Senate File 2213

S-5052

Amend Senate File 2213 as follows:

1. By striking everything after the enacting clause and inserting:

<HEALTH POLICY OVERSIGHT COMMITTEE

Section 1. Section 2.45, subsection 6, Code 2016, is amended to read as follows:

6. The legislative health policy oversight committee, which shall be composed of ten members of the general assembly, consisting of five members from each house, to be appointed by the legislative council. The legislative health policy oversight committee shall ~~receive updates and review data, public input and concerns, and make recommendations for improvements to and changes in law or rule regarding Medicaid managed care~~ meet at least four times annually to evaluate state health policy and provide continuing oversight for publicly funded programs, including but not limited to all facets of the Medicaid and hawk-i programs to, at a minimum, ensure effective and efficient administration of these programs, address stakeholder concerns, monitor program costs and expenditures, and make recommendations relative to the programs.

Sec. 2. HEALTH POLICY OVERSIGHT COMMITTEE —— SUBJECT MATTER REVIEW FOR 2016 LEGISLATIVE INTERIM. During the 2016 legislative interim, the health policy oversight committee created in section 2.45 shall, as part of the committee's evaluation of state health policy and review of all facets of the Medicaid and hawk-i programs, review and make recommendations regarding, at a minimum, all of the following:

1. The resources and duties of the office of long-term care ombudsman relating to the provision of assistance to and advocacy for Medicaid recipients to determine the designation of duties and level of

resources necessary to appropriately address the needs of such individuals. The committee shall consider the health consumer ombudsman alliance report submitted to the general assembly in December 2015, as well as input from the office of long-term care ombudsman and other entities in making recommendations.

2. The health benefits and health benefit utilization management criteria for the Medicaid and hawk-i programs to determine the sufficiency and appropriateness of the benefits offered and the utilization of these benefits.

3. Prior authorization requirements relative to benefits provided under the Medicaid and hawk-i programs, including but not limited to pharmacy benefits.

4. Consistency and uniformity in processes, procedures, forms, and other activities across all Medicaid and hawk-i program participating insurers and managed care organizations, including but not limited to cost and quality reporting, credentialing, billing, prior authorization, and critical incident reporting.

5. Provider network adequacy including the use of out-of-network and out-of-state providers.

6. The role and interplay of other advisory and oversight entities, including but not limited to the medical assistance advisory council and the hawk-i board.

REVIEW OF PROGRAM INTEGRITY DUTIES

Sec. 3. REVIEW OF PROGRAM INTEGRITY DUTIES —— WORKGROUP —— REPORT.

1. The director of human services shall convene a workgroup comprised of members including the commissioner of insurance, the auditor of state, the Medicaid director and bureau chiefs of the managed care organization oversight and supports bureau, the Iowa

Medicaid enterprise support bureau, and the medical and long-term services and supports bureau, and a representative of the program integrity unit, or their designees; and representatives of other appropriate state agencies or other entities including but not limited to the office of the attorney general, the office of long-term care ombudsman, and the Medicaid fraud control unit of the investigations division of the department of inspections and appeals. The workgroup shall do all of the following:

a. Review the duties of each entity with responsibilities relative to Medicaid program integrity and managed care organizations; review state and federal laws, regulations, requirements, guidance, and policies relating to Medicaid program integrity and managed care organizations; and review the laws of other states relating to Medicaid program integrity and managed care organizations. The workgroup shall determine areas of duplication, fragmentation, and gaps; shall identify possible integration, collaboration and coordination of duties; and shall determine whether existing general state Medicaid program and fee-for-service policies, laws, and rules are sufficient, or if changes or more specific policies, laws, and rules are required to provide for comprehensive and effective administration and oversight of the Medicaid program including under the fee-for-service and managed care methodologies.

b. Review historical uses of the Medicaid fraud fund created in section 249A.50 and make recommendations for future uses of the moneys in the fund and any changes in law necessary to adequately address program integrity.

c. Review medical loss ratio provisions relative to Medicaid managed care contracts and make

recommendations regarding, at a minimum, requirements for the necessary collection, maintenance, retention, reporting, and sharing of data and information by Medicaid managed care organizations for effective determination of compliance, and to identify the costs and activities that should be included in the calculation of administrative costs, medical costs or benefit expenses, health quality improvement costs, and other costs and activities incidental to the determination of a medical loss ratio.

d. Review the capacity of state agencies, including the need for specialized training and expertise, to address Medicaid and managed care organization program integrity and provide recommendations for the provision of necessary resources and infrastructure, including annual budget projections.

