

**EIGHTY-SIXTH GENERAL ASSEMBLY
2015 REGULAR SESSION
DAILY
HOUSE CLIP SHEET**

APRIL 15, 2015

HOUSE FILE 632

H-1221

1 Amend House File 632 as follows:

2 1. By striking page 1, line 35, through page 2,
3 line 4, and inserting <and accessible by the general
4 public. "Intermediary" also means an entity registered
5 with the administrator as an Iowa crowdfunding portal.>

6 2. Page 2, after line 9 by inserting:

7 <(3) "Iowa crowdfunding portal" means an entity
8 incorporated or organized under the laws of this state,
9 authorized to do business in this state, and engaged
10 exclusively in intrastate crowdfunding offers and
11 sales of exempt securities in this state through an
12 internet site and which does not operate or facilitate
13 a secondary market in securities.>

14 3. Page 15, by striking lines 4 through 19.

15 4. Page 19, line 17, by striking <may> and
16 inserting <shall>

17 5. By renumbering as necessary.

By PETTENGILL of Benton

H-1221 FILED APRIL 14, 2015

HOUSE FILE 632

H-1222

1 Amend House File 632 as follows:

2 1. Page 1, before line 1 by inserting:

3 <DIVISION I
4 VARIOUS PROVISIONS INVOLVING INSURANCE AND THE
5 INSURANCE DIVISION>

6 2. Page 23, after line 30 by inserting:

7 <DIVISION II
8 TELEHEALTH COVERAGE

9 Sec. ____ . LEGISLATIVE FINDINGS. The general
10 assembly finds and recognizes all of the following:

11 1. Access to health care facilities and health care
12 professionals is critically important to the citizens
13 of Iowa.

14 2. Telehealth uses electronic technology to
15 overcome a geographic distance between patients and
16 health care providers for the purpose of intervention,
17 clinical management, or assessing, monitoring, or
18 educating patients.

19 3. The provision of telehealth results in
20 demonstrated cost-effectiveness, improvements in
21 disease management, and improved patient outcomes and
22 studies by the American telemedicine association and
23 others have demonstrated significant reductions in
24 hospitalizations and otherwise necessary medical care
25 as a result of telehealth intervention.

26 4. Geography, weather, availability of specialists,
27 transportation, and other factors can create barriers
28 to accessing appropriate health care, including
29 behavioral health care, and one way to provide, ensure,
30 or enhance access to care given these barriers is
31 through the appropriate use of technology to allow
32 health care consumers access to qualified health care
33 professionals.

34 5. Additionally, the utilization of telehealth
35 will further the maintenance and improvement of the
36 physical and economic health of patients in medically
37 underserved communities by retaining the source of
38 health care in local areas, strengthening the health
39 infrastructure, and preserving health-care-related
40 jobs.

41 6. A need exists in this state to embrace efforts
42 that will encourage health insurers and health care
43 professionals to support the use of telehealth and that
44 will also encourage all state agencies to evaluate and
45 amend their policies and rules to remove any regulatory
46 barriers prohibiting the use of telehealth.

47 7. Recognition exists that the full potential of
48 delivering health care services through telehealth
49 cannot be realized without the assurance of payment and
50 the resolution of existing legal and policy barriers

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1 to such payment.

2 8. The purpose of the Iowa telehealth Act is to
3 provide a framework for health care professionals to
4 utilize in providing telehealth to Iowans in a manner
5 that provides efficient and effective access to quality
6 health care.

7 Sec. ____ . NEW SECTION. 147B.1 Title.

8 This chapter shall be known and may be cited as the
9 "Iowa Telehealth Act".

10 Sec. ____ . NEW SECTION. 147B.2 Definitions.

11 As used in this chapter, unless the context
12 otherwise requires:

13 1. "Distant site" means the site at which a health
14 care professional delivering the service is located at
15 the time the telehealth service is provided.

16 2. "Health care professional" means a person who
17 is licensed, certified, or otherwise authorized or
18 permitted by the law of this state to administer health
19 care in the ordinary course of business or in the
20 practice of a profession, or in an approved education
21 or training program, as long as the person is operating
22 within the person's professional scope of practice.

