

Senate File 2336

S-5201

1 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, by striking lines 20 through 22 and  
36 inserting <inherited disorders. A portion of the funds  
37 allocated in this lettered paragraph may be used for  
38 one full-time equivalent position for administration  
39 of the center.>

40 10. Page 12, after line 25 by inserting:

41 <j. For provision of early prevention screening  
42 by pap smear and advanced screening by colposcope for  
43 women with incomes below 250 percent of the federal  
44 poverty level, as defined by the most recently revised  
45 poverty income guidelines issued by the United States  
46 department of health and human services, who are  
47 not covered by a third-party payer health policy or  
48 contract that pays for such procedures and related  
49 laboratory services:

50 ..... \$ 500,000

1     The department shall distribute the amount  
2 appropriated in this lettered paragraph to providers  
3 on behalf of eligible persons within the target  
4 population.>  
5     11. Page 12, line 31, by striking <5,822,987> and  
6 inserting <5,485,547>  
7     12. Page 14, by striking lines 10 through 14 and  
8 inserting:  
9     <(a) To establish a grant program for training  
10 sexual assault response team (SART) members, including  
11 representatives of law enforcement, victim advocates,  
12 prosecutors, and certified medical personnel:>  
13     13. By striking page 15, line 26, through page 16,  
14 line 6, and inserting:  
15     ~~<h. (1) Of the funds appropriated in this~~  
16 ~~subsection, \$74,500 shall be used for continued~~  
17 ~~implementation of the recommendations of the direct~~  
18 ~~care worker task force established pursuant to 2005~~  
19 ~~Iowa Acts, chapter 88, based upon the report submitted~~  
20 ~~to the governor and the general assembly in December~~  
21 ~~2006. The department may use a portion of the funds~~  
22 ~~allocated in this lettered paragraph for an additional~~  
23 ~~position to assist in the continued implementation.>~~  
24     14. Page 18, line 10, by striking <2,895,847> and  
25 inserting <2,395,847>  
26     15. By striking page 18, line 30, through page 19,  
27 line 6.  
28     16. Page 19, line 12, by striking <2,879,127> and  
29 inserting <3,216,567>  
30     17. Page 19, after line 29 by inserting:  
31     <d. Of the funds appropriated in this subsection,  
32 \$337,440 shall be used for the purposes of the board  
33 of direct care professionals as established pursuant  
34 to the division of this 2012 Act enacting new Code  
35 chapter 152F. The direct care worker advisory council  
36 established pursuant to 2008 Iowa Acts, chapter 1188,  
37 section 69, may continue to provide expertise and  
38 leadership relating to the recommendations in the  
39 advisory council's final report submitted to the  
40 governor and the general assembly in March 2012.>  
41     18. Page 32, by striking lines 9 through 18.  
42     19. Page 32, line 28, by striking <845,251,256> and  
43 inserting <845,601,256>  
44     20. Page 34, line 21, after <eligibility> by  
45 inserting <and premium amounts>  
46     21. Page 34, line 35, by striking <are appropriated  
47 to and>  
48     22. Page 37, line 22, by striking <\$128,950> and  
49 inserting <\$141,450>  
50     23. Page 41, line 23, after

1 <section.> by inserting<The department  
2 may transfer funds appropriated in this  
3 section to the appropriation made in this division of  
4 this Act for adoption subsidy to support the adjustment  
5 in reimbursement rates for specified child welfare  
6 providers as provided in this 2012 Act.>

6 24. Page 41, line 25, by striking <\$31,372,177> and  
7 inserting <\$31,438,622>

8 25. Page 42, line 29, by striking <\$7,370,116> and  
9 inserting <\$7,385,639>

10 26. Page 48, line 16, after <subsidy.> by inserting  
11 <The department may transfer funds appropriated in this  
12 section to the appropriation made in this division of  
13 this Act for child and family services to support the  
14 adjustment in reimbursement rates for specified child  
15 welfare providers as provided in this 2012 Act.>

