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HUMAN RESOURCES

HOUSE FILE 2410
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OLDSON, PETTENGILL, and
SWAIM

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

A BILL FOR

1 An Act relating to health and human services-related initiatives
2 for children and adults, and providing appropriations and a
3 penalty.

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

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HF 2410

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DIVISION I
CHILD WELFARE

Section 1. NEW SECTION. 234.8A CHILD WELFARE FLEXIBLE FUND.

1. The child welfare flexible fund is created in the office of the treasurer of state under the control of the department of human services.

2. Notwithstanding section 8.33, moneys credited to the fund shall not revert to any other fund.

3. Moneys in the fund for a fiscal year shall be appropriated to the department to be used for providing clinical consultation to the department's employees who work directly with children receiving child welfare services and the children's families, expanding community partnerships for protecting children, expanding engagement efforts with families with children receiving child welfare services, and for other efforts to improve the state's ability to respond to situations in which children are endangered.

Sec. 2. CHILD WELFARE REDESIGN FLEXIBLE FUND

APPROPRIATION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2006, and ending June 30, 2007, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

To be credited to the child welfare flexible fund created in section 234.8A, as enacted by this Act:

..... \$ 2,000,000

DIVISION II
FOSTER CARE

Sec. 3. MULTIDIMENSIONAL TREATMENT LEVEL FOSTER CARE PROGRAM.

1. PURPOSE. The department of human services shall establish a multidimensional treatment level foster care program on a pilot project basis in accordance with this section. The purpose of the multidimensional treatment level

1 foster care program is to provide a family-based treatment and
2 support program for children who are transitioning from a
3 psychiatric medical institution for children to a family
4 foster care placement while preparing for family
5 reunification.

6 2. DEFINITIONS. For the purposes of this section:

7 a. "Department" means the department of human services.

8 b. "Family foster care" means foster care provided by an
9 individual person or a married couple who is licensed under
10 chapter 237 to provide child foster care in a single-family
11 home environment.

12 c. "Multidimensional treatment level foster care program"
13 or "treatment program" means the program established pursuant
14 to this section.

15 d. "Psychiatric institution" means a psychiatric medical
16 institution for children licensed under chapter 135H.

17 3. ELIGIBILITY. A child is eligible for the treatment
18 program if at the time of discharge from a psychiatric
19 institution the child is unable to return to the child's
20 family home and one of the following conditions is applicable:

21 a. The child has treatment issues which cause the child to
22 be at high risk of failing in a foster care placement unless
23 targeted support services are provided.

24 b. The child has had multiple previous out-of-home
25 placements.

26 4. ELIGIBILITY DETERMINATION. Children who are
27 potentially eligible for a treatment program shall be
28 identified by the administrator of a treatment program at the
29 time of the child's admission to a psychiatric institution. In
30 order to be admitted to the treatment program, the treatment
31 program administrator must determine the child has a need
32 that can be met by the program, the child can be placed with
33 an appropriate family foster care provider, and appropriate
34 services to support the child are available in the family
35 foster care placement. The determination shall be made in

1 coordination with the child's family, department staff, and
2 other persons involved with decision making for the child's
3 out-of-home placement.

4 5. SERVICES. The services provided by a treatment program
5 shall include but are not limited to all of the following:

6 a. Foster family recruitment, training, and retention,
7 which may include support groups, family recreational
8 activities, and certification programs.

9 b. Placement services, which may include intake screening
10 and initial assessment of children and foster families,
11 matching of child and foster family needs and strengths,
12 transition assistance, placement staffing, and an initial
13 treatment plan.

14 c. Foster care treatment-related services, which may
15 include any of the following:

16 (1) Making home visits to monitor progress in implementing
17 the child's treatment plan.

18 (2) Providing counseling to the child, the child's family,
19 and the foster family.

20 (3) Making an initial visit within two business days of
21 the child's placement in the foster family.

22 (4) Providing weekly treatment sessions with the child and
23 the foster family.

24 (5) Providing later treatment sessions involving the
25 child, the child's family, and the foster family as provided
26 in the child's treatment or case permanency plan.

27 (6) Providing services to support the child's successful
28 reunification with the child's family, which may include
29 parent training, supervised visitation, intensive
30 reunification work, and psychological or psychiatric
31 consultation.

32 d. Indirect services, which may include any of the
33 following:

34 (1) Developing a child and family treatment plan.

35 (2) Developing a foster family care plan designed to

1 assist the child in having a successful family foster care
2 placement.

3 (3) Providing for the treatment program administrator to
4 attend child-related court hearings and school conferences.

5 (4) Preparing written reports on the initial thirty days
6 of the child's treatment program participation, each quarter,
7 and a summary of the child's treatment program participation
8 upon the child's discharge from the treatment program.

9 (5) Assembling a life book for the child.

10 e. Crisis intervention available on a twenty-four-hours-
11 per-day, seven-days-per-week basis and respite services
12 available to participating family foster care providers of at
13 least five hours per month.

14 6. AGENCY QUALIFICATIONS. The department shall select two
15 agencies to implement the treatment program pilot project. One
16 of the agencies shall be a psychiatric institution provider
17 licensed for more than 100 beds that is located in a county
18 with a population in excess of 300,000. The other agency
19 shall be a psychiatric institution provider licensed for 60
20 or more but less than 65 beds that is located in a county
21 with a population between 189,000 and 196,000.

22 7. REIMBURSEMENT PROVISIONS. The families providing the
23 family foster care services under the treatment program shall
24 be directly reimbursed by the department in accordance with
25 the requirements for family foster care reimbursement. In
26 addition, the treatment program shall provide a per diem
27 reimbursement to the family foster care providers
28 participating in the treatment program.

29 8. EVALUATION. The treatment program shall be evaluated
30 over a twenty-four-month period commencing on the
31 implementation date of the pilot project which shall be as
32 close to July 1, 2006, as possible. The evaluation shall be
33 conducted by a person who is independent of the department and
34 the agencies participating in the pilot project. The
35 evaluation components shall include but are not limited to the

1 following information associated with the children and
2 families participating in the treatment program pilot project:
3 quantity and quality of out-of-home placements, family foster
4 care retention and satisfaction, and the participating
5 children's relative length of stay in a psychiatric
6 institution.