23 3. "Remote patient monitoring" means using
24 telehealth to enable the health care professional to
25 monitor and manage a patient's medical, functional, and
26 environmental needs if such needs can be appropriately
27 met through telehealth intervention.

28 4. "Store-and-forward telehealth" means the use of
29 asynchronous communications between a patient and a
30 health care professional or between a referring health
31 care professional and a medical specialist at a distant
32 site, supported by telecommunications technology for
33 the purpose of diagnosis, consultation, treatment, or
34 therapeutic assistance in the care of the patient,
35 including the transferring of medical data from one
36 site to another through the use of a camera or similar
37 device that records or stores an image that is sent or
38 forwarded via telecommunications to another site for
39 consultation.

40 5. "Telehealth" means the use of real-time,
41 interactive audio or video telecommunications or
42 electronic technology, remote patient monitoring,
43 or store-and-forward telehealth by a health care
44 professional to deliver health care services to a
45 patient within the scope of practice of the health
46 care professional, for the purposes of diagnosis,
47 consultation, treatment, transfer of medical data,
48 or exchange of medical education information.
49 "Telehealth" does not include an audio-only telephone
50 call, electronic mail message, or facsimile

1 transmission.

2 Sec. ____ . NEW SECTION. 147B.3 Telehealth.

3 1. A health care professional, as appropriate to
4 the scope of practice of the profession, may employ
5 the technology of telehealth by applying telehealth
6 within the professional's scope of practice or by
7 using telehealth technology under the direction and
8 supervision of another health care professional who
9 is using telehealth technology within the supervising
10 professional's scope of practice. A health care
11 professional's employment of telehealth acting under
12 the direction and supervision of another health care
13 professional who is using telehealth within that
14 health care professional's scope of practice shall
15 not be interpreted as practicing the supervising
16 professional's health care profession without a license
17 or appropriate authorization. However, any health care
18 professional employing telehealth must hold a current
19 valid license or appropriate authorization to practice
20 the respective profession in the state and be trained,
21 educated, and knowledgeable regarding the health care
22 service provided and technology used and shall not
23 perform duties for which the professional does not have
24 sufficient training, education, and knowledge. Failure
25 to have sufficient training, education, and knowledge
26 is grounds for disciplinary action by the respective
27 board or regulatory authority.

28 2. The applicable board or regulatory authority
29 that exercises regulatory or rulemaking authority
30 over an affected profession under this chapter, or the
31 department in the absence of an applicable board or
32 regulatory authority, shall adopt rules to administer
33 this chapter.

34 3. The standard of care for a professional using
35 telehealth to provide health care services to a patient
36 shall be the same as the standard of care required of
37 that professional for the provision of in-person health
38 care services to a patient.

39 4. The type of setting where telehealth is provided
40 for the patient or by the health care professional
41 shall not be limited if the delivery of health care
42 services is appropriately provided through telehealth.

43 5. This chapter shall not be construed to conflict
44 with or supersede provisions otherwise applicable
45 to the licensure or regulation of health care
46 professionals.

47 6. This chapter shall not be construed to alter
48 the scope of practice of any health care professional,
49 authorize the delivery of health care services in a
50 setting or manner not otherwise authorized by law, or

1 limit a patient's right to choose in-person contact
2 with a health care professional for the delivery of
3 health care services for which telehealth is available.
4 7. If a health care professional provides services
5 pursuant to and in compliance with section 135.24
6 via telehealth in accordance with this chapter, the
7 provisions of section 135.24 including those relating
8 to immunity from civil liability shall apply to such
9 health care professional.

10 Sec. _____. NEW SECTION. 514C.30 Telehealth.

11 1. Notwithstanding the uniformity of treatment
12 requirements of section 514C.6, a contract, policy, or
13 plan providing for third-party payment or prepayment
14 for health, medical, or surgical coverage benefits may
15 provide coverage for services provided as telehealth if
16 the services would be covered if provided in person.
17 Coverage for telehealth shall reflect generally
18 accepted health care practices and standards, as well
19 as medical care management requirements applicable to
20 in-person services.

