

Senate Study Bill 3186

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL
BY CHAIRPERSON RAGAN)

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 5694SC 82
6 pf/rj/5

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1 1 DIVISION I
1 2 INCREASING THE AVAILABILITY OF HEALTH CARE WORKFORCE
1 3 Section 1. NEW SECTION. 135.39D DETERMINATION OF
1 4 QUALIFIED HEALTH CARE PROVIDER NEEDS == TAX CREDIT.
1 5 The department shall project, on a five-year basis, the
1 6 professions for which a qualified health care provider tax
1 7 credit may be claimed pursuant to section 422.11V. In
1 8 developing the projection, the department shall consider as a
1 9 qualified health care provider, a health care provider who is
1 10 a member of a profession for which there are fewer health care
1 11 providers than necessary to meet population needs based on
1 12 data available to the department including through any health
1 13 workforce statistics collected pursuant to section 147.25 or
1 14 other similar data collection provisions. The department
1 15 shall provide its projections to the department of revenue,
1 16 health care professional organizations, and to medical and
1 17 other health professional schools in this state.
1 18 Sec. 2. NEW SECTION. 261.23A HEALTH CARE PROFESSIONAL
1 19 RECRUITMENT PROGRAM == REVOLVING FUND.
1 20 1. A health care professional recruitment program is
1 21 established to be administered by the college student aid
1 22 commission. The program shall consist of a forgivable loan
1 23 program and a rural community loan repayment program for
1 24 health care professionals. The commission shall regularly
1 25 adjust the health care professional service requirement under
1 26 each aspect of the program to provide, to the extent possible,
1 27 an equal financial benefit for each period of service
1 28 required. From funds appropriated for purposes of the program
1 29 by the general assembly, the commission shall pay a fee to the
1 30 medical school or other health care professional school for
1 31 administration of the program. A portion of the fee shall be
1 32 paid by the commission to the medical school or other health
1 33 care professional school based upon the number of health care
1 34 professional students and health care professionals recruited
1 35 under subsections 2 and 3.
2 1 2. a. The medical schools and other health care
2 2 professional schools in this state shall provide
2 3 recommendations to the commission for students who meet the
2 4 eligibility requirements of the forgivable loan program under
2 5 this subsection. A forgivable loan may be awarded to a
2 6 resident of Iowa who meets both of the following conditions:
2 7 (1) Is enrolled on a full-time basis at a medical school
2 8 or other health care professional school in the state.
2 9 (2) Agrees to practice the health care profession in an
2 10 underserved area in this state for a period of time to be
2 11 determined by the commission at the time the loan is awarded.
2 12 b. The loan shall be for a term set by the commission.
2 13 Interest on the loan shall begin to accrue the day following
2 14 the date on which the student graduates from the medical
2 15 school or other health care professional school or on the date
2 16 the student graduates from a residency program, whichever date
2 17 is later. If the student completes the period of practice in

2 18 the underserved area established by the commission and agreed
2 19 to by the student, the loan amount shall be forgiven. Neither
2 20 the loan amount nor the interest on the loan amount shall be
2 21 forgiven if the health care professional fails to complete the
2 22 required time period of practice in the underserved area of
2 23 this state.

2 24 3. A health care professional who graduated from a medical
2 25 school or other health care professional school in this state
2 26 shall be eligible for the rural community loan repayment
2 27 program if the health care professional agrees to practice in
2 28 an eligible rural community in this state. The medical
2 29 schools and health care professional schools shall recruit and
2 30 place health care professionals in rural communities that have
2 31 agreed to provide additional funds for the health care
2 32 professional's loan repayment. The contract for the loan
2 33 repayment shall stipulate the time period the health care
2 34 professional shall practice in an eligible rural community in
2 35 this state and shall also stipulate that the health care
3 1 professional repay any funds paid on the health care
3 2 professional's loan by the commission if the health care
3 3 professional fails to practice in an eligible rural community
3 4 in this state for the required period of time. For purposes
3 5 of this subsection, "eligible rural community" means a rural
3 6 community in this state underserved by health care
3 7 professionals that agrees to match state funds provided on at
3 8 least a dollar-for-dollar basis for the loan repayment of a
3 9 health care professional who practices in the eligible rural
3 10 community.

