

# Senate File 2370 - Introduced

SENATE FILE \_\_\_\_\_  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO SSB 3186)

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

## A BILL FOR

1 An Act relating to promotion of the health care workforce,  
2 providing for tax credits, providing appropriations, and  
3 providing effective and retroactive applicability dates.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 5694SV 82  
6 pf/rj/5

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1 1 DIVISION I  
1 2 INCREASING THE AVAILABILITY OF  
1 3 THE HEALTH CARE WORKFORCE  
1 4 Section 1. Section 135.107, subsection 2, Code 2007, is  
1 5 amended by adding the following new paragraph:  
1 6 NEW PARAGRAPH. f. Project, on a five-year basis, the  
1 7 professions for which a qualified health care provider tax  
1 8 credit may be claimed pursuant to section 422.11V. In  
1 9 developing the projection, the center shall consider as a  
1 10 qualified health care provider, a health care provider who is  
1 11 a member of a profession for which there are fewer health care  
1 12 providers than necessary to meet population needs based on  
1 13 data available to the department including through any health  
1 14 workforce statistics collected pursuant to section 147.25 or  
1 15 other similar data collection provisions. The center shall  
1 16 provide its projections to the department which shall provide  
1 17 the projections to the department of revenue, health care  
1 18 professional organizations, and to medical and other health  
1 19 professional schools in this state.  
1 20 Sec. 2. Section 135.107, subsection 3, Code 2007, is  
1 21 amended to read as follows:  
1 22 3. The center for rural health and primary care shall  
1 23 establish a primary health care provider recruitment and  
1 24 retention endeavor, to be known as PRIMECARE. The endeavor  
1 25 shall include a community grant and recruitment and retention  
1 26 program, a primary health care provider loan repayment  
1 27 program, and a primary health care provider community  
1 28 scholarship program, and other recruitment and retention  
1 29 health care provider programs as identified through funding  
1 30 opportunities and the center for rural health and primary care  
1 31 advisory committee. The endeavor shall ~~be developed and~~  
1 32 ~~implemented in a manner to promote and accommodate local~~  
1 33 creativity in efforts to recruit and retain health care  
1 34 professionals to provide services in the locality. The focus  
1 35 of the endeavor shall be to promote and assist local efforts  
2 1 in developing health care provider recruitment and retention  
2 2 programs. Eligibility under any of the programs established  
2 3 under the primary health care provider recruitment and  
2 4 retention endeavor shall be based upon a community health  
2 5 services assessment completed under subsection 2, paragraph  
2 6 "a". A community or region, as applicable, shall submit a  
2 7 letter of intent to conduct a community health services  
2 8 assessment and to apply for assistance under this subsection.  
2 9 The letter shall be in a form and contain information as  
2 10 determined by the center. A letter of intent shall be  
2 11 submitted to the center by January 1 preceding the fiscal year  
2 12 for which an application for assistance is to be made.  
2 13 Assistance under this subsection shall not be granted until  
2 14 such time as the community or region making application has  
2 15 completed the community health services assessment and adopted  
2 16 a long-term community health services assessment and

2 17 developmental plan. In addition to any other requirements, a  
2 18 developmental plan shall include a clear commitment to  
2 19 informing high school students of the health care  
2 20 opportunities which may be available to such students.  
2 21 The center for rural health and primary care shall seek  
2 22 additional assistance and resources from other state  
2 23 departments and agencies, federal agencies and grant programs,  
2 24 private organizations, and any other person, as appropriate.  
2 25 The center is authorized and directed to accept on behalf of  
2 26 the state any grant or contribution, federal or otherwise,  
2 27 made to assist in meeting the cost of carrying out the purpose  
2 28 of this subsection. All federal grants to and the federal  
2 29 receipts of the center are appropriated for the purpose set  
2 30 forth in such federal grants or receipts. Funds appropriated  
2 31 by the general assembly to the center for implementation of  
2 32 this subsection ~~shall first~~ may be used as appropriate for  
2 33 securing any available federal funds requiring a state match  
~~2 34 with remaining funds being used for the community grant~~  
~~2 35 program.~~

3 1 The center for rural health and primary care may, to  
3 2 further the purposes of this subsection, provide financial  
3 3 assistance in the form of grants to support the effort of a  
3 4 community which is clearly part of the community's long-term  
3 5 community health services assessment and developmental plan.  
3 6 Efforts for which such grants may be awarded include, but are  
3 7 not limited to, the procurement of clinical equipment,  
3 8 clinical facilities, and telecommunications facilities, and  
3 9 the support of locum tenens arrangements and primary health  
3 10 care provider mentor programs.