16 27. Page 53, line 20, by striking <95.90> and  
17 inserting <115.50>

18 28. Page 54, line 28, by striking <285.00> and  
19 inserting <285.00 295.00>

20 29. Page 56, line 1, by striking <\$237,226,901> and  
21 inserting <\$239,726,901>

22 30. Page 56, after line 1 by inserting:

23 <Sec. \_\_\_\_ . 2011 Iowa Acts, chapter 129, section  
24 141, subsection 1, paragraph a, is amended by adding  
25 the following new subparagraph:

26 NEW SUBPARAGRAPH. (1A) For the fiscal year  
27 beginning July 1, 2012, and ending June 30, 2013,  
28 and within the total state funding amount identified  
29 in subparagraph (1), the department shall distribute  
30 not more than \$2,500,000 in reimbursement to nursing  
31 facilities by adjusting the statewide median of the  
32 direct care component of nursing facility costs based  
33 upon the most recent cost report submitted by the  
34 nursing facility for the period ending on or before  
35 December 31, 2011, and inflating these costs forward to  
36 July 1, 2012, by using the midpoint of each cost report  
37 and applying the skilled nursing facility market basket  
38 index. The department shall adjust the reimbursement  
39 calculated under this subparagraph as necessary to  
40 maintain expenditures of the nursing facility budget  
41 within the state funding amount specified in this  
42 subparagraph and within the total state funding amount  
43 identified in subparagraph (1) for the fiscal year.>

44 31. Page 56, by striking lines 9 and 10 and  
45 inserting <single rate of range between \$4.34 per  
46 prescription or the pharmacy's usual and customary fee,  
47 whichever is lower, and \$11.10 per prescription. The  
48 actual dispensing fee set within the range shall be  
49 determined by a cost of dispensing survey performed

50 by the department and required to be completed by all  
1 medical assistance program participating pharmacies.

2 ~~However,~~>

3 32. Page 56, by striking lines 15 through 24 and  
4 inserting:

5 <(2) The department shall implement an average  
6 acquisition cost reimbursement methodology for all  
7 drugs covered under the medical assistance program.  
8 The methodology shall utilize a survey of pharmacy  
9 invoices from a rotation of pharmacies in determining  
10 the average acquisition cost component of pharmacy  
11 reimbursement. Pharmacies and providers that are  
12 enrolled in the medical assistance program shall make  
13 available drug acquisition cost invoice information,  
14 product availability information if known, and other  
15 information deemed necessary by the department to  
16 assist the department in monitoring and revising the  
17 reimbursement rates and for efficient operation of  
18 the pharmacy benefit. The department shall provide a  
19 process for pharmacies to address average acquisition  
20 cost prices that are not reflective of the actual cost  
21 of a drug.>

22 33. By striking page 57, line 25, through page 58,  
23 line 18, and inserting:

24 <PROVIDER REIMBURSEMENT — SPECIFIED CHILD WELFARE  
25 PROVIDERS

26 Sec. \_\_\_\_\_. 2011 Iowa Acts, chapter 129, section 141,  
27 is amended by adding the following new subsection:

28 NEW SUBSECTION. 6A. For the fiscal year beginning  
29 July 1, 2012, the department shall adjust the  
30 foster family basic daily maintenance rate, the  
31 maximum adoption subsidy rates for children, the  
32 family-centered service providers rate, the family  
33 foster care service providers rate, the group foster  
34 care service providers rate, and the resource family  
35 recruitment and retention contractor rate, as such  
36 rates are identified in this section and were in effect  
37 on June 30, 2012, in order to distribute an additional  
38 \$3,070,512 in state reimbursements equitably to such  
39 providers for the fiscal year.>

40 34. Page 63, line 9, by striking <290,000> and  
41 inserting <540,000>

42 35. Page 64, line 19, by striking <1,956,245> and  
43 inserting <~~1,956,245~~ 4,106,245>

44 36. Page 66, by striking lines 10 through 23.

