

*Reprinted*

FILED APR 27 1992

SENATE FILE 2375

BY COMMITTEE ON WAYS AND MEANS

*Approval (p. 1672)*

(SUCCESSOR TO SSB 2305)

Passed Senate, Date 4/28/92 (p. 1691)

Passed House, Date 4/29/92 (p. 1917)

Vote: Ayes 48 Nays 0

Vote: Ayes 61 Nays 37

Approved May 14, 1992

A BILL FOR

1 An Act relating to the powers and duties of the health data  
2 commission, and providing for the collection of fees.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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SF 2375

1 Section 1. Section 135.63, subsection 1, Code Supplement  
2 1991, is amended to read as follows:

3 1. A new institutional health service or changed  
4 institutional health service shall not be offered or developed  
5 in this state without prior application to the department for  
6 and receipt of a certificate of need, pursuant to this  
7 division. The application shall be made upon forms furnished  
8 or prescribed by the department and shall contain such  
9 information as the department may require under this division.  
10 The application shall be accompanied by a fee equivalent to  
11 ~~two-tenths~~ three-tenths of one percent of the anticipated cost  
12 of the project, ~~as determined under rules promulgated by the~~  
13 ~~department. The fee shall be remitted by the department to~~  
14 ~~the treasurer of state, who shall place it in the general fund~~  
15 ~~of the state.~~ If an application is voluntarily withdrawn  
16 within thirty calendar days after submission, seventy-five  
17 percent of the application fee shall be refunded; if the  
18 application is voluntarily withdrawn more than thirty but  
19 within sixty days after submission, fifty percent of the  
20 application fee shall be refunded; if the application is  
21 withdrawn voluntarily more than sixty days after submission,  
22 twenty-five percent of the application fee shall be refunded.  
23 Notwithstanding the required payment of an application fee  
24 under this subsection, an applicant for a new institutional  
25 health service or a changed institutional health service  
26 offered or developed by an intermediate care facility for the  
27 mentally retarded or an intermediate care facility for the  
28 mentally ill as defined pursuant to section 135C.1 is exempt  
29 from payment of the application fee.

30 Sec. 2. Section 145.3, subsection 1, Code Supplement 1991,  
31 is amended to read as follows:

32 1. The health data commission shall enter into an  
33 agreement with the health policy corporation of Iowa or any  
34 other corporation, association, or entity it deems appropriate  
35 to provide staff for the commission, to provide staff for the

1 compilation, correlation, and development of the data  
2 collected by the commission, to conduct or contract for  
3 studies on health-related questions which will further the  
4 purpose and intent expressed in section 145.1 and to provide  
5 data to the health facilities council as requested by the Iowa  
6 department of public health. The agreement may provide for  
7 the corporation, association, or entity to prepare and  
8 distribute or make available data to health care providers,  
9 health care subscribers, third-party payers, and the general  
10 public.

11 Sec. 3. Section 145.3, subsection 3, paragraph b, Code  
12 Supplement 1991, is amended to read as follows:

13 b. The commissioner of insurance require that all third-  
14 party payers, including but not limited to licensed insurers,  
15 medical and hospital service corporations, health maintenance  
16 organizations, and self-funded employee health plans, provide  
17 hospital inpatient and outpatient claims data and  
18 corresponding physician claims data to the commission pursuant  
19 to section 505.8. This data shall include the patient's age,  
20 sex, zip code, third-party coverage, date of admission,  
21 procedure and discharge date, principal and other diagnoses,  
22 principal and other procedures, total charges and components  
23 of those charges, attending physician identification number  
24 and hospital identification number. ~~Prior to July 1, 1984,~~  
25 ~~the commissioner of insurance may limit the data collection to~~  
26 ~~major third-party payers and a sample of those third-party~~  
27 ~~payers with low market penetration; to more frequent diagnoses~~  
28 ~~and procedures; and to hospital inpatient claims.~~ However, in  
29 accordance with rules adopted by the commission, an exemption  
30 from the data submission requirements of this paragraph may be  
31 provided to a third-party payer with a low volume of claims or  
32 premiums which would cause compliance with the requirements to  
33 be unduly burdensome.

34 Sec. 4. Section 145.3, subsection 4, paragraph f, Code  
35 Supplement 1991, is amended to read as follows:

1 f. The director of human services, the director of public  
2 health, and the director of the department of elder affairs  
3 collect and analyze long-term care data including but not  
4 limited to occupancy rates reported on a quarterly basis by  
5 health care facilities as defined in section 135C.1.