3 11 4. The commission shall adopt rules pursuant to chapter
3 12 17A to administer this section.

3 13 5. A health care professional recruitment revolving fund
3 14 is created in the state treasury as a separate fund under the
3 15 control of the commission. The commission shall deposit
3 16 payments made by health care professional recruitment program
3 17 recipients and the proceeds from the sale of loans made
3 18 pursuant to subsections 2 and 3 into the health care
3 19 professional recruitment revolving fund. Moneys credited to
3 20 the fund shall be used to supplement moneys appropriated for
3 21 the health care professional recruitment program, for loan
3 22 forgiveness to eligible health care professionals, and to pay
3 23 for loan or interest repayment defaults by eligible health
3 24 care professionals. Notwithstanding section 8.33, any balance
3 25 in the fund on June 30 of any fiscal year shall not revert to
3 26 the general fund of the state. Notwithstanding section 12C.7,
3 27 subsection 2, interest or earnings on moneys in the health
3 28 care professional recruitment revolving fund shall be credited
3 29 to the fund.

3 30 Sec. 3. NEW SECTION. 422.11V QUALIFIED HEALTH CARE
3 31 PROVIDER TAX CREDIT.

3 32 1. a. The taxes imposed under this division, less the
3 33 amounts of nonrefundable credits allowed under this division,
3 34 shall be reduced by a qualified health care provider tax
3 35 credit. The amount of the credit equals twenty thousand
4 1 dollars for a taxable year.

4 2 b. For purposes of this section, "qualified health care
4 3 provider" means a health care provider specified by the
4 4 department of public health as being a member of a profession
4 5 for which there are fewer health care providers than necessary
4 6 to meet population needs.

4 7 c. If the credit provided under this section exceeds the
4 8 taxpayer's state tax liability, the excess may be carried
4 9 forward to succeeding taxable years and used as a credit
4 10 against the taxpayer's state tax liability during those
4 11 taxable years.

4 12 2. An individual may claim a qualified health care
4 13 provider tax credit allowed a partnership, limited liability
4 14 company, S corporation, estate, or trust electing to have the
4 15 income taxed directly to the individual. The amount claimed
4 16 by the individual shall be based upon the pro rata share of
4 17 the individual's earnings of the partnership, limited
4 18 liability company, S corporation, estate, or trust.

4 19 3. To receive the qualified health care provider tax
4 20 credit, a health care provider must submit an application to
4 21 the department accompanied by a certificate received from the
4 22 department of public health verifying the health care provider
4 23 as a qualified health care provider. If the taxpayer meets
4 24 the criteria for eligibility, the department shall issue to
4 25 the taxpayer a certification of entitlement for the qualified
4 26 health care provider tax credit. The certification must
4 27 contain the taxpayer's name, address, tax identification
4 28 number, the amount of the credit, and tax year for which the

4 29 certificate applies. The taxpayer shall file the tax credit
4 30 certificate with the taxpayer's tax return in order to claim
4 31 the tax credit. The department, in cooperation with the
4 32 department of public health, shall adopt rules to administer
4 33 this section.

4 34 Sec. 4. Section 422.33, Code Supplement 2007, is amended
4 35 by adding the following new subsection:

5 1 NEW SUBSECTION. 25. The taxes imposed under this division
5 2 shall be reduced by a qualified health care provider tax
5 3 credit, provided for in section 422.11V. The tax credit shall
5 4 be subject to the same conditions, requirements, and dollar
5 5 limitations as provided for in section 422.11V.

5 6 Sec. 5. NEW SECTION. 514C.23 PAYMENT OF NEWLY
5 7 CREDENTIALLED PROVIDERS.

5 8 A carrier, as defined in section 513B.2, shall provide for
5 9 payment of newly credentialed physicians for physicians
5 10 services provided retroactively to the date the physician
5 11 applied to the carrier for credentialing.

