

**House Study Bill 45 - Introduced**

SENATE/HOUSE FILE \_\_\_\_\_  
BY (PROPOSED DEPARTMENT OF  
PUBLIC HEALTH BILL)

**A BILL FOR**

1 An Act relating to programs and services under the purview of  
2 the department of public health.

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

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DIVISION I

ORGANIZED DELIVERY SYSTEMS

Section 1. Section 135H.3, subsection 2, Code 2013, is amended to read as follows:

2. If a child is diagnosed with a biologically based mental illness as defined in section 514C.22 and meets the medical assistance program criteria for admission to a psychiatric medical institution for children, the child shall be deemed to meet the acuity criteria for medically necessary inpatient benefits under a group policy, contract, or plan providing for third-party payment or prepayment of health, medical, and surgical coverage benefits issued by a carrier, as defined in section 513B.2, ~~or by an organized delivery system authorized under 1993 Iowa Acts, ch. 158,~~ that is subject to section 514C.22. Such medically necessary benefits shall not be excluded or denied as care that is substantially custodial in nature under section 514C.22, subsection 8, paragraph "b".

Sec. 2. Section 505.32, subsection 2, paragraph i, Code 2013, is amended by striking the paragraph.

Sec. 3. Section 507B.4, subsection 1, Code 2013, is amended to read as follows:

1. For purposes of subsection 3, paragraph "p", "insurer" means an entity providing a plan of health insurance, health care benefits, or health care services, or an entity subject to the jurisdiction of the commissioner performing utilization review, including an insurance company offering sickness and accident plans, a health maintenance organization, ~~an organized delivery system authorized under 1993 Iowa Acts, ch. 158, and licensed by the department of public health,~~ a nonprofit health service corporation, a plan established pursuant to chapter 509A for public employees, or any other entity providing a plan of health insurance, health care benefits, or health care services. However, "insurer" does not include an entity that sells disability income or long-term care insurance.

Sec. 4. Section 507B.4A, subsection 2, paragraph a, Code

1 2013, is amended to read as follows:

2 a. An insurer providing accident and sickness insurance  
3 under chapter 509, 514, or 514A; a health maintenance  
4 organization; ~~an organized delivery system authorized under~~  
5 ~~1993 Iowa Acts, ch. 158, and licensed by the department of~~  
6 ~~public health~~; or another entity providing health insurance or  
7 health benefits subject to state insurance regulation shall  
8 either accept and pay or deny a clean claim.

9 Sec. 5. Section 509.3A, subsection 11, Code 2013, is amended  
10 by striking the subsection.

11 Sec. 6. Section 509.19, subsection 2, paragraph d, Code  
12 2013, is amended by striking the paragraph.

13 Sec. 7. Section 513B.2, subsection 8, paragraph k, Code  
14 2013, is amended by striking the paragraph.

15 Sec. 8. Section 513B.7, subsection 3, Code 2013, is amended  
16 to read as follows:

17 3. A small employer carrier ~~or organized delivery system~~  
18 shall make the information and documentation described in  
19 subsection 1 available to the commissioner ~~or the director of~~  
20 ~~public health~~ upon request. The information is not a public  
21 record or otherwise subject to disclosure under chapter 22,  
22 and is considered proprietary and trade secret information  
23 and is not subject to disclosure by the commissioner ~~or the~~  
24 ~~director of public health~~ to persons outside of the division ~~or~~  
25 ~~department~~ except as agreed to by the small employer carrier ~~or~~  
26 ~~organized delivery system~~ or as ordered by a court of competent  
27 jurisdiction.

28 Sec. 9. Section 513B.10, subsection 1, paragraph b,  
29 subparagraph (2), unnumbered paragraph 1, Code 2013, is amended  
30 to read as follows:

31 Deny such coverage to such employers within the service area  
32 of such plan if the carrier ~~or organized delivery system~~ has  
33 demonstrated to the ~~applicable state authority~~ commissioner  
34 both of the following:

35 Sec. 10. Section 513B.10, subsection 3, paragraph c, Code

1 2013, is amended to read as follows:

