

House Amendment 1638

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1 1 Amend Senate File 389, as amended, passed, and
1 2 reprinted by the Senate, as follows:
1 3 #1. By striking everything after the enacting
1 4 clause and inserting the following:
1 5 <DIVISION I
1 6 LEGISLATIVE HEALTH CARE COVERAGE COMMISSION
1 7 Section 1. LEGISLATIVE HEALTH CARE COVERAGE
1 8 COMMISSION.
1 9 1. A legislative health care coverage commission
1 10 is created under the authority of the legislative
1 11 council.
1 12 a. The commission shall include the following
1 13 persons who are ex officio, nonvoting members of the
1 14 commission:
1 15 (1) The commissioner of insurance, or a designee.
1 16 (2) The director of human services, or a designee.
1 17 (3) The director of public health, or a designee.
1 18 (4) Four members of the general assembly, one
1 19 appointed by the speaker of the house of
1 20 representatives, one appointed by the minority leader
1 21 of the house of representatives, one appointed by the
1 22 majority leader of the senate, and one appointed by
1 23 the minority leader of the senate.
1 24 b. The commission shall include the following
1 25 persons who are voting members of the commission and
1 26 who are appointed by the legislative council:
1 27 (1) A person who represents the association of
1 28 business and industry.
1 29 (2) A person who represents the federation of Iowa
1 30 insurers.
1 31 (3) A person who represents the Iowa federation of
1 32 labor.
1 33 (4) One health care provider, designated by the
1 34 executive committee of the medical assistance advisory
1 35 council.
1 36 (5) A person who represents the Iowa association
1 37 of health underwriters.
1 38 (6) Three consumers.
1 39 (7) A person who represents an organization of
1 40 small businesses.
1 41 2. The legislative council may employ or contract
1 42 with a coordinator to assist the commission in
1 43 carrying out its duties. The coordinator shall gather
1 44 and coordinate information for the use of the
1 45 commission in its deliberations concerning health
1 46 reform initiatives and activities related to the
1 47 medical home system advisory council, the electronic
1 48 health information advisory council and executive
1 49 committee, the prevention and chronic care management
1 50 advisory council, the direct care worker task force,
2 1 the health and long-term care access technical
2 2 advisory committee, the clinicians advisory panel, the
2 3 long-term living initiatives of the department of
2 4 elder affairs, medical assistance and hawk-i program
2 5 expansions and initiatives, prevention and wellness
2 6 initiatives including but not limited to those
2 7 administered through the Iowa healthy communities
2 8 initiative pursuant to section 135.27 and through the
2 9 governor's council on physical fitness and nutrition,
2 10 health care transparency activities, and other health
2 11 care reform-related advisory bodies and activities
2 12 that provide direction and promote collaborative
2 13 efforts among health care providers involved in the
2 14 initiatives and activities. The legislative services
2 15 agency shall provide administrative support to the
2 16 commission.
2 17 3. The legislative council shall appoint one
2 18 voting member as chairperson and one as vice
2 19 chairperson. Legislative members of the commission
2 20 are eligible for per diem and reimbursement of actual
2 21 expenses as provided in section 2.10. The consumers
2 22 appointed to the commission are entitled to receive a
2 23 per diem as specified in section 7E.6 for each day
2 24 spent in performance of duties as a member, and shall

2 25 be reimbursed for all actual and necessary expenses
2 26 incurred in the performance of duties as a member of
2 27 the commission.

2 28 4. The commission shall develop an Iowa health
2 29 care reform strategic plan which includes but is not
2 30 limited to a review and analysis of, and
2 31 recommendations and prioritization of recommendations
2 32 for, the following:

2 33 a. Options for the coordination of a children's
2 34 health care network in the state that provides health
2 35 care coverage to all children without such coverage;
2 36 utilizes, modifies, and enhances existing public
2 37 programs; maximizes the ability of the state to obtain
2 38 federal funding and reimbursement for such programs;
2 39 and provides access to private, affordable health care
2 40 coverage for children who are not otherwise eligible
2 41 for health care coverage through public programs.

2 42 b. Options for children, adults, and families to
2 43 transition seamlessly among public and private health
2 44 care coverage options.

2 45 c. Options for subsidized and unsubsidized health
2 46 care coverage programs which offer public and private,
2 47 adequate and affordable health care coverage including
2 48 but not limited to options to purchase coverage with
2 49 varying levels of benefits including basic or
2 50 catastrophic benefits, an intermediate level of
3 1 benefits, and comprehensive benefits coverage. The
3 2 commission shall also consider options and make
3 3 recommendations for providing an array of benefits
3 4 that may include physical, mental, and dental health
3 5 care coverage.

3 6 d. Options to offer a program to provide coverage
3 7 under a state health or medical group insurance plan
3 8 to nonstate public employees, including employees of
3 9 counties, cities, schools, area education agencies,
3 10 and community colleges, and employees of nonprofit
3 11 employers and small employers and to pool such
3 12 employees with the state plan.

3 13 e. The ramifications of requiring each employer in
3 14 the state with more than ten employees to adopt and
3 15 maintain a cafeteria plan that satisfies section 125
3 16 of the Internal Revenue Code of 1986.

3 17 f. Options for development of a long-term strategy
3 18 to provide access to affordable health care coverage
3 19 to the uninsured in Iowa, particularly adults, and
3 20 development of a structure to implement that strategy
3 21 including consideration of whether to utilize an
3 22 existing government agency or a newly created entity.

3 23 5. As part of developing the strategic plan, the
3 24 commission shall collaborate with health insurance
3 25 experts to do including but not limited to the
3 26 following:

3 27 a. Design solutions to issues relating to
3 28 guaranteed issuance of insurance, preexisting
3 29 condition exclusions, portability, and allowable
3 30 pooling and rating classifications.

3 31 b. Formulate principles that ensure fair and
3 32 appropriate practices relating to issues involving
3 33 individual health care policies such as rescission and
3 34 preexisting condition clauses, and that provide for a
3 35 binding third-party review process to resolve disputes
3 36 related to such issues.

3 37 c. Design affordable, portable health care
3 38 coverage options for low-income children, adults, and
3 39 families.

3 40 d. Design a proposed premium schedule for health
3 41 care coverage options which includes the development
3 42 of rating factors that are consistent with market
3 43 conditions.

3 44 e. Design protocols to limit the transfer from
3 45 employer-sponsored or other private health care
3 46 coverage to state-developed health care coverage
3 47 plans.

3 48 6. The commission may request from any state
3 49 agency or official information and assistance as
3 50 needed to perform its duties pursuant to this section.

4 1 A state agency or official shall furnish the
4 2 information or assistance requested within the
4 3 authority and resources of the state agency or
4 4 official. This subsection does not allow the
4 5 examination or copying of any public record required

4 6 by law to be kept confidential.

4 7 7. The commission shall provide progress reports
4 8 to the legislative council every quarter summarizing
4 9 the commission's activities.

4 10 8. The commission shall provide a progress report
4 11 to the general assembly by January 1, 2010,
4 12 summarizing the commission's activities thus far, that
4 13 includes but is not limited to recommendations and
4 14 prioritization of recommendations for subsidized and
4 15 unsubsidized health care coverage programs which offer
4 16 public and private and adequate and affordable health
4 17 care coverage for adults. The commission shall
4 18 collaborate with health insurance experts to ensure
4 19 that health care coverage for adults that is
4 20 consistent with the commission's recommendations and
4 21 priorities is available for purchase by the public by
4 22 July 1, 2010.

4 23 9. The commission shall provide a report to the
4 24 general assembly by January 1, 2011, summarizing the
4 25 commission's activities since the last report.

4 26 10. The commission shall conclude its
4 27 deliberations by July 1, 2011, and shall submit a
4 28 final report to the general assembly by October 1,
4 29 2011, summarizing the commission's activities
4 30 particularly pertaining to the availability of health
4 31 care coverage programs for adults, analyzing issues
4 32 studied, and setting forth options, recommendations,
4 33 and priorities for an Iowa health care reform
4 34 strategic plan that will ensure that all Iowans have
4 35 access to health care coverage which meets minimum
4 36 standards of quality and affordability. The
4 37 commission may include any other information the
4 38 commission deems relevant and necessary.

4 39 11. This section is repealed on December 31, 2011.

4 40 COORDINATING AMENDMENTS

4 41 Sec. 2. Section 514E.1, subsections 15 and 22,
4 42 Code 2009, are amended by striking the subsections.

4 43 Sec. 3. Section 514E.2, subsection 3, unnumbered
4 44 paragraph 1, Code 2009, is amended to read as follows:

4 45 The association shall submit to the commissioner a
4 46 plan of operation for the association and any
4 47 amendments necessary or suitable to assure the fair,
4 48 reasonable, and equitable administration of the
4 49 association. ~~The plan of operation shall include~~
~~4 50 provisions for the development of a comprehensive~~
~~5 1 health care coverage plan as provided in section~~
~~5 2 514E.5. In developing the comprehensive plan the~~
~~5 3 association shall give deference to the~~
~~5 4 recommendations made by the advisory council as~~
~~5 5 provided in section 514E.6, subsection 1. The~~
~~5 6 association shall approve or disapprove but shall not~~
~~5 7 modify recommendations made by the advisory council.~~
~~5 8 Recommendations that are approved shall be included in~~
~~5 9 the plan of operation submitted to the commissioner.~~
~~5 10 Recommendations that are disapproved shall be~~
~~5 11 submitted to the commissioner with reasons for the~~
~~5 12 disapproval. The plan of operation becomes effective~~
5 13 upon approval in writing by the commissioner prior to
5 14 the date on which the coverage under this chapter must
5 15 be made available. After notice and hearing, the
5 16 commissioner shall approve the plan of operation if
5 17 the plan is determined to be suitable to assure the
5 18 fair, reasonable, and equitable administration of the
5 19 association, and provides for the sharing of
5 20 association losses, if any, on an equitable and
5 21 proportionate basis among the member carriers. If the
5 22 association fails to submit a suitable plan of
5 23 operation within one hundred eighty days after the
5 24 appointment of the board of directors, or if at any
5 25 later time the association fails to submit suitable
5 26 amendments to the plan, the commissioner shall adopt,
5 27 pursuant to chapter 17A, rules necessary to implement
5 28 this section. The rules shall continue in force until
5 29 modified by the commissioner or superseded by a plan
5 30 submitted by the association and approved by the
5 31 commissioner. In addition to other requirements, the
5 32 plan of operation shall provide for all of the
5 33 following:

5 34 Sec. 4. Sections 514E.5 and 514E.6, Code 2009, are
5 35 repealed.

