

PROOF

STATE OF IOWA

House Journal

WEDNESDAY, APRIL 20, 2005

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JOURNAL OF THE HOUSE

One Hundred First Calendar Day - Sixty-eighth Session Day

Hall of the House of Representatives
Des Moines, Iowa, Wednesday, April 20, 2005

The House met pursuant to adjournment at 8:58 a.m., Speaker Rants in the chair.

Prayer was offered by Reverend Galen Richards, pastor of Colwell United Church of Christ, Charles City. He was the guest of Representative Mark Kuhn from Floyd County.

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Speaker Rants.

The Journal of Tuesday, April 19, 2005 was approved.

INTRODUCTION OF BILLS

[House File 870](#), by Murphy and Gipp, a bill for an act relating to the applicability of motor vehicle financial responsibility provisions to special mobile equipment and providing an effective date.

Read first time and referred to committee on **commerce, regulation and labor**.

[House File 871](#), by committee on ways and means, a bill for an act providing for income tax credits for the cost of purchasing health insurance coverage by certain small employers and providing effective and retroactive applicability dates.

Read first time and placed on the **ways and means calendar**.

CONSIDERATION OF BILLS Ways and Means Calendar

[House File 833](#), a bill for an act making changes relating to the practice of pharmacy, establishing and appropriating fees, and providing penalties, was taken up for consideration.

Roberts of Carroll in the chair at 9:10 a.m.

Anderson of Page offered amendment [H-1382](#) filed by the committee on judiciary as follows:

[H-1382](#)

- 1 Amend [House File 833](#) as follows:
- 2 1. Page 9, by striking lines 3 through 9 and
- 3 inserting the following:
- 4 "11. A person who knowingly manufactures, sells,
- 5 or delivers, or who possesses with intent to sell or
- 6 deliver any amount of a counterfeit, misbranded, or
- 7 adulterated drug or device is guilty of a class "C"
- 8 felony."
- 9 2. Page 9, by striking lines 14 through 19 and
- 10 inserting the following:
- 11 "13. A person who knowingly possesses, purchases,
- 12 or brings into the state any amount of a counterfeit,
- 13 misbranded, or adulterated drug or device is guilty of
- 14 a class "D" felony."
- 15 3. By striking page 9, line 20, through page 10,
- 16 line 12.
- 17 4. By renumbering, redesignating, and correcting
- 18 internal references as necessary.

Anderson of Page offered the following amendment [H-1404](#), to the committee amendment [H-1382](#), filed by him and R. Olson of Polk and moved its adoption:

[H-1404](#)

- 1 Amend the amendment, [H-1382](#), to [House File 833](#), as
- 2 follows:
- 3 1. Page 1, by striking lines 4 through 8 and
- 4 inserting the following:
- 5 "11. A person who knowingly manufactures, sells,
- 6 or delivers, or who possesses with intent to sell or
- 7 deliver, a counterfeit, misbranded, or adulterated
- 8 drug or device is guilty of the following:
- 9 a. If the person manufactures or produces a
- 10 counterfeit, misbranded, or adulterated drug or
- 11 device; or if the quantity of a counterfeit,
- 12 misbranded, or adulterated drug or device being sold,
- 13 delivered, or possessed with intent to sell or deliver
- 14 exceeds one thousand units or dosages; or if the
- 15 violation is a third or subsequent violation of this
- 16 subsection, the person is guilty of a class "C"
- 17 felony.
- 18 b. If the quantity of a counterfeit, misbranded,

19 or adulterated drug or device being sold, delivered,
20 or possessed with intent to sell or deliver exceeds
21 one hundred units or dosages but does not exceed one
22 thousand units or dosages; or if the violation is a
23 second or subsequent violation of this subsection, the
24 person is guilty of a class "D" felony.

25 c. All other violations of this subsection shall
26 constitute an aggravated misdemeanor."

27 2. Page 1, by striking lines 11 through 14 and
28 inserting the following:

29 "13. A person who knowingly possesses, purchases,
30 or brings into the state a counterfeit, misbranded, or
31 adulterated drug or device is guilty of the following:

32 a. If the quantity of a counterfeit, misbranded,
33 or adulterated drug or device being possessed,
34 purchased, or brought into the state exceeds one
35 hundred units or dosages; or if the violation is a
36 second or subsequent violation of this subsection, the
37 person is guilty of a class "D" felony.

38 b. All other violations of this subsection shall
39 constitute an aggravated misdemeanor."

40 3. Page 1, by inserting after line 16 the
41 following:

42 "_. Page 10, by inserting after line 17 the
43 following:

44 "17. Subsections 1 and 2 shall not apply to a
45 parent or legal guardian administering, in good faith,
46 a prescription drug or device to a child of the parent
47 or a child for whom the individual is designated a
48 legal guardian."

49 4. By renumbering as necessary.

Amendment [H-1404](#) was adopted.

On motion by Anderson of Page, the committee amendment [H-1382](#), as amended, was adopted.

Upmeyer of Hancock asked and received unanimous consent that amendment [H-1428](#) be deferred.

Bell of Jasper asked and received unanimous consent to withdraw amendment [H-1430](#) filed by him from the floor.

Upmeyer of Hancock asked and received unanimous consent to withdraw amendment [H-1428](#), previously deferred, filed by her from the floor.

Gipp of Winneshiek asked and received unanimous consent that [House File 833](#) be deferred and that the bill retain its place on the calendar.

SENATE AMENDMENT CONSIDERED

Raecker of Polk called up for consideration [House File 645](#), a bill for an act relating to the regulation of lotteries, including the definition of a lottery, permissible lotteries by commercial organizations, and the prosecution of violators, amended by the Senate, and moved that the House concur in the following Senate amendment [H-1372](#):

[H-1372](#)

- 1 Amend [House File 645](#), as amended, passed, and
- 2 reprinted by the House, as follows:
- 3 1. Page 1, by striking lines 28 through 30 and
- 4 inserting the following: "promotional materials. A
- 5 lottery. game".
- 6 2. Page 1, by inserting after line 35 the
- 7 following:
- 8 ". A commercial organization shall not conduct
- 9 a promotional activity that involves the sale of pull-
- 10 tab tickets or instant tickets, as defined in section
- 11 99G.3, coupons, or tokens that are not authorized by
- 12 the Iowa lottery authority and that may represent a
- 13 chance to win a cash prize to be paid on the premises
- 14 where the chance to win such prize was obtained. This
- 15 subsection shall not be construed to prohibit a
- 16 commercial organization from giving away pull-tab
- 17 tickets, instant tickets, coupons, or tokens free of
- 18 charge as part of a promotional activity, provided
- 19 that the other provisions of this section are complied
- 20 with. For purposes of this subsection, "cash" means
- 21 United States currency."
- 22 3. By renumbering, redesignating, and correcting
- 23 internal references as necessary.

The motion prevailed and the House concurred in the Senate amendment [H-1372](#).

Raecker of Polk moved that the bill, as amended by the Senate and concurred in by the House, be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 645](#))

The ayes were, 97:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cohoon	Dandekar
Davitt	De Boef	Dix	Dolecheck
Drake	Eichhorn	Elgin	Foege
Ford	Freeman	Frevert	Gaskill
Gipp	Granzow	Heaton	Heddens
Hoffman	Hogg	Horbach	Hunter
Huseman	Huser	Hutter	Jacobs
Jacoby	Jenkins	Jochum	Jones
Kaufmann	Kressig	Kuhn	Kurtenbach
Lalk	Lensing	Lukan	Lykam
Maddox	May	McCarthy	Mertz
Miller	Murphy	Oldson	Olson, D.
Olson, R.	Olson, S.	Paulsen	Petersen
Pettengill	Quirk	Raecker	Rants, Spkr.
Rasmussen	Rayhons	Reasoner	Reichert
Sands	Schickel	Schueller	Shomshor
Shoultz	Smith	Soderberg	Struyk
Swaim	Taylor, D.	Taylor, T.	Thomas
Tjepkes	Tomenga	Tymeson	Upmeyer
Van Engelenhoven	Van Fossen, J.K.	Van Fossen, J.R.	Watts
Wendt	Wessel-Kroeschell	Whitaker	Whitead
Wilderdyke	Winckler	Wise	Zirkelbach
Roberts, Presiding			

The nays were, none.

Absent or not voting, 3:

Fallon	Greiner	Mascher
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The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

IMMEDIATE MESSAGE

Gipp of Winneshiek asked and received unanimous consent that [House File 645](#) be immediately messaged to the Senate.

Appropriations Calendar

[House File 862](#), a bill for an act relating to and making appropriations from the healthy Iowans tobacco trust and the tobacco settlement trust fund, was taken up for consideration.

The House stood at ease at 9:29 a.m., until the fall of the gavel.

The House resumed session at 11:30 a.m., Speaker Rants in the chair.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker: I am directed to inform your honorable body that the Senate has on April 20, 2005, amended and passed the following bill in which the concurrence of the Senate was asked:

[House File 253](#), a bill for an act relating to governmental ethics and the duties of the Iowa ethics and campaign disclosure board.

Also: That the Senate has on April 20, 2005, passed the following bill in which the concurrence of the Senate was asked:

[House File 312](#), a bill for an act relating to campaign finance committee reporting, use of committee funds or property, independent expenditures, and placement of campaign signs.

Also: That the Senate has on April 20, 2005, amended and passed the following bill in which the concurrence of the Senate was asked:

[House File 374](#), a bill for an act relating to veterans by providing for the compensation of members of a county commission of veteran affairs, providing for the issuance of combined hunting and fishing licenses to certain veterans, establishing a hepatitis C awareness program for veterans, concerning funds in an account for a state veterans cemetery, and providing an effective date.

Also: That the Senate has on April 20, 2005, amended and passed the following bill in which the concurrence of the Senate was asked:

[House File 682](#), a bill for an act relating to the assessment of a civil penalty upon the entry of a deferred judgment.

Also: That the Senate has on April 20, 2005, concurred in the House amendment and passed the following bill in which the concurrence of the Senate was asked:

[Senate File 57](#), a bill for an act authorizing the appointment of a nine-member city zoning board of adjustment.

Also: That the Senate has on April 20, 2005, adopted the following resolution in which the concurrence of the House is asked:

[Senate Concurrent Resolution 11](#), a concurrent resolution requesting the establishment of a planning group to develop a plan for unifying the state administration of services utilized by older Iowans age 60 or older.

MICHAEL E. MARSHALL, Secretary

The House resumed consideration of [House File 862](#).

Heaton of Henry offered amendment [H-1429](#) filed by him from the floor and requested division as follows:

[H-1429](#)

1 Amend [House File 862](#) as follows:

[H-1429A](#)

- 2 1. Page 4, line 34, by inserting after the word
 3 "basis" the following: "and for not more than the
 4 following full-time equivalent positions:"
 5 2. Page 4, by inserting after line 35, the
 6 following:
 7 ".....FTEs 1.00"
 8 3. Page 5, by inserting after line 19, the
 9 following:
 10 "i. For a grant to a program that utilizes high
 11 school mentors to teach life skills, violence
 12 prevention, and character education in an effort to
 13 reduce the illegal use of alcohol, tobacco, and other
 14 substances:
 15 \$ 400,000
 16 (1) The program described in this paragraph "i"
 17 shall meet all of the following requirements:
 18 (a) The program shall be a statewide mentoring
 19 program that is an alternative to mentoring programs
 20 that utilize the standards of effective practice.
 21 (b) The program shall contract with a university
 22 to assist in curriculum development and performance
 23 evaluation.
 24 (c) The program shall provide for some level of
 25 public-private partnership.
 26 (d) The program shall obtain the assistance of the
 27 Iowa department of public health in the development of
 28 the performance evaluation design.
 29 (e) The program shall demonstrate improvement in
 30 meeting current standards.
 31 (2) The Iowa department of public health shall
 32 negotiate a sole source contract with a nonprofit
 33 corporation that mentors through live music and
 34 receives funds through private partnership to
 35 implement this paragraph "i".
 36 (3) The Iowa department of public health may use
 37 up to \$50,000 of the moneys appropriated under this
 38 paragraph "i" to provide technical assistance to and
 39 monitoring of the program.
 40 (4) Notwithstanding section 8.33, moneys

41 appropriated under this paragraph "i" that remain
42 unencumbered or unobligated at the close of the fiscal
43 year shall not revert but shall remain available for
44 the purpose designated in the succeeding fiscal year."
45 4. Page 5, line 28, by inserting after the word
46 "program." the following: "Of the amount allocated in
47 this paragraph, \$20,000 shall be used for substance
48 abuse treatment."
49 5. Page 5, line 32, by inserting after the word
50 "program." the following: "Of the amount allocated in

Page 2

1 this paragraph, \$20,000 shall be used for substance
2 abuse treatment."
3 6. Page 6, line 5, by striking the figure
4 "370,000" and inserting the following: "310,000".

[H-1429B](#)

5 7. Page 6, line 7, by inserting after the word
6 "program." the following: "The aftercare provided
7 under the program may be provided by any religious
8 faith."

[H-1429A](#)

9 8. Page 6, by inserting after line 7, by
10 following:
11 "_. Of the funds appropriated in this
12 subsection, \$60,000 is allocated to the Iowa
13 correctional institution for women at Mitchellville
14 for a value-based treatment program."
15 9. Page 6, line 12, by inserting after the word
16 "state" the following: "as provided pursuant to
17 section 216B.3, subsection 18, paragraphs "a" and
18 "b,""
19 10. Page 7, line 12, by striking the figure
20 "6,400,000" and inserting the following: "6,800,000".
21 11. By renumbering as necessary.

Heaton of Henry offered the following amendment [H-1439](#), to amendment [H-1429A](#), filed by him from the floor and moved its adoption:

[H-1439](#)

1 Amend the amendment, [H-1429](#), to [House File 862](#) as
2 follows:
3 1. Page 1, line 47, by striking the figure
4 "20,000" and inserting the following: "40,000".

Amendment [H-1439](#) was adopted.

Heaton of Henry moved the adoption of amendment [H-1429A](#), as amended.

Roll call was requested by Smith of Marshall and Mascher of Johnson.

Rule 75 was invoked.

On the question "Shall amendment [H-1429A](#), as amended, be adopted?" ([H.F. 862](#))

The ayes were, 50:

Alons	Anderson	Arnold	Baudler
Boal	Carrroll	Chambers	Dandekar
De Boef	Dix	Dolecheck	Drake
Elgin	Freeman	Gipp	Granzow
Heaton	Hoffman	Horbach	Huseman
Hutter	Jacobs	Jenkins	Jones
Kaufmann	Kurtenbach	Lalk	Lukan
Maddox	May	Olson, S.	Paulsen
Raecker	Rasmussen	Rayhons	Roberts
Sands	Schickel	Soderberg	Struyk
Tjepkes	Tomenga	Tymeson	Upmeyer
Van Engelenhoven	Van Fossen, J.K.	Van Fossen, J.R.	Watts
Wilderdyke	Mr. Speaker		
	Rants		

The nays were, 48:

Bell	Berry	Bukta	Cohoon
Davitt	Fallon	Foege	Ford
Frevert	Gaskill	Heddens	Hogg
Hunter	Huser	Jacoby	Jochum
Kressig	Kuhn	Lensing	Lykam
Mascher	McCarthy	Mertz	Miller
Murphy	Oldson	Olson, D.	Olson, R.
Petersen	Pettengill	Quirk	Reasoner
Reichert	Schueller	Shomshor	Shoultz
Smith	Swaim	Taylor, D.	Taylor, T.
Thomas	Wendt	Wessel-Kroeschell	Whitaker
Whitead	Winckler	Wise	Zirkelbach

Absent or not voting, 2:

Eichhorn	Greiner
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Amendment [H-1429A](#), as amended, was adopted.

Gipp of Winneshiek asked and received unanimous consent that [House File 862](#) be deferred and that the bill retain its place on the calendar.

On motion by Gipp of Winneshiek, the House was recessed at 12:15 p.m., until 3:30 p.m.

AFTERNOON SESSION

The House reconvened at 2:50 p.m., Dolecheck of Ringgold in the chair.

QUORUM CALL

A non-record roll call was requested to determine that a quorum was present. The vote revealed eighty-five members present, fifteen absent.

The House resumed consideration of [House File 862](#), a bill for an act relating to and making appropriations from the healthy Iowans tobacco trust and the tobacco settlement trust fund, previously deferred.

Ford of Polk offered the following amendment [H-1440](#) filed by him from the floor and requested division as follows:

[H-1440](#)

1 Amend [House File 862](#) as follows:

[H-1440A](#)

- 2 1. Page 3, by inserting after line 13, by
- 3 following:
- 4 "bb. For substance abuse prevention:
- 5 \$ 2,000,000"
- 6 2. Page 5, line 23, by striking the figure
- 7 "1,214,000" and inserting the following: "1,464,000".
- 8 3. Page 6, line 1, by striking the figure
- 9 "255,693" and inserting the following: "505,693".

10 4. Page 6, by inserting after line 7, the
11 following:
12 "3A. To the department of corrections:
13 For substance abuse treatment programs in
14 correctional facilities:
15 \$ 2,000,000"

[H-1440B](#)

16 5. Page 7, line 12, by striking the figure
17 "6,400,000" and inserting the following:
18 "10,650,000".

[H-1440](#)

19 6. By renumbering as necessary.

Ford of Polk moved the adoption of amendment [H-1440A](#).

A non-record roll call was requested.

The ayes were 45, nays 48.

Amendment [H-1440A](#) lost.

Amendment [H-1440B](#) was placed out of order with the adoption of amendment [H-1429A](#), as amended.

Smith of Marshall offered the following amendment [H-1390](#) filed by Smith, et al., and moved its adoption:

[H-1390](#)

1 Amend [House File 862](#) as follows:
2 1. Page 5, by striking line 4, and inserting the
3 following:
4 "h. For grants, awarded on a competitive basis, to
5 provide substance abuse".
6 2. Page 5, by striking lines 7 through 21.

Amendment [H-1390](#) lost.

Heaton of Henry asked and received unanimous consent to withdraw amendment [H-1429B](#).

Mascher of Johnson offered the following amendment [H-1418](#) filed by her and moved its adoption:

[H-1418](#)

- 1 Amend [House File 862](#) as follows:
- 2 1. Page 6, by striking lines 6 and 7, and
- 3 inserting the following: "is allocated to the
- 4 Mitchellville correctional facility for women to be
- 5 used for a substance abuse treatment program which
- 6 involves a therapeutic community."

A non-record roll call was requested.

The ayes were 42, nays 49.

Amendment [H-1418](#) lost.

Hunter of Polk offered the following amendment [H-1444](#) filed by him from the floor and moved its adoption:

[H-1444](#)

- 1 Amend [House File 862](#) as follows:
- 2 1. Page 6, line 7, by inserting after the word
- 3 "program." the following: "The aftercare provided
- 4 under the program may be provided by any religious
- 5 faith."

