

(P.1156) 3/31/94 House - *Amended Do Pass*
S. (P.1143) 4-11-94 Do Pass *W/ H. 5909*

MAR 30 1994
HUMAN RESOURCES

HOUSE FILE 2422
BY COMMITTEE ON APPROPRIATIONS

(SUCCESSOR TO HSB 738)

Passed House, ^(R.1309) Date 4-8-94 Passed Senate, ^(P.1162) Date 4/12/94
Vote: Ayes 99 Nays 0 Vote: Ayes 50 Nays 0
Approved May 10, 1994

A BILL FOR

1 An Act relating to health care providers and to the establishment
2 of a primary care provider recruitment and retention endeavor
3 and providing an appropriation.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 2422

1 Section 1. LEGISLATIVE FINDINGS. The general assembly
2 finds that a significant number of rural Iowans face
3 increasing difficulty accessing necessary primary care health
4 services. The inequities of the current medical services
5 reimbursement system, the closure of rural hospitals and
6 clinics, the inability of small communities to attract new
7 primary care providers, and the professional isolation that
8 current primary care providers face in their practices
9 contribute to the access problems experienced by Iowa's rural
10 residents. Health care reform will significantly change the
11 environment in which primary care is provided in Iowa. Rural
12 communities must be supported in their strategies to ensure
13 access to the benefits of affordable, accessible, and quality
14 health care. New and innovative programs to assist these
15 rural communities with this task must be promoted.

16 It is therefore the intent of the general assembly to
17 create a comprehensive primary health care initiative to
18 respond to these health needs. The purposes of the primary
19 care provider recruitment and retention endeavor shall be the
20 following:

- 21 1. To establish a student loan repayment program for
22 health professionals who choose to establish practices in
23 provider-shortage areas.
- 24 2. To establish a community scholarship program to provide
25 students with assistance with their professional education in
26 exchange for a commitment to return to the community and
27 provide primary health care.
- 28 3. To initiate a collaborative effort to establish area
29 health education centers.
- 30 4. To enable the center for rural health and primary care
31 to help local communities identify current and evolving health
32 care needs as well as innovative and collaborative options
33 using local, state, and federal resources to help resolve
34 those needs.
- 35 5. To provide for an appropriation by the general assembly

1 that, when matched with federal, local, and other private
 2 funds, make possible the implementation of a comprehensive
 3 primary health care initiative as set out in this Act.

4 Sec. 2. Section 135.13, Code 1993, is amended to read as
 5 follows:

6 135.13 OFFICE-OF CENTER FOR RURAL HEALTH AND PRIMARY CARE
 7 ESTABLISHED -- DUTIES.

8 1. The office-of center for rural health and primary care
 9 is established within the department. There is established an
 10 advisory committee to the office-of center for rural health
 11 and primary care consisting of one representative, approved by
 12 the respective agency, of each of the following agencies: the
 13 department of human services, the department of agriculture
 14 and land stewardship, the Iowa department of public health,
 15 ~~the department of inspections and appeals,~~ the national
 16 institute for rural health policy, ~~the rural health resource~~
 17 ~~center,~~ the institute of agricultural medicine and
 18 occupational health, and the Iowa state association of
 19 ~~counties, and the health policy corporation of Iowa.~~ The
 20 governor shall appoint two representatives of consumer groups
 21 active in rural health issues and a representative of each of
 22 two farm organizations active within the state, a
 23 representative of an agricultural business in the state, a
 24 practicing rural family physician, and a rural health
 25 practitioner who is not a physician as members of the advisory
 26 committee. ~~Two state senators appointed by the president of~~
 27 ~~the senate, after consultation with the majority leader and~~
 28 ~~the minority leader of the senate, and two state~~
 29 ~~representatives appointed by the speaker of the house of~~
 30 ~~representatives shall also be members of the advisory~~
 31 ~~committee. Of the members appointed by the president of the~~
 32 ~~senate, after consultation with the majority leader and the~~
 33 ~~minority leader of the senate, and the speaker of the house of~~
 34 ~~representatives, not more than one from each house shall be a~~
 35 ~~member of the same political party.~~ The advisory committee

1 shall also include as members two state representatives, one
2 appointed by the speaker of the house of representatives and
3 one by the minority leader of the house, and two state
4 senators, one appointed by the majority leader of the senate
5 and one by the minority leader of the senate.

6 The advisory committee shall regularly meet with the
7 administrative head of the office center as well as the
8 director of the center for agricultural health and safety
9 established under section 262.78. The head of the office and
10 the director of the center shall consult with the advisory
11 committee and provide the committee with relevant information
12 regarding their agencies.

13 2. The office-of center for rural health and primary care
14 shall do all of the following:

15 a. Provide technical planning assistance grants to rural
16 communities and counties exploring alternative innovative
17 means of delivering rural health services through community
18 health services assessment, planning, and implementation,
19 including but not limited to hospital conversions, cooperative
20 agreements among hospitals, physician and health practitioner
21 support, recruitment and retention of primary health care
22 providers, public health services, emergency medical services,
23 medical assistance facilities, rural health care clinics, and
24 alternative means which may be included in the long-term
25 community health services assessment and developmental plan
26 ~~developed-under-this-paragraph-or-in-a-long-term-plan~~
27 ~~developed-through-the-rural-health-transition-grant-program~~
28 ~~pursuant-to-the-federal-Omnibus-Budget-Reconciliation-Act-of~~
29 ~~1987-Pub-Law-100-203-§-4005(e).~~ The office-of center
30 for rural health and primary care shall encourage
31 collaborative efforts of the local boards of health, and
32 hospital governing boards, and other public and private
33 entities located in rural communities to adopt a long-term
34 community health services assessment and developmental plan as
35 ~~provided-in-section-135B-33~~ pursuant to rules adopted by the

1 department and perform the duties required of the Iowa
2 department of public health in section 135B.33.

3 b.--Provide competitive research grants, to be awarded by
4 the advisory committee, to conduct economic analyses of the
5 effects of health care restructuring models on rural
6 communities, including but not limited to the employment
7 effects on the community of redirecting funds to new areas of
8 service, the overall effects of redirection of the funds on
9 the number of health care dollars expended within the rural
10 community, and the benefit to the health of patients of
11 redirecting the funds.

12 c.--The office of rural health shall make a report to the
13 general assembly regarding the impact of the current
14 compensation structure under medicare on rural hospitals and
15 other health care providers, shall provide information
16 regarding the current compensation system to Iowa's
17 congressional delegation, and shall make recommendations to
18 the general assembly regarding recommendations to be made to
19 Iowa's congressional delegation to improve the compensation
20 structure.

21 d.--For the purposes of this section, "medicare" means the
22 program of health insurance established under Title XVIII of
23 the federal Social Security Act.

24 e b. Provide technical assistance to assist rural
25 communities in improving medicare reimbursements through the
26 establishment of rural health clinics, defined pursuant to 42
27 U.S.C. § 1395(x), and distinct part skilled nursing facility
28 beds.

29 e c. Coordinate services to provide research for the
30 following items:

31 (1) Examination of the prevalence of rural occupational
32 health injuries in the state.

33 (2) Assessment of training and continuing education
34 available through local hospitals and others relating to
35 diagnosis and treatment of diseases associated with rural

1 occupational health hazards.

2 (3) Determination of continuing education support
3 necessary for rural health practitioners to diagnose and treat
4 illnesses caused by exposure to rural occupational health
5 hazards.

6 (4) Determination of the types of actions that can help
7 prevent agricultural accidents.

8 (5) Surveillance and reporting of disabilities suffered by
9 persons engaged in agriculture resulting from diseases or
10 injuries, including identifying the amount and severity of
11 agricultural-related injuries and diseases in the state,
12 identifying causal factors associated with agricultural-
13 related injuries and diseases, and indicating the
14 effectiveness of intervention programs designed to reduce
15 injuries and diseases.

16 g d. Cooperate with the center for agricultural health and
17 safety established under section 262.78, the center for health
18 effects of environmental contamination established under
19 section 263.17, and the department of agriculture and land
20 stewardship. The agencies shall coordinate programs to the
21 extent practicable.

22 3. The center for rural health and primary care shall
23 establish a primary care provider recruitment and retention
24 endeavor, to be known as PRIMECARRE. The endeavor shall
25 include a community grant program, a primary care provider
26 loan repayment program, a primary care provider community
27 scholarship program, and the establishment of area health
28 education centers. The endeavor shall be developed and
29 implemented in a manner to promote and accommodate local
30 creativity in efforts to recruit and retain health care
31 professionals to provide services in the locality. The focus
32 of the endeavor shall be to promote and assist local efforts
33 in developing health care provider recruitment and retention
34 programs. Eligibility under any of the programs established
35 under the primary care provider recruitment and retention

1 endeavor shall be based upon a community health services
2 assessment completed under subsection 2, paragraph "a". A
3 community or region, as applicable, shall submit a letter of
4 intent to conduct a community health services assessment and
5 to apply for assistance under this subsection. The letter
6 shall be in a form and contain information as determined by
7 the center. A letter of intent shall be submitted to the
8 center by January 1 preceding the fiscal year for which an
9 application for assistance is to be made. Assistance under
10 this subsection shall not be granted until such time as the
11 community or region making application has completed the
12 community health services assessment and adopted a long-term
13 community health services assessment and developmental plan.
14 In addition to any other requirements, a developmental plan
15 shall include a clear commitment to informing high school
16 students of the health care opportunities which may be
17 available to such students.

18 The center for rural health and primary care shall seek
19 additional assistance and resources from other state
20 departments and agencies, federal agencies and grant programs,
21 private organizations, and any other person, as appropriate.
22 The center is authorized and directed to accept on behalf of
23 the state any grant or contribution, federal or otherwise,
24 made to assist in meeting the cost of carrying out the purpose
25 of this subsection. All federal grants to and the federal
26 receipts of the center are appropriated for the purpose set
27 forth in such federal grants or receipts. Funds appropriated
28 by the general assembly to the center for implementation of
29 this subsection shall first be used for securing any available
30 federal funds requiring a state match, with remaining funds
31 being used for the community grant program.