2 *c.* A carrier ~~or organized delivery system~~ shall waive  
3 any waiting period applicable to a preexisting condition  
4 exclusion or limitation period with respect to particular  
5 services under health insurance coverage for the period  
6 of time an individual was covered by creditable coverage,  
7 provided that the creditable coverage was continuous to a  
8 date not more than sixty-three days prior to the effective  
9 date of the new coverage. Any period that an individual  
10 is in a waiting period for any coverage under group health  
11 insurance coverage, or is in an affiliation period, shall not  
12 be taken into account in determining the period of continuous  
13 coverage. A health maintenance organization that does not  
14 use preexisting condition limitations in any of its health  
15 insurance coverage may impose an affiliation period. For  
16 purposes of this section, "*affiliation period*" means a period  
17 of time not to exceed sixty days for new entrants and not to  
18 exceed ninety days for late enrollees during which no premium  
19 shall be collected and coverage issued is not effective, so  
20 long as the affiliation period is applied uniformly, without  
21 regard to any health status-related factors. This paragraph  
22 does not preclude application of a waiting period applicable  
23 to all new enrollees under the health insurance coverage,  
24 provided that any ~~carrier or organized delivery system-imposed~~  
25 carrier-imposed waiting period is no longer than sixty days and  
26 is used in lieu of a preexisting condition exclusion.

27 Sec. 11. Section 513C.3, subsection 5, Code 2013, is amended  
28 to read as follows:

29 5. "*Carrier*" means any entity that provides individual  
30 health benefit plans in this state. For purposes of this  
31 chapter, carrier includes an insurance company, a group  
32 hospital or medical service corporation, a fraternal benefit  
33 society, a health maintenance organization, and any other  
34 entity providing an individual plan of health insurance  
35 or health benefits subject to state insurance regulation.

1 ~~"Carrier" does not include an organized delivery system.~~

2 Sec. 12. Section 513C.3, subsection 7, Code 2013, is amended  
3 by striking the subsection.

4 Sec. 13. Section 513C.3, subsection 9, Code 2013, is amended  
5 to read as follows:

6 9. *"Established service area"* means a geographic area,  
7 as approved by the commissioner and based upon the carrier's  
8 certificate of authority to transact business in this state,  
9 within which the carrier is authorized to provide coverage ~~or~~  
10 ~~a geographic area, as approved by the director and based upon~~  
11 ~~the organized delivery system's license to transact business~~  
12 ~~in this state, within which the organized delivery system is~~  
13 ~~authorized to provide coverage.~~

14 Sec. 14. Section 513C.3, subsection 12, Code 2013, is  
15 amended by striking the subsection.

16 Sec. 15. Section 513C.3, subsection 15, paragraph a,  
17 subparagraph (3), Code 2013, is amended by striking the  
18 subparagraph.

19 Sec. 16. Section 513C.7, subsection 1, paragraph b, Code  
20 2013, is amended by striking the paragraph.

21 Sec. 17. Section 513C.10, subsection 10, paragraph b, Code  
22 2013, is amended by striking the paragraph.

23 Sec. 18. Section 514A.3B, subsection 3, paragraph k, Code  
24 2013, is amended by striking the paragraph.

25 Sec. 19. Section 514B.25A, subsection 1, Code 2013, is  
26 amended to read as follows:

27 1. Upon a health maintenance organization ~~or organized~~  
28 ~~delivery system~~ authorized to do business in this state and  
29 ~~licensed by the director of public health~~ being declared  
30 insolvent by the district court, the commissioner may levy an  
31 assessment on each health maintenance organization ~~or organized~~  
32 ~~delivery system~~ doing business in this state and ~~licensed by~~  
33 ~~the director of public health, as applicable,~~ to pay claims  
34 for uncovered expenditures for enrollees. The commissioner  
35 shall not assess an amount in any one calendar year which is

1 more than two percent of the aggregate premium written by each  
2 health maintenance organization ~~or organized delivery system.~~

3 Sec. 20. Section 514C.10, subsection 2, paragraph e, Code  
4 2013, is amended by striking the paragraph.

5 Sec. 21. Section 514C.11, Code 2013, is amended to read as  
6 follows:

7 **514C.11 Services provided by licensed physician assistants**  
8 **and licensed advanced registered nurse practitioners.**

