

shall not be imposed upon a person for improperly plugging a well until the department notifies the person of the improper plugging. The moneys collected shall be deposited in the financial incentive portion of the agriculture management account. The department of agriculture and land stewardship may provide by rule for financial incentive moneys, through expenditure of the moneys allocated to the financial-incentive-program portion of the agriculture management account, to reduce a person's cost in properly plugging wells abandoned prior to July 1, 1987.

Approved May 30, 1991

CHAPTER 225

HEALTH CARE FACILITIES AND CERTIFICATE OF NEED PROGRAM

H.F. 668

AN ACT relating to the certificate of need program and providing penalties.

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

Section 1. Section 135.61, Code 1991, is amended to read as follows:

135.61 DEFINITIONS.

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

1. "Affected persons" means, with respect to an application for a certificate of need:

a. The person submitting the application.

b. Consumers who would be served by the new institutional health service proposed in the application.

c. Each institutional health facility or health maintenance organization which is located in the geographic area which would appropriately be served by the new institutional health service proposed in the application. The appropriate geographic service area of each institutional health facility or health maintenance organization shall be determined on a uniform basis in accordance with criteria established in rules promulgated adopted by the department in consultation with the appropriate health systems agency.

d. The designated health systems agencies for the health systems agency area in which the new institutional health service proposed in the application is to be located and for each of the health systems agency areas contiguous thereto, including those in other states.

e. Each institutional health facility or health maintenance organization which, prior to receipt of the application by the department, has formally indicated to the department pursuant to this division an intent to furnish in the future institutional health services similar to the new institutional health service proposed in the application.

f. Any other person designated as an affected person by rules of the department.

f. Any payer or third-party payer for health services.

2. "Birth center" means birth center as defined in section 135G.2.

3. "Director" means the director of public health, or the director's designee.

4. "Consumer" means any individual whose occupation is other than health services, who has no fiduciary obligation to an institutional health facility, health maintenance organization or other facility primarily engaged in delivery of services provided by persons in health service occupations, and who has no material financial interest in the providing of any health services.

5. "Council" means the state health facilities council established by this division.

6. "Department" means the Iowa department of public health.

6 7. "Develop", when used in connection with health services, means to undertake those activities which on their completion will result in the offer of a new institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

7. "Federal Act" means the national health planning and resources development Act of 1974, United States public law 93-641, as amended to January 1, 1977.

8. "Financial reporting" means reporting by which hospitals and health care facilities shall respectively record their revenues, expenses, other income, other outlays, assets and liabilities, and units of services.

9. "Health care facility" is defined means health care facility as it is defined in section 135C.1.

10. "Health care provider" means a person licensed or certified under chapter 147, 148, 148A, 148C, 149, 150, 150A, 151, 152, 153, 154, 154B, or 155A to provide in this state professional health care service to an individual during that individual's medical care, treatment or confinement.

11. "Health maintenance organization" is defined means health maintenance organization as it is defined in section 514B.1, subsection 3.

12. "Health services" means clinically related diagnostic, curative, or rehabilitative services, and includes alcoholism, drug abuse, and mental health services.

13. "Health systems agency" means an entity which is designated and operated in the manner described in the federal Act.

14. "Health systems plan" means a detailed statement of goals developed by a health systems agency, which describes a healthful environment and health systems in the area which, when developed, will assure that quality health services will be available and accessible in a manner which assures continuity of care at reasonable cost for all residents of the area, and which is responsive to the unique needs and resources of the area.

15 13. "Hospital" is defined as it is means hospital as defined in section 135B.1, subsection 1.

16 14. "Institutional health facility" means any of the following, without regard to whether the facilities referred to are publicly or privately owned or are organized for profit or not or whether the facilities are part of or sponsored by a health maintenance organization:

a. A hospital.

b. A health care facility.

c. A kidney disease treatment center, including any freestanding hemodialysis unit but not including any home hemodialysis unit.

d. An organized outpatient health facility.

e. An outpatient surgical facility.

f. A community mental health facility.

g. A birth center.

17 15. "Institutional health service" means any health service furnished in or through institutional health facilities or health maintenance organizations, including mobile health services.

18 16. "Mobile health service" means equipment used to provide a health service that can be transported from one delivery site to another.