5 36 Sec. 5. EFFECTIVE DATE. This division of this

5 37 Act, being deemed of immediate importance, takes
5 38 effect upon enactment.

5 39 DIVISION II

5 40 HEALTH CARE COVERAGE OF ADULT CHILDREN

5 41 Sec. 6. Section 422.7, Code 2009, is amended by
5 42 adding the following new subsection:

5 43 NEW SUBSECTION. 29A. If the health benefits
5 44 coverage or insurance of the taxpayer includes
5 45 coverage of a nonqualified tax dependent as determined
5 46 by the federal internal revenue service, subtract, to
5 47 the extent included, the amount of the value of such
5 48 coverage attributable to the nonqualified tax
5 49 dependent.

5 50 Sec. 7. Section 509.3, subsection 8, Code 2009, is
6 1 amended to read as follows:

6 2 8. A provision that the insurer will permit
6 3 continuation of existing coverage or reenrollment in
6 4 previously existing coverage for an individual who
6 5 meets the requirements of section 513B.2, subsection
6 6 14, paragraph "a", "b", "c", "d", or "e", and who is
6 7 an unmarried child of an insured or enrollee who so
6 8 elects, at least through the policy anniversary date
6 9 on or after the date the child marries, ceases to be a
6 10 resident of this state, or attains the age of
6 11 twenty-five years old, whichever occurs first, or so
6 12 long as the unmarried child maintains full-time status
6 13 as a student in an accredited institution of
6 14 postsecondary education.

6 15 In addition to the provisions required in
6 16 subsections 1 through 7 8, the commissioner shall
6 17 require provisions through the adoption of rules
6 18 implementing the federal Health Insurance Portability
6 19 and Accountability Act, Pub. L. No. 104=191.

6 20 Sec. 8. Section 509A.13B, Code 2009, is amended to
6 21 read as follows:

6 22 509A.13B ~~CONTINUATION OF DEPENDENT COVERAGE OF~~
6 23 ~~CHILDREN == CONTINUATION OR REENROLLMENT.~~

6 24 If a governing body, a county board of supervisors,
6 25 or a city council has procured accident or health care
6 26 coverage for its employees under this chapter such
6 27 coverage shall permit continuation of existing
6 28 coverage or reenrollment in previously existing
6 29 coverage for an individual who meets the requirements
6 30 of section 513B.2, subsection 14, paragraph "a", "b",
6 31 "c", "d", or "e", and who is an unmarried child of an
6 32 insured or enrollee who so elects, at least through
6 33 the policy anniversary date on or after the date the
6 34 child marries, ceases to be a resident of this state,
6 35 or attains the age of twenty-five years old, whichever
6 36 occurs first, or so long as the unmarried child
6 37 maintains full-time status as a student in an
6 38 accredited institution of postsecondary education.

6 39 Sec. 9. Section 514A.3B, subsection 2, Code 2009,
6 40 is amended to read as follows:

6 41 2. An insurer issuing an individual policy or
6 42 contract of accident and health insurance which
6 43 provides coverage for children of the insured shall
6 44 permit continuation of existing coverage or
6 45 reenrollment in previously existing coverage for an
6 46 individual who meets the requirements of section
6 47 513B.2, subsection 14, paragraph "a", "b", "c", "d",
6 48 or "e", and who is an unmarried child of an insured or

6 49 enrollee who so elects, at least through the policy
6 50 anniversary date on or after the date the child
7 1 marries, ceases to be a resident of this state, or
7 2 attains the age of twenty-five years old, whichever
7 3 occurs first, or so long as the unmarried child
7 4 maintains full-time status as a student in an
7 5 accredited institution of postsecondary education.

7 6 Sec. 10. NEW SECTION. 514B.9A COVERAGE OF
7 7 CHILDREN == CONTINUATION OR REENROLLMENT.

7 8 A health maintenance organization which provides
7 9 health care coverage pursuant to an individual or
7 10 group health maintenance organization contract
7 11 regulated under this chapter for children of an
7 12 enrollee shall permit continuation of existing
7 13 coverage or reenrollment in previously existing
7 14 coverage for an individual who meets the requirements
7 15 of section 513B.2, subsection 14, paragraph "a", "b",
7 16 "c", "d", or "e", and who is an unmarried child of an
7 17 enrollee who so elects, at least through the policy

7 18 anniversary date on or after the date the child
7 19 marries, ceases to be a resident of this state, or
7 20 attains the age of twenty-five years old, whichever
7 21 occurs first, or so long as the unmarried child
7 22 maintains full-time status as a student in an
7 23 accredited institution of postsecondary education.
7 24 Sec. 11. APPLICABILITY. The sections of this Act
7 25 amending section 509.3, subsection 8, 509A.13B, and
7 26 514A.3B, subsection 2, and enacting section 514B.9A,
7 27 apply to policies, contracts, or plans of accident and
7 28 health insurance delivered, issued for delivery,
7 29 continued, or renewed in this state on or after July
7 30 1, 2009.

7 31 Sec. 12. RETROACTIVE APPLICABILITY DATE. The
7 32 section of this Act enacting section 422.7, subsection
7 33 29A, applies retroactively to January 1, 2009, for tax
7 34 years beginning on or after that date.

7 35 DIVISION III

7 36 MEDICAL ASSISTANCE AND HAWK=I PROVISIONS

7 37 COVERAGE FOR ALL INCOME=ELIGIBLE CHILDREN

7 38 Sec. 13. NEW SECTION. 249A.3A MEDICAL ASSISTANCE
7 39 == ALL INCOME=ELIGIBLE CHILDREN.

7 40 The department shall provide medical assistance to
7 41 individuals under nineteen years of age who meet the
7 42 income eligibility requirements for the state medical
7 43 assistance program and for whom federal financial
7 44 participation is or becomes available for the cost of
7 45 such assistance.

7 46 Sec. 14. NEW SECTION. 514I.8A HAWK=I == ALL
7 47 INCOME=ELIGIBLE CHILDREN.

7 48 The department shall provide coverage to
7 49 individuals under nineteen years of age who meet the
7 50 income eligibility requirements for the hawk=i program
8 1 and for whom federal financial participation is or
8 2 becomes available for the cost of such coverage.

8 3 REQUIRED APPLICATION FOR DEPENDENT CHILD HEALTH CARE
8 4 COVERAGE

8 5 Sec. 15. Section 422.12M, Code 2009, is amended to
8 6 read as follows:

8 7 422.12M INCOME TAX FORM == INDICATION OF DEPENDENT
8 8 CHILD HEALTH CARE COVERAGE.

8 9 1. The director shall draft the income tax form to
8 10 ~~allow require~~ beginning with the tax returns for tax
8 11 year ~~2008~~ 2010, a person who files an individual or
8 12 joint income tax return with the department under
8 13 section 422.13 to indicate the presence or absence of
8 14 health care coverage for each dependent child for whom
8 15 an exemption is claimed.

8 16 2. Beginning with the income tax return for tax
8 17 year ~~2008~~ 2010, a person who files an individual or
8 18 joint income tax return with the department under
8 19 section 422.13, ~~may shall~~ report on the income tax
8 20 return, in the form required, the presence or absence
8 21 of health care coverage for each dependent child for
8 22 whom an exemption is claimed.

8 23 a. If the taxpayer indicates on the income tax
8 24 return that a dependent child does not have health
8 25 care coverage, and the income of the taxpayer's tax
8 26 return does not exceed the highest level of income
8 27 eligibility standard for the medical assistance
8 28 program pursuant to chapter 249A or the hawk=i program
8 29 pursuant to chapter 514I, the department shall send a
8 30 notice to the taxpayer indicating that the dependent
8 31 child may be eligible for the medical assistance
8 32 program or the hawk=i program and providing
8 33 information ~~to the taxpayer~~ about how to enroll ~~the~~
8 34 ~~dependent child in the programs appropriate program.~~
8 35 The taxpayer shall submit an application for the
8 36 appropriate program within ninety days of receipt of
8 37 the enrollment information.

~~8 38 b. Notwithstanding any other provision of law to~~
~~8 39 the contrary, a taxpayer shall not be subject to a~~
~~8 40 penalty for not providing the information required~~
~~8 41 under this section.~~

8 42 ~~c. b.~~ The department shall consult with the
8 43 department of human services in developing the tax
8 44 return form and the information to be provided to tax
8 45 filers under this section.

8 46 3. The department, in cooperation with the
8 47 department of human services, shall adopt rules
8 48 pursuant to chapter 17A to administer this section,

8 49 including rules defining "health care coverage" for
8 50 the purpose of indicating its presence or absence on
9 1 the tax form.

9 2 4. The department, in cooperation with the
9 3 department of human services, shall report, annually,
9 4 to the governor and the general assembly all of the
9 5 following:

9 6 a. The number of Iowa families, by income level,
9 7 claiming the state income tax exemption for dependent
9 8 children.

9 9 b. The number of Iowa families, by income level,
9 10 claiming the state income tax exemption for dependent
9 11 children ~~who also and whether they~~ indicate the
9 12 presence or absence of health care coverage for the
9 13 dependent children.