e. Review the incentives and penalties applicable to violations of program integrity requirements to determine their adequacy in combating waste, fraud, abuse, and other violations that divert limited resources that would otherwise be expended to safeguard the health and welfare of Medicaid recipients, and make recommendations for necessary adjustments to improve compliance.

f. Make recommendations regarding the quarterly and annual auditing of financial reports required to be performed for each Medicaid managed care organization to ensure that the activities audited provide sufficient information to the division of insurance of the department of commerce and the department of human services to ensure program integrity. The recommendations shall also address the need for additional audits or other reviews of managed care organizations.

g. Review and make recommendations to prohibit

cost-shifting between state and local and public and private funding sources for services and supports provided to Medicaid recipients whether directly or indirectly through the Medicaid program.

2. The department of human services shall submit a report of the workgroup to the governor, the health policy oversight committee created in section 2.45, and the general assembly initially, on or before November 15, 2016, and on or before November 15, on an annual basis thereafter, to provide findings and recommendations for a coordinated approach to comprehensive and effective administration and oversight of the Medicaid program including under the fee-for-service and managed care methodologies.

MEDICAID OMBUDSMAN

Sec. 4. Section 231.44, Code 2016, is amended to read as follows:

231.44 Utilization of resources —— assistance and advocacy related to long-term services and supports under the Medicaid program.

1. The office of long-term care ombudsman ~~may~~ shall utilize its available resources to provide assistance and advocacy services to eligible recipients of long-term services and supports, or individuals seeking long-term services and supports, and the families or legal representatives of such ~~eligible recipients, of long-term services and supports provided through~~ individuals under the Medicaid program. Such assistance and advocacy shall include but is not limited to all of the following:

a. Assisting ~~recipients~~ such individuals in understanding the services, coverage, and access provisions and their rights under Medicaid managed care.

b. Developing procedures for the tracking and

reporting of the outcomes of individual requests for assistance, the obtaining of necessary services and supports, and other aspects of the services provided to ~~eligible recipients~~ such individuals.

c. Providing advice and assistance relating to the preparation and filing of complaints, grievances, and appeals of complaints or grievances, including through processes available under managed care plans and the state appeals process, relating to long-term services and supports under the Medicaid program.

d. Accessing the results of a review of a level of care assessment or reassessment by a managed care organization in which the managed care organization recommends denial or limited authorization of a service, including the type or level of service, the reduction, suspension, or termination of a previously authorized service, or a change in level of care, upon the request of an affected individual.

e. Receiving notices of disenrollment or notices that would result in a change in level of care for affected individuals, including involuntary and voluntary discharges or transfers, from the department of human services or a managed care organization.

2. A representative of the office of long-term care ombudsman providing assistance and advocacy services authorized under this section for an individual, shall be provided access to the individual, and shall be provided access to the individual's medical and social records as authorized by the individual or the individual's legal representative, as necessary to carry out the duties specified in this section.

3. A representative of the office of long-term care ombudsman providing assistance and advocacy services authorized under this section for an individual, shall be provided access to administrative records related to

the provision of the long-term services and supports to the individual, as necessary to carry out the duties specified in this section.

4. The office of long-term care ombudsman and representatives of the office, when providing assistance and advocacy services under this section, shall be considered a health oversight agency as defined in 45 C.F.R. §164.501 for the purposes of health oversight activities as described in 45 C.F.R. §164.512(d) including access to the health records and other appropriate information of an individual, including from the department of human services or the applicable Medicaid managed care organization, as necessary to fulfill the duties specified under this section. The department of human services, in collaboration with the office of long-term care ombudsman, shall adopt rules to ensure compliance by affected entities with this subsection and to ensure recognition of the office of long-term care ombudsman as a duly authorized and identified agent or representative of the state.

5. The department of human services and Medicaid managed care organizations shall inform eligible and potentially eligible Medicaid recipients of the advocacy services and assistance available through the office of long-term care ombudsman and shall provide contact and other information regarding the advocacy services and assistance to eligible and potentially eligible Medicaid recipients as directed by the office of long-term care ombudsman.

6. When providing assistance and advocacy services under this section, the office of long-term care ombudsman shall act as an independent agency, and the office of long-term care ombudsman and representatives of the office shall be free of any undue influence that

restrains the ability of the office or the office's representatives from providing such services and assistance.

