

Senate File 2336

S-5199

Amend Senate File 2336 as follows:

- 2 1. Page 1, line 23, by striking <35.00> and
3 inserting <~~35.00~~ 36.00>
- 4 2. By striking page 1, line 33, through page 2,
5 line 1, and inserting:
6 ~~<2. The amount appropriated in this section~~
7 ~~includes additional funding of \$225,000 for delivery of~~
8 ~~long term care services to seniors with low or moderate~~
9 ~~incomes.>~~
- 10 3. Page 2, line 32, after <advocate> by inserting
11 <to administer the certified volunteer long-term care
12 resident's advocate program pursuant to section 231.45
13 as enacted in this 2012 Act>
- 14 4. Page 3, line 18, by striking <26,003,190> and
15 inserting <25,653,190>
- 16 5. Page 3, line 21, by striking <\$5,753,830> and
17 inserting <\$5,403,830>
- 18 6. Page 3, line 31, after <(2)> by inserting <(a)>
- 19 7. Page 3, after line 35 by inserting:
20 <(b) For the fiscal year beginning July 1, 2012,
21 and ending June 30, 2013, the terms of a chapter
22 28D agreement, entered into between the division of
23 tobacco use prevention and control of the department
24 of public health and the alcoholic beverages division
25 of the department of commerce, governing compliance
26 checks conducted to ensure licensed retail tobacco
27 outlet conformity with tobacco laws, regulations, and
28 ordinances relating to persons under eighteen years of
29 age, shall restrict the number of such checks to one
30 check per retail outlet, and one additional check for
31 any retail outlet found to be in violation during the
32 first check.>
- 33 8. Page 11, line 16, by striking <3,419,028> and
34 inserting <3,919,028>
- 35 9. Page 12, after line 25 by inserting:
36 <j. For provision of early prevention screening
37 by pap smear and advanced screening by colposcope for
38 women with incomes below 300 percent of the federal
39 poverty level, as defined by the most recently revised
40 poverty income guidelines issued by the United States
41 department of health and human services, who are
42 not covered by a third-party payer health policy or
43 contract that pays for such procedures and related
44 laboratory services:
45 \$ 500,000
46 The department shall distribute the amount
47 appropriated in this lettered paragraph to providers
48 on behalf of eligible persons within the target
49 population.>
- 50 10. Page 12, line 31, by striking <5,822,987> and

1 inserting <5,634,547>
2 11. By striking page 15, line 26, through page 16,
3 line 6, and inserting:
4 ~~<h. (1) Of the funds appropriated in this~~
5 ~~subsection, \$74,500 shall be used for continued~~
6 ~~implementation of the recommendations of the direct~~
7 ~~care worker task force established pursuant to 2005~~
8 ~~Iowa Acts, chapter 88, based upon the report submitted~~
9 ~~to the governor and the general assembly in December~~
10 ~~2006. The department may use a portion of the funds~~
11 ~~allocated in this lettered paragraph for an additional~~
12 ~~position to assist in the continued implementation.>~~
13 12. Page 18, line 10, by striking <2,895,847> and
14 inserting <2,395,847>
15 13. By striking page 18, line 30, through page 19,
16 line 6.
17 14. Page 19, line 12, by striking <2,879,127> and
18 inserting <3,067,567>
19 15. Page 19, after line 29 by inserting:
20 <d. Of the funds appropriated in this subsection,
21 \$337,440 shall be used for the purposes of the board
22 of direct care professionals as established pursuant
23 to the division of this 2012 Act enacting new Code
24 chapter 152F. The direct care worker advisory council
25 established pursuant to 2008 Iowa Acts, chapter 1188,
26 section 69, may continue to provide expertise and
27 leadership relating to the recommendations in the
28 advisory council's final report submitted to the
29 governor and the general assembly in March 2012.>
30 16. Page 32, line 18, by striking <845,251,256> and
31 inserting <845,601,256>
32 17. Page 34, line 11, after <eligibility> by
33 inserting <and premium accounts>
34 18. Page 34, line 25, by striking <are appropriated
35 to and>
36 19. Page 37, line 12, by striking <\$128,940> and
37 inserting <\$141,450>
38 20. Page 41, line 13, after <section.> by inserting
39 <The department may transfer funds appropriated in this
40 section to the appropriation made in this division of
41 this Act for adoption subsidy to support the adjustment
42 in reimbursement rates for specified child welfare
43 providers as provided in this 2012 Act.>
44 21. Page 41, line 15, by striking <\$31,372,177> and
45 inserting <\$31,438,622>
46 22. Page 42, line 19, by striking <\$7,370,116> and
47 inserting <\$7,385,639>
48 23. Page 48, line 6, after <subsidy.> by inserting
49 <The department may transfer funds appropriated in this
50 section to the appropriation made in this division of

