

135.159 Patient-centered health advisory council.

1. The department shall establish a patient-centered health advisory council which shall include but is not limited to all of the following members, selected by their respective organizations, and any other members the department determines necessary:

- a. The director of human services, or the director's designee.
- b. The commissioner of insurance, or the commissioner's designee.
- c. A representative of the federation of Iowa insurers.
- d. A representative of the Iowa dental association.
- e. A representative of the Iowa nurses association.
- f. A physician and an osteopathic physician licensed pursuant to [chapter 148](#) who are family physicians and members of the Iowa academy of family physicians.
- g. A health care consumer.
- h. A representative of the Iowa collaborative safety net provider network established pursuant to [section 135.153](#).
- i. A representative of the Iowa developmental disabilities council.
- j. A representative of the Iowa chapter of the American academy of pediatrics.
- k. A representative of the child and family policy center.
- l. A representative of the Iowa pharmacy association.
- m. A representative of the Iowa chiropractic society.
- n. A representative of the university of Iowa college of public health.
- o. A certified palliative care physician.

2. The patient-centered health advisory council may utilize the assistance of other relevant public health and health care expertise when necessary to carry out the council's purposes and responsibilities.

3. A public member of the patient-centered health advisory council shall receive reimbursement for actual expenses incurred while serving in the member's official capacity only if the member is not eligible for reimbursement by the organization the member represents.

4. The purposes of the patient-centered health advisory council shall include all of the following:

- a. To serve as a resource on emerging health care transformation initiatives in Iowa.
- b. To convene stakeholders in Iowa to streamline efforts that support state-level and community-level integration and focus on reducing fragmentation of the health care system.
- c. To encourage partnerships and synergy between community health care partners in the state who are working on new system-level models to provide better health care at lower costs by focusing on shifting from volume-based to value-based health care.
- d. To lead discussions on the transformation of the health care system to a patient-centered infrastructure that integrates and coordinates services and supports to address social determinants of health and to meet population health goals.
- e. To provide a venue for education and information gathering for stakeholders and interested parties to learn about emerging health care initiatives across the state.
- f. To develop recommendations for submission to the department related to health care transformation issues.

[2008 Acts, ch 1188, §46](#); [2009 Acts, ch 41, §44](#); [2009 Acts, ch 133, §34](#); [2010 Acts, ch 1031, §292](#); [2010 Acts, ch 1141, §23](#); [2011 Acts, ch 25, §16](#); [2011 Acts, ch 129, §78, 82](#); [2012 Acts, ch 1023, §25](#); [2013 Acts, ch 138, §176, 187](#); [2015 Acts, ch 137, §38 – 41, 162, 163](#); [2017 Acts, ch 148, §5](#); [2017 Acts, ch 174, §98](#)

See Code editor's note on simple harmonization
Section stricken and rewritten