9 Notwithstanding section 514C.6, a policy or contract  
10 providing for third-party payment or prepayment of health or  
11 medical expenses shall include a provision for the payment  
12 of necessary medical or surgical care and treatment provided  
13 by a physician assistant licensed pursuant to chapter 148C,  
14 or provided by an advanced registered nurse practitioner  
15 licensed pursuant to chapter 152 and performed within the  
16 scope of the license of the licensed physician assistant or  
17 the licensed advanced registered nurse practitioner if the  
18 policy or contract would pay for the care and treatment if  
19 the care and treatment were provided by a person engaged in  
20 the practice of medicine and surgery or osteopathic medicine  
21 and surgery under chapter 148. The policy or contract shall  
22 provide that policyholders and subscribers under the policy  
23 or contract may reject the coverage for services which may  
24 be provided by a licensed physician assistant or licensed  
25 advanced registered nurse practitioner if the coverage is  
26 rejected for all providers of similar services. A policy or  
27 contract subject to this section shall not impose a practice  
28 or supervision restriction which is inconsistent with or more  
29 restrictive than the restriction already imposed by law. This  
30 section applies to services provided under a policy or contract  
31 delivered, issued for delivery, continued, or renewed in this  
32 state on or after July 1, 1996, and to an existing policy or  
33 contract, on the policy's or contract's anniversary or renewal  
34 date, or upon the expiration of the applicable collective  
35 bargaining contract, if any, whichever is later. This section

1 does not apply to policyholders or subscribers eligible for  
2 coverage under Tit. XVIII of the federal Social Security Act  
3 or any similar coverage under a state or federal government  
4 plan. For the purposes of this section, third-party payment  
5 or prepayment includes an individual or group policy of  
6 accident or health insurance or individual or group hospital  
7 or health care service contract issued pursuant to chapter  
8 509, 514, or 514A, an individual or group health maintenance  
9 organization contract issued and regulated under chapter 514B,  
10 ~~an organized delivery system contract regulated under rules~~  
11 ~~adopted by the director of public health,~~ or a preferred  
12 provider organization contract regulated pursuant to chapter  
13 514F. Nothing in this section shall be interpreted to require  
14 an individual or group health maintenance organization,~~an~~  
15 ~~organized delivery system,~~ or a preferred provider organization  
16 or arrangement to provide payment or prepayment for services  
17 provided by a licensed physician assistant or licensed advanced  
18 registered nurse practitioner unless the physician assistant's  
19 supervising physician, the physician-physician assistant team,  
20 the advanced registered nurse practitioner, or the advanced  
21 registered nurse practitioner's collaborating physician has  
22 entered into a contract or other agreement to provide services  
23 with the individual or group health maintenance organization,~~or~~  
24 ~~the organized delivery system,~~ or the preferred provider  
25 organization or arrangement.

26 Sec. 22. Section 514C.13, subsection 1, paragraph h, Code  
27 2013, is amended by striking the paragraph.

28 Sec. 23. Section 514C.14, subsections 1 and 3, Code 2013,  
29 are amended to read as follows:

30 1. Except as provided under subsection 2 or 3, a carrier,  
31 as defined in section 513B.2, ~~an organized delivery system~~  
32 ~~authorized under 1993 Iowa Acts, ch. 158,~~ or a plan established  
33 pursuant to chapter 509A for public employees, which terminates  
34 its contract with a participating health care provider,  
35 shall continue to provide coverage under the contract to a

1 covered person in the second or third trimester of pregnancy  
2 for continued care from such health care provider. Such  
3 persons may continue to receive such treatment or care through  
4 postpartum care related to the child birth and delivery.  
5 Payment for covered benefits and benefit levels shall be  
6 according to the terms and conditions of the contract.

7 3. A carrier, ~~organized delivery system,~~ or a plan  
8 established under chapter 509A, which terminates the contract  
9 of a participating health care provider for cause shall not  
10 be liable to pay for health care services provided by the  
11 health care provider to a covered person following the date of  
12 termination.

13 Sec. 24. Section 514C.15, unnumbered paragraph 1, Code  
14 2013, is amended to read as follows:

15 A carrier, as defined in section 513B.2; ~~an organized~~  
16 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~  
17 ~~and licensed by the director of public health,~~ or a plan  
18 established pursuant to chapter 509A for public employees,  
19 shall not prohibit a participating provider from, or penalize a  
20 participating provider for, doing either of the following:

21 Sec. 25. Section 514C.16, subsection 1, Code 2013, is  
22 amended to read as follows:

23 1. A carrier, as defined in section 513B.2; ~~an organized~~  
24 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~  
25 ~~and licensed by the director of public health,~~ or a plan  
26 established pursuant to chapter 509A for public employees,  
27 which provides coverage for emergency services, is responsible  
28 for charges for emergency services provided to a covered  
29 individual, including services furnished outside any  
30 contractual provider network or preferred provider network.  
31 Coverage for emergency services is subject to the terms and  
32 conditions of the health benefit plan or contract.