~~9 14 c. The effect of the reporting requirements and
9 15 provision of information requirements under this
9 16 section on the number and percentage of children in
9 17 the state who are uninsured. The number of Iowa
9 18 families, by income level, claiming the state income
9 19 tax exemption for dependent children who receive
9 20 information from the department pursuant to subsection
9 21 2 and who subsequently apply for and are enrolled in
9 22 the appropriate program.~~

9 23 PREGNANT WOMEN INCOME ELIGIBILITY FOR MEDICAID

9 24 Sec. 16. Section 249A.3, subsection 1, paragraph
9 25 1, Code 2009, is amended to read as follows:

9 26 1. (1) Is an infant whose income is not more than
9 27 two hundred percent of the federal poverty level, as
9 28 defined by the most recently revised income guidelines
9 29 published by the United States department of health
9 30 and human services.

9 31 (2) Additionally, effective July 1, 2009, medical
9 32 assistance shall be provided to ~~an~~ a pregnant woman or
9 33 infant whose family income is at or below three
9 34 hundred percent of the federal poverty level, as
9 35 defined by the most recently revised poverty income
9 36 guidelines published by the United States department
9 37 of health and human services, if otherwise eligible.

9 38 Sec. 17. Section 514I.8, subsection 1, Code 2009,
9 39 is amended to read as follows:

9 40 1. Effective July 1, 1998, and notwithstanding any
9 41 medical assistance program eligibility criteria to the
9 42 contrary, medical assistance shall be provided to, or
9 43 on behalf of, an eligible child under the age of
9 44 nineteen whose family income does not exceed one
9 45 hundred thirty-three percent of the federal poverty
9 46 level, as defined by the most recently revised poverty
9 47 income guidelines published by the United States
9 48 department of health and human services.

9 49 Additionally, effective July 1, 2000, and
9 50 notwithstanding any medical assistance program
10 1 eligibility criteria to the contrary, medical
10 2 assistance shall be provided to, or on behalf of, an
10 3 eligible infant whose family income does not exceed
10 4 two hundred percent of the federal poverty level, as
10 5 defined by the most recently revised poverty income
10 6 guidelines published by the United States department
10 7 of health and human services. Effective July 1, 2009,
10 8 and notwithstanding any medical assistance program
10 9 eligibility criteria to the contrary, medical
10 10 assistance shall be provided to, or on behalf of, a
~~10 11 pregnant woman or~~ an eligible child who is an infant
10 12 and whose family income is at or below three hundred
10 13 percent of the federal poverty level, as defined by
10 14 the most recently revised poverty income guidelines
10 15 published by the United States department of health
10 16 and human services.

10 17 IMPROVING ACCESS AND RETENTION

10 18 Sec. 18. Section 249A.4, Code 2009, is amended by
10 19 adding the following new subsection:

10 20 NEW SUBSECTION. 16. Implement the premium
10 21 assistance program options described under the federal
10 22 Children's Health Insurance Program Reauthorization
10 23 Act of 2009, Pub. L. No. 111-3, for the medical
10 24 assistance program. The department may adopt rules as
10 25 necessary to administer these options.

10 26 Sec. 19. NEW SECTION. 509.3A CREDITABLE
10 27 COVERAGE.

10 28 For the purposes of any policies of group accident
10 29 or health insurance or combination of such policies

10 30 issued in this state, "creditable coverage" means
10 31 health benefits or coverage provided to an individual
10 32 under any of the following:
10 33 1. A group health plan.
10 34 2. Health insurance coverage.
10 35 3. Part A or Part B Medicare pursuant to Title
10 36 XVIII of the federal Social Security Act.
10 37 4. Medicaid pursuant to Title XIX of the federal
10 38 Social Security Act, other than coverage consisting
10 39 solely of benefits under section 1928 of that Act.
10 40 5. 10 U.S.C. ch. 55.
10 41 6. A health or medical care program provided
10 42 through the Indian health service or a tribal
10 43 organization.
10 44 7. A state health benefits risk pool.
10 45 8. A health plan offered under 5 U.S.C. ch. 89.
10 46 9. A public health plan as defined under federal
10 47 regulations.
10 48 10. A health benefit plan under section 5(e) of
10 49 the federal Peace Corps Act, 22 U.S.C. } 2504(e).
10 50 11. An organized delivery system licensed by the
11 1 director of public health.
11 2 12. A short-term limited duration policy.
11 3 13. The hawk=i program authorized by chapter 514I.
11 4 Sec. 20. Section 513B.2, subsection 8, Code 2009,
11 5 is amended by adding the following new paragraph:
11 6 NEW PARAGRAPH. m. The hawk=i program authorized
11 7 by chapter 514I.
11 8 Sec. 21. Section 514A.3B, subsection 1, Code 2009,
11 9 is amended to read as follows:
11 10 1. An insurer which accepts an individual for
11 11 coverage under an individual policy or contract of
11 12 accident and health insurance shall waive any time
11 13 period applicable to a preexisting condition exclusion
11 14 or limitation period requirement of the policy or
11 15 contract with respect to particular services in an
11 16 individual health benefit plan for the period of time
11 17 the individual was previously covered by qualifying
11 18 previous coverage as defined in section 513C.3, by
11 19 chapter 249A or 514I, or by Medicare coverage provided
11 20 pursuant to Title XVIII of the federal Social Security
11 21 Act that provided benefits with respect to such
11 22 services, provided that the ~~qualifying previous~~
11 23 coverage was continuous to a date not more than
11 24 sixty-three days prior to the effective date of the
11 25 new policy or contract. ~~Any days of coverage provided~~
~~11 26 to an individual pursuant to chapter 249A or 514I, or~~
~~11 27 Medicare coverage provided pursuant to Title XVIII of~~
~~11 28 the federal Social Security Act, do not constitute~~
~~11 29 qualifying previous coverage. Such days of chapter~~
~~11 30 249A or 514I or Medicare coverage shall be counted as~~
~~11 31 part of the maximum sixty-three-day grace period and~~
~~11 32 shall not constitute a basis for the waiver of any~~
~~11 33 preexisting condition exclusion or limitation period.~~
11 34 Sec. 22. Section 514A.3B, Code 2009, is amended by
11 35 adding the following new subsection:
11 36 NEW SUBSECTION. 3. For the purposes of any
11 37 policies of accident and sickness insurance issued in
11 38 this state, "creditable coverage" means health
11 39 benefits or coverage provided to an individual under
11 40 any of the following:
11 41 a. A group health plan.
11 42 b. Health insurance coverage.
11 43 c. Part A or Part B Medicare pursuant to Title
11 44 XVIII of the federal Social Security Act.
11 45 d. Medicaid pursuant to Title XIX of the federal
11 46 Social Security Act, other than coverage consisting
11 47 solely of benefits under section 1928 of that Act.
11 48 e. 10 U.S.C. ch. 55.
11 49 f. A health or medical care program provided
11 50 through the Indian health service or a tribal
12 1 organization.
12 2 g. A state health benefits risk pool.
12 3 h. A health plan offered under 5 U.S.C. ch. 89.
12 4 i. A public health plan as defined under federal
12 5 regulations.
12 6 j. A health benefit plan under section 5(e) of the
12 7 federal Peace Corps Act, 22 U.S.C. } 2504(e).
12 8 k. An organized delivery system licensed by the
12 9 director of public health.
12 10 l. A short-term limited duration policy.

12 11 m. The hawk-i program authorized by chapter 514I.
12 12 Sec. 23. Section 514I.1, subsection 4, Code 2009,
12 13 is amended to read as follows:

12 14 4. It is the intent of the general assembly that
12 15 the hawk-i program be an integral part of the
12 16 continuum of health insurance coverage and that the
12 17 program be developed and implemented in such a manner
12 18 as to facilitate movement of families between health
12 19 insurance providers and to facilitate the transition
12 20 of families to private sector health insurance
12 21 coverage. ~~It is the intent of the general assembly in~~
~~12 22 developing such continuum of health insurance coverage~~
~~12 23 and in facilitating such transition, that beginning~~
~~12 24 July 1, 2009, the department implement the hawk-i~~
~~12 25 expansion program.~~

12 26 Sec. 24. Section 514I.2, subsection 8, Code 2009,
12 27 is amended by striking the subsection.

12 28 Sec. 25. Section 514I.3, Code 2009, is amended by
12 29 adding the following new subsection:

12 30 NEW SUBSECTION. 6. Health care coverage provided
12 31 under this chapter in accordance with Title XXI of the
12 32 federal Social Security Act shall be recognized as
12 33 prior creditable coverage for the purposes of private
12 34 individual and group health insurance coverage.

12 35 Sec. 26. Section 514I.4, subsection 2, Code 2009,
12 36 is amended to read as follows:

12 37 2. a. The director, with the approval of the
12 38 board, may contract with participating insurers to
12 39 provide dental-only services.

12 40 b. The director, with the approval of the board,
12 41 may contract with participating insurers to provide
12 42 the supplemental dental-only coverage to otherwise
12 43 eligible children who have private health care
12 44 coverage as specified in the federal Children's Health
12 45 Insurance Program Reauthorization Act of 2009, Pub. L.
12 46 No. 111=3.

12 47 Sec. 27. Section 514I.4, subsection 5, paragraphs
12 48 a and b, Code 2009, are amended to read as follows:

12 49 a. ~~Develop a joint program application form not to~~
~~12 50 exceed two pages in length, which is consistent with~~
~~13 1 the rules of the board, which is easy to understand,~~
13 2 complete, and concise, ~~and which, to the greatest~~
~~13 3 extent possible, coordinates with the supplemental~~
13 4 forms, ~~and the same application and renewal~~
13 5 verification process for both the hawk-i and medical
13 6 assistance program programs.

13 7 b. (1) Establish the family cost sharing amounts
13 8 for children of families with incomes of one hundred
13 9 fifty percent or more but not exceeding two hundred
13 10 percent of the federal poverty level, of not less than
13 11 ten dollars per individual and twenty dollars per
13 12 family, if not otherwise prohibited by federal law,
13 13 with the approval of the board.

13 14 (2) Establish for children of families with
13 15 incomes exceeding two hundred percent but not
13 16 exceeding three hundred percent of the federal poverty
13 17 level, family cost-sharing amounts, and graduated
13 18 premiums based on a rationally developed sliding fee
13 19 schedule, in accordance with federal law, with the
13 20 approval of the board.