6 Sec. 5. Section 145.3, subsection 5, Code Supplement 1991,  
7 is amended to read as follows:

8 5. The health data commission shall not contract with a  
9 corporation, association, or other entity that engages in  
10 whole or in part in the provision of health care services or a  
11 corporation, association, or entity that has a material or  
12 financial interest in the provision of health care services.  
13 The health data commission may, however, contract to purchase  
14 from the Iowa hospital association a tape containing data from  
15 all in-patient admissions to Iowa hospitals. The health data  
16 commission shall develop the specifications for data contained  
17 on a tape to ensure the utility of the tape for the production  
18 of health data commission reports.

19 Sec. 6. Section 509.19, subsection 1, Code 1991, is  
20 amended by adding the following new unnumbered paragraph:

21 NEW UNNUMBERED PARAGRAPH. The commissioner of insurance  
22 shall develop guidelines to protect the identity and  
23 confidentiality of an individual insured, subscriber, or  
24 enrollee. Subject to the approval of the commissioner of  
25 insurance, the person issuing a policy or contract may submit  
26 additional reports and information utilizing eligibility files  
27 and claims data to the policyholder, contract holder, or group  
28 sponsor.

29 Sec. 7. Section 514B.30, unnumbered paragraph 2, Code  
30 1991, is amended to read as follows:

31 A health maintenance organization is hereby prohibited from  
32 releasing the names of its membership list of enrollees,  
33 whether or not for value or consideration, except to the  
34 extent necessary to effectuate the provisions of this chapter  
35 or to conduct research or analyses regarding cost or quality

1 issues.

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EXPLANATION

3 Section 1 of the bill provides for an increase in the fee  
4 paid by health facilities for certificate of need review. The  
5 fee would increase to .3 percent of the cost of the project.

6 Section 2 of the bill requires the health data commission  
7 to provide data to the state health facilities council, as  
8 requested by the Iowa department of public health.

9 Section 3 of the bill provides for an exemption from data  
10 submission requirements of third-party payors with low volumes  
11 of claims or premiums, if compliance would be unduly  
12 burdensome.

13 Section 4 of the bill requires health care facilities to  
14 provide occupancy rates to the commission on a quarterly  
15 basis.

16 Section 5 of the bill allows the health data commission to  
17 contract to purchase from the Iowa hospital association a tape  
18 containing data from in-patient admissions to Iowa hospitals.

19 Section 6 of the bill requires the commissioner of  
20 insurance to develop guidelines to protect the identity and  
21 confidentiality of an individual insured, subscriber, or  
22 enrollee in relation to the disclosure of certain information  
23 by persons issuing a policy or contract to provide group  
24 health benefit coverages. The section also allows for the  
25 disclosure of additional information, subject to the approval  
26 of the commissioner of insurance.

27 Section 7 allows a health maintenance organization to  
28 release certain information for the purpose of conducting  
29 research or analyses regarding cost or quality issues.

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SENATE FILE 2375

S-5894

- 1 Amend Senate File 2375 as follows:
- 2 1. Page 3, by striking lines 19 through 28.
- 3 2. By renumbering as necessary.

By LARRY MURPHY

S-5894 FILED APRIL 28, 1992

ADOPTED (p. 104)

SENATE FILE 2375

S-5895

- 1 Amend Senate File 2375 as follows:
- 2 1. Page 1, by striking lines 13 through 15 and
- 3 inserting the following: "~~department.~~ The fee shall
- 4 be remitted by the department to the treasurer of
- 5 state, who shall place it in the general fund of the
- 6 state. If an application is voluntarily withdrawn".

By LARRY MURPHY

FLORENCE BUER

S-5895 FILED APRIL 28, 1992

ADOPTED (p. 104)

SENATE FILE 2375  
FISCAL NOTE

A fiscal note for Senate File 2375 is hereby submitted pursuant to Joint Rule 17. Data used in developing this fiscal note is available from the Legislative Fiscal Bureau to members of the Legislature upon request.

Senate File 2375 provides for an increase in the fee paid by health facilities for certificate of need review from 0.2% to 0.3% and makes changes to the duties of the Health Data Commission.

ASSUMPTIONS:

1. The calculations are based upon the assumptions that the number of projects in future years will be similar to the current year.
2. The estimated project costs are \$163,800,000 for FY 1993.
3. Fiscal Year 1994 assumes a 5.0% increase in project costs, salary, and support costs.