3 11 a. COMMUNITY GRANT AND RECRUITMENT AND RETENTION PROGRAM.  
3 12 The center for rural health and primary care shall adopt rules  
3 13 establishing an application process to be used by the center  
3 14 to establish a grant assistance program as provided in this  
3 15 paragraph, and establishing the criteria to be used in  
3 16 evaluating the applications. Selection criteria shall include  
3 17 a method for prioritizing grant applications based on  
3 18 illustrated efforts to meet the health care provider needs of  
3 19 the locality and surrounding area. Such assistance may be in  
3 20 the form of a forgivable loan, grant, or other nonfinancial  
3 21 assistance as deemed appropriate by the center. An  
3 22 application submitted shall contain a commitment of at least a  
3 23 dollar-for-dollar match of the grant assistance. Application  
3 24 may be made for assistance by a single community or group of  
3 25 communities.

~~3 26 Grants awarded under the program shall be subject to the~~  
~~3 27 following limitations:~~

~~3 28 (1) Ten thousand dollars for a single community or region~~  
~~3 29 with a population of ten thousand or less. An award shall not~~  
~~3 30 be made under this program to a community with a population of~~  
~~3 31 more than ten thousand.~~

~~3 32 (2) An amount not to exceed one dollar per capita for a~~  
~~3 33 region in which the population exceeds ten thousand. For~~  
~~3 34 purposes of determining the amount of a grant for a region,~~  
~~3 35 the population of the region shall not include the population~~  
~~4 1 of any community with a population of more than ten thousand~~  
~~4 2 located in the region.~~

4 3 b. PRIMARY HEALTH CARE PROVIDER LOAN REPAYMENT PROGRAM.

4 4 (1) A primary health care provider loan repayment program  
4 5 is established to increase the number of health professionals  
4 6 practicing primary health care in federally designated health  
4 7 professional shortage areas of the state. Under the program,  
4 8 loan repayment may be made to a recipient for educational  
4 9 expenses incurred while completing an accredited health  
4 10 education program directly related to obtaining credentials  
4 11 necessary to practice the recipient's health profession.

4 12 (2) The center for rural health and primary care shall  
4 13 adopt rules relating to the establishment and administration  
4 14 of the primary health care provider loan repayment program.  
4 15 Rules adopted pursuant to this paragraph shall provide, at a  
4 16 minimum, for all of the following:

4 17 (a) Determination of eligibility requirements and  
4 18 qualifications of an applicant to receive loan repayment under  
4 19 the program, including but not limited to years of obligated  
4 20 service, clinical practice requirements, and residency  
4 21 requirements. One year of obligated service shall be provided  
4 22 by the applicant in exchange for each year of loan repayment,  
4 23 unless federal requirements otherwise require. Loan repayment  
4 24 under the program shall not be approved for a health provider  
4 25 whose license or certification is restricted by a medical  
4 26 regulatory authority of any jurisdiction of the United States,  
4 27 other nations, or territories.

4 28 (b) Identification of federally designated health  
4 29 professional shortage areas of the state and prioritization of  
4 30 such areas according to need.

4 31 (c) Determination of the amount and duration of the loan  
4 32 repayment an applicant may receive, giving consideration to  
4 33 the availability of funds under the program, and the  
4 34 applicant's outstanding educational loans and professional  
4 35 credentials.

5 1 (d) Determination of the conditions of loan repayment  
5 2 applicable to an applicant.

5 3 (e) Enforcement of the state's rights under a loan  
5 4 repayment program contract, including the commencement of any  
5 5 court action.

5 6 (f) Cancellation of a loan repayment program contract for  
5 7 reasonable cause.

5 8 (g) Participation in federal programs supporting repayment  
5 9 of loans of health care providers and acceptance of gifts,  
5 10 grants, and other aid or amounts from any person, association,  
5 11 foundation, trust, corporation, governmental agency, or other  
5 12 entity for the purposes of the program.

5 13 (h) Upon availability of state funds, determine  
5 14 eligibility criteria and qualifications for participating  
5 15 communities and applicants not located in federally designated  
5 16 shortage areas.

5 17 (i) Other rules as necessary.

5 18 (3) The center for rural health and primary care may enter  
5 19 into an agreement under chapter 28E with the college student  
5 20 aid commission for the administration of this program.

5 21 c. PRIMARY HEALTH CARE PROVIDER COMMUNITY SCHOLARSHIP  
5 22 PROGRAM.