13 21 Sec. 28. Section 514I.5, subsection 7, paragraph
13 22 1, Code 2009, is amended to read as follows:

13 23 1. Develop options and recommendations to allow
13 24 children eligible for the hawk-i or hawk-i expansion
13 25 program to participate in qualified employer-sponsored
13 26 health plans through a premium assistance program.
13 27 The options and recommendations shall ensure
13 28 reasonable alignment between the benefits and costs of
13 29 the hawk-i and hawk-i expansion programs program and
13 30 the employer-sponsored health plans consistent with
13 31 federal law. The options and recommendations shall be
~~13 32 completed by January 1, 2009, and submitted to the~~
~~13 33 governor and the general assembly for consideration as~~
~~13 34 part of the hawk-i and hawk-i expansion programs. In~~
13 35 addition, the board shall implement the premium
13 36 assistance program options described under the federal
13 37 Children's Health Insurance Program Reauthorization
13 38 Act of 2009, Pub. L. No. 111=3, for the hawk-i
13 39 program.

13 40 Sec. 29. Section 514I.5, subsection 8, paragraph
13 41 e, Code 2009, is amended by adding the following new

13 42 subparagraph:

13 43 NEW SUBPARAGRAPH. (15) Translation and
13 44 interpreter services as specified pursuant to the
13 45 federal Children's Health Insurance Program
13 46 Reauthorization Act of 2009, Pub. L. No. 111-3.
13 47 Sec. 30. Section 514I.5, subsection 8, paragraph
13 48 g, Code 2009, is amended to read as follows:
13 49 g. Presumptive eligibility criteria for the
13 50 program. Beginning January 1, 2010, presumptive
14 1 eligibility shall be provided for eligible children.

14 2 Sec. 31. Section 514I.5, subsection 9, Code 2009,
14 3 is amended to read as follows:

14 4 9. a. The hawk=i board may provide approval to
14 5 the director to contract with participating insurers
14 6 to provide dental=only services. In determining
14 7 whether to provide such approval to the director, the
14 8 board shall take into consideration the impact on the
14 9 overall program of single source contracting for
14 10 dental services.

14 11 b. The hawk=i board may provide approval to the
14 12 director to contract with participating insurers to
14 13 provide the supplemental dental=only coverage to
14 14 otherwise eligible children who have private health
14 15 care coverage as specified in the federal Children's
14 16 Health Insurance Program Reauthorization Act of 2009,
14 17 Pub. L. No. 111-3.

14 18 Sec. 32. Section 514I.6, subsections 2 and 3, Code
14 19 2009, are amended to read as follows:

14 20 2. Provide or reimburse accessible, quality
14 21 medical or dental services.

14 22 3. Require that any plan provided by the
14 23 participating insurer establishes and maintains a
14 24 conflict management system that includes methods for
14 25 both preventing and resolving disputes involving the
14 26 health or dental care needs of eligible children, and
14 27 a process for resolution of such disputes.

14 28 Sec. 33. Section 514I.6, subsection 4, paragraph
14 29 a, Code 2009, is amended to read as follows:

14 30 a. A list of providers of medical or dental
14 31 services under the plan.

14 32 Sec. 34. Section 514I.7, subsection 2, paragraph
14 33 d, Code 2009, is amended to read as follows:

14 34 d. Monitor and assess the medical and dental care
14 35 provided through or by participating insurers as well
14 36 as complaints and grievances.

14 37 Sec. 35. Section 514I.8, subsection 2, paragraph
14 38 c, Code 2009, is amended to read as follows:

14 39 c. Is a member of a family whose income does not
14 40 exceed ~~two~~ three hundred percent of the federal
14 41 poverty level, as defined in 42 U.S.C. } 9902(2),
14 42 including any revision required by such section, and
14 43 in accordance with the federal Children's Health

14 44 Insurance Program Reauthorization Act of 2009, Pub. L.
14 45 No. 111-3.

14 46 Sec. 36. Section 514I.10, Code 2009, is amended by
14 47 adding the following new subsection:

14 48 NEW SUBSECTION. 2A. Cost sharing for an eligible
14 49 child whose family income exceeds two hundred percent
14 50 but does not exceed three hundred percent of the
15 1 federal poverty level may include copayments and
15 2 graduated premium amounts which do not exceed the
15 3 limitations of federal law.

15 4 Sec. 37. Section 514I.11, subsections 1 and 3,
15 5 Code 2009, are amended to read as follows:

15 6 1. A hawk=i trust fund is created in the state
15 7 treasury under the authority of the department of
15 8 human services, in which all appropriations and other
15 9 revenues of the program ~~and the hawk=i expansion~~
15 10 ~~program~~ such as grants, contributions, and participant
15 11 payments shall be deposited and used for the purposes
15 12 of the program ~~and the hawk=i expansion program~~. The
15 13 moneys in the fund shall not be considered revenue of
15 14 the state, but rather shall be funds of the program.

15 15 3. Moneys in the fund are appropriated to the
15 16 department and shall be used to offset any program ~~and~~
15 17 ~~hawk=i expansion program~~ costs.

15 18 Sec. 38. MEDICAL ASSISTANCE PROGRAM ==
15 19 PROGRAMMATIC AND PROCEDURAL PROVISIONS. The
15 20 department of human services shall adopt rules
15 21 pursuant to chapter 17A to provide for all of the
15 22 following:

15 23 1. To allow for the submission of one pay stub per
15 24 employer by an individual as verification of earned
15 25 income for the medical assistance program when it is
15 26 indicative of future income.

15 27 2. To allow for an averaging of three years of
15 28 income for self-employed families to establish
15 29 eligibility for the medical assistance program.

15 30 3. To extend the period for annual renewal by
15 31 medical assistance members by mailing the renewal form
15 32 to the member on the first day of the month prior to
15 33 the month of renewal.

15 34 4. To provide for all of the following in
15 35 accordance with the requirements for qualification for
15 36 the performance bonus payments described under the
15 37 federal Children's Health Insurance Program
15 38 Reauthorization Act of 2009, Pub. L. No. 111=3:

15 39 a. Utilization of joint applications and
15 40 supplemental forms, and the same application and
15 41 renewal verification processes for the medical
15 42 assistance and hawk=i programs.

15 43 b. Implementation of administrative or paperless
15 44 verification at renewal for the medical assistance
15 45 program.

15 46 c. Utilization of presumptive eligibility when
15 47 determining a child's eligibility for the medical
15 48 assistance program.

15 49 d. Utilization of the express lane option,
15 50 including utilization of other public program
16 1 databases to reach and enroll children in the medical
16 2 assistance program.

16 3 5. To provide translation and interpretation
16 4 services under the medical assistance program as
16 5 specified pursuant to the federal Children's Health
16 6 Insurance Program Reauthorization Act of 2009, Pub. L.
16 7 No. 111=3.

16 8 Sec. 39. HAWK=I PROGRAM == PROGRAMMATIC AND
16 9 PROCEDURAL PROVISIONS. The hawk=i board, in
16 10 consultation with the department of human services,
16 11 shall adopt rules pursuant to chapter 17A to provide
16 12 for all of the following:

16 13 1. To allow for the submission of one pay stub per
16 14 employer by an individual as verification of earned
16 15 income for the hawk=i program when it is indicative of
16 16 future income.

16 17 2. To allow for an averaging of three years of
16 18 income for self-employed families to establish
16 19 eligibility for the hawk=i program.

16 20 3. To provide for all of the following in
16 21 accordance with the requirements for qualification for
16 22 the performance bonus payments described under the
16 23 federal Children's Health Insurance Program
16 24 Reauthorization Act of 2009, Pub. L. No. 111=3:

16 25 a. Utilization of joint applications and
16 26 supplemental forms, and the same application and
16 27 renewal verification processes for the hawk=i and
16 28 medical assistance programs.

16 29 b. Implementation of administrative or paperless
16 30 verification at renewal for the hawk=i program.

16 31 c. Utilization of presumptive eligibility when
16 32 determining a child's eligibility for the hawk=i
16 33 program.

16 34 d. Utilization of the express lane option,
16 35 including utilization of other public program
16 36 databases to reach and enroll children in the hawk=i
16 37 program.

16 38 Sec. 40. DEMONSTRATION GRANTS == CHIPRA. The
16 39 department of human services in cooperation with the
16 40 department of public health and other appropriate
16 41 agencies, shall apply for grants available under the
16 42 Children's Health Insurance Program Reauthorization
16 43 Act of 2009, Pub. L. No. 111=3, to promote outreach
16 44 activities and quality child health outcomes under the
16 45 medical assistance and hawk=i programs.

16 46 Sec. 41. Section 514I.12, Code 2009, is repealed.

16 47 Sec. 42. EFFECTIVE DATE. The section of this
16 48 division of this Act amending section 422.12M, takes
16 49 effect July 1, 2010.