Amendment [H-1444](#) lost.

De Boef of Keokuk asked and received unanimous consent to withdraw amendment [H-1419](#) filed by De Boef, et al., on April 19, 2005.

De Boef of Keokuk offered amendment [H-1445](#) filed by her, Tymeson of Madison, Heaton of Henry and Upmeyer of Hancock from the floor as follows:

[H-1445](#)

- 1 Amend [House File 862](#) as follows:
- 2 1. Page 7, by inserting after line 16, the
- 3 following:
- 4 "Sec. __. Section 142A.4, Code 2005, is amended
- 5 by adding the following new subsection:
- 6 NEW SUBSECTION. 23. Approve the content of any

7 materials distributed by the youth program pursuant to
8 section 142A.9, prior to distribution of the
9 materials."
10 2. By renumbering as necessary.

Hogg of Linn rose on a point of order that amendment [H-1445](#) was not germane.

The Speaker ruled the point well taken and amendment [H-1445](#) not germane.

Foegen of Linn asked and received unanimous consent to withdraw amendments [H-1434](#) and [H-1441](#) filed by him from the floor.

Foegen of Linn offered the following amendment [H-1446](#) filed by him from the floor and moved its adoption:

[H-1446](#)

1 Amend [House File 862](#) as follows:
2 1. Page 2, line 16, by striking the figure
3 "5,011,565" and inserting the following: "9,345,394".
4 2. Page 7, by inserting after line 16, the
5 following:
6 "Sec. ___. ENDOWMENT FOR IOWA'S HEALTH ACCOUNT –
7 TRANSFER. In addition to the amount transferred
8 pursuant to section 12E.12, subsection 1, paragraph
9 "b", subparagraph (2), subparagraph subdivision (b),
10 and in addition to any other amount transferred in
11 this Act, \$4,333,829 is transferred from the endowment
12 for Iowa's health account of the tobacco settlement
13 trust fund created in section 12E.12 to the healthy
14 Iowans tobacco trust created in section 12.65 for the
15 fiscal year beginning July 1, 2005, and ending June
16 30, 2006."
17 3. By renumbering as necessary.

Roll call was requested by Foegen of Linn and Hogg of Linn.

Rule 75 was invoked.

On the question "Shall amendment [H-1446](#) be adopted?" ([H.F. 862](#))

The ayes were, 49:

Bell	Berry	Bukta	Cohoon
Dandekar	Davitt	Fallon	Foege
Ford	Frevert	Gaskill	Heddens
Hogg	Hunter	Huser	Jacoby
Jochum	Kressig	Kuhn	Lensing
Lykam	Mascher	McCarthy	Mertz
Miller	Murphy	Oldson	Olson, D.
Olson, R.	Petersen	Pettengill	Quirk
Reasoner	Reichert	Schueller	Shomshor
Shoultz	Smith	Swaim	Taylor, D.
Taylor, T.	Thomas	Wendt	Wessel-Kroeschell
Whitaker	Whitead	Winckler	Wise
Zirkelbach			

The nays were, 51:

Alons	Anderson	Arnold	Baudler
Boal	Carroll	Chambers	De Boef
Dix	Drake	Eichhorn	Elgin
Freeman	Gipp	Granzow	Greiner
Heaton	Hoffman	Horbach	Huseman
Hutter	Jacobs	Jenkins	Jones
Kaufmann	Kurtenbach	Lalk	Lukan
Maddox	May	Olson, S.	Paulsen
Raecker	Rants, Spkr.	Rasmussen	Rayhons
Roberts	Sands	Schickel	Soderberg
Struyk	Tjepkes	Tomenga	Tymeson
Upmeyer	Van Engelenhoven	Van Fossen, J.K.	Van Fossen, J.R.
Watts	Wilderdyke	Dolecheck, Presiding	

Absent or not voting, none

Amendment [H-1446](#) lost.

Heaton of Henry moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 862](#))

The ayes were, 100:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cohoon	Dandekar
Davitt	De Boef	Dix	Drake

Eichhorn	Elgin	Fallon	Foege
Ford	Freeman	Frevert	Gaskill
Gipp	Granzow	Greiner	Heaton
Heddens	Hoffman	Hogg	Horbach
Hunter	Huseman	Huser	Hutter
Jacobs	Jacoby	Jenkins	Jochum
Jones	Kaufmann	Kressig	Kuhn
Kurtenbach	Lalk	Lensing	Lukan
Lykam	Maddox	Mascher	May
McCarthy	Mertz	Miller	Murphy
Oldson	Olson, D.	Olson, R.	Olson, S.
Paulsen	Petersen	Pettengill	Quirk
Raecker	Rants, Spkr.	Rasmussen	Rayhons
Reasoner	Reichert	Roberts	Sands
Schickel	Schueller	Shomshor	Shoultz
Smith	Soderberg	Struyk	Swaim
Taylor, D.	Taylor, T.	Thomas	Tjepkes
Tomenga	Tymeson	Upmeyer	Van Engelenhoven
Van Fossen, J.K.	Van Fossen, J.R.	Watts	Wendt
Wessel-Kroeschell	Whitaker	Whitead	Wilderdyke
Winckler	Wise	Zirkelbach	Dolecheck, Presiding

The nays were, none.

Absent or not voting, none.

The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

MESSAGE FROM THE SENATE

The following message was received from the Senate:

Mr. Speaker: I am directed to inform your honorable body that the Senate has on April 20, 2005, passed the following bill in which the concurrence of the Senate was asked:

[House File 748](#), a bill for an act providing for state employee payroll deductions for qualified tuition program contributions.

MICHAEL E. MARSHALL, Secretary

IMMEDIATE MESSAGE

Gipp of Winneshiek asked and received unanimous consent that [House File 862](#) be immediately messaged to the Senate.

Appropriations Calendar

[House File 841](#), a bill for an act relating to health care reform, including provisions relating to the medical assistance program, providing appropriations, providing effective dates, and providing for retroactive applicability, was taken up for consideration.

Speaker Rants in the chair at 4:30 p.m.

Carroll of Poweshiek asked and received unanimous consent to withdraw the committee amendment [H-1362](#) filed by the committee on human resources on April 13, 2005.

Carroll of Poweshiek asked and received unanimous consent to withdraw the committee amendment [H-1375](#) filed by the committee on ways and means on April 14, 2005.

Carroll of Poweshiek offered amendment [H-1417](#) filed by Carroll, et al., as follows:

[H-1417](#)

- 1 Amend [House File 841](#) as follows:
- 2 1. By striking everything after the enacting
- 3 clause and inserting the following:
- 4 "DIVISION I
- 5 IOWACARE
- 6 Section 1. NEW SECTION. 249J.1 TITLE.
- 7 This chapter shall be known and may be cited as the
- 8 "Iowacare Act".
- 9 Sec. 2. NEW SECTION. 249J.2 FEDERAL FINANCIAL
- 10 PARTICIPATION – CONTINGENT IMPLEMENTATION.
- 11 This chapter shall be implemented only to the
- 12 extent that federal matching funds are available for
- 13 nonfederal expenditures under this chapter. The
- 14 department shall not expend funds under this chapter,
- 15 including but not limited to expenditures for
- 16 reimbursement of providers and program administration,
- 17 if appropriated nonfederal funds are not matched by
- 18 federal financial participation.
- 19 Sec. 3. NEW SECTION. 249J.3 DEFINITIONS.
- 20 As used in this chapter, unless the context
- 21 otherwise requires:
- 22 1. "Clean claim" means a claim submitted by a
- 23 provider included in the expansion population provider
- 24 network that may be adjudicated as paid or denied.

- 25 2. "Department" means the department of human
26 services.
- 27 3. "Director" means the director of human
28 services.
- 29 4. "Expansion population" means the individuals
30 who are eligible solely for benefits under the medical
31 assistance program waiver as provided in this chapter.
- 32 5. "Full benefit dually eligible Medicare Part D
33 beneficiary" means a person who is eligible for
34 coverage for Medicare Part D drugs and is
35 simultaneously eligible for full medical assistance
36 benefits pursuant to chapter 249A, under any category
37 of eligibility.
- 38 6. "Full benefit recipient" means an adult who is
39 eligible for full medical assistance benefits pursuant
40 to chapter 249A under any category of eligibility.
- 41 7. "Iowa Medicaid enterprise" means the
42 centralized medical assistance program infrastructure,
43 based on a business enterprise model, and designed to
44 foster collaboration among all program stakeholders by
45 focusing on quality, integrity, and consistency.
- 46 8. "Medical assistance" or "Medicaid" means
47 payment of all or part of the costs of care and
48 services provided to an individual pursuant to chapter
49 249A and Title XIX of the federal Social Security Act.
- 50 9. "Medicare Part D" means the Medicare Part D

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- 1 program established pursuant to the Medicare
2 Prescription Drug, Improvement, and Modernization Act
3 of 2003, Pub. L. No. 108-173.
- 4 10. "Minimum data set" means the minimum data set
5 established by the centers for Medicare and Medicaid
6 services of the United States department of health and
7 human services for nursing home resident assessment
8 and care screening.
- 9 11. "Nursing facility" means a nursing facility as
10 defined in section 135C.1.
- 11 12. "Public hospital" means a hospital licensed
12 pursuant to chapter 135B and governed pursuant to
13 chapter 145A, 226, 347, 347A, or 392.
- 14 Sec. 4. NEW SECTION. 249J.4 PURPOSE.
- 15 It is the purpose of this chapter to propose a
16 variety of initiatives to increase the efficiency,
17 quality, and effectiveness of the health care system;
18 to increase access to appropriate health care; to
19 provide incentives to consumers to engage in
20 responsible health care utilization and personal
21 health care management; to reward providers based on
22 quality of care and improved service delivery; and to
23 encourage the utilization of information technology,

24 to the greatest extent possible, to reduce
25 fragmentation and increase coordination of care and
26 quality outcomes.

27 DIVISION II

28 MEDICAID EXPANSION

29 Sec. 5. NEW SECTION. 249J.5 EXPANSION POPULATION
30 ELIGIBILITY.

31 1. Except as otherwise provided in this chapter,
32 an individual nineteen through sixty-four years of age
33 shall be eligible solely for the expansion population
34 benefits described in this chapter when provided
35 through the expansion population provider network as
36 described in this chapter, if the individual meets all
37 of the following conditions:

38 a. The individual is not eligible for coverage
39 under the medical assistance program in effect on
40 April 1, 2005, or was eligible for coverage under the
41 medical assistance program in effect on April 1, 2005,
42 but chose not to enroll in that program.

43 b. The individual has a family income at or below
44 two hundred percent of the federal poverty level as
45 defined by the most recently revised poverty income
46 guidelines published by the United States department
47 of health and human services.

48 c. The individual fulfills all other conditions of
49 participation for the expansion population described
50 in this chapter, including requirements relating to

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1 personal financial responsibility.

2 2. Individuals otherwise eligible solely for
3 family planning benefits authorized under the medical
4 assistance family planning services waiver, effective
5 January 1, 2005, as described in 2004 Iowa Acts,
6 chapter 1175, section 116, subsection 8, may also be
7 eligible for expansion population benefits provided
8 through the expansion population provider network.

9 3. Individuals with family incomes below three
10 hundred percent of the federal poverty level as
11 defined by the most recently revised poverty income
12 guidelines published by the United States department
13 of health and human services shall also be eligible
14 for obstetrical and newborn care under the expansion
15 population if deductions for the medical expenses of
16 all family members would reduce the family income to
17 two hundred percent of the federal poverty level or
18 below. Such individuals shall be eligible for the
19 same benefits as those provided to individuals
20 eligible under section 135.152. Eligible individuals
21 may choose to receive the appropriate level of care at
22 any licensed hospital or health care facility, with

23 the exception of individuals in need of such care
24 residing in the counties of Cedar, Clinton, Iowa,
25 Johnson, Keokuk, Louisa, Muscatine, Scott, and
26 Washington, who shall be provided care at the
27 university of Iowa hospitals and clinics.

28 4. Enrollment for the expansion population may be
29 limited, closed, or reduced and the scope and duration
30 of expansion population services provided may be
31 limited, reduced, or terminated if the department
32 determines that federal medical assistance program
33 matching funds or appropriated state funds will not be
34 available to pay for existing or additional
35 enrollment.

36 5. Eligibility for the expansion population shall
37 not include individuals who have access to group
38 health insurance, unless the reason for not accessing
39 group health insurance is allowed by rule of the
40 department.

41 6. Each expansion population member shall provide
42 to the department all insurance information required
43 by the health insurance premium payment program.

44 7. The department shall contract with the county
45 general assistance directors to perform intake
46 functions for the expansion population, but only at
47 the discretion of the individual county general
48 assistance director.

49 Sec. 6. NEW SECTION. 249J.6 EXPANSION POPULATION
50 BENEFITS.

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1 1. Beginning July 1, 2005, the expansion
2 population shall be eligible for all of the following
3 expansion population services:
4 a. Inpatient hospital procedures described in the
5 diagnostic related group codes or other applicable
6 inpatient hospital reimbursement methods designated by
7 the department.
8 b. Outpatient hospital services described in the
9 ambulatory patient groupings or noninpatient services
10 designated by the department.
11 c. Physician and advanced registered nurse
12 practitioner services described in the current
13 procedural terminology codes specified by the
14 department.
15 d. Dental services described in the dental codes
16 specified by the department.
17 e. Limited pharmacy benefits provided by an
18 expansion population provider network hospital
19 pharmacy and solely related to an appropriately billed
20 expansion population service.
21 f. Transportation to and from an expansion

22 population provider network provider only if the
23 provider offers such transportation services or the
24 transportation is provided by a volunteer.
25 2. Beginning no later than March 1, 2006, all
26 expansion population members shall complete a single
27 comprehensive medical examination and personal health
28 improvement plan within ninety days of enrollment in
29 the expansion population. An expansion population
30 member who enrolls in the expansion population prior
31 to March 1, 2006, shall complete the comprehensive
32 medical examination and the personal health
33 improvement plan by June 1, 2006. These services may
34 be provided by an expansion population provider
35 network physician, advanced registered nurse
36 practitioner, or physician assistant or any other
37 physician, advanced registered nurse practitioner, or
38 physician assistant, available to any full benefit
39 recipient including but not limited to such providers
40 available through a free clinic under a contract with
41 the department to provide these services or through
42 federally qualified health centers or rural health
43 clinics that employ a physician.
44 3. Beginning no later than July 1, 2006, expansion
45 population members shall be provided all of the
46 following:
47 a. Access to a pharmacy assistance clearinghouse
48 program to match expansion population members with
49 free or discounted prescription drug programs provided
50 by the pharmaceutical industry.

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1 b. Access to a medical information hotline,
2 accessible twenty-four hours per day, seven days per
3 week, to assist expansion population members in making
4 appropriate choices about the use of emergency room
5 and other health care services.
6 4. Membership in the expansion population shall
7 not preclude an expansion population member from
8 eligibility for services not covered under the
9 expansion population for which the expansion
10 population member is otherwise entitled under state or
11 federal law.
12 5. Members of the expansion population shall not
13 be considered full benefit dually eligible Medicare
14 Part D beneficiaries for the purposes of calculating
15 the state's payment under Medicare Part D, until such
16 time as the expansion population is eligible for all
17 of the same benefits as full benefit recipients under
18 the medical assistance program.
19 Sec. 7. NEW SECTION. 249J.7 EXPANSION POPULATION
20 PROVIDER NETWORK.

21 1. Expansion population members shall only be
22 eligible to receive expansion population services
23 through a provider included in the expansion
24 population provider network. Except as otherwise
25 provided in this chapter, the expansion population
26 provider network shall be limited to a publicly owned
27 acute care teaching hospital located in a county with
28 a population over three hundred fifty thousand, the
29 university of Iowa hospitals and clinics, and the
30 state hospitals for persons with mental illness
31 designated pursuant to section 226.1 with the
32 exception of the programs at such state hospitals for
33 persons with mental illness that provide substance
34 abuse treatment, serve gero-psychiatric patients, or
35 treat sexually violent predators.

36 2. Expansion population services provided to
37 expansion population members by providers included in
38 the expansion population provider network shall be
39 payable at the full benefit recipient rates.

40 3. Providers included in the expansion population
41 provider network shall submit clean claims within ten
42 days of the date of provision of an expansion
43 population service to an expansion population member.

44 4. Unless otherwise prohibited by law, a provider
45 under the expansion population provider network may
46 deny care to an individual who refuses to apply for
47 coverage under the expansion population.

48 Sec. 8. NEW SECTION. 249J.8 EXPANSION POPULATION
49 MEMBERS - FINANCIAL PARTICIPATION.

50 1. Beginning July 1, 2005, each expansion

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1 population member shall pay a monthly premium not to
2 exceed one-twelfth of five percent of the member's
3 annual family income to be paid on the last day of the
4 month of coverage. The department shall deduct the
5 amount of any monthly premiums paid by an expansion
6 population member for benefits under the healthy and
7 well kids in Iowa program when computing the amount of
8 monthly premiums owed under this subsection. An
9 expansion population member shall pay the monthly
10 premium during the entire period of the member's
11 enrollment. However, regardless of the length of
12 enrollment, the member is subject to payment of the
13 premium for a minimum of four consecutive months.
14 Timely payment of premiums, including any arrearages
15 accrued from prior enrollment, is a condition of
16 receiving any expansion population services. Premiums
17 collected under this subsection shall be deposited in
18 the premiums subaccount of the account for health care
19 transformation created pursuant to section 249J.22.

20 An expansion population member shall also pay the same
21 copayments required of other adult recipients of
22 medical assistance.

23 2. The department may reduce the required out-of-
24 pocket expenditures for an individual expansion
25 population member based upon the member's increased
26 wellness activities such as smoking cessation or
27 compliance with the personal health improvement plan
28 completed by the member.

29 3. The department shall submit to the governor and
30 the general assembly by March 15, 2006, a design for
31 each of the following:

32 a. An insurance cost subsidy program for expansion
33 population members who have access to employer health
34 insurance plans, provided that the design shall
35 require that no less than fifty percent of the cost of
36 such insurance shall be paid by the employer.

37 b. A health care account program option for
38 individuals eligible for enrollment in the expansion
39 population. The health care account program option
40 shall be available only to adults who have been
41 enrolled in the expansion population for at least
42 twelve consecutive calendar months. Under the health
43 care account program option, the individual would
44 agree to exchange one year's receipt of benefits under
45 the expansion population to which the individual would
46 otherwise be entitled for a credit of up to a
47 specified amount toward any medical assistance program
48 covered service. The balance in the health care
49 account at the end of the year, if any, would be
50 available for withdrawal by the individual.

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1 Sec. 9. NEW SECTION. 249J.9 FUTURE EXPANSION
2 POPULATION, BENEFITS, AND PROVIDER NETWORK GROWTH.