5 23 (1) A primary health care provider community scholarship  
5 24 program is established to recruit and to provide scholarships  
5 25 to train primary health care practitioners in federally  
5 26 designated health professional shortage areas of the state.  
5 27 Under the program, scholarships may be awarded to a recipient  
5 28 for educational expenses incurred while completing an  
5 29 accredited health education program directly related to  
5 30 obtaining the credentials necessary to practice the  
5 31 recipient's health profession.

5 32 (2) The department shall adopt rules relating to the  
5 33 establishment and administration of the primary health care  
5 34 provider community scholarship program. Rules adopted  
5 35 pursuant to this paragraph shall provide, at a minimum, for  
6 1 all of the following:

6 2 (a) Determination of eligibility requirements and  
6 3 qualifications of an applicant to receive scholarships under  
6 4 the program, including but not limited to years of obligated  
6 5 service, clinical practice requirements, and residency  
6 6 requirements. One year of obligated service shall be provided  
6 7 by the applicant in exchange for each year of scholarship  
6 8 receipt, unless federal requirements otherwise require.

6 9 (b) Identification of federally designated health  
6 10 professional shortage areas of the state and prioritization of  
6 11 such areas according to need.

6 12 (c) Determination of the amount of the scholarship an  
6 13 applicant may receive.

6 14 (d) Determination of the conditions of scholarship to be  
6 15 awarded to an applicant.

6 16 (e) Enforcement of the state's rights under a scholarship  
6 17 contract, including the commencement of any court action.

6 18 (f) Cancellation of a scholarship contract for reasonable  
6 19 cause.

6 20 (g) Participation in federal programs supporting  
6 21 scholarships for health care providers and acceptance of  
6 22 gifts, grants, and other aid or amounts from any person,  
6 23 association, foundation, trust, corporation, governmental  
6 24 agency, or other entity for the purposes of the program.

6 25 (h) Upon availability of state funds, determination of  
6 26 eligibility criteria and qualifications for participating  
6 27 communities and applicants not located in federally designated  
6 28 shortage areas.

6 29 (i) Other rules as necessary.

6 30 (3) The center for rural health and primary care may enter  
6 31 into an agreement under chapter 28E with the college student  
6 32 aid commission for the administration of this program.

6 33 Sec. 3. Section 135.107, Code 2007, is amended by adding  
6 34 the following new subsection:

6 35 NEW SUBSECTION. 4. A health care professional recruitment  
7 1 revolving fund is created in the state treasury as a separate  
7 2 fund under the control of the center for rural health and  
7 3 primary care. Moneys credited to the fund shall be used to

7 4 supplement moneys appropriated for the health care  
7 5 professional recruitment program. Notwithstanding section  
7 6 8.33, any balance in the fund on June 30 of any fiscal year  
7 7 shall not revert to the general fund of the state.  
7 8 Notwithstanding section 12C.7, subsection 2, interest or  
7 9 earnings on moneys in the health care professional recruitment  
7 10 revolving fund shall be credited to the fund.

7 11 Sec. 4. NEW SECTION. 422.11V QUALIFIED HEALTH CARE  
7 12 PROVIDER TAX CREDIT.

7 13 1. a. The taxes imposed under this division, less the  
7 14 amounts of nonrefundable credits allowed under this division,  
7 15 shall be reduced by a qualified health care provider tax  
7 16 credit. The amount of the credit equals twenty thousand  
7 17 dollars for a taxable year.

7 18 b. For purposes of this section, "qualified health care  
7 19 provider" means a health care provider specified by the  
7 20 department of public health as being a member of a health care  
7 21 profession for which there are fewer health care providers  
7 22 than necessary to meet population needs and who provides at  
7 23 least two thousand eighty hours at a practice site located in  
7 24 an approved health professional shortage area during a taxable  
7 25 year.

7 26 c. In order to claim a qualified health care provider tax  
7 27 credit under this section, a health care provider shall submit  
7 28 an application to the department of public health that  
7 29 describes the health care provider's clinical practice and  
7 30 contains additional information the department may require by  
7 31 rule. In order to be eligible for the qualified health care  
7 32 provider tax credit, a health care provider shall have  
7 33 provided health care during a taxable year for at least two  
7 34 thousand eighty hours at a practice site located in an  
7 35 approved health professional shortage area. A health care  
8 1 provider who provided health care for at least one thousand  
8 2 hours but less than two thousand eighty hours at a practice  
8 3 site located in an approved health care underserved area  
8 4 during a taxable year is eligible for one-half the credit  
8 5 amount. The department of public health shall evaluate the  
8 6 application and if the department of public health determines  
8 7 that the health care provider is eligible for the qualified  
8 8 health care provider tax credit, the department of public  
8 9 health shall issue a certificate to the health care provider.  
8 10 d. If the credit provided under this section exceeds the  
8 11 taxpayer's state tax liability, the excess may be carried  
8 12 forward to succeeding taxable years and used as a credit  
8 13 against the taxpayer's state tax liability during those  
8 14 taxable years.