16 50 DIVISION IV
17 1 VOLUNTEER HEALTH CARE PROVIDERS
17 2 Sec. 43. Section 135.24, Code 2009, is amended to
17 3 read as follows:

17 4 135.24 VOLUNTEER HEALTH CARE PROVIDER PROGRAM
17 5 ESTABLISHED == IMMUNITY FROM CIVIL LIABILITY.
17 6 1. The director shall establish within the
17 7 department a program to provide to eligible hospitals,
17 8 clinics, free clinics, field dental clinics, specialty
17 9 health care provider offices, or other health care
17 10 facilities, health care referral programs, or
17 11 charitable organizations, free medical, dental,
17 12 chiropractic, pharmaceutical, nursing, optometric,
17 13 psychological, social work, behavioral science,
17 14 podiatric, physical therapy, occupational therapy,
17 15 respiratory therapy, and emergency medical care
17 16 services given on a voluntary basis by health care
17 17 providers. A participating health care provider shall
17 18 register with the department and obtain from the
17 19 department a list of eligible, participating
17 20 hospitals, clinics, free clinics, field dental
17 21 clinics, specialty health care provider offices, or
17 22 other health care facilities, health care referral
17 23 programs, or charitable organizations.
17 24 2. The department, in consultation with the
17 25 department of human services, shall adopt rules to
17 26 implement the volunteer health care provider program
17 27 which shall include the following:
17 28 a. Procedures for registration of health care
17 29 providers deemed qualified by the board of medicine,
17 30 the board of physician assistants, the dental board,
17 31 the board of nursing, the board of chiropractic, the
17 32 board of psychology, the board of social work, the
17 33 board of behavioral science, the board of pharmacy,
17 34 the board of optometry, the board of podiatry, the
17 35 board of physical and occupational therapy, the board
17 36 of respiratory care, and the Iowa department of public
17 37 health, as applicable.
17 38 b. Procedures for registration of free clinics,
17 39 ~~and~~ field dental clinics, and specialty health care
17 40 provider offices.
17 41 c. Criteria for and identification of hospitals,
17 42 clinics, free clinics, field dental clinics, specialty
17 43 health care provider offices, or other health care
17 44 facilities, health care referral programs, or
17 45 charitable organizations, eligible to participate in
17 46 the provision of free medical, dental, chiropractic,
17 47 pharmaceutical, nursing, optometric, psychological,
17 48 social work, behavioral science, podiatric, physical
17 49 therapy, occupational therapy, respiratory therapy, or
17 50 emergency medical care services through the volunteer
18 1 health care provider program. A free clinic, a field
18 2 dental clinic, a specialty health care provider
18 3 office, a health care facility, a health care referral
18 4 program, a charitable organization, or a health care
18 5 provider participating in the program shall not bill
18 6 or charge a patient for any health care provider
18 7 service provided under the volunteer health care
18 8 provider program.
18 9 d. Identification of the services to be provided
18 10 under the program. The services provided may include,
18 11 but shall not be limited to, obstetrical and
18 12 gynecological medical services, psychiatric services
18 13 provided by a physician licensed under chapter 148,
18 14 dental services provided under chapter 153, or other
18 15 services provided under chapter 147A, 148A, 148B,
18 16 148C, 149, 151, 152, 152B, 152E, 154, 154B, 154C,
18 17 154D, 154F, or 155A.
18 18 3. A health care provider providing free care
18 19 under this section shall be considered an employee of
18 20 the state under chapter 669, shall be afforded
18 21 protection as an employee of the state under section
18 22 669.21, and shall not be subject to payment of claims
18 23 arising out of the free care provided under this
18 24 section through the health care provider's own
18 25 professional liability insurance coverage, provided
18 26 that the health care provider has done all of the
18 27 following:
18 28 a. Registered with the department pursuant to
18 29 subsection 1.
18 30 b. Provided medical, dental, chiropractic,
18 31 pharmaceutical, nursing, optometric, psychological,
18 32 social work, behavioral science, podiatric, physical
18 33 therapy, occupational therapy, respiratory therapy, or
18 34 emergency medical care services through a hospital,

18 35 clinic, free clinic, field dental clinic, specialty
18 36 health care provider office, or other health care
18 37 facility, health care referral program, or charitable
18 38 organization listed as eligible and participating by
18 39 the department pursuant to subsection 1.

18 40 4. A free clinic providing free care under this
18 41 section shall be considered a state agency solely for
18 42 the purposes of this section and chapter 669 and shall
18 43 be afforded protection under chapter 669 as a state
18 44 agency for all claims arising from the provision of
18 45 free care by a health care provider registered under
18 46 subsection 3 who is providing services at the free
18 47 clinic in accordance with this section or from the
18 48 provision of free care by a health care provider who
18 49 is covered by adequate medical malpractice insurance
18 50 as determined by the department, if the free clinic
19 1 has registered with the department pursuant to
19 2 subsection 1.

19 3 5. A field dental clinic providing free care under
19 4 this section shall be considered a state agency solely
19 5 for the purposes of this section and chapter 669 and
19 6 shall be afforded protection under chapter 669 as a
19 7 state agency for all claims arising from the provision
19 8 of free care by a health care provider registered
19 9 under subsection 3 who is providing services at the
19 10 field dental clinic in accordance with this section or
19 11 from the provision of free care by a health care
19 12 provider who is covered by adequate medical
19 13 malpractice insurance, as determined by the
19 14 department, if the field dental clinic has registered
19 15 with the department pursuant to subsection 1.

19 16 5A. A specialty health care provider office
19 17 providing free care under this section shall be
19 18 considered a state agency solely for the purposes of
19 19 this section and chapter 669 and shall be afforded
19 20 protection under chapter 669 as a state agency for all
19 21 claims arising from the provision of free care by a
19 22 health care provider registered under subsection 3 who
19 23 is providing services at the specialty health care
19 24 provider office in accordance with this section or
19 25 from the provision of free care by a health care
19 26 provider who is covered by adequate medical
19 27 malpractice insurance, as determined by the
19 28 department, if the specialty health care provider
19 29 office has registered with the department pursuant to
19 30 subsection 1.

19 31 6. For the purposes of this section:

19 32 a. "Charitable organization" means a charitable
19 33 organization within the meaning of section 501(c)(3)
19 34 of the Internal Revenue Code.

19 35 b. "Field dental clinic" means a dental clinic
19 36 temporarily or periodically erected at a location
19 37 utilizing mobile dental equipment, instruments, or
19 38 supplies, as necessary, to provide dental services.

19 39 c. "Free clinic" means a facility, other than a
19 40 hospital or health care provider's office which is
19 41 exempt from taxation under section 501(c)(3) of the
19 42 Internal Revenue Code and which has as its sole
19 43 purpose the provision of health care services without
19 44 charge to individuals who are otherwise unable to pay
19 45 for the services.

19 46 d. "Health care provider" means a physician
19 47 licensed under chapter 148, a chiropractor licensed
19 48 under chapter 151, a physical therapist licensed
19 49 pursuant to chapter 148A, an occupational therapist
19 50 licensed pursuant to chapter 148B, a podiatrist
20 1 licensed pursuant to chapter 149, a physician
20 2 assistant licensed and practicing under a supervising
20 3 physician pursuant to chapter 148C, a licensed
20 4 practical nurse, a registered nurse, or an advanced
20 5 registered nurse practitioner licensed pursuant to
20 6 chapter 152 or 152E, a respiratory therapist licensed
20 7 pursuant to chapter 152B, a dentist, dental hygienist,
20 8 or dental assistant registered or licensed to practice
20 9 under chapter 153, an optometrist licensed pursuant to
20 10 chapter 154, a psychologist licensed pursuant to
20 11 chapter 154B, a social worker licensed pursuant to
20 12 chapter 154C, a mental health counselor or a marital
20 13 and family therapist licensed pursuant to chapter
20 14 154D, a pharmacist licensed pursuant to chapter 155A,
20 15 or an emergency medical care provider certified

20 16 pursuant to chapter 147A.
20 17 e. "Specialty health care provider office" means
20 18 the private office or clinic of an individual
20 19 specialty health care provider or group of specialty
20 20 health care providers as referred by the Iowa
20 21 collaborative safety net provider network established
20 22 in section 135.153, but does not include a field
20 23 dental clinic, a free clinic, or a hospital.

20 24 DIVISION V
20 25 HEALTH CARE WORKFORCE SUPPORT INITIATIVE
20 26 Sec. 44. NEW SECTION. 135.153A SAFETY NET
20 27 PROVIDER RECRUITMENT AND RETENTION INITIATIVES PROGRAM
20 28 REPEAL.

20 29 The department, in accordance with efforts pursuant
20 30 to sections 135.163 and 135.164 and in cooperation
20 31 with the Iowa collaborative safety net provider
20 32 network governing group as described in section
20 33 135.153, shall establish and administer a safety net
20 34 provider recruitment and retention initiatives program
20 35 to address the health care workforce shortage relative
20 36 to safety net providers. Funding for the program may
20 37 be provided through the health care workforce shortage
20 38 fund or the safety net provider network workforce
20 39 shortage account created in section 135.175. The
20 40 department, in cooperation with the governing group,
20 41 shall adopt rules pursuant to chapter 17A to implement
20 42 and administer such program. This section is repealed
20 43 June 30, 2014.

20 44 Sec. 45. NEW SECTION. 135.175 HEALTH CARE
20 45 WORKFORCE SUPPORT INITIATIVE == WORKFORCE SHORTAGE
20 46 FUND == ACCOUNTS == REPEAL.

20 47 1. a. A health care workforce support initiative
20 48 is established to provide for the coordination and
20 49 support of various efforts to address the health care
20 50 workforce shortage in this state. This initiative
21 1 shall include the medical residency training state
21 2 matching grants program created in section 135.176,
21 3 the health care professional and nursing workforce
21 4 shortage initiative created in sections 261.128 and
21 5 261.129, the safety net provider recruitment and
21 6 retention initiatives program credited in section
21 7 135.153A, health care workforce shortage national
21 8 initiatives, and the physician assistant mental health
21 9 fellowship program created in section 135.177.

21 10 b. A health care workforce shortage fund is
21 11 created in the state treasury as a separate fund under
21 12 the control of the department, in cooperation with the
21 13 entities identified in this section as having control
21 14 over the accounts within the fund. The fund and the
21 15 accounts within the fund shall be controlled and
21 16 managed in a manner consistent with the principles
21 17 specified and the strategic plan developed pursuant to
21 18 sections 135.163 and 135.164.

21 19 2. The fund and the accounts within the fund shall
21 20 consist of moneys appropriated from the general fund
21 21 of the state for the purposes of the fund or the
21 22 accounts within the fund; moneys received from the
21 23 federal government for the purposes of addressing the
21 24 health care workforce shortage; contributions, grants,
21 25 and other moneys from communities and health care
21 26 employers; and moneys from any other public or private
21 27 source available.

21 28 3. The department and any entity identified in
21 29 this section as having control over any of the
21 30 accounts within the fund, may receive contributions,
21 31 grants, and in-kind contributions to support the
21 32 purposes of the fund and the accounts within the fund.