19 17. "Modernization" means the alteration, repair, remodeling, replacement or renovation of existing buildings or of the equipment previously installed therein, or both.

20 18. "New institutional health service" or "changed institutional health service" means any of the following:

a. The construction, development or other establishment of a new institutional health facility or health maintenance organization regardless of ownership.

b. Relocation of an institutional health facility or a health maintenance organization.

c. Any capital expenditure, lease, or donation by or on behalf of an institutional health facility or a health maintenance organization in excess of six hundred thousand dollars which, under generally accepted accounting principles consistently applied, is a capital expenditure, or any acquisition by lease or donation to which this subsection would be applicable if the acquisition were made by purchase eight hundred thousand dollars within a twelve-month period.

d. A permanent change in the bed capacity, as determined by the department, of an institutional health facility or a health maintenance organization. For purposes of this paragraph, a change is permanent if it is intended to be effective for one year or more.

e. Any expenditure in excess of ~~two hundred fifty~~ three hundred thousand dollars by or on behalf of an institutional health facility for health services which are or will be offered in or through an institutional health facility or a health maintenance organization at a specific time but which were not offered on a regular basis in or through that institutional health facility or health maintenance organization within the twelve-month period prior to that time.

f. The deletion of one or more health services, previously offered on a regular basis by an institutional health facility or health maintenance organization or the relocation of one or more health services from one physical facility to another.

g. Any expenditure by or on behalf of an individual health care provider or group of health care providers, in excess of four hundred thousand dollars, made for the purchase or acquisition of a single piece of new equipment which is to be installed and used in a private office or clinic, and for which a certificate of need would be required if the equipment were being purchased or acquired by an institutional health facility or health maintenance organization, and which is, under generally accepted accounting principles consistently applied, a capital expenditure.

h. Any expenditure by or on behalf of an institutional health facility or a health maintenance organization in excess of four hundred thousand dollars, which is made for the purchase or acquisition of a single piece of new equipment which is to be installed and used in an institutional health facility or a health maintenance organization, and which is, under generally accepted accounting principles consistently applied, a capital expenditure.

g. Any acquisition by or on behalf of a health care provider or a group of health care providers of any piece of replacement equipment with a value in excess of four hundred thousand dollars, whether acquired by purchase, lease, or donation.

h. Any acquisition by or on behalf of a health care provider or group of health care providers of any piece of equipment with a value in excess of three hundred thousand dollars, whether acquired by purchase, lease, or donation, which results in the offering or development of a health service not previously provided. A mobile service provided on a contract basis is not considered to have been previously provided by a health care provider or group of health care providers.

i. Any acquisition by or on behalf of an institutional health facility or a health maintenance organization of any piece of replacement equipment with a value in excess of four hundred thousand dollars, whether acquired by purchase, lease, or donation.

j. Any acquisition by or on behalf of an institutional health facility or health maintenance organization of any piece of equipment with a value in excess of three hundred thousand dollars, whether acquired by purchase, lease, or donation, which results in the offering or development of a health service not previously provided. A mobile service provided on a contract basis is not considered to have been previously provided by an institutional health facility.

k. Any air transportation system for transportation of patients or medical personnel.

l. Any mobile health service with a value in excess of three hundred thousand dollars.

m. Any of the following:

(1) Cardiac catheterization service.

(2) Open heart surgical service.

(3) Organ transplantation service.

20 19. "Offer", when used in connection with health services, means that an institutional health facility, or health maintenance organization, health care provider, or group of health care providers holds itself out as capable of providing, or as having the means to provide, specified health services.

21 20. "Organized outpatient health facility" means a facility, not part of a hospital, organized and operated to provide health care to noninstitutionalized and nonhomebound persons on an outpatient basis; it does not include private offices or clinics of individual physicians, dentists or other practitioners, or groups of practitioners, who are health care providers.

22 21. "Outpatient surgical facility" means a facility which as its primary function provides, through an organized medical staff and on an outpatient basis to patients who are generally ambulatory, surgical procedures not ordinarily performed in a private physician's office, but not requiring twenty-four hour hospitalization, and which is neither a part of a hospital nor the private office of a health care provider who there engages in the lawful practice of surgery. "Outpatient surgical facility" includes a facility certified or seeking certification as an ambulatory surgical center, under the federal Medicare program or under the medical assistance program established pursuant to chapter 249A.

