House File 653

H-1399

- 1 Amend House File 653 as follows:
- 3 <initiative>
- 4 2. Page 10, line 6, by striking <2,807,776> and inserting
- 5 <2,907,776>
- 6 3. Page 11, after line 24 by inserting:
- 7 <(4) Not less than \$100,000 is allocated to the Polk county</p>
- 8 medical society for continuation of the safety net provider
- 9 patient access to a specialty health care initiative as
- 10 described in 2007 Iowa Acts, chapter 218, section 109.>
- 11 4. Page 11, by striking lines 25 through 29 and inserting:
- 12 <f. Of the funds appropriated in this subsection,
- 13 \$76,231 shall be used by the department in implementing the
- 14 recommendations in the final report submitted by the direct
- 15 care worker advisory council to the>
- 5. Page 12, line 5, by striking <104,019> and inserting
- 17 <191,188>
- 18 6. Page 17, line 31, by striking <2017> and inserting <2018>
- 19 7. Page 19, by striking lines 27 through 31 and inserting
- 20 <1 for assistance under the family investment program, in
- 21 subsection 6 for child care assistance, or in subsection 10 for
- 22 technology costs related to the family investment program, as
- 23 applicable, have been expended. For>
- 24 8. Page 27, line 22, by striking <1,284,605,740> and
- 25 inserting <1,284,405,740>
- 9. By striking page 34, line 29, through page 35, line 4.
- 27 10. Page 41, line 16, by striking <87,329,375> and inserting
- 28 <87,279,375>
- 30 <1,136,595>
- 31 12. Page 47, after line 25 by inserting:
- 32 <c. Notwithstanding section 8.33, moneys corresponding to
- 33 the state savings resulting from implementation of the federal
- 34 Fostering Connections to Success and Increasing Adoptions Act
- 35 of 2008, Pub. L. No. 110-351, and successor legislation, as

- 1 determined in accordance with 42 U.S.C. §673(a)(8), that remain
- 2 unencumbered or unobligated at the close of the fiscal year,
- 3 shall not revert to any fund but shall remain available for the
- 4 purposes designated in this subsection until expended. The
- 5 amount of such savings and any corresponding funds remaining
- 6 at the close of the fiscal year shall be determined separately
- 7 and any changes in either amount between fiscal years shall not
- 8 result in an unfunded need.>
- 9 13. Page 48, line 14, by striking <2015> and inserting
- 10 <2016>
- 11 14. Page 53, line 1, by striking <13,883,040> and inserting
- 12 <14,033,040>
- 13 15. Page 53, line 17, by striking <250,000> and inserting
- 14 <200,000>
- 15 16. Page 53, line 26, by striking <Code>
- 16 17. Page 54, after line 2 by inserting:
- 17 < . Of the funds appropriated in this section, \$200,000</p>
- 18 shall be used to continue to expand the provision of nationally
- 19 accredited and recognized internet-based training to include
- 20 mental health and disability services providers.>
- 21 18. Page 54, line 31, after <funding> by inserting <,
- 22 including the \$2,500,000,>
- 23 19. Page 55, line 5, after <with> by inserting <subparagraph
- 24 division (a) and>
- 25 20. Page 55, after line 12 by inserting:
- 26 <(d) For the fiscal year beginning July 1, 2017, Medicaid</p>
- 27 managed care long-term services and supports capitation
- 28 rates shall be adjusted to reflect the rebasing pursuant to
- 29 subparagraph division (a) for the patient populations residing
- 30 in Medicaid-certified nursing facilities.>
- 31 21. Page 55, after line 23 by inserting:
- 32 <(3) Medicaid managed care organizations shall adjust</p>
- 33 facility-specific rates based upon payment rate listings issued
- 34 by the department. The rate adjustments shall be applied
- 35 retroactively based upon the effective date of the rate letter

- 1 issued by the department. A Medicaid managed care organization
- 2 shall honor all retroactive rate adjustments including when
- 3 specific provider rates are delayed or amended.>
- 4 22. Page 62, by striking lines 24 and 25 and inserting
- 5 <affected providers or services shall be reimbursed as>
- 6 23. Page 64, after line 35 by inserting:
- 7 <Sec. . EFFECTIVE UPON ENACTMENT. The following</p>
- 8 provisions of this division of this Act, being deemed of
- 9 immediate importance, take effect upon enactment:
- 10 1. The provision relating to section 232.141 and directing
- 11 the state court administrator and the division administrator of
- 12 the department of human services division of child and family
- 13 services to make the determination, by June 15, 2017, of the
- 14 distribution of funds allocated for the payment of the expenses
- 15 of court-ordered services provided to juveniles which are a
- 16 charge upon the state.>
- 18 <initiative>
- 19 25. Page 75, line 20, by striking <1,403,888> and inserting
- 20 <1,453,888>
- 21 26. Page 77, after line 3 by inserting:
- 22 <(4) Not less than \$50,000 is allocated to the Polk county</p>
- 23 medical society for continuation of the safety net provider
- 24 patient access to a specialty health care initiative as
- 25 described in 2007 Iowa Acts, chapter 218, section 109.>
- 26 27. Page 77, by striking lines 4 through 8 and inserting:
- 27 <f. Of the funds appropriated in this subsection,</p>
- 28 \$38,115 shall be used by the department in implementing the
- 29 recommendations in the final report submitted by the direct
- 30 care worker advisory council to the>
- 31 28. Page 77, line 19, by striking <52,009> and inserting
- 32 <95,594>
- 33 29. Page 83, line 17, by striking <2018> and inserting
- 34 <2019>
- 35 30. Page 85, by striking lines 13 through 17 and inserting

