

641—11.40 (141A) Definitions. For purposes of rules 641—11.40(141A) to 641—11.49(141A), the following definitions shall apply:

“*ADAP advisory committee*” means the committee appointed by the bureau of HIV, STD, and hepatitis to provide advice and technical assistance to the department regarding ADAP.

“*ADAP formulary*” means the list of drugs approved for use in ADAP by the bureau upon recommendation of the ADAP advisory committee.

“*AIDS*” means acquired immune deficiency syndrome as defined by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.

“*AIDS drug assistance program*” or “*ADAP*” means the Iowa AIDS drug assistance program administered by the bureau of HIV, STD, and hepatitis within the department and includes two components, the medication assistance program and the health insurance assistance program.

“*Bureau*” means the bureau of HIV, STD, and hepatitis within the department.

“*Deductible*” means an amount of money that an insured person must pay out of pocket before any benefits from the health insurance policy can be used.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Health insurance assistance program*” means a component of ADAP that purchases health insurance and pays insurance premiums, copayments for medications, and deductibles for eligible enrollees in ADAP.

“*HIV*” means the human immunodeficiency virus identified as the causative agent of AIDS.

“*Household*” means a group of individuals residing together who are related by birth, marriage, or adoption; or an individual who does not reside with any other individual to whom the individual is related by birth, marriage, or adoption.

“*Medication assistance program*” means a component of ADAP that provides medications directly to eligible enrollees in ADAP.

“*Modified adjusted gross income*” or “*MAGI*” means the calculation of income based upon applicable Internal Revenue Code and regulations of the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

“*Payer of last resort*” means a requirement to coordinate services and seek payment from all other sources before Ryan White funds are used.