7 DIVISION III

8 CHILD ABUSE PREVENTION AND CHILD WELFARE

9 Sec. 4. CHILD ABUSE PREVENTION AND CHILD WELFARE. There
10 is appropriated from the general fund of the state to the
11 department of human services for the fiscal year beginning
12 July 1, 2006, and ending June 30, 2007, the following amount,
13 or so much thereof as is necessary, to be used for the
14 purposes designated:

15 For child abuse prevention and child welfare programs to be
16 distributed as provided in this section:

17 \$ 1,500,000

18 The amount appropriated in this section is allocated as
19 follows:

20 1. For sexual abuse prevention programs, including but not
21 limited to developing and offering education and outreach
22 projects directed to parents and adults to reduce the
23 incidence of sexual abuse and exploitation of children, for
24 distribution in accordance with section 235A.1:

25 \$ 250,000

26 2. For support and expansion of community partnerships to
27 prevent child abuse:

28 \$ 250,000

29 3. For services directed to children and families impacted
30 by methamphetamine use, including but not limited to
31 wraparound, case management, and coordination services:

32 \$ 500,000

33 4. For transfer to the Iowa department of public health to
34 be used for substance abuse treatment provided to parents with
35 addiction to methamphetamine who have a child who has been

1 adjudicated as a child in need of assistance under chapter
2 232:
3 \$ 500,000

4 DIVISION IV

5 CHILD CARE ASSISTANCE -- MILITARY SERVICE

6 Sec. 5. COMMUNITY EMPOWERMENT -- MILITARY SERVICE CHILD
7 CARE ASSISTANCE APPROPRIATION. There is appropriated from the
8 general fund of the state to the department of management for
9 the fiscal year beginning July 1, 2006, and ending June 30,
10 2007, the following amount, or so much thereof as is
11 necessary, to be used for the purpose designated:

12 To be credited to the Iowa empowerment fund created in
13 section 28.9:
14 \$ 1,000,000

15 The moneys appropriated in this section shall be
16 distributed by the Iowa empowerment board to community
17 empowerment areas to provide child care services and before
18 and after school programs for children of families that have
19 at least one parent who is engaged in active duty in the
20 military service of the United States. The Iowa empowerment
21 board shall adopt requirements for distribution and usage of
22 the funds appropriated in this section.

23 DIVISION V

24 HEALTHY IOWA FOR ALL

25 Sec. 6. NEW SECTION. 514M.1 SHORT TITLE.
26 This chapter shall be known and may be cited as the
27 "Healthy Iowa for All Act".

28 Sec. 7. NEW SECTION. 514M.2 LEGISLATIVE INTENT.
29 It is the intent of the general assembly to establish the
30 healthy Iowa for all program to provide access to
31 comprehensive, quality, affordable health care coverage to
32 eligible small employers, including the self-employed, their
33 employees and their dependents, state employees and their
34 dependents, local government employees and their dependents,
35 and individuals, on a voluntary basis. It is also the intent

1 of the general assembly that the healthy Iowa for all program
2 monitor and improve the quality of health care in the state.

3 Sec. 8. NEW SECTION. 514M.3 DEFINITIONS.

4 As used in this chapter, unless the context otherwise
5 requires:

6 1. "Board" means the HIFA program board created in section
7 514M.6.

8 2. "Department" means the Iowa department of public
9 health.

10 3. "Dependent" means a spouse, an unmarried child under
11 nineteen years of age, a child who is a student under twenty-
12 three years of age and is financially dependent upon a plan
13 enrollee, or a person of any age who is the child of a plan
14 enrollee and is disabled and dependent upon that plan
15 enrollee. "Dependent" may include a domestic partner.

16 4. "Director" means the director of public health.

17 5. "Eligible employer" means a business that employs at
18 least two but not more than fifty eligible employees, the
19 majority of whom are employed in the state, including a
20 municipality or political subdivision that has fifty or fewer
21 employees.

22 6. "Eligible individual" means any of the following:

23 a. A self-employed individual who works and resides in the
24 state, and is organized as a sole proprietorship or in any
25 other legally recognized manner in which a self-employed
26 individual may organize, a substantial part of whose income
27 derives from a trade or business through which the individual
28 has attempted to earn taxable income.

29 b. An unemployed individual who resides in this state.

30 c. An individual employed by an employer that does not
31 offer health insurance.

32 d. Uninsured individuals without access to employer
33 coverage.

34 7. "Eligible local government employee" means a local
35 government employee.

- 1 8. "Eligible state employee" means a state employee,
2 including a state employee covered under a collective
3 bargaining agreement.
- 4 9. "Employer" means the owner or responsible agent of a
5 business authorized to sign contracts on behalf of the
6 business.
- 7 10. "Federal poverty guidelines" means the federal poverty
8 guidelines issued by the United States department of health
9 and human services in the federal register.
- 10 11. "Health insurance carrier" means any entity licensed
11 by the division of insurance of the department of commerce to
12 provide health insurance in Iowa or an organized delivery
13 system licensed by the director of public health that has
14 contracted with the department to provide health insurance
15 coverage to eligible individuals and dependents under this
16 chapter.
- 17 12. "HIFA health insurance" means the health insurance
18 product established by the HIFA program that is offered by a
19 private health insurance carrier.
- 20 13. "HIFA health insurance program" or "insurance program"
21 means the program through which HIFA health insurance is
22 provided.
- 23 14. "HIFA program" or "program" means the healthy Iowa for
24 all program established in this chapter.
- 25 15. "Local government" means a city, county, school
26 district, and the institutions governed by the board of
27 regents.
- 28 16. "Modified community rating" means a method used to
29 develop a health insurance carrier's premiums which spreads
30 financial risk across a population by limiting the utilization
31 of health status and claims experience as approved by the
32 commissioner of insurance.
- 33 17. "Participating employer" means an eligible employer
34 that contracts with and has employees enrolled in the HIFA
35 health insurance program.

1 18. "Plan enrollee" means an eligible individual or
2 eligible employee who enrolls in the HIFA health insurance
3 program.