32 The center for rural health and primary care may, to
33 further the purposes of this subsection, provide financial
34 assistance in the form of grants to support the effort of a
35 community which is clearly part of the community's long-term

1 community health services assessment and developmental plan.
2 Efforts for which such grants may be awarded include, but are
3 not limited to, the procurement of clinical equipment,
4 clinical facilities, and telecommunications facilities, and
5 the support of locum tenens arrangements and physician mentor
6 programs.

7 a. COMMUNITY GRANT PROGRAM. The center for rural health
8 and primary care shall adopt rules establishing an application
9 process to be used by the center to establish a grant
10 assistance program as provided in this paragraph, and
11 establishing the criteria to be used in evaluating the
12 applications. Selection criteria shall include a method for
13 prioritizing grant applications based on illustrated efforts
14 to meet the health care provider needs of the locality and
15 surrounding area. Such assistance may be in the form of a
16 forgivable loan, grant, or other nonfinancial assistance as
17 deemed appropriate by the center. An application submitted
18 shall contain a commitment of at least a dollar-for-dollar
19 match of the grant assistance. Application may be made for
20 assistance by a single community or group of communities.

21 Grants awarded under the program shall be subject to the
22 following limitations:

23 (1) Ten thousand dollars for a single community or region
24 with a population of ten thousand or less. An award shall not
25 be made under this program to a community with a population of
26 more than ten thousand.

27 (2) An amount not to exceed one dollar per capita for a
28 region in which the population exceeds ten thousand. For
29 purposes of determining the amount of a grant for a region,
30 the population of the region shall not include the population
31 of any community with a population of more than ten thousand
32 located in the region.

33 b. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM.

34 (1) A primary care provider loan repayment program is
35 established to increase the number of health professionals

1 practicing primary care in federally designated health
2 professional shortage areas of the state. Under the program,
3 loan repayment may be made to a recipient for educational
4 expenses incurred while completing an accredited health
5 education program directly related to obtaining credentials
6 necessary to practice the recipient's health profession.

7 (2) The center for rural health and primary care shall
8 adopt rules relating to the establishment and administration
9 of the primary care provider loan repayment program. Rules
10 adopted pursuant to this paragraph shall provide, at a
11 minimum, for all of the following:

12 (a) Determination of eligibility requirements and
13 qualifications of an applicant to receive loan repayment under
14 the program, including but not limited to years of obligated
15 service, clinical practice requirements, and residency
16 requirements. Loan repayment under the program shall not be
17 approved for a health provider whose license or certification
18 is restricted by a medical regulatory authority of any
19 jurisdiction of the United States, other nations, or
20 territories.

21 (b) Identification of federally designated health
22 professional shortage areas of the state and prioritization of
23 such areas according to need.

24 (c) Determination of the amount and duration of the loan
25 repayment an applicant may receive, giving consideration to
26 the availability of funds under the program, and the
27 applicant's outstanding educational loans and professional
28 credentials.

29 (d) Determination of the conditions of loan repayment
30 applicable to an applicant.

31 (e) Enforcement of the state's rights under a loan
32 repayment program contract, including the commencement of any
33 court action.

34 (f) Cancellation of a loan repayment program contract for
35 reasonable cause.

1 (g) Participation in federal programs supporting repayment
2 of loans of health care providers and acceptance of gifts,
3 grants, and other aid or amounts from any person, association,
4 foundation, trust, corporation, governmental agency, or other
5 entity for the purposes of the program.

6 (h) Upon availability of state funds, determine
7 eligibility criteria and qualifications for participating
8 communities and applicants not located in federally designated
9 shortage areas.

10 (i) Other rules as necessary.

11 (3) The center for rural health and primary care may enter
12 into an agreement under chapter 28E with the college student
13 aid commission for the administration of this program.

14 c. PRIMARY CARE PROVIDER COMMUNITY SCHOLARSHIP PROGRAM.

15 (1) A primary care provider community scholarship program
16 is established to recruit and to provide scholarships to train
17 primary health care practitioners in federally designated
18 health professional shortage areas of the state. Under the
19 program, scholarships may be awarded to a recipient for
20 educational expenses incurred while completing an accredited
21 health education program directly related to obtaining the
22 credentials necessary to practice the recipient's health
23 profession.

24 (2) The department shall adopt rules relating to the
25 establishment and administration of the primary care provider
26 community scholarship program. Rules adopted pursuant to this
27 paragraph shall provide, at a minimum, for all of the
28 following:

29 (a) Determination of eligibility requirements and
30 qualifications of an applicant to receive scholarships under
31 the program, including but not limited to years of obligated
32 service, clinical practice requirements, and residency
33 requirements.

34 (b) Identification of federally designated health
35 professional shortage areas of the state and prioritization of

1 such areas according to need.

2 (c) Determination of the amount of the scholarship an
3 applicant may receive.

4 (d) Determination of the conditions of scholarship to be
5 awarded to an applicant.

6 (e) Enforcement of the state's rights under a scholarship
7 contract, including the commencement of any court action.

8 (f) Cancellation of a scholarship contract for reasonable
9 cause.

10 (g) Participation in federal programs supporting
11 scholarships for health care providers and acceptance of
12 gifts, grants, and other aid or amounts from any person,
13 association, foundation, trust, corporation, governmental
14 agency, or other entity for the purposes of the program.

15 (h) Upon availability of state funds, determination of
16 eligibility criteria and qualifications for participating
17 communities and applicants not located in federally designated
18 shortage areas.

19 (i) Other rules as necessary.

20 (3) The center for rural health and primary care may enter
21 into an agreement under chapter 28E with the college student
22 aid commission for the administration of this program.

23 d. AREA HEALTH EDUCATION CENTERS.

24 (1) The Iowa department of public health, in cooperation
25 with a primary care collaborative effort including the
26 university of Iowa college of medicine, the university of
27 osteopathic medicine and health sciences, and other primary
28 care professional educational institutions in Iowa, shall
29 develop and establish area health education centers. The
30 effort shall involve making application for a federal grant
31 under 42 U.S.C. § 293i, as prescribed by that section.

32 (2) Area health education centers shall, at a minimum, do
33 all of the following:

34 (a) Provide initial and continuing education opportunities
35 to primary care providers.

1 (b) Allow health professionals to consult with
2 specialists, scholars, peers, and other health care
3 professionals.

4 (c) Enable health professionals to access medical
5 libraries and other research resources.

6 (d) Provide for enhanced opportunities for professional
7 student programs, internships and residencies in primary care
8 in rural areas.

9 (3) Points of access to area health education centers
10 shall be geographically distributed across the state at
11 existing health care facilities to improve services to all
12 rural primary health care providers. The area health
13 education centers shall utilize, to the extent feasible,
14 current university residency programs, educational
15 institutions, the Iowa communications network, and other
16 appropriate resources to ensure this access.

17 (4) Implementation of this lettered paragraph is
18 contingent upon the receipt of federal funding awarded
19 specifically for the implementation of area health education
20 centers.

21 4. The director of public health shall establish a primary
22 care collaborative work group to coordinate all statewide
23 recruitment and retention activities established pursuant to
24 this section and to make recommendations to the department and
25 the center for rural health and primary care relating to the
26 implementation of subsection 3. Membership of the work group
27 shall consist, at a minimum, of representatives from the
28 university of Iowa college of medicine, university of
29 osteopathic medicine and health sciences, university of Iowa
30 physician assistant school, university of Iowa nurse
31 practitioner school, university of osteopathic medicine and
32 health sciences physician assistant program, Iowa-Nebraska
33 primary care association, Iowa medical society, Iowa
34 osteopathic medical association, Iowa chapter of American
35 college of osteopathic family physicians, Iowa academy of

1 family physicians, nurse practitioner association, Iowa nurses
2 association, Iowa hospital association, and Iowa physicians
3 assistants association.

4 5. The department and the center for rural health and pri-
5 mary care shall submit a written report annually to the
6 general assembly on or before February 1 concerning the
7 implementation and coordination of all efforts of the primary
8 care provider recruitment and retention endeavor established
9 in subsection 3.

10 Sec. 3. CENTER FOR RURAL HEALTH AND PRIMARY CARE. There
11 is appropriated from the general fund of the state to the Iowa
12 department of public health for the fiscal year beginning July
13 1, 1994, and ending June 30, 1995, the following amount, or so
14 much thereof as is necessary, to be used for the purpose
15 designated:

16 For the primary care provider recruitment and retention
17 endeavor established in section 135.13, subsection 3:
18 \$ 235,000

19 Funds appropriated under this section shall first be used
20 to secure any available federal funds requiring a state match,
21 with remaining funds being used for the community grant
22 program established pursuant to section 135.13, subsection 3.

23 EXPLANATION

24 This bill renames the office of rural health in the
25 department of public health to be the center for rural health
26 and primary care. The bill directs the center to establish a
27 primary care provider recruitment and retention endeavor, to
28 be known as PRIMECARRE. The endeavor is to include a
29 community grant program, a primary care provider community
30 scholarship program, and the establishment of area health
31 education centers. The focus of the endeavor is to promote
32 and assist local efforts in developing health care provider
33 recruitment and retention programs.

34 The bill directs the director of the department to
35 establish a primary care collaborative work group to

1 coordinate all statewide recruitment and retention activities.
2 The department and the center are to submit a written report
3 annually to the general assembly concerning the implementation
4 and coordination of all efforts under the endeavor.

5 The bill appropriates \$235,000 to be used to secure any
6 available federal funds requiring a state match, with
7 remaining funds to be used for the community grant program.