5 12 Sec. 6. EFFECTIVE AND RETROACTIVE APPLICABILITY DATE. The
5 13 sections of this Act enacting section 422.11V and amending
5 14 section 422.33 apply retroactively to January 1, 2007, for tax
5 15 years beginning on or after that date.

5 16 DIVISION II

5 17 INCREASING AVAILABILITY OF PSYCHIATRIC SERVICES

5 18 Sec. 7. Section 125.2, Code 2007, is amended by adding the
5 19 following new subsections:

5 20 NEW SUBSECTION. 4A. "Chief primary health clinician"
5 21 means the licensed physician, licensed psychiatrist, or
5 22 psychiatric advanced registered nurse practitioner who has
5 23 been designated as the primary health clinician for a patient.

5 24 NEW SUBSECTION. 13A. "Licensed physician" means an
5 25 individual licensed under chapter 148, 150, or 150A to
5 26 practice medicine and surgery, osteopathy, or osteopathic
5 27 medicine and surgery.

5 28 NEW SUBSECTION. 13B. "Licensed psychiatrist" means an
5 29 individual licensed under chapter 148, 150, or 150A to
5 30 practice medicine and surgery with a specialty in the field of
5 31 psychiatry.

5 32 NEW SUBSECTION. 13C. "Psychiatric advanced registered
5 33 nurse practitioner" means an individual currently licensed as
5 34 a registered nurse under chapter 152 or 152E who holds a
5 35 national certification in psychiatric health care and who is
6 1 registered with the board of nursing as an advanced registered
6 2 nurse practitioner.

6 3 Sec. 8. Section 125.86, subsection 2, Code 2007, is
6 4 amended to read as follows:

6 5 2. No more than sixty days after entry of a court order
6 6 for treatment of a respondent under section 125.84, subsection
6 7 3, and thereafter at successive intervals not to exceed ninety
6 8 days for as long as involuntary treatment continues, the
6 9 administrator of the facility or the chief primary health
6 10 clinician shall report to the court which entered the order.

6 11 The report shall be submitted in the manner required by
6 12 section 125.84, shall state whether in the opinion of the
6 13 chief medical officer or the chief primary health clinician
6 14 the respondent's condition has improved, remains unchanged, or
6 15 has deteriorated, and shall indicate the further length of
6 16 time the respondent will require treatment by the facility.
6 17 If the respondent fails or refuses to submit to treatment as
6 18 ordered by the court, the administrator of the facility or the
6 19 chief primary health clinician shall at once notify the court,
6 20 which shall order the respondent committed for treatment as
6 21 provided by section 125.84, subsection 3, unless the court
6 22 finds that the failure or refusal was with good cause, and
6 23 that the respondent is willing to receive treatment as
6 24 provided in the court's order, or in a revised order if the
6 25 court sees fit to enter one. If the administrator of the
6 26 facility or the chief primary health clinician reports to the
6 27 court that the respondent requires full-time custody, care,
6 28 and treatment in a facility, and the respondent is willing to
6 29 be admitted voluntarily to the facility for these purposes,
6 30 the court may enter an order approving the placement upon
6 31 consultation with the administrator of the facility in which
6 32 the respondent is to be placed. If the respondent is
6 33 unwilling to be admitted voluntarily to the facility, the
6 34 procedure for determining involuntary commitment, as provided
6 35 in section 125.84, subsection 3, shall be followed.

7 1 Sec. 9. Section 229.1, Code 2007, is amended by adding the
7 2 following new subsections:

7 3 NEW SUBSECTION. 5A. "Chief primary health clinician"
7 4 means the licensed physician, licensed psychiatrist, or

7 5 psychiatric advanced registered nurse practitioner who has
7 6 been designated as the primary health clinician for a patient.
7 7 NEW SUBSECTION. 8A. "Licensed psychiatrist" means an
7 8 individual licensed under chapter 148, 150, or 150A to
7 9 practice medicine and surgery with a specialty in the field of
7 10 psychiatry.

