Senate File 389 - Enrolled

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1 1 SENATE FILE 389
1 2
1 3 AN ACT
1 4 RELATING TO HEALTH CARE, HEALTH CARE PROVIDERS, AND HEALTH
1 5 CARE COVERAGE, PROVIDING RETROACTIVE AND OTHER EFFECTIVE
1 6 DATES AND PROVIDING REPEALS.
1 7
1 8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
1 9
1 10 DIVISION I
1 11 LEGISLATIVE HEALTH CARE COVERAGE COMMISSION
1 12 Section 1. LEGISLATIVE HEALTH CARE COVERAGE COMMISSION.
1 13 1. A legislative health care coverage commission is
1 14 created under the authority of the legislative council.
1 15 a. The commission shall include the following persons who
1 16 are ex officio, nonvoting members of the commission:
1 17 (1) The commissioner of insurance, or a designee.
1 18 (2) The director of human services, or a designee.
1 19 (3) The director of public health, or a designee.
1 20 (4) Four members of the general assembly, one appointed by
1 21 the speaker of the house of representatives, one appointed by
1 22 the minority leader of the house of representatives, one
1 23 appointed by the majority leader of the senate, and one
1 24 appointed by the minority leader of the senate.
1 25 b. The commission shall include the following persons who
1 26 are voting members of the commission and who are appointed by
1 27 the legislative council:
1 28 (1) A person who represents large employers.
1 29 (2) A person who represents Iowa insurers.
1 30 (3) A person who represents health underwriters.
1 31 (4) A health care provider.
1 32 (5) A person who represents labor.
1 33 (6) A consumer who represents the pre=Medicare population.
1 34 (7) A consumer who represents middle=income adults and
1 35 families.
2 1 (8) A consumer who represents low=income adults and
2 2 families.
2 3 (9) A person who represents small businesses.
2 4 (10) A person who represents nonprofit entities.
2 5 (11) A person who represents independent insurance agents.
2 6 2. The legislative council may employ or contract with a
2 7 person or persons to assist the commission in carrying out its
2 8 duties. The person or persons employed or contracted with to
2 9 assist the commission shall gather and coordinate information
2 10 for the use of the commission in its deliberations concerning
2 11 health reform initiatives and activities related to the
2 12 medical home system advisory council, the electronic health
2 13 information advisory council and executive committee, the
2 14 prevention and chronic care management advisory council, the
2 15 direct care worker task force, the health and long=term care
2 16 access technical advisory committee, the clinicians advisory
2 17 panel, the long=term living initiatives of the department of
2 18 elder affairs, medical assistance and hawk=i program

2 19 expansions and initiatives, prevention and wellness
2 20 initiatives including but not limited to those administered
2 21 through the Iowa healthy communities initiative pursuant to
2 22 section 135.27 and through the governor's council on physical
2 23 fitness and nutrition, health care transparency activities,
2 24 and other health care reform=related advisory bodies and
2 25 activities that provide direction and promote collaborative
2 26 efforts among health care providers involved in the
2 27 initiatives and activities. The legislative services agency
2 28 shall provide administrative support to the commission.
2 29 3. The legislative council shall appoint one voting member
2 30 as chairperson and one as vice chairperson. Legislative
2 31 members of the commission are eligible for per diem and
2 32 reimbursement of actual expenses as provided in section 2.10.
2 33 The consumers appointed to the commission are entitled to
2 34 receive a per diem as specified in section 7E.6 for each day
2 35 spent in performance of duties as a member, and shall be
3 1 reimbursed for all actual and necessary expenses incurred in
3 2 the performance of duties as a member of the commission.
3 3 4. The commission shall develop an Iowa health care reform
3 4 strategic plan which includes but is not limited to a review
3 5 and analysis of, and recommendations and prioritization of
3 6 recommendations for, the following:
3 7 a. Options for the coordination of a children's health
3 8 care network in the state that provides health care coverage
3 9 to all children without such coverage; utilizes, modifies, and
3 10 enhances existing public programs; maximizes the ability of
3 11 the state to obtain federal funding and reimbursement for such
3 12 programs; and provides access to private, affordable health
3 13 care coverage for children who are not otherwise eligible for
3 14 health care coverage through public programs.
3 15 b. Options for children, adults, and families to
3 16 transition seamlessly among public and private health care
3 17 coverage options.
3 18 c. Options for subsidized and unsubsidized health care
3 19 coverage programs which offer public and private, adequate and
3 20 affordable health care coverage including but not limited to
3 21 options to purchase coverage with varying levels of benefits
3 22 including basic or catastrophic benefits, an intermediate
3 23 level of benefits, and comprehensive benefits coverage. The
3 24 commission shall also consider options and make
3 25 recommendations for providing an array of benefits that may
3 26 include physical, mental, and dental health care coverage.
3 27 Affordable health care coverage options for purchase by adults
3 28 and families shall be developed with the goal of including
3 29 options for which the contribution requirement for all
3 30 cost=sharing expenses is no more than six and one=half percent
3 31 of family income.
3 32 d. Options to offer a program to provide coverage under a
3 33 state health or medical group insurance plan to nonstate
3 34 public employees, including employees of counties, cities,
3 35 schools, area education agencies, and community colleges, and
4 1 employees of nonprofit employers and small employers and to
4 2 pool such employees with the state plan.
4 3 e. The ramifications of requiring each employer in the
4 4 state with more than ten employees to adopt and maintain a
4 5 cafeteria plan that satisfies section 125 of the Internal
4 6 Revenue Code of 1986.
4 7 f. Options for development of a long=term strategy to
4 8 provide access to affordable health care coverage to the