4 19. "Provider" means any person, organization,
5 corporation, or association that provides health care services
6 and products and is authorized to provide those services and
7 products under state law.

8 20. "Third-party administrator" means any person who, on
9 behalf of any person who establishes a health insurance plan
10 covering residents of this state, receives or collects
11 charges, contributions, or premiums for, or settles claims of
12 residents in connection with, any type of health benefit
13 provided in or as an alternative to insurance.

14 21. "Unemployed individual" means an individual who does
15 not work more than twenty hours per week for any single
16 employer.

17 Sec. 9. NEW SECTION. 514M.4 HIFA PROGRAM ESTABLISHED.

18 1. The HIFA program is established under the authority of
19 the department to provide access to health care coverage to
20 eligible employers, including the self-employed, their
21 employees and dependents, eligible state employees and their
22 dependents, eligible local government employees and their
23 dependents, and eligible individuals.

24 2. The department may do any of the following:

25 a. Have and exercise all powers necessary or convenient to
26 effect the purposes for which the program is organized or to
27 further the activities in which the program may lawfully be
28 engaged, including the establishment of the insurance program.

29 b. Make and alter a plan of operation, not inconsistent
30 with this chapter or other state law, for the administration
31 and regulation of the activities of the program.

32 c. Take any legal actions necessary to avoid the payment
33 of improper claims against the insurance program or the
34 coverage provided by or through the insurance program to
35 recover any amounts erroneously or improperly paid by the

1 insurance program, to recover amounts paid by the insurance
2 program as the result of mistake of fact or law, and to
3 recover other amounts due the insurance program.

4 d. Enter into contracts with qualified third parties, both
5 private and public, for any service necessary to carry out the
6 purposes of this chapter.

7 e. Conduct studies and analyses related to the provision
8 of health care, health care costs, and health care quality.

9 f. Accept appropriations, gifts, grants, loans, or other
10 aid from public or private entities.

11 g. Contract with organizations with expertise in health
12 care data, including a nonprofit health data processing entity
13 in this state, to assist the Iowa quality forum established in
14 section 514M.12 in the performance of its responsibilities.

15 h. Provide staff support and other assistance to the Iowa
16 quality forum established in section 514M.12.

17 i. In accordance with the limitations and restrictions of
18 this chapter, cause any of its powers or duties to be carried
19 out by one or more organizations organized, created, or
20 operated under the laws of this state.

21 3. The department shall do all of the following:

22 a. Establish administrative and accounting procedures as
23 recommended by the state auditor for the operation of the
24 program.

25 b. Determine the comprehensive services and benefits to be
26 included in HIFA health insurance and make recommendations to
27 the board regarding the services and benefits.

28 c. Develop and implement an outreach program to publicize
29 the existence of the HIFA program and the HIFA health
30 insurance program and the eligibility requirements and the
31 enrollment procedures for the HIFA health insurance program
32 and to maintain public awareness of the HIFA program and the
33 HIFA health insurance program.

34 d. Arrange for the provision of HIFA health insurance
35 benefit coverage to eligible individuals, eligible employees,

1 eligible state employees, and eligible local government
2 employees through contracts with one or more qualified health
3 insurance carriers.

4 e. Develop a high-risk pool for plan enrollees in HIFA
5 health insurance in accordance with the provisions of section
6 514M.14.

7 4. Financial and performance audits or examinations of
8 HIFA health insurance shall be conducted by the insurance
9 division of the department of commerce, annually. A copy of
10 any audit shall be provided to the commissioner of insurance,
11 the governor, and the general assembly.

12 5. Beginning September 1, 2008, and annually thereafter,
13 the department shall submit a report to the governor and the
14 general assembly on the impact of the HIFA health insurance
15 program on the small group, individual, state employee, and
16 local government employee health insurance markets in this
17 state and any reduction in the number of uninsured individuals
18 in the state. The department shall also report on membership
19 in the HIFA health insurance program, the administrative
20 expenses of the HIFA health insurance program, the extent of
21 coverage, the effect on premiums, the number of covered lives,
22 the number of HIFA health insurance policies issued or
23 renewed, and HIFA health insurance premiums earned and claims
24 incurred by health insurance carriers offering HIFA health
25 insurance.

26 6. The department shall coordinate the activities of the
27 HIFA program with health care programs offered through
28 federal, state, and local governments.

29 Sec. 10. NEW SECTION. 514M.5 HIFA PROGRAM BOARD.

30 1. A HIFA program board for the HIFA program is
31 established. The board shall meet not less than four times
32 annually or at the call of the chairperson for the purposes of
33 establishing policy and adopting rules for the program. The
34 board shall consist of the following members:

35 a. Five public voting members who have knowledge or

1 experience in one or more of the following areas, appointed by
2 the governor and subject to confirmation by the senate:

- 3 (1) Health care purchasing.
- 4 (2) Health insurance.
- 5 (3) Health policy and law.
- 6 (4) State management and budgeting.
- 7 (5) Health care financing.

8 b. The director of public health, the director of human
9 services, and the commissioner of insurance serving as ex
10 officio, nonvoting members of the board.

11 c. Two members of the senate and two members of the house
12 of representatives, serving as ex officio, nonvoting members.
13 The legislative members of the board shall be appointed by the
14 majority leader of the senate, after consultation with the
15 president of the senate, and by the minority leader of the
16 senate, and by the speaker of the house, after consultation
17 with the majority leader, and by the minority leader of the
18 house of representatives. Legislative members shall receive
19 compensation pursuant to section 2.12.

20 2. Members appointed by the governor shall serve two-year
21 staggered terms as designated by the governor, and legislative
22 members of the board shall serve two-year terms. The filling
23 of vacancies, membership terms, payment of compensation and
24 expenses, and removal of the members who are representatives
25 of the public are governed by chapter 69. Members of the
26 board are entitled to receive reimbursement of actual expenses
27 incurred in the discharge of their duties. Public members of
28 the board are also eligible to receive per diem as specified
29 in section 7E.6 for each day spent in performance of duties as
30 members. The members shall select a voting member as the
31 chairperson on an annual basis from among the membership of
32 the board. Three voting members of the board constitute a
33 quorum. An action taken by the board shall require the
34 affirmative vote of at least three members.