3 1. POPULATION. The department shall contract with
4 the division of insurance of the department of
5 commerce or another appropriate entity to track, on an
6 annual basis, the number of uninsured and underinsured
7 Iowans, the cost of private market insurance coverage,
8 and other barriers to access to private insurance for
9 Iowans. Based on these findings and available funds,
10 the department shall make recommendations, annually,
11 to the governor and the general assembly regarding
12 further expansion of the expansion population.

13 2. BENEFITS.

14 a. The department shall not provide services to
15 expansion population members that are in addition to
16 the services originally designated by the department
17 pursuant to section 249J.6, without express
18 authorization provided by the general assembly.

19 b. The department, upon the recommendation of the
20 clinicians advisory panel established pursuant to
21 section 249J.17, may change the scope and duration of
22 any of the available expansion population services,
23 but this subsection shall not be construed to
24 authorize the department to make expenditures in
25 excess of the amount appropriated for benefits for the
26 expansion population.

27 3. EXPANSION POPULATION PROVIDER NETWORK.

28 a. The department shall not expand the expansion
29 population provider network unless the department is
30 able to pay for expansion population services provided
31 by such providers at the full benefit recipient rates.

32 b. The department may limit access to the
33 expansion population provider network by the expansion
34 population to the extent the department deems
35 necessary to meet the financial obligations to each
36 provider under the expansion population provider
37 network. This subsection shall not be construed to
38 authorize the department to make any expenditure in
39 excess of the amount appropriated for benefits for the
40 expansion population.

41 Sec. 10. NEW SECTION. 249J.10 MAXIMIZATION OF
42 FUNDING FOR INDIGENT PATIENTS.

43 1. Unencumbered certified local matching funds may
44 be used to cover the state share of the cost of
45 services for the expansion population.

46 2. The department of human services shall include
47 in its annual budget submission, recommendations
48 relating to a disproportionate share hospital and
49 graduate medical education allocation plan that
50 maximizes the availability of federal funds for

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1 payments to hospitals for the care and treatment of
2 indigent patients.

3 3. If state and federal law and regulations so
4 provide and if federal disproportionate share hospital
5 funds and graduate medical education funds are
6 available under Title XIX of the federal Social
7 Security Act, federal disproportionate share hospital
8 funds and graduate medical education funds shall be
9 distributed as specified by the department.

10 DIVISION III

11 REBALANCING LONG-TERM CARE

12 Sec. 11. NEW SECTION. 249J.11 NURSING FACILITY
13 LEVEL OF CARE DETERMINATION FOR FACILITY-BASED AND
14 COMMUNITY-BASED SERVICES.

15 The department shall amend the medical assistance
16 state plan to provide for all of the following:

17 1. That nursing facility level of care services

18 under the medical assistance program shall be
19 available to an individual admitted to a nursing
20 facility on or after July 1, 2005, who meets
21 eligibility criteria for the medical assistance
22 program pursuant to section 249A.3, if the individual
23 also meets any of the following criteria:
24 a. Based upon the minimum data set, the individual
25 requires limited assistance, extensive assistance, or
26 has total dependence on assistance, provided by the
27 physical assistance of one or more persons, with three
28 or more activities of daily living as defined by the
29 minimum data set.
30 b. Based on the minimum data set, the individual
31 requires the establishment of a safe, secure
32 environment due to moderate or severe impairment of
33 cognitive skills for daily decision making.
34 c. The individual has established a dependency
35 requiring residency in a medical institution for more
36 than one year.
37 2. That an individual admitted to a nursing
38 facility prior to July 1, 2005, and an individual
39 applying for home and community-based services waiver
40 services at the nursing facility level of care on or
41 after July 1, 2005, who meets the eligibility criteria
42 for the medical assistance program pursuant to section
43 249A.3, shall also meet any of the following criteria:
44 a. Based on the minimum data set, the individual
45 requires supervision or limited assistance, provided
46 by the physical assistance of not more than one
47 person, for one or more activities of daily living as
48 defined by the minimum data set.
49 b. Based on the minimum data set, the individual
50 requires the establishment of a safe, secure

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1 environment due to modified independence or moderate
2 impairment of cognitive skills for daily decision
3 making.
4 3. That, beginning July 1, 2005, if nursing
5 facility level of care is determined to be medically
6 necessary for an individual and the individual meets
7 the nursing facility level of care requirements for
8 home and community-based services waiver services
9 under subsection 2, but appropriate home and
10 community-based services are not available to the
11 individual in the individual's community at the time
12 of the determination or the provision of available
13 home and community-based services to meet the skilled
14 care requirements of the individual is not cost-
15 effective, the criteria for admission of the
16 individual to a nursing facility for nursing facility

17 level of care services shall be the criteria in effect
18 on June 30, 2005. The department of human services
19 shall establish the standard for determining cost-
20 effectiveness of home and community-based services
21 under this subsection.
22 Sec. 12. NEW SECTION. 249J.12 SERVICES FOR
23 PERSONS WITH MENTAL RETARDATION OR DEVELOPMENTAL
24 DISABILITIES.
25 1. The department, in cooperation with the Iowa
26 state association of counties, the Iowa association of
27 community providers, and other interested parties,
28 shall develop a plan for a case-mix adjusted
29 reimbursement system under the medical assistance
30 program for both institution-based and community-based
31 services for persons with mental retardation or
32 developmental disabilities for submission to the
33 general assembly by January 1, 2007. The department
34 shall not implement the case-mix adjusted
35 reimbursement system plan without express
36 authorization by the general assembly.
37 2. The department, in consultation with the Iowa
38 state association of counties, the Iowa association of
39 community providers, and other interested parties,
40 shall develop a plan for submission to the governor
41 and the general assembly no later than July 1, 2007,
42 to enhance alternatives for community-based care for
43 individuals who would otherwise require care in an
44 intermediate care facility for persons with mental
45 retardation. The plan shall not be implemented
46 without express authorization by the general assembly.
47 Sec. 13. NEW SECTION. 249J.13 CHILDREN'S MENTAL
48 HEALTH WAIVER SERVICES.
49 The department shall provide medical assistance
50 waiver services to not more than three hundred

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1 children who meet the eligibility criteria for the
2 medical assistance program pursuant to section 249A.3
3 and also meet both of the following criteria:
4 1. The child requires behavioral health care
5 services and qualifies for the level of care provided
6 by a psychiatric medical institution for children.
7 2. The child requires treatment to cure or
8 alleviate a serious mental illness or disorder, or
9 emotional damage as evidenced by severe anxiety,
10 depression, withdrawal, or untoward aggressive
11 behavior toward the child's self or others.
12 DIVISION IV
13 HEALTH PROMOTION PARTNERSHIPS
14 Sec. 14. NEW SECTION. 249J.14 HEALTH PROMOTION
15 PARTNERSHIPS.

16 1. SERVICES FOR ADULTS AT STATE MENTAL HEALTH
17 INSTITUTES. Beginning July 1, 2005, inpatient and
18 outpatient hospital services at the state hospitals
19 for persons with mental illness designated pursuant to
20 section 226.1 shall be covered services under the
21 medical assistance program.

22 2. DIETARY COUNSELING. By July 1, 2006, the
23 department shall design and begin implementation of a
24 strategy to provide dietary counseling and support to
25 child and adult recipients of medical assistance and
26 to expansion population members to assist these
27 recipients and members in avoiding excessive weight
28 gain or loss and to assist in development of personal
29 weight loss programs for recipients and members
30 determined by the recipient's or member's health care
31 provider to be clinically overweight.

32 3. ELECTRONIC MEDICAL RECORDS. By October 1,
33 2006, the department shall develop a practical
34 strategy for expanding utilization of electronic
35 medical recordkeeping by providers under the medical
36 assistance program and the expansion population
37 provider network. The plan shall focus, initially, on
38 medical assistance program recipients and expansion
39 population members whose quality of care would be
40 significantly enhanced by the availability of
41 electronic medical recordkeeping.

42 4. PROVIDER INCENTIVE PAYMENT PROGRAMS. By
43 January 1, 2007, the department shall design and
44 implement a provider incentive payment program for
45 providers under the medical assistance program and
46 providers included in the expansion population
47 provider network based upon evaluation of public and
48 private sector models.

49 5. HEALTH ASSESSMENT FOR MEDICAL ASSISTANCE
50 RECIPIENTS WITH MENTAL RETARDATION OR DEVELOPMENTAL

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1 DISABILITIES. The department shall work with the
2 university of Iowa colleges of medicine, dentistry,
3 nursing, pharmacy, and public health, and the
4 university of Iowa hospitals and clinics to determine
5 whether the physical and dental health of recipients
6 of medical assistance who are persons with mental
7 retardation or developmental disabilities are being
8 regularly and fully addressed and to identify barriers
9 to such care. The department shall report the
10 department's findings to the governor and the general
11 assembly by January 1, 2007.

12 6. SMOKING CESSATION. The department shall
13 implement a program with the goal of reducing smoking
14 among recipients of medical assistance who are

15 children to less than one percent and among recipients
16 of medical assistance and expansion population members
17 who are adults to less than ten percent, by July 1,
18 2007.

19 7. DENTAL HOME FOR CHILDREN. By July 1, 2008,
20 every recipient of medical assistance who is a child
21 twelve years of age or younger shall have a designated
22 dental home and shall be provided with the dental
23 screenings and preventive care identified in the oral
24 health standards under the early and periodic
25 screening, diagnostic, and treatment program.

26 8. REPORTS. The department shall report on a
27 quarterly basis to the medical assistance projections
28 and assessment council established pursuant to section
29 249J.19 and the council created pursuant to section
30 249A.4, subsection 8, regarding the health promotion
31 partnerships described in this section.

32 DIVISION V

33 IOWA MEDICAID ENTERPRISE

34 Sec. 15. NEW SECTION. 249J.15 COST AND QUALITY
35 PERFORMANCE EVALUATION.

36 Beginning July 1, 2005, the department shall
37 contract with an independent consulting firm to do all
38 of the following:

39 1. Annually evaluate and compare the cost and
40 quality of care provided by the medical assistance
41 program and through the expansion population with the
42 cost and quality of care available through private
43 insurance and managed care organizations doing
44 business in the state.

45 2. Annually evaluate the improvements by the
46 medical assistance program and the expansion
47 population in the cost and quality of services
48 provided to Iowans over the cost and quality of care
49 provided in the prior year.

50 Sec. 16. NEW SECTION. 249J.16 OPERATIONS --

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1 PERFORMANCE EVALUATION.

2 Beginning July 1, 2006, the department shall submit
3 a report of the results of an evaluation of the
4 performance of each component of the Iowa Medicaid
5 enterprise using the performance standards contained
6 in the contracts with the Iowa Medicaid enterprise
7 partners.

8 Sec. 17. NEW SECTION. 249J.17 CLINICIANS
9 ADVISORY PANEL – CLINICAL MANAGEMENT.

10 1. Beginning July 1, 2005, the medical director of
11 the Iowa Medicaid enterprise, with the approval of the
12 administrator of the division of medical services of
13 the department, shall assemble and act as chairperson

14 for a clinicians advisory panel to recommend to the
15 department clinically appropriate health care
16 utilization management and coverage decisions for the
17 medical assistance program and the expansion
18 population which are not otherwise addressed by the
19 Iowa medical assistance drug utilization review
20 commission created pursuant to section 249A.24 or the
21 medical assistance pharmaceutical and therapeutics
22 committee established pursuant to section 249A.20A.
23 The meetings shall be conducted in accordance with
24 chapter 21 and shall be open to the public except to
25 the extent necessary to prevent the disclosure of
26 confidential medical information.

27 2. The medical director of the Iowa Medicaid
28 enterprise shall report on a quarterly basis to the
29 medical assistance projections and assessment council
30 established pursuant to section 249J.19 and the
31 council created pursuant to section 294A.4, subsection
32 8, any recommendations made by the panel and adopted
33 by rule of the department pursuant to chapter 17A
34 regarding clinically appropriate health care
35 utilization management and coverage under the medical
36 assistance program and the expansion population.

37 3. The medical director of the Iowa Medicaid
38 enterprise shall prepare an annual report summarizing
39 the recommendations made by the panel and adopted by
40 rule of the department regarding clinically
41 appropriate health care utilization management and
42 coverage under the medical assistance program and the
43 expansion population.

44 Sec. 18. NEW SECTION. 249J.18 HEALTH CARE
45 SERVICES PRICING AND REIMBURSEMENT OF PROVIDERS.
46 The department shall annually collect data on
47 third-party payor rates in the state and, as
48 appropriate, the usual and customary charges of health
49 care providers, including the reimbursement rates paid
50 to providers and by third-party payors participating

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1 in the medical assistance program and through the
2 expansion population. The department shall consult
3 with the division of insurance of the department of
4 commerce in adopting administrative rules specifying
5 the reporting format and guaranteeing the
6 confidentiality of the information provided by the
7 providers and third-party payors. The department
8 shall review the data and make recommendations to the
9 governor and the general assembly regarding pricing
10 changes and reimbursement rates annually by January 1.
11 Any recommended pricing changes or changes in
12 reimbursement rates shall not be implemented without

13 express authorization by the general assembly.
14 DIVISION VI
15 GOVERNANCE
16 Sec. 19. NEW SECTION. 249J.19 MEDICAL ASSISTANCE
17 PROJECTIONS AND ASSESSMENT COUNCIL.
18 1. A medical assistance projections and assessment
19 council is created consisting of the following
20 members:
21 a. The co-chairpersons and ranking members of the
22 legislative joint appropriations subcommittee on
23 health and human services, or a member of the
24 appropriations subcommittee designated by the co-
25 chairperson or ranking member.
26 b. The chairpersons and ranking members of the
27 human resources committees of the senate and the house
28 of representatives, or a member of the committee
29 designated by the chairperson or ranking member.
30 c. The chairpersons and ranking members of the
31 appropriations committees of the senate and the house
32 of representatives, or a member of the committee
33 designated by the chairperson or ranking member.
34 2. The council shall meet as often as deemed
35 necessary, but shall meet at least quarterly. The
36 council may use sources of information deemed
37 appropriate, and the department and other agencies of
38 state government shall provide information to the
39 council as requested. The legislative services agency
40 shall provide staff support to the council.
41 3. The council shall select a chairperson,
42 annually, from its membership. A majority of the
43 members of the council shall constitute a quorum.
44 4. The council shall do all of the following:
45 a. Make quarterly cost projections for the medical
46 assistance program and the expansion population.
47 b. Review quarterly reports on all initiatives
48 under this chapter, including those provisions in the
49 design, development, and implementation phases, and
50 make additional recommendations for medical assistance

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1 program and expansion population reform on an annual
2 basis.
3 c. Review annual audited financial statements
4 relating to the expansion population submitted by the
5 providers included in the expansion population
6 provider network.
7 d. Review quarterly reports on the success of the
8 Iowa Medicaid enterprise based upon the contractual
9 performance measures for each Iowa Medicaid enterprise
10 partner.
11 e. Assure that the expansion population is managed

12 at all times within funding limitations. In assuring
 13 such compliance, the council shall assume that
 14 supplemental funding will not be available for
 15 coverage of services provided to the expansion
 16 population.

17 5. The department of human services, the
 18 department of management, and the legislative services
 19 agency shall utilize a joint process to arrive at an
 20 annual consensus projection for medical assistance
 21 program and expansion population expenditures for
 22 submission to the council. By December 15 of each
 23 fiscal year, the council shall agree to a projection
 24 of expenditures for the fiscal year beginning the
 25 following July 1, based upon the consensus projection
 26 submitted.

27 DIVISION VII

28 ENHANCING THE FEDERAL-STATE FINANCIAL PARTNERSHIP

29 Sec. 20. NEW SECTION. 249J.20 PAYMENTS TO HEALTH
 30 CARE PROVIDERS BASED ON ACTUAL COSTS.

31 Payments, including graduate medical education
 32 payments, under the medical assistance program and the
 33 expansion population to each public hospital and each
 34 public nursing facility shall not exceed the actual
 35 medical assistance costs of each such facility
 36 reported on the Medicare hospital and hospital health
 37 care complex cost report submitted to the centers for
 38 Medicare and Medicaid services of the United States
 39 department of health and human services. Each public
 40 hospital and each public nursing facility shall retain
 41 one hundred percent of the medical assistance payments
 42 earned under state reimbursement rules. State
 43 reimbursement rules may provide for reimbursement at
 44 less than actual cost.

45 Sec. 21. NEW SECTION. 249J.21 INDEPENDENT ANNUAL
 46 AUDIT.

47 The department shall contract with a certified
 48 public accountant to provide an analysis, on an annual
 49 basis, to the governor and the general assembly
 50 regarding compliance of the Iowa medical assistance

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1 program with each of the following:

- 2 1. That the state has not instituted any new
- 3 provider taxes as defined by the centers for Medicare
- 4 and Medicaid services of the United States department
- 5 of health and human services.
- 6 2. That public hospitals and public nursing
- 7 facilities are not paid more than the actual costs of
- 8 care for medical assistance program and
- 9 disproportionate share hospital program recipients
- 10 based upon Medicare program principles of accounting

11 and cost reporting.

12 3. That the state is not recycling federal funds
13 provided under Title XIX of the Social Security Act as
14 defined by the centers for Medicare and Medicaid
15 services of the United States department of health and
16 human services.

17 Sec. 22. NEW SECTION. 249J.22 ACCOUNT FOR HEALTH
18 CARE TRANSFORMATION.

19 1. An account for health care transformation is
20 created in the state treasury under the authority of
21 the department. Moneys received through the physician
22 payment adjustment as described in 2003 Iowa Acts,
23 chapter 112, section 11, subsection 1, and through the
24 adjustment to hospital payments to provide an
25 increased base rate to offset the high costs incurred
26 for providing services to medical assistance patients
27 as described in 2004 Iowa Acts, chapter 1175, section
28 86, subsection 2, paragraph "b", shall be deposited in
29 the account. The account shall include a separate
30 premiums subaccount. Revenue generated through
31 payment of premiums by expansion population members as
32 required pursuant to section 249J.8 shall be deposited
33 in the separate premiums subaccount within the
34 account.

35 2. Moneys in the account shall be separate from
36 the general fund of the state and shall not be
37 considered part of the general fund of the state. The
38 moneys deposited in the account are not subject to
39 section 8.33 and shall not be transferred, used,
40 obligated, appropriated, or otherwise encumbered,
41 except to provide for the purposes specified in this
42 section. Notwithstanding section 12C.7, subsection 2,
43 interest or earnings on moneys deposited in the
44 account shall be credited to the account.

45 3. Moneys deposited in the account for health care
46 transformation shall be used only as provided in
47 appropriations from the account for the costs
48 associated with certain services provided to the
49 expansion population pursuant to section 249J.6,
50 certain initiatives to be designed pursuant to section

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1 249J.8, the case-mix adjusted reimbursement system for
2 persons with mental retardation or developmental
3 disabilities pursuant to section 249J.12, certain
4 health promotion partnership activities pursuant to
5 section 249J.14, the cost and quality performance
6 evaluation pursuant to section 249J.15, auditing
7 requirements pursuant to section 249J.21, the
8 provision of additional indigent patient care and
9 treatment, and administrative costs associated with

10 this chapter.