45 37. Page 67, after line 8 by inserting:

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

49 ..... \$ 350,000>

50 38. Page 69, line 11, by striking <2,654,238> and  
1 inserting <2,405,936>

2 39. Page 69, line 28, by striking <REDESIGN> and  
3 inserting <MEDICAL ASSISTANCE PROGRAM ADDITIONAL  
4 FUNDING>

5 40. Page 70, by striking lines 9 through 11 and  
6 inserting:

7 <For the medical assistance program appropriation  
8 for the fiscal year for the expense of replacing  
9 the enhanced match rate provided through the federal  
10 American Recovery and Reinvestment Act of 2009 and  
11 for the reduction in the federal medical assistance  
12 percentage associated with the mental health and  
13 disabilities services for which the match has been paid  
14 by counties:>

15 41. Page 74, after line 30 by inserting:

16 <Sec. \_\_\_\_\_. NEW SECTION. **8A.441 Medication therapy**  
17 **management.**

18 1. As used in this section, unless the context  
19 otherwise requires:

20 a. "*Eligible employee*" means an employee of the  
21 state, with the exception of an employee of the state  
22 board of regents or institutions under the state board  
23 of regents, for whom group health plans are established  
24 pursuant to chapter 509A providing for third-party  
25 payment or prepayment for health or medical expenses.

26 b. "*Medication therapy management*" means a  
27 systematic process performed by a licensed pharmacist,  
28 designed to improve quality outcomes for patients  
29 and lower health care costs, including emergency  
30 room, hospital, provider, and other costs, by  
31 optimizing appropriate medication use linked directly  
32 to achievement of the clinical goals of therapy.

33 Medication therapy management shall include all of the  
34 following services:

35 (1) A medication therapy review and in-person  
36 consultation relating to all medications, vitamins, and  
37 herbal supplements currently being taken by an eligible  
38 individual.

39 (2) A medication action plan, subject to the  
40 limitations specified in this section, communicated  
41 to the individual and the individual's primary care  
42 physician or other appropriate prescriber to address  
43 issues including appropriateness, effectiveness,  
44 safety, drug interactions, and adherence. The  
45 medication action plan may include drug therapy  
46 recommendations to prescribers that are needed to meet  
47 clinical goals and achieve optimal patient outcomes.

48 (3) Documentation and follow-up to ensure  
49 consistent levels of pharmacy services and positive

50 outcomes.

1     2. *a.* The department shall utilize a request for  
2 proposals process and shall enter into a contract for  
3 the provision of medication therapy management services  
4 for eligible employees who meet any of the following  
5 criteria:

6       (1) An individual who takes four or more  
7 prescription drugs to treat or prevent two or more  
8 chronic medical conditions.

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

13       (3) An individual who meets other criteria  
14 established by the third-party payment provider  
15 contract, policy, or plan.

16     *b.* The contract shall require the entity to provide  
17 annual reports to the general assembly detailing  
18 the costs, savings, estimated cost avoidance and  
19 return on investment, and improved patient outcomes  
20 related to the medication therapy management services  
21 provided. The entity shall guarantee demonstrated  
22 annual savings for overall health care costs, including  
23 emergency room, hospital, provider, and other costs,  
24 with savings including associated cost avoidance, at  
25 least equal to the program's costs with any shortfall  
26 amount refunded to the state. The contract shall  
27 include terms, conditions, and applicable measurement  
28 standards associated with the demonstration of savings.  
29 The department shall verify the demonstrated savings  
30 reported by the entity were achieved in accordance with  
31 the agreed upon measurement standards. The entity  
32 shall be prohibited from using the entity's employees  
33 to provide the medication therapy management services  
34 and shall instead be required to contract with licensed  
35 pharmacies, pharmacists, or physicians.

36     *c.* The department may establish an advisory  
37 committee comprised of an equal number of physicians  
38 and pharmacists to provide advice and oversight in  
39 evaluating the results of the program. The department  
40 shall appoint the members of the advisory committee  
41 based upon designees of the Iowa pharmacy association,  
42 the Iowa medical society, and the Iowa osteopathic  
43 medical association.