7 11 NEW SUBSECTION. 11A. "Psychiatric advanced registered
7 12 nurse practitioner" means an individual currently licensed as
7 13 a registered nurse under chapter 152 or 152E who holds a
7 14 national certification in psychiatric health care and who is
7 15 registered with the board of nursing as an advanced registered
7 16 nurse practitioner.

7 17 Sec. 10. Section 229.15, subsection 2, Code 2007, is
7 18 amended to read as follows:

7 19 2. Not more than sixty days after the entry of a court
7 20 order for treatment of a patient pursuant to a report issued
7 21 under section 229.14, subsection 1, paragraph "c", and
7 22 thereafter at successive intervals as ordered by the court but
7 23 not to exceed ninety days so long as that court order remains
7 24 in effect, the medical director of the facility or the chief
7 25 primary health clinician treating the patient shall report to

7 26 the court which entered the order. The report shall state
7 27 whether the patient's condition has improved, remains
7 28 unchanged, or has deteriorated, and shall indicate if possible
7 29 the further length of time the patient will require treatment
7 30 by the facility. If at any time the patient without good
7 31 cause fails or refuses to submit to treatment as ordered by
7 32 the court, the medical director or the chief primary health
7 33 clinician shall at once so notify the court, which shall order

7 34 the patient hospitalized as provided by section 229.14,
7 35 subsection 2, paragraph "d", unless the court finds that the
8 1 failure or refusal was with good cause and that the patient is
8 2 willing to receive treatment as provided in the court's order,
8 3 or in a revised order if the court sees fit to enter one. If
8 4 at any time the medical director or the chief primary health
8 5 clinician reports to the court that in the director's or

8 6 clinician's opinion the patient requires full-time custody,
8 7 care and treatment in a hospital, and the patient is willing
8 8 to be admitted voluntarily to the hospital for these purposes,
8 9 the court may enter an order approving hospitalization for
8 10 appropriate treatment upon consultation with the chief medical
8 11 officer of the hospital in which the patient is to be
8 12 hospitalized. If the patient is unwilling to be admitted
8 13 voluntarily to the hospital, the procedure for determining
8 14 involuntary hospitalization, as set out in section 229.14,
8 15 subsection 2, paragraph "d", shall be followed.

8 16 Sec. 11. NEW SECTION. 249A.36 ADVANCED REGISTERED NURSE
8 17 PRACTITIONERS == REIMBURSEMENT FOR PSYCHIATRIC SERVICES.

8 18 The department shall adopt rules to provide reimbursement
8 19 for advanced registered nurse practitioners for provision of
8 20 psychiatric services, within the scope of practice of the
8 21 advanced registered nurse practitioner, to medical assistance
8 22 program recipients.

8 23 Sec. 12. PSYCHIATRIC RESIDENTS == APPROPRIATION. There is
8 24 appropriated from the general fund of the state to the
8 25 department of public health for distribution to hospitals in
8 26 the state for the fiscal year beginning July 1, 2008, and
8 27 ending June 30, 2009, the following amount or so much thereof
8 28 as is necessary for the purpose designated:

8 29 For additional psychiatric residency positions:
8 30 \$ 1,000,000

8 31 A hospital located in this state may apply for funding of a
8 32 psychiatric residency position within the hospital. A person
8 33 filling a psychiatric residency position funded under this
8 34 section shall practice in the state for a minimum of four
8 35 years following completion of the residency program. The
9 1 department of public health shall adopt rules to administer
9 2 the psychiatric residency position program. The rules shall
9 3 provide that a person filling a psychiatric residency position
9 4 who does not practice in the state for a minimum of four years
9 5 shall repay any funds paid on behalf of the person for the
9 6 psychiatric residency position.

9 7 DIVISION III
9 8 PROMOTING TELEMEDICINE

9 9 Sec. 13. NEW SECTION. 249A.37 MEDICAL ASSISTANCE
9 10 PARTICIPATING PROVIDERS == REIMBURSEMENT FOR TELEMEDICINE.

