free care under this section shall be considered an employee of the state under chapter 669, shall be afforded protection as an employee of the state under section 669.21, and shall not be subject to payment of claims arising out of the free care

provided under this section through the health care provider's own professional liability insurance coverage, provided that the health care provider has done all of the following:

a. Registered with the department pursuant to subsection 1.

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

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

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

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

6. For the purposes of this section:

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

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

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

d. "Health care provider" means a physician licensed under chapter 148, a chiropractor licensed under chapter 151, a physical therapist licensed pursuant to chapter 148A, an occupational therapist licensed pursuant to chapter 148B, a podiatrist licensed pursuant to chapter 149, a physician assistant licensed and practicing under a supervising physician pursuant to chapter 148C, a licensed practical nurse, a registered nurse, or an advanced registered nurse practitioner licensed pursuant to chapter 152 or 152E, a respiratory therapist licensed pursuant to chapter 152B, a dentist, dental hygienist, or dental assistant registered or licensed to practice under chapter 153, an optometrist licensed pursuant to chapter 154, a psychologist licensed pursuant to chapter 154B, a social worker licensed pursuant to chapter 154C, a mental health counselor or a marital and family therapist licensed pursuant to chapter 154D, a pharmacist licensed pursuant to chapter 155A, or an emergency medical care provider certified pursuant to chapter 147A.

e. "Specialty health care provider office" means the private office or clinic of an individual

specialty health care provider or group of specialty health care providers as referred by the Iowa collaborative safety net provider network established in section 135.153, but does not include a field dental clinic, a free clinic, or a hospital.

DIVISION V
HEALTH CARE WORKFORCE SUPPORT INITIATIVE

Sec. 44. NEW SECTION. 135.153A SAFETY NET PROVIDER RECRUITMENT AND RETENTION INITIATIVES PROGRAM REPEAL.[1]

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

Sec. 45. NEW SECTION. 135.175 HEALTH CARE WORKFORCE SUPPORT INITIATIVE — WORKFORCE SHORTAGE FUND — ACCOUNTS — REPEAL.

1. a. A health care workforce support initiative is established to provide for the coordination and support of various efforts to address the health care workforce shortage in this state. This initiative shall include the medical residency training state matching grants program created in section 135.176, the health care professional and nursing workforce shortage initiative created in sections 261.128 and 261.129, the safety net provider recruitment and retention initiatives program credited[2] in section 135.153A, health care workforce shortage national initiatives, and the physician assistant mental health fellowship program created in section 135.177.

b. A health care workforce shortage fund is created in the state treasury as a separate fund under the control of the department, in cooperation with the entities identified in this section as having control over the accounts within the fund. The fund and the accounts within the fund shall be controlled and managed in a manner consistent with the principles specified and the strategic plan developed pursuant to sections 135.163 and 135.164.

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

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

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

5. The fund shall consist of the following accounts:

a. The medical residency training account. The medical residency training account shall be under the control of the department and the moneys in the account shall be used for the purposes of the medical residency training state matching grants program as specified in section 135.176. Moneys in the account shall consist of moneys appropriated or allocated for de-

[1] According to enrolled Act; the phrase "PROGRAM — REPEAL" probably intended
[2] According to enrolled Act; the word "created" probably intended

posit in or received by the fund or the account and specifically dedicated to the medical residency training state matching grants program or account for the purposes of such account.

b. The health care professional and nurse workforce shortage initiative account. The health care professional and nurse workforce shortage initiative account shall be under the control of the college student aid commission created in section 261.1 and the moneys in the account shall be used for the purposes of the health care professional incentive payment program and the nurse workforce shortage initiative as specified in sections 261.128 and 261.129. Moneys in the account shall consist of moneys appropriated or allocated for deposit in or received by the fund or the account and specifically dedicated to the health care professional and nurse workforce shortage initiative or the account for the purposes of the account.

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

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

e. The physician assistant mental health fellowship program account. The physician assistant mental health fellowship program account shall be under the control of the department and the moneys in the account shall be used for the purposes of the physician assistant mental health fellowship program as specified in section 135.177. Moneys in the account shall consist of moneys appropriated or allocated for deposit in or received by the fund or the account and specifically dedicated to the physician assistant mental health fellowship program or the account for the purposes of the account.

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

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

c. State appropriations to the fund shall be allocated in equal amounts to each of the accounts within the fund, unless otherwise specified in the appropriation or allocation. Any fed-

eral funding received for the purposes of addressing state health care workforce shortages shall be deposited in the health care workforce shortage national initiatives account, unless otherwise specified by the source of the funds, and shall be used as required by the source of the funds. If use of the federal funding is not designated, twenty-five percent of such funding shall be deposited in the safety net provider network workforce shortage account to be used for the purposes of the account and the remainder of the funds shall be used in accordance with the strategic plan developed by the department of public health in accordance with sections 135.163 and 135.164, or to address workforce shortages as otherwise designated by the department of public health. Other sources of funding shall be deposited in the fund or account and used as specified by the source of the funding.