21 2. If health care coverage is provided for
22 telehealth under this section, all of the following
23 shall apply:

24 a. This section shall not be interpreted as
25 preventing a third-party payment provider from imposing
26 deductibles or copayment or coinsurance requirements
27 for a health care service provided through telehealth
28 if the deductible, copayment, or coinsurance does
29 not exceed the deductible, copayment, or coinsurance
30 applicable to in-person consultation for the same
31 health care service. A third-party payment provider
32 shall not impose annual or lifetime maximums on
33 coverage of telehealth unless the annual or lifetime
34 maximum applies in the aggregate to all items and
35 services under the contract, policy, or plan.

36 b. This section shall not be interpreted to require
37 a third-party payment provider to provide reimbursement
38 for a health care service that is not a covered benefit
39 or to reimburse a health care professional who is not a
40 covered provider under the contract, policy, or plan.

41 c. This section shall not be interpreted to
42 preclude a third-party payment provider from performing
43 utilization review to determine the appropriateness of
44 telehealth in the delivery of health care services if
45 the determination is made in the same manner as those
46 regarding the same health care service when delivered
47 in person.

48 d. This section shall not be interpreted to
49 authorize a third-party payment provider to require the
50 use of telehealth when the health care professional

1 determines use of telehealth is not appropriate.

2 e. The provisions of this section shall apply to
3 all of the following classes of third-party payment
4 provider contracts, policies, or plans delivered,
5 issued for delivery, continued, or renewed in this
6 state on or after January 1, 2016:

7 (1) Individual or group accident and sickness
8 insurance providing coverage on an expense-incurred
9 basis.

10 (2) An individual or group hospital or medical
11 service contract issued pursuant to chapter 509, 514,
12 or 514A.

13 (3) An individual or group health maintenance
14 organization contract regulated under chapter 514B.

15 (4) An individual or group Medicare supplemental
16 policy, unless coverage pursuant to such policy is
17 preempted by federal law.

18 (5) A plan established pursuant to chapter 509A for
19 public employees.

20 f. This section shall not apply to accident-only,
21 specified disease, short-term hospital or medical,
22 hospital confinement indemnity, credit, dental, vision,
23 long-term care, basic hospital, and medical-surgical
24 expense coverage as defined by the commissioner,
25 disability income insurance coverage, coverage issued
26 as a supplement to liability insurance, workers'
27 compensation or similar insurance, or automobile
28 medical payment insurance.

29 3. The commissioner of insurance shall adopt rules
30 pursuant to chapter 17A as necessary to administer this
31 section.

32 4. For the purposes of this section, "health care
33 professional" and "telehealth" mean as defined in
34 section 147B.2, as enacted in this Act.

35 Sec. _____. MEDICAID PROGRAM ---- REIMBURSEMENT FOR
36 TELEHEALTH. The department of human services shall
37 adopt rules to provide for coverage of telehealth under
38 the Medicaid program. The rules shall provide that
39 in-person contact between a health care professional
40 and a patient is not required as a prerequisite for
41 payment for services appropriately provided through
42 telehealth in accordance with generally accepted
43 health care practices and standards prevailing in the
44 applicable professional community at the time the
45 services are provided. Health care services provided
46 through in-person consultations or through telehealth
47 shall be treated as equivalent services for the
48 purposes of reimbursement. As used in this section,
49 "health care professional" and "telehealth" mean as
50 defined in section 147B.2, as enacted in this Act.

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1 Sec. _____. STUDY ON USE OF TELEHEALTH. The
2 department of public health, in collaboration with
3 the department of human services, shall convene and
4 conduct a study regarding options for implementing
5 telehealth and telehealth coverage and reimbursement.
6 The division of insurance of the department of commerce
7 shall be available for consultation as needed. The
8 department of public health shall submit a final report
9 of its findings and recommendations to the governor and
10 the general assembly by December 15, 2015.>

11 3. Title page, line 2, after <commerce> by
12 inserting <and involving insurance coverage of
13 telehealth, including professional licensure and
14 reimbursement under the medical assistance program,>

15 4. Title page, line 3, after <effective> by
16 inserting <and applicability>

17 5. By renumbering as necessary.