9 11 The department shall adopt rules to provide reimbursement
9 12 for participating providers under the medical assistance
9 13 program for utilization of telemedicine. The reimbursement
9 14 shall also extend to participating providers outside of the
9 15 state who utilize telemedicine to provide covered services to

9 16 medical assistance recipients who are residents of this state.
9 17 Sec. 14. Section 249J.6, subsection 1, Code 2007, is
9 18 amended to read as follows:
9 19 1. ~~Beginning July 1, 2005, the~~ The expansion population
9 20 shall be eligible for all of the following expansion
9 21 population services:
9 22 a. Inpatient hospital procedures described in the
9 23 diagnostic related group codes or other applicable inpatient
9 24 hospital reimbursement methods designated by the department.
9 25 b. Outpatient hospital services described in the
9 26 ambulatory patient groupings or non-inpatient services
9 27 designated by the department.
9 28 c. Physician and advanced registered nurse practitioner
9 29 services described in the current procedural terminology codes
9 30 specified by the department.
9 31 d. Dental services described in the dental codes specified
9 32 by the department.
9 33 e. Limited pharmacy benefits provided by an expansion
9 34 population provider network hospital pharmacy and solely
9 35 related to an appropriately billed expansion population
10 1 service.
10 2 f. Transportation to and from an expansion population
10 3 provider network provider only if the provider offers such
10 4 transportation services or the transportation is provided by a
10 5 volunteer.
10 6 g. Telemedicine services provided by providers included in
10 7 the expansion population provider network and including
10 8 providers who consult with providers included in the expansion
10 9 population provider network, whether from within or outside of
10 10 the state, utilizing telemedicine.
10 11 Sec. 15. Section 514I.5, subsection 8, paragraph e, Code
10 12 Supplement 2007, is amended by adding the following new
10 13 subparagraph:
10 14 NEW SUBPARAGRAPH. (15) Telemedicine services including
10 15 those provided to eligible children by providers outside of
10 16 the state.
10 17 Sec. 16. FEDERAL APPROVAL. The department of human
10 18 services shall amend any state plan or request any waiver
10 19 necessary to implement the provisions of this division
10 20 relating to providers under the medical assistance, IowaCare,
10 21 or hawk=i programs to be reimbursed for telemedicine services.
10 22 DIVISION IV
10 23 INCREASING COMPENSATION FOR DIRECT CARE WORKERS
10 24 Sec. 17. NEW SECTION. 249A.38 REIMBURSEMENT INCREASE ==
10 25 DIRECT CARE WORKERS.
10 26 Beginning July 1, 2008, seventy=five percent of any
10 27 increase in the reimbursement rate for nursing facilities
10 28 under the medical assistance program shall be used for
10 29 increases in compensation=related costs for employees
10 30 providing direct care in the nursing facilities. Information
10 31 relating to these increases in compensation=related costs
10 32 shall be included in the cost reports submitted to the
10 33 department. For the purposes of this requirement, employees
10 34 providing direct care do not include the administrator,
10 35 persons employed in the central office of a corporation that
11 1 has an ownership interest in the nursing facility or exercises
11 2 control over the nursing facility, or persons paid by the
11 3 nursing facility under a management contract.
11 4 DIVISION V
11 5 CREDENTIALING THE LONG=TERM CARE WORKFORCE
11 6 Sec. 18. DIRECT CARE WORKER ADVISORY COUNCIL == DUTIES ==
11 7 REPORT.
11 8 1. As used in this section, unless the context otherwise
11 9 requires:
11 10 a. "Assistance with instrumental activities of daily
11 11 living" means assistance with activities beyond basic needs
11 12 that assist a consumer in functioning independently within the
11 13 community. Such services may include but are not limited to
11 14 food preparation and nutrition, home management, financial
11 15 management, and infection control, but require no physical
11 16 contact between the direct care worker and the consumer.
11 17 b. "Assistance with personal care activities of daily
11 18 living" means care provided to support a consumer in meeting
11 19 the consumer's basic needs while acknowledging personal
11 20 choices and encouraging independence, and generally involves
11 21 physical contact between a direct care worker and a consumer.
11 22 Such services include but are not limited to assistance with
11 23 eating and feeding, bathing, skin care, grooming, and mobility
11 24 assistance.
11 25 c. "Department" means the department of public health.
11 26 d. "Direct care" means environmental or chore services,

11 27 health monitoring and maintenance, assistance with
11 28 instrumental activities of daily living, assistance with
11 29 personal care activities of daily living, personal care
11 30 support, or specialty services.