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

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

9. This section is repealed June 30, 2014.

Sec. 46. NEW SECTION. 135.176 MEDICAL RESIDENCY TRAINING STATE MATCHING GRANTS PROGRAM — REPEAL.

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

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

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

c. The funding of residency positions which are in excess of the federal residency cap. For the purposes of this paragraph, "in excess of the federal residency cap" means a residency position for which no federal Medicare funding is available because the residency position is a position beyond the cap for residency positions established by the federal Balanced Budget Act of 1997, Pub. L. No. 105-33.

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

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

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

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

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

b. The application process for the grant.

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

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

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

f. Use of the funds awarded. Funds may be used to pay the costs of establishing, expanding, or supporting an accredited graduate medical education program as specified in this section, including but not limited to the costs associated with residency stipends and physician faculty stipends.

3. This section is repealed June 30, 2014.

Sec. 47. NEW SECTION. 135.177 PHYSICIAN ASSISTANT MENTAL HEALTH FELLOWSHIP PROGRAM — REPEAL.

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

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

a. Collaboration with a hospital serving a thirteen-county area in central Iowa that provides a clinic at the Iowa veterans home, a private nonprofit agency headquartered in a city with a population of more than one hundred ninety thousand that operates a freestanding psychiatric medical institution for children, a private university with a medical school educating osteopathic physicians located in a city with a population of more than one hundred ninety thousand, the Iowa veterans home, and any other clinical partner designated for the program. Population figures used in this paragraph refer to the most recent certified federal census. The

clinical partners shall provide supervision, clinical experience, training, and other support for the program and physician assistant students participating in the program.

b. Elderly, youth, and general population clinical experiences.

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

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

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

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

3. This section is repealed June 30, 2014.

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

NEW SUBSECTION. 10. Administer the health care professional incentive payment program established in section 261.128 and the nursing workforce shortage initiative created in section 261.129. This subsection is repealed June 30, 2014.

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

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

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

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

Sec. 51. NEW SECTION. 261.128 HEALTH CARE PROFESSIONAL INCENTIVE PAYMENT PROGRAM — REPEAL.

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

2. The commission shall administer the incentive payment program with the assistance of Des Moines university — osteopathic medical center.

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

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

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

(2) To be eligible, a community must provide a clinical setting for full-time practice of a health care professional and must provide a fifty thousand dollar matching contribution for a physician and a fifteen thousand dollar matching contribution for any other health care professional to receive an equal amount of state matching funds.

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

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

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

d. Measures regarding all of the following:

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

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

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

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

(5) The use of the funds received. Any portion of the incentive payment that is attributable

to federal funds shall be used as required by the federal entity providing the funds. Any portion of the incentive payment that is attributable to state funds shall first be used toward payment of any outstanding loan indebtedness of the recipient. The remaining portion of the incentive payment shall be used as specified in the incentive payment agreement.

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

5. This section is repealed June 30, 2014.

Sec. 52. NEW SECTION. 261.129 NURSING WORKFORCE SHORTAGE INITIATIVE — REPEAL.

1. NURSE EDUCATOR INCENTIVE PAYMENT PROGRAM.

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

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

c. The nurse educator and the commission shall enter into an agreement specifying the obligations of the nurse educator and the commission. If the nurse educator leaves the qualifying teaching position prior to teaching for four consecutive academic years, the nurse educator shall be liable to repay the incentive payment amount to the state, plus interest as specified by rule. However, if the nurse educator leaves the qualifying teaching position involuntarily, the nurse educator shall be liable to repay only a pro rata amount of the incentive payment based on incompleted years of service.

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

2. NURSING FACULTY FELLOWSHIP PROGRAM.

a. The commission shall establish a nursing faculty fellowship program to provide funds to nursing schools in the state, including but not limited to nursing schools located at community colleges, for fellowships for individuals employed in qualifying positions on the nursing faculty. Funding for the program may be provided through the health care workforce shortage fund or the health care professional and nurse workforce shortage initiative account created in section 135.175. The program shall be designed to assist nursing schools in filling vacancies in qualifying positions throughout the state.

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

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

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

(1) The length of time a qualifying position has gone unfilled at a nursing school.

(2) Documented recruiting efforts by a nursing school.
(3) The geographic location of a nursing school.
(4) The type of nursing program offered at the nursing school, including associate, bachelor's, master's, or doctoral degrees in nursing, and the need for the specific nursing program in the state.
3. REPEAL. This section is repealed June 30, 2014.