1 this Act for child and family services to support the
2 adjustment in reimbursement rates for specified child
3 welfare providers as provided in this 2012 Act.>

4 24. Page 53, line 10, by striking <95.90> and
5 inserting <115.50>

6 25. Page 54, line 18, by striking <285.00> and
7 inserting <285.00 295.00>

8 26. Page 55, line 26, by striking <\$237,226,901>
9 and inserting <\$239,726,901>

10 27. Page 55, after line 26 by inserting:

11 <Sec. ____. 2011 Iowa Acts, chapter 129, section
12 141, subsection 1, paragraph a, is amended by adding
13 the following new subparagraph:

14 NEW SUBPARAGRAPH. (1A) For the fiscal year
15 beginning July 1, 2012, and ending June 30, 2013,
16 and within the total state funding amount identified
17 in subparagraph (1), the department shall distribute
18 not more than \$2,500,000 in reimbursement to nursing
19 facilities by adjusting the statewide median of the
20 direct care component of nursing facility costs based
21 upon the most recent cost report submitted by the
22 nursing facility for the period ending on or before
23 December 31, 2011, and inflating these costs forward to
24 July 1, 2012, by using the midpoint of each cost report
25 and applying the skilled nursing facility market basket
26 index. The department shall adjust the reimbursement
27 calculated under this subparagraph as necessary to
28 maintain expenditures of the nursing facility budget
29 within the state funding amount specified in this
30 subparagraph and within the total state funding amount
31 identified in subparagraph (1) for the fiscal year.>

32 28. Page 55, by striking lines 34 and 35 and
33 inserting <single rate of range between \$4.34 per
34 prescription or the pharmacy's usual and customary fee,
35 whichever is lower, and \$11.10 per prescription. The
36 actual dispensing fee set within the range shall be
37 determined by a cost of dispensing survey performed
38 by the department and required to be completed by all
39 medical assistance program participating pharmacies.
40 However,>

41 29. Page 56, by striking lines 5 through 14 and
42 inserting:

43 <(2) The department shall implement an average
44 acquisition cost reimbursement methodology for all
45 drugs covered under the medical assistance program.
46 The methodology shall utilize a survey of pharmacy
47 invoices from a rotation of pharmacies in determining
48 the average acquisition cost component of pharmacy
49 reimbursement. Pharmacies and providers that are
50 enrolled in the medical assistance program shall make

1 available drug acquisition cost invoice information,
2 product availability information if known, and other
3 information deemed necessary by the department to
4 assist the department in monitoring and revising the
5 reimbursement rates and for efficient operation of
6 the pharmacy benefit. The department shall provide a
7 process for pharmacies to address average acquisition
8 cost prices that are not reflective of the actual cost
9 of a drug.>

10 30. By striking page 57, line 15, through page 58,
11 line 8, and inserting:

12 <PROVIDER REIMBURSEMENT — SPECIFIED CHILD WELFARE
13 PROVIDERS

14 Sec. _____. 2011 Iowa Acts, chapter 129, section 141,
15 is amended by adding the following new subsection:

16 NEW SUBSECTION. 6A. For the fiscal year beginning
17 July 1, 2012, the department shall adjust the
18 foster family basic daily maintenance rate, the
19 maximum adoption subsidy rates for children, the
20 family-centered service providers rate, the family
21 foster care service providers rate, the group foster
22 care service providers rate, and the resource family
23 recruitment and retention contractor rate, as such
24 rates are identified in this section and were in effect
25 on June 30, 2012, in order to distribute an additional
26 \$3,070,512 in state reimbursements equitably to such
27 providers for the fiscal year.>