11 31 e. "Direct care worker" means an individual who directly
11 32 provides or assists a consumer in the care of the consumer by
11 33 providing direct care in a variety of settings which may or
11 34 may not require oversight of the direct care worker, depending
11 35 upon the setting. "Direct care worker" does not include a
12 1 nurse, case manager, or social worker.

12 2 f. "Director" means the director of public health.

12 3 g. "Environmental or chore services" means services
12 4 provided both inside and outside of a consumer's home that are
12 5 designed to assist a consumer in living independently in the
12 6 community and which require no physical contact between the
12 7 direct care worker and the consumer, and which require no
12 8 special education or training beyond task-specific
12 9 orientation. Such services may include but are not limited to
12 10 heavy household cleaning, lawn care, and home maintenance.

12 11 h. "Health monitoring and maintenance" means medically
12 12 oriented care that assists a consumer in maintaining the
12 13 consumer's health on a daily basis and which generally
12 14 requires physical contact between a direct care worker and a
12 15 consumer. Such services may include but are not limited to
12 16 checking of vital signs, collecting specimens or samples, and
12 17 assisting with range of motion exercises.

12 18 i. "Personal care support" means support provided to a
12 19 consumer as the consumer performs personal and instrumental
12 20 activities of daily living which require no physical contact
12 21 between the direct care worker and the consumer. Such support
12 22 includes testing and training, observation, recording,
12 23 documenting, coaching, and supervising.

12 24 j. "Specialty skill services" means services that require
12 25 the care of a direct care worker with additional education and
12 26 training, and generally requires physical contact between a
12 27 direct care worker and a consumer. Such services include
12 28 dementia or Alzheimer's care, psychiatric care, monitoring and
12 29 administration of medications, collecting specimens or
12 30 samples, giving shots, hospice and palliative care, protective
12 31 services, restorative and strengthening exercises, and
12 32 mentoring.

12 33 2. A direct care worker advisory council shall be
12 34 appointed by the director and shall include representatives of
12 35 direct care workers, consumers of direct care services,
13 1 educators of direct care workers, other health professionals,
13 2 employers of direct care workers, and appropriate state
13 3 agencies.

13 4 3. Membership, terms of office, quorum, and expenses shall
13 5 be determined by the director pursuant to chapter 135.

13 6 4. The direct care worker advisory council shall advise
13 7 the director regarding regulation and certification of direct
13 8 care workers and shall develop recommendations regarding all
13 9 of the following:

13 10 a. Direct care worker classifications based on functions
13 11 and services provided by direct care workers. The
13 12 classifications shall include those based on environmental and
13 13 chore services, assistance with instrumental activities of
13 14 daily living, personal care support, assistance with personal
13 15 care activities of daily living, health monitoring and
13 16 maintenance, and specialty skills.

13 17 b. Functions for each direct care worker classification
13 18 based upon categories of core competencies.

13 19 c. An education and training orientation to be provided by
13 20 employers which addresses the components of confidentiality;
13 21 ethics and legal requirements; consumer and worker rights;
13 22 person-directed and consumer-centered care; cultural
13 23 competency; growth, development, and disability specific
13 24 competency; observation, referral, and reporting;
13 25 communication and interpersonal skills; problem solving;
13 26 safety and emergency procedures; infection control and
13 27 occupational safety and health administration guidelines; and
13 28 professional education and training.

13 29 d. Education and training requirements for each of the
13 30 direct care worker classifications.