FISCAL EFFECT:

	<u>Fiscal Year 1993</u>			<u>Fiscal Year 1994</u>		
	<u>Current Law</u>	<u>Proposed Law</u>	<u>Increase (Decrease)</u>	<u>Current Law</u>	<u>Proposed Law</u>	<u>Increase (Decrease)</u>
<u>REVENUE</u>						
Fees	\$ 327,600	\$ 491,400	\$ 163,800	\$ 343,980	\$ 515,970	\$ 171,990
<u>EXPENDITURES</u>						
Salaries (FTE's)	\$ 152,983 (3.0)	\$ 152,983 (3.0)	\$ 0 (0.0)	\$ 160,632 (3.0)	\$ 160,632 (3.0)	\$ 0 (0.0)
<u>NET EFFECT</u>	<u>\$ 174,617</u>	<u>\$ 338,417</u>	<u>\$ 163,800</u>	<u>\$ 183,348</u>	<u>\$ 355,338</u>	<u>\$ 171,990</u>

Source: Department of Public Health

(LSB 6339sv, RRS)

FILED APRIL 29, 1992

BY DENNIS PROUTY, FISCAL DIRECTOR

Has Ways-Means. L. Passed 4/29

SENATE FILE **2375**  
BY COMMITTEE ON WAYS AND MEANS

(SUCCESSOR TO SSB 2305)

(AS AMENDED AND PASSED BY THE SENATE APRIL 28, 1992)

\_\_\_\_\_ - New Language by the Senate  
\* - Language Stricken by the Senate

Passed Senate, Date 4/28/92 (p. 1691) Passed House, Date 4/29/92 (p. 1917)  
Vote: Ayes 48 Nays 0 Vote: Ayes 61 Nays 37  
Approved May 14, 1992

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S.F. 2375



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25 ~~the-commissioner-of-insurance-may-limit-the-data-collection-to~~  
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MURPHY, CH.  
SZYMONIAK  
TAYLOR

SSB 2305  
WAYS & MEANS Now

SENATE FILE 2375  
BY (PROPOSED COMMITTEE ON WAYS  
AND MEANS BILL BY CHAIRPERSON  
DIELEMAN)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

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1 issues.

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EXPLANATION

3 Section 1 of the bill provides for an increase in the fee  
4 paid by health facilities for certificate of need review. The  
5 fee would increase to .3 percent of the cost of the project.

6 Section 2 of the bill requires the health data commission  
7 to provide data to the state health facilities council, as  
8 requested by the Iowa department of public health.

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SENATE FILE 2375

AN ACT

RELATING TO THE POWERS AND DUTIES OF THE HEALTH DATA COMMISSION, AND PROVIDING FOR THE COLLECTION OF FEES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 135.63, subsection 1, Code Supplement 1991, is amended to read as follows:

1. A new institutional health service or changed institutional health service shall not be offered or developed in this state without prior application to the department for and receipt of a certificate of need, pursuant to this division. The application shall be made upon forms furnished or prescribed by the department and shall contain such information as the department may require under this division. The application shall be accompanied by a fee equivalent to ~~two-tenths three-tenths~~ of one percent of the anticipated cost of the project ~~as determined under rules promulgated by the department~~. The fee shall be remitted by the department to the treasurer of state, who shall place it in the general fund of the state. If an application is voluntarily withdrawn within thirty calendar days after submission, seventy-five percent of the application fee shall be refunded; if the application is voluntarily withdrawn more than thirty but within sixty days after submission, fifty percent of the application fee shall be refunded; if the application is withdrawn voluntarily more than sixty days after submission, twenty-five percent of the application fee shall be refunded.

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Sec. 3. Section 145.3, subsection 3, paragraph b, Code Supplement 1991, is amended to read as follows:

b. The commissioner of insurance require that all third-party payers, including but not limited to licensed insurers, medical and hospital service corporations, health maintenance organizations, and self-funded employee health plans, provide hospital inpatient and outpatient claims data and corresponding physician claims data to the commission pursuant to section 505.8. This data shall include the patient's age, sex, zip code, third-party coverage, date of admission, procedure and discharge date, principal and other diagnoses, principal and other procedures, total charges and components

of those charges, attending physician identification number and hospital identification number. ~~Prior to July 31, 1984, the commissioner of insurance may limit the data collection to major third-party payers and a sample of those third-party payers with low market penetration; to more frequent diagnoses and procedures; and to hospital inpatient claims. However, in accordance with rules adopted by the commission, an exemption from the data submission requirements of this paragraph may be provided to a third-party payer with a low volume of claims or premiums which would cause compliance with the requirements to be unduly burdensome.~~

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A health maintenance organization is hereby prohibited from releasing the names of its membership list of enrollees.

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-----  
MICHAEL E. GRONSTAL  
President of the Senate

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ROBERT C. ARNOULD  
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 2375, Seventy-fourth General Assembly.

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JOHN F. DWYER  
Secretary of the Senate

Approved May 14, 1992

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TERRY E. BRANSTAD  
Governor