23 22. "Technologically innovative equipment" means equipment potentially useful for diagnostic or therapeutic purposes which introduces new technology in the diagnosis or treatment of disease, the usefulness of which is not well enough established to permit a specific plan of need to be developed for the state.

Sec. 2. Section 135.62, subsection 2, paragraph a, subparagraph (2), Code 1991, is amended to read as follows:

(2) Serve as a member of any board or other policy-making or advisory body of a health systems agency, an institutional health facility, a health maintenance organization, or any health or hospital insurer.

Sec. 3. Section 135.62, subsection 2, paragraph b, unnumbered paragraph 3, Code 1991, is amended by striking the unnumbered paragraph.

Sec. 4. Section 135.63, subsections 1 and 2, Code 1991, are amended to read as follows:

1. A new institutional health service or changed institutional health service shall not be offered or developed in this state without prior application to the department for and receipt of a certificate of need, pursuant to this division. The application shall be made upon forms furnished or prescribed by the department and shall contain such information as the department may require under this division ~~after consultation with all health systems agencies serving the state of Iowa~~. The application shall be accompanied by a fee equivalent to two-tenths of one percent of the anticipated cost of the project, as determined under rules promulgated by the department. The fee shall be remitted by the department to the treasurer of state, who shall place it in the general fund of the state. If an application is voluntarily withdrawn within thirty calendar days after submission, seventy-five percent of the application fee shall be refunded; if the application is voluntarily withdrawn more than thirty but within sixty days after submission, fifty percent of the application fee shall be refunded; if the application is withdrawn voluntarily more than sixty days after submission, twenty-five percent of the application fee shall be refunded. Notwithstanding the required payment of an application fee under this subsection, an applicant for a new institutional health service or a changed institutional health service offered or developed by an intermediate care facility for the mentally retarded or an intermediate care facility for the mentally ill as defined pursuant to section 135C.1 is exempt from payment of the application fee.

2. ~~Nothing in this~~ This division shall not be construed to augment, limit, contravene, or repeal in any manner any other statute of this state which may authorize or relate to licensure, regulation, supervision, or control of, nor to be applicable to:

a. Private offices and private clinics of an individual physician, dentist or other practitioner or group of health care providers, except as provided by section 135.61, subsection ~~19 18, paragraph paragraphs~~ "g" and "h", and subsections 20 and 21.

b. Dispensaries and first aid stations, located within schools, businesses or industrial establishments, which are maintained solely for the use of students or employees of those establishments and which do not contain inpatient or resident beds that are customarily occupied by the same individual for more than twenty-four consecutive hours.

c. Establishments such as motels, hotels, and boarding houses which provide medical, nursing personnel, and other health related services as an incident to their primary business or function.

d. The remedial care or treatment of residents or patients in any home or institution conducted only for those who rely solely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any recognized church or religious denomination.

e. A health maintenance organization or combination of health maintenance organizations or an institutional health facility controlled directly or indirectly by a health maintenance organization or combination of health maintenance organizations, except when the health maintenance organization or combination of health maintenance organizations does any of the following:

(1) Constructs, develops, renovates, relocates, or otherwise establishes an institutional health facility.

(2) Acquires major medical equipment as provided by section 135.61, subsection 19, paragraph "g" 18, paragraphs "i" and "j".

f. A residential care facility, as defined in section 135C.1, including a residential care facility for the mentally retarded, notwithstanding any provision in this division to the contrary.

g. A reduction in bed capacity of an institutional health facility, notwithstanding any provision in this division to the contrary, if all of the following conditions exist:

(1) The institutional health facility reports to the department the number and type of beds reduced on a form prescribed by the department at least thirty days before the reduction. In the case of a health care facility, the new bed total must be consistent with the number of licensed beds at the facility. In the case of a hospital, the number of beds must be consistent with bed totals reported to the department of inspections and appeals for purposes of licensure and certification.

(2) The institutional health facility reports the new bed total on its next annual report to the department.