7. The office of long-term care ombudsman shall, in addition to other duties prescribed and at a minimum, do all of the following in the furtherance of the provision of advocacy services and assistance under this section:

a. Represent the interests of eligible and potentially eligible Medicaid recipients before governmental agencies.

b. Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions, and recommend any changes in such laws, regulations, policies, and actions as determined appropriate by the office of long-term care ombudsman.

c. To maintain transparency and accountability for activities performed under this section, including for the purposes of claiming federal financial participation for activities that are performed to assist with administration of the Medicaid program:

(1) Have complete and direct responsibility for the administration, operation, funding, fiscal management, and budget related to such activities, and directly employ, oversee, and supervise all paid and volunteer staff associated with these activities.

(2) Establish separation-of-duties requirements, provide limited access to work space and work product for only necessary staff, and limit access to documents and information as necessary to maintain the confidentiality of the protected health information of individuals served under this section.

(3) Collect and submit, annually, to the governor, the health policy oversight committee created in

section 2.45, and the general assembly, all of the following with regard to those seeking advocacy services or assistance under this section:

(a) The number of contacts by contact type and geographic location.

(b) The type of assistance requested including the name of the managed care organization involved, if applicable.

(c) The time frame between the time of the initial contact and when an initial response was provided.

(d) The amount of time from the initial contact to resolution of the problem or concern.

(e) The actions taken in response to the request for advocacy or assistance.

(f) The outcomes of requests to address problems or concerns.

~~4.~~ 8. For the purposes of this section:

a. "*Institutional setting*" includes a long-term care facility, an elder group home, or an assisted living program.

b. "*Long-term services and supports*" means the broad range of health, health-related, and personal care assistance services and supports, provided in both institutional settings and home and community-based settings, necessary for older individuals and persons with disabilities who experience limitations in their capacity for self-care due to a physical, cognitive, or mental disability or condition.

Sec. 5. NEW SECTION. **231.44A Willful interference with duties related to long-term services and supports — penalty.**

Willful interference with a representative of the office of long-term care ombudsman in the performance of official duties in accordance with section 231.44 is a violation of section 231.44, subject to a penalty

prescribed by rule. The office of long-term care ombudsman shall adopt rules specifying the amount of a penalty imposed, consistent with the penalties imposed under section 231.42, subsection 8, and specifying procedures for notice and appeal of penalties imposed. Any moneys collected pursuant to this section shall be deposited in the general fund of the state.

MEDICAL ASSISTANCE ADVISORY COUNCIL

Sec. 6. Section 249A.4B, Code 2016, is amended to read as follows:

249A.4B Medical assistance advisory council.

1. A medical assistance advisory council is created to comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of the federal Social Security Act and to advise the director about health and medical care services under the ~~medical assistance~~ Medicaid program, participate in Medicaid policy development and program administration, and provide guidance on key issues related to the Medicaid program, whether administered under a fee-for-service, managed care, or other methodology, including but not limited to access to care, quality of care, and service delivery.

a. The council shall have the opportunity for participation in policy development and program administration, including furthering the participation of recipients of the program, and without limiting this general authority shall specifically do all of the following:

(1) Formulate, review, evaluate, and recommend policies, rules, agency initiatives, and legislation pertaining to the Medicaid program. The council shall have the opportunity to comment on proposed rules prior to commencement of the rulemaking process and on waivers and state plan amendment applications.

(2) Prior to the annual budget development process,

engage in setting priorities, including consideration of the scope and utilization management criteria for benefits, beneficiary eligibility, provider and services reimbursement rates, and other budgetary issues.

(3) Provide oversight for and review of the administration of the Medicaid program.

(4) Ensure that the membership of the council effectively represents all relevant and concerned viewpoints, particularly those of consumers, providers, and the general public; create public understanding; and ensure that the services provided under the Medicaid program meet the needs of the people served.

b. The council shall meet ~~no more than~~ at least quarterly, and prior to the next subsequent meeting of the executive committee. ~~The director of public health~~ The public member acting as a co-chairperson of the executive committee and the professional or business entity member acting as a co-chairperson of the executive committee, shall serve as ~~chairperson~~ co-chairpersons of the council.

2. The council shall include all of the following voting members:

a. The president, or the president's representative, of each of the following professional or business entities, or a member of each of the following professional or business entities, selected by the entity:

(1) The Iowa medical society.

(2) The Iowa osteopathic medical association.

(3) The Iowa academy of family physicians.

(4) The Iowa chapter of the American academy of pediatrics.

(5) The Iowa physical therapy association.

(6) The Iowa dental association.