11 Sec. 23. NEW SECTION. 249J.23 IOWACARE ACCOUNT.

12 1. An Iowacare account is created in the state
13 treasury under the authority of the department of
14 human services. Moneys appropriated from the general
15 fund of the state to the account, moneys received as
16 federal financial participation funds under the
17 expansion population provisions of this chapter and
18 credited to the account, moneys received for
19 disproportionate share hospitals and credited to the
20 account, moneys received for graduate medical
21 education and credited to the account, proceeds
22 transferred from the county treasurer as specified in
23 subsection 6, and moneys from any other source
24 credited to the account shall be deposited in the
25 account. Moneys deposited in or credited to the
26 account shall be used only as provided in
27 appropriations or distributions from the account for
28 the purposes specified in the appropriation or
29 distribution. Moneys in the account shall be
30 appropriated to the university of Iowa hospitals and
31 clinics, to a publicly owned acute care teaching
32 hospital located in a county with a population over
33 three hundred fifty thousand, and to the state
34 hospitals for persons with mental illness designated
35 pursuant to section 226.1 for the purposes provided in
36 the federal law making the funds available or as
37 specified in the state appropriation and shall be
38 distributed as determined by the department.
39 2. The account shall be separate from the general
40 fund of the state and shall not be considered part of
41 the general fund of the state. The moneys in the
42 account shall not be considered revenue of the state,
43 but rather shall be funds of the account. The moneys
44 in the account are not subject to section 8.33 and
45 shall not be transferred, used, obligated,
46 appropriated, or otherwise encumbered, except to
47 provide for the purposes of this chapter.
48 Notwithstanding section 12C.7, subsection 2, interest
49 or earnings on moneys deposited in the account shall
50 be credited to the account.

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1 3. The department shall adopt rules pursuant to
2 chapter 17A to administer the account.

3 4. The treasurer of state shall provide a
4 quarterly report of activities and balances of the
5 account to the director.

6 5. Notwithstanding section 262.28, payments to be
7 made to participating public hospitals under this
8 section may be made on a prospective basis in twelve

9 equal monthly installments. After the close of the
10 fiscal year, the department shall determine the amount
11 of the payments attributable to the state general
12 fund, federal financial participation funds collected
13 for expansion population services, graduate medical
14 education funds, and disproportionate share hospital
15 funds, based on claims data and actual expenditures.

16 6. Notwithstanding any provision to the contrary,
17 from each semiannual collection of taxes levied under
18 section 347.7 for which the collection is performed
19 after July 1, 2005, the county treasurer of a county
20 with a population over three hundred fifty thousand in
21 which a publicly owned acute care teaching hospital is
22 located shall transfer the proceeds collected pursuant
23 to section 347.7 in a total amount of thirty-four
24 million dollars annually, which would otherwise be
25 distributed to the county hospital, to the treasurer
26 of state for deposit in the Iowacare account under
27 this section. The board of trustees of the acute care
28 teaching hospital identified in this subsection and
29 the department shall execute an agreement under
30 chapter 28E by July 1, 2005, to specify the
31 requirements relative to transfer of the proceeds and
32 the distribution of moneys to the hospital from the
33 Iowacare account. The agreement may also include a
34 provision allowing such hospital to limit access to
35 such hospital by expansion population members based on
36 residency of the member, if such provision reflects
37 the policy of such hospital regarding indigent
38 patients existing on April 1, 2005, as adopted by its
39 board of hospital trustees pursuant to section 347.14,
40 subsection 4.

41 7. The state board of regents, on behalf of the
42 university of Iowa hospitals and clinics, and the
43 department shall execute an agreement under chapter
44 28E by July 1, 2005, to specify the requirements
45 relating to distribution of moneys to the hospital
46 from the Iowacare account.

47 8. The state and any county utilizing the acute
48 care teaching hospital located in a county with a
49 population over three hundred fifty thousand for
50 mental health services prior to July 1, 2005, shall

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1 annually enter into an agreement with such hospital to
2 pay a per diem amount that is not less than the per
3 diem amount paid for those mental health services in
4 effect for the fiscal year beginning July 1, 2004, for
5 each individual including each expansion population
6 member accessing mental health services at that
7 hospital on or after July 1, 2005. Any payment made

8 under such agreement for an expansion population
9 member pursuant to this chapter, shall be considered
10 by the department to be payment by a third-party
11 payor.

12 DIVISION VIII
13 LIMITATIONS

14 Sec. 24. NEW SECTION. 249J.24 LIMITATIONS.

15 1. The provisions of this chapter shall not be
16 construed, are not intended as, and shall not imply a
17 grant of entitlement for services to individuals who
18 are eligible for assistance under this chapter or for
19 utilization of services that do not exist or are not
20 otherwise available on the effective date of this Act.
21 Any state obligation to provide services pursuant to
22 this chapter is limited to the extent of the funds
23 appropriated or distributed for the purposes of this
24 chapter.

25 2. The provisions of this chapter shall not be
26 construed and are not intended to affect the provision
27 of services to recipients of medical assistance
28 existing on the effective date of this Act.

29 Sec. 25. NEW SECTION. 249J.25 AUDIT - FUTURE
30 REPEAL.

31 1. The state auditor shall complete an audit of
32 the provisions implemented pursuant to this chapter
33 during the fiscal year beginning July 1, 2009, and
34 shall submit the results of the audit to the governor
35 and the general assembly by January 1, 2010.

36 2. This chapter is repealed June 30, 2010.

37 Sec. 26. IMPLEMENTATION COSTS. Payment of any
38 one-time costs specifically associated with the
39 implementation of chapter 249J, as enacted in this
40 Act, shall be made in the manner specified by, and at
41 the discretion of, the department.

42 DIVISION IX

43 CORRESPONDING PROVISIONS

44 Sec. 27. Section 97B.52A, subsection 1, paragraph
45 c, Code 2005, is amended to read as follows:

46 c. For a member whose first month of entitlement
47 is July 2000 or later, the member does not return to
48 any employment with a covered employer until the
49 member has qualified for at least one calendar month
50 of retirement benefits, and the member does not return

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1 to covered employment until the member has qualified
2 for no fewer than four calendar months of retirement
3 benefits. For purposes of this paragraph, effective
4 July 1, 2000, any employment with a covered employer
5 does not include employment as an elective official or
6 member of the general assembly if the member is not

7 covered under this chapter for that employment. For
8 purposes of determining a bona fide retirement under
9 this paragraph and for a member whose first month of
10 entitlement is July 2004 or later, but before July
11 2006, covered employment does not include employment
12 as a licensed health care professional by a public
13 hospital as defined in section ~~249I.3~~ 249J.3, with the
14 exception of public hospitals governed pursuant to
15 chapter 226.

16 Sec. 28. Section 218.78, subsection 1, Code 2005,
17 is amended to read as follows:

18 1. All institutional receipts of the department of
19 human services, including funds received from client
20 participation at the state resource centers under
21 section 222.78 and at the state mental health
22 institutes under section 230.20, shall be deposited in
23 the general fund except for reimbursements for
24 services provided to another institution or state
25 agency, for receipts deposited in the revolving farm
26 fund under section 904.706, for deposits into the
27 medical assistance fund under section 249A.11, for any
28 deposits into the medical assistance fund of any
29 medical assistance payments received through the
30 expansion population program pursuant to chapter 249J,
31 and rentals charged to employees or others for room,
32 apartment, or house and meals, which shall be
33 available to the institutions.

34 Sec. 29. Section 230.20, subsection 2, paragraph
35 a, Code 2005, is amended to read as follows:

36 a. The superintendent shall certify to the
37 department the billings to each county for services
38 provided to patients chargeable to the county during
39 the preceding calendar quarter. The county billings
40 shall be based on the average daily patient charge and
41 other service charges computed pursuant to subsection
42 1, and the number of inpatient days and other service
43 units chargeable to the county. However, a county
44 billing shall be decreased by an amount equal to
45 reimbursement by a third party payor or estimation of
46 such reimbursement from a claim submitted by the
47 superintendent to the third party payor for the
48 preceding calendar quarter. When the actual third
49 party payor reimbursement is greater or less than
50 estimated, the difference shall be reflected in the

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1 county billing in the calendar quarter the actual
2 third party payor reimbursement is determined. For
3 the purposes of this paragraph, "third-party payor
4 reimbursement" does not include reimbursement provided
5 under chapter 249J.

6 Sec. 30. Section 230.20, subsections 5 and 6, Code
7 2005, are amended to read as follows:
8 5. An individual statement shall be prepared for a
9 patient on or before the fifteenth day of the month
10 following the month in which the patient leaves the
11 mental health institute, and a general statement shall
12 be prepared at least quarterly for each county to
13 which charges are made under this section. Except as
14 otherwise required by sections 125.33 and 125.34 the
15 general statement shall list the name of each patient
16 chargeable to that county who was served by the mental
17 health institute during the preceding month or
18 calendar quarter, the amount due on account of each
19 patient, and the specific dates for which any third
20 party payor reimbursement received by the state is
21 applied to the statement and billing, and the county
22 shall be billed for eighty percent of the stated
23 charge for each patient specified in this subsection.
24 For the purposes of this subsection, "third-party
25 payor reimbursement" does not include reimbursement
26 provided under chapter 249J. The statement prepared
27 for each county shall be certified by the department
28 and a duplicate statement shall be mailed to the
29 auditor of that county.
30 6. All or any reasonable portion of the charges
31 incurred for services provided to a patient, to the
32 most recent date for which the charges have been
33 computed, may be paid at any time by the patient or by
34 any other person on the patient's behalf. Any payment
35 ~~so~~ made by the patient or other person, and any
36 federal financial assistance received pursuant to
37 Title XVIII or XIX of the federal Social Security Act
38 for services rendered to a patient, shall be credited
39 against the patient's account and, if the charges ~~so~~
40 paid as described in this subsection have previously
41 been billed to a county, reflected in the mental
42 health institute's next general statement to that
43 county. However, any payment made under chapter 249J
44 shall not be reflected in the mental health
45 institute's next general statement to that county.
46 Sec. 31. Section 249A.11, Code 2005, is amended to
47 read as follows:
48 249A.11 PAYMENT FOR PATIENT CARE SEGREGATED.
49 A state resource center or mental health institute,
50 upon receipt of any payment made under this chapter

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1 for the care of any patient, shall segregate an amount
2 equal to that portion of the payment which is required
3 by law to be made from nonfederal funds except for any
4 nonfederal funds received through the expansion

5 population program pursuant to chapter 249J which
6 shall be deposited in the lowacare account created
7 pursuant to section 249J.23. The money segregated
8 shall be deposited in the medical assistance fund of
9 the department of human services.
10 Sec. 32. Section 249H.4, Code 2005, is amended by
11 adding the following new subsection:
12 NEW SUBSECTION. 7. The director shall amend the
13 medical assistance state plan to eliminate the
14 mechanism to secure funds based on skilled nursing
15 facility prospective payment methodologies under the
16 medical assistance program and to terminate agreements
17 entered into with public nursing facilities under this
18 chapter, effective June 30, 2005.
19 Sec. 33. 2004 Iowa Acts, chapter 1175, section 86,
20 subsection 2, paragraph b, unnumbered paragraph 2, and
21 subparagraphs (1), (2), and (3), are amended to read
22 as follows:
23 ~~Of the amount appropriated in this lettered~~
24 ~~paragraph, \$25,050,166 shall be considered encumbered~~
25 ~~and shall not be expended for any purpose until~~
26 ~~January 1, 2005.~~
27 (1) ~~However, if~~ If the department of human
28 services adjusts hospital payments to provide an
29 increased base rate to offset the high cost incurred
30 for providing services to medical assistance patients
31 ~~on or prior to January~~ July 1, 2005, a portion of the
32 amount specified in this unnumbered paragraph equal to
33 the increased Medicaid payment shall ~~revert to the~~
34 ~~general fund of the state. Notwithstanding section~~
35 ~~8.54, subsection 7, the amount required to revert~~
36 ~~under this subparagraph shall not be considered to be~~
37 ~~appropriated for purposes of the state general fund~~
38 ~~expenditure limitation for the fiscal year beginning~~
39 ~~July 1, 2004.~~
40 (2) ~~If the adjustment described in subparagraph~~
41 ~~(1) to increase the base rate is not made prior to~~
42 ~~January 1, 2005, the amount specified in this~~
43 ~~unnumbered paragraph shall no longer be considered~~
44 ~~encumbered, may be expended, and shall be available~~
45 ~~for the purposes originally specified be transferred~~
46 ~~by the university of Iowa hospitals and clinics to the~~
47 ~~medical assistance fund of the department of human~~
48 ~~services. Of the amount transferred, an amount equal~~
49 ~~to the federal share of the payments shall be~~
50 ~~transferred to the account for health care~~

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1 transformation created in section 249J.22.
2 (3) (2) Any incremental increase in the base rate
3 made pursuant to subparagraph (1) shall not be used in

4 determining the university of Iowa hospital and
5 clinics disproportionate share rate or when
6 determining the statewide average base rate for
7 purposes of calculating indirect medical education
8 rates.

9 Sec. 34. 2003 Iowa Acts, chapter 112, section 11,
10 subsection 1, is amended to read as follows:

11 1. For the fiscal ~~year~~ years beginning July 1,
12 2003, and ending June 30, 2004, and beginning July 1,
13 2004, and for each fiscal year thereafter ending June
14 30, 2005, the department of human services shall
15 institute a supplemental payment adjustment applicable
16 to physician services provided to medical assistance
17 recipients at publicly owned acute care teaching
18 hospitals. The adjustment shall generate supplemental
19 payments to physicians which are equal to the
20 difference between the physician's charge and the
21 physician's fee schedule under the medical assistance
22 program. To the extent of the supplemental payments,
23 a qualifying hospital shall, after receipt of the
24 payments, transfer to the department of human services
25 an amount equal to the actual supplemental payments
26 that were made in that month. The department of human
27 services shall deposit these payments in the
28 department's medical assistance account. The
29 department of human services shall amend the medical
30 assistance state plan as necessary to implement this
31 section. The department may adopt emergency rules to
32 implement this section. The department of human
33 services shall amend the medical assistance state plan
34 to eliminate this provision effective June 30, 2005.

35 Sec. 35. CORRESPONDING DIRECTIVES TO DEPARTMENT.

36 The department shall do all of the following:

37 1. Withdraw the request for the waiver and the
38 medical assistance state plan amendment submitted to
39 the centers for Medicare and Medicaid services of the
40 United States department of health and human services
41 regarding the nursing facility quality assurance
42 assessment as directed pursuant to 2003 Iowa Acts,
43 chapter 112, section 4, 2003 Iowa Acts, chapter 179,
44 section 162, and 2004 Iowa Acts, chapter 1085,
45 sections 8, 10, and 11.

46 2. Amend the medical assistance state plan to
47 eliminate the mechanism to secure funds based on
48 hospital inpatient and outpatient prospective payment
49 methodologies under the medical assistance program,
50 effective June 30, 2005.

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1 3. Amend the medical assistance state plan to
2 eliminate the mechanisms to receive supplemental

3 disproportionate share hospital and graduate medical
4 education funds as originally submitted, effective
5 June 30, 2005.

6 4. Amend the medical assistance state plan
7 amendment to adjust hospital payments to provide an
8 increased base rate to offset the high cost incurred
9 for providing services to medical assistance patients
10 at the university of Iowa hospitals and clinics as
11 originally submitted based upon the specifications of
12 2004 Iowa Acts, chapter 1175, section 86, subsection
13 2, paragraph "b", unnumbered paragraph 2, and
14 subparagraphs (1),(2), and (3), to be approved for the
15 fiscal year beginning July 1 2004, and ending June 30,
16 2005, only, and to be eliminated June 30, 2005.

17 5. Amend the medical assistance state plan
18 amendment to establish a physician payment adjustment
19 from the university of Iowa hospitals and clinics, as
20 originally submitted as described in 2003 Iowa Acts,
21 chapter 112, section 11, subsection 1, to be approved
22 for the state fiscal years beginning July 1, 2003, and
23 ending June 30, 2004, and beginning July 1, 2004, and
24 ending June 30, 2005, and to be eliminated effective
25 June 30, 2005.

26 6. Amend the medical assistance state plan to
27 eliminate the mechanism to secure funds based on
28 skilled nursing facility prospective payment
29 methodologies under the medical assistance program,
30 effective June 30, 2005.

31 7. Request a waiver from the centers for Medicare
32 and Medicaid services of the United States department
33 of health and human services of the provisions
34 relating to the early and periodic screening,
35 diagnostic, and treatment program requirements as
36 described in section 1905(a)(5) of the federal Social
37 Security Act relative to the expansion population.

38 Sec. 36. Chapter 249I, Code 2005, is repealed.
39 Sec. 37. Sections 249A.20B and 249A.34, Code 2005,
40 are repealed.

41 Sec. 38. 2003 Iowa Acts, chapter 112, section 4,
42 2003 Iowa Acts, chapter 179, section 162, and 2004
43 Iowa Acts, chapter 1085, section 8, and section 10,
44 subsection 5, are repealed.

45 DIVISION X
46 PHARMACY COPAYMENTS

47 Sec. 39. COPAYMENTS FOR PRESCRIPTION DRUGS UNDER
48 THE MEDICAL ASSISTANCE PROGRAM. The department of
49 human services shall require recipients of medical
50 assistance to pay the following copayments on each

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1 prescription filled for a covered prescription drug,

- 2 including each refill of such prescription, as
3 follows:
- 4 1. A copayment of \$1 for each covered generic
5 prescription drug not included on the prescription
6 drug list.
 - 7 2. A copayment of \$1 for each covered brand-name
8 or generic prescription drug included on the
9 prescription drug list.
 - 10 3. A copayment of \$1 for each covered brand-name
11 prescription drug not included on the prescription
12 drug list for which the cost to the state is up to and
13 including \$25.
 - 14 4. A copayment of \$2 for each covered brand-name
15 prescription drug not included on the prescription
16 drug list for which the cost to the state is more than
17 \$25 and up to and including \$50.
 - 18 5. A copayment of \$3 for each covered brand-name
19 prescription drug not included on the preferred drug
20 list for which the cost to the state is more than \$50.