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SENATE AMENDMENT TO HOUSE FILE 2422

H-6141

- 1 Amend House File 2422, as amended, passed, and
2 reprinted by the House, as follows:
- 3 1. Page 2, line 24, by inserting after the word
4 "physician," the following: "a practicing rural
5 physician assistant, a practicing rural advanced
6 registered nurse practitioner,".
- 7 2. Page 2, line 25, by inserting after the word
8 "physician" the following: ", physician assistant, or
9 advanced registered nurse practitioner,".
- 10 3. Page 7, line 8, by striking the word
11 "physician" and inserting the following: "primary
12 care provider".
- 13 4. Page 8, line 18, by inserting after the word
14 "service" the following: "which shall be for a
15 minimum of ten years unless federal requirements for
16 the program require differently".
- 17 5. Page 9, line 35, by inserting after the word
18 "service" the following: "which shall be for a
19 minimum of ten years unless federal requirements for
20 the program require differently".
- 21 6. By renumbering, relettering, or redesignating
22 and correcting internal references as necessary.

RECEIVED FROM THE SENATE

H-6141 FILED APRIL 12, 1994

House Concurred
4-13-94
(p1487)

HOUSE FILE 2422

H-5909

1 Amend House File 2422 as follows:

2 1. Page 2, lines 12 and 13, by striking the words
3 "the department of human services," and inserting the
4 following: "~~the department of human services~~".

5 2. Page 2, line 15, by striking the words "the
6 ~~department of inspections and appeals~~" and inserting
7 the following: "the department of inspections and
8 appeals,".

9 3. Page 2, lines 16 and 17, by striking the words
10 "~~the rural health resource center~~" and inserting the
11 following: "the rural health resource center,".

12 4. Page 5, by inserting after line 21 the
13 following:

14 "e. Administer grants for farm safety education
15 efforts directed to rural families for the purpose of
16 preventing farm-related injuries to children."

By COMMITTEE ON HUMAN RESOURCES
PLASIER of Sioux, Chairperson

H-5909 FILED MARCH 31, 1994

adopted 4-8-94
(P. 1309)

HOUSE FILE 2422

H-6039

1 Amend House File 2422 as follows:

2 1. Page 11, by striking lines 9 through 16 and
3 inserting the following:

4 "(3) Points of access to area health education
5 centers shall be geographically distributed across the
6 state to improve services to all rural primary health
7 care providers. Area health education centers shall
8 utilize, to the extent feasible, current university
9 residency programs, existing health care facilities,
10 existing educational institutions, the Iowa
11 communications network, and other appropriate
12 resources to ensure access."

By PLASIER of Sioux

H-6039 FILED APRIL 7, 1994

adopted 4-8-94
(P. 1309)

HOUSE FILE 2422
BY COMMITTEE ON APPROPRIATIONS

(SUCCESSOR TO HSB 738)

(As Amended and Passed by the House April 8, 1994)

Passed House, Date 4/13/94 (P.1488) Passed Senate, Date 4-12-94 (P.1163)
Vote: Ayes 93 Nays 0 Vote: Ayes 50 Nays 0
Approved May 10, 1994

A BILL FOR

1 An Act relating to health care providers and to the establishment
2 of a primary care provider recruitment and retention endeavor
3 and providing an appropriation.

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

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House Amendments _____

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2 finds that a significant number of rural Iowans face
3 increasing difficulty accessing necessary primary care health
4 services. The inequities of the current medical services
5 reimbursement system, the closure of rural hospitals and
6 clinics, the inability of small communities to attract new
7 primary care providers, and the professional isolation that
8 current primary care providers face in their practices
9 contribute to the access problems experienced by Iowa's rural
10 residents. Health care reform will significantly change the
11 environment in which primary care is provided in Iowa. Rural
12 communities must be supported in their strategies to ensure
13 access to the benefits of affordable, accessible, and quality
14 health care. New and innovative programs to assist these
15 rural communities with this task must be promoted.

16 It is therefore the intent of the general assembly to
17 create a comprehensive primary health care initiative to
18 respond to these health needs. The purposes of the primary
19 care provider recruitment and retention endeavor shall be the
20 following:

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22 health professionals who choose to establish practices in
23 provider-shortage areas.
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25 students with assistance with their professional education in
26 exchange for a commitment to return to the community and
27 provide primary health care.
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29 health education centers.
- 30 4. To enable the center for rural health and primary care
31 to help local communities identify current and evolving health
32 care needs as well as innovative and collaborative options
33 using local, state, and federal resources to help resolve
34 those needs.
- 35 5. To provide for an appropriation by the general assembly

1 that, when matched with federal, local, and other private
2 funds, make possible the implementation of a comprehensive
3 primary health care initiative as set out in this Act.

4 Sec. 2. Section 135.13, Code 1993, is amended to read as
5 follows:

6 135.13 ~~OFFICE-OF~~ CENTER FOR RURAL HEALTH AND PRIMARY CARE
7 ESTABLISHED -- DUTIES.

8 1. The ~~office-of~~ center for rural health and primary care
9 is established within the department. There is established an
10 advisory committee to the ~~office-of~~ center for rural health
11 and primary care consisting of one representative, approved by
12 the respective agency, of each of the following agencies: the
13 department-of-human-services; the department of agriculture
14 and land stewardship, the Iowa department of public health,
15 the department of inspections and appeals, the national
16 institute for rural health policy, the rural health resource
17 center, the institute of agricultural medicine and
18 occupational health, and the Iowa state association of
19 counties,-and-the-health-policy-corporation-of-Iowa. The
20 governor shall appoint two representatives of consumer groups
21 active in rural health issues and a representative of each of
22 two farm organizations active within the state, a
23 representative of an agricultural business in the state, a
24 practicing rural family physician, and a rural health
25 practitioner who is not a physician as members of the advisory
26 committee. ~~Two state senators appointed by the president of~~
27 ~~the senate, after consultation with the majority leader and~~
28 ~~the minority leader of the senate, and two state~~
29 ~~representatives appointed by the speaker of the house of~~
30 ~~representatives shall also be members of the advisory~~
31 ~~committee. Of the members appointed by the president of the~~
32 ~~senate, after consultation with the majority leader and the~~
33 ~~minority leader of the senate, and the speaker of the house of~~
34 ~~representatives, not more than one from each house shall be a~~
35 ~~member of the same political party.~~ The advisory committee

1 shall also include as members two state representatives, one
2 appointed by the speaker of the house of representatives and
3 one by the minority leader of the house, and two state
4 senators, one appointed by the majority leader of the senate
5 and one by the minority leader of the senate.

6 The advisory committee shall regularly meet with the
7 administrative head of the office center as well as the
8 director of the center for agricultural health and safety
9 established under section 262.78. The head of the office and
10 the director of the center shall consult with the advisory
11 committee and provide the committee with relevant information
12 regarding their agencies.

13 2. The ~~office-of~~ center for rural health and primary care
14 shall do all of the following:

15 a. Provide technical planning assistance grants to rural
16 communities and counties exploring alternative innovative
17 means of delivering rural health services through community
18 health services assessment, planning, and implementation,
19 including but not limited to hospital conversions, cooperative
20 agreements among hospitals, physician and health practitioner
21 support, recruitment and retention of primary health care
22 providers, public health services, emergency medical services,
23 medical assistance facilities, rural health care clinics, and
24 alternative means which may be included in the long-term
25 community health services assessment and developmental plan
26 developed-under-this-paragraph-or-in-a-long-term-plan
27 developed-through-the-rural-health-transition-grant-program
28 pursuant-to-the-federal-Omnibus-Budget-Reconciliation-Act-of
29 1987,-Pub--L--No--100-203,-§-4005(f). The office-of center
30 for rural health and primary care shall encourage
31 collaborative efforts of the local boards of health, and
32 hospital governing boards, and other public and private
33 entities located in rural communities to adopt a long-term
34 community health services assessment and developmental plan as
35 provided-in-section-135B-33 pursuant to rules adopted by the

1 department and perform the duties required of the Iowa
2 department of public health in section 135B.33.

3 b. -- Provide competitive research grants, to be awarded by
4 the advisory committee, to conduct economic analyses of the
5 effects of health care restructuring models on rural
6 communities, including but not limited to the employment
7 effects on the community of redirecting funds to new areas of
8 service, the overall effects of redirection of the funds on
9 the number of health care dollars expended within the rural
10 community, and the benefit to the health of patients of
11 redirecting the funds.

12 c. -- The office of rural health shall make a report to the
13 general assembly regarding the impact of the current
14 compensation structure under medicare on rural hospitals and
15 other health care providers, shall provide information
16 regarding the current compensation system to Iowa's
17 congressional delegation, and shall make recommendations to
18 the general assembly regarding recommendations to be made to
19 Iowa's congressional delegation to improve the compensation
20 structure.

21 d. -- For the purposes of this section, "medicare" means the
22 program of health insurance established under Title XVIII of
23 the Federal Social Security Act.

24 e. b. Provide technical assistance to assist rural
25 communities in improving medicare reimbursements through the
26 establishment of rural health clinics, defined pursuant to 42
27 U.S.C. § 1395(x), and distinct part skilled nursing facility
28 beds.

29 f. c. Coordinate services to provide research for the
30 following items:

31 (1) Examination of the prevalence of rural occupational
32 health injuries in the state.

33 (2) Assessment of training and continuing education
34 available through local hospitals and others relating to
35 diagnosis and treatment of diseases associated with rural

1 occupational health hazards.

2 (3) Determination of continuing education support
3 necessary for rural health practitioners to diagnose and treat
4 illnesses caused by exposure to rural occupational health
5 hazards.

6 (4) Determination of the types of actions that can help
7 prevent agricultural accidents.