By FORBES of Polk

H-1222 FILED APRIL 14, 2015

HOUSE FILE 635

H-1219

1 Amend House File 635 as follows:

2 1. Page 1, after line 13 by inserting:

3 <Sec. _____. Section 714.19, Code 2015, is amended by
4 adding the following new subsection:

5 NEW SUBSECTION. 11. Pilot schools certificated
6 under 14 C.F.R. pt. 141 that do not require students to
7 enter into written or oral contracts of indebtedness.>

8 2. By renumbering as necessary.

By WORTHAN of Buena Vista

H-1219 FILED APRIL 14, 2015

HOUSE FILE 635

H-1220

1 Amend House File 635 as follows:

2 1. Page 20, after line 1 by inserting:

3 <Sec. _____. Section 321L.2, subsection 3, paragraph
4 b, subparagraph (1), Code 2015, is amended to read as
5 follows:

6 (1) A statement printed on it as
7 follows: ~~"Unauthorized use of this placard as
8 indicated in Iowa Code chapter 321L may result in a
9 fine, invalidation of the placard, or revocation of
10 the right to use the placard. This placard shall be
11 displayed only when the vehicle is parked in a persons
12 with disabilities parking space or in a parking space
13 not designated as a persons with disabilities parking
14 space if a wheelchair parking cone is used pursuant to
15 Iowa Code section 321L.2A."~~ "Remove from mirror before
16 operating vehicle.">

17 2. By renumbering as necessary.

By BYRNES of Mitchell

H-1220 FILED APRIL 14, 2015

HOUSE FILE 639

H-1218

1 Amend House File 639 as follows:
2 1. Page 8, line 30, after <insurance> by inserting
3 <, if any,>
4 2. Page 12, line 16, by striking <shall> and
5 inserting <may>

By VANDER LINDEN of Mahaska

H-1218 FILED APRIL 14, 2015

SENATE FILE 151

H-1216

1 Amend Senate File 151, as amended, passed, and
2 reprinted by the Senate, as follows:
3 1. By striking page 4, line 30, through page 5,
4 line 4.
5 2. Page 5, line 8, by striking <may shall> and
6 inserting <may>
7 3. Page 5, line 12, by striking <shall> and
8 inserting <may>
9 4. Title page, line 1, by striking <establishing>
10 and inserting <relating to the establishment of>

By HOLT of Crawford

H-1216 FILED APRIL 14, 2015

SENATE FILE 151

H-1224

1 Amend the amendment, H-1158, to Senate File 151,
2 as amended, passed, and reprinted by the Senate, as
3 follows:
4 1. Page 1, line 8, after <sentencing.> by inserting
5 <An inmate shall be processed through the intake and
6 classification center applicable to that inmate.
7 However, an inmate may be processed at a different
8 intake and classification center under limited
9 circumstances identified by administrative rule.>

By BROWN-POWERS of Black Hawk

H-1224 FILED APRIL 14, 2015

SENATE FILE 346

H-1225

1 Amend Senate File 346, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 1, before line 1 by inserting:

4 <DIVISION I
5 VARIOUS PROVISIONS INVOLVING INSURANCE AND THE
6 INSURANCE DIVISION>

7 2. Page 24, after line 6 by inserting:

8 <DIVISION II
9 TELEHEALTH COVERAGE

10 Sec. ____ . LEGISLATIVE FINDINGS. The general
11 assembly finds and recognizes all of the following:

12 1. Access to health care facilities and health care
13 professionals is critically important to the citizens
14 of Iowa.

15 2. Telehealth uses electronic technology to
16 overcome a geographic distance between patients and
17 health care providers for the purpose of intervention,
18 clinical management, or assessing, monitoring, or
19 educating patients.

20 3. The provision of telehealth results in
21 demonstrated cost-effectiveness, improvements in
22 disease management, and improved patient outcomes and
23 studies by the American telemedicine association and
24 others have demonstrated significant reductions in
25 hospitalizations and otherwise necessary medical care
26 as a result of telehealth intervention.

27 4. Geography, weather, availability of specialists,
28 transportation, and other factors can create barriers
29 to accessing appropriate health care, including
30 behavioral health care, and one way to provide, ensure,
31 or enhance access to care given these barriers is
32 through the appropriate use of technology to allow
33 health care consumers access to qualified health care
34 professionals.