35 3. A member of the board or an employee of the HIFA

1 program or their dependent shall not receive any direct
2 personal benefit from the activities of the program in
3 assisting any private entity, except that they may participate
4 in HIFA health insurance on the same terms as any other
5 participant.

6 4. The board shall do all of the following:

7 a. Employ or contract for any personnel as may be
8 necessary to carry out the duties of the board.

9 b. Develop standards for selecting participating health
10 insurance carriers for the insurance program.

11 c. Establish penalties for breach of contract or other
12 violations of requirements or provisions under the program.

13 d. In consultation with the Iowa quality forum advisory
14 council, select a nationally recognized functional health
15 assessment form for an initial assessment of all eligible
16 employees, eligible individuals, eligible state employees, and
17 eligible local government employees participating in the HIFA
18 health insurance program, establish a baseline for comparison
19 purposes, and develop appropriate indicators to measure the
20 health status of those participating in the program.

21 e. Specify the data to be maintained by the department,
22 including data to be collected for the purposes of quality
23 assurance reports.

24 f. Approve the benefits package design, review the
25 benefits package design on a periodic basis, and make
26 necessary changes in the benefit design to reflect the results
27 of the periodic reviews. The benefits package shall provide
28 comprehensive coverage and shall include all benefits mandated
29 by law.

30 g. Determine the contribution levels, deductibles, and
31 cost-sharing requirements of the HIFA health insurance
32 program.

33 h. Provide for periodic assessment of the effectiveness of
34 the outreach program.

35 i. Solicit input from the public regarding the program and

1 related issues and services.

2 j. Approve a high-risk pool for plan enrollees in the HIFA
3 health insurance program.

4 k. Adopt rules, in accordance with chapter 17A, as
5 necessary for the proper administration and enforcement of
6 this chapter.

7 5. State agencies shall provide technical assistance and
8 expertise to the board and the department upon request. The
9 attorney general shall act as legal counsel to the board.

10 6. The board may appoint advisory committees to assist the
11 board and the department.

12 Sec. 11. NEW SECTION. 514M.6 HIFA HEALTH INSURANCE
13 PROGRAM.

14 1. a. The HIFA health insurance program shall provide for
15 health benefits coverage through health insurance carriers
16 that apply to the board and meet the qualifications described
17 in this section and any additional qualifications established
18 by rule of the board.

19 b. If a sufficient number of health insurance carriers do
20 not apply to offer and deliver health insurance under the
21 insurance program, the board may propose the establishment of
22 a nonprofit health care plan or may propose the expansion of
23 an existing public plan. If the board proposes the
24 establishment of a nonprofit health care plan or the expansion
25 of an existing public plan, the board shall submit a proposal,
26 including but not limited to a funding mechanism, to
27 capitalize a nonprofit health care plan and any recommended
28 legislation to the general assembly. The program shall not
29 provide access to health insurance by establishing a nonprofit
30 health care plan or through an existing public plan without
31 specific legislative approval.

32 2. Nothing in this chapter shall be construed or is
33 intended as, or shall imply, a grant of entitlement for
34 services to persons who are eligible for participation in the
35 HIFA health insurance program based upon eligibility

1 consistent with the requirements of this chapter. Any state
2 obligation to provide services pursuant to this chapter is
3 limited to the extent of the funds appropriated or provided
4 for implementation of this chapter.

5 3. The HIFA health insurance program may contract with
6 health insurance carriers licensed to sell health insurance in
7 the state or other private or public third-party
8 administrators to provide insurance under the insurance
9 program.

10 a. The HIFA health insurance program shall issue requests
11 for proposals to select health insurance carriers.

12 b. The insurance program may include quality improvement,
13 patient care management, and cost-containment provisions in
14 the contracts with participating health insurance carriers or
15 may arrange for the provision of such services through
16 contracts with other entities.

17 c. The insurance program shall require participating
18 health insurance carriers to offer a benefit plan identical to
19 the plan developed by the board in the small group market.

20 d. The HIFA health insurance program may set allowable
21 rates for administration and underwriting gains for the
22 insurance program.

23 e. The HIFA health insurance program may administer
24 continuation benefits for eligible individuals from employers
25 with twenty or more employees who have purchased health
26 insurance coverage through the program for the duration of
27 their eligibility periods for continuation of benefits
28 pursuant to Title X of the federal Consolidated Omnibus Budget
29 Reconciliation Act of 1986, Pub. L. No. 99-272, sections 10001
30 to 10003.

31 f. The HIFA health insurance program may administer or
32 contract to administer the United States Internal Revenue Code
33 of 1986, section 125, plans for employers and employees
34 participating in the program, including medical expense
35 reimbursement accounts and dependent care reimbursement

1 accounts.

2 g. The HIFA health insurance program shall contract with
3 eligible employers seeking assistance in arranging for health
4 benefits coverage for their employees and the employees'
5 dependents.

6 Sec. 12. NEW SECTION. 514M.7 ELIGIBILITY REQUIREMENTS.

7 1. All of the following are eligible for participation in
8 the HIFA health insurance program:

9 a. Eligible individuals and their dependents.

10 b. The employees of an eligible employer and the
11 dependents of such employees.

12 c. Eligible state employees and their dependents, in
13 accordance with applicable collective bargaining agreements.

14 d. Eligible local government employees and their
15 dependents.

16 2. In order to participate, an eligible employer, the
17 state, or the local government shall pay at least sixty
18 percent of the individual employee's premium costs or the
19 combined premium costs of the individual employee and
20 dependents of the employee.

21 3. The HIFA health insurance program shall collect
22 payments from participating employers and plan enrollees to
23 cover the costs of all of the following:

24 a. Insurance coverage for enrolled employees and their
25 dependents in contribution amounts determined by the board.

26 b. Quality assurance, patient care management, and cost-
27 containment programs.

28 c. Administrative services.

29 d. Other health promotion costs.

30 4. The HIFA program board shall establish a minimum
31 required contribution level, to be paid by participating
32 employers toward the aggregate payment in subsection 3. The
33 minimum required contribution level to be paid by
34 participating employers shall be prorated for employees that
35 work less than the number of hours of a full-time equivalent

1 employee as determined by the employer. The HIFA health
2 insurance program may establish a separate minimum
3 contribution level to be paid by employers toward coverage for
4 dependents of the employers' enrolled employees.