8 15 2. An individual may claim a qualified health care  
8 16 provider tax credit allowed a partnership, limited liability  
8 17 company, S corporation, estate, or trust electing to have the  
8 18 income taxed directly to the individual. The amount claimed  
8 19 by the individual shall be based upon the pro rata share of  
8 20 the individual's earnings of the partnership, limited  
8 21 liability company, S corporation, estate, or trust.

8 22 3. To receive the qualified health care provider tax  
8 23 credit, a health care provider must submit an application to  
8 24 the department accompanied by a certificate received from the  
8 25 department of public health verifying the health care provider  
8 26 as a qualified health care provider. If the taxpayer meets  
8 27 the criteria for eligibility, the department shall issue to  
8 28 the taxpayer a certification of entitlement for the qualified  
8 29 health care provider tax credit. The certification must  
8 30 contain the taxpayer's name, address, tax identification  
8 31 number, the amount of the credit, and tax year for which the  
8 32 certificate applies. The taxpayer shall file the tax credit  
8 33 certificate with the taxpayer's tax return in order to claim  
8 34 the tax credit. The department, in cooperation with the  
8 35 department of public health, shall adopt rules to administer  
9 1 this section.

9 2 Sec. 5. Section 422.33, Code Supplement 2007, is amended  
9 3 by adding the following new subsection:

9 4 NEW SUBSECTION. 25. The taxes imposed under this division  
9 5 shall be reduced by a qualified health care provider tax  
9 6 credit, provided for in section 422.11V. The tax credit shall  
9 7 be subject to the same conditions, requirements, and dollar  
9 8 limitations as provided for in section 422.11V.

9 9 Sec. 6. NEW SECTION. 514F.6 CREDENTIALING ==  
9 10 RETROSPECTIVE PAYMENT.

9 11 The commissioner shall adopt rules to provide for the  
9 12 retrospective payment of clean claims for covered services  
9 13 provided by a physician during the credentialing period, once  
9 14 the physician is credentialed. For purposes of this section,

9 15 "physician" means a licensed physician of medicine and surgery  
9 16 or a licensed physician of osteopathic medicine and surgery,  
9 17 and "credentialing period" means the time period between the  
9 18 health insurer's receipt of a physician's application for  
9 19 credentialing and approval of that application by the health  
9 20 insurer. "Credentialing" means a process through which a  
9 21 health insurer makes a determination based on criteria  
9 22 established by the health insurer concerning whether a  
9 23 physician is eligible to provide health care services to an  
9 24 insured and to receive reimbursement for the health care  
9 25 services provided under an agreement entered into between the  
9 26 physician and the health insurer. "Clean claim" means the  
9 27 same as defined in section 507B.4A, subsection 2, paragraph  
9 28 "b".

9 29 Sec. 7. HEALTH CARE PROVIDER RECRUITMENT AND RETENTION  
9 30 ENDEAVOR == APPROPRIATION. There is appropriated from the  
9 31 general fund of the state to the department of public health  
9 32 for the fiscal year beginning July 1, 2008, and ending June  
9 33 30, 2009, the following amount, or so much thereof as is  
9 34 necessary, for the purposes designated:

9 35 a. For administration of the health care provider  
10 1 recruitment and retention endeavor pursuant to section  
10 2 135.107:  
10 3 ..... \$ 80,000  
10 4 b. For deposit in the health care professional revolving  
10 5 fund created pursuant to section 135.107:  
10 6 ..... \$ 750,000

10 7 Sec. 8. EFFECTIVE AND APPLICABILITY DATE. The sections of  
10 8 this Act enacting section 422.11V and amending section 422.33  
10 9 apply beginning January 1, 2009, for tax years beginning on or  
10 10 after that date.