35 5. Additionally, the utilization of telehealth
36 will further the maintenance and improvement of the
37 physical and economic health of patients in medically
38 underserved communities by retaining the source of
39 health care in local areas, strengthening the health
40 infrastructure, and preserving health-care-related
41 jobs.

42 6. A need exists in this state to embrace efforts
43 that will encourage health insurers and health care
44 professionals to support the use of telehealth and that
45 will also encourage all state agencies to evaluate and
46 amend their policies and rules to remove any regulatory
47 barriers prohibiting the use of telehealth.

48 7. Recognition exists that the full potential of
49 delivering health care services through telehealth
50 cannot be realized without the assurance of payment and

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1 the resolution of existing legal and policy barriers
2 to such payment.

3 8. The purpose of the Iowa telehealth Act is to
4 provide a framework for health care professionals to
5 utilize in providing telehealth to Iowans in a manner
6 that provides efficient and effective access to quality
7 health care.

8 Sec. ____ . NEW SECTION. 147B.1 Title.

9 This chapter shall be known and may be cited as the
10 "Iowa Telehealth Act".

11 Sec. ____ . NEW SECTION. 147B.2 Definitions.

12 As used in this chapter, unless the context
13 otherwise requires:

14 1. "Distant site" means the site at which a health
15 care professional delivering the service is located at
16 the time the telehealth service is provided.

17 2. "Health care professional" means a person who
18 is licensed, certified, or otherwise authorized or
19 permitted by the law of this state to administer health
20 care in the ordinary course of business or in the
21 practice of a profession, or in an approved education
22 or training program, as long as the person is operating
23 within the person's professional scope of practice.

24 3. "Remote patient monitoring" means using
25 telehealth to enable the health care professional to
26 monitor and manage a patient's medical, functional, and
27 environmental needs if such needs can be appropriately
28 met through telehealth intervention.

29 4. "Store-and-forward telehealth" means the use of
30 asynchronous communications between a patient and a
31 health care professional or between a referring health
32 care professional and a medical specialist at a distant
33 site, supported by telecommunications technology for
34 the purpose of diagnosis, consultation, treatment, or
35 therapeutic assistance in the care of the patient,
36 including the transferring of medical data from one
37 site to another through the use of a camera or similar
38 device that records or stores an image that is sent or
39 forwarded via telecommunications to another site for
40 consultation.

41 5. "Telehealth" means the use of real-time,
42 interactive audio or video telecommunications or
43 electronic technology, remote patient monitoring,
44 or store-and-forward telehealth by a health care
45 professional to deliver health care services to a
46 patient within the scope of practice of the health
47 care professional, for the purposes of diagnosis,
48 consultation, treatment, transfer of medical data,
49 or exchange of medical education information.

50 "Telehealth" does not include an audio-only telephone

1 call, electronic mail message, or facsimile
2 transmission.

3 Sec. ____ . NEW SECTION. 147B.3 Telehealth.

4 1. A health care professional, as appropriate to
5 the scope of practice of the profession, may employ
6 the technology of telehealth by applying telehealth
7 within the professional's scope of practice or by
8 using telehealth technology under the direction and
9 supervision of another health care professional who
10 is using telehealth technology within the supervising
11 professional's scope of practice. A health care
12 professional's employment of telehealth acting under
13 the direction and supervision of another health care
14 professional who is using telehealth within that
15 health care professional's scope of practice shall
16 not be interpreted as practicing the supervising
17 professional's health care profession without a license
18 or appropriate authorization. However, any health care
19 professional employing telehealth must hold a current
20 valid license or appropriate authorization to practice
21 the respective profession in the state and be trained,
22 educated, and knowledgeable regarding the health care
23 service provided and technology used and shall not
24 perform duties for which the professional does not have
25 sufficient training, education, and knowledge. Failure
26 to have sufficient training, education, and knowledge
27 is grounds for disciplinary action by the respective
28 board or regulatory authority.