21 DIVISION XI

22 MEDICAL AND SURGICAL TREATMENT OF INDIGENT PERSONS
23 AND OBSTETRICAL AND NEWBORN INDIGENT PATIENT CARE

24 Sec. 40. NEW SECTION. 135.152 STATEWIDE

25 OBSTETRICAL AND NEWBORN INDIGENT PATIENT CARE PROGRAM.

- 26 1. The department shall establish a statewide
27 obstetrical and newborn indigent patient care program
28 to provide obstetrical and newborn care to medically
29 indigent residents of this state at the appropriate
30 and necessary level, at a licensed hospital or health
31 care facility closest and most available to the
32 residence of the indigent individual.
- 33 2. The department shall administer the program,
34 and appropriations by the general assembly for the
35 program shall be allocated to the obstetrical and
36 newborn patient care fund within the department to be
37 utilized for the obstetrical and newborn indigent
38 patient care program.
- 39 3. The department shall adopt administrative rules
40 pursuant to chapter 17A to administer the program.
- 41 4. The department shall establish a patient quota
42 formula for determining the maximum number of
43 obstetrical and newborn patients eligible for the
44 program, annually, from each county. The formula used
45 shall be based upon the annual appropriation for the
46 program, the average number of live births in each
47 county for the most recent three-year period, and the
48 per capita income for each county for the most recent
49 year. The formula shall also provide for reassignment
50 of an unused county quota allotment on April 1 of each

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1 year.

2 5. a. The department, in collaboration with the
3 department of human services and the Iowa state
4 association of counties, shall adopt rules pursuant to
5 chapter 17A to establish minimum standards for
6 eligibility for obstetrical and newborn care,
7 including physician examinations, medical testing,
8 ambulance services, and inpatient transportation
9 services under the program. The minimum standards
10 shall provide that the individual is not otherwise
11 eligible for assistance under the medical assistance
12 program or for assistance under the medically needy
13 program without a spend-down requirement pursuant to
14 chapter 249A, or for expansion population benefits
15 pursuant to chapter 249J. If the individual is
16 eligible for assistance pursuant to chapter 249A or
17 249J, or if the individual is eligible for maternal
18 and child health care services covered by a maternal
19 and child health program, the obstetrical and newborn
20 indigent patient care program shall not provide the
21 assistance, care, or covered services provided under
22 the other program.

23 b. The minimum standards for eligibility shall
24 provide eligibility for persons with family incomes at
25 or below one hundred eighty-five percent of the
26 federal poverty level as defined by the most recently
27 revised poverty income guidelines published by the
28 United States department of health and human services,
29 and shall provide, but shall not be limited to
30 providing, eligibility for uninsured and underinsured
31 persons financially unable to pay for necessary
32 obstetrical and newborn care. The minimum standards
33 may include a spend-down provision. The resource
34 standards shall be set at or above the resource
35 standards under the federal supplemental security
36 income program. The resource exclusions allowed under
37 the federal supplemental security income program shall
38 be allowed and shall include resources necessary for
39 self-employment.

40 c. The department in cooperation with the
41 department of human services, shall develop a
42 standardized application form for the program and
43 shall coordinate the determination of eligibility for
44 the medical assistance and medically needy programs
45 under chapter 249A, the medical assistance expansion
46 under chapter 249J, and the obstetrical and newborn
47 indigent patient care program.

48 6. The department shall establish application
49 procedures and procedures for certification of an
50 individual for obstetrical and newborn care under this

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1 section.

2 7. An individual certified for obstetrical and
3 newborn care under this division may choose to receive
4 the appropriate level of care at any licensed hospital
5 or health care facility.

6 8. The obstetrical and newborn care costs of an
7 individual certified for such care under this division
8 at a licensed hospital or health care facility or from
9 licensed physicians shall be paid by the department
10 from the obstetrical and newborn patient care fund.

11 9. All providers of services to obstetrical and
12 newborn patients under this division shall agree to
13 accept as full payment the reimbursements allowable
14 under the medical assistance program established
15 pursuant to chapter 249A, adjusted for intensity of
16 care.

17 10. The department shall establish procedures for
18 payment for providers of services to obstetrical and
19 newborn patients under this division from the
20 obstetrical and newborn patient care fund. All
21 billings from such providers shall be submitted
22 directly to the department. However, payment shall
23 not be made unless the requirements for application
24 and certification for care pursuant to this division
25 and rules adopted by the department are met.

26 11. Moneys encumbered prior to June 30 of a fiscal
27 year for a certified eligible pregnant woman scheduled
28 to deliver in the next fiscal year shall not revert
29 from the obstetrical and newborn patient care fund to
30 the general fund of the state. Moneys allocated to
31 the obstetrical and newborn patient care fund shall
32 not be transferred nor voluntarily reverted from the
33 fund within a given fiscal year.

34 Sec. 41. Section 135B.31, Code 2005, is amended to
35 read as follows:

36 135B.31 EXCEPTIONS.

37 ~~Nothing in this~~ This division is not intended ~~or~~
38 ~~should and shall not~~ affect in any way ~~that the~~
39 obligation of public hospitals under chapter 347 or
40 municipal hospitals, ~~as well as the state hospital at~~
41 ~~Iowa City,~~ to provide ~~medical or obstetrical and~~
42 ~~newborn care for indigent persons under chapter 255 or~~
43 ~~255A, wherein medical care or treatment is provided by~~
44 ~~hospitals of that category~~ to patients of certain
45 entitlement, ~~nor to~~ the operation by the state of
46 mental or other hospitals authorized by law. ~~Nothing~~
47 ~~herein~~ This division shall not in any way affect or
48 limit the practice of dentistry or the practice of
49 oral surgery by a dentist.

50 Sec. 42. Section 144.13A, subsection 3, Code 2005,

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1 is amended to read as follows:

2 3. If the person responsible for the filing of the
3 certificate of birth under section 144.13 is not the
4 parent, the person is entitled to collect the fee from
5 the parent. The fee shall be remitted to the state
6 registrar. If the expenses of the birth are
7 reimbursed under the medical assistance program
8 established by chapter 249A, ~~or paid for under the~~
9 ~~statewide indigent patient care program established by~~
10 ~~chapter 255, or paid for under the obstetrical and~~
11 ~~newborn indigent patient care program established by~~
12 ~~chapter 255A, or if the parent is indigent and unable~~
13 to pay the expenses of the birth and no other means of
14 payment is available to the parent, the registration
15 fee and certified copy fee are waived. If the person
16 responsible for the filing of the certificate is not
17 the parent, the person is discharged from the duty to
18 collect and remit the fee under this section if the
19 person has made a good faith effort to collect the fee
20 from the parent.

21 Sec. 43. Section 249A.4, subsection 12, Code 2005,
22 is amended by striking the subsection.

23 UNIVERSITY OF IOWA HOSPITALS AND CLINICS

24 Sec. 44. NEW SECTION. 263.18 TREATMENT OF
25 PATIENTS – USE OF EARNINGS FOR NEW FACILITIES.

26 1. The university of Iowa hospitals and clinics
27 authorities may at their discretion receive patients
28 into the hospital for medical, obstetrical, or
29 surgical treatment or hospital care. The university
30 of Iowa hospitals and clinics ambulances and ambulance
31 personnel may be used for the transportation of such
32 patients at a reasonable charge if specialized
33 equipment is required.

34 2. The university of Iowa hospitals and clinics
35 authorities shall collect from the person or persons
36 liable for support of such patients reasonable charges
37 for hospital care and service and deposit payment of
38 the charges with the treasurer of the university for
39 the use and benefit of the university of Iowa
40 hospitals and clinics.

41 3. Earnings of the university of Iowa hospitals
42 and clinics shall be administered so as to increase,
43 to the greatest extent possible, the services
44 available for patients, including acquisition,
45 construction, reconstruction, completion, equipment,
46 improvement, repair, and remodeling of medical
47 buildings and facilities, additions to medical
48 buildings and facilities, and the payment of principal
49 and interest on bonds issued to finance the cost of
50 medical buildings and facilities as authorized by the

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1 provisions of chapter 263A.

2 4. The physicians and surgeons on the staff of the
3 university of Iowa hospitals and clinics who care for
4 patients provided for in this section may charge for
5 the medical services provided under such rules,
6 regulations, and plans approved by the state board of
7 regents. However, a physician or surgeon who provides
8 treatment or care for an expansion population member
9 pursuant to chapter 249J shall not charge or receive
10 any compensation for the treatment or care except the
11 salary or compensation fixed by the state board of
12 regents to be paid from the hospital fund.

13 Sec. 45. NEW SECTION. 263.19 PURCHASES.

14 Any purchase in excess of ten thousand dollars, of
15 materials, appliances, instruments, or supplies by the
16 university of Iowa hospitals and clinics, when the
17 price of the materials, appliances, instruments, or
18 supplies to be purchased is subject to competition,
19 shall be made pursuant to open competitive quotations,
20 and all contracts for such purchases shall be subject
21 to chapter 72. However, purchases may be made through
22 a hospital group purchasing organization provided that
23 the university of Iowa hospitals and clinics is a
24 member of the organization and the group purchasing
25 organization selects the items to be offered to
26 members through a competitive bidding process.

27 Sec. 46. NEW SECTION. 263.20 COLLECTING AND
28 SETTLING CLAIMS FOR CARE.

29 Whenever a patient or person legally liable for the
30 patient's care at the university of Iowa hospitals and
31 clinics has insurance, an estate, a right of action
32 against others, or other assets, the university of
33 Iowa hospitals and clinics, through the facilities of
34 the office of the attorney general, may file claims,
35 institute or defend suit in court, and use other legal
36 means available to collect accounts incurred for the
37 care of the patient, and may compromise, settle, or
38 release such actions under the rules and procedures
39 prescribed by the president of the university and the
40 office of the attorney general. If a county has paid
41 any part of such patient's care, a pro rata amount
42 collected, after deduction for cost of collection,
43 shall be remitted to the county and the balance shall
44 be credited to the hospital fund.

45 Sec. 47. NEW SECTION. 263.21 TRANSFER OF
46 PATIENTS FROM STATE INSTITUTIONS.

47 The director of the department of human services,
48 in respect to institutions under the director's
49 control, the administrator of any of the divisions of
50 the department, in respect to the institutions under

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1 the administrator's control, the director of the
2 department of corrections, in respect to the
3 institutions under the department's control, and the
4 state board of regents, in respect to the Iowa braille
5 and sight saving school and the Iowa school for the
6 deaf, may send any inmate, student, or patient of an
7 institution, or any person committed or applying for
8 admission to an institution, to the university of Iowa
9 hospitals and clinics for treatment and care. The
10 department of human services, the department of
11 corrections, and the state board of regents shall
12 respectively pay the traveling expenses of such
13 patient, and when necessary the traveling expenses of
14 an attendant for the patient, out of funds
15 appropriated for the use of the institution from which
16 the patient is sent.

17 Sec. 48. NEW SECTION. 263.22 MEDICAL CARE FOR
18 PAROLEES AND PERSONS ON WORK RELEASE.

19 The director of the department of corrections may
20 send former inmates of the institutions provided for
21 in section 904.102, while on parole or work release,
22 to the university of Iowa hospitals and clinics for
23 treatment and care. The director may pay the
24 traveling expenses of any such patient, and when
25 necessary the traveling expenses of an attendant of
26 the patient, out of funds appropriated for the use of
27 the department of corrections.

28 Sec. 49. Section 271.6, Code 2005, is amended to
29 read as follows:

30 271.6 INTEGRATED TREATMENT OF UNIVERSITY HOSPITAL
31 PATIENTS.

32 The authorities of the Oakdale campus may authorize
33 patients for admission to the hospital on the Oakdale
34 campus who are referred from the university hospitals
35 and who shall retain the same status, classification,
36 and authorization for care which they had at the
37 university hospitals. Patients referred from the
38 university hospitals to the Oakdale campus shall be
39 deemed to be patients of the university hospitals.
40 ~~Chapters 255 and 255A and the~~ The operating policies
41 of the university hospitals shall apply to the
42 patients ~~and to the payment for their care~~ the same as
43 the provisions apply to patients who are treated on
44 the premises of the university hospitals.

45 Sec. 50. Section 331.381, subsection 9, Code 2005,
46 is amended by striking the subsection.

47 Sec. 51. Section 331.502, subsection 17, Code
48 2005, is amended by striking the subsection.

49 Sec. 52. Section 331.552, subsection 13, Code
50 2005, is amended to read as follows:

Page 30

1 13. Make transfer payments to the state for school
2 expenses for blind and deaf children, and support of
3 persons with mental illness, and hospital care for the
4 indigent as provided in sections 230.21, ~~255.26,~~
5 269.2, and 270.7.

6 Sec. 53. Section 331.653, subsection 26, Code
7 2005, is amended by striking the subsection.

8 Sec. 54. Section 331.756, subsection 53, Code
9 2005, is amended by striking the subsection.

10 Sec. 55. Section 602.8102, subsection 48, Code
11 2005, is amended by striking the subsection.

12 Sec. 56. Chapters 255 and 255A, Code 2005, are
13 repealed.

14 Sec. 57. OBLIGATIONS TO INDIGENT PATIENTS. The
15 provisions of this Act shall not be construed and are
16 not intended to change, reduce, or affect the
17 obligation of the university of Iowa hospitals and
18 clinics existing on April 1, 2005, to provide care or
19 treatment at the university of Iowa hospitals and
20 clinics to indigent patients and to any inmate,
21 student, patient, or former inmate of a state
22 institution as specified in sections 263.21 and 263.22
23 as enacted in this Act, with the exception of the
24 specific obligation to committed indigent patients as
25 specified pursuant to section 255.16, Code 2005,
26 repealed in this Act.

27 Sec. 58. INMATES, STUDENTS, PATIENTS, AND FORMER
28 INMATES OF STATE INSTITUTIONS – REVIEW.

29 1. The director of human services shall convene a
30 workgroup comprised of the director, the director of
31 the department of corrections, the president of the
32 state board of regents, and a representative of the
33 university of Iowa hospitals and clinics to review the
34 provision of treatment and care to the inmates,
35 students, patients, and former inmates specified in
36 sections 263.21 and 263.22, as enacted in this Act.
37 The review shall determine all of the following:

38 a. The actual cost to the university of Iowa
39 hospitals and clinics to provide care and treatment to
40 the inmates, students, patients, and former inmates on
41 an annual basis. The actual cost shall be determined
42 utilizing Medicare cost accounting principles.

43 b. The number of inmates, students, patients, and
44 former inmates provided treatment at the university of
45 Iowa hospitals and clinics, annually.

46 c. The specific types of treatment and care
47 provided to the inmates, students, patients, and
48 former inmates.

49 d. The existing sources of revenue that may be
50 available to pay for the costs of providing care and

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- 1 treatment to the inmates, students, patients, and
2 former inmates.
- 3 e. The cost to the department of human services,
4 the Iowa department of corrections, and the state
5 board of regents to provide transportation and
6 staffing relative to provision of care and treatment
7 to the inmates, students, patients, and former inmates
8 at the university of Iowa hospitals and clinics.
- 9 f. The effect of any proposed alternatives for
10 provision of care and treatment for inmates, students,
11 patients, or former inmates, including the proposed
12 completion of the hospital unit at the Iowa state
13 penitentiary at Fort Madison.
- 14 2. The workgroup shall submit a report of its
15 findings to the governor and the general assembly no
16 later than December 31, 2005. The report shall also
17 include any recommendations for improvement in the
18 provision of care and treatment to inmates, students,
19 patients, and former inmates, under the control of the
20 department of human services, the Iowa department of
21 corrections, and the state board of regents.
- 22 DIVISION XII
23 STATE MEDICAL INSTITUTION
- 24 Sec. 59. NEW SECTION. 218A.1 STATE MEDICAL
25 INSTITUTION.
- 26 1. All of the following shall be collectively
27 designated as a single state medical institution:
- 28 a. The mental health institute, Mount Pleasant,
29 Iowa.
- 30 b. The mental health institute, Independence,
31 Iowa.
- 32 c. The mental health institute, Clarinda, Iowa.
- 33 d. The mental health institute, Cherokee, Iowa.
- 34 e. The Glenwood state resource center.
- 35 f. The Woodward state resource center.
- 36 2. Necessary portions of the institutes and
37 resource centers shall remain licensed as separate
38 hospitals and as separate intermediate care facilities
39 for persons with mental retardation, and the locations
40 and operations of the institutes and resource centers
41 shall not be subject to consolidation to comply with
42 this chapter.
- 43 3. The state medical institution shall qualify for
44 payments described in subsection 4 for the fiscal
45 period beginning July 1, 2005, and ending June 30,
46 2010, if the state medical institution and the various
47 parts of the institution comply with the requirements
48 for payment specified in subsection 4, and all of the
49 following conditions are met:
- 50 a. The total number of beds in the state medical

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1 institution licensed as hospital beds is less than
2 fifty percent of the total number of all state medical
3 institution beds. In determining compliance with this
4 requirement, however, any reduction in the total
5 number of beds that occurs as the result of reduction
6 in census due to an increase in utilization of home
7 and community-based services shall not be considered.

8 b. An individual is appointed by the director of
9 human services to serve as the director of the state
10 medical institution and an individual is appointed by
11 the director of human services to serve as medical
12 director of the state medical institution. The
13 individual appointed to serve as the director of the
14 state medical institution may also be an employee of
15 the department of human services or of a component
16 part of the state medical institution. The individual
17 appointed to serve as medical director of the state
18 medical institution may also serve as the medical
19 director of one of the component parts of the state
20 medical institution.

21 c. A workgroup comprised of the director of human
22 services or the director's designee, the director of
23 the state medical institution, the directors of all
24 licensed intermediate care facilities for persons with
25 mental retardation in the state, and representatives
26 of the Iowa state association of counties, the Iowa
27 association of community providers, and other
28 interested parties develops and presents a plan, for
29 submission to the centers for Medicare and Medicaid
30 services of the United States department of health and
31 human services, to the general assembly no later than
32 July 1, 2007, to reduce the number of individuals in
33 intermediate care facilities for persons with mental
34 retardation in the state and concurrently to increase
35 the number of individuals with mental retardation and
36 developmental disabilities in the state who have
37 access to home and community-based services. The plan
38 shall include a proposal to redesign the home and
39 community-based services waivers for persons with
40 mental retardation and persons with brain injury under
41 the medical assistance program. The department shall
42 not implement the plan without express authorization
43 by the general assembly.

44 4. The department of human services shall submit a
45 waiver to the centers for Medicare and Medicaid
46 services of the United States department of health and
47 human services to provide for all of the following:

48 a. Coverage under the medical assistance program,
49 with appropriate federal matching funding, for
50 inpatient and outpatient hospital services provided to

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1 eligible individuals by any part of the state medical
2 institution that maintains a state license as a
3 hospital.

4 b. Disproportionate share hospital payments for
5 services provided by any part of the state medical
6 institution that maintains a state license as a
7 hospital.

8 c. Imposition of an assessment on intermediate
9 care facilities for persons with mental retardation on
10 any part of the state medical institution that
11 provides intermediate care facility for persons with
12 mental retardation services.