5 5. The HIFA health insurance program shall require
6 participating employers to certify that at least seventy-five
7 percent of their employees that work thirty hours or more per
8 week and who do not have other creditable coverage are
9 enrolled in the HIFA health insurance program and that the
10 employer group otherwise meets the minimum participation
11 requirements.

12 6. The HIFA health insurance program shall reduce the
13 payment amounts for plan enrollees eligible for a subsidy
14 pursuant to section 514M.9 accordingly. The employer shall
15 pass along any subsidy received to the enrollee up to the
16 amount of payments made by the plan enrollee.

17 7. The HIFA health insurance program may establish other
18 criteria for participation in the program.

19 8. The HIFA health insurance program may limit the number
20 of participating employers in the program.

21 9. The HIFA health insurance program may allow eligible
22 individuals and their dependents to purchase insurance under
23 the program in accordance with this subsection.

24 a. The HIFA health insurance program may establish
25 contracts and other reporting forms and procedures necessary
26 for the efficient administration of individual contracts.

27 b. The HIFA health insurance program shall collect
28 payments from eligible individuals participating in the HIFA
29 health insurance program to cover the costs of all of the
30 following:

31 (1) Insurance coverage for eligible individuals and their
32 dependents in contribution amounts determined by the board.

33 (2) Quality assurance, patient care management, and cost-
34 containment programs.

35 (3) Administrative services.

1 (4) Other health promotion costs.

2 c. The HIFA health insurance program shall reduce the
3 payment amounts for individuals eligible for a subsidy
4 pursuant to section 514M.9 accordingly.

5 d. The HIFA health insurance program may require that
6 eligible individuals certify that all their dependents are
7 enrolled in the HIFA health insurance program or are covered
8 by another creditable plan.

9 e. The HIFA health insurance program may require an
10 eligible individual who is currently employed by an eligible
11 employer that does not offer health insurance to certify that
12 the current employer did not provide access to an employer-
13 sponsored benefits plan in the twelve-month period immediately
14 preceding the eligible individual's application.

15 f. The HIFA health insurance program may limit the number
16 of individual plan enrollees.

17 g. The HIFA health insurance program may establish other
18 criteria for participation of individuals in the insurance
19 program.

20 Sec. 13. NEW SECTION. 514M.8 FACILITATION OF ENROLLMENT
21 IN HIFA HEALTH INSURANCE PROGRAM.

22 The department shall perform, at a minimum, all of the
23 following functions to facilitate enrollment in the insurance
24 program:

25 1. Publicize the availability of HIFA health insurance to
26 employers, self-employed individuals, and others eligible to
27 enroll in the program.

28 2. Screen all eligible individuals and employees for
29 eligibility for subsidies pursuant to section 514M.9.

30 3. Promote quality improvement, patient care management,
31 and cost-containment programs as part of the insurance
32 program.

33 Sec. 14. NEW SECTION. 514M.9 SUBSIDIES.

34 1. The HIFA health insurance program shall establish
35 sliding-scale subsidies for the purchase of HIFA health

1 insurance by an individual or employee whose income is at or
2 below three hundred percent of the federal poverty guidelines
3 and who is not eligible for any other state or federally
4 funded program. The HIFA health insurance program may also
5 establish sliding-scale subsidies for the purchase of
6 employer-sponsored health coverage by an employee of an
7 employer with more than fifty employees, whose income is under
8 three hundred percent of the federal poverty guidelines and
9 who is not eligible for any other state or federally funded
10 program.

11 2. Subsidies shall be limited by the amount of available
12 funding.

13 3. The HIFA health insurance program may limit the amount
14 of the subsidy to individual plan enrollees to forty percent
15 of the payment.

16 Sec. 15. NEW SECTION. 514M.10 INSURANCE CARRIERS.

17 To qualify as a health insurance carrier for HIFA health
18 insurance, a health insurance carrier shall do all of the
19 following:

20 1. Provide the comprehensive health services and benefits
21 as determined by the board, including a standard benefit
22 package that meets the requirements for mandated coverage for
23 specific health services, specific diseases, and for certain
24 providers of health services under this title, and any
25 supplemental benefits as approved by the board.

26 2. Ensure all of the following:

27 a. That providers contracting with a health insurance
28 carrier contracted to provide coverage to plan enrollees do
29 not refuse to provide services to a plan enrollee on the basis
30 of health status, medical condition, previous insurance
31 status, race, color, creed, age, national origin, citizenship
32 status, gender, sexual orientation, disability, or marital
33 status. This paragraph shall not be construed to require a
34 provider to furnish medical services that are not within the
35 scope of that provider's license.

1 b. That providers contracting with a health insurance
2 carrier contracted to provide coverage to plan enrollees are
3 reimbursed at the negotiated reimbursement rates between the
4 carrier and its provider network.

5 c. That premiums are set utilizing a modified community
6 rating.

7 Sec. 16. NEW SECTION. 514M.11 HIFA PROGRAM FUND.

8 1. A HIFA program fund is created in the state treasury
9 under the authority of the department for deposit of any funds
10 for initial operating expenses, payments made by employers and
11 individuals, and any funds received from any public or private
12 source.

13 2. Moneys deposited in the fund shall be used only for the
14 purposes of the HIFA program as specified in this chapter.

15 3. The fund shall be separate from the general fund of the
16 state and shall not be considered part of the general fund of
17 the state. The moneys in the fund shall not be considered
18 revenue of the state, but rather shall be funds of the HIFA
19 program. The moneys deposited in the fund are not subject to
20 section 8.33 and shall not be transferred, used, obligated,
21 appropriated, or otherwise encumbered, except to provide for
22 the purposes of this chapter. Notwithstanding section 12C.7,
23 subsection 2, interest or earnings on moneys deposited in the
24 fund shall be credited to the fund.

25 4. The department shall adopt rules pursuant to chapter
26 17A to administer the fund.

27 5. The treasurer of state shall provide a quarterly report
28 of fund activities and balances to the board.