29 2. The applicable board or regulatory authority
30 that exercises regulatory or rulemaking authority
31 over an affected profession under this chapter, or the
32 department in the absence of an applicable board or
33 regulatory authority, shall adopt rules to administer
34 this chapter.

35 3. The standard of care for a professional using
36 telehealth to provide health care services to a patient
37 shall be the same as the standard of care required of
38 that professional for the provision of in-person health
39 care services to a patient.

40 4. The type of setting where telehealth is provided
41 for the patient or by the health care professional
42 shall not be limited if the delivery of health care
43 services is appropriately provided through telehealth.

44 5. This chapter shall not be construed to conflict
45 with or supersede provisions otherwise applicable
46 to the licensure or regulation of health care
47 professionals.

48 6. This chapter shall not be construed to alter
49 the scope of practice of any health care professional,
50 authorize the delivery of health care services in a

1 setting or manner not otherwise authorized by law, or
2 limit a patient's right to choose in-person contact
3 with a health care professional for the delivery of
4 health care services for which telehealth is available.

5 7. If a health care professional provides services
6 pursuant to and in compliance with section 135.24
7 via telehealth in accordance with this chapter, the
8 provisions of section 135.24 including those relating
9 to immunity from civil liability shall apply to such
10 health care professional.

11 Sec. ____ . NEW SECTION. 514C.30 Telehealth.

12 1. Notwithstanding the uniformity of treatment
13 requirements of section 514C.6, a contract, policy, or
14 plan providing for third-party payment or prepayment
15 for health, medical, or surgical coverage benefits may
16 provide coverage for services provided as telehealth if
17 the services would be covered if provided in person.
18 Coverage for telehealth shall reflect generally
19 accepted health care practices and standards, as well
20 as medical care management requirements applicable to
21 in-person services.

22 2. If health care coverage is provided for
23 telehealth under this section, all of the following
24 shall apply:

25 a. This section shall not be interpreted as
26 preventing a third-party payment provider from imposing
27 deductibles or copayment or coinsurance requirements
28 for a health care service provided through telehealth
29 if the deductible, copayment, or coinsurance does
30 not exceed the deductible, copayment, or coinsurance
31 applicable to in-person consultation for the same
32 health care service. A third-party payment provider
33 shall not impose annual or lifetime maximums on
34 coverage of telehealth unless the annual or lifetime
35 maximum applies in the aggregate to all items and
36 services under the contract, policy, or plan.

37 b. This section shall not be interpreted to require
38 a third-party payment provider to provide reimbursement
39 for a health care service that is not a covered benefit
40 or to reimburse a health care professional who is not a
41 covered provider under the contract, policy, or plan.

42 c. This section shall not be interpreted to
43 preclude a third-party payment provider from performing
44 utilization review to determine the appropriateness of
45 telehealth in the delivery of health care services if
46 the determination is made in the same manner as those
47 regarding the same health care service when delivered
48 in person.

49 d. This section shall not be interpreted to
50 authorize a third-party payment provider to require the

1 use of telehealth when the health care professional
2 determines use of telehealth is not appropriate.

3 e. The provisions of this section shall apply to
4 all of the following classes of third-party payment
5 provider contracts, policies, or plans delivered,
6 issued for delivery, continued, or renewed in this
7 state on or after January 1, 2016:

8 (1) Individual or group accident and sickness
9 insurance providing coverage on an expense-incurred
10 basis.

11 (2) An individual or group hospital or medical
12 service contract issued pursuant to chapter 509, 514,
13 or 514A.

14 (3) An individual or group health maintenance
15 organization contract regulated under chapter 514B.

16 (4) An individual or group Medicare supplemental
17 policy, unless coverage pursuant to such policy is
18 preempted by federal law.

19 (5) A plan established pursuant to chapter 509A for
20 public employees.

21 f. This section shall not apply to accident-only,
22 specified disease, short-term hospital or medical,
23 hospital confinement indemnity, credit, dental, vision,
24 long-term care, basic hospital, and medical-surgical
25 expense coverage as defined by the commissioner,
26 disability income insurance coverage, coverage issued
27 as a supplement to liability insurance, workers'
28 compensation or similar insurance, or automobile
29 medical payment insurance.