(7) The Iowa nurses association.
(8) The Iowa pharmacy association.
(9) The Iowa podiatric medical society.
(10) The Iowa optometric association.
(11) The Iowa association of community providers.
(12) The Iowa psychological association.
(13) The Iowa psychiatric society.
(14) The Iowa chapter of the national association of social workers.
(15) The coalition for family and children's services in Iowa.
(16) The Iowa hospital association.
(17) The Iowa association of rural health clinics.
(18) The Iowa primary care association.
(19) Free clinics of Iowa.
(20) The opticians' association of Iowa, inc.
(21) The Iowa association of hearing health professionals.
(22) The Iowa speech and hearing association.
(23) The Iowa health care association.
(24) The Iowa association of area agencies on aging.
(25) AARP.
(26) The Iowa caregivers association.
(27) The Iowa coalition of home and community-based services for seniors.
(28) The Iowa adult day services association.
(29) Leading age Iowa.
(30) The Iowa association for home care.
(31) The Iowa council of health care centers.
(32) The Iowa physician assistant society.
(33) The Iowa association of nurse practitioners.
(34) The Iowa nurse practitioner society.
(35) The Iowa occupational therapy association.
(36) The ARC of Iowa, formerly known as the

association for retarded citizens of Iowa.

(37) The national alliance ~~for the mentally ill~~ on mental illness of Iowa.

(38) The Iowa state association of counties.

(39) The Iowa developmental disabilities council.

(40) The Iowa chiropractic society.

(41) The Iowa academy of nutrition and dietetics.

(42) The Iowa behavioral health association.

(43) The midwest association for medical equipment services or an affiliated Iowa organization.

(44) The Iowa public health association.

(45) The epilepsy foundation.

b. Public representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, which shall be appointed by the governor in equal ~~in~~ number to the number of representatives of the professional and business entities specifically represented under paragraph *"a"*, ~~appointed by the governor~~ for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph *"a"*, and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.

3. The council shall include all of the following nonvoting members:

~~*c.*~~ *a.* The director of public health, or the director's designee.

~~*d.*~~ *b.* The director of the department on aging, or the director's designee.

c. The state long-term care ombudsman, or the ombudsman's designee.

d. The ombudsman appointed pursuant to section

2C.3, or the ombudsman's designee.

e. The dean of Des Moines university — osteopathic medical center, or the dean's designee.

f. The dean of the university of Iowa college of medicine, or the dean's designee.

g. The following members of the general assembly, each for a term of two years as provided in section 69.16B:

(1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

(2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

~~3.~~ 4. *a.* An executive committee of the council is created and shall consist of the following members of the council:

(1) As voting members:

(a) Five of the professional or business entity members designated pursuant to subsection 2, paragraph *"a"*, and selected by the members specified under that paragraph.

~~(2)~~ (b) Five of the public members appointed pursuant to subsection 2, paragraph *"b"*, and selected by the members specified under that paragraph. Of the five public members, at least one member shall be a recipient of medical assistance.

~~(3)~~ (2) As nonvoting members:

(a) The director of public health, or the director's designee.

(b) The director of the department on aging, or the director's designee.

(c) The state long-term care ombudsman, or the ombudsman's designee.

(d) The ombudsman appointed pursuant to section 2C.3, or the ombudsman's designee.

b. The executive committee shall meet on a monthly basis. ~~The director of public health~~ A public member of the executive committee selected by the public members appointed pursuant to subsection 2, paragraph "*b*", and a professional or business entity member of the executive committee selected by the professional or business entity members appointed pursuant to subsection 2, paragraph "*a*", shall serve as ~~chairperson~~ co-chairpersons of the executive committee.

c. Based upon the deliberations of the council, ~~and~~ the executive committee, and the subcommittees, the executive committee, the council, and the subcommittees, respectively, shall make recommendations to the director, to the health policy oversight committee created in section 2.45, to the general assembly's joint appropriations subcommittee on health and human services, and to the general assembly's standing committees on human resources regarding the budget, policy, and administration of the medical assistance program.

5. *a.* The council shall create the following subcommittees, and may create additional subcommittees as necessary to address Medicaid program policies, administration, budget, and other factors and issues:

(1) A stakeholder safeguards subcommittee, for which the co-chairpersons shall be a public member of the council appointed pursuant to subsection 2, paragraph "*b*", and selected by the public members of the council, and a representative of a professional or business entity appointed pursuant to subsection 2, paragraph "*a*", and selected by the professional or

business entity representatives of the council. The mission of the stakeholder safeguards subcommittee is to provide for ongoing stakeholder engagement and feedback on issues affecting Medicaid recipients, providers, and other stakeholders, including but not limited to benefits such as transportation, benefit utilization management, the inclusion of out-of-state and out-of-network providers and the use of single-case agreements, and reimbursement of providers and services.