28 31. Page 62, line 34, by striking <290,000> and
29 inserting <540,000>

30 32. Page 64, line 9, by striking <1,956,245> and
31 inserting <~~1,956,245~~ 4,106,245>

32 33. Page 66, after line 19 by inserting:

33 <c. For transfer to the department of public health
34 to be used for tobacco use prevention, cessation, and
35 treatment through support of Quitline Iowa:

36 \$ 350,000>

37 34. Page 68, line 22, by striking <2,654,238> and
38 inserting <2,405,936>

39 35. Page 69, line 14, by striking <REDESIGN> and
40 inserting <MEDICAL ASSISTANCE PROGRAM ADDITIONAL
41 FUNDING>

42 36. Page 69, by striking lines 20 through 22 and
43 inserting:

44 <For the medical assistance program appropriation
45 for the fiscal year for the expense of replacing
46 the enhanced match rate provided through the federal
47 American Recovery and Reinvestment Act of 2009 and
48 for the reduction in the federal medical assistance
49 percentage associated with the mental health and
50 disabilities services for which the match has been paid

1 by counties:>

2 37. Page 74, after line 6 by inserting:

3 <Sec. _____. NEW SECTION. 8A.441 Medication therapy
4 management.

5 1. As used in this section, unless the context
6 otherwise requires:

7 a. "*Eligible employee*" means an employee of the
8 state, with the exception of an employee of the state
9 board of regents or institutions under the state board
10 of regents, for whom group health plans are established
11 pursuant to chapter 509A providing for third-party
12 payment or prepayment for health or medical expenses.

13 b. "*Medication therapy management*" means a
14 systematic process performed by a licensed pharmacist,
15 designed to improve quality outcomes for patients
16 and lower health care costs, including emergency
17 room, hospital, provider, and other costs, by
18 optimizing appropriate medication use linked directly
19 to achievement of the clinical goals of therapy.
20 Medication therapy management shall include all of the
21 following services:

22 (1) A medication therapy review and in-person
23 consultation relating to all medications, vitamins, and
24 herbal supplements currently being taken by an eligible
25 individual.

26 (2) A medication action plan, subject to the
27 limitations specified in this section, communicated
28 to the individual and the individual's primary care
29 physician or other appropriate prescriber to address
30 issues including appropriateness, effectiveness,
31 safety, drug interactions, and adherence. The
32 medication action plan may include drug therapy
33 recommendations to prescribers that are needed to meet
34 clinical goals and achieve optimal patient outcomes.

35 (3) Documentation and follow-up to ensure
36 consistent levels of pharmacy services and positive
37 outcomes.

38 2. a. The department shall utilize a request for
39 proposals process and shall enter into a contract for
40 the provision of medication therapy management services
41 for eligible employees who meet any of the following
42 criteria:

43 (1) An individual who takes four or more
44 prescription drugs to treat or prevent two or more
45 chronic medical conditions.

46 (2) An individual with a prescription drug therapy
47 problem who is identified by the prescribing physician
48 or other appropriate prescriber, and referred to a
49 pharmacist for medication therapy management services.

50 (3) An individual who meets other criteria

1 established by the third-party payment provider
2 contract, policy, or plan.

3 *b.* The contract shall require the entity to provide
4 annual reports to the general assembly detailing
5 the costs, savings, estimated cost avoidance and
6 return on investment, and improved patient outcomes
7 related to the medication therapy management services
8 provided. The entity shall guarantee demonstrated
9 annual savings for overall health care costs, including
10 emergency room, hospital, provider, and other costs,
11 with savings including associated cost avoidance, at
12 least equal to the program's costs with any shortfall
13 amount refunded to the state. The contract shall
14 include terms, conditions, and applicable measurement
15 standards associated with the demonstration of savings.
16 The department shall verify the demonstrated savings
17 reported by the entity were achieved in accordance with
18 the agreed upon measurement standards. The entity
19 shall be prohibited from using the entity's employees
20 to provide the medication therapy management services
21 and shall instead be required to contract with licensed
22 pharmacies, pharmacists, or physicians.