30 3. The commissioner of insurance shall adopt rules
31 pursuant to chapter 17A as necessary to administer this
32 section.

33 4. For the purposes of this section, "health care
34 professional" and "telehealth" mean as defined in
35 section 147B.2, as enacted in this Act.

36 Sec. ____ . MEDICAID PROGRAM ---- REIMBURSEMENT FOR
37 TELEHEALTH. The department of human services shall
38 adopt rules to provide for coverage of telehealth under
39 the Medicaid program. The rules shall provide that
40 in-person contact between a health care professional
41 and a patient is not required as a prerequisite for
42 payment for services appropriately provided through
43 telehealth in accordance with generally accepted
44 health care practices and standards prevailing in the
45 applicable professional community at the time the
46 services are provided. Health care services provided
47 through in-person consultations or through telehealth
48 shall be treated as equivalent services for the
49 purposes of reimbursement. As used in this section,
50 "health care professional" and "telehealth" mean as

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1 defined in section 147B.2, as enacted in this Act.
2 Sec. ____ . STUDY ON USE OF TELEHEALTH. The
3 department of public health, in collaboration with
4 the department of human services, shall convene and
5 conduct a study regarding options for implementing
6 telehealth and telehealth coverage and reimbursement.
7 The division of insurance of the department of commerce
8 shall be available for consultation as needed. The
9 department of public health shall submit a final report
10 of its findings and recommendations to the governor and
11 the general assembly by December 15, 2015.>

12 3. Title page, line 2, after <commerce> by
13 inserting <and involving insurance coverage of
14 telehealth, including professional licensure and
15 reimbursement under the medical assistance program,>

16 4. Title page, line 3, after <effective> by
17 inserting <and applicability>

18 5. By renumbering as necessary.

By FORBES of Polk

H-1225 FILED APRIL 14, 2015

SENATE FILE 391

H-1223

1 Amend the amendment, H-1192, to Senate File 391, as
2 passed by the Senate, as follows:

3 1. Page 1, line 9, by striking <an> and inserting
4 <a hand-held>

5 2. Page 1, line 30, by striking <system or
6 navigation system> and inserting <system, ~~or~~ navigation
7 system, or any other system that is physically or
8 electronically embedded in the motor vehicle,>

9 3. Page 1, line 36, by striking <voice-activated>
10 and inserting <voice-operated>

By WORTHAN of Buena Vista

H-1223 FILED APRIL 14, 2015

SENATE FILE 415

H-1217

1 Amend Senate File 415, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. By striking page 3, line 34, through page 4,
4 line 17.

5 2. Title page, lines 1 and 2, by striking <and
6 election officials>

By KOESTER of Polk

H-1217 FILED APRIL 14, 2015



HF 640 – Air Quality Fee Fund (LSB2577HV)

Analyst: Deb Kozel (Phone: (515) 281-6767) (deb.kozel@legis.iowa.gov)

Fiscal Note Version – New

Description

House File 640 establishes fees for air quality programs in the Department of Natural Resources (DNR) and specifies the Funds where the fees are deposited. The Bill also specifies what type of expenditures can be paid for with each type of fee. The DNR will meet annually with stakeholder groups to review the revenue and expense for each Fund to determine the next year's budget. Other money, such as appropriations, may also be deposited in the Funds. The Funds include:

- Air Contaminant Source Fund
 - Emission Fees Account (or Title V emission fee) – maximum cap is \$8,250,000.
 - Operating Permit Application and Emission Fees Account – maximum cap is \$1,250,000.
- Air Quality Fund
 - Major Source Account – maximum cap is \$1,500,000.
 - Minor Source Account – maximum cap is \$250,000.
 - Asbestos Account – maximum cap is \$450,000.

Background

Currently, the DNR operates the federal Title V Air Operating Permit Program, established under the Clean Air Act, as amended in 1990, and administered by the federal Environmental Protection Agency (EPA). The EPA has approved the DNR to issue federal Title V Operating Permits and to collect annual emission fees. The Emission Fees or Title V fees are deposited in the Air Contaminant Source Fund.