8 (5) Surveillance and reporting of disabilities suffered by
9 persons engaged in agriculture resulting from diseases or
10 injuries, including identifying the amount and severity of
11 agricultural-related injuries and diseases in the state,
12 identifying causal factors associated with agricultural-
13 related injuries and diseases, and indicating the
14 effectiveness of intervention programs designed to reduce
15 injuries and diseases.

16 g d. Cooperate with the center for agricultural health and
17 safety established under section 262.78, the center for health
18 effects of environmental contamination established under
19 section 263.17, and the department of agriculture and land
20 stewardship. The agencies shall coordinate programs to the
21 extent practicable.

22 e. Administer grants for farm safety education efforts
23 directed to rural families for the purpose of preventing farm-
24 related injuries to children.

25 3. The center for rural health and primary care shall
26 establish a primary care provider recruitment and retention
27 endeavor, to be known as PRIMECARRE. The endeavor shall
28 include a community grant program, a primary care provider
29 loan repayment program, a primary care provider community
30 scholarship program, and the establishment of area health
31 education centers. The endeavor shall be developed and
32 implemented in a manner to promote and accommodate local
33 creativity in efforts to recruit and retain health care
34 professionals to provide services in the locality. The focus
35 of the endeavor shall be to promote and assist local efforts

1 in developing health care provider recruitment and retention
 2 programs. Eligibility under any of the programs established
 3 under the primary care provider recruitment and retention
 4 endeavor shall be based upon a community health services
 5 assessment completed under subsection 2, paragraph "a". A
 6 community or region, as applicable, shall submit a letter of
 7 intent to conduct a community health services assessment and
 8 to apply for assistance under this subsection. The letter
 9 shall be in a form and contain information as determined by
 10 the center. A letter of intent shall be submitted to the
 11 center by January 1 preceding the fiscal year for which an
 12 application for assistance is to be made. Assistance under
 13 this subsection shall not be granted until such time as the
 14 community or region making application has completed the
 15 community health services assessment and adopted a long-term
 16 community health services assessment and developmental plan.
 17 In addition to any other requirements, a developmental plan
 18 shall include a clear commitment to informing high school
 19 students of the health care opportunities which may be
 20 available to such students.

21 The center for rural health and primary care shall seek
 22 additional assistance and resources from other state
 23 departments and agencies, federal agencies and grant programs,
 24 private organizations, and any other person, as appropriate.
 25 The center is authorized and directed to accept on behalf of
 26 the state any grant or contribution, federal or otherwise,
 27 made to assist in meeting the cost of carrying out the purpose
 28 of this subsection. All federal grants to and the federal
 29 receipts of the center are appropriated for the purpose set
 30 forth in such federal grants or receipts. Funds appropriated
 31 by the general assembly to the center for implementation of
 32 this subsection shall first be used for securing any available
 33 federal funds requiring a state match, with remaining funds
 34 being used for the community grant program.

35 The center for rural health and primary care may, to

1 further the purposes of this subsection, provide financial
2 assistance in the form of grants to support the effort of a
3 community which is clearly part of the community's long-term
4 community health services assessment and developmental plan.
5 Efforts for which such grants may be awarded include, but are
6 not limited to, the procurement of clinical equipment,
7 clinical facilities, and telecommunications facilities, and
8 the support of locum tenens arrangements and physician mentor
9 programs.

10 a. COMMUNITY GRANT PROGRAM. The center for rural health
11 and primary care shall adopt rules establishing an application
12 process to be used by the center to establish a grant
13 assistance program as provided in this paragraph, and
14 establishing the criteria to be used in evaluating the
15 applications. Selection criteria shall include a method for
16 prioritizing grant applications based on illustrated efforts
17 to meet the health care provider needs of the locality and
18 surrounding area. Such assistance may be in the form of a
19 forgivable loan, grant, or other nonfinancial assistance as
20 deemed appropriate by the center. An application submitted
21 shall contain a commitment of at least a dollar-for-dollar
22 match of the grant assistance. Application may be made for
23 assistance by a single community or group of communities.

24 Grants awarded under the program shall be subject to the
25 following limitations:

26 (1) Ten thousand dollars for a single community or region
27 with a population of ten thousand or less. An award shall not
28 be made under this program to a community with a population of
29 more than ten thousand.

30 (2) An amount not to exceed one dollar per capita for a
31 region in which the population exceeds ten thousand. For
32 purposes of determining the amount of a grant for a region,
33 the population of the region shall not include the population
34 of any community with a population of more than ten thousand
35 located in the region.

1 b. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM.

2 (1) A primary care provider loan repayment program is
3 established to increase the number of health professionals
4 practicing primary care in federally designated health
5 professional shortage areas of the state. Under the program,
6 loan repayment may be made to a recipient for educational
7 expenses incurred while completing an accredited health
8 education program directly related to obtaining credentials
9 necessary to practice the recipient's health profession.

10 (2) The center for rural health and primary care shall
11 adopt rules relating to the establishment and administration
12 of the primary care provider loan repayment program. Rules
13 adopted pursuant to this paragraph shall provide, at a
14 minimum, for all of the following:

15 (a) Determination of eligibility requirements and
16 qualifications of an applicant to receive loan repayment under
17 the program, including but not limited to years of obligated
18 service, clinical practice requirements, and residency
19 requirements. Loan repayment under the program shall not be
20 approved for a health provider whose license or certification
21 is restricted by a medical regulatory authority of any
22 jurisdiction of the United States, other nations, or
23 territories.

24 (b) Identification of federally designated health
25 professional shortage areas of the state and prioritization of
26 such areas according to need.

27 (c) Determination of the amount and duration of the loan
28 repayment an applicant may receive, giving consideration to
29 the availability of funds under the program, and the
30 applicant's outstanding educational loans and professional
31 credentials.

32 (d) Determination of the conditions of loan repayment
33 applicable to an applicant.

34 (e) Enforcement of the state's rights under a loan
35 repayment program contract, including the commencement of any

1 court action.

2 (f) Cancellation of a loan repayment program contract for
3 reasonable cause.

4 (g) Participation in federal programs supporting repayment
5 of loans of health care providers and acceptance of gifts,
6 grants, and other aid or amounts from any person, association,
7 foundation, trust, corporation, governmental agency, or other
8 entity for the purposes of the program.

9 (h) Upon availability of state funds, determine
10 eligibility criteria and qualifications for participating
11 communities and applicants not located in federally designated
12 shortage areas.

13 (i) Other rules as necessary.

14 (3) The center for rural health and primary care may enter
15 into an agreement under chapter 28E with the college student
16 aid commission for the administration of this program.

17 c. PRIMARY CARE PROVIDER COMMUNITY SCHOLARSHIP PROGRAM.

18 (i) A primary care provider community scholarship program
19 is established to recruit and to provide scholarships to train
20 primary health care practitioners in federally designated
21 health professional shortage areas of the state. Under the
22 program, scholarships may be awarded to a recipient for
23 educational expenses incurred while completing an accredited
24 health education program directly related to obtaining the
25 credentials necessary to practice the recipient's health
26 profession.

27 (2) The department shall adopt rules relating to the
28 establishment and administration of the primary care provider
29 community scholarship program. Rules adopted pursuant to this
30 paragraph shall provide, at a minimum, for all of the
31 following:

32 (a) Determination of eligibility requirements and
33 qualifications of an applicant to receive scholarships under
34 the program, including but not limited to years of obligated
35 service, clinical practice requirements, and residency

1 requirements.

2 (b) Identification of federally designated health
3 professional shortage areas of the state and prioritization of
4 such areas according to need.

5 (c) Determination of the amount of the scholarship an
6 applicant may receive.

7 (d) Determination of the conditions of scholarship to be
8 awarded to an applicant.

9 (e) Enforcement of the state's rights under a scholarship
10 contract, including the commencement of any court action.

11 (f) Cancellation of a scholarship contract for reasonable
12 cause.

13 (g) Participation in federal programs supporting
14 scholarships for health care providers and acceptance of
15 gifts, grants, and other aid or amounts from any person,
16 association, foundation, trust, corporation, governmental
17 agency, or other entity for the purposes of the program.

18 (h) Upon availability of state funds, determination of
19 eligibility criteria and qualifications for participating
20 communities and applicants not located in federally designated
21 shortage areas.

22 (i) Other rules as necessary.

23 (3) The center for rural health and primary care may enter
24 into an agreement under chapter 28E with the college student
25 aid commission for the administration of this program.

26 d. AREA HEALTH EDUCATION CENTERS.

27 (1) The Iowa department of public health, in cooperation
28 with a primary care collaborative effort including the
29 university of Iowa college of medicine, the university of
30 osteopathic medicine and health sciences, and other primary
31 care professional educational institutions in Iowa, shall
32 develop and establish area health education centers. The
33 effort shall involve making application for a federal grant
34 under 42 U.S.C. § 293j, as prescribed by that section.

35 (2) Area health education centers shall, at a minimum, do

1 all of the following:

2 (a) Provide initial and continuing education opportunities
3 to primary care providers.

4 (b) Allow health professionals to consult with
5 specialists, scholars, peers, and other health care
6 professionals.

7 (c) Enable health professionals to access medical
8 libraries and other research resources.

9 (d) Provide for enhanced opportunities for professional
10 student programs, internships and residencies in primary care
11 in rural areas.

12 (3) Points of access to area health education centers
13 shall be geographically distributed across the state to
14 improve services to all rural primary health care providers.
15 Area health education centers shall utilize, to the extent
16 feasible, current university residency programs, existing
17 health care facilities, existing educational institutions, the
18 Iowa communications network, and other appropriate resources
19 to ensure access.

20 (4) Implementation of this lettered paragraph is
21 contingent upon the receipt of federal funding awarded
22 specifically for the implementation of area health education
23 centers.