13 DIVISION XIII
14 APPROPRIATIONS AND EFFECTIVE DATES

15 Sec. 60. APPROPRIATIONS FROM IOWACARE ACCOUNT.

16 1. There is appropriated from the Iowacare account
17 created in section 249J.23 to the university of Iowa
18 hospitals and clinics for the fiscal year beginning
19 July 1, 2005, and ending June 30, 2006, the following
20 amount, or so much thereof as is necessary, to be used
21 for the purposes designated:

22 For salaries, support, maintenance, equipment, and
23 miscellaneous purposes, for the provision of medical
24 and surgical treatment of indigent patients, for
25 provision of services to recipients under the medical
26 assistance program expansion population pursuant to
27 chapter 249J, as enacted in this Act, and for medical
28 education:
29 \$ 27,284,584

30 2. There is appropriated from the Iowacare account
31 created in section 249J.23 to a publicly owned acute
32 care teaching hospital located in a county with a
33 population over three hundred fifty thousand for the
34 fiscal year beginning July 1, 2005, and ending June
35 30, 2006, the following amount, or so much thereof as
36 is necessary, to be used for the purposes designated:
37 For the provision of medical and surgical treatment
38 of indigent patients, for provision of services to
39 recipients under the medical assistance program
40 expansion population pursuant to chapter 249J, as
41 enacted in this Act, and for medical education:
42 \$ 40,000,000

43 Of the amount appropriated in this subsection,
44 \$36,000,000 shall be allocated in twelve equal monthly
45 payments as provided in section 249J.23, as enacted in
46 this Act. Any amount appropriated in this subsection
47 in excess of \$36,000,000 shall be allocated only if
48 federal funds are available to match the amount
49 allocated.

50 3. There is appropriated from the Iowacare account

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1 created in section 249J.23 to the state hospitals for
2 persons with mental illness designated pursuant to
3 section 226.1 for the fiscal year beginning July 1,
4 2005, and ending June 30, 2006, the following amounts,
5 or so much thereof as is necessary, to be used for the
6 purposes designated:

7 a. For services at the state mental health
8 institute at Cherokee, including services to
9 recipients under the medical assistance program
10 expansion population pursuant to chapter 249J, as
11 enacted in this Act:
12 \$ 9,098,425

13 b. For services at the state mental health
14 institute at Clarinda, including services to
15 recipients under the medical assistance program
16 expansion population pursuant to chapter 249J, as
17 enacted in this Act:
18 \$ 1,977,305

19 c. For services at the state mental health
20 institute at Independence, including services to
21 recipients under the medical assistance program
22 expansion population pursuant to chapter 249J, as
23 enacted in this Act:
24 \$ 9,045,894

25 d. For services at the state mental health
26 institute at Mount Pleasant, including services to
27 recipients under the medical assistance program
28 expansion population designation pursuant to chapter
29 249J, as enacted in this Act:
30 \$ 5,752,587

31 **Sec. 61. APPROPRIATIONS FROM ACCOUNT FOR HEALTH**
32 **CARE TRANSFORMATION.** There is appropriated from the
33 account for health care transformation created in section
34 249J.22, as enacted in this Act, to the department of
35 human services, for the fiscal year beginning July 1,
36 2005, and ending June 30, 2006, the following amounts,
37 or so much thereof as is necessary, to be used for the
38 purposes designated:

39 1. For the costs of medical examinations and
40 development of personal health improvement plans for
41 the expansion population pursuant to section 249J.6,
42 as enacted in this Act:
43 \$ 136,500

44 2. For the provision of a medical information
45 hotline for the expansion population as provided in
46 section 249J.6, as enacted in this Act:
47 \$ 150,000

48 3. For the insurance cost subsidy program pursuant
49 to section 249J.8, as enacted in this Act:
50 \$ 150,000

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1 4. For the health care account program option
2 pursuant to section 249J.8, as enacted in this Act:
3 \$ 50,000
4 5. For the use of electronic medical records by
5 medical assistance program and expansion population
6 provider network providers pursuant to section
7 249J.14, as enacted in this Act:
8 \$ 100,000
9 6. For other health partnership activities
10 pursuant to section 249J.14, as enacted in this Act:
11 \$ 550,000
12 7. For the costs related to audits, performance
13 evaluations, and studies required by this Act:
14 \$ 100,000
15 8. For administrative costs associated with this
16 Act:
17 \$ 910,000
18 Sec. 62. TRANSFER FROM ACCOUNT FOR HEALTH CARE
19 TRANSFORMATION. There is transferred from the account
20 for health care transformation created pursuant to
21 section 249J.22, as enacted in this Act, to the
22 lowacare account created in section 249J.23, as
23 enacted in this Act, a total of \$2,000,000 for the
24 fiscal year beginning July 1, 2005, and ending June
25 30, 2006.
26 Sec. 63. EFFECTIVE DATES – CONTINGENT REDUCTION
27 – RULES – RETROACTIVE APPLICABILITY.
28 1. The provisions of this Act requiring the
29 department of human services to request waivers from
30 the centers for Medicare and Medicaid services of the
31 United States department of health and human services
32 and to amend the medical assistance state plan, being
33 deemed of immediate importance, take effect upon
34 enactment.
35 2. The remaining provisions of this Act, with the
36 exception of the provisions described in subsection 1,
37 shall not take effect unless the department of human
38 services receives approval of all waivers and medical
39 assistance state plan amendments required under this
40 Act. If all approvals are received, the remaining
41 provisions of this Act shall take effect July 1, 2005,
42 or on the date specified in the waiver or medical
43 assistance state plan amendment for a particular
44 provision. The department of human services shall
45 notify the Code editor of the date of receipt of the
46 approvals.
47 3. If this Act is enacted and if the Eighty-first
48 General Assembly enacts legislation appropriating
49 moneys from the general fund of the state to the
50 department of human services for the fiscal year

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1 beginning July 1, 2005, and ending June 30, 2006, for
 2 the state hospitals for persons with mental illness
 3 designated pursuant to section 226.1, for salaries,
 4 support, maintenance, and miscellaneous purposes and
 5 for full-time equivalent positions, and if this Act is
 6 enacted, the appropriations shall be reduced in the
 7 following amounts and the amounts shall be transferred
 8 to the medical assistance fund of the department of
 9 human services to diminish the effect of
 10 intergovernmental transfer reductions:

11 a. For the state mental health institute at
 12 Cherokee:
 13 \$ 9,098,425

14 b. For the state mental health institute at
 15 Clarinda:
 16 \$ 1,977,305

17 c. For the state mental health institute at
 18 Independence:
 19 \$ 9,045,894

20 d. For the state mental health institute at Mount
 21 Pleasant:
 22 \$ 5,752,587

23 4. If this Act is enacted and if the Eighty-first
 24 General Assembly enacts legislation appropriating
 25 moneys from the general fund of the state to the state
 26 university of Iowa for the fiscal year beginning July
 27 1, 2005, and ending June 30, 2006, for the university
 28 hospitals for salaries, support, maintenance,
 29 equipment, and miscellaneous purposes and for medical
 30 and surgical treatment of indigent patients as
 31 provided in chapter 255, for medical education, and
 32 for full-time equivalent positions, and if this Act is
 33 enacted, the appropriation is reduced by \$27,284,584
 34 and the amount shall be transferred to the medical
 35 assistance fund of the department of human services to
 36 diminish the effect of intergovernmental transfer
 37 reductions.

38 5. If this Act is enacted, and if the Eighty-first
 39 General Assembly enacts 2005 Iowa Acts, House File
 40 816, and 2005 Iowa Acts, [House File 816](#) includes a
 41 provision relating to medical assistance supplemental
 42 amounts for disproportionate share hospital and
 43 indirect medical education, the provision in House
 44 File 816 shall not take effect.

45 6. If this Act is enacted, and if the Eighty-
 46 first General Assembly enacts 2005 Iowa Acts, House
 47 File 825, and 2005 Iowa Acts, [House File 825](#), includes
 48 a provision appropriating moneys from the hospital
 49 trust fund created in section 249I.4 to the department
 50 of human services for the fiscal year beginning July

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1 1, 2005, and ending June 30, 2006, to be used to
2 supplement the appropriations made for the medical
3 assistance program for that fiscal year, the
4 appropriation is reduced by \$22,900,000.
5 7. The department of human services may adopt
6 emergency rules pursuant to chapter 17A to implement
7 and administer the provisions of this Act.
8 8. The department of human services may procure
9 sole source contracts to implement any provision of
10 this Act.
11 9. The provisions of this Act amending 2003 Iowa
12 Acts, chapter 112, section 11, and repealing section
13 249A.20B, are retroactively applicable to May 2, 2003.
14 10. The section of this Act amending 2004 Iowa
15 Acts, chapter 1175, section 86, is retroactively
16 applicable to May 17, 2004."

Carroll of Poweshiek offered the following amendment [H-1433](#), to amendment [H-1417](#), filed by him from the floor and moved its adoption:

[H-1433](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
2 follows:
3 1. Page 4, by striking lines 25 through 33, and
4 inserting the following:
5 "2. a. Beginning no later than March 1, 2006,
6 within ninety days of enrollment in the expansion
7 population, each expansion population member shall
8 participate, in conjunction with receiving a single
9 comprehensive medical examination and completing a
10 personal health improvement plan, in a health risk
11 assessment coordinated by a health consortium
12 representing providers, consumers, and medical
13 education institutions. An expansion population
14 member who enrolls in the expansion population prior
15 to March 1, 2006, shall participate in the health risk
16 assessment, receive the single comprehensive medical
17 examination, and complete the personal health
18 improvement plan by June 1, 2006.
19 b. The health risk assessment shall be a web-based
20 electronic system capable of capturing and integrating
21 basic data to provide an individualized personal
22 health improvement plan for each expansion population
23 member. The health risk assessment shall provide a
24 preliminary diagnosis of current and prospective
25 health conditions and recommendations for improving
26 health conditions with an individualized wellness
27 program. The health risk assessment shall be made

28 available to the expansion population member and the
29 provider specified in paragraph "c" who performs the
30 comprehensive medical examination and provides the
31 individualized personal health improvement plan.
32 c. The single comprehensive medical examination
33 and personal health improvement plan may".

Amendment [H-1433](#) was adopted.

Upmeyer of Hancock offered the following amendment [H-1427](#), to amendment [H-1417](#), filed by Upmeyer, et al., and moved its adoption:

[H-1427](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
2 follows:
3 1. Page 10, by inserting after line 11, the
4 following:
5 "Sec.____. CASE MANAGEMENT FOR THE FRAIL ELDERLY.
6 1. The department of human services shall submit a
7 medical assistance state plan amendment to the centers
8 for Medicare and Medicaid services of the United
9 States department of health and human services to
10 provide for inclusion of case management for the frail
11 elderly as a medical assistance covered service. The
12 department of human services shall develop the medical
13 assistance state plan amendment in consultation with
14 the department of elder affairs.
15 2. If the medical assistance state plan amendment
16 is approved, the department of elder affairs shall use
17 existing funding for case management as nonfederal
18 matching funds. The department of elder affairs, in
19 consultation with the department of human services,
20 shall determine the amount of current funding that
21 would be eligible for use as nonfederal matching funds
22 so that sufficient funding is retained to provide case
23 management services for frail elders who are not
24 eligible for the medical assistance program.
25 The department shall establish a reimbursement rate
26 for case management for the frail elderly such that
27 the amount of state funding necessary to pay for such
28 case management does not exceed the amount
29 appropriated to the department of elder affairs for
30 case management for the frail elderly in the fiscal
31 year beginning July 1, 2005. All state and federal
32 funds appropriated or received for case management for
33 the frail elderly shall be used for services to
34 clients eligible for medical assistance. Any state
35 savings realized from case management for the frail
36 elderly shall be used to expand services to the frail
37 elderly.

38 3. The department of human services in
39 consultation with the department of elder affairs
40 shall determine whether case management for the frail
41 elderly should continue to be provided through a sole
42 source contract or if a request for proposals process
43 should be initiated to provide the services. The
44 departments shall submit their recommendation to the
45 general assembly by January 1, 2006."
46 2. By renumbering as necessary.

Amendment [H-1427](#) was adopted.

Carroll of Poweshiek offered the following amendment [H-1449](#), to amendment [H-1417](#), filed by him, Foege of Linn, Heaton of Henry, Smith of Marshall and Upmeyer of Hancock from the floor and moved its adoption:

[H-1449](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
2 follows:
3 1. Page 11, by inserting after line 31, the
4 following:
5 "Sec. __. NEW SECTION. 249J.14A TASK FORCE ON
6 INDIGENT CARE.
7 1. The department shall convene a task force on
8 indigent care to identify any growth in uncompensated
9 care due to the implementation of this chapter and to
10 identify any local funds that are being used to pay
11 for uncompensated care that could be maximized through
12 a match with federal funds.
13 2. Any public, governmental or nongovernmental,
14 private, for-profit, or not-for-profit health services
15 provider or payor, whether or not enrolled in the
16 medical assistance program, and any organization of
17 such providers or payors, may become a member of the
18 task force. Membership on the task force shall
19 require that an entity agree to provide accurate,
20 written information and data relating to each of the
21 following items for the fiscal year of the entity
22 ending on or before June 30, 2005, and for each fiscal
23 year thereafter during which the entity is a member:
24 a. The definition of indigent care used by the
25 member for purposes of reporting the data described in
26 this subsection.
27 b. The actual cost of indigent care as determined
28 under Medicare principles of accounting or any
29 accounting standard used by the member to report the
30 member's financial status to its governing body,

31 owner, members, creditors, or the public.

32 c. The usual and customary charge that would
33 otherwise be applied by the member to the indigent
34 care provided.

35 d. The number of individuals and the age, sex, and
36 county of residence of the individuals receiving
37 indigent care reported by the member and a description
38 of the care provided.

39 e. To the extent practical, the health status of
40 the individuals receiving the indigent care reported
41 by the member.

42 f. The funding source of payment for the indigent
43 care including revenue from property tax or other tax
44 revenue, local funding, and other sources.

45 g. The extent to which any part of the cost of
46 indigent care reported by the member was paid for by
47 the individual on a sliding fee scale or other basis,
48 by an insurer, or by another third-party payor.

49 h. The means by which the member covered any of
50 the costs of indigent care not covered by those

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1 sources described in paragraph "g".

2 3. The department shall convene the task force for
3 a minimum of eight meetings during the fiscal year
4 beginning July 1, 2005, and during each fiscal year
5 thereafter. For the fiscal year beginning July 1,
6 2005, the department shall convene at least six of the
7 required meetings prior to March 1, 2006. The
8 meetings shall be held in geographically balanced
9 venues throughout the state that are representative of
10 distinct rural, urban, and suburban areas.

11 4. The department shall provide the medical
12 assistance projections and assessment council created
13 pursuant to section 249J.19 with all of the following,
14 at intervals established by the council:

15 a. A list of the members of the task force.

16 b. A copy of each member's written submissions of
17 data and information to the task force.

18 c. A copy of the data submitted by each member.

19 d. Any observations or recommendations of the task
20 force regarding the data.

21 e. Any observations and recommendations of the
22 department regarding the data.

23 5. The task force shall transmit an initial,
24 preliminary report of its efforts and findings to the
25 governor and the general assembly by March 1, 2006.
26 The task force shall submit an annual report to the
27 governor and the general assembly by December 31 of
28 each year.

29 6. The department shall, to the extent practical,

30 assist task force members in assembling and reporting
31 the data required of members, by programming the
32 department's systems to accept, but not pay, claims
33 reported on standard medical assistance claims forms
34 for the indigent care provided by the members.
35 7. All meetings of the task force shall comply
36 with chapter 21.
37 8. Information and data provided by a member to
38 the task force shall be protected to the extent
39 required under the federal Health Insurance
40 Portability and Accountability Act of 1996.
41 9. Costs associated with the work of the task
42 force and with the required activities of members
43 shall not be eligible for federal matching funds."
44 2. By renumbering as necessary.

Amendment [H-1449](#) was adopted.

Foegen of Linn offered the following amendment [H-1426](#), to amendment [H-1417](#), filed by him and moved its adoption:

[H-1426](#)

1 Amend the amendment, [H-1417](#) to [House File 841](#) as
2 follows:
3 1. Page 28, by striking lines 24 through 26, and
4 inserting the following: "member of the
5 organization."

Amendment [H-1426](#) was adopted.

Kuhn of Floyd asked and received unanimous consent that amendment [H-1443](#) to amendment [H-1417](#) be deferred.

Smith of Marshall offered amendment [H-1448](#), to amendment [H-1417](#), filed by him from the floor as follows:

[H-1448](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
2 follows:
3 1. Page 35, by inserting after line 25, the
4 following:
5 "Sec. ___. GENERAL FUND APPROPRIATION. There is
6 appropriated from the general fund of the state to the
7 department of human services two million dollars for
8 each fiscal year of the fiscal period beginning July
9 1, 2005, and ending June 30, 2008, to be used for the
10 increased costs associated with rebasing of inpatient

11 and outpatient hospital services rates for the rebase
12 period effective in the fiscal period beginning July
13 1, 2005, and ending June 30, 2008, as provided in this
14 section.
15 Any rebasing of hospital inpatient and outpatient
16 services rates under this section shall not increase
17 the total payments for hospital inpatient and
18 outpatient services rates in excess of the amount
19 appropriated under this section."
20 2. By renumbering as necessary.

The House stood at ease at 5:19 p.m., until the fall of the gavel.

The House resumed session at 6:03 p.m., Speaker Rants in the chair.

QUORUM CALL

A non-record roll call was requested to determine that a quorum was present. The vote revealed ninety-one members present, nine absent.

The House resumed consideration of [House File 841](#) and amendment [H-1448](#) to amendment [H-1417](#).

Smith of Marshall moved the adoption of amendment [H-1448](#).

Amendment [H-1448](#) lost.

Carroll of Poweshiek offered the following amendment [H-1454](#) to amendment [H-1417](#), filed by him from the floor and requested division as follows:

[H-1454](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
2 follows:

[H-1454A](#)

3 1. Page 2, by striking lines 40 through 42, and
4 inserting the following: "April 1, 2005."
5 2. Page 5, by inserting after line 47, the
6 following:
7 "___ Notwithstanding the provision of section

8 347.16, subsection 2, requiring the provision of free
9 care and treatment to the persons described in that
10 subsection, the publicly owned acute care teaching
11 hospital described in subsection 1 may require any
12 sick or injured person seeking care or treatment at
13 that hospital to be subject to financial
14 participation, including but not limited to copayments
15 or premiums, and may deny nonemergent care or
16 treatment to any person who refuses to be subject to
17 such financial participation."

18 3. Page 6, by striking lines 44 through 48, and
19 inserting the following: "agree to exchange one
20 year's receipt of benefits under the expansion
21 population, to which the individual would otherwise be
22 entitled, for a credit to obtain any medical
23 assistance program covered service up to a specified
24 amount. The balance in the health care".

25 4. Page 8, line 29, by inserting after the word
26 "set" the following: ", section G, entitled "physical
27 functioning and structural problems"".

H-1454B

28 5. Page 8, by striking lines 34 through 36.