(2) The long-term services and supports subcommittee which shall be chaired by the state long-term care ombudsman, or the ombudsman's designee. The mission of the long-term services and supports subcommittee is to be a resource and to provide advice on policy development and program administration relating to Medicaid long-term services and supports including but not limited to developing outcomes and performance measures for Medicaid managed care for the long-term services and supports population; addressing issues related to home and community-based services waivers and waiting lists; and reviewing the system of long-term services and supports to ensure provision of home and community-based services and the rebalancing of the health care infrastructure in accordance with state and federal law including but not limited to the principles established in Olmstead v. L.C., 527 U.S. 581 (1999) and the federal Americans with Disabilities Act and in a manner that reflects a sustainable, person-centered approach to improve health and life outcomes, supports maximum independence, addresses medical and social needs in a coordinated, integrated manner, and provides for sufficient resources including a stable, well-qualified workforce. The subcommittee shall also address and make recommendations regarding

the need for an ombudsman function for eligible and potentially eligible Medicaid recipients beyond the long-term services and supports population.

(3) The transparency, data, and program evaluation subcommittee which shall be chaired by the director of the university of Iowa public policy center, or the director's designee. The mission of the transparency, data, and program evaluation subcommittee is to ensure Medicaid program transparency; ensure the collection, maintenance, retention, reporting, and analysis of sufficient and meaningful data to provide transparency and inform policy development and program effectiveness; support development and administration of a consumer-friendly dashboard; and promote the ongoing evaluation of Medicaid stakeholder satisfaction with the Medicaid program.

(4) The program integrity subcommittee which shall be chaired by the Medicaid director, or the director's designee. The mission of the program integrity subcommittee is to ensure that a comprehensive system including specific policies, laws, and rules and adequate resources and measures are in place to effectively administer the program and to maintain compliance with federal and state program integrity requirements.

(5) A health workforce subcommittee, co-chaired by the bureau chief of the bureau of oral and health delivery systems of the department of public health, or the bureau chief's designee, and the director of the national alliance on mental illness of Iowa, or the director's designee. The mission of the health workforce subcommittee is to assess the sufficiency and proficiency of the current and projected health workforce; identify barriers to and gaps in health workforce development initiatives and health

workforce data to provide foundational, evidence-based information to inform policymaking and resource allocation; evaluate the most efficient application and utilization of roles, functions, responsibilities, activities, and decision-making capacity of health care professionals and other allied and support personnel; and make recommendations for improvement in, and alternative modes of, health care delivery in order to provide a competent, diverse, and sustainable health workforce in the state. The subcommittee shall work in collaboration with the office of statewide clinical education programs of the university of Iowa Carver college of medicine, Des Moines university, Iowa workforce development, and other entities with interest or expertise in the health workforce in carrying out the subcommittee's duties and developing recommendations.

b. The co-chairpersons of the council shall appoint members to each subcommittee from the general membership of the council. Consideration in appointing subcommittee members shall include the individual's knowledge about, and interest or expertise in, matters that come before the subcommittee.

c. Subcommittees shall meet at the call of the co-chairpersons or chairperson of the subcommittee, or at the request of a majority of the members of the subcommittee.

~~4.~~ 6. For each council meeting, executive committee meeting, or subcommittee meeting, a quorum shall consist of fifty percent of the membership qualified to vote. Where a quorum is present, a position is carried by a majority of the members qualified to vote.

7. For each council meeting, other than those held during the time the general assembly is in

session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in section 7E.6 for each day in attendance, as shall the members of the council, ~~or~~ the executive committee, or a subcommittee, for each day in attendance at a council, executive committee, or subcommittee meeting, who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

~~5.~~ 8. The department shall provide staff support and independent technical assistance to the council, ~~and~~ the executive committee, and the subcommittees.

~~6.~~ 9. The director shall ~~consider~~ comply with the requirements of this section regarding the duties of the council, and the deliberations and recommendations ~~offered by~~ of the council, ~~and~~ the executive committee, and the subcommittees shall be reflected in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3, ~~and~~ in implementation of medical assistance program policies, and in administration of the Medicaid program.