24 4. The director of public health shall establish a primary
25 care collaborative work group to coordinate all statewide
26 recruitment and retention activities established pursuant to
27 this section and to make recommendations to the department and
28 the center for rural health and primary care relating to the
29 implementation of subsection 3. Membership of the work group
30 shall consist, at a minimum, of representatives from the
31 university of Iowa college of medicine, university of
32 osteopathic medicine and health sciences, university of Iowa
33 physician assistant school, university of Iowa nurse
34 practitioner school, university of osteopathic medicine and
35 health sciences physician assistant program, Iowa-Nebraska

1 primary care association, Iowa medical society, Iowa
2 osteopathic medical association, Iowa chapter of American
3 college of osteopathic family physicians, Iowa academy of
4 family physicians, nurse practitioner association, Iowa nurses
5 association, Iowa hospital association, and Iowa physicians
6 assistants association.

7 5. The department and the center for rural health and pri-
8 mary care shall submit a written report annually to the
9 general assembly on or before February 1 concerning the
10 implementation and coordination of all efforts of the primary
11 care provider recruitment and retention endeavor established
12 in subsection 3.

13 Sec. 3. CENTER FOR RURAL HEALTH AND PRIMARY CARE. There
14 is appropriated from the general fund of the state to the Iowa
15 department of public health for the fiscal year beginning July
16 1, 1994, and ending June 30, 1995, the following amount, or so
17 much thereof as is necessary, to be used for the purpose
18 designated:

19 For the primary care provider recruitment and retention
20 endeavor established in section 135.13, subsection 3:
21 \$ 235,000

22 Funds appropriated under this section shall first be used
23 to secure any available federal funds requiring a state match,
24 with remaining funds being used for the community grant
25 program established pursuant to section 135.13, subsection 3.

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HOUSE FILE 2422

S-5574

- 1 Amend House File 2422, as amended, passed, and
 2 reprinted by the House, as follows:
 3 1. Page 7, line 8, by striking the word
 4 "physician" and inserting the following: "primary
 5 care provider".

By JIM RIORDAN
 MERLIN E. BARTZ
 PATTY JUDGE

S-5574 FILED APRIL 12, 1994

ADOPTED

4.12.94 (P. 1162)

HOUSE FILE 2422

S-5580

- 1 Amend House File 2422, as amended, passed, and
 2 reprinted by the House as follows:
 3 1. Page 8, line 18, by inserting after the word
 4 "service" the following: "which shall be for a
 5 minimum of ten years unless federal requirements for
 6 the program require differently".
 7 2. Page 9, line 35, by inserting after the word
 8 "service" the following: "which shall be for a
 9 minimum of ten years unless federal requirements for
 10 the program require differently".

By ANDY McKEAN
 PATTY JUDGE

S-5580 FILED APRIL 12, 1994

ADOPTED

4.12.94 (P. 1162)

HOUSE FILE 2422

S-5573

- 1 Amend House File 2422, as amended, passed, and
 2 reprinted by the House, as follows:
 3 1. Page 2, line 24, by inserting after the word
 4 "physician," the following: "a practicing rural
 5 physician assistant, a practicing rural advanced
 6 registered nurse practitioner,".
 7 2. Page 2, line 25, by inserting after the word
 8 "physician," the following: "physician assistant, or
 9 advanced registered nurse practitioner,".

By JIM RIORDAN
 MERLIN E. BARTZ
 PATTY JUDGE

S-5573 FILED APRIL 12, 1994

ADOPTED 4.12.93

(P. 1162)

Corbett - chair
Hester -
Brackhorst -
Hammond
Murphy

Approp. (Afu)
HSB 738

HOUSE FILE 2422
BY (PROPOSED COMMITTEE ON
APPROPRIATIONS BILL BY
CHAIRPERSON CORBETT)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to health care providers and to the establishment
2 of a primary care provider recruitment and retention endeavor
3 and providing an appropriation.

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

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HOUSE FILE _____

BY (PROPOSED COMMITTEE ON
APPROPRIATIONS BILL BY
CHAIRPERSON CORBETT of
Linn)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to health care providers and to the establishment
2 of a primary care provider recruitment and retention endeavor
3 and providing an appropriation.

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

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1 Section 1. LEGISLATIVE FINDINGS. The general assembly
2 finds that a significant number of rural Iowans face
3 increasing difficulty accessing necessary primary care health
4 services. The inequities of the current medical services
5 reimbursement system, the closure of rural hospitals and
6 clinics, the inability of small communities to attract new
7 primary care providers, and the professional isolation that
8 current primary care providers face in their practices
9 contribute to the access problems experienced by Iowa's rural
10 residents. Health care reform will significantly change the
11 environment in which primary care is provided in Iowa. Rural
12 communities must be supported in their strategies to ensure
13 access to the benefits of affordable, accessible, and quality
14 health care. New and innovative programs to assist these
15 rural communities with this task must be promoted.

16 It is therefore the intent of the general assembly to
17 create a comprehensive primary health care initiative to
18 respond to these health needs. The purposes of the primary
19 care provider recruitment and retention endeavor shall be the
20 following:

21 1. To establish a student loan repayment program for
22 health professionals who choose to establish practices in
23 provider-shortage areas.

24 2. To establish a community scholarship program to provide
25 students with assistance with their professional education in
26 exchange for a commitment to return to the community and
27 provide primary health care.

28 3. To initiate a collaborative effort to establish area
29 health education centers.

30 4. To enable the center for rural health and primary care
31 to help local communities identify current and evolving health
32 care needs as well as innovative and collaborative options
33 using local, state, and federal resources to help resolve
34 those needs.

35 5. To provide for an appropriation by the general assembly

1 that, when matched with federal, local, and other private
2 funds, make possible the implementation of a comprehensive
3 primary health care initiative as set out in this Act.

4 Sec. 2. Section 135.13, Code 1993, is amended to read as
5 follows:

6 135.13 ~~OFFICE-OF~~ CENTER FOR RURAL HEALTH AND PRIMARY CARE
7 ESTABLISHED -- DUTIES.

8 1. The ~~office-of~~ center for rural health and primary care
9 is established within the department. There is established an
10 advisory committee to the ~~office-of~~ center for rural health
11 and primary care consisting of one representative, approved by
12 the respective agency, of each of the following agencies: the
13 department of human services, the department of agriculture
14 and land stewardship, the Iowa department of public health,
15 ~~the-department-of-inspections-and-appeals,~~ the national
16 institute for rural health policy, ~~the-rural-health-resource~~
17 ~~center,~~ the institute of agricultural medicine and
18 occupational health, and the Iowa state association of
19 ~~counties,-and-the-health-policy-corporation-of-iowa.~~ The
20 governor shall appoint two representatives of consumer groups
21 active in rural health issues and a representative of each of
22 two farm organizations active within the state, a
23 representative of an agricultural business in the state, a
24 practicing rural family physician, and a rural health
25 practitioner who is not a physician as members of the advisory
26 committee. ~~Two-state-senators-appointed-by-the-president-of~~
27 ~~the-senate,-after-consultation-with-the-majority-leader-and~~
28 ~~the-minority-leader-of-the-senate,-and-two-state~~
29 ~~representatives-appointed-by-the-speaker-of-the-house-of~~
30 ~~representatives-shall-also-be-members-of-the-advisory~~
31 ~~committee.~~ The advisory committee shall also include as
32 members two state representatives, one appointed by the
33 speaker of the house of representatives and one by the
34 minority leader of the house, and two state senators, one
35 appointed by the majority leader of the senate and one by the

1 minority leader of the senate. Of the members appointed by
2 the president of the senate, after consultation with the
3 majority leader and the minority leader of the senate, and the
4 speaker of the house of representatives, not more than one
5 from each house shall be a member of the same political party.

6 The advisory committee shall regularly meet with the
7 administrative head of the office center as well as the
8 director of the center for agricultural health and safety
9 established under section 262.78. The head of the office and
10 the director of the center shall consult with the advisory
11 committee and provide the committee with relevant information
12 regarding their agencies.

13 2. The office-of center for rural health and primary care
14 shall do all of the following:

15 a. Provide technical planning assistance grants to rural
16 communities and counties exploring alternative innovative
17 means of delivering rural health services through community
18 health services assessment, planning, and implementation,
19 including but not limited to hospital conversions, cooperative
20 agreements among hospitals, physician and health practitioner
21 support, recruitment and retention of primary health care
22 providers, public health services, emergency medical services,
23 medical assistance facilities, rural health care clinics, and
24 alternative means which may be included in the long-term
25 community health services assessment and developmental plan
26 developed-under-this-paragraph-or-in-a-long-term-plan
27 developed-through-the-rural-health-transition-grant-program
28 pursuant-to-the-federal-Omnibus-Budget-Reconciliation-Act-of
29 1987,-Pub---L-No.-100-203,-§-4005(e). The office-of center
30 for rural health and primary care shall encourage
31 collaborative efforts of the local boards of health, and
32 hospital governing boards, and other public and private
33 entities located in rural communities to adopt a long-term
34 community health services assessment and developmental plan as
35 provided-in-section-135B-33 pursuant to rules adopted by the

1 department and perform the duties required of the Iowa
2 department of public health in section 135B.33.