Assumptions

- The Emission Fee is currently being collected and an entire year of fees will be used for FY 2016 revenue estimates.
- The new fees will be established by January 1, 2016, and six months of fees will be used for FY 2016 revenue estimates.
- Funds cannot be transferred between funds or accounts.
- The DNR will continue to allocate \$704,000 from the General Fund appropriation for Air Quality Programs.
- The DNR will continue to receive a \$425,000 appropriation from the Environment First Fund.
- Federal funds will continue at \$1.7 million per year.
- The estimate includes a 1.90% increase per year for revenue and expenditures.
- The DNR will hire 3.00 FTE positions for the following:
 - 1.00 FTE position for FY 2017 through FY 2020 to assist with the issuance of operating permits.
 - 2.00 FTE positions for FY 2017 to assist with the Asbestos Program.

Fiscal Impact

The DNR provided a detailed 10-year projection of revenue and expenditures for Air Quality Programs (refer to **Appendix A**); however, below is a five-year summary:

Air Quality Proposed Budget					
Revenue					
Major Source Revenue	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Emission Fees (Title V Fee)	\$ 7,970,200	\$ 7,552,600	\$ 7,745,500	\$ 7,938,500	\$ 8,136,300
Balance Carryforward and Interest	715,000	12,100	10,600	12,900	13,900
Emission Fees Application & Permit Review	424,560	1,201,600	1,222,200	1,243,100	1,264,400
Major Source Application & Permit Review	526,550	1,073,100	1,093,500	1,114,300	1,135,400
Prevent. Significant Det. (PSD) App. & Permit Rev.	169,550	345,500	352,100	358,800	365,600
Major Source Revenue	\$ 9,805,860	\$ 10,184,900	\$ 10,423,900	\$ 10,667,600	\$ 10,915,600
Minor Source Revenue					
Minor Source Fees	\$ 113,640	\$ 231,600	\$ 236,000	\$ 240,500	\$ 245,000
Federal Grant Section 105	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000
Federal Grant Section 103	472,600	472,600	472,600	472,600	472,600
Environment First Fund Appropriation	425,000	425,000	425,000	425,000	425,000
General Fund Appropriation	704,300	704,300	704,300	704,300	704,300
Solid Waste Funding/Asbestos Fees	250,000	390,000	397,400	405,000	412,700
Total Minor Source Revenue	\$ 3,215,540	\$ 3,473,500	\$ 3,485,300	\$ 3,497,400	\$ 3,509,600
Total Revenue	\$ 13,021,400	\$ 13,658,400	\$ 13,909,200	\$ 14,165,000	\$ 14,425,200
Dollar Change		\$ 637,000	\$ 250,800	\$ 255,800	\$ 260,200
% Change		4.89%	1.84%	1.84%	1.84%
Expense					
Major Source Expense	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Operating Permit Expense	\$ 5,040,800	\$ 5,256,600	\$ 5,354,400	\$ 5,453,800	\$ 5,555,000
Construction Permit Expense	1,802,600	1,836,900	1,871,700	1,907,300	1,943,500
PSD Expense	1,185,800	1,208,300	1,231,200	1,254,600	1,278,500
Total Major Source Expense	\$ 8,029,200	\$ 8,301,800	\$ 8,457,300	\$ 8,615,700	\$ 8,777,000
Minor Source, Asbestos, & Core Activities Expense					
Minor Source	\$ 983,900	\$ 1,002,600	\$ 1,021,600	\$ 1,041,000	\$ 1,060,600
Asbestos	111,800	390,000	397,400	405,000	412,700
Core Activities	3,896,500	3,964,000	4,032,900	4,103,300	4,174,900
Total Minor Source, Asbestos & Core	\$ 4,992,200	\$ 5,356,600	\$ 5,451,900	\$ 5,549,300	\$ 5,648,200
Total Expenditures	\$ 13,021,400	\$ 13,658,400	\$ 13,909,200	\$ 14,165,000	\$ 14,425,200
Dollar Change		\$ 637,000	\$ 250,800	\$ 255,800	\$ 260,200
% Change		4.89%	1.84%	1.84%	1.84%

Source

Department of Natural Resources

/s/ Holly M. Lyons

April 14, 2015

The fiscal note for this bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.