33 Sec. 26. Section 514C.17, subsections 1 and 3, Code 2013,  
34 are amended to read as follows:

35 1. Except as provided under subsection 2 or 3, if a carrier,

1 as defined in section 513B.2, ~~an organized delivery system~~  
2 ~~authorized under 1993 Iowa Acts, ch. 158,~~ or a plan established  
3 pursuant to chapter 509A for public employees, terminates its  
4 contract with a participating health care provider, a covered  
5 individual who is undergoing a specified course of treatment  
6 for a terminal illness or a related condition, with the  
7 recommendation of the covered individual's treating physician  
8 licensed under chapter 148 may continue to receive coverage for  
9 treatment received from the covered individual's physician for  
10 the terminal illness or a related condition, for a period of  
11 up to ninety days. Payment for covered benefits and benefit  
12 levels shall be according to the terms and conditions of the  
13 contract.

14 3. Notwithstanding subsections 1 and 2, a carrier,  
15 ~~organized delivery system,~~ or a plan established under chapter  
16 509A which terminates the contract of a participating health  
17 care provider for cause shall not be required to cover health  
18 care services provided by the health care provider to a covered  
19 person following the date of termination.

20 Sec. 27. Section 514C.18, subsection 2, paragraph a,  
21 subparagraph (6), Code 2013, is amended by striking the  
22 subparagraph.

23 Sec. 28. Section 514C.19, subsection 7, paragraph a,  
24 subparagraph (6), Code 2013, is amended by striking the  
25 subparagraph.

26 Sec. 29. Section 514C.20, subsection 3, paragraph f, Code  
27 2013, is amended by striking the paragraph.

28 Sec. 30. Section 514C.21, subsection 2, paragraph d, Code  
29 2013, is amended by striking the paragraph.

30 Sec. 31. Section 514C.22, subsection 1, unnumbered  
31 paragraph 1, Code 2013, is amended to read as follows:

32 Notwithstanding the uniformity of treatment requirements of  
33 section 514C.6, a group policy, contract, or plan providing  
34 for third-party payment or prepayment of health, medical, and  
35 surgical coverage benefits issued by a carrier, as defined in

1 ~~section 513B.2, or by an organized delivery system authorized~~  
2 ~~under 1993 Iowa Acts, ch. 158,~~ shall provide coverage benefits  
3 for treatment of a biologically based mental illness if either  
4 of the following is satisfied:

5 Sec. 32. Section 514C.25, subsection 2, paragraph a,  
6 subparagraph (5), Code 2013, is amended by striking the  
7 subparagraph.

8 Sec. 33. Section 514C.26, subsection 5, paragraph a,  
9 subparagraph (6), Code 2013, is amended by striking the  
10 subparagraph.

11 Sec. 34. Section 514C.27, subsection 1, unnumbered  
12 paragraph 1, Code 2013, is amended to read as follows:

13 Notwithstanding the uniformity of treatment requirements  
14 of section 514C.6, a group policy or contract providing for  
15 third-party payment or prepayment of health or medical expenses  
16 issued by a carrier, as defined in section 513B.2, ~~or by an~~  
17 ~~organized delivery system authorized under 1993 Iowa Acts,~~  
18 ~~chapter 158,~~ shall provide coverage benefits to an insured who  
19 is a veteran for treatment of mental illness and substance  
20 abuse if either of the following is satisfied:

21 Sec. 35. Section 514C.29, subsection 2, paragraph e, Code  
22 2013, is amended by striking the paragraph.

23 Sec. 36. Section 514E.1, subsection 6, paragraph k, Code  
24 2013, is amended by striking the paragraph.

25 Sec. 37. Section 514E.1, subsection 17, Code 2013, is  
26 amended by striking the subsection.

27 Sec. 38. Section 514E.2, subsection 1, paragraph a, Code  
28 2013, is amended to read as follows:

29 a. ~~All carriers and all organized delivery systems licensed~~  
30 ~~by the director of public health~~ providing health insurance or  
31 health care services in Iowa, whether on an individual or group  
32 basis, and all other insurers designated by the association's  
33 board of directors and approved by the commissioner shall be  
34 members of the association.