3 ~~b.---Provide-competitive-research-grants,-to-be-awarded-by~~
4 ~~the-advisory-committee,-to-conduct-economic-analyses-of-the~~
5 ~~effects-of-health-care-restructuring-models-on-rural~~
6 ~~communities,-including-but-not-limited-to-the-employment~~
7 ~~effects-on-the-community-of-redirecting-funds-to-new-areas-of~~
8 ~~service,-the-overall-effects-of-redirection-of-the-funds-on~~
9 ~~the-number-of-health-care-dollars-expended-within-the-rural~~
10 ~~community,-and-the-benefit-to-the-health-of-patients-of~~
11 ~~redirecting-the-funds.~~

12 ~~c.---The-office-of-rural-health-shall-make-a-report-to-the~~
13 ~~general-assembly-regarding-the-impact-of-the-current~~
14 ~~compensation-structure-under-medicare-on-rural-hospitals-and~~
15 ~~other-health-care-providers,-shall-provide-information~~
16 ~~regarding-the-current-compensation-system-to-Iowa's~~
17 ~~congressional-delegation,-and-shall-make-recommendations-to~~
18 ~~the-general-assembly-regarding-recommendations-to-be-made-to~~
19 ~~Iowa's-congressional-delegation-to-improve-the-compensation~~
20 ~~structure.~~

21 ~~d.---For-the-purposes-of-this-section,-"medicare"-means-the~~
22 ~~program-of-health-insurance-established-under-Title-XVIII-of~~
23 ~~the-federal-Social-Security-Act.~~

24 e b. Provide technical assistance to assist rural
25 communities in improving medicare reimbursements through the
26 establishment of rural health clinics, defined pursuant to 42
27 U.S.C. § 1395(x), and distinct part skilled nursing facility
28 beds.

29 f c. Coordinate services to provide research for the
30 following items:

31 (1) Examination of the prevalence of rural occupational
32 health injuries in the state.

33 (2) Assessment of training and continuing education
34 available through local hospitals and others relating to
35 diagnosis and treatment of diseases associated with rural

1 occupational health hazards.

2 (3) Determination of continuing education support
3 necessary for rural health practitioners to diagnose and treat
4 illnesses caused by exposure to rural occupational health
5 hazards.

6 (4) Determination of the types of actions that can help
7 prevent agricultural accidents.

8 (5) Surveillance and reporting of disabilities suffered by
9 persons engaged in agriculture resulting from diseases or
10 injuries, including identifying the amount and severity of
11 agricultural-related injuries and diseases in the state,
12 identifying causal factors associated with agricultural-
13 related injuries and diseases, and indicating the
14 effectiveness of intervention programs designed to reduce
15 injuries and diseases.

16 g d. Cooperate with the center for agricultural health and
17 safety established under section 262.78, the center for health
18 effects of environmental contamination established under
19 section 263.17, and the department of agriculture and land
20 stewardship. The agencies shall coordinate programs to the
21 extent practicable.

22 3. The center for rural health and primary care shall
23 establish a primary care provider recruitment and retention
24 endeavor, to be known as PRIMECARRE. The endeavor shall
25 include a community grant program, a primary care provider
26 loan repayment program, a primary care provider community
27 scholarship program, and the establishment of area health
28 education centers. The endeavor shall be developed and
29 implemented in a manner to promote and accommodate local
30 creativity in efforts to recruit and retain health care
31 professionals to provide services in the locality. The focus
32 of the endeavor shall be to promote and assist local efforts
33 in developing health care provider recruitment and retention
34 programs. Eligibility under any of the programs established
35 under the primary care provider recruitment and retention

1 endeavor shall be based upon a community health services
2 assessment completed under subsection 2, paragraph "a". A
3 community or region, as applicable, shall submit a letter of
4 intent to conduct a community health services assessment and
5 to apply for assistance under this subsection. The letter
6 shall be in a form and contain information as determined by
7 the center. A letter of intent shall be submitted to the
8 center by January 1 preceding the fiscal year for which an
9 application for assistance is to be made. Assistance under
10 this subsection shall not be granted until such time as the
11 community or region making application has completed the
12 community health services assessment and adopted a long-term
13 community health services assessment and developmental plan.
14 In addition to any other requirements, a developmental plan
15 shall include a clear commitment to informing high school
16 students of the health care opportunities which may be
17 available to such students.

18 The center for rural health and primary care shall seek
19 additional assistance and resources from other state
20 departments and agencies, federal agencies and grant programs,
21 private organizations, and any other person, as appropriate.
22 The center is authorized and directed to accept on behalf of
23 the state any grant or contribution, federal or otherwise,
24 made to assist in meeting the cost of carrying out the purpose
25 of this subsection. All federal grants to and the federal
26 receipts of the center are appropriated for the purpose set
27 forth in such federal grants or receipts. Funds appropriated
28 by the general assembly to the center for implementation of
29 this subsection shall first be used for securing any available
30 federal funds requiring a state match, with remaining funds
31 being used for the community grant program.

32 The center for rural health and primary care may, to
33 further the purposes of this subsection, provide financial
34 assistance in the form of grants to support the effort of a
35 community which is clearly part of the community's long-term

1 community health services assessment and developmental plan.
2 Efforts for which such grants may be awarded include, but are
3 not limited to, the procurement of clinical equipment,
4 clinical facilities, and telecommunications facilities, and
5 the support of locum tenens arrangements and physician mentor
6 programs.

7 a. COMMUNITY GRANT PROGRAM. The center for rural health
8 and primary care shall adopt rules establishing an application
9 process to be used by the center to establish a grant
10 assistance program as provided in this paragraph, and
11 establishing the criteria to be used in evaluating the
12 applications. Selection criteria shall include a method for
13 prioritizing grant applications based on illustrated efforts
14 to meet the health care provider needs of the locality and
15 surrounding area. Such assistance may be in the form of a
16 forgivable loan, grant, or other nonfinancial assistance as
17 deemed appropriate by the center. An application submitted
18 shall contain a commitment of at least a dollar-for-dollar
19 match of the grant assistance. Application may be made for
20 assistance by a single community or group of communities.

21 Grants awarded under the program shall be subject to the
22 following limitations:

23 (1) Ten thousand dollars for a single community or region
24 with a population of ten thousand or less. An award shall not
25 be made under this program to a community with a population of
26 more than ten thousand.

27 (2) An amount not to exceed one dollar per capita for a
28 region in which the population exceeds ten thousand. For
29 purposes of determining the amount of a grant for a region,
30 the population of the region shall not include the population
31 of any community with a population of more than ten thousand
32 located in the region.

33 b. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM.

34 (1) A primary care provider loan repayment program is
35 established to increase the number of health professionals

1 practicing primary care in federally designated health
2 professional shortage areas of the state. Under the program,
3 loan repayment may be made to a recipient for educational
4 expenses incurred while completing an accredited health
5 education program directly related to obtaining credentials
6 necessary to practice the recipient's health profession.

7 (2) The center for rural health and primary care shall
8 adopt rules relating to the establishment and administration
9 of the primary care provider loan repayment program. Rules
10 adopted pursuant to this paragraph shall provide, at a
11 minimum, for all of the following:

12 (a) Determination of eligibility requirements and
13 qualifications of an applicant to receive loan repayment under
14 the program, including but not limited to years of obligated
15 service, clinical practice requirements, and residency
16 requirements. Loan repayment under the program shall not be
17 approved for a health provider whose license or certification
18 is restricted by a medical regulatory authority of any
19 jurisdiction of the United States, other nations, or
20 territories.

21 (b) Identification of federally designated health
22 professional shortage areas of the state and prioritization of
23 such areas according to need.

24 (c) Determination of the amount and duration of the loan
25 repayment an applicant may receive, giving consideration to
26 the availability of funds under the program, and the
27 applicant's outstanding educational loans and professional
28 credentials.

29 (d) Determination of the conditions of loan repayment
30 applicable to an applicant.

31 (e) Enforcement of the state's rights under a loan
32 repayment program contract, including the commencement of any
33 court action.

34 (f) Cancellation of a loan repayment program contract for
35 reasonable cause.

1 (g) Participation in federal programs supporting repayment
2 of loans of health care providers and acceptance of gifts,
3 grants, and other aid or amounts from any person, association,
4 foundation, trust, corporation, governmental agency, or other
5 entity for the purposes of the program.

6 (h) Upon availability of state funds, determine
7 eligibility criteria and qualifications for participating
8 communities and applicants not located in federally designated
9 shortage areas.

10 (i) Other rules as necessary.

11 (3) The center for rural health and primary care may enter
12 into an agreement under chapter 28E with the college student
13 aid commission for the administration of this program.

14 c. PRIMARY CARE PROVIDER COMMUNITY SCHOLARSHIP PROGRAM.

15 (1) A primary care provider community scholarship program
16 is established to recruit and to provide scholarships to train
17 primary health care practitioners in federally designated
18 health professional shortage areas of the state. Under the
19 program, scholarships may be awarded to a recipient for
20 educational expenses incurred while completing an accredited
21 health education program directly related to obtaining the
22 credentials necessary to practice the recipient's health
23 profession.

24 (2) The department shall adopt rules relating to the
25 establishment and administration of the primary care provider
26 community scholarship program. Rules adopted pursuant to this
27 paragraph shall provide, at a minimum, for all of the
28 following:

29 (a) Determination of eligibility requirements and
30 qualifications of an applicant to receive scholarships under
31 the program, including but not limited to years of obligated
32 service, clinical practice requirements, and residency
33 requirements.

34 (b) Identification of federally designated health
35 professional shortage areas of the state and prioritization of

1 such areas according to need.

2 (c) Determination of the amount of the scholarship an
3 applicant may receive.

4 (d) Determination of the conditions of scholarship to be
5 awarded to an applicant.

6 (e) Enforcement of the state's rights under a scholarship
7 contract, including the commencement of any court action.

8 (f) Cancellation of a scholarship contract for reasonable
9 cause.

10 (g) Participation in federal programs supporting
11 scholarships for health care providers and acceptance of
12 gifts, grants, and other aid or amounts from any person,
13 association, foundation, trust, corporation, governmental
14 agency, or other entity for the purposes of the program.

15 (h) Upon availability of state funds, determination of
16 eligibility criteria and qualifications for participating
17 communities and applicants not located in federally designated
18 shortage areas.

19 (i) Other rules as necessary.

20 (3) The center for rural health and primary care may enter
21 into an agreement under chapter 28E with the college student
22 aid commission for the administration of this program.

23 d. AREA HEALTH EDUCATION CENTERS.