10 11 DIVISION II

10 12 INCREASING AVAILABILITY OF PSYCHIATRIC SERVICES

10 13 Sec. 9. PSYCHIATRIC RESIDENTS == APPROPRIATION. There is  
10 14 appropriated from the general fund of the state to the  
10 15 department of public health for distribution to hospitals in  
10 16 the state for the fiscal year beginning July 1, 2008, and  
10 17 ending June 30, 2009, the following amount or so much thereof  
10 18 as is necessary for the purpose designated:

10 19 For additional psychiatric residency positions:  
10 20 ..... \$ 500,000  
10 21 A hospital located in this state may apply for funding of a  
10 22 psychiatric residency position within the hospital. A person  
10 23 filling a psychiatric residency position funded under this  
10 24 section shall practice in the state for a minimum of four  
10 25 years following completion of the residency program. The  
10 26 department of public health shall adopt rules to administer  
10 27 the psychiatric residency program. The rules shall  
10 28 provide that a person filling a psychiatric residency position  
10 29 who does not practice in the state for a minimum of four years  
10 30 shall repay any funds paid on behalf of the person for the  
10 31 psychiatric residency position.

10 32 DIVISION III

10 33 INCREASING COMPENSATION FOR DIRECT CARE WORKERS

10 34 Sec. 10. NEW SECTION. 249A.38 REIMBURSEMENT INCREASE ==  
10 35 DIRECT CARE WORKERS.

11 1 Beginning July 1, 2008, no less than sixty-five percent of  
11 2 any increase in the reimbursement rate for nursing facilities  
11 3 under the medical assistance program shall be used for  
11 4 increases in direct compensation-related costs for employees  
11 5 providing direct care in the nursing facilities. Information  
11 6 relating to these increases in compensation-related costs  
11 7 shall be included in the cost reports submitted to the  
11 8 department. For the purposes of this requirement, direct  
11 9 compensation-related costs means wages and benefits, and  
11 10 employees providing direct care do not include persons  
11 11 employed in the central office of a corporation that has an  
11 12 ownership interest in the nursing facility or exercises  
11 13 control over the nursing facility or persons paid by the  
11 14 nursing facility under a management contract. This section  
11 15 shall not apply to the mental health institute, Clarinda,  
11 16 Iowa.

11 17 DIVISION IV

11 18 CREDENTIALING THE LONG-TERM CARE WORKFORCE

11 19 Sec. 11. DIRECT CARE WORKER ADVISORY COUNCIL == DUTIES ==  
11 20 REPORT.

11 21 1. As used in this section, unless the context otherwise  
11 22 requires:  
11 23 a. "Assistance with instrumental activities of daily  
11 24 living" means assistance with activities beyond basic needs  
11 25 that assist a consumer in functioning independently within the

11 26 community. Such services may include but are not limited to  
11 27 food preparation and nutrition, home management, financial  
11 28 management, and infection control, but require no physical  
11 29 contact between the direct care worker and the consumer.  
11 30 b. "Assistance with personal care activities of daily  
11 31 living" means care provided to support a consumer in meeting  
11 32 the consumer's basic needs while acknowledging personal  
11 33 choices and encouraging independence, and generally involves  
11 34 physical contact between a direct care worker and a consumer.  
11 35 Such services include but are not limited to assistance with  
12 1 eating and feeding, bathing, skin care, grooming, and mobility  
12 2 assistance.  
12 3 c. "Department" means the department of public health.  
12 4 d. "Direct care" means environmental or chore services,  
12 5 health monitoring and maintenance, assistance with  
12 6 instrumental activities of daily living, assistance with  
12 7 personal care activities of daily living, personal care  
12 8 support, or specialty services.  
12 9 e. "Direct care worker" means an individual who directly  
12 10 provides or assists a consumer in the care of the consumer by  
12 11 providing direct care in a variety of settings which may or  
12 12 may not require oversight of the direct care worker, depending  
12 13 upon the setting. "Direct care worker" does not include a  
12 14 nurse, case manager, or social worker.  
12 15 f. "Director" means the director of public health.  
12 16 g. "Environmental or chore services" means services  
12 17 provided both inside and outside of a consumer's home that are  
12 18 designed to assist a consumer in living independently in the  
12 19 community and which require no physical contact between the  
12 20 direct care worker and the consumer, and which require no  
12 21 special education or training beyond task-specific  
12 22 orientation. Such services may include but are not limited to  
12 23 heavy household cleaning, lawn care, and home maintenance.  
12 24 h. "Health monitoring and maintenance" means medically  
12 25 oriented care that assists a consumer in maintaining the  
12 26 consumer's health on a daily basis and which generally  
12 27 requires physical contact between a direct care worker and a  
12 28 consumer. Such services may include but are not limited to  
12 29 checking of vital signs, collecting specimens or samples, and  
12 30 assisting with range of motion exercises.  
12 31 i. "Personal care support" means support provided to a  
12 32 consumer as the consumer performs personal and instrumental  
12 33 activities of daily living which require no physical contact  
12 34 between the direct care worker and the consumer. Such support  
12 35 includes testing and training, observation, recording,  
13 1 documenting, coaching, and supervising.  
13 2 j. "Specialty skill services" means services that require  
13 3 the care of a direct care worker with additional education and  
13 4 training, and generally requires physical contact between a  
13 5 direct care worker and a consumer. Such services include  
13 6 dementia or Alzheimer's care, psychiatric care, monitoring and  
13 7 administration of medications, collecting specimens or  
13 8 samples, giving shots, hospice and palliative care, protective  
13 9 services, restorative and strengthening exercises, and  
13 10 mentoring.