- 1 <1 for assistance under the family investment program, in
- 2 subsection 6 for child care assistance, or in subsection 10 for
- 3 technology costs related to the family investment program, as
- 4 applicable, have been expended. For>
- 5 31. Page 93, line 7, by striking <642,302,870> and inserting
- 6 <642,202,870>
- 7 32. Page 104, line 33, by striking <43,664,687> and
- 8 inserting <43,639,687>
- 9 33. Page 109, line 26, by striking <593,297> and inserting
- 10 <568,297>
- 11 34. Page 111, after line 7 by inserting:
- 12 <c. Notwithstanding section 8.33, moneys corresponding to</p>
- 13 the state savings resulting from implementation of the federal
- 14 Fostering Connections to Success and Increasing Adoptions Act
- 15 of 2008, Pub. L. No. 110-351, and successor legislation, as
- 16 determined in accordance with 42 U.S.C. §673(a)(8), that remain
- 17 unencumbered or unobligated at the close of the fiscal year,
- 18 shall not revert to any fund but shall remain available for the
- 19 purposes designated in this subsection until expended. The
- 20 amount of such savings and any corresponding funds remaining
- 21 at the close of the fiscal year shall be determined separately
- 22 and any changes in either amount between fiscal years shall not
- 23 result in an unfunded need.>
- 24 35. Page 111, line 31, by striking <2015> and inserting
- 25 <2017>
- 26 36. Page 116, line 18, by striking <6,941,520> and inserting
- 27 <7,016,520>
- 28 37. Page 116, line 34, by striking <125,000> and inserting
- 29 <100,000>
- 30 38. Page 117, line 8, by striking <Code>
- 31 39. Page 117, after line 12 by inserting:
- 32 < . Of the funds appropriated in this section, \$100,000</p>
- 33 shall be used to continue to expand the provision of nationally
- 34 accredited and recognized internet-based training to include
- 35 mental health and disability services providers.>

- 1 40. Page 122, by striking lines 2 and 3 and inserting
- 2 provided at hospitals shall be rebased effective October 1,
- 3 2018, subject to Medicaid program upper payment limit>
- 4 41. Page 125, by striking lines 30 and 31 and inserting
- 5 <affected providers or services shall be reimbursed as:>
- 6 42. Page 128, after line 6 by inserting:
- 7 <Sec. . EFFECTIVE UPON ENACTMENT. The following</p>
- 8 provisions of this division of this Act, being deemed of
- 9 immediate importance, take effect upon enactment:
- 10 1. The provision relating to section 232.141 and directing
- 11 the state court administrator and the division administrator of
- 12 the department of human services division of child and family
- 13 services to make the determination, by June 15, 2018, of the
- 14 distribution of funds allocated for the payment of the expenses
- 15 of court-ordered services provided to juveniles which are a
- 16 charge upon the state.>
- 17 43. Page 130, line 15, after <diseases> by inserting <, as
- 18 defined in the federal Orphan Drug Act of 1983, Pub. L. No.
- 19 97-414,>
- 20 44. Page 130, line 33, after <diseases> by inserting <, as
- 21 defined in the federal Orphan Drug Act of 1983, Pub. L. No.
- 22 97-414,>
- 23 45. Page 136, line 8, by striking <COST-REPORTING> and
- 24 inserting <TIERED RATES AND DOCUMENTATION CHANGES>
- 25 46. Page 138, line 27, by striking <healthcare> and
- 26 inserting <health care>
- 27 47. Page 140, line 22, after <section 139,> by inserting
- 28 <subsection 1,>
- 29 48. Page 140, lines 23 and 24, by striking <subsection 1,>
- 30 49. Page 142, by striking lines 13 and 14.
- 31 50. Page 143, by striking lines 12 and 13 and inserting
- 32 <beds beginning July 1, 2017.>
- 33 51. Page 144, after line 22 by inserting:
- 34 < DIVISION
- 35 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT

```
ALTERNATIVE PAYMENT PROGRAM

Sec. ____. 2016 Iowa Acts, chapter 1139, section 81, is

amended by striking the section, and inserting in lieu thereof

the following:
```