13 31 e. The standard curriculum required in training of direct
13 32 care workers for each of the direct care worker
13 33 classifications, based on training required for the duties
13 34 specified and related core competencies. The curriculum shall
13 35 be standard notwithstanding the entity offering the
14 1 curriculum, and shall meet or exceed federal or state
14 2 requirements. The curriculum shall include a requirement that

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

15 16 5. The direct care worker advisory council shall report
15 17 its recommendations to the director by November 30, 2008,
15 18 including recommendations for any changes in law or rules
15 19 necessary to implement certification of direct care workers
15 20 beginning July 1, 2009.

15 21 EXPLANATION

15 22 This bill relates to promotion of the health care
15 23 workforce.

15 24 INCREASING THE AVAILABILITY OF THE HEALTH CARE WORKFORCE.
15 25 Division I of the bill establishes a health care professional
15 26 recruitment program and revolving fund. The bill provides
15 27 that the health care professional recruitment program shall be
15 28 administered by the college student aid commission, and
15 29 consist of a loan forgiveness program for students who agree
15 30 to practice in underserved areas upon graduation and a rural
15 31 community loan repayment program for health care professionals
15 32 who agree to serve in eligible rural communities. An eligible
15 33 rural community is a rural community underserved by health
15 34 care professionals that agrees to match state funds provided
15 35 for the health care professional's loans on at least a
16 1 \$1-for-\$1 basis. From funds appropriated for the program by
16 2 the general assembly, the commission must pay a fee to the
16 3 medical school or other health professional school for
16 4 administration of the program based upon the number of health
16 5 care professional students and health care professionals
16 6 recruited. Students are eligible for the loan forgiveness
16 7 program if they are residents of Iowa, are enrolled on a
16 8 full-time basis at a medical or other health care professional
16 9 school, and agree to practice in an area underserved by a
16 10 health care professional for a period of time to be determined
16 11 by the commission at the time the loan is awarded. A health
16 12 care professional who graduated from a medical or other health
16 13 care professional school in the state is eligible for the

16 14 rural community loan repayment program if the health care
16 15 professional agrees to practice in an eligible rural community
16 16 in this state for a time agreed to by the health care
16 17 professional and the commission. The health care professional
16 18 recruitment revolving fund is created in the state treasury as
16 19 a separate fund under the control of the commission. Moneys
16 20 in the fund derive from payments made by health care
16 21 recruitment program recipients and the proceeds from the sale
16 22 of loans. Moneys in the fund must be used to supplement
16 23 moneys appropriated for the health care professional
16 24 recruitment program, for loan forgiveness to eligible health
16 25 care professionals, and to pay for loan or interest repayment
16 26 defaults by eligible health care professionals. Moneys in the
16 27 fund do not revert to the general fund, and interest or
16 28 earnings on moneys in the fund are credited to the fund.

16 29 Division I of the bill provides for a qualified health care
16 30 provider tax credit under the individual and corporate income
16 31 tax and applies retroactively to January 1, 2007, for tax
16 32 years beginning on or after that date. The qualified health
16 33 care provider tax credit is available to health care providers
16 34 for which the department of public health determines, on a
16 35 five-year projection basis, there is an insufficient number
17 1 necessary to meet population needs. The amount of the tax
17 2 credit equals \$20,000 per tax year.

17 3 Division I of the bill directs insurance carriers to
17 4 provide for payment of newly credentialed physicians for
17 5 services provided retroactively to the date the physician
17 6 applied to the carrier for credentialing.

17 7 INCREASING THE AVAILABILITY OF PSYCHIATRIC SERVICES.

17 8 Division II of the bill authorizes a chief primary health
17 9 clinician to file certain periodic court reports on chronic
17 10 substance abusers and persons with mental illness who do not
17 11 require full-time placement in a treatment facility.