13 11 2. A direct care worker advisory council shall be  
13 12 appointed by the director and shall include representatives of  
13 13 direct care workers, consumers of direct care services,  
13 14 educators of direct care workers, other health professionals,  
13 15 employers of direct care workers, and appropriate state  
13 16 agencies.

13 17 3. Membership, terms of office, quorum, and expenses shall  
13 18 be determined by the director pursuant to chapter 135.

13 19 4. The direct care worker advisory council shall advise  
13 20 the director regarding regulation and certification of direct  
13 21 care workers and shall develop recommendations regarding all  
13 22 of the following:

13 23 a. Direct care worker classifications based on functions  
13 24 and services provided by direct care workers. The  
13 25 classifications shall include those based on environmental and  
13 26 chore services, assistance with instrumental activities of  
13 27 daily living, personal care support, assistance with personal  
13 28 care activities of daily living, health monitoring and  
13 29 maintenance, and specialty skills.

13 30 b. Functions for each direct care worker classification  
13 31 based upon categories of core competencies.

13 32 c. An education and training orientation to be provided by  
13 33 employers which addresses the components of confidentiality;  
13 34 ethics and legal requirements; consumer and worker rights;  
13 35 person-directed and consumer-centered care; cultural  
14 1 competency; growth, development, and disability-specific

14 2 competency; observation, referral, and reporting;  
14 3 communication and interpersonal skills; problem solving;  
14 4 safety and emergency procedures; infection control and  
14 5 occupational safety and health administration guidelines; and  
14 6 professional education and training.  
14 7 d. Education and training requirements for each of the  
14 8 direct care worker classifications.  
14 9 e. The standard curriculum required in training of direct  
14 10 care workers for each of the direct care worker  
14 11 classifications, based on training required for the duties  
14 12 specified and related core competencies. The curriculum shall  
14 13 be standard notwithstanding the entity offering the  
14 14 curriculum, and shall meet or exceed federal or state  
14 15 requirements. The curriculum shall include a requirement that  
14 16 any direct care worker who will be assisting with prescribed  
14 17 medications complete a medication aide course.  
14 18 f. Education and training equivalency standards for  
14 19 individuals who have completed higher education in a health  
14 20 care profession based on core competencies for each direct  
14 21 care worker classification and in correlation with specific  
14 22 institutional curricula in health care professions. The  
14 23 standards shall provide that those meeting the equivalency  
14 24 standards may take any prescribed examination for the  
14 25 appropriate direct care worker classification.  
14 26 g. Guidelines that allow individuals who are members of  
14 27 the direct care workforce prior to the date of required  
14 28 certification to be incorporated into the new regulatory  
14 29 system based on education, training, current certifications,  
14 30 or demonstration of core competencies.  
14 31 h. Continuing education requirements and standards to  
14 32 ensure that direct care workers remain competent and adapt to  
14 33 the changing needs of the direct care workforce, employers,  
14 34 and consumers. The requirements and standards shall meet or  
14 35 exceed federal or state continuing education requirements for  
15 1 the applicable direct care worker classification existing  
15 2 prior to the date of required certification.  
15 3 i. Standards to ensure that direct care worker educators  
15 4 and trainers retain a level of competency and adapt to the  
15 5 changing needs of the direct care workforce, employers, and  
15 6 consumers. The standards shall meet or exceed federal or  
15 7 state continuing education requirements existing prior to the  
15 8 date of required certification.  
15 9 j. Certification requirements for each classification of  
15 10 direct care worker.  
15 11 k. Protections for the title "certified direct care  
15 12 worker".  
15 13 l. (1) Standardized requirements across care settings for  
15 14 supervision, if applicable, for each classification of direct  
15 15 care worker based on the functions being performed.  
15 16 (2) The roles and responsibilities of direct care worker  
15 17 supervisory positions which shall meet or exceed federal and  
15 18 state requirements existing prior to the date of required  
15 19 certification.  
15 20 m. Required responsibility for maintenance of  
15 21 credentialing and continuing education and training by  
15 22 individual direct care workers rather than employers.  
15 23 n. Provision of information to income maintenance workers  
15 24 and case managers under the purview of the department of human  
15 25 services about the education and training requirements for  
15 26 direct care workers to provide the care and services to meet a  
15 27 consumer's needs under the home and community-based services  
15 28 waiver options under the medical assistance program.  
15 29 5. The direct care worker advisory council shall report  
15 30 its recommendations to the director by November 30, 2008,  
15 31 including recommendations for any changes in law or rules  
15 32 necessary to implement certification of direct care workers  
15 33 beginning July 1, 2009.