- 5 SEC. 81. Section 249L.2, subsection 6, Code 2016, is amended 6 to read as follows:
- 7 6. "Nursing facility" means a licensed nursing facility as
- 8 defined in section 135C.1 that is a freestanding facility or
- 9 a nursing facility operated by a hospital licensed pursuant
- 10 to chapter 135B, but does not include a distinct-part skilled
- ll nursing unit or a swing-bed unit operated by a hospital, or
- 12 a nursing facility owned by the state or federal government
- 13 or other governmental unit. "Nursing facility" includes a
- 14 non-state government-owned nursing facility if the nursing
- 15 facility participates in the non-state government-owned nursing
- 16 facility upper payment limit alternative payment program.
- 17 Sec. . 2016 Iowa Acts, chapter 1139, section 82, is
- 18 amended to read as follows:
- 19 SEC. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
- 20 PAYMENT LIMIT SUPPLEMENTAL ALTERNATIVE PAYMENT PROGRAM.
- 21 1. The department of human services shall submit, to the
- 22 centers for Medicare and Medicaid services (CMS) of the United
- 23 States department of health and human services no later than
- 24 September 29, 2017, a Medicaid state plan amendment to allow
- 25 qualifying non-state government-owned nursing facilities to
- 26 receive a supplemental participate in an alternative payment
- 27 program in accordance with the upper payment limit requirements
- 28 pursuant to 42 C.F.R. §447.272. The supplemental alternative
- 29 payment shall be in addition to the greater of the payment in
- 30 accordance with the upper payment limit requirements pursuant
- 31 to 42 C.F.R. §447.272 or the Medicaid fee-for-service per diem
- 32 reimbursement rate or the per diem payment established for the
- 33 nursing facility under a Medicaid managed care contract.
- 34 2. At a minimum, the Medicaid state plan amendment shall
- 35 provide for all of the following:

- 1 a. A non-state governmental entity shall provide the state
- 2 share of the difference between the expected supplemental
- 3 alternative payment and the Medicaid fee-for-service per diem
- 4 reimbursement rate in the form of an intergovernmental transfer
- 5 to the state.
- 6 b. The state shall claim federal matching funds and shall
- 7 make supplemental alternative payments to eligible non-state
- 8 governmental entities based on the supplemental alternative
- 9 payment amount as calculated by the state for each nursing
- 10 facility for which a non-state governmental entity owns the
- 11 nursing facility's license. A managed care contractor shall
- 12 not retain any portion of the supplemental alternative payment,
- 13 but shall treat the supplemental difference between the
- 14 expected alternative payment and the Medicaid fee-for-service
- 15 per diem reimbursement rate as a pass through component of
- 16 the capitated payment calculation to the eligible non-state
- 17 governmental entity.
- 18 c. The supplemental alternative payment program shall
- 19 be budget neutral to the state. No general fund revenue
- 20 shall be expended under the program including for costs of
- 21 administration. If payments under the program result in
- 22 overpayment to a nursing facility, or if CMS disallows federal
- 23 participation related to a nursing facility's receipt or
- 24 use of supplemental alternative payments authorized under
- 25 the program, the state may recoup an amount equivalent to
- 26 the amount of supplemental alternative payments overpaid or
- 27 disallowed. Supplemental Alternative payments shall be subject
- 28 to any adjustment for payments made in error, including but not
- 29 limited to adjustments made by state or federal law, and the
- 30 state may recoup an amount equivalent to any such adjustment.
- 31 d. A nursing facility participating in the program shall
- 32 notify the state of any changes in ownership that may affect
- 33 the nursing facility's continued eligibility for the program
- 34 within thirty days of any such change.
- 35 e. No portion of the supplemental alternative payment