23 *c.* The department may establish an advisory
24 committee comprised of an equal number of physicians
25 and pharmacists to provide advice and oversight in
26 evaluating the results of the program. The department
27 shall appoint the members of the advisory committee
28 based upon designees of the Iowa pharmacy association,
29 the Iowa medical society, and the Iowa osteopathic
30 medical association.

31 *d.* The fees for pharmacist-delivered medication
32 therapy management services shall be separate from
33 the reimbursement for prescription drug product or
34 dispensing services; shall be determined by each
35 third-party payment provider contract, policy, or plan;
36 and must be reasonable based on the resources and time
37 required to provide the service.

38 *e.* A fee shall be established for physician
39 reimbursement for services delivered for medication
40 therapy management as determined by each third-party
41 payment provider contract, policy, or plan, and must be
42 reasonable based on the resources and time required to
43 provide the service.

44 *f.* If any part of the medication therapy management
45 plan developed by a pharmacist incorporates services
46 which are outside the pharmacist's independent scope
47 of practice including the initiation of therapy,
48 modification of dosages, therapeutic interchange, or
49 changes in drug therapy, the express authorization
50 of the individual's physician or other appropriate

1 prescriber is required.>

2 38. Page 74, line 16, by striking <annually>

3 39. By striking page 74, line 35, through page 75,
4 line 1, and inserting:

5 <3. The authority shall allocate moneys in the
6 fund to the extent available for the development of
7 supportive housing or the>

8 40. Page 77, after line 35 by inserting:

9 <Sec. _____. **NEW SECTION. 249A.17 Reimbursement for**
10 **providers of outpatient clinical services for children.**

11 1. Providers that meet the criteria specified in
12 subsection 2, shall receive cost-based reimbursement
13 for one hundred percent of the reasonable costs, as
14 determined by Medicare reimbursement principles, for
15 provision of outpatient clinical services for children
16 who are recipients of medical assistance.

17 2. In order to be eligible for reimbursement under
18 this section, a provider shall be an accredited,
19 nonprofit agency that meets all of the following
20 criteria:

21 a. Provides clinical outpatient services to
22 children of whom at least sixty percent are recipients
23 of medical assistance.

24 b. Provides at least three children's mental health
25 services including inpatient services, outpatient
26 services, psychiatric and psychological services, and
27 behavioral health intervention services.

28 c. Directly employs a psychiatrist, psychologist,
29 and licensed therapist.>

30 41. Page 79, after line 12 by inserting:

31 <Sec. _____. **COST-BASED REIMBURSEMENT — PROVIDERS OF**
32 **CHILDREN'S OUTPATIENT CLINICAL SERVICES.**

33 1. The department of human services shall seek
34 federal approval to amend the medical assistance
35 program state plan and shall amend the contract
36 with the department's managed care contractor for
37 behavioral health services under the medical assistance
38 program to provide medical assistance reimbursement to
39 providers that meet the criteria specified in section
40 249A.17, as enacted in this division of this Act, at
41 100 percent of the reasonable costs for recipients of
42 medical assistance for outpatient clinical services for
43 children.

44 2. Implementation of section 249A.17, as enacted
45 in this division of this Act, is contingent upon
46 receipt of federal approval and limited to the funding
47 made available through amending the contract with the
48 managed care contractor.

49 3. The department shall adopt rules pursuant to
50 chapter 17A to provide reimbursement for outpatient

1 clinical services for children as described in this
2 section. The rules shall provide that reimbursement
3 shall initially be paid on an interim basis and
4 subsequently adjusted retroactively based on submission
5 of financial and statistical reports as required by the
6 department.>

7 42. Page 79, before line 13 by inserting:

8 <Sec. _____. EFFECTIVE UPON ENACTMENT. The section
9 of this division of this Act enacting section 8A.441,
10 being deemed of immediate importance, takes effect upon
11 enactment.>

12 43. Page 85, after line 4 by inserting:

13 <12. Establish a grace period during which a newly
14 employed individual may provide direct care services
15 before being required to complete the appropriate level
16 of certification under this chapter.>

JACK HATCH