15 34 DIVISION V

15 35 TUITION ASSISTANCE == HEALTH CARE

16 1 FACILITY EMPLOYEES

16 2 Sec. 12. TUITION ASSISTANCE FOR INDIVIDUALS SERVING

16 3 INDIVIDUALS WITH DISABILITIES == PILOT PROGRAM.

16 4 1. If the general assembly appropriates moneys for the  
16 5 establishment of a tuition assistance pilot program for  
16 6 employees of health care facilities serving adults with mental  
16 7 illness or mental retardation, the department of education, in  
16 8 consultation with the department of human services and the  
16 9 north Iowa area community college, shall establish such a  
16 10 pilot program to provide a grant to a community college for  
16 11 purposes of awarding tuition assistance to individuals  
16 12 employed by health care facilities who provide services to

16 13 adults with mental illness or mental retardation.  
16 14 2. Within the limits set by the appropriation for this  
16 15 purpose, the departments of education and human services shall  
16 16 work collaboratively to develop a system for determining the  
16 17 number of hours a student shall work in a health care facility  
16 18 in return for a percentage reduction in the student's tuition  
16 19 costs.

16 20 3. A participating community college shall enter into an  
16 21 agreement with one or more participating health care  
16 22 facilities, and may also enter into an agreement with one or  
16 23 more local nonprofit public agencies, to match state funds  
16 24 provided on a dollar-for-dollar basis for tuition assistance  
16 25 for an eligible student who is employed by a participating  
16 26 health care facility to provide services to adults with mental  
16 27 illness or mental retardation. A participating health care  
16 28 facility shall agree to provide the community college with the  
16 29 number of hours the student has accrued in order that the  
16 30 community college may determine the percentage reduction in  
16 31 the student's tuition costs.

16 32 4. The grant recipient shall compile and submit  
16 33 information regarding the program's implementation and level  
16 34 of local participation in the program in the manner prescribed  
16 35 by the department. The department shall summarize the  
17 1 information and shall submit the information and its findings  
17 2 and recommendations in a report to the general assembly by  
17 3 January 15 of the fiscal year following the completion of the  
17 4 pilot program.

17 5 5. For purposes of this section, unless the context  
17 6 otherwise requires:

17 7 a. "Eligible student" means an individual who is a  
17 8 resident of Iowa, enrolled in a community college, and  
17 9 employed by a participating health care facility to serve  
17 10 adults with mental illness or mental retardation.

17 11 b. "Health care facility" means as defined in section  
17 12 135C.1.

17 13 c. "Participating health care facility" means a health  
17 14 care facility that has entered into an agreement with a  
17 15 community college in accordance with this section and which  
17 16 employs an eligible student.

#### 17 17 EXPLANATION

17 18 This bill relates to promotion of the health care  
17 19 workforce.

17 20 INCREASING THE AVAILABILITY OF THE HEALTH CARE WORKFORCE.  
17 21 Division I of the bill amends provisions relating to the  
17 22 center for rural health and primary care provider recruitment  
17 23 and retention endeavor (PRIMECARRE) to instead provide for a  
17 24 health care provider recruitment and retention endeavor that  
17 25 includes a community grant and recruitment and retention  
17 26 program, a health care provider loan repayment program, a  
17 27 health care provider community scholarship program and other  
17 28 recruitment and retention health care provider programs as  
17 29 identified through funding opportunities and the center for  
17 30 rural health and primary care advisory committee. The  
17 31 division creates a health care professional recruitment  
17 32 revolving fund in the state treasury as a separate fund under  
17 33 the control of the center for rural health and primary care.  
17 34 Moneys in the fund must be used to supplement moneys  
17 35 appropriated for the health care professional recruitment  
18 1 program. Moneys in the fund do not revert to the general  
18 2 fund, and interest or earnings on moneys in the fund are  
18 3 credited to the fund.