If these conditions are not met, the institutional health facility is subject to review as a "new institutional health service" or "changed institutional health service" under section 135.61, subsection 18, paragraph "d", and subject to sanctions under section 135.73. If the institutional health facility reestablishes the deleted beds at a later time, review as a "new institutional health service" or "changed institutional health service" is required pursuant to section 135.61, subsection 18, paragraph "d".

h. The deletion of one or more health services, previously offered on a regular basis by an institutional health facility or health maintenance organization, notwithstanding any provision of this division to the contrary, if all of the following conditions exist:

(1) The institutional health facility or health maintenance organization reports to the department the deletion of the service or services at least thirty days before the deletion on a form prescribed by the department.

(2) The institutional health facility or health maintenance organization reports the deletion of the service or services on its next annual report to the department.

If these conditions are not met, the institutional health facility or health maintenance organization is subject to review as a "new institutional health service" or "changed institutional health service" under section 135.61, subsection 18, paragraph "f", and subject to sanctions under section 135.73.

If the institutional health facility or health maintenance organization reestablishes the deleted service or services at a later time, review as a "new institutional health service" or "changed institutional health service" may be required pursuant to section 135.61, subsection 18.

Sec. 5. Section 135.64, subsection 1, paragraphs a and l through q, Code 1991, are amended to read as follows:

a. The relationship of the proposed institutional health services to the applicable health systems plan and annual implementation plan adopted by the affected health systems agency. The contribution of the proposed institutional health service in meeting the needs of the medically underserved, including persons in rural areas, low-income persons, racial and ethnic minorities, handicapped persons, and the elderly, as well as the extent to which medically underserved residents in the applicant's service area are likely to have access to the proposed institutional health service.

l. Special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health systems agency areas immediate geographic area in which the entities are located or in adjacent health systems agency areas, which entities may include but are not limited to medical and other health professional schools, multidisciplinary clinics, and specialty centers.

m. The special needs and circumstances of health maintenance organizations.

n. The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

o. The impact of relocation of an institutional health facility or health maintenance organization on other institutional health facilities or health maintenance organizations and on the needs of the population to be served, or which was previously served, or both.

p. In the case of a construction project,

(1) ~~The the costs and methods of the proposed construction, including the costs and methods of energy supply;~~ and

(2) ~~The the probable impact of the proposed construction project on the costs incurred by the person proposing the construction project in providing institutional health services total health care costs.~~

q. In the case of a proposal for the addition of beds to a health care facility, the consistency of the proposed addition with the plans of other agencies of this state responsible for provision and financing of long-term care services, including home health services.

r. The recommendations of staff personnel of the department assigned to the area of certificate of need, concerning the application, if requested by the council.

Sec. 6. Section 135.65, subsection 1, Code 1991, is amended to read as follows:

1. Before applying for a certificate of need, the sponsor of a proposed new institutional health service or changed institutional health service shall submit to the department, ~~and to the designated health systems agency in whose area the proposed new or changed service is or will be located,~~ a letter of intent to offer or develop a service requiring a certificate of need. The letter shall be submitted as soon as possible after initiation of the applicant's planning process, and in any case not less than sixty days before applying for a certificate of need and before substantial expenditures to offer or develop the service are made. The letter shall include a brief description of the proposed new or changed service, its location, and its estimated cost.

Sec. 7. Section 135.66, subsections 2, 3, and 4, Code 1991, are amended to read as follows:

2. Upon acceptance of an application for a certificate of need, the department shall promptly undertake to notify all affected persons in writing that formal review of the application has been initiated. Notification to those affected persons who are consumers or third-party payers or other payers for health services may be provided by distribution of the pertinent information to the news media.

3. Each application accepted by the department shall be formally reviewed for the purpose of furnishing to the council the information necessary to enable it to determine whether or not to grant the certificate of need. A formal review shall consist at a minimum of the following steps:

a. Evaluation of the application against the criteria specified in section 135.64.

b. A public hearing on the application, to be held prior to completion of the evaluation required by paragraph "a" of this subsection, ~~if requested by any party who is an affected person with respect to the application within thirty days after notification of affected persons that the application has been accepted for completeness,~~ shall be conducted by the council.

e. A request to the designated health systems agency in whose area the proposed new institutional health service or changed institutional health service would be located for a recommendation for or against the granting of the certificate of need. The department shall assist the designated health systems agency to formulate a recommendation by furnishing any appropriate data and information on the proposed new institutional health service or changed institutional

health service. The health systems agency may give notice of its intent to formulate a recommendation on the application, and may hold a public hearing on the application if requested by any party who is an affected person with respect to that application. If a hearing is held on the application by the health systems agency, the department may but shall not be required to hold a separate hearing under paragraph "b" of this subsection. The department shall allow the health systems agency sixty days after acceptance of the application by the department, except as otherwise provided by section 135.72, subsection 4, to submit to the department recommendations with respect to the application. The department shall consider any recommendations timely submitted by the health systems agency.