H-1454A

29 6. Page 8, by striking lines 44 through 48, and
30 inserting the following:

31 "a. Based on the minimum data set, the individual
32 requires supervision, or limited assistance, provided
33 on a daily basis by the physical assistance of at
34 least one person, for dressing and personal hygiene
35 activities of daily living as defined by the minimum
36 data set, section G, entitled "physical functioning
37 and structural problems".

38 7. Page 9, by inserting after line 21, the
39 following:

40 "4. The department shall develop a process to
41 allow individuals identified under subsection 3 to be
42 served under the home and community-based services
43 waiver at such time as appropriate home and community-
44 based services become available in the individual's
45 community."

46 8. Page 9, line 27, by inserting after the word
47 "providers," the following: "the governor's
48 developmental disabilities council,".

49 9. Page 9, line 39, by inserting after the word
50 "providers," the following: "the governor's

- 1 developmental disabilities council,".
- 2 10. Page 12, line 31, by striking the figure
3 "294A.4" and inserting the following: "249A.4".
- 4 11. Page 17, line 8, by striking the word "may"
5 and inserting the following: "shall".
- 6 12. Page 17, line 30, by inserting after the
7 figure "2005," the following: "and annually by July
8 1, thereafter,".
- 9 13. Page 17, line 44, by inserting after the
10 figure "2005," the following: "and annually by July
11 1, thereafter,".
- 12 14. Page 22, by inserting after line 34, the
13 following:
14 "Sec. ___. TRANSITION FROM INSTITUTIONAL SETTINGS
15 TO HOME AND COMMUNITY-BASED SERVICES. The department,
16 in consultation with provider and consumer
17 organizations, shall explore additional opportunities
18 under the medical assistance program to assist
19 individuals in transitioning from institutional
20 settings to home and community-based services. The
21 department shall report any opportunities identified
22 to the governor and the general assembly by December
23 31, 2005."
- 24 15. Page 24, by striking lines 4 through 20, and
25 inserting the following:
26 "1. A copayment of \$1 for each covered
27 nonpreferred generic prescription drug.
28 2. A copayment of \$1 for each covered preferred
29 brand-name or generic prescription drug.
30 3. A copayment of \$1 for each covered nonpreferred
31 brand-name prescription drug for which the cost to the
32 state is up to and including \$25.
33 4. A copayment of \$2 for each covered nonpreferred
34 brand-name prescription drug for which the cost to the
35 state is more than \$25 and up to and including \$50.
36 5. A copayment of \$3 for each covered nonpreferred
37 brand-name prescription drug for which the cost to the
38 state is more than \$50."
- 39 16. Page 33, by striking line 43, and inserting
40 the following:
41 "Notwithstanding any provision of this Act to the
42 contrary, of the amount appropriated in this
43 subsection,".
- 44 17. Page 34, by striking lines 7 and 8, and
45 inserting the following:
46 "a. For the state mental health institute at
47 Cherokee, for salaries, support, maintenance, full-
48 time equivalent positions, and miscellaneous purposes
49 including services to".
- 50 18. Page 34, by striking lines 13 and 14, and

Page 3

- 1 inserting the following:
- 2 "b. For the state mental health institute at
- 3 Clarinda, for salaries, support, maintenance, full-
- 4 time equivalent positions, and miscellaneous purposes
- 5 including services to".
- 6 19. Page 34, by striking lines 19 and 20, and
- 7 inserting the following:
- 8 "c. For the state mental health institute at
- 9 Independence, for salaries, support, maintenance,
- 10 full-time equivalent positions, and miscellaneous
- 11 purposes including services to".
- 12 20. Page 34, by striking lines 25 and 26, and
- 13 inserting the following:
- 14 "d. For the state mental health institute at Mount
- 15 Pleasant, for salaries, support, maintenance, full-
- 16 time equivalent positions, and miscellaneous purposes
- 17 including services to".
- 18 21. Page 35, line 32, by inserting after the word
- 19 "plan," the following: "and the provisions relating
- 20 to execution of chapter 28E agreements in section
- 21 249J.23, as enacted in this Act,".
- 22 22. Page 36, lines 5 and 6, by striking the words
- 23 "and if this Act is enacted,".
- 24 23. Page 36, lines 32 and 33, by striking the
- 25 words "and if this Act is enacted,".
- 26 24. By renumbering as necessary.

On motion by Carroll of Poweshiek, amendment [H-1454A](#) was adopted.

Ford of Polk asked and received unanimous consent to withdraw amendment [H-1452](#) to amendment [H-1417](#) filed by him from the floor.

Murphy of Dubuque offered the following amendment [H-1455](#) filed by him from the floor and moved its adoption:

[H-1455](#)

- 1 Amend the amendment, [H-1417](#), to [House File 841](#) as
- 2 follows:
- 3 1. Page 3, by inserting after line 48, the
- 4 following:
- 5 "_. If the department provides intake services
- 6 at the location of a provider included in the
- 7 expansion population provider network, the department
- 8 shall consider subcontracting with local nonprofit
- 9 agencies to promote greater understanding between

10 providers, under the medical assistance program and
11 included in the expansion population provider network,
12 and their recipients and members."
13 2. Page 4, line 33, by inserting after the figure
14 "2006." the following: "The criteria for the
15 comprehensive medical examination and the personal
16 health improvement plan shall be developed and applied
17 in a manner that takes into consideration cultural
18 variations that may exist within the expansion
19 population."
20 3. Page 4, line 41, by striking the words
21 "services or" and inserting the following:
22 "services,".
23 4. Page 4, line 43, by inserting after the word
24 "physician" the following: ", or through any other
25 nonprofit agency qualified or deemed to be qualified
26 by the department to perform these services".
27 5. Page 11, line 31, by inserting after the word
28 "section." the following: "To the greatest extent
29 feasible, and if applicable to a data set, the date
30 reported shall include demographic information
31 concerning the population served including but not
32 limited to factors, such as race and economic status,
33 as specified by the department."
34 6. Page 37, line 10, by inserting after the word
35 "Act." the following: "In addition to sole source
36 contracting, the department may contract with local
37 nonprofit agencies to provide services enumerated in
38 this Act. The department shall utilize nonprofit
39 agencies to the greatest extent possible in the
40 delivery of the programs and services enumerated in
41 this Act to promote greater understanding between
42 providers, under the medical assistance program and
43 included in the expansion population provider network,
44 and their recipients and members."
45 7. By renumbering, relettering, or redesignating
46 and correcting internal references as necessary.

RULE 76 INVOKED

Under the provision of Rule 76, conflict of interest, Ford of Polk refrained from voting.

Amendment [H-1455](#) was adopted.

Carroll of Poweshiek asked and received unanimous consent to withdraw amendment [H-1454B](#) to amendment [H-1417](#).

Kuhn of Floyd offered the following amendment [H-1443](#), to amendment [H-1417](#), previously deferred, filed by him from the floor and moved its adoption:

[H-1443](#)

1 Amend the amendment, [H-1417](#), to [House File 841](#) as
 2 follows:
 3 1. Page 35, by inserting after line 25, the
 4 following:
 5 "Sec. ____ REIMBURSEMENT RATES FOR HOSPITAL
 6 SERVICES – FISCAL YEAR 2006-2007. For the fiscal
 7 year beginning July 1, 2006, reimbursement rates for
 8 inpatient and outpatient hospital services shall be
 9 increased by three percent over the rates in effect on
 10 June 30, 2006. The department shall continue the
 11 outpatient hospital reimbursement system based upon
 12 ambulatory patient groups implemented pursuant to 1994
 13 Iowa Acts, chapter 1186, section 25, subsection 1,
 14 paragraph "f". In addition, the department of human
 15 services shall continue the revised medical assistance
 16 payment policy implemented pursuant to that paragraph
 17 to provide reimbursement for costs of screening and
 18 treatment provided in the hospital emergency room if
 19 made pursuant to the prospective payment methodology
 20 developed by the department of human services for the
 21 payment of outpatient services provided under the
 22 medical assistance program."

Amendment [H-1443](#) lost.

On motion by Carroll of Poweshiek, amendment [H-1417](#), as amended, was adopted.

Carroll of Poweshiek moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 841](#))

The ayes were, 100:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cohoon	Dandekar
Davitt	De Boef	Dix	Dolecheck
Drake	Eichhorn	Elgin	Fallon
Foege	Ford	Freeman	Frevert

Gaskill	Gipp	Granzow	Greiner
Heaton	Heddens	Hoffman	Hogg
Horbach	Hunter	Huseman	Huser
Hutter	Jacobs	Jacoby	Jenkins
Jochum	Jones	Kaufmann	Kressig
Kuhn	Kurtenbach	Lalk	Lensing
Lukan	Lykam	Maddox	Mascher
May	McCarthy	Mertz	Miller
Murphy	Oldson	Olson, D.	Olson, R.
Olson, S.	Paulsen	Petersen	Pettengill
Quirk	Raecker	Rasmussen	Rayhons
Reasoner	Reichert	Roberts	Sands
Schickel	Schueller	Shomshor	Shoultz
Smith	Soderberg	Struyk	Swaim
Taylor, D.	Taylor, T.	Thomas	Tjepkes
Tomenga	Tymeson	Upmeyer	Van Engelenhoven
Van Fossen, J.K.	Van Fossen, J.R.	Watts	Wendt
Wessel-Kroeschell	Whitaker	Whitead	Wilderdyke
Winckler	Wise	Zirkelbach	Mr. Speaker Rants

The nays were, none.

Absent or not voting, none.

The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

IMMEDIATE MESSAGE

Gipp of Winneshiek asked and received unanimous consent that [House File 841](#) be immediately messaged to the Senate.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker: I am directed to inform your honorable body that the Senate has on April 20, 2005, passed the following bill in which the concurrence of the Senate was asked:

[House File 814](#), a bill for an act relating to electronic notices of bidding opportunities for state purchases.

Also: That the Senate has on April 20, 2005, passed the following bill in which the concurrence of the House is asked:

[Senate File 409](#), a bill for an act relating to financial transactions including the sale of specific items used in livestock and plant production, providing for an exemption and

refund of sales and use taxes, providing for a maximum finance charge on consumer loans secured by a certificate of title to a motor vehicle, making penalties applicable, and including an effective and retroactive applicability date provision.

MICHAEL E. MARSHALL, Secretary

LEAVE OF ABSENCE

Leave of absence was granted as follows:

Hoffman of Crawford on request of Speaker Rants.

The House resumed consideration of [House File 833](#), a bill for an act making changes relating to the practice of pharmacy, establishing and appropriating fees, and providing penalties, previously deferred and found on pages 1335 through 1338 of the House Journal.

Tomenga of Polk offered the following amendment [H-1435](#) filed by him from the floor and moved its adoption:

[H-1435](#)

- 1 Amend [House File 833](#) as follows:
- 2 1. Page 2, by inserting after line 35 the
- 3 following:
- 4 "Sec. __. Section 155A.17, subsection 3, Code
- 5 2005, is amended to read as follows:
- 6 3. The board shall adopt rules pursuant to chapter
- 7 17A on matters pertaining to the issuance of a
- 8 wholesale drug license. The rules shall provide for
- 9 conditions of licensure, compliance standards,
- 10 licensure fees, disciplinary action, and other
- 11 relevant matters. Additionally, the rules shall
- 12 establish provisions or exceptions for pharmacies,
- 13 chain pharmacy distribution centers, and other types
- 14 of wholesalers relating to pedigree requirements, drug
- 15 or device returns, and other related matters, so as
- 16 not to prevent or interfere with usual, customary, and
- 17 necessary business activities."
- 18 2. By renumbering as necessary.

Amendment [H-1435](#) was adopted.

Upmeyer of Hancock offered the following amendment [H-1432](#) filed by her and Smith of Marshall from the floor and moved its adoption:

[H-1432](#)

1 Amend [House File 833](#) as follows:

2 1. Page 1, by inserting before line 1 the
3 following:

4 "Section 1. Section 22.7, Code 2005, is amended by
5 adding the following new subsection:

6 NEW SUBSECTION. 51. The information contained in
7 the electronic drug database established in section
8 124.510A, except to the extent that disclosure is
9 authorized pursuant to section 124.510C.

10 Sec. 2. NEW SECTION. 124.510A ELECTRONIC DRUG
11 DATABASE ESTABLISHED.

12 The board shall establish and maintain an
13 electronic drug database. The board shall use the
14 electronic drug database to monitor the misuse, abuse,
15 and diversion of selected controlled substances and
16 other drugs the board includes in the database
17 pursuant to section 124.510E, subsection 1, paragraph
18 "i". The board shall electronically collect and
19 disseminate information pursuant to sections 124.510C
20 and 124.510D and rules adopted pursuant to this
21 division. The board may contract with a third-
22 party/private vendor to administer the electronic drug
23 database.

24 Sec. 3. NEW SECTION. 124.510B DATA REPORTING.

25 1. Each licensed pharmacy that dispenses selected
26 drugs identified by the board by rule to patients in
27 the state, and each licensed pharmacy located in the
28 state that dispenses such selected drugs to patients
29 inside or outside the state, unless specifically
30 excepted in this section or by rule, shall submit the
31 following prescription information to the board or its
32 designee:

33 a. Pharmacy identification.

34 b. Patient identification.

35 c. Prescriber identification.

36 d. The date the prescription was issued by the
37 prescriber.

38 e. The date the prescription was dispensed.

39 f. An indication of whether the prescription
40 dispensed is new or a refill.

41 g. Identification of the drug dispensed.

42 h. Quantity of the drug dispensed.

43 i. The number of days' supply of the drug
44 dispensed.

45 j. Serial or prescription number assigned by the
46 pharmacy.

47 k. Source of payment for the prescription.

48 2. Information shall be submitted electronically
49 in the format specified by the board unless the board
50 has granted a waiver and approved an alternate format.

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1 3. Information shall be timely transmitted as
2 designated by the board by rule, unless the board
3 grants an extension. The board may grant an extension
4 if either of the following occurs:

5 a. The pharmacy suffers a mechanical or electronic
6 failure, or cannot meet the deadline established by
7 the board for other reasons beyond the pharmacy's
8 control.

9 b. The board or its designee is unable to receive
10 electronic submissions.

11 4. This section shall not apply to a prescriber
12 furnishing, dispensing, supplying, or administering
13 drugs to the prescriber's patient, or to dispensing by
14 a licensed pharmacy for the purposes of inpatient
15 hospital care, inpatient hospice care, or long-term
16 residential facility patient care.

17 Sec. 4. NEW SECTION. 124.510C DATA ACCESS.

18 1. The board or its designee may provide
19 information from the electronic drug database to all
20 of the following:

21 a. A person who is a designated representative of
22 a governmental entity responsible for the licensure,
23 regulation, or discipline of licensed health care
24 professionals authorized to prescribe or dispense
25 drugs, who is involved in an investigation of a person
26 licensed, regulated, or subject to discipline by the
27 entity, and who is seeking access to information in
28 the database that is relevant to the subject matter of
29 the investigation and pursuant to a written probable
30 cause determination.

31 b. A federal, state, county, township, or
32 municipal officer of this or any other state, or the
33 United States, whose duty it is to enforce the laws
34 relating to prescription drugs and who is actively
35 engaged in a specific investigation of a specific
36 person and is seeking access to information in the
37 database pursuant to a written probable cause
38 determination or warrant.

39 c. A properly convened grand jury pursuant to a
40 subpoena properly issued.

41 d. A pharmacist or prescriber who requests the
42 information and certifies in a form specified by the
43 board that it is for the purpose of providing medical
44 or pharmaceutical care to a patient of the pharmacist
45 or prescriber.

46 e. An individual who requests the individual's own
47 database information in accordance with the procedure
48 established in rules of the board adopted under
49 section 124.510E.

50 2. The board or its designee shall maintain a

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1 record of each person that requests information from
2 the database. Pursuant to rules adopted by the board
3 under section 124.510E, the board may use the records
4 to document and report statistics and law enforcement
5 outcomes and to identify inappropriate access or other
6 prohibited acts. The board or its designee may
7 provide records of a person's requests for database
8 information to the following persons:

9 a. Pursuant to a written probable cause
10 determination, a designated representative of a
11 governmental entity that is responsible for the
12 licensure, regulation, or discipline of licensed
13 health care professionals authorized to prescribe or
14 dispense drugs who is involved in a specific
15 investigation of the individual who submitted the
16 request.

17 b. Pursuant to a written probable cause
18 determination or warrant, a federal, state, county,
19 township, or municipal officer of this or any other
20 state or the United States, whose duty is to enforce
21 the laws relating to prescription drugs, and who is
22 actively engaged in a specific investigation of the
23 specific person who submitted the request.

24 3. Information contained in the database and any
25 information obtained from it is strictly confidential
26 medical information, is not a public record pursuant
27 to chapter 22, and is not subject to discovery,
28 subpoena, or other means of legal compulsion for
29 release except as provided in this division.

30 Information contained in the records of requests for
31 information from the database is privileged and
32 confidential, is not a public record, and is not
33 subject to discovery, subpoena, or other means of
34 legal compulsion for release except as provided in
35 this division. Information from the database shall
36 not be released, shared with an agency or institution,
37 or made public except as provided in this division.

38 4. Information collected for the database shall be
39 retained in the database for four years. The
40 information shall then be destroyed unless a law
41 enforcement agency or a governmental entity
42 responsible for the licensure, regulation, or
43 discipline of licensed health care professionals
44 authorized to prescribe or dispense drugs has
45 submitted a written request to the board or its
46 designee for retention of specific information in
47 accordance with rules adopted by the board under
48 section 124.510E.

49 5. A pharmacist or other dispenser making a report
50 to the database in good faith pursuant to this

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1 division is immune from any liability, civil,
2 criminal, or administrative, which might otherwise be
3 incurred or imposed as a result of the report.

4 6. Nothing in this section shall require a
5 pharmacist or prescriber to obtain information about a
6 patient from the database. A pharmacist or prescriber
7 does not have a duty and shall not be held liable in
8 damages to any person in any civil or derivative
9 criminal or administrative action for injury, death,
10 or loss to person or property on the basis that the
11 pharmacist or prescriber did or did not seek or obtain
12 information from the database. A pharmacist or
13 prescriber acting in good faith is immune from any
14 civil, criminal, or administrative liability that
15 might otherwise be incurred or imposed for requesting
16 or receiving information from the database.

17 7. The board shall not charge a fee to a pharmacy,
18 pharmacist, or prescriber for the establishment,
19 maintenance, or administration of the database. The
20 board shall not charge a fee for the transmission of
21 data to the database nor for the receipt of
22 information from the database, except that the board
23 may charge a reasonable fee to an individual who
24 requests the individual's own database information or
25 to a person requesting statistical, aggregate, or
26 nonpersonally identified information from the
27 database. A fee charged pursuant to this subsection
28 shall not exceed the cost of providing the requested
29 information and shall be considered a repayment
30 receipt as defined in section 8.2.