35 Sec. 39. Section 514F.5, Code 2013, is amended to read as

1 follows:

2 **514F.5 Experimental treatment review.**

3 1. A carrier, as defined in section 513B.2, ~~an organized~~  
4 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~ or a  
5 plan established pursuant to chapter 509A for public employees,  
6 that limits coverage for experimental medical treatment, drugs,  
7 or devices, shall develop and implement a procedure to evaluate  
8 experimental medical treatments and shall submit a description  
9 of the procedure to the division of insurance. The procedure  
10 shall be in writing and must describe the process used to  
11 determine whether the carrier, ~~organized delivery system,~~  
12 or chapter 509A plan will provide coverage for new medical  
13 technologies and new uses of existing technologies. The  
14 procedure, at a minimum, shall require a review of information  
15 from appropriate government regulatory agencies and published  
16 scientific literature concerning new medical technologies, new  
17 uses of existing technologies, and the use of external experts  
18 in making decisions. A carrier, ~~organized delivery system,~~  
19 or chapter 509A plan shall include appropriately licensed  
20 or qualified professionals in the evaluation process. The  
21 procedure shall provide a process for a person covered under  
22 a plan or contract to request a review of a denial of coverage  
23 because the proposed treatment is experimental. A review of  
24 a particular treatment need not be reviewed more than once a  
25 year.

26 2. A carrier, ~~organized delivery system,~~ or chapter 509A  
27 plan that limits coverage for experimental treatment, drugs, or  
28 devices shall clearly disclose such limitations in a contract,  
29 policy, or certificate of coverage.

30 Sec. 40. Section 514I.2, subsection 10, Code 2013, is  
31 amended to read as follows:

32 10. "*Participating insurer*" means any entity licensed by the  
33 division of insurance of the department of commerce to provide  
34 health insurance in Iowa ~~or an organized delivery system~~  
35 ~~licensed by the director of public health~~ that has contracted

1 with the department to provide health insurance coverage to  
2 eligible children under this chapter.

3 Sec. 41. Section 514J.102, subsection 23, Code 2013, is  
4 amended to read as follows:

5 23. *"Health carrier"* means an entity subject to the  
6 insurance laws and regulations of this state, or subject  
7 to the jurisdiction of the commissioner, including an  
8 insurance company offering sickness and accident plans, a  
9 health maintenance organization, a nonprofit health service  
10 corporation, a plan established pursuant to chapter 509A  
11 for public employees, or any other entity providing a plan  
12 of health insurance, health care benefits, or health care  
13 services. ~~*"Health carrier" includes, for purposes of this*~~  
14 ~~*chapter, an organized delivery system.*~~

15 Sec. 42. Section 514J.102, subsection 28, Code 2013, is  
16 amended by striking the subsection.

17 Sec. 43. Section 514L.1, subsection 3, Code 2013, is amended  
18 to read as follows:

19 3. *"Provider of third-party payment or prepayment of*  
20 *prescription drug expenses"* or *"provider"* means a provider of an  
21 individual or group policy of accident or health insurance or  
22 an individual or group hospital or health care service contract  
23 issued pursuant to chapter 509, 514, or 514A, a provider of a  
24 plan established pursuant to chapter 509A for public employees,  
25 a provider of an individual or group health maintenance  
26 organization contract issued and regulated under chapter 514B,  
27 ~~*a provider of an organized delivery system contract regulated*~~  
28 ~~*under rules adopted by the director of public health,*~~ a  
29 provider of a preferred provider contract issued pursuant to  
30 chapter 514F, a provider of a self-insured multiple employer  
31 welfare arrangement, and any other entity providing health  
32 insurance or health benefits which provide for payment or  
33 prepayment of prescription drug expenses coverage subject to  
34 state insurance regulation.

35 Sec. 44. Section 514L.2, subsection 1, paragraph a,

1 unnumbered paragraph 1, Code 2013, is amended to read as  
2 follows:

3 A provider of third-party payment or prepayment of  
4 prescription drug expenses, including the provider's agents or  
5 contractors and pharmacy benefits managers, that issues a card  
6 or other technology for claims processing and an administrator  
7 of the payor, excluding administrators of self-funded employer  
8 sponsored health benefit plans qualified under the federal  
9 Employee Retirement Income Security Act of 1974, shall issue  
10 to its insureds a card or other technology containing uniform  
11 prescription drug information. The commissioner of insurance  
12 shall adopt rules for the uniform prescription drug information  
13 card or technology applicable to those entities subject to  
14 regulation by the commissioner of insurance. ~~The director of~~  
15 ~~public health shall adopt rules for the uniform prescription~~  
16 ~~drug information card or technology applicable to organized~~  
17 ~~delivery systems.~~ The rules shall require at least both of the  
18 following regarding the card or technology:

19 Sec. 45. Section 521F.2, subsection 7, Code 2013, is amended  
20 to read as follows:

21 7. "*Health organization*" means a health maintenance  
22 organization, limited service organization, dental or vision  
23 plan, hospital, medical and dental indemnity or service  
24 corporation or other managed care organization licensed under  
25 chapter 514, or 514B, ~~or 1993 Iowa Acts, ch. 158,~~ or any other  
26 entity engaged in the business of insurance, risk transfer,  
27 or risk retention, that is subject to the jurisdiction of the  
28 commissioner of insurance ~~or the director of public health.~~  
29 "*Health organization*" does not include an insurance company  
30 licensed to transact the business of insurance under chapter  
31 508, 515, or 520, and which is otherwise subject to chapter  
32 521E.

33 Sec. 46. 1993 Iowa Acts, chapter 158, section 4, is amended  
34 to read as follows:

35 SEC. 4. EMERGENCY RULES. Pursuant to sections 1, and 2, ~~and~~

1 3 of this Act, the commissioner of insurance ~~or the director of~~  
2 ~~public health~~ shall adopt administrative rules under section  
3 17A.4, subsection 2, and section 17A.5, subsection 2, paragraph  
4 "b", to implement the provisions of this Act and the rules  
5 shall become effective immediately upon filing, unless a later  
6 effective date is specified in the rules. Any rules adopted in  
7 accordance with the provisions of this section shall also be  
8 published as notice of intended action as provided in section  
9 17A.4.

10 Sec. 47. REPEAL. Section 135.120, Code 2013, is repealed.

11 Sec. 48. REPEAL. 1993 Iowa Acts, chapter 158, section 3,  
12 is repealed.

13 Sec. 49. CODE EDITOR DIRECTIVE — ORGANIZED DELIVERY  
14 SYSTEMS.

15 1. Sections 505.32, 509A.6, 513B.5, 513B.6, 513B.7,  
16 513B.9A, 513B.10, 513C.3, 513C.6, 513C.7, 513C.9, 513C.10,  
17 514B.25A, 514C.13, 514C.15, 514C.22, 514C.27, 514E.2, 514E.7,  
18 514E.9, 514E.11, 514K.1, Code 2013, are amended as follows:

19 a. By striking from the sections "organized delivery  
20 system".

21 b. By striking from the sections "organized delivery  
22 systems".

23 c. By striking from the sections "organized delivery  
24 system's".

25 d. By striking from the sections "system".

26 2. Sections 513B.5, 513B.7, 513B.10, 513C.5, 513C.6,  
27 513C.10, 514E.9, and 514K.1, Code 2013, are amended as follows:

28 a. By striking from the sections "director of public  
29 health".

30 b. By striking from the sections "director".

31 DIVISION II

32 TRAUMA SYSTEM QUALITY IMPROVEMENT

33 Sec. 50. Section 147A.25, subsection 1, paragraph h, Code  
34 2013, is amended to read as follows:

35 ~~h. Iowa foundation of medical care director~~ A representative

1 of the state's Medicare quality improvement organization.

2 DIVISION III

3 REIMBURSEMENT FOR CERTAIN AUTOPSIES

4 Sec. 51. Section 331.802, subsection 2, paragraph c, Code  
5 2013, is amended to read as follows:

6 c. The fee and expenses of the county medical examiner who  
7 performs an autopsy or conducts an investigation of a person  
8 who dies after being brought into this state for emergency  
9 medical treatment by or at the direction of an out-of-state  
10 law enforcement officer or public authority shall be paid by  
11 the state. A claim for payment shall be filed with ~~the Iowa~~  
12 ~~department of public health. If moneys are not appropriated~~  
13 ~~to the Iowa department of public health for the payment of~~  
14 ~~autopsies under this paragraph, claims for payment shall be~~  
15 ~~forwarded to the state appeal board and, if authorized by the~~  
16 ~~board, shall be paid out of moneys in the general fund of the~~  
17 ~~state not otherwise appropriated.~~