18 4 Division I provides for a qualified health care provider  
18 5 tax credit under the individual and corporate income tax which  
18 6 applies beginning January 1, 2009, for tax years beginning on  
18 7 or after that date. The qualified health care provider tax  
18 8 credit is available to health care providers for which the  
18 9 center for rural health and primary care projects on a  
18 10 five-year basis and reports to the department of public health  
18 11 that there is an insufficient number necessary to meet  
18 12 population needs, and who provide health care at least 2,080  
18 13 hours at a practice site located in an approved health  
18 14 professional shortage area during a taxable year. The amount  
18 15 of the tax credit equals \$20,000 per tax year. However, a  
18 16 health care provider who provides health care for at least  
18 17 1,000 but less than 2,080 hours during a taxable year is  
18 18 eligible for one-half of the tax credit amount. The division  
18 19 provides procedural requirements with which a health care  
18 20 provider must comply to receive the tax credit.

18 21 Division I also directs the commissioner of insurance to  
18 22 adopt rules to provide for the retrospective payment of  
18 23 certain uncontested (clean) claims for covered services



18 24 provided by a physician during a health insurance  
18 25 reimbursement credentialing period.

18 26 Division I appropriates funds to the department of public  
18 27 health for administration of the health care provider  
18 28 recruitment and retention endeavor and for deposit in the  
18 29 health care professional revolving fund.

18 30 INCREASING THE AVAILABILITY OF PSYCHIATRIC SERVICES.

18 31 Division II of the bill appropriates funds to the department  
18 32 of public health for additional psychiatric residency  
18 33 positions and provides that hospitals may apply for funding of  
18 34 a psychiatric residency position in the hospital. A person  
18 35 filling the position must practice in the state for a minimum  
19 1 of four years following completion of the residency program.

19 2 INCREASING COMPENSATION OF DIRECT CARE WORKERS. Division  
19 3 III of the bill provides that of any increased reimbursement  
19 4 to nursing facilities under the medical assistance program, 65  
19 5 percent must be used to increase compensation-related costs of  
19 6 employees providing direct care. Employees providing direct  
19 7 care do not include persons employed in the central office of  
19 8 a corporation that has an ownership interest in the nursing  
19 9 facility or exercises control over the nursing facility, or  
19 10 persons paid by the nursing facility under a management  
19 11 contract. The provision also does not apply to the mental  
19 12 health institute at Clarinda.

19 13 CREDENTIALING DIRECT CARE WORKERS. Division IV of the bill  
19 14 establishes a direct care worker advisory council to develop  
19 15 recommendations for the credentialing of direct care workers.  
19 16 The advisory council is to report its recommendations to the  
19 17 director of public health by November 30, 2008, including  
19 18 recommendations for changes in law and rules to provide for  
19 19 certification of direct care workers beginning July 1, 2009.

19 20 TUITION ASSISTANCE == HEALTH CARE FACILITY EMPLOYEES.

19 21 Division V of the bill provides that if the general assembly  
19 22 appropriates moneys for the purpose of the establishment by  
19 23 the department of education, in consultation with the  
19 24 department of human services and the north Iowa area community  
19 25 college, of a tuition assistance pilot program to provide a  
19 26 grant to a community college for purposes of awarding tuition  
19 27 assistance to residents of Iowa who are students enrolled in  
19 28 the community college and who are employed by a health care  
19 29 facility to provide services to adults with mental illness or  
19 30 mental retardation, the department of education shall  
19 31 establish such a pilot.

19 32 The departments of education and human services are  
19 33 directed to work collaboratively to develop a system for  
19 34 determining the number of hours a student shall work in a  
19 35 health care facility in return for a percentage reduction in  
20 1 the student's tuition costs within the limits set by the  
20 2 appropriation for this purpose.

20 3 A participating community college must enter into an  
20 4 agreement with one or more participating health care  
20 5 facilities, and may also enter into an agreement with one or  
20 6 more local nonprofit public agencies, to match state funds  
20 7 provided on a \$1-for-\$1 basis for tuition assistance for  
20 8 eligible students. A participating health care facility must  
20 9 agree to provide the community college with the number of  
20 10 hours the student has accrued in order that the community  
20 11 college may determine the percentage reduction in the  
20 12 student's tuition costs.

20 13 The grant recipient must compile and submit information  
20 14 regarding the program's implementation and level of local  
20 15 participation in the program in the manner prescribed by the  
20 16 department. The department must summarize the information and  
20 17 shall submit the information and its findings and  
20 18 recommendations in a report to the general assembly by January  
20 19 15 of the fiscal year following the completion of the pilot  
20 20 program.

20 21 LSB 5694SV 82

20 22 pf/rj/5