21 33 4. The fund and the accounts within the fund shall
21 34 be separate from the general fund of the state and
21 35 shall not be considered part of the general fund of
21 36 the state. The moneys in the fund and the accounts
21 37 within the fund shall not be considered revenue of the
21 38 state, but rather shall be moneys of the fund or the
21 39 accounts. The moneys in the fund and the accounts
21 40 within the fund are not subject to section 8.33 and
21 41 shall not be transferred, used, obligated,
21 42 appropriated, or otherwise encumbered, except to
21 43 provide for the purposes of this section.
21 44 Notwithstanding section 12C.7, subsection 2, interest
21 45 or earnings on moneys deposited in the fund shall be
21 46 credited to the fund and the accounts within the fund.

21 47 5. The fund shall consist of the following
21 48 accounts:

21 49 a. The medical residency training account. The
21 50 medical residency training account shall be under the
22 1 control of the department and the moneys in the
22 2 account shall be used for the purposes of the medical
22 3 residency training state matching grants program as
22 4 specified in section 135.176. Moneys in the account
22 5 shall consist of moneys appropriated or allocated for
22 6 deposit in or received by the fund or the account and
22 7 specifically dedicated to the medical residency
22 8 training state matching grants program or account for
22 9 the purposes of such account.

22 10 b. The health care professional and nurse
22 11 workforce shortage initiative account. The health
22 12 care professional and nurse workforce shortage
22 13 initiative account shall be under the control of the
22 14 college student aid commission created in section
22 15 261.1 and the moneys in the account shall be used for
22 16 the purposes of the health care professional incentive
22 17 payment program and the nurse workforce shortage
22 18 initiative as specified in sections 261.128 and
22 19 261.129. Moneys in the account shall consist of
22 20 moneys appropriated or allocated for deposit in or
22 21 received by the fund or the account and specifically
22 22 dedicated to the health care professional and nurse
22 23 workforce shortage initiative or the account for the
22 24 purposes of the account.

22 25 c. The safety net provider network workforce
22 26 shortage account. The safety net provider network
22 27 workforce shortage account shall be under the control
22 28 of the governing group of the Iowa collaborative
22 29 safety net provider network created in section 135.153
22 30 and the moneys in the account shall be used for the
22 31 purposes of the safety net provider recruitment and
22 32 retention initiatives program as specified in section
22 33 135.153A. Moneys in the account shall consist of
22 34 moneys appropriated or allocated for deposit in or
22 35 received by the fund or the account and specifically
22 36 dedicated to the safety net provider recruitment and
22 37 retention initiatives program or the account for the
22 38 purposes of the account.

22 39 d. The health care workforce shortage national
22 40 initiatives account. The health care workforce
22 41 shortage national initiatives account shall be under
22 42 the control of the state entity identified for receipt
22 43 of the federal funds by the federal government entity
22 44 through which the federal funding is available for a
22 45 specified health care workforce shortage initiative.
22 46 Moneys in the account shall consist of moneys
22 47 appropriated or allocated for deposit in or received
22 48 by the fund or the account and specifically dedicated
22 49 to health care workforce shortage national initiatives
22 50 or the account and for a specified health care
23 1 workforce shortage initiative.

23 2 e. The physician assistant mental health
23 3 fellowship program account. The physician assistant
23 4 mental health fellowship program account shall be
23 5 under the control of the department and the moneys in
23 6 the account shall be used for the purposes of the
23 7 physician assistant mental health fellowship program
23 8 as specified in section 135.177. Moneys in the
23 9 account shall consist of moneys appropriated or
23 10 allocated for deposit in or received by the fund or
23 11 the account and specifically dedicated to the
23 12 physician assistant mental health fellowship program
23 13 or the account for the purposes of the account.

23 14 6. a. Moneys in the fund and the accounts in the
23 15 fund shall only be appropriated in a manner consistent
23 16 with the principles specified and the strategic plan
23 17 developed pursuant to sections 135.163 and 135.164 to
23 18 support the medical residency training state matching
23 19 grants program, the health care professional incentive
23 20 payment program, the nurse educator incentive payment
23 21 and nursing faculty fellowship programs, the safety
23 22 net recruitment and retention initiatives program, for
23 23 national health care workforce shortage initiatives,
23 24 for the physician assistant mental health fellowship
23 25 program, and to provide funding for state health care
23 26 workforce shortage programs as provided in this
23 27 section.

23 28 b. State programs that may receive funding from
23 29 the fund and the accounts in the fund, if specifically
23 30 designated for the purpose of drawing down federal
23 31 funding, are the primary care recruitment and
23 32 retention endeavor (PRIMECARRE), the Iowa affiliate of
23 33 the national rural recruitment and retention network,
23 34 the primary care office shortage designation program,
23 35 the state office of rural health, and the Iowa health
23 36 workforce center, administered through the bureau of
23 37 health care access of the department of public health;
23 38 the area health education centers programs at Des
23 39 Moines university == osteopathic medical center and
23 40 the university of Iowa; the Iowa collaborative safety
23 41 net provider network established pursuant to section
23 42 135.153; any entity identified by the federal
23 43 government entity through which federal funding for a
23 44 specified health care workforce shortage initiative is
23 45 received; and a program developed in accordance with
23 46 the strategic plan developed by the department of
23 47 public health in accordance with sections 135.163 and
23 48 135.164.

23 49 c. State appropriations to the fund shall be
23 50 allocated in equal amounts to each of the accounts
24 1 within the fund, unless otherwise specified in the
24 2 appropriation or allocation. Any federal funding
24 3 received for the purposes of addressing state health
24 4 care workforce shortages shall be deposited in the
24 5 health care workforce shortage national initiatives
24 6 account, unless otherwise specified by the source of
24 7 the funds, and shall be used as required by the source
24 8 of the funds. If use of the federal funding is not
24 9 designated, twenty-five percent of such funding shall
24 10 be deposited in the safety net provider network
24 11 workforce shortage account to be used for the purposes
24 12 of the account and the remainder of the funds shall be
24 13 used in accordance with the strategic plan developed
24 14 by the department of public health in accordance with
24 15 sections 135.163 and 135.164, or to address workforce
24 16 shortages as otherwise designated by the department of
24 17 public health. Other sources of funding shall be
24 18 deposited in the fund or account and used as specified
24 19 by the source of the funding.

24 20 7. No more than five percent of the moneys in any
24 21 of the accounts within the fund, not to exceed one
24 22 hundred thousand dollars in each account, shall be
24 23 used for administrative purposes, unless otherwise
24 24 provided by the appropriation, allocation, or source
24 25 of the funds.

24 26 8. The department, in cooperation with the
24 27 entities identified in this section as having control
24 28 over any of the accounts within the fund, shall submit
24 29 an annual report to the governor and the general
24 30 assembly regarding the status of the health care
24 31 workforce support initiative, including the balance
24 32 remaining in and appropriations from the health care
24 33 workforce shortage fund and the accounts within the
24 34 fund.

24 35 9. This section is repealed June 30, 2014.
24 36 Sec. 46. NEW SECTION. 135.176 MEDICAL RESIDENCY
24 37 TRAINING STATE MATCHING GRANTS PROGRAM == REPEAL.

24 38 1. The department shall establish a medical
24 39 residency training state matching grants program to
24 40 provide matching state funding to sponsors of
24 41 accredited graduate medical education residency
24 42 programs in this state to establish, expand, or
24 43 support medical residency training programs. Funding
24 44 for the program may be provided through the health
24 45 care workforce shortage fund or the medical residency
24 46 training account created in section 135.175. For the
24 47 purposes of this section, unless the context otherwise
24 48 requires, "accredited" means a graduate medical
24 49 education program approved by the accreditation
24 50 council for graduate medical education or the American
25 1 osteopathic association. The grant funds may be used
25 2 to support medical residency programs through any of
25 3 the following:

25 4 a. The establishment of new or alternative campus
25 5 accredited medical residency training programs. For
25 6 the purposes of this paragraph, "new or alternative
25 7 campus accredited medical residency training program"
25 8 means a program that is accredited by a recognized

25 9 entity approved for such purpose by the accreditation
25 10 council for graduate medical education or the American
25 11 osteopathic association with the exception that a new
25 12 medical residency training program that, by reason of
25 13 an insufficient period of operation is not eligible
25 14 for accreditation on or before the date of submission
25 15 of an application for a grant, may be deemed
25 16 accredited if the accreditation council for graduate
25 17 medical education or the American osteopathic
25 18 association finds, after consultation with the
25 19 appropriate accreditation entity, that there is
25 20 reasonable assurance that the program will meet the
25 21 accreditation standards of the entity prior to the
25 22 date of graduation of the initial class in the
25 23 program.

25 24 b. The provision of new residency positions within
25 25 existing accredited medical residency or fellowship
25 26 training programs.

25 27 c. The funding of residency positions which are in
25 28 excess of the federal residency cap. For the purposes
25 29 of this paragraph, "in excess of the federal residency
25 30 cap" means a residency position for which no federal
25 31 Medicare funding is available because the residency
25 32 position is a position beyond the cap for residency
25 33 positions established by the federal Balanced Budget
25 34 Act of 1997, Pub. L. No. 105-33.

25 35 2. The department shall adopt rules pursuant to
25 36 chapter 17A to provide for all of the following:

25 37 a. Eligibility requirements for and qualifications
25 38 of a sponsor of an accredited graduate medical
25 39 education residency program to receive a grant. The
25 40 requirements and qualifications shall include but are
25 41 not limited to all of the following:

25 42 (1) Only a sponsor that establishes a dedicated
25 43 fund to support a residency program that meets the
25 44 specifications of this section shall be eligible to
25 45 receive a matching grant. A sponsor funding residency
25 46 positions in excess of the federal residency cap, as
25 47 defined in subsection 1, paragraph "c", exclusive of
25 48 funds provided under the medical residency training
25 49 state matching grants program established in this
25 50 section, is deemed to have satisfied this requirement
26 1 and shall be eligible for a matching grant equal to
26 2 the amount of funds expended for such residency
26 3 positions, subject to the limitation on the maximum
26 4 award of grant funds specified in paragraph "e".