29 Sec. 17. NEW SECTION. 514M.12 IOWA QUALITY FORUM.

30 1. The Iowa quality forum is established within the HIFA
31 program. The forum shall be governed by the HIFA program
32 board with advice from the Iowa quality forum advisory council
33 pursuant to section 514M.13.

34 2. The forum shall do all of the following:

35 a. Collect and disseminate research regarding health care

1 quality, evidence-based medicine, and patient safety to
2 promote best practices.

3 b. Adopt a set of measures to evaluate and compare health
4 care quality and provider performance. The measures must be
5 adopted with guidance from the advisory council pursuant to
6 section 514M.13.

7 c. Coordinate the collection of health care quality data
8 in the state. The forum shall work with entities that collect
9 health care data to minimize duplication and to minimize the
10 burden on providers of data.

11 d. Provide oversight for a retrospective drug utilization
12 review and quality assessment program.

13 e. Work collaboratively with health care providers, health
14 insurance carriers, and others to report in useable formats,
15 comparative health care quality information to consumers,
16 purchasers, providers, insurers, and policymakers. The forum
17 shall produce annual quality reports.

18 f. Conduct education campaigns to help health care
19 consumers make informed decisions and engage in healthy
20 lifestyles.

21 g. Adopt plans to provide medication therapy management by
22 pharmacy providers targeted to individuals who have multiple
23 chronic conditions, use multiple prescriptions, and are likely
24 to incur high drug expenses in order to ensure appropriate use
25 of prescription drugs to improve therapeutic outcomes and
26 reduce adverse drug reactions.

27 h. Encourage the adoption of electronic technology and
28 assist health care practitioners to implement electronic
29 systems for medical records and submission of claims. The
30 assistance may include, but is not limited to, practitioner
31 education, identification, or establishment of low-interest
32 financing options for hardware and software and system
33 implementation support.

34 i. Make recommendations for inclusion in the state health
35 plan developed pursuant to section 514M.15.

1 j. Submit an annual report to the governor and the general
2 assembly and make the report available to the public.

3 Sec. 18. NEW SECTION. 514M.13 IOWA QUALITY FORUM
4 ADVISORY COUNCIL.

5 1. An Iowa quality forum advisory council is established
6 to advise the forum. The council shall consist of all of the
7 following voting members, appointed by the governor, subject
8 to confirmation by the senate:

9 a. One member who is a physician.

10 b. One member who is a health care economist.

11 c. One member who is a pharmacist.

12 d. One member who represents hospitals.

13 e. One member who is a representative of the university of
14 Iowa college of public health.

15 f. One member who is a representative of a private
16 employer with not more than fifty employees.

17 g. One member who is a representative of a private
18 employer with more than one thousand employees.

19 h. One member who is a representative of organized labor.

20 i. One member who is a representative of a consumer health
21 advocacy group.

22 j. The director of public health, or the director's
23 designee.

24 2. The commissioner of insurance shall serve as an ex
25 officio, nonvoting member of the advisory council.

26 3. All members of the advisory council with the exception
27 of the director of public health and the commissioner of
28 insurance are subject to the following:

29 a. Shall serve five-year staggered terms as designated by
30 the governor.

31 b. Shall be subject to chapter 69 with regard to the
32 filling of vacancies, membership terms, payment of
33 compensation and expenses, and removal.

34 c. Are entitled to receive reimbursement of actual
35 expenses incurred in the discharge of their duties and are

1 also eligible to receive compensation as provided in section
2 7E.6.

3 d. Shall not serve more than two consecutive terms.

4 4. The advisory council shall annually choose one of its
5 voting members to serve as chairperson for a one-year term.

6 5. The advisory council shall meet at least four times
7 annually and may meet at other times at the call of the
8 chairperson. Meetings of the council are public proceedings.

9 6. The advisory council shall do all of the following:

10 a. Convene a group of health care providers to provide
11 input and advice to the council.

12 b. Provide expertise in health care quality to assist the
13 board.

14 c. Advise and support the forum by doing all of the
15 following:

16 (1) Establishing and monitoring, with the HIFA program, an
17 annual work plan for the forum.

18 (2) Providing guidance in the adoption of quality and
19 performance measures.

20 (3) Serving as a liaison between the provider group
21 established in paragraph "a" and the forum.

22 (4) Conducting public hearings and meetings.

23 (5) Reviewing consumer education materials developed by
24 the forum.

25 d. Assist the board in selecting the nationally recognized
26 functional health assessment.

27 e. Make recommendations regarding quality assurance and
28 quality improvement priorities for inclusion in the state
29 health plan described in section 514M.15.

30 f. Serve as a liaison between the forum and other
31 organizations working in the field of health care quality.

32 Sec. 19. NEW SECTION. 514M.14 HIFA HIGH-RISK POOL.

33 1. A plan enrollee shall be included in the HIFA high-risk
34 pool if the total cost of health care services for the
35 enrollee exceeds fifty thousand dollars in any twelve-month

1 period.

2 2. The HIFA program shall develop appropriate patient care
3 management protocols, develop procedures for implementing
4 those protocols, and determine the manner in which patient
5 care management shall be provided to plan enrollees in the
6 HIFA high-risk pool. Patient care management shall be
7 provided by appropriate individual health care professionals
8 under the HIFA program. The HIFA program shall include
9 patient care management in its contract with participating
10 health insurance carriers for HIFA high-risk pool enrollees
11 pursuant to this section, contract separately with another
12 entity for patient care management services, or provide
13 patient care management services directly through the HIFA
14 program.

15 3. The HIFA program shall submit a report to the governor
16 and the general assembly, no later than January 1, 2008,
17 outlining the patient care management protocols, procedures,
18 and delivery mechanisms used to provide patient care
19 management services to HIFA high-risk pool enrollees and the
20 assessment tool used to measure individual patient care
21 management activities. The report shall also include the
22 number of plan enrollees in the high-risk pool, the types of
23 diagnoses managed within the high-risk pool, the claims
24 experience within the high-risk pool, and the number and type
25 of claims exceeding fifty thousand dollars for enrollees in
26 the high-risk pool and for all enrollees in the HIFA health
27 insurance program.