31 Sec. 5. NEW SECTION. 124.510D DATA REVIEW AND
32 REFERRAL.

33 The board or its designee shall review the
34 information in the electronic drug database. If the
35 board determines, consistent with the board's
36 authority under this chapter or chapter 155A, that
37 there is probable cause to believe that drug diversion
38 or another violation of law may have occurred, the
39 board shall notify the appropriate law enforcement
40 agency or the governmental entity responsible for the
41 licensure, regulation, or discipline of the licensed
42 health care professional, and shall supply information
43 from the database supporting the probable cause
44 determination. The board shall not refer information
45 relating to an individual for further investigation
46 except upon a probable cause determination. A
47 probable cause determination shall be consistent with
48 guidelines developed by the advisory council
49 established under section 124.510F.

50 Sec. 6. NEW SECTION. 124.510E RULES AND

Page 5

1 REPORTING.

2 1. The board shall adopt rules in accordance with
3 chapter 17A to carry out the purposes of, and to
4 enforce the provisions of, this division. The rules
5 shall include but not be limited to the development of
6 procedures relating to:

7 a. Identifying each patient about whom information
8 is entered into the electronic drug database.

9 b. An electronic format for the submission of
10 information from pharmacies.

11 c. A waiver to submit information in another
12 format for a pharmacy unable to submit information
13 electronically.

14 d. Granting by the board of a request from a law
15 enforcement agency or a governmental entity
16 responsible for the licensure, regulation, or
17 discipline of licensed health care professionals
18 authorized to prescribe or dispense drugs for the
19 retention of information scheduled for deletion from
20 the database after four years when the information
21 pertains to an open investigation being conducted by
22 the agency or entity.

23 e. An application for an extension of time by a
24 pharmacy regarding information to be transmitted to
25 the board or its designee.

26 f. The submission by a person or governmental
27 entity to which the board is authorized to provide
28 information of a request for the information and a
29 procedure for the verification of the identity of the
30 requestor.

31 g. Use by the board of the database request
32 records required by section 124.510C, subsection 2, to
33 document and report statistics and law enforcement
34 outcomes and to identify inappropriate access or other
35 prohibited acts.

36 h. Submission of a request by an individual for
37 the individual's own database information and
38 verification of the identity of the requestor.

39 i. The development of a list of controlled
40 substances and other drugs that shall be included in
41 the database.

42 j. Access by a pharmacist or prescriber to
43 information in the database pursuant to a written
44 agreement with the board.

45 k. Terms and conditions of the contract, if the
46 board contracts for database administration with a
47 third-party or private vendor.

48 l. The correction or deletion of erroneous
49 information from the database.

50 2. No later than January 1, 2008, and every two

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1 years thereafter, the board shall present to the
2 general assembly and the governor a report of the
3 following:

4 a. The cost to the state of implementing and
5 maintaining the database.

6 b. Information from pharmacies, prescribers, the
7 board, and others regarding the usefulness of the
8 database.

9 c. Information from pharmacies, prescribers, the
10 board, and others regarding the board's effectiveness
11 in providing information from the database.

12 d. Information documenting the timely transmission
13 of information from the electronic drug database to
14 authorized requestors.

15 Sec. 7. NEW SECTION. 124.510F ADVISORY COUNCIL
16 ESTABLISHED.

17 The board shall establish an advisory council to
18 provide oversight to the electronic drug database
19 program. The board shall adopt rules specifying the
20 duties and activities of the advisory council and
21 related matters.

22 1. The council shall consist of three licensed
23 pharmacists, three licensed physicians, two licensed
24 prescribers who are not physicians, and two members of
25 the general public. The board shall solicit
26 recommendations for health professional council
27 members from Iowa health professional licensing
28 boards, associations, and societies. The license of
29 each health professional appointed to and serving on
30 the advisory council shall be current and in good
31 standing with the professional's licensing board.

32 2. The council may make recommendations to advance
33 the goals of the database, which include
34 identification of misuse and diversion of identified
35 controlled substances and other drugs and enhancement
36 of the quality of health care delivery in this state.

37 3. Among other things, the council shall:

38 a. Assist the board in developing criteria for
39 granting requests by researchers and other persons for
40 statistical, aggregate, or nonpersonally identified
41 information using database information, developed
42 consistent with the goals of the database.

43 b. Assist the board in ensuring patient
44 confidentiality and the integrity of the patient's
45 treatment relationship with the patient's health care
46 provider.

47 c. Make recommendations regarding the continued
48 benefits of maintaining the electronic drug database
49 in relationship to cost and other burdens to the
50 board. The council's recommendations shall be

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1 included in reports required by section 124.510E,
2 subsection 2.

3 4. Members of the advisory council shall be
4 eligible to request and receive actual expenses for
5 their duties as members of the advisory council,
6 subject to reimbursement limits imposed by the
7 department of administrative services, and shall also
8 be eligible to receive a per diem compensation as
9 provided in section 7E.6, subsection 1.

10 Sec. 8. NEW SECTION. 124.510G PROHIBITED ACTS
11 AND PENALTIES.

12 The failure of a licensed pharmacist or licensed
13 prescriber to comply with the requirements of this
14 division, or the performance or causing the
15 performance of, or the aiding and abetting of another
16 person in the performance of, any of the prohibited
17 acts identified in this section shall constitute
18 grounds for disciplinary action against the pharmacist
19 or prescriber by the appropriate professional
20 licensing board. Each licensing board that licenses
21 prescribers and drug dispensers subject to the
22 provisions of this division may adopt rules in
23 accordance with chapter 17A to implement the
24 provisions of this section and may impose penalty as
25 allowed under section 272C.3. In addition, a civil
26 penalty not to exceed twenty-five thousand dollars for
27 each violation may be imposed.

28 1. A pharmacist who willfully and knowingly fails
29 to submit prescription information to the board or its
30 designee as required by this division, or who
31 knowingly and intentionally submits prescription
32 information known to the pharmacist to be false or
33 fraudulent, may be subject to disciplinary action by
34 the board.

35 2. A person authorized to access or receive
36 prescription information pursuant to this division who
37 willfully and knowingly discloses or attempts to
38 disclose such information with the intent to cause
39 harm to another person in violation of this division
40 is guilty of a class "D" felony.

41 3. A person who willfully and knowingly uses,
42 releases, publishes, or otherwise makes available to
43 another person any personally identifiable information
44 obtained from or contained in the database is guilty
45 of a serious misdemeanor.

46 4. A person without lawful authority who obtains
47 or attempts to obtain information, obtains or attempts
48 to obtain unauthorized access to, or who willfully and
49 knowingly alters or destroys valid information
50 contained in the database is guilty of a class "D"

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1 felony.
 2 5. A person authorized to access or receive
 3 prescription information pursuant to this division who
 4 knowingly and intentionally discloses confidential
 5 information to a person who is not authorized to
 6 receive the information pursuant to this division is
 7 guilty of a serious misdemeanor.
 8 6. This section shall not preclude a pharmacist or
 9 prescriber who requests and receives information from
 10 the database consistent with the requirements of this
 11 chapter from otherwise lawfully providing that
 12 information to any other person for medical or
 13 pharmaceutical care purposes."
 14 2. Page 12, by inserting after line 12 the
 15 following:
 16 "Sec. __. EFFECTIVE DATE. The sections of this
 17 Act relating to and establishing an electronic drug
 18 database, being deemed of immediate importance, take
 19 effect upon enactment."
 20 3. Title page, by striking line 2, and inserting
 21 the following: "providing for the creation of an
 22 electronic drug database, establishing and
 23 appropriating fees, providing penalties, and providing
 24 an effective date."
 25 4. By renumbering as necessary.

Amendment [H-1432](#) was adopted.

Anderson of Page moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 833](#))

The ayes were, 99:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cohoon	Dandekar
Davitt	De Boef	Dix	Dolecheck
Drake	Eichhorn	Elgin	Fallon
Foege	Ford	Freeman	Frevert
Gaskill	Gipp	Granzow	Greiner
Heaton	Heddens	Hogg	Horbach
Hunter	Huseman	Huser	Hutter
Jacobs	Jacoby	Jenkins	Jochum
Jones	Kaufmann	Kressig	Kuhn

Kurtenbach	Lalk	Lensing	Lukan
Lykam	Maddox	Mascher	May
McCarthy	Mertz	Miller	Murphy
Oldson	Olson, D.	Olson, R.	Olson, S.
Paulsen	Petersen	Pettengill	Quirk
Raecker	Rasmussen	Rayhons	Reasoner
Reichert	Roberts	Sands	Schickel
Schueller	Shomshor	Shoultz	Smith
Soderberg	Struyk	Swaim	Taylor, D.
Taylor, T.	Thomas	Tjepkes	Tomenga
Tymeson	Upmeyer	Van Engelenhoven	Van Fossen, J.K.
Van Fossen, J.R.	Watts	Wendt	Wessel-Kroeschell
Whitaker	Whitead	Wilderdyke	Winckler
Wise	Zirkelbach	Mr. Speaker	
		Rants	

The nays were, none.

Absent or not voting, 1:

Hoffman

The bill having received a constitutional majority was declared to have passed the House and the title, as amended, was agreed to.

INTRODUCTION OF BILLS

House File 872, by Gipp and Murphy, a bill for an act relating to local government innovation and providing an effective date.

Read first time and referred to committee on **local government**.

House File 873, by Gipp and Murphy, a bill for an act relating to recommendations of the education subcommittee of the governor's committee on local governance by providing for the development of a school sharing and efficiencies in operations process, the referral of certain issues to legislative standing committees for further review and consideration, and a study by the department of education concerning certain barriers to effective structure and delivery models that promote optimum student achievement.

Read first time and referred to committee on **education**.

Ways and Means Calendar

House File 859, a bill for an act relating to the establishment of a form of business association referred to as a cooperative, and providing for fees and tax credits, providing penalties, and providing an effective date, was taken up for consideration.

Drake of Pottawattamie moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 859](#))

The ayes were, 99:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cphoon	Dandekar
Davitt	De Boef	Dix	Dolecheck
Drake	Eichhorn	Elgin	Fallon
Foege	Ford	Freeman	Frevert
Gaskill	Gipp	Granzow	Greiner
Heaton	Heddens	Hogg	Horbach
Hunter	Huseman	Huser	Hutter
Jacobs	Jacoby	Jenkins	Jochum
Jones	Kaufmann	Kressig	Kuhn
Kurtenbach	Lalk	Lensing	Lukan
Lykam	Maddox	Mascher	May
McCarthy	Mertz	Miller	Murphy
Oldson	Olson, D.	Olson, R.	Olson, S.
Paulsen	Petersen	Pettengill	Quirk
Raecker	Rasmussen	Rayhons	Reasoner
Reichert	Roberts	Sands	Schickel
Schueller	Shomshor	Shoultz	Smith
Soderberg	Struyk	Swaim	Taylor, D.
Taylor, T.	Thomas	Tjepkes	Tomenga
Tymeson	Upmeyer	Van Engelenhoven	Van Fossen, J.K.
Van Fossen, J.R.	Watts	Wendt	Wessel-Kroeschell
Whitaker	Whitead	Wilderdyke	Winckler
Wise	Zirkelbach	Mr. Speaker	
		Rants	

The nays were, none.

Absent or not voting, 1:

Hoffman

The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

House File 857, a bill for an act relating to the transferability of eligible housing business tax credits for new housing investment under the enterprise zone program, was taken up for consideration.

Shoultz of Black Hawk offered the following amendment **H-1453** filed by him from the floor and moved its adoption:

H-1453

- 1 Amend **House File 857** as follows:
- 2 1. Page 1, by inserting before line 1 the
- 3 following:
- 4 "Section 1. Section 15E.193B, subsection 2, Code
- 5 2005, is amended to read as follows:
- 6 2. An eligible housing business under this section
- 7 includes a housing developer, housing contractor, or
- 8 nonprofit organization that builds or rehabilitates a
- 9 minimum of four single-family homes with permanent
- 10 perimeter foundations located in that part of a city
- 11 or county in which there is a designated enterprise
- 12 zone or one multiple dwelling unit building with a
- 13 permanent perimeter foundation containing three or
- 14 more individual dwelling units located in that part of
- 15 a city or county in which there is a designated
- 16 enterprise zone."
- 17 2. Title page, line 1, by striking the words "the
- 18 transferability of".
- 19 3. Title page, by striking line 2 and inserting
- 20 the following: "businesses under the".
- 21 4. By renumbering as necessary.

Amendment **H-1453** was adopted.

Soderberg of Plymouth moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" (**H.F. 857**)

The ayes were, 99:

Alons	Anderson	Arnold	Baudler
Bell	Berry	Boal	Bukta
Carroll	Chambers	Cohoon	Dandekar

Davitt	De Boef	Dix	Dolecheck
Drake	Eichhorn	Elgin	Fallon
Foege	Ford	Freeman	Frevert
Gaskill	Gipp	Granzow	Greiner
Heaton	Heddens	Hogg	Horbach
Hunter	Huseman	Huser	Hutter
Jacobs	Jacoby	Jenkins	Jochum
Jones	Kaufmann	Kressig	Kuhn
Kurtenbach	Lalk	Lensing	Lukan
Lykam	Maddox	Mascher	May
McCarthy	Mertz	Miller	Murphy
Oldson	Olson, D.	Olson, R.	Olson, S.
Paulsen	Petersen	Pettengill	Quirk
Raecker	Rasmussen	Rayhons	Reasoner
Reichert	Roberts	Sands	Schickel
Schueller	Shomshor	Shoultz	Smith
Soderberg	Struyk	Swaim	Taylor, D.
Taylor, T.	Thomas	Tjepkes	Tomenga
Tymeson	Upmeyer	Van Engelenhoven	Van Fossen, J.K.
Van Fossen, J.R.	Watts	Wendt	Wessel-Kroeschell
Whitaker	Whitead	Wilderdyke	Winckler
Wise	Zirkelbach	Mr. Speaker	
		Rants	

The nays were, none.

Absent or not voting, 1:

Hoffman

The bill having received a constitutional majority was declared to have passed the House and the title, as amended, was agreed to.

[HOUSE FILE 670](#) WITHDRAWN

Soderberg of Plymouth asked and received unanimous consent to withdraw [House File 670](#) from further consideration by the House.

[HOUSE FILE 806](#) WITHDRAWN

Drake of Pottawattamie asked and received unanimous consent to withdraw [House File 806](#) from further consideration by the House.

IMMEDIATE MESSAGES

Gipp of Winneshiek asked and received unanimous consent that the following bills be immediately messaged to the Senate: **House Files 833, 857 and 859.**

CERTIFICATES OF RECOGNITION

MR. SPEAKER: The Chief Clerk of the House respectfully reports that certificates of recognition have been issued as follows.

MARGARET A. THOMSON
Chief Clerk of the House

- 2005\1272 Esther Finely, West Liberty – For celebrating her 90th birthday.
- 2005\1273 Richard and Nancy Weber, Sigourney – For celebrating their 50th wedding anniversary.
- 2005\1274 Kenneth and Elenor Miller, Fontanelle – For celebrating their 64th wedding anniversary.
- 2005\1275 Glenn and Sharon Gibson, Montezuma – For celebrating their 50th wedding anniversary.
- 2005\1276 Willie and Mavis Watts, Oskaloosa – For celebrating their 50th wedding anniversary.
- 2005\1277 Ron Arnaman, Grinnell – For celebrating his 80th birthday.

HOUSE STUDY BILL SUBCOMMITTEE ASSIGNMENT**[House Study Bill 302](#)**

Government Oversight: Eichhorn, Chair; Alons and Thomas.

HOUSE STUDY BILL COMMITTEE ASSIGNMENTS**[H.S.B. 303](#) Appropriations**

Relating to and making appropriations to state departments and agencies from the rebuild Iowa infrastructure fund, environment first fund, tobacco settlement trust fund, vertical infrastructure fund, general fund of the state, and related matters, and including an effective date provision.

[H.S.B. 304](#) Ways and Means

Relating to the technical and policy administration of the tax and related laws by the department of revenue, including administration of individual income, corporate income, local and state sales, use, property, motor fuel, and special fuel taxes, and of the environmental

protection surcharge, imposing penalties, and including effective and retroactive applicability date provisions.

RESOLUTIONS FILED

[HR 48](#), by committee on ethics, a resolution amending the House code of ethics.

Placed on **calendar**.

[HR 49](#), by Ford, a resolution requesting the establishment of a legislative interim study committee to review the adequacy of school bus and school bus operator safety requirements established in Code and administrative rules.

Laid over under **Rule 25**.

[SCR 9](#), by Miller and Kreiman, a concurrent resolution relating to the creation of a criminal code revisions legislative study committee.

Laid over under **Rule 25**.

[SCR 11](#), by Tinsman, a concurrent resolution requesting the establishment of a planning group to develop a plan for unifying the state administration of services utilized by older Iowans age 60 or older.

Laid over under **Rule 25**.

[SCR 13](#), by Ragan, Boettger, Gronstal, Ward, Tinsman, Lundby, Angelo, Zieman, Danielson, Courtney, Dearden, Kreiman, Stewart, Hancock and Lamberti, a concurrent resolution relating to cervical cancer awareness, and recognizing efforts by the Iowa Department of Public Health and the Iowa Consortium for Comprehensive Cancer Control in promoting that awareness.

Laid over under **Rule 25**.

AMENDMENTS FILED

<u>H-1431</u>	<u>H.F. 829</u>	Jenkins of Black Hawk Kurtenbach of Story Alons of Sioux
<u>H-1436</u>	<u>H.F. 253</u>	Senate Amendment
<u>H-1437</u>	<u>H.F. 374</u>	Senate Amendment
<u>H-1438</u>	<u>H.F. 682</u>	Senate Amendment
<u>H-1442</u>	<u>H.F. 868</u>	Miller of Webster Reichert of Muscatine
<u>H-1447</u>	<u>H.F. 828</u>	Freeman of Buena Vista Baudler of Adair
<u>H-1450</u>	S.C.R. 9	Paulsen of Linn
<u>H-1451</u>	<u>H.F. 868</u>	Hunter of Polk Bukta of Clinton Foege of Linn Gaskill of Wapello Jacoby of Johnson Kressig of Black Hawk Lensing of Johnson McCarthy of Polk Pettengill of Benton Shoultz of Black Hawk T. Taylor of Linn Wessel-Kroeschell of Story Whitead of Woodbury
Berry of Black Hawk		
Fallon of Polk		
Frevert of Palo Alto		
Heddens of Story		
Jochum of Dubuque		
Kuhn of Floyd		
Mascher of Johnson		
R. Olson of Polk		
Reasoner of Union		
D. Taylor Linn		
Wendt of Woodbury		
Whitaker of Van Buren		
Winckler of Scott		

On motion by Gipp of Winneshiek the House adjourned at 7:20 p.m., until 8:45 a.m., Thursday, April 21, 2005.