10. The council, executive committee, and subcommittees shall jointly submit quarterly reports to the health policy oversight committee created in section 2.45 and shall jointly submit a report to the governor and the general assembly initially by January 1, 2017, and annually, therefore, summarizing the outcomes and findings of their respective deliberations and any recommendations including but not limited to those for changes in law or policy.

11. The council, executive committee, and subcommittees may enlist the services of persons who are qualified by education, expertise, or experience

to advise, consult with, or otherwise assist the council, executive committee, or subcommittees in the performance of their duties. The council, executive committee, or subcommittees may specifically enlist the assistance of entities such as the university of Iowa public policy center to provide ongoing evaluation of the Medicaid program and to make evidence-based recommendations to improve the program. The council, executive committee, and subcommittees shall enlist input from the patient-centered health advisory council created in section 135.159, the mental health and disabilities services commission created in section 225C.5, the commission on aging created in section 231.11, the bureau of substance abuse of the department of public health, the Iowa developmental disabilities council, and other appropriate state and local entities to provide advice to the council, executive committee, and subcommittees.

12. The department, in accordance with 42 C.F.R. §431.12, shall seek federal financial participation for the activities of the council, the executive committee, and the subcommittees.

PATIENT-CENTERED HEALTH RESOURCES AND INFRASTRUCTURE

Sec. 7. Section 135.159, subsection 2, Code 2016, is amended to read as follows:

2. *a.* The department shall establish a patient-centered health advisory council which shall include but is not limited to all of the following members, selected by their respective organizations, and any other members the department determines necessary to assist in the ~~department's duties at various stages of~~ development of the medical home system and in the transformation to a patient-centered infrastructure that integrates and coordinates services and supports to address social determinants of health

and meet population health goals:

(1) The director of human services, or the director's designee.

(2) The commissioner of insurance, or the commissioner's designee.

(3) A representative of the federation of Iowa insurers.

(4) A representative of the Iowa dental association.

(5) A representative of the Iowa nurses association.

(6) A physician and an osteopathic physician licensed pursuant to chapter 148 who are family physicians and members of the Iowa academy of family physicians.

(7) A health care consumer.

(8) A representative of the Iowa collaborative safety net provider network established pursuant to section 135.153.

(9) A representative of the Iowa developmental disabilities council.

(10) A representative of the Iowa chapter of the American academy of pediatrics.

(11) A representative of the child and family policy center.

(12) A representative of the Iowa pharmacy association.

(13) A representative of the Iowa chiropractic society.

(14) A representative of the university of Iowa college of public health.

(15) A representative of the Iowa public health association.

(16) A representative of the area agencies on aging.

(17) A representative of the mental health and disability services regions.

(18) A representative of early childhood Iowa.

b. Public members of the patient-centered health advisory council shall receive reimbursement for actual expenses incurred while serving in their official capacity only if they are not eligible for reimbursement by the organization that they represent.

c. (1) Beginning July 1, 2016, the patient-centered health advisory council shall do all of the following:

(a) Review and make recommendations to the department and to the general assembly regarding the building of effective working relationships and strategies to support state-level and community-level integration, to provide cross-system coordination and synchronization, and to more appropriately align health delivery models and service sectors, including but not limited to public health, aging and disability services agencies, mental health and disability services regions, social services, child welfare, and other providers, agencies, organizations, and sectors to address social determinants of health, holistic well-being, and population health goals. Such review and recommendations shall include a review of funding streams and recommendations for blending and braiding funding to support these efforts.

(b) Assist in efforts to evaluate the health workforce to inform policymaking and resource allocation.

(2) The patient-centered health advisory council shall submit a report to the department, the health policy oversight committee created in section 2.45, and the general assembly, initially, on or before December 15, 2016, and on or before December 15, annually,

thereafter, including any findings or recommendations resulting from the council's deliberations.

HAWK-I PROGRAM

Sec. 8. Section 514I.5, subsection 8, paragraph d, Code 2016, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (17) Occupational therapy.

Sec. 9. Section 514I.5, subsection 8, Code 2016, is amended by adding the following new paragraph:

NEW PARAGRAPH. *m.* The definition of medically necessary and the utilization management criteria under the hawk-i program in order to ensure that benefits are uniformly and consistently provided across all participating insurers in the type and manner that reflects and appropriately meets the needs, including but not limited to the habilitative and rehabilitative needs, of the child population including those children with special health care needs.

Sec. 10. EFFECTIVE UPON ENACTMENT. This Act, being deemed of immediate importance, takes effect upon enactment.>

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DAVID JOHNSON