24 (1) The Iowa department of public health, in cooperation
25 with a primary care collaborative effort including the
26 university of Iowa college of medicine, the university of
27 osteopathic medicine and health sciences, and other primary
28 care professional educational institutions in Iowa, shall
29 develop and establish area health education centers. The
30 effort shall involve making application for a federal grant
31 under 42 U.S.C. § 293j, as prescribed by that section.

32 (2) Area health education centers shall, at a minimum, do
33 all of the following:

34 (a) Provide initial and continuing education opportunities
35 to primary care providers.

1 (b) Allow health professionals to consult with
2 specialists, scholars, peers, and other health care
3 professionals.

4 (c) Enable health professionals to access medical
5 libraries and other research resources.

6 (d) Provide for enhanced opportunities for professional
7 student programs, internships and residencies in primary care
8 in rural areas.

9 (3) Points of access to area health education centers
10 shall be geographically distributed across the state to
11 improve services to all rural primary health care providers.
12 The area health education centers shall utilize, to the extent
13 feasible, current university residency programs, educational
14 institutions, the Iowa communications network, and other
15 appropriate resources to ensure this access.

16 (4) Implementation of this lettered paragraph is
17 contingent upon the receipt of federal funding awarded
18 specifically for the implementation of area health education
19 centers.

20 4. The director of public health shall establish a primary
21 care collaborative work group to coordinate all statewide
22 recruitment and retention activities established pursuant to
23 this section and to make recommendations to the department and
24 the center for rural health and primary care relating to the
25 implementation of subsection 3. Membership of the work group
26 shall consist, at a minimum, of representatives from the
27 university of Iowa college of medicine, university of
28 osteopathic medicine and health sciences, university of Iowa
29 physician assistant school, university of Iowa nurse
30 practitioner school, university of osteopathic medicine and
31 health sciences physician assistant program, Iowa-Nebraska
32 primary care association, Iowa medical society, Iowa
33 osteopathic medical association, Iowa chapter of American
34 college of osteopathic family physicians, Iowa academy of
35 family physicians, nurse practitioner association, Iowa nurses

1 association, Iowa hospital association, and Iowa physicians
2 assistants association.

3 5. The department and the center for rural health and pri-
4 mary care shall submit a written report annually to the
5 general assembly on or before February 1 concerning the
6 implementation and coordination of all efforts of the primary
7 care provider recruitment and retention endeavor established
8 in subsection 3.

9 6. For purposes of this section, "primary care provider"
10 means a provider licensed pursuant to chapter 148, 150, or
11 150A.

12 Sec. 3. CENTER FOR RURAL HEALTH AND PRIMARY CARE. There
13 is appropriated from the general fund of the state to the Iowa
14 department of public health for the fiscal year beginning July
15 1, 1994, and ending June 30, 1995, the following amount, or so
16 much thereof as is necessary, to be used for the purpose
17 designated:

18 For the primary care provider recruitment and retention
19 endeavor established in section 135.13, subsection 3:
20 \$ 235,000

21 Funds appropriated under this section shall first be used
22 to secure any available federal funds requiring a state match,
23 with remaining funds being used for the community grant
24 program established pursuant to section 135.13, subsection 3.

25 EXPLANATION

26 This bill renames the office of rural health in the
27 department of public health to be the center for rural health
28 and primary care. The bill directs the center to establish a
29 primary care provider recruitment and retention endeavor, to
30 be known as PRIMECARRE. The endeavor is to include a
31 community grant program, a primary care provider community
32 scholarship program, and the establishment of area health
33 education centers. The focus of the endeavor is to promote
34 and assist local efforts in developing health care provider
35 recruitment and retention programs.

1 The bill directs the director of the department to
2 establish a primary care collaborative work group to
3 coordinate all statewide recruitment and retention activities.
4 The department and the center are to submit a written report
5 annually to the general assembly concerning the implementation
6 and coordination of all efforts under the endeavor.

7 The bill appropriates \$235,000 to be used to secure any
8 available federal funds requiring a state match, with
9 remaining funds to be used for the community grant program.

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HOUSE FILE 2422

AN ACT

RELATING TO HEALTH CARE PROVIDERS AND TO THE ESTABLISHMENT OF A PRIMARY CARE PROVIDER RECRUITMENT AND RETENTION ENDEAVOR AND PROVIDING AN APPROPRIATION.

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

Section 1. LEGISLATIVE FINDINGS. The general assembly finds that a significant number of rural Iowans face increasing difficulty accessing necessary primary care health services. The inequities of the current medical services reimbursement system, the closure of rural hospitals and clinics, the inability of small communities to attract new primary care providers, and the professional isolation that current primary care providers face in their practices contribute to the access problems experienced by Iowa's rural residents. Health care reform will significantly change the environment in which primary care is provided in Iowa. Rural communities must be supported in their strategies to ensure access to the benefits of affordable, accessible, and quality health care. New and innovative programs to assist these rural communities with this task must be promoted.

It is therefore the intent of the general assembly to create a comprehensive primary health care initiative to respond to these health needs. The purposes of the primary care provider recruitment and retention endeavor shall be the following:

1. To establish a student loan repayment program for health professionals who choose to establish practices in provider-shortage areas.
2. To establish a community scholarship program to provide students with assistance with their professional education in exchange for a commitment to return to the community and

provide primary health care.

3. To initiate a collaborative effort to establish area health education centers.
4. To enable the center for rural health and primary care to help local communities identify current and evolving health care needs as well as innovative and collaborative options using local, state, and federal resources to help resolve those needs.
5. To provide for an appropriation by the general assembly that, when matched with federal, local, and other private funds, make possible the implementation of a comprehensive primary health care initiative as set out in this Act.

Sec. 2. Section 135.13, Code 1993, is amended to read as follows:

135.13 OFFICE-OF CENTER FOR RURAL HEALTH AND PRIMARY CARE ESTABLISHED -- DUTIES.

1. The office-of center for rural health and primary care is established within the department. There is established an advisory committee to the office-of center for rural health and primary care consisting of one representative, approved by the respective agency, of each of the following agencies: the department-of-human-services; the department of agriculture and land stewardship, the Iowa department of public health, the department of inspections and appeals, the national institute for rural health policy, the rural health resource center, the institute of agricultural medicine and occupational health, and the Iowa state association of counties-and-the-health-care corporation-of-Iowa. The governor shall appoint two representatives of consumer groups active in rural health issues and a representative of each of two farm organizations active within the state, a representative of an agricultural business in the state, a practicing rural family physician, a practicing rural physician assistant, a practicing rural advanced registered nurse practitioner, and a rural health practitioner who is not

a physician, physician assistant, or advanced registered nurse practitioner, as members of the advisory committee. Two state senators appointed by the president of the senate after consultation with the majority leader and the minority leader of the senate and two state representatives appointed by the speaker of the house of representatives shall also be members of the advisory committee. Of the members appointed by the president of the senate after consultation with the majority leader and the minority leader of the senate and the speaker of the house of representatives, not more than one from each house shall be a member of the same political party. The advisory committee shall also include as members two state representatives, one appointed by the speaker of the house of representatives and one by the minority leader of the house, and two state senators, one appointed by the majority leader of the senate and one by the minority leader of the senate.

The advisory committee shall regularly meet with the administrative head of the office center as well as the director of the center for agricultural health and safety established under section 262.78. The head of the office and the director of the center shall consult with the advisory committee and provide the committee with relevant information regarding their agencies.

2. The office of center for rural health and primary care shall do all of the following:

1. Provide technical planning assistance grants to rural communities and counties exploring alternate innovative means of delivering rural health services through community health services assessment, planning, and implementation, including but not limited to hospital conversions, cooperative agreements among hospitals, physician and health practitioner support, recruitment and retention of primary health care providers, public health services, emergency medical services, medical assistance facilities, rural health care clinics, and alternative means which may be included in the long term

community health services assessment and developmental plan developed under this paragraph or in a long term plan developed through the rural health transition grant program pursuant to the federal Omnibus Budget Reconciliation Act of 1987 (Pub. Law No. 100-203; § 4805(e)). The office of center for rural health and primary care shall encourage collaborative efforts of the local boards of health, and hospital governing boards, and other public and private entities located in rural communities to adopt a long term community health services assessment and developmental plan as provided in section 135B.33 pursuant to rules adopted by the department and perform the duties required of the Iowa department of public health in section 135B.33.

b. Provide competitive research grants to be awarded by the advisory committee to conduct economic analyses of the effects of health care restructuring models on rural communities, including but not limited to the employment effects on the community of redirecting funds to new areas of service; the overall effects of redirection of the funds on the number of health care dollars expended within the rural community; and the benefit to the health of patients of redirecting the funds.

c. The office of rural health shall make a report to the general assembly regarding the impact of the current compensation structure under Medicare on rural hospitals and other health care providers; shall provide information regarding the current compensation system to relevant congressional delegations; and shall make recommendations to the general assembly regarding recommendations to be made to Iowa's congressional delegation to improve the compensation structure.

d. For the purposes of this section, "Medicare" means the program of health insurance established under title XVIII of the federal Social Security Act.

e b. Provide technical assistance to assist rural communities in improving medicare reimbursements through the establishment of rural health clinics, defined pursuant to 42 U.S.C. § 1395(x), and distinct part skilled nursing facility beds.

f g. Coordinate services to provide research for the following items:

(1) Examination of the prevalence of rural occupational health injuries in the state.

(2) Assessment of training and continuing education available through local hospitals and others relating to diagnosis and treatment of diseases associated with rural occupational health hazards.

(3) Determination of continuing education support necessary for rural health practitioners to diagnose and treat illnesses caused by exposure to rural occupational health hazards.

(4) Determination of the types of actions that can help prevent agricultural accidents.

