

House File 2352 - Introduced

HOUSE FILE 2352

BY HUNTER and ANDERSON

A BILL FOR

1 An Act establishing the healthy Iowa program and including
2 effective date provisions.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135E.1 Findings and intent of the
2 general assembly.

3 1. The general assembly finds that all residents of the
4 state have the right to health care.

5 2. It is the intent of the general assembly:

6 a. To provide comprehensive universal single-payer health
7 care coverage and a health care cost control system for the
8 benefit of all residents of Iowa.

9 b. To establish the healthy Iowa program to provide
10 comprehensive, universal health coverage for every Iowa
11 resident funded by broad-based sources of revenue.

12 c. That the state obtain waivers and other approvals
13 relating to the Medicaid program, the healthy and well kids
14 in Iowa program, Medicare, the federal Patient Protection and
15 Affordable Care Act, and any other federally regulated programs
16 related to the provision of health care so that any federal
17 funds and other subsidies that would otherwise be available to
18 the state, Iowa residents, and Iowa health care providers, is
19 instead paid by the federal government to the state of Iowa and
20 deposited in the healthy Iowa trust fund.

21 d. That the state incorporates health care coverage of
22 Iowa residents who are employed in other jurisdictions into
23 the waivers and other approvals involving federally regulated
24 programs related to the provision of health care.

25 e. That any funds obtained under waivers and other approvals
26 involving federally regulated programs related to the provision
27 of health care be used for health coverage that provides health
28 benefits equal to or exceeding the health benefits provided
29 under those programs, as well as other program modifications,
30 including elimination of cost sharing and insurance premiums.

31 f. That the healthy Iowa program replaces the Medicaid
32 program, the healthy and well kids in Iowa program, Medicare,
33 coverage provided through the federal Patient Protection and
34 Affordable Care Act, and any other federally regulated programs
35 relating to the provision of health care, and that those

1 programs are merged into the healthy Iowa program, which will
2 operate as a true single-payer program.

3 *g.* That, even if all necessary waivers and approvals are not
4 obtained, the state maximize the approvals received and pool
5 multiple sources of funding to the greatest extent possible,
6 to make the provision of health care coverage and health care
7 under the healthy Iowa program as seamless as possible.

8 *h.* To extend the current benefits and current health care
9 coverage provided under the healthy and well kids in Iowa
10 program to all Iowa residents.

11 *i.* That the healthy Iowa program addresses the high cost
12 of prescription drugs to ensure that prescription drugs are
13 affordable for patients.

14 *j.* That neither health information technology nor clinical
15 practice guidelines limit the effective exercise of the
16 professional judgment of health care providers.

17 *k.* That health care providers be authorized to override
18 health information technology or clinical practice guidelines
19 if it is consistent with the treating health care provider's
20 determination of medical necessity and if, in the professional
21 judgment of the health care provider, it is in the best
22 interest of the patient and consistent with the patient's
23 wishes.

24 *l.* To develop a revenue plan for the healthy Iowa program,
25 in consultation with appropriate stakeholders, taking into
26 consideration anticipated federal revenue available for the
27 program.

28 *m.* To require that all federal revenue received for the
29 healthy Iowa program be deposited in an account within the
30 healthy Iowa trust fund to be known as the healthy Iowa trust
31 fund account.

32 Sec. 2. NEW SECTION. 135E.2 Definitions.

33 As used in this chapter, unless the context otherwise
34 requires:

35 1. "*Affiliation*" means any of the following:

- 1 *a.* A financial interest.
- 2 *b.* A position of governance, including membership on a board
- 3 of directors, regardless of compensation.
- 4 *c.* A relationship through which compensation is received.
- 5 *d.* A relationship for the provision of services as a
- 6 regulated lobbyist.
- 7 2. "*Affordable Care Act*" means the federal Patient
- 8 Protection and Affordable Care Act (Pub. L. No. 111-148), as
- 9 amended by the federal Health Care and Education Reconciliation
- 10 Act of 2010 (Pub. L. No. 111-152), and any amendments to, or
- 11 regulations or guidance issued under, those Acts.
- 12 3. "*Allied health practitioner*" means a group of health
- 13 professionals who apply their expertise to prevent disease
- 14 transmission; diagnose, treat, and rehabilitate people of all
- 15 ages and in all specialties; and, with a range of technical and
- 16 support staff, deliver direct patient care, rehabilitation,
- 17 treatment, diagnosis, and health improvement interventions to
- 18 restore and maintain optimal physical, sensory, psychological,
- 19 cognitive, and social functions. "*Allied health practitioner*"
- 20 includes but is not limited to audiologists, physical
- 21 therapists, occupational therapists, social workers, and
- 22 radiographers.
- 23 4. "*Board*" means the healthy Iowa board which adopts rules
- 24 and establishes policy for and directs the agency regarding the
- 25 healthy Iowa program.
- 26 5. "*Care coordination*" means services provided by a care
- 27 coordinator under the healthy Iowa program.
- 28 6. "*Care coordinator*" means an individual or entity approved
- 29 by the healthy Iowa board to provide care coordination.
- 30 7. "*Carrier*" means carrier as defined in section 513B.2.
- 31 8. "*Director*" means the director of the healthy Iowa
- 32 program.
- 33 9. "*Essential community provider*" means a person or entity
- 34 acting as a safety net clinic, safety net health care provider,
- 35 or rural hospital.

1 10. *"Federally matched public health program"* means the
2 Medicaid program or the healthy and well kids in Iowa program
3 established in section 514I.3.

4 11. *"Fund"* means the healthy Iowa trust fund.

5 12. *"Health care provider"* means any of the following:

6 *a.* A person who is licensed, certified, registered, or
7 authorized to practice a health care profession in the state
8 pursuant to chapter 147A, 148, 148A, 148B, 148C, 148E, 148F,
9 148G, 149, 151, 152, 152A, 152B, 153, 154, 154A, 154B, 154C,
10 154D, 154F, 155, or 155A, who practices the profession in which
11 they are licensed, certified, registered, or authorized, and
12 who provides a health care service in this state.

13 *b.* A health care entity licensed under title IV that employs
14 or utilizes the health care services of a person described
15 in paragraph *"a"*, including but not limited to a hospital
16 licensed pursuant to chapter 135B, a health care facility
17 licensed pursuant to chapter 135C, a subacute mental health
18 care facility licensed pursuant to chapter 135G, a psychiatric
19 medical institution for children licensed pursuant to chapter
20 135H, a hospice program licensed pursuant to chapter 135J, an
21 entity providing emergency medical services pursuant to chapter
22 147A, and a pharmacy licensed pursuant to chapter 155A.

23 13. *"Health care service"* means any health care service,
24 including care coordination that is included as a benefit under
25 the healthy Iowa program.

26 14. *"Health maintenance organization"* means a health
27 maintenance organization as defined in section 514B.1.

28 15. *"Healthy Iowa agency"* means the healthy Iowa agency
29 created in this chapter as an independent agency to provide
30 comprehensive, universal single-payer health care coverage
31 and a health care cost control system for the benefit of all
32 residents of Iowa, and to implement the healthy Iowa program.

33 16. *"Healthy Iowa program"* means the healthy Iowa program
34 created in this chapter to provide comprehensive, universal
35 single-payer health care coverage.

1 17. *"Implementation period"* means the period during which
2 the healthy Iowa program is subject to special eligibility and
3 financing provisions until the healthy Iowa program is fully
4 implemented.

5 18. *"Long-term care"* means long-term care, treatment,
6 maintenance, or services as defined by the healthy Iowa board.

7 19. *"Medicaid"* means the Medicaid program established under
8 chapter 249A.

9 20. *"Medicare"* means the program established pursuant to
10 Tit. XVIII of the federal Social Security Act, 42 U.S.C. §1395
11 et seq.

12 21. *"Member"* means an individual who is enrolled in the
13 healthy Iowa program.

14 22. *"Out-of-state health care service"* means a health
15 care service provided in person under any of the following
16 circumstances:

17 a. It is medically necessary that the health care service be
18 provided while the member is physically outside of this state
19 for a period of time not exceed ninety days.

20 b. It is clinically appropriate and necessary that the
21 health care service is provided outside this state because the
22 health care service can only be provided by a particular health
23 care provider physically located outside of this state.

24 23. *"Participating health care provider"* means an individual
25 or entity that is a health care provider qualified pursuant to
26 section 135E.15 that provides health care services to members
27 under the healthy Iowa program.