28 4. On or before October 1, 2010, the HIFA program shall
29 evaluate the impact of HIFA health insurance on average health
30 insurance premium rates in this state and on the rate of
31 uninsured individuals in this state and compare the trends in
32 those rates to the trends in the average premium rates and
33 average rates of uninsured individuals for the states that
34 have established a statewide high-risk pool as of July 1,
35 2006. The board shall submit the evaluation of the impact of

1 HIFA health insurance in this state in comparison to states
2 with high-risk pools to the governor and the general assembly
3 by January 1, 2011. If the trend in average premium rates in
4 this state and rate of uninsured individuals exceeds the trend
5 for the average among the states with high-risk pools, the
6 board shall submit legislation on January 1, 2011, that
7 proposes to establish a statewide high-risk pool in this state
8 consistent with the characteristics of high-risk pools
9 operating in other states.

10 Sec. 20. NEW SECTION. 514M.15 STATE HEALTH PLANNING.

11 1. The governor or the governor's designee shall do all of
12 the following:

13 a. Develop and issue a biennial state health plan. The
14 first plan shall be issued by May 2007.

15 b. Make an annual report to the public assessing the
16 progress toward meeting goals of the plan and provide any
17 updates, as necessary, to the plan.

18 c. Issue an annual statewide health expenditure budget
19 report that shall serve as the basis for establishing
20 priorities within the plan.

21 2. a. The state health plan issued pursuant to subsection
22 1 shall establish a comprehensive, coordinated approach to the
23 development of health care facilities and resources in the
24 state based on statewide cost, quality, and access goals and
25 strategies to ensure access to affordable health care,
26 maintain a rational system of health care, and promote the
27 development of the health care workforce.

28 b. In developing the plan, the governor shall, at a
29 minimum, seek input from the Iowa quality forum, the Iowa
30 quality forum advisory council, and other appropriate agencies
31 and organizations.

32 3. The plan shall do all of the following:

33 a. Assess health care cost, quality, and access in the
34 state.

35 b. Develop benchmarks to measure cost, quality, and access

- 1 goals and report on progress toward meeting those goals.
- 2 c. Establish and set annual priorities among health care
- 3 cost, quality, and access goals.
- 4 d. Outline strategies to do all of the following:
- 5 (1) Promote health systems change.
- 6 (2) Address the factors influencing health care cost
- 7 increases.
- 8 (3) Address the major threats to public health and safety
- 9 in the state, including, but not limited to, lung disease,
- 10 diabetes, cancer, and heart disease.
- 11 e. Provide recommendations to help purchasers and
- 12 providers make decisions that improve public health and build
- 13 an affordable, high-quality health care system.

14 Sec. 21. NEW SECTION. 514M.16 RULES.

15 The commissioner of insurance shall adopt rules, pursuant
16 to chapter 17A, as necessary to administer this chapter.

17 Sec. 22. IMPLEMENTATION COSTS. The Iowa department of
18 public health shall work with the commissioner of insurance to
19 seek funding through the federal government, a private
20 foundation, or other appropriate source to defray the initial
21 costs to implement the provisions of this Act, including but
22 not limited to the initial subsidy provisions.

23 DIVISION VI

24 STATE CHILDREN'S HEALTH INSURANCE PROGRAM -- FAMILY COVERAGE
25 WAIVER -- OUTREACH

26 Sec. 23. STATE CHILDREN'S HEALTH INSURANCE PROGRAM --
27 FAMILY COVERAGE WAIVER. The director of human services shall
28 seek a waiver from the centers for Medicare and Medicaid
29 services of the United States department of health and human
30 services to provide family coverage under the state children's
31 health insurance program created under Title XXI of the Social
32 Security Act. The program shall provide for payment of
33 premiums for private insurance for families if the cost of
34 coverage for the entire family is less than the cost of
35 enrollment of only the children in the family in the state

1 children's health insurance program. The employers' benefit
2 packages and contribution levels shall comply with all federal
3 requirements. The department shall report progress regarding
4 the request for a waiver under this section to the general
5 assembly on a periodic basis.

6 Sec. 24. STATE CHILDREN'S HEALTH INSURANCE PROGRAM
7 OUTREACH APPROPRIATION. There is appropriated from the
8 general fund of the state to the Iowa department of public
9 health for the fiscal year beginning July 1, 2006, and ending
10 June 30, 2007, the following amount, or so much thereof as is
11 necessary, to be used for the purpose designated:

12 For continuation of a task force that convenes key
13 stakeholders from throughout the state to identify and make
14 comprehensive recommendations related to reducing barriers to
15 children's health care, with an emphasis on enrollment and
16 retention of children in the Medicaid and hawk-i programs:

17 \$ 100,000

18 DIVISION VII

19 CHILD SUPPORT RECOVERY

20 Sec. 25. CHILD SUPPORT RECOVERY INITIATIVES

21 APPROPRIATIONS. There is appropriated from the general fund
22 of the state to the department of human services for the
23 fiscal year beginning July 1, 2006, and ending June 30, 2007,
24 the following amounts, or so much thereof as is necessary, to
25 be used for the purposes designated:

26 1. For payment of increased child support recovery unit
27 vendor costs:

28 \$ 266,724

29 2. For provision of services to new families accessing
30 child support recovery services in order to avoid a delay in
31 the provision of services:

32 \$ 270,403

33 3. To increase health insurance coverage for children
34 accessing the child support recovery system by partnering with
35 entities to access the data necessary to identify health

1 insurance available but not provided to such children:
2 \$ 111,870

3 4. To intensify child support collections through
4 strategic placement of new staff in targeted local offices and
5 for not more than the following full-time equivalent
6 positions:

7 \$ 173,142
8 FTEs 8.00

9 5. To conduct a feasibility study to determine the least
10 expensive and most effective means of accurately processing
11 support payments within 48 hours of receipt of the payment:
12 \$ 34,000

13 DIVISION VIII

14 SUPERVISION OF CHILDREN -- MOTOR VEHICLE

15 Sec. 26. NEW SECTION. 321.276 UNATTENDED OR NOT PROPERLY
16 SUPERVISED CHILD IN A MOTOR VEHICLE.

17 A person shall not leave a child eight years of age or
18 younger in a motor vehicle unattended or under the supervision
19 of a person who is fourteen years of age or younger. A person
20 does not violate this section if the person is able to
21 maintain visual contact with the child. A person who violates
22 this section commits a simple misdemeanor punishable as a
23 scheduled violation under section 805.8A, subsection 14,
24 paragraph "j".