(5) Surveillance and reporting of disabilities suffered by persons engaged in agriculture resulting from diseases or injuries, including identifying the amount and severity of agricultural-related injuries and diseases in the state, identifying causal factors associated with agricultural-related injuries and diseases, and indicating the effectiveness of intervention programs designed to reduce injuries and diseases.

g d. Cooperate with the center for agricultural health and safety established under section 262.28, the center for health effects of environmental contamination established under section 261.17, and the department of agriculture and land stewardship. The agencies shall coordinate programs to the extent practicable.

e. Administer grants for farm safety education efforts directed to rural families for the purpose of preventing farm-related injuries to children.

j. The center for rural health and primary care shall establish a primary care provider recruitment and retention endeavor, to be known as PRIMECARE. The endeavor shall include a community grant program, a primary care provider loan repayment program, a primary care provider community scholarship program, and the establishment of area health education centers. The endeavor shall be developed and implemented in a manner to promote and accommodate local creativity in efforts to recruit and retain health care professionals to provide services in the locality. The focus of the endeavor shall be to promote and assist local efforts in developing health care provider recruitment and retention programs. Eligibility under any of the programs established under the primary care provider recruitment and retention endeavor shall be based upon a community health services assessment completed under subsection 2, paragraph "a". A community or region, as applicable, shall submit a letter of intent to conduct a community health services assessment and to apply for assistance under this subsection. The letter shall be in a form and contain information as determined by the center. A letter of intent shall be submitted to the center by January 1 preceding the fiscal year for which an application for assistance is to be made. Assistance under this subsection shall not be granted until such time as the community or region making application has completed the community health services assessment and adopted a long term community health services assessment and developmental plan. In addition to any other requirements, a developmental plan shall include a clear commitment to informing high school students of the health care opportunities which may be available to such students.

The center for rural health and primary care shall seek additional assistance and resources from other state departments and agencies, federal agencies and grant programs, private organizations, and any other person, as appropriate.

The center is authorized and directed to accept on behalf of the state any grant or contribution, federal or otherwise, made to assist in meeting the cost of carrying out the purpose of this subsection. All federal grants to and the federal receipts of the center are appropriated for the purpose set forth in such federal grants or receipts. Funds appropriated by the general assembly to the center for implementation of this subsection shall first be used for securing any available federal funds requiring a state match, with remaining funds being used for the community grant program.

The center for rural health and primary care may, to further the purposes of this subsection, provide financial assistance in the form of grants to support the effort of a community which is clearly part of the community's long-term community health services assessment and developmental plan. Efforts for which such grants may be awarded include, but are not limited to, the procurement of clinical equipment, clinical facilities, and telecommunications facilities, and the support of locum tenens arrangements and primary care provider mentor programs.

a. COMMUNITY GRANT PROGRAM. The center for rural health and primary care shall adopt rules establishing an application process to be used by the center to establish a grant assistance program as provided in this paragraph, and establishing the criteria to be used in evaluating the applications. Selection criteria shall include a method for prioritizing grant applications based on illustrated efforts to meet the health care provider needs of the locality and surrounding area. Such assistance may be in the form of a forgivable loan, grant, or other nonfinancial assistance as deemed appropriate by the center. An application submitted shall contain a commitment of at least a dollar-for-dollar match of the grant assistance. Application may be made for assistance by a single community or group of communities.

Grants awarded under the program shall be subject to the following limitations:

(1) Ten thousand dollars for a single community or region with a population of ten thousand or less. An award shall not be made under this program to a community with a population of more than ten thousand.

(2) An amount not to exceed one dollar per capita for a region in which the population exceeds ten thousand. For purposes of determining the amount of a grant for a region, the population of the region shall not include the population of any community with a population of more than ten thousand located in the region.

b. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM.

(1) A primary care provider loan repayment program is established to increase the number of health professionals practicing primary care in federally designated health professional shortage areas of the state. Under the program, loan repayment may be made to a recipient for educational expenses incurred while completing an accredited health education program directly related to obtaining credentials necessary to practice the recipient's health profession.

(2) The center for rural health and primary care shall adopt rules relating to the establishment and administration of the primary care provider loan repayment program. Rules adopted pursuant to this paragraph shall provide, as a minimum, for all of the following:

(a) Determination of eligibility requirements and qualifications of an applicant to receive loan repayment under the program, including but not limited to years of obligated service which shall be for a minimum of ten years; (b) Federal requirements for the program require differentially clinical practice requirements, and residency requirements. Loan repayment under the program shall not be approved for a health provider whose license or certification is restricted by a medical regulatory authority of any jurisdiction of the United States, other nations, or territories.

(b) Identification of federally designated health professional shortage areas of the state and prioritization of such areas according to need.

(c) Determination of the amount and duration of the loan repayment an applicant may receive, giving consideration to the availability of funds under the program, and the applicant's outstanding educational loans and professional credentials.

(d) Determination of the conditions of loan repayment applicable to an applicant.

(e) Enforcement of the state's rights under a loan repayment program contract, including the commencement of any court action.

(f) Cancellation of a loan repayment program contract for reasonable cause.

(g) Participation in federal programs supporting repayment of loans of health care providers and acceptance of gifts, grants, and other aid or amounts from any person, association, foundation, trust, corporation, governmental agency, or other entity for the purposes of the program.

(h) Upon availability of state funds, determine eligibility criteria and qualifications for participating communities and applicants not located in federally designated shortage areas.

(i) Other rules as necessary.

(j) The center for rural health and primary care may enter into an agreement under chapter 28E with the college student aid commission for the administration of this program.

2. PRIMARY CARE PROVIDER COMMUNITY SCHOLARSHIP PROGRAM.

(1) A primary care provider community scholarship program is established to recruit and to provide scholarships to train primary health care practitioners in federally designating health professional shortage areas of the state. Under the program, scholarships may be awarded to a recipient for educational expenses incurred while completing an accredited

health education program directly related to obtaining the credentials necessary to practice the recipient's health profession.

(2) The department shall adopt rules relating to the establishment and administration of the primary care provider community scholarship program. Rules adopted pursuant to this paragraph shall provide, at a minimum, for all of the following.

(a) Determination of eligibility requirements and qualifications of an applicant to receive scholarships under the program, including but not limited to years of obligated service which shall be for a minimum of ten years unless federal requirements for the program require differently, clinical practice requirements, and residency requirements.

(b) Identification of federally designated health professional shortage areas of the state and prioritization of such areas according to need.

(c) Determination of the amount of the scholarship an applicant may receive.

(d) Determination of the conditions of scholarship to be awarded to an applicant.

(e) Enforcement of the state's rights under a scholarship contract, including the commencement of any court action.

(f) Cancellation of a scholarship contract for reasonable cause.

(g) Participation in federal programs supporting scholarships for health care providers and acceptance of gifts, grants, and other aid or amounts from any person, association, foundation, trust, corporation, governmental agency, or other entity for the purposes of the program.

(h) Upon availability of state funds, determine eligibility criteria and qualifications for participating communities and applicants not located in federally designated shortage areas.

(i) Other rules as necessary.

(3) The center for rural health and primary care may enter into an agreement under chapter 28E with the college student aid commission for the administration of this program.

d. AREA HEALTH EDUCATION CENTERS.

(1) The Iowa department of public health, in cooperation with a primary care collaborative effort including the university of Iowa college of medicine, the university of osteopathic medicine and health sciences, and other primary care professional educational institutions in Iowa, shall develop and establish area health education centers. The effort shall involve making application for a federal grant under 42 U.S.C. § 293j, as prescribed by that section.

(2) Area health education centers shall, at a minimum, do all of the following:

(a) Provide initial and continuing education opportunities to primary care providers.

(b) Allow health professionals to consult with specialists, scholars, peers, and other health care professionals.

(c) Enable health professionals to access medical libraries and other research resources.

(d) Provide for enhanced opportunities for professional student programs, internships and residencies in primary care in rural areas.

(3) Points of access to area health education centers shall be geographically distributed across the state to improve services to all rural primary health care providers. Area health education centers shall utilize, to the extent feasible, current university residency programs, existing health care facilities, existing educational institutions, the Iowa communications network, and other appropriate resources to ensure access.

(4) Implementation of this lettered paragraph is contingent upon the receipt of federal funding awarded specifically for the implementation of area health education centers.

4. The director of public health shall establish a primary care collaborative work group to coordinate all statewide recruitment and retention activities established pursuant to this section and to make recommendations to the department and the center for rural health and primary care relating to the implementation of subsection 3. Membership of the work group shall consist, at a minimum, of representatives from the university of Iowa college of medicine, university of osteopathic medicine and health sciences, university of Iowa physician assistant school, university of Iowa nurse practitioner school, university of osteopathic medicine and health sciences physician assistant program, Iowa-Nebraska primary care association, Iowa medical society, Iowa osteopathic medical association, Iowa chapter of American college of osteopathic family physicians, Iowa academy of family physicians, nurse practitioner association, Iowa nurses association, Iowa hospital association, and Iowa physicians assistants association.

5. The department and the center for rural health and primary care shall submit a written report annually to the general assembly on or before February 1 concerning the implementation and coordination of all efforts of the primary care provider recruitment and retention endeavor established in subsection 3.

Sec. 3. CENTER FOR RURAL HEALTH AND PRIMARY CARE. There is appropriated from the general fund of the state to the Iowa department of public health for the fiscal year beginning July 1, 1994, and ending June 30, 1995, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the primary care provider recruitment and retention endeavor established in section 135.13, subsection 3:
\$1,000,000

Funds appropriated under this section shall first be used to secure any available federal funds requiring a state match.

with remaining funds being used for the community grant program established pursuant to section 135.13, subsection 3.

HAROLD VAN MAANEN
Speaker of the House

LEONARD L. BOSWELL
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 2422, Seventy-fifth General Assembly.

ELIZABETH ISAACSON
Chief Clerk of the House

Approved May 10, 1994

TERRY E. BRANSTAD
Governor