4. When a hearing is to be held pursuant to either subsection 3, paragraph "b" or paragraph "c" of subsection 3 of this section, the department or the health systems agency, as the case may be, shall give at least ten days' notice of the time and place of the hearing. At the hearing, any affected person or that person's designated representative shall have the opportunity to present testimony.

Sec. 8. Section 135.67, unnumbered paragraph 1, Code 1991, is amended to read as follows:

The department may, with approval of the council, waive the letter of intent procedures prescribed by sections section 135.65 and 135.66 and substitute a summary review procedure, which shall be established by rules of the department, when it accepts an application for a certificate of need for a project which meets any of the following criteria in subsection 1 through 5:

Sec. 9. Section 135.67, subsection 5, Code 1991, is amended to read as follows:

5. Any other project for which the applicant proposes, and both the council and the appropriate health systems agency agree the department agrees to, summary review.

Sec. 10. Section 135.67, Code 1991, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The department's decision to disallow a summary review shall be binding upon the applicant.

Sec. 11. Section 135.69, Code 1991, is amended to read as follows:

***COUNCIL TO MAKE FINAL DECISION.**

The department shall complete its formal review of the application within ninety days after acceptance of the application, except as otherwise provided by section 135.72, subsection 4. Upon completion of the formal review, the council shall approve, approve with conditions, or deny the application. However, the council shall not approve an application with conditions which mandate new institutional health services not proposed by the applicant. The council shall issue written findings stating the basis for its decision on the application, and the department shall send copies of the council's decision and the written findings supporting it the decision to the applicant, to the designated health systems agency in whose area the new or changed institutional health service is proposed to be offered or developed, and to any other person who so requests. If the application is approved or approved with conditions, the department shall issue a certificate of need to the applicant at the time the applicant is informed of the council's decision.

Failure by the council to issue a written decision on an application for a certificate of need within the time required by this section shall constitute denial of and final administrative action on the application, and is subject to appeal under section 135.70.

Sec. 12. Section 135.70, Code 1991, is amended by striking the section and inserting in lieu thereof the following:

135.70 APPEAL OF CERTIFICATE OF NEED DECISIONS.

The council's decision on an application for certificate of need, when announced pursuant to section 135.69, is a final decision. Any dissatisfied party who is an affected person with respect to the application, and who participated or sought unsuccessfully to participate in the formal review procedure prescribed by section 135.66, may request a rehearing in accordance with

*135.69 probably intended

chapter 17A and rules of the department. If a rehearing is not requested or an affected party remains dissatisfied after the request for rehearing, an appeal may be taken in the manner provided by chapter 17A. Notwithstanding the Iowa administrative procedures Act, chapter 17A, a request for rehearing is not required, prior to appeal under section 17A.19.

Sec. 13. Section 135.72, subsection 4, Code 1991, is amended to read as follows:

4. Criteria for determining when it is not feasible to complete formal review of an application for a certificate of need, ~~or not feasible for a designated health systems agency to formulate and submit a recommendation on an application,~~ within the time limits specified in section 135.69 and section 135.66, subsection 3, paragraph "e", respectively. The rules adopted under this subsection shall include criteria for determining whether an application proposes introduction of technologically innovative equipment, and if so, procedures to be followed in reviewing the application. However, ~~no~~ a rule adopted under this subsection shall not permit a deferral of more than sixty days beyond the time when a decision is required under section 135.69, unless both the applicant and the department agree to a longer deferment.

Sec. 14. Section 135.73, Code 1991, is amended to read as follows:

135.73 SANCTIONS.

1. Any party constructing a new institutional health facility or a ~~major~~ an addition to or renovation of an existing institutional health facility without first obtaining a certificate of need ~~therefor or, in the case of a mobile health service, ascertaining that the mobile health service has received certificate of need approval,~~ as required by this division, ~~or who shall violate any of the provisions of this division, may~~ shall be denied licensure or change of licensure by the appropriate responsible licensing agency of this state.