4 9 uninsured in Iowa, particularly adults, and development of a
4 10 structure to implement that strategy including consideration
4 11 of whether to utilize an existing government agency or a newly
4 12 created entity.
4 13 5. As part of developing the strategic plan, the
4 14 commission shall collaborate with health care coverage experts
4 15 to do including but not limited to the following:
4 16 a. Design solutions to issues relating to guaranteed
4 17 issuance of insurance, preexisting condition exclusions,
4 18 portability, and allowable pooling and rating classifications.
4 19 b. Formulate principles that ensure fair and appropriate
4 20 practices relating to issues involving individual health care
4 21 policies such as recision and preexisting condition clauses,
4 22 and that provide for a binding third=party review process to
4 23 resolve disputes related to such issues.
4 24 c. Design affordable, portable health care coverage
4 25 options for low=income children, adults, and families.
4 26 d. Design a proposed premium schedule for health care
4 27 coverage options which includes the development of rating
4 28 factors that are consistent with market conditions.
4 29 e. Design protocols to limit the transfer from
4 30 employer=sponsored or other private health care coverage to
4 31 state=developed health care coverage plans.
4 32 6. The commission may request from any state agency or
4 33 official information and assistance as needed to perform its
4 34 duties pursuant to this section. A state agency or official
4 35 shall furnish the information or assistance requested within
5 1 the authority and resources of the state agency or official.
5 2 This subsection does not allow the examination or copying of
5 3 any public record required by law to be kept confidential.
5 4 7. The commission shall provide progress reports to the
5 5 legislative council every quarter summarizing the commission's
5 6 activities.
5 7 8. The commission shall provide a progress report to the
5 8 general assembly by January 1, 2010, summarizing the
5 9 commission's activities thus far, that includes but is not
5 10 limited to recommendations and prioritization of
5 11 recommendations for subsidized and unsubsidized health care
5 12 coverage programs which offer public and private and adequate
5 13 and affordable health care coverage for adults. The
5 14 commission shall collaborate with health care coverage experts
5 15 to ensure that health care coverage for adults that is
5 16 consistent with the commission's recommendations and
5 17 priorities is available for purchase by the public by July 1,
5 18 2010.
5 19 9. The commission shall provide a report to the general
5 20 assembly by January 1, 2011, summarizing the commission's
5 21 activities since the previous annual report provided on
5 22 January 1, 2010, including but not limited to information
5 23 about health care coverage for adults, including enrollment
5 24 information, that was available for purchase by the public by
5 25 July 1, 2010, consistent with the commission's recommendations
5 26 and priorities, and including further recommendations and
5 27 prioritization of those recommendations.
5 28 10. The commission shall conclude its deliberations by
5 29 July 1, 2011, and shall submit a final report to the general
5 30 assembly by October 1, 2011, summarizing the commission's
5 31 activities particularly pertaining to the availability of
5 32 health care coverage programs for adults, analyzing issues
5 33 studied, and setting forth options, recommendations, and

5 34 priorities for an Iowa health care reform strategic plan that
5 35 will ensure that all Iowans have access to health care
6 1 coverage which meets minimum standards of quality and
6 2 affordability. The commission may include any other
6 3 information the commission deems relevant and necessary.
6 4 11. This section is repealed on December 31, 2011.

House File 820, section 65, subsection 3:

3. There is appropriated from the human services
37 1 reinvestment fund for the fiscal year beginning July 1, 2009,
37 2 and ending June 30, 2010, the following amount to be used for
37 3 the following designated purpose:
37 4 For the legislative services agency to be used for costs
37 5 associated with the legislative health care coverage
37 6 commission created in 2009 Iowa Acts, Senate File 389, if
37 7 enacted, or a similar legislative commission:
37 8 ..... $ 315,000
37 9 Notwithstanding section 8.33, moneys appropriated in this
37 10 subsection that remain unencumbered or unobligated at the
37 11 close of the fiscal year shall not revert but shall remain
37 12 available for expenditure for the purposes designated until
37 13 the close of the fiscal year that begins July 1, 2010.

Senate File 478, section 160:

61 16 Sec. 160. COMPULSORY SCHOOL ATTENDANCE AGE == WORKING
61 17 GROUP.
61 18 1. Of the amount appropriated from the human services
61 19 reinvestment fund created in 2009 Iowa Acts, House File 820,
61 20 if enacted, to the legislative services agency for the fiscal
61 21 year beginning July 1, 2009, and ending June 30, 2010,
61 22 $115,000 is transferred to the department of education to be
61 23 used for costs associated with the working group convened
61 24 pursuant to subsection 2.