26 5 (2) A sponsor shall demonstrate through documented
26 6 financial information as prescribed by rule of the
26 7 department, that funds have been reserved and will be
26 8 expended by the sponsor in the amount required to
26 9 provide matching funds for each residency proposed in
26 10 the request for state matching funds.

26 11 (3) A sponsor shall demonstrate through objective
26 12 evidence as prescribed by rule of the department, a
26 13 need for such residency program in the state.

26 14 b. The application process for the grant.

26 15 c. Criteria for preference in awarding of the
26 16 grants, including preference in the residency
26 17 specialty.

26 18 d. Determination of the amount of a grant. The
26 19 total amount of a grant awarded to a sponsor shall be
26 20 limited to no more than twenty-five percent of the
26 21 amount that the sponsor has demonstrated through
26 22 documented financial information has been reserved and
26 23 will be expended by the sponsor for each residency
26 24 sponsored for the purpose of the residency program.

26 25 e. The maximum award of grant funds to a
26 26 particular individual sponsor per year. An individual
26 27 sponsor shall not receive more than twenty-five
26 28 percent of the state matching funds available each
26 29 year to support the program. However, if less than
26 30 ninety-five percent of the available funds has been
26 31 awarded in a given year, a sponsor may receive more
26 32 than twenty-five percent of the state matching funds
26 33 available if total funds awarded do not exceed
26 34 ninety-five percent of the available funds. If more
26 35 than one sponsor meets the requirements of this
26 36 section and has established, expanded, or supported a
26 37 graduate medical residency training program, as
26 38 specified in subsection 1, in excess of the sponsor's
26 39 twenty-five percent maximum share of state matching

26 40 funds, the state matching funds shall be divided
26 41 proportionately among such sponsors.

26 42 f. Use of the funds awarded. Funds may be used to
26 43 pay the costs of establishing, expanding, or
26 44 supporting an accredited graduate medical education
26 45 program as specified in this section, including but
26 46 not limited to the costs associated with residency
26 47 stipends and physician faculty stipends.

26 48 3. This section is repealed June 30, 2014.

26 49 Sec. 47. NEW SECTION. 135.177 PHYSICIAN
26 50 ASSISTANT MENTAL HEALTH FELLOWSHIP PROGRAM == REPEAL.

27 1 1. The department, in cooperation with the college
27 2 student aid commission, shall establish a physician
27 3 assistant mental health fellowship program in
27 4 accordance with this section. Funding for the program
27 5 may be provided through the health care workforce
27 6 shortage fund or the physician assistant mental health
27 7 fellowship program account created in section 135.175.
27 8 The purpose of the program is to determine the effect
27 9 of specialized training and support for physician
27 10 assistants in providing mental health services on
27 11 addressing Iowa's shortage of mental health
27 12 professionals.

27 13 2. The program shall provide for all of the
27 14 following:

27 15 a. Collaboration with a hospital serving a
27 16 thirteen-county area in central Iowa that provides a
27 17 clinic at the Iowa veterans home, a private nonprofit
27 18 agency headquartered in a city with a population of
27 19 more than one hundred ninety thousand that operates a
27 20 freestanding psychiatric medical institution for
27 21 children, a private university with a medical school
27 22 educating osteopathic physicians located in a city
27 23 with a population of more than one hundred ninety
27 24 thousand, the Iowa veterans home, and any other
27 25 clinical partner designated for the program.
27 26 Population figures used in this paragraph refer to the
27 27 most recent certified federal census. The clinical
27 28 partners shall provide supervision, clinical
27 29 experience, training, and other support for the
27 30 program and physician assistant students participating
27 31 in the program.

27 32 b. Elderly, youth, and general population clinical
27 33 experiences.

27 34 c. A fellowship of twelve months for three
27 35 physician assistant students, annually.

27 36 d. Supervision of students participating in the
27 37 program provided by the university and the other
27 38 clinical partners participating in the program.

27 39 e. A student participating in the program shall be
27 40 eligible for a stipend of not more than fifty thousand
27 41 dollars for the twelve months of the fellowship plus
27 42 related fringe benefits. In addition, a student who
27 43 completes the program and practices in Iowa in a
27 44 mental health professional shortage area, as defined
27 45 in section 135.80, shall be eligible for up to twenty
27 46 thousand dollars in loan forgiveness. The stipend and
27 47 loan forgiveness provisions shall be determined by the
27 48 department and the college student aid commission, in
27 49 consultation with the clinical partners.

27 50 f. The state and private entity clinical partners
28 1 shall regularly evaluate and document their
28 2 experiences with the approaches utilized and outcomes
28 3 achieved by the program to identify an optimal model
28 4 for operating the program. The evaluation process
28 5 shall include but is not limited to identifying ways
28 6 the program's clinical and training components could
28 7 be modified to facilitate other student and practicing
28 8 physician assistants specializing as mental health
28 9 professionals.

28 10 3. This section is repealed June 30, 2014.

28 11 Sec. 48. Section 261.2, Code 2009, is amended by
28 12 adding the following new subsection:

28 13 NEW SUBSECTION. 10. Administer the health care
28 14 professional incentive payment program established in
28 15 section 261.128 and the nursing workforce shortage
28 16 initiative created in section 261.129. This
28 17 subsection is repealed June 30, 2014.

28 18 Sec. 49. Section 261.23, subsection 1, Code 2009,
28 19 is amended to read as follows:

28 20 1. A registered nurse and nurse educator loan

28 21 forgiveness program is established to be administered
28 22 by the commission. The program shall consist of loan
28 23 forgiveness for eligible federally guaranteed loans
28 24 for registered nurses and nurse educators who practice
28 25 or teach in this state. For purposes of this section,
28 26 unless the context otherwise requires, "nurse
28 27 educator" means a registered nurse who holds a
28 28 master's degree or doctorate degree and is employed as
28 29 a faculty member who teaches nursing as provided in
28 30 655 IAC 2.6(152) at a community college, an accredited
28 31 private institution, or an institution of higher
28 32 education governed by the state board of regents.

28 33 Sec. 50. Section 261.23, subsection 2, paragraph
28 34 c, Code 2009, is amended to read as follows:

28 35 c. Complete and return, on a form approved by the
28 36 commission, an affidavit of practice verifying that
28 37 the applicant is a registered nurse practicing in this
28 38 state or a nurse educator teaching at a community
28 39 college, an accredited private institution, or an
28 40 institution of higher learning governed by the state
28 41 board of regents.

28 42 Sec. 51. NEW SECTION. 261.128 HEALTH CARE
28 43 PROFESSIONAL INCENTIVE PAYMENT PROGRAM == REPEAL.

28 44 1. The commission shall establish a health care
28 45 professional incentive payment program to recruit and
28 46 retain health care professionals in this state.
28 47 Funding for the program may be provided through the
28 48 health care workforce shortage fund or the health care
28 49 professional and nurse workforce shortage account
28 50 created in section 135.175.

29 1 2. The commission shall administer the incentive
29 2 payment program with the assistance of Des Moines
29 3 university == osteopathic medical center.

29 4 3. The commission, with the assistance of Des
29 5 Moines university == osteopathic medical center, shall
29 6 adopt rules pursuant to chapter 17A, relating to the
29 7 establishment and administration of the health care
29 8 professional incentive payment program. The rules
29 9 adopted shall address all of the following:

29 10 a. Eligibility and qualification requirements for
29 11 a health care professional, a community, and a health
29 12 care employer to participate in the incentive payment
29 13 program. Any community in the state and all health
29 14 care specialties shall be considered for
29 15 participation. However, health care employers located
29 16 in and communities that are designated as medically
29 17 underserved areas or populations or that are
29 18 designated as health professional shortage areas by
29 19 the health resources and services administration of
29 20 the United States department of health and human
29 21 services shall have first priority in the awarding of
29 22 incentive payments.

29 23 (1) To be eligible, a health care professional at
29 24 a minimum must not have any unserved obligations to a
29 25 federal, state, or local government or other entity
29 26 that would prevent compliance with obligations under
29 27 the agreement for the incentive payment; must have a
29 28 current and unrestricted license to practice the
29 29 professional's respective profession; and must be able
29 30 to begin full-time clinical practice upon signing an
29 31 agreement for an incentive payment.

29 32 (2) To be eligible, a community must provide a
29 33 clinical setting for full-time practice of a health
29 34 care professional and must provide a fifty thousand
29 35 dollar matching contribution for a physician and a
29 36 fifteen thousand dollar matching contribution for any
29 37 other health care professional to receive an equal
29 38 amount of state matching funds.

29 39 (3) To be eligible, a health care employer must
29 40 provide a clinical setting for a full-time practice of
29 41 a health care professional and must provide a fifty
29 42 thousand dollar matching contribution for a physician
29 43 and a fifteen thousand dollar matching contribution
29 44 for any other health care professional to receive an
29 45 equal amount of state matching funds.

29 46 b. The process for awarding incentive payments.
29 47 The commission shall receive recommendations from the
29 48 department of public health regarding selection of
29 49 incentive payment recipients. The process shall
29 50 require each recipient to enter into an agreement with
30 1 the commission that specifies the obligations of the

30 2 recipient and the commission prior to receiving the
30 3 incentive payment.
30 4 c. Public awareness regarding the program
30 5 including notification of potential health care
30 6 professionals, communities, and health care employers
30 7 about the program and dissemination of applications to
30 8 appropriate entities.

30 9 d. Measures regarding all of the following:
30 10 (1) The amount of the incentive payment and the
30 11 specifics of obligated service for an incentive
30 12 payment recipient. An incentive payment recipient
30 13 shall agree to provide service in full-time clinical
30 14 practice for a minimum of four consecutive years. If
30 15 an incentive payment recipient is sponsored by a
30 16 community or health care employer, the obligated
30 17 service shall be provided in the sponsoring community
30 18 or health care employer location. An incentive
30 19 payment recipient sponsored by a health care employer
30 20 shall agree to provide health care services as
30 21 specified in an employment agreement with the
30 22 sponsoring health care employer.