2. A party violating this division shall be subject to penalties in accordance with this section. The department shall adopt rules setting forth the violations by classification, the criteria for the classification of any violation not listed, and procedures for implementing this subsection.

a. A class I violation is one in which a party offers a new institutional health service or changed institutional health service modernization or acquisition without review and approval by the council. A party in violation is subject to a penalty of three hundred dollars for each day of a class I violation. The department may seek injunctive relief which shall include restraining the commission or continuance of an act which would violate the provisions of this paragraph. Notice and opportunity to be heard shall be provided to a party pursuant to Iowa rule of civil procedure 326 and contested case procedures in accordance with chapter 17A. The department may reduce, alter, or waive a penalty upon the party showing good faith compliance with the department's request to immediately cease and desist from conduct in violation of this section.

b. A class II violation is one in which a party violates the terms or provisions of an approved application. The department may seek injunctive relief which shall include restraining the commission or continuance of or abating or eliminating an act which would violate the provisions of this subsection. Notice and opportunity to be heard shall be provided to a party pursuant to Iowa rule of civil procedure 326 and contested case procedures in accordance with chapter 17A. The department may reduce, alter, or waive a penalty upon the party showing good faith compliance with the department's request to immediately cease and desist from conduct in violation of this section. A class II violation shall be abated or eliminated within a stated period of time determined by the department and specified by the department in writing. The period of time may be modified by the department for good cause shown. A party in violation may be subject to a penalty of five hundred dollars for each day of a class II violation.

23. Any ~~Notwithstanding any other sanction imposed pursuant to this section,~~ a party offering or developing any new institutional health service or changed institutional health service without first obtaining a certificate of need ~~therefor~~ as required by this division may be temporarily or permanently restrained ~~therefrom~~ from doing so by any court of competent jurisdiction in any action brought by the state, any of its political subdivisions, or any other interested person.

§ 4. The sanctions provided by this section are in addition to, and not in lieu of, any penalty prescribed by law for the acts against which these sanctions are invoked.

Sec. 15. Sections 135.80 and 135.82, Code 1991, are repealed.

Approved May 30, 1991

CHAPTER 226
CAMPAIGN FINANCE
S.F. 476

AN ACT relating to campaign finance disclosure by changing the definition of a candidate's committee, requiring the reporting to the treasurer of a committee of all contributions received by a person for the committee, requiring disclosure reports of out-of-state political action committees, changing the number of disclosure reports required in nonelection years, providing that the treasurer of a committee is not responsible for filing disclosure reports or liable for civil penalties, directing the use of leftover campaign funds, restricting the uses of campaign funds, providing for the transfer of campaign funds, providing for the ownership and disposition of campaign property, making penalties applicable, prohibiting certain accounts by officeholders, and providing for a civil penalty for violations regarding placement of political signs.

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

Section 1. Section 56.2, subsection 4, Code 1991, is amended by striking the subsection and inserting in lieu thereof the following:

4. "Candidate's committee" means the committee designated by the candidate to receive contributions, expend funds, or incur indebtedness in the aggregate as follows:

a. For federal, state, or county office, in excess of two hundred fifty dollars in any calendar year on behalf of the candidate.

b. For city or school office, in excess of five hundred dollars in any calendar year on behalf of the candidate.

Sec. 2. Section 56.3, subsection 2, Code 1991, is amended to read as follows:

2. A person who receives contributions ~~in excess of one hundred dollars~~ for a committee shall, not later than fifteen days from the date of receipt of the contributions or on demand of the treasurer, render to the treasurer the contributions and an account of the total of all contributions; including the name and address of each person making a contribution in excess of ten dollars, the amount of the contributions, and the date on which the contributions were received. The treasurer shall deposit all contributions within seven days of receipt by the treasurer in an account maintained by the committee in a financial institution. All funds of a committee shall be segregated from any other funds held by officers, members, or associates of the committee or the committee's candidate. However, if a candidate's committee receives contributions only from the candidate, or if a permanent organization temporarily engages in activity which qualifies it as a political committee and all expenditures of the organization are made from existing general operating funds and funds are not solicited or received for this purpose from sources other than operating funds, then that committee is not required to maintain a separate account in a financial institution. The funds of a committee are not attachable for the personal debt of the committee's candidate or an officer, member, or associate of the committee.