Sec. 53. HEALTH CARE WORKFORCE INITIATIVES — FEDERAL FUNDING. The department of public health shall work with the department of workforce development and health care stakeholders to apply for federal moneys allocated in the federal American Recovery and Reinvestment Act of 2009 for health care workforce initiatives that are available through a competitive grant process administered by the health resources and services administration of the United States department of health and human services or the United States department of health and human services. Any federal moneys received shall be deposited in the health care workforce shortage fund created in section 135.175 as enacted by this division of this Act and shall be used for the purposes specified for the fund and for the purposes specified in the federal American Recovery and Reinvestment Act of 2009.

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

Sec. 55. CODE EDITOR DIRECTIVES. The Code editor shall do all of the following:
1. Create a new division in chapter 135 codifying section 135.175, as enacted in this division of this Act, as the health care workforce support initiative and fund.
2. Create a new division in chapter 135 codifying sections 135.176 and 135.177, as enacted in this division of this Act, as health care workforce support.
3. Create a new division in chapter 261 codifying section 261.128, as enacted in this division of this Act, as the health care professional incentive payment program.
4. Create a new division in chapter 261 codifying section 261.129, as enacted in this division of this Act, as the nursing workforce shortage initiative.

DIVISION VI
GIFTS — REPORTING OF SANCTIONS

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

DIVISION VII
HEALTH CARE TRANSPARENCY

Sec. 57. NEW SECTION. 135.166 HEALTH CARE DATA — COLLECTION FROM HOSPITALS.
1. The department of public health shall enter into a memorandum of understanding to utilize the Iowa hospital association to act as the department's intermediary in collecting, maintaining, and disseminating hospital inpatient, outpatient, and ambulatory information, as initially authorized in 1996 Iowa Acts, chapter 1212, section 5, subsection 1, paragraph "a", subparagraph (4) and 641 IAC 177.3.
2. The memorandum of understanding shall include but is not limited to provisions that address the duties of the department and the Iowa hospital association regarding the collection, reporting, disclosure, storage, and confidentiality of the data.

Approved May 19, 2009

CHAPTER 119

SEX OFFENDER REGISTRY

S.F. 340

AN ACT relating to the sex offender registry, making fees applicable, and providing for penalties.

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

DIVISION I
SEX OFFENDER REGISTRY

Section 1. NEW SECTION. 692A.101 DEFINITIONS.

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

1. a. "Aggravated offense" means a conviction for any of the following offenses:

(1) Sexual abuse in the first degree in violation of section 709.2.

(2) Sexual abuse in the second degree in violation of section 709.3.

(3) Sexual abuse in the third degree in violation of section 709.4, subsection 1.

(4) Lascivious acts with a child in violation of section 709.8, subsection 1 or 2.

(5) Assault with intent to commit sexual abuse in violation of section 709.11.

(6) Burglary in the first degree in violation of section 713.3, subsection 1, paragraph "d".

(7) Kidnapping, if sexual abuse as defined in section 709.1 is committed during the commission of the offense.

(8) Murder in violation of section 707.2 or 707.3, if sexual abuse as defined in section 709.1 is committed during the offense.

(9) Criminal transmission of human immunodeficiency virus in violation of section 709C.1, subsection 1, paragraph "a".

b. Any conviction for an offense specified in the laws of another jurisdiction or any conviction for an offense prosecuted in federal, military, or foreign court, that is comparable to an offense listed in paragraph "a" shall be considered an aggravated offense for purposes of registering under this chapter.

2. "Aggravated offense against a minor" means a conviction for any of the following offenses, if such offense was committed against a minor, or otherwise involves a minor:

a. Sexual abuse in the first degree in violation of section 709.2.

b. Sexual abuse in the second degree in violation of section 709.3.

c. Sexual abuse in the third degree in violation of section 709.4, except for a violation of section 709.4, subsection 2, paragraph "c", subparagraph (4).

3. "Appearance" means to appear in person at a sheriff's office.

4. "Business day" means every day except Saturday, Sunday, or any paid holiday for county employees in the applicable county.

5. "Change" means to add, begin, or terminate.

6. "Child care facility" means the same as defined in section 237A.1.

7. "Convicted" means found guilty of, pleads guilty to, or is sentenced or adjudicated delinquent for an act which is an indictable offense in this state or in another jurisdiction including in a federal, military, tribal, or foreign court, including but not limited to a juvenile who has been adjudicated delinquent, but whose juvenile court records have been sealed under section 232.150, and a person who has received a deferred sentence or a deferred judgment or has been acquitted by reason of insanity. "Conviction" includes the conviction of a juvenile prosecuted as an adult. "Convicted" also includes a conviction for an attempt or conspiracy to commit an offense. "Convicted" does not mean a plea, sentence, adjudication, deferred sentence, or deferred judgment which has been reversed or otherwise set aside.

8. "Criminal or juvenile justice agency" means an agency or department of any level of government or an entity wholly owned, financed, or controlled by one or more such agencies or