44     *d.* The fees for pharmacist-delivered medication  
45 therapy management services shall be separate from  
46 the reimbursement for prescription drug product or  
47 dispensing services; shall be determined by each  
48 third-party payment provider contract, policy, or plan;  
49 and must be reasonable based on the resources and time

50 required to provide the service.

1 e. A fee shall be established for physician  
2 reimbursement for services delivered for medication  
3 therapy management as determined by each third-party  
4 payment provider contract, policy, or plan, and must be  
5 reasonable based on the resources and time required to  
6 provide the service.

7 f. If any part of the medication therapy management  
8 plan developed by a pharmacist incorporates services  
9 which are outside the pharmacist's independent scope  
10 of practice including the initiation of therapy,  
11 modification of dosages, therapeutic interchange, or  
12 changes in drug therapy, the express authorization  
13 of the individual's physician or other appropriate  
14 prescriber is required.>

15 42. Page 75, line 5, by striking <annually>

16 43. Page 75, by striking lines 24 and 25 and  
17 inserting:

18 <3. The authority shall allocate moneys in the  
19 fund to the extent available for the development of  
20 supportive housing or the>

21 44. Page 78, after line 24 by inserting:

22 <Sec. \_\_\_\_ . **NEW SECTION. 249A.17 Reimbursement for**  
23 **providers of outpatient clinical services for children.**

24 1. Providers that meet the criteria specified in  
25 subsection 2, shall receive cost-based reimbursement  
26 for one hundred percent of the reasonable costs, as  
27 determined by Medicare reimbursement principles, for  
28 provision of outpatient clinical services for children  
29 who are recipients of medical assistance.

30 2. In order to be eligible for reimbursement under  
31 this section, a provider shall be an accredited,  
32 nonprofit agency that meets all of the following  
33 criteria:

34 a. Provides clinical outpatient services to  
35 children of whom at least sixty percent are recipients  
36 of medical assistance.

37 b. Provides at least three children's mental health  
38 services including inpatient services, outpatient  
39 services, psychiatric and psychological services, and  
40 behavioral health intervention services.

41 c. Directly employs a psychiatrist, psychologist,  
42 and licensed therapist.>

43 45. Page 80, after line 1 by inserting:

44 <Sec. \_\_\_\_ . **COST-BASED REIMBURSEMENT — PROVIDERS OF**  
45 **CHILDREN'S OUTPATIENT CLINICAL SERVICES.**

46 1. The department of human services shall seek  
47 federal approval to amend the medical assistance  
48 program state plan and shall amend the contract  
49 with the department's managed care contractor for

50 behavioral health services under the medical assistance  
1 program to provide medical assistance reimbursement to  
2 providers that meet the criteria specified in section  
3 249A.17, as enacted in this division of this Act, at  
4 100 percent of the reasonable costs for recipients of  
5 medical assistance for outpatient clinical services for  
6 children.

7 2. Implementation of section 249A.17, as enacted  
8 in this division of this Act, is contingent upon  
9 receipt of federal approval and limited to the funding  
10 made available through amending the contract with the  
11 managed care contractor.

12 3. The department shall adopt rules pursuant to  
13 chapter 17A to provide reimbursement for outpatient  
14 clinical services for children as described in this  
15 section. The rules shall provide that reimbursement  
16 shall initially be paid on an interim basis and  
17 subsequently adjusted retroactively based on submission  
18 of financial and statistical reports as required by the  
19 department.>

20 46. Page 80, before line 2 by inserting:  
21 <Sec. \_\_\_\_\_. EFFECTIVE UPON ENACTMENT. The section  
22 of this division of this Act enacting section 8A.441,  
23 being deemed of immediate importance, takes effect upon  
24 enactment.>

25 47. Page 84, line 20, after <chapter> by inserting  
26 <1188, section>

27 48. Page 85, after line 28 by inserting:  
28 <12. Establish a grace period during which a newly  
29 employed individual may provide direct care services  
30 before being required to complete the appropriate level  
31 of certification under this chapter.>

32 49. By renumbering as necessary.

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JACK HATCH