- 1 paid to a participating nursing facility may be used for
- 2 contingent fees. Expenditures for development fees, legal
- 3 fees, or consulting fees shall not exceed five percent of
- 4 the supplemental alternative funds received, annually, and
- 5 any such expenditures shall be reported to the department of
- 6 human services, and included in the department's annual report
- 7 pursuant to subsection 3.
- 8 f. The supplemental alternative payment paid to a
- 9 participating nursing facility shall only be used as specified
- 10 in state and federal law. Supplemental Alternative payments
- ll paid to a participating nursing facility shall only be used as
- 12 follows:
- 13 (1) A portion of the amount received may be used for nursing
- 14 facility quality improvement initiatives including but not
- 15 limited to educational scholarships and nonmandatory training.
- 16 Priority in the awarding of contracts for such training shall
- 17 be for Iowa-based organizations.
- 18 (2) A portion of the amount received may be used for nursing
- 19 facility remodeling or renovation. Priority in the awarding
- 20 of contracts for such remodeling or renovations shall be for
- 21 Iowa-based organizations and skilled laborers.
- 22 (3) A portion of the amount received may be used for health
- 23 information technology infrastructure and software. Priority
- 24 in the awarding of contracts for such health information
- 25 technology infrastructure and software shall be for Iowa-based
- 26 organizations.
- 27 (4) A portion of the amount received may be used for
- 28 endowments to offset costs associated with maintenance of
- 29 hospitals licensed under chapter 135B and nursing facilities
- 30 licensed under chapter 135C.
- 31 g. A non-state governmental entity shall only be eligible
- 32 for supplemental alternative payments attributable to up to 10
- 33 percent of the potential non-state government-owned nursing
- 34 facilities licensed in the state.
- 35 3. Following receipt of approval and implementation of the

- 1 program, the department shall submit a report to the governor
- 2 and the general assembly, annually, on or before December 15,
- 3 regarding the program. The report shall include, at a minimum,
- 4 the name and location of participating non-state governmental
- 5 entities and the non-state government-owned nursing facilities
- 6 with which the non-state governmental entities have partnered
- 7 to participate in the program; the amount of the matching
- 8 funds provided by each non-state governmental entity; the
- 9 net supplemental payment amount difference between the
- 10 expected alternative payment and the Medicaid fee-for-service
- 11 per diem reimbursement rate received by each participating
- 12 non-governmental entity and non-state government-owned nursing
- 13 facility; and the amount expended for each of the specified
- 14 categories of approved expenditure.
- 15 4. The department of human services shall work
- 16 collaboratively with representatives of nursing facilities,
- 17 hospitals, and other affected stakeholders in adopting
- 18 administrative rules, and in implementing and administering
- 19 this program.
- 20 5. As used in this section:
- 21 a. "Non-state governmental entity" means a hospital
- 22 authority, hospital district, health care district, city, or
- 23 county.
- 24 b. "Non-state government-owned nursing facility" means a
- 25 nursing facility owned or operated by a non-state governmental
- 26 entity for which a non-state governmental entity holds
- 27 the nursing facility's license and is party to the nursing
- 28 facility's Medicaid contract.
- 29 Sec. . 2016 Iowa Acts, chapter 1139, section 84,
- 30 subsection 1, is amended to read as follows:
- 31 1. The section of this division of this Act directing the
- 32 department of human services to submit a Medicaid state plan
- 33 amendment to CMS no later than September 29, 2017, shall be
- 34 implemented as soon as possible following enactment, consistent
- 35 with all applicable federal requirements.

- 1 Sec. . EFFECTIVE UPON ENACTMENT. This division of this
- 2 Act, being deemed of immediate importance, takes effect upon
- 3 enactment.
- Sec. . RETROACTIVE APPLICABILITY. This division of this
- 5 Act applies retroactively to May 27, 2016.
- 6 DIVISION
- 7 LEGISLATIVE INTERIM - OPIOID EPIDEMIC EVALUATION
- Sec. . LEGISLATIVE INTERIM STUDY COMMITTEE OPIOID
- 9 EPIDEMIC EVALUATION.
- 10 The legislative council is requested to establish an
- 11 interim study committee to comprehensively evaluate the state's
- 12 response to the opioid epidemic in the state.
- 13 The committee shall receive input from agencies and
- 14 entities including but not limited to all of the following:
- 15 Representatives of the professional licensing boards for
- 16 professionals authorized to prescribe controlled substances.
- Representatives of public safety and public health 17
- 18 including but not limited to the office of the state medical
- 19 examiner, the division of criminal investigation of the
- 20 department of public safety, the department of corrections and
- 21 community-based corrections, law enforcement agencies, the
- 22 governor's office of drug control policy, and the department
- 23 of public health.
- 24 c. Representatives of the medical community and health
- 25 insurance payers including but not limited to the Iowa hospital
- 26 association, the Iowa medical society, the Iowa osteopathic
- 27 medical society, the Iowa pharmacy association, and America's
- 28 health insurance plans.
- 29 Consumers and representatives of consumers including but
- 30 not limited to the Iowa substance abuse information center, the
- 31 Iowa prescription abuse reduction task force, and addiction
- 32 treatment centers in the state.
- The interim committee's evaluation shall include but is 33
- 34 not limited to a review of the protocols and practices relating
- 35 to the prescribing of opioid medications and the treatment

- 1 options available including medication-assisted treatment.
- 2 4. The interim committee shall submit a report, including
- 3 findings and recommendations, to the governor and the general
- 4 assembly by November 15, 2017.>
- 5 52. By renumbering, redesignating, and correcting internal
- 6 references as necessary.

HEATON of Henry