17 12 The division provides that no more than 60 days after entry
17 13 of a court order for treatment of a respondent who is either a
17 14 chronic substance abuser or who is mentally ill who does not
17 15 require full-time placement in a treatment facility and
17 16 thereafter at successive intervals not to exceed 90 days for
17 17 as long as the involuntary treatment continues, the chief
17 18 primary health clinician shall have the authority, along with
17 19 the administrator of the treatment facility or the chief
17 20 medical officer of the treatment facility, to report to the
17 21 court which entered the order and shall state whether in the
17 22 opinion of the chief primary health clinician the respondent's
17 23 condition has improved, remains unchanged, or has
17 24 deteriorated, and shall indicate the further length of time
17 25 the respondent will require treatment by the facility. If the
17 26 respondent fails or refuses to submit to treatment as ordered
17 27 by the court, the chief primary health clinician shall notify
17 28 the court, which shall order the respondent committed for
17 29 treatment unless the court finds that the failure or refusal
17 30 was with good cause, and that the respondent is willing to
17 31 receive treatment as provided in the court's order, or in a
17 32 revised order if the court sees fit to enter one. If the
17 33 chief primary health clinician reports to the court that the
17 34 respondent requires full-time custody, care, and treatment in
17 35 a facility, and the respondent is willing to be admitted
18 1 voluntarily to the facility for these purposes, the court may
18 2 enter an order approving the placement upon consultation with
18 3 the administrator of the facility in which the respondent is
18 4 to be placed.

18 5 The division defines "chief primary health clinician" as
18 6 the licensed physician, licensed psychiatrist, or psychiatric
18 7 advanced registered nurse practitioner who has been designated
18 8 as the primary health clinician for a patient. "Licensed
18 9 physician" is defined as an individual licensed under Code
18 10 chapter 148, 150, or 150A to practice medicine and surgery,
18 11 osteopathy, or osteopathic medicine and surgery, "licensed
18 12 psychiatrist" is defined as an individual licensed under Code
18 13 chapter 148, 150, or 150A to practice medicine and surgery
18 14 with a specialty in the field of psychiatry, and "psychiatric
18 15 advanced registered nurse practitioner" is defined as an
18 16 individual currently licensed as a registered nurse under Code
18 17 chapter 152 or 152E who holds a national certification in
18 18 psychiatric health care and who is registered with the board
18 19 of nursing as an advanced registered nurse practitioner.

18 20 Division II of the bill directs the department of human
18 21 services to adopt rules to provide reimbursement for advanced
18 22 registered nurse practitioners for provision of psychiatric
18 23 services, within the scope of practice of the advanced
18 24 registered nurse practitioner, to a medical assistance

18 25 recipient.

18 26 Division II of the bill also appropriates \$1 million to the
18 27 department of public health for additional psychiatric
18 28 residency positions and provides that hospitals may apply for
18 29 funding of a psychiatric residency position in the hospital.
18 30 A person filling the position must practice in the state for a
18 31 minimum of four years following completion of the residency
18 32 program.

18 33 PROMOTING TELEMEDICINE. Division III of the bill directs
18 34 the department of human services to adopt rules to provide for
18 35 reimbursement for participating providers under the medical
19 1 assistance program for utilization of telemedicine, and
19 2 includes participating providers outside of the state who
19 3 provide services to recipients of medical assistance within
19 4 the state. The bill also provides for reimbursement of
19 5 telemedicine services under the IowaCare and hawk=i programs.
19 6 The bill directs the department of human services to amend the
19 7 medical assistance state plan or request any waiver necessary
19 8 to provide these reimbursements.

19 9 INCREASING COMPENSATION OF DIRECT CARE WORKERS. Division
19 10 IV of the bill provides that of any increased reimbursement to
19 11 nursing facilities under the medical assistance program, 75
19 12 percent is to be used to increase compensation-related costs
19 13 of employees providing direct care. Employees providing
19 14 direct care do not include the administrator, persons employed
19 15 in the central office of a corporation that has an ownership
19 16 interest in the nursing facility or exercises control over the
19 17 nursing facility, or persons paid by the nursing facility
19 18 under a management contract.

19 19 CREDENTIALING DIRECT CARE WORKERS. Division V of the bill
19 20 establishes a direct care worker advisory council to develop
19 21 recommendations for the credentialing of direct care workers.
19 22 The advisory council is to report its recommendations to the
19 23 director of public health by November 30, 2008, including
19 24 recommendations for changes in law and rules to provide for
19 25 certification of direct care workers beginning July 1, 2009.

19 26 LSB 5694SC 82

19 27 pf/rj/5