18 Sec. 52. Section 331.802, subsection 4, Code 2013, is  
19 amended to read as follows:

20 4. The county medical examiner shall conduct the  
21 investigation in the manner required by the state medical  
22 examiner and shall determine whether the public interest  
23 requires an autopsy or other special investigation. However,  
24 if the death occurred in the manner specified in subsection  
25 3, paragraph "j", the county medical examiner shall order  
26 an autopsy, claims for the expense payment of which shall  
27 be reimbursed by the Iowa department of public health filed  
28 with the state appeal board and, if authorized by the board,  
29 shall be paid out of moneys in the general fund of the state  
30 not otherwise appropriated. In determining the need for an  
31 autopsy, the county medical examiner may consider the request  
32 for an autopsy from a public official or private person, but  
33 the state medical examiner or the county attorney of the county  
34 where the death occurred may require an autopsy.

35 DIVISION IV

1 HIV HOME TEST KITS

2 Sec. 53. REPEAL. Section 126.25, Code 2013, is repealed.

3 DIVISION V

4 TOBACCO CESSATION SERVICES — MINORS

5 Sec. 54. NEW SECTION. 142A.11 **Application for services —**  
6 **minors.**

7 A minor shall have the legal capacity to act and give  
8 consent to the provision of tobacco cessation services by  
9 a hospital, clinic, health care provider, or other tobacco  
10 cessation services provider. Consent shall not be subject to  
11 later disaffirmance by reason of such minority. The consent of  
12 another person, including but not limited to the consent of a  
13 spouse, parent, custodian, or guardian, shall not be necessary.

14 EXPLANATION

15 This bill includes provisions that relate to programs and  
16 services under the purview of the department of public health  
17 (DPH). The bill is organized in divisions.

18 Division I relates to organized delivery systems that are  
19 regulated by DPH. Organized delivery systems were created  
20 pursuant to 1993 Iowa Acts, chapter 158. Rules adopted  
21 under the provision define an organized delivery system as  
22 "an organization with defined governance that is responsible  
23 for delivering or arranging to deliver the full range of  
24 health care services covered under a standard benefit plan  
25 and is accountable to the public for the cost, quality and  
26 access of its services and for the effect of its services  
27 on their health." (641 IAC 201.2) An organization operating  
28 as an organized delivery system is required to assume risk  
29 and be subject to solvency standards. The bill eliminates  
30 all references to organized delivery systems in the Code and  
31 repeals the provision in the Acts authorizing the establishment  
32 of organized delivery systems. The most recent application for  
33 licensure was received by DPH in 1998. Since being authorized  
34 in 1993, only two entities applied for licensure as organized  
35 delivery systems and both of these entities have since ceased

1 operations.

2 Division II relates to the membership of the system  
3 evaluation and quality improvement committee for the trauma  
4 system in the state. The bill changes the membership by  
5 replacing the specific name of the one membership entity  
6 with a general reference to the Medicare quality improvement  
7 organization in the state.

8 Division III relates to county reimbursement for  
9 investigations and autopsies that are for persons who die after  
10 being brought into the state for emergency medical treatment  
11 by or at the direction of an out-of-state law enforcement  
12 officer or public authority; or for autopsies relating to the  
13 death of a child under the age of two years if death results  
14 from an unknown cause or if the circumstances surrounding the  
15 death indicate that sudden infant death syndrome may be the  
16 cause of death. Current law directs that claims for these  
17 investigations and autopsies are to be filed by counties  
18 initially with DPH, and, if moneys are not appropriated to  
19 DPH for this purpose, the claims are to then be forwarded to  
20 the state appeal board. Under the bill, claims would not be  
21 initially filed with DPH, but would instead be filed directly  
22 with the state appeal board for authorization of payment  
23 from the general fund of the state from funds not otherwise  
24 appropriated.

25 Division IV relates to human immunodeficiency virus  
26 (HIV) home test kits. Current law prohibits a person from  
27 advertising for sale, offering for sale, or selling an HIV  
28 home testing kit for antibody or antigen testing, and provides  
29 civil and criminal penalties as well as injunctive relief for  
30 violation of the prohibition. The United States food and drug  
31 administration approved the use of such kits in July 2012, and  
32 the bill repeals the Code provision prohibiting the HIV home  
33 test kits in the state.

34 Division V of the bill provides that a minor shall have  
35 the legal capacity to act and give consent to the provision

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1 of tobacco cessation services by a hospital, clinic, health  
2 care provider, or other tobacco cessation services provider.  
3 Consent is not subject to later disaffirmance by reason of such  
4 minority, and the consent of another person is not necessary.