30 23 (2) Determination of the conditions of the
30 24 incentive payment applicable to an incentive payment
30 25 recipient. At the time of approval for participation
30 26 in the program, an incentive payment recipient shall
30 27 be required to submit proof of indebtedness incurred
30 28 as the result of obtaining loans to pay for
30 29 educational costs resulting in a degree in health
30 30 sciences. For the purposes of this subparagraph,
30 31 "indebtedness" means debt incurred from obtaining a
30 32 government or commercial loan for actual costs paid
30 33 for tuition, reasonable education expenses, and
30 34 reasonable living expenses related to the graduate,
30 35 undergraduate, or associate education of a health care
30 36 professional.

30 37 (3) Enforcement of the state's rights under an
30 38 incentive payment agreement, including the
30 39 commencement of any court action. A recipient who
30 40 fails to fulfill the requirements of the incentive
30 41 payment agreement is subject to repayment of the
30 42 incentive payment in an amount equal to the amount of
30 43 the incentive payment. A recipient who fails to meet
30 44 the requirements of the incentive payment agreement
30 45 may also be subject to repayment of moneys advanced by
30 46 a community or health care employer as provided in any
30 47 agreement with the community or employer.

30 48 (4) A process for monitoring compliance with
30 49 eligibility requirements, obligated service
30 50 provisions, and use of funds by recipients to verify
31 1 eligibility of recipients and to ensure that state,
31 2 federal, and other matching funds are used in
31 3 accordance with program requirements.

31 4 (5) The use of the funds received. Any portion of
31 5 the incentive payment that is attributable to federal
31 6 funds shall be used as required by the federal entity
31 7 providing the funds. Any portion of the incentive
31 8 payment that is attributable to state funds shall
31 9 first be used toward payment of any outstanding loan
31 10 indebtedness of the recipient. The remaining portion
31 11 of the incentive payment shall be used as specified in
31 12 the incentive payment agreement.

31 13 4. A recipient is responsible for reporting on
31 14 federal income tax forms any amount received through
31 15 the program, to the extent required by federal law.
31 16 Incentive payments received through the program by a
31 17 recipient in compliance with the requirements of the
31 18 incentive payment program are exempt from state income
31 19 taxation.

31 20 5. This section is repealed June 30, 2014.

31 21 Sec. 52. NEW SECTION. 261.129 NURSING WORKFORCE
31 22 SHORTAGE INITIATIVE == REPEAL.

31 23 1. NURSE EDUCATOR INCENTIVE PAYMENT PROGRAM.
31 24 a. The commission shall establish a nurse educator
31 25 incentive payment program. Funding for the program
31 26 may be provided through the health care workforce
31 27 shortage fund or the health care professional and
31 28 nurse workforce shortage initiative account created in
31 29 section 135.175. For the purposes of this subsection,
31 30 "nurse educator" means a registered nurse who holds a
31 31 master's degree or doctorate degree and is employed as
31 32 a faculty member who teaches nursing in a nursing

31 33 education program as provided in 655 IAC 2.6 at a
31 34 community college, an accredited private institution,
31 35 or an institution of higher education governed by the
31 36 state board of regents.

31 37 b. The program shall consist of incentive payments
31 38 to recruit and retain nurse educators. The program
31 39 shall provide for incentive payments of up to twenty
31 40 thousand dollars for a nurse educator who remains
31 41 teaching in a qualifying teaching position for a
31 42 period of not less than four consecutive academic
31 43 years.

31 44 c. The nurse educator and the commission shall
31 45 enter into an agreement specifying the obligations of
31 46 the nurse educator and the commission. If the nurse
31 47 educator leaves the qualifying teaching position prior
31 48 to teaching for four consecutive academic years, the
31 49 nurse educator shall be liable to repay the incentive
31 50 payment amount to the state, plus interest as
32 1 specified by rule. However, if the nurse educator
32 2 leaves the qualifying teaching position involuntarily,
32 3 the nurse educator shall be liable to repay only a pro
32 4 rata amount of the incentive payment based on
32 5 incompleting years of service.

32 6 d. The commission, in consultation with the
32 7 department of public health, shall adopt rules
32 8 pursuant to chapter 17A relating to the establishment
32 9 and administration of the nurse educator incentive
32 10 payment program. The rules shall include provisions
32 11 specifying what constitutes a qualifying teaching
32 12 position.

32 13 2. NURSING FACULTY FELLOWSHIP PROGRAM.

32 14 a. The commission shall establish a nursing
32 15 faculty fellowship program to provide funds to nursing
32 16 schools in the state, including but not limited to
32 17 nursing schools located at community colleges, for
32 18 fellowships for individuals employed in qualifying
32 19 positions on the nursing faculty. Funding for the
32 20 program may be provided through the health care
32 21 workforce shortage fund or the health care
32 22 professional and nurse workforce shortage initiative
32 23 account created in section 135.175. The program shall
32 24 be designed to assist nursing schools in filling
32 25 vacancies in qualifying positions throughout the
32 26 state.

32 27 b. The commission, in consultation with the
32 28 department of public health and in cooperation with
32 29 nursing schools throughout the state, shall develop a
32 30 distribution formula which shall provide that no more
32 31 than thirty percent of the available moneys are
32 32 awarded to a single nursing school. Additionally, the
32 33 program shall limit funding for a qualifying position
32 34 in a nursing school to no more than ten thousand
32 35 dollars per year for up to three years.

32 36 c. The commission, in consultation with the
32 37 department of public health, shall adopt rules
32 38 pursuant to chapter 17A to administer the program.
32 39 The rules shall include provisions specifying what
32 40 constitutes a qualifying position at a nursing school.

32 41 d. In determining eligibility for a fellowship,
32 42 the commission shall consider all of the following:

32 43 (1) The length of time a qualifying position has
32 44 gone unfilled at a nursing school.

32 45 (2) Documented recruiting efforts by a nursing
32 46 school.

32 47 (3) The geographic location of a nursing school.

32 48 (4) The type of nursing program offered at the
32 49 nursing school, including associate, bachelor's,
32 50 master's, or doctoral degrees in nursing, and the need
33 1 for the specific nursing program in the state.

33 2 3. REPEAL. This section is repealed June 30,
33 3 2014.

33 4 Sec. 53. HEALTH CARE WORKFORCE INITIATIVES ==
33 5 FEDERAL FUNDING. The department of public health
33 6 shall work with the department of workforce
33 7 development and health care stakeholders to apply for
33 8 federal moneys allocated in the federal American
33 9 Recovery and Reinvestment Act of 2009 for health care
33 10 workforce initiatives that are available through a
33 11 competitive grant process administered by the health
33 12 resources and services administration of the United
33 13 States department of health and human services or the

33 14 United States department of health and human services.
33 15 Any federal moneys received shall be deposited in the
33 16 health care workforce shortage fund created in section
33 17 135.175 as enacted by this division of this Act and
33 18 shall be used for the purposes specified for the fund
33 19 and for the purposes specified in the federal American
33 20 Recovery and Reinvestment Act of 2009.

33 21 Sec. 54. IMPLEMENTATION. This division of this
33 22 Act shall be implemented only to the extent funding is
33 23 available.

33 24 Sec. 55. CODE EDITOR DIRECTIVES. The Code editor
33 25 shall do all of the following:

33 26 1. Create a new division in chapter 135 codifying
33 27 section 135.175, as enacted in this division of this
33 28 Act, as the health care workforce support initiative
33 29 and fund.

33 30 2. Create a new division in chapter 135 codifying
33 31 sections 135.176 and 135.177, as enacted in this
33 32 division of this Act, as health care workforce
33 33 support.

33 34 3. Create a new division in chapter 261 codifying
33 35 section 261.128, as enacted in this division of this
33 36 Act, as the health care professional incentive payment
33 37 program.

33 38 4. Create a new division in chapter 261 codifying
33 39 section 261.129, as enacted in this division of this
33 40 Act, as the nursing workforce shortage initiative.

33 41 DIVISION VI

33 42 GIFTS == REPORTING OF SANCTIONS

33 43 Sec. 56. REPORTING OF SANCTIONS FOR GIFTS. The
33 44 health profession boards established in chapter 147
33 45 shall report to the general assembly by January 15,
33 46 2010, any public information regarding sanctions
33 47 levied against a health care professional for receipt
33 48 of gifts in a manner not in compliance with the
33 49 requirements and limitations of the respective health
33 50 profession as established by the respective board.

34 1 DIVISION VII

34 2 HEALTH CARE TRANSPARENCY

34 3 Sec. 57. NEW SECTION. 135.166 HEALTH CARE DATA
34 4 == COLLECTION FROM HOSPITALS.

34 5 1. The department of public health shall enter
34 6 into a memorandum of understanding to utilize the Iowa
34 7 hospital association to act as the department's
34 8 intermediary in collecting, maintaining, and
34 9 disseminating hospital inpatient, outpatient, and
34 10 ambulatory information, as initially authorized in
34 11 1996 Iowa Acts, chapter 1212, section 5, subsection 1,
34 12 paragraph "a", subparagraph (4) and 641 IAC 177.3.

34 13 2. The memorandum of understanding shall include
34 14 but is not limited to provisions that address the
34 15 duties of the department and the Iowa hospital
34 16 association regarding the collection, reporting,
34 17 disclosure, storage, and confidentiality of the data.>

34 18 #2. Title page, by striking lines 2 and inserting
34 19 the following: <care coverage, providing
34 20 retroactive>.

34 21 #3. Title page, line 3, by inserting after the
34 22 word <dates> the following: <and providing repeals>.

34 23 #4. By renumbering as necessary.

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SMITH of Marshall

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34 31 _____
UPMEYER of Hancock

34 32 SF 389.309 83

34 33 av:pf/rj/10747