25 Sec. 27. Section 805.8A, subsection 14, Code Supplement
26 2005, is amended by adding the following new paragraph:

27 NEW PARAGRAPH. j. UNATTENDED OR UNSUPERVISED CHILD IN A
28 MOTOR VEHICLE. For a violation under section 321.276, the
29 scheduled fine is one hundred dollars.

30 EXPLANATION

31 Division I of this bill creates the child welfare flexible
32 fund under the control of the department of human services.
33 Moneys available in the fund for a fiscal year are
34 appropriated to the department to be used for a variety of
35 child welfare-related purposes. The division includes an

1 appropriation to the fund.

2 Division II of the bill directs the department of human
3 services to create a multidimensional treatment level foster
4 care program pilot project for a two-year period.

5 This division states the purpose of the program is to serve
6 children to be discharged from a psychiatric medical
7 institution for children (PMIC) who are either unable to
8 return to the family home and have treatment issues which
9 cause the children to be at high risk of failing in a foster
10 care placement or who are children with multiple previous out-
11 of-home placements.

12 This division provides requirements for eligibility
13 determination, services included, qualifications of the two
14 agencies to be selected to participate in the pilot project,
15 reimbursement of family foster care providers participating in
16 the program, and for an independent evaluation to be performed
17 of the pilot project.

18 Division III provides an appropriation to the department of
19 human services that is allocated for various programs and
20 services to address prevention of sexual abuse of children,
21 support and expansion of community partnerships to prevent
22 child abuse, services directed to children and families
23 impacted by methamphetamine use, and for transfer to the Iowa
24 department of public health to provide substance abuse
25 treatment of parents addicted to methamphetamine who have a
26 child adjudicated as a child in need of assistance.

27 Division IV of the bill provides an appropriation to the
28 Iowa empowerment fund to be used for child care and before and
29 after school programs for children of families that have at
30 least one parent who is engaged in active duty in the military
31 service of the United States.

32 Division V of the bill establishes a healthy Iowa for all
33 (HIFA) program which includes the HIFA health insurance
34 program, the HIFA program fund, the Iowa quality forum, the
35 HIFA high-risk pool, and state health planning.

1 The division establishes the HIFA program within the Iowa
2 department of public health to provide access to health care
3 coverage to eligible employers, including the self-employed,
4 their employees and dependents, state employees and their
5 dependents, local government employees and their dependents,
6 and individuals and their dependents.

7 The HIFA board consists of five voting members appointed by
8 the governor, subject to confirmation by the senate, and ex
9 officio members including the director of public health, the
10 director of human services, the commissioner of insurance, two
11 members of the senate, and two members of the house of
12 representatives.

13 Division V provides for the duties of the department and
14 the board.

15 The HIFA health insurance program is to provide health
16 benefits coverage through health insurance carriers that apply
17 to the board and meet the qualifications specified. The bill
18 provides that if a sufficient number of health insurance
19 carriers do not apply to offer and deliver health insurance,
20 the board may propose the establishment of a nonprofit health
21 care plan or may propose the expansion of an existing public
22 plan. The health insurance program is to select health
23 insurance carriers through a request for proposals process.

24 Division V provides eligibility provisions and requirements
25 of employers and individuals participating in the program,
26 including contribution levels and employee participation.

27 Division V provides subsidies on a sliding scale for
28 individual and employee enrollees whose income is at or below
29 300 percent of the federal poverty guidelines.

30 Division V establishes a HIFA program fund. This division
31 also establishes an Iowa quality forum to collect and review
32 health care quality data, to educate consumers regarding
33 health care and healthy lifestyles, and to make
34 recommendations to the governor regarding the state health
35 plan. An Iowa quality forum advisory council is established

1 to advise the forum.

2 Division V provides for the establishment of a high-risk
3 pool for enrollees whose total annual health costs exceed
4 \$50,000, and provides for state health planning through the
5 development and issuance of a biennial state health plan.

6 Division V directs the Iowa department of public health to
7 work with the commissioner of insurance in seeking federal,
8 foundation, or other funding to defray the bill's initial
9 implementation costs.

10 Division VI of the bill directs the director of human
11 services to seek a waiver from the centers for Medicaid and
12 Medicare services of the United States department of health
13 and human services to provide family coverage under the hawk-i
14 program.

15 Division VI also appropriates \$100,000 to the Iowa
16 department of public health for continuation of a task force
17 that convenes key stakeholders from throughout the state to
18 identify and make comprehensive recommendations related to
19 reducing barriers to children's health care, with an emphasis
20 on enrollment and retention of children in the Medicaid and
21 hawk-i programs.

22 Division VII of the bill appropriates funding to the
23 department of human services for the fiscal year beginning
24 July 1, 2006, for various initiatives relating to child
25 support recovery including for payment of increased child
26 support recovery unit vendor costs, for provision of services
27 to new families accessing child support recovery services in
28 order to avoid a delay in the provision of services, to
29 increase health insurance coverage for children accessing the
30 child support recovery system by partnering with entities to
31 access the data necessary to identify health insurance
32 available but not provided to these children, to intensify
33 child support collections through strategic placement of new
34 staff in targeted local offices, and to conduct a feasibility
35 study to determine the least expensive and most effective

1 means of accurately processing support payments within 48
2 hours of receipt of the payment.

3 Division VIII creates a criminal offense for leaving an
4 unattended or not properly supervised child in a motor
5 vehicle.

6 The division provides that a person shall not leave a child
7 eight years of age or younger in a motor vehicle unattended or
8 under the supervision of a person who is 14 years of age or
9 younger. A person who is able to maintain visual contact with
10 the child in the motor vehicle does not violate the bill.

11 The division provides that a person who violates the bill
12 commits a simple misdemeanor subject to a scheduled fine of
13 \$100.

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