28 24. *"Prescription drugs"* means a controlled substance
29 requiring a prescription as defined in section 124.101,
30 subsection 5.

31 25. *"Resident"* means an individual, without regard to that
32 individual's immigration status, whose primary place of abode
33 is in this state and who meets the Iowa residence requirements
34 adopted by the healthy Iowa board.

35 Sec. 3. NEW SECTION. 135E.3 Healthy Iowa agency and program

1 — created.

2 1. A healthy Iowa agency is created as an independent
3 agency which shall be responsible for the planning,
4 development, implementation, and regulation of the provision of
5 comprehensive, universal single-payer health care coverage in
6 this state under the healthy Iowa program and of a health care
7 cost control system for the benefit of all residents.

8 2. The purposes of the healthy Iowa agency include all of
9 the following:

10 a. To create the healthy Iowa program.

11 b. To provide comprehensive, universal single-payer health
12 care services for all residents.

13 c. To provide a health care cost control system for the
14 benefit of all residents.

15 d. To provide choice of and access to health care
16 coordinators and health care providers for all residents.

17 e. To provide broad-based public financing of health care
18 services for all residents.

19 f. To establish mechanisms for participating health care
20 providers to collectively negotiate with the healthy Iowa
21 program regarding any matter relating to the administration
22 of the healthy Iowa program, including but not limited to
23 rates of payment for health care services, rates of payment
24 for prescription drugs and nonprescription drugs, and payment
25 methodologies.

26 g. To ensure transparency and accountability of the healthy
27 Iowa program to the public.

28 h. To provide for the collection of data to promote
29 transparency, assess adherence to patient care standards
30 established under this chapter, compare patient outcomes, and
31 review utilization of health care services reimbursed through
32 the healthy Iowa program.

33 3. This chapter and any rule or policy adopted under this
34 chapter shall not be construed, is not intended as, and shall
35 not imply, a change or impact in any way on the authority of any

1 of the following:

2 *a.* The authority of a licensing board or other agencies of
3 this state otherwise has relative to the provision of health
4 care services or health care providers under law.

5 *b.* The authority the healthy Iowa program, the healthy Iowa
6 board, a licensing board, the department of public health, or
7 the department of inspections and appeals has to establish or
8 revise licensure standards for health care providers.

9 *c.* The authority the healthy Iowa program has to carry out
10 any function not authorized by waivers.

11 *d.* The authority an employer has to create an employment
12 benefit or to require, prohibit, or limit the provision of any
13 employment benefit.

14 4. This chapter shall not be construed to allow the healthy
15 Iowa program, other agencies of this state, local agencies,
16 or public employees, acting under color of law, to provide or
17 disclose to anyone, including but not limited to the federal
18 government, any personally identifiable information obtained
19 by the healthy Iowa program, including but not limited to a
20 person's religious beliefs, practices, or affiliation, national
21 origin, ethnicity, or immigration status, for law enforcement
22 or immigration purposes.

23 5. This chapter shall not be construed to allow law
24 enforcement agencies to use healthy Iowa program moneys,
25 facilities, property, equipment, or personnel to investigate,
26 enforce, or assist in the investigation or enforcement of any
27 criminal, civil, or administrative violation or warrant for a
28 violation of any requirement that individuals register with the
29 federal government or any federal agency based on religion,
30 national origin, ethnicity, or immigration status.

31 Sec. 4. NEW SECTION. 135E.4 **Healthy Iowa board — created.**

32 1. A healthy Iowa board is created consisting of the
33 following voting members:

34 *a.* Four public members appointed by the governor, subject
35 to confirmation by the senate.

1 *b.* Two public members appointed by the senate majority
2 leader subject to section 2.32A.

3 *c.* Two public members appointed by the speaker of the house
4 of representatives subject to section 2.32A.

5 2. The director of human services or the director's designee
6 shall serve as an ex officio member of the board.

7 3. The voting members shall serve four-year staggered
8 terms. A vacancy shall be filled for the unexpired portion of
9 the term and in the same manner as the original appointment.
10 Any member may be reappointed for an additional term.

11 4. Members of the board shall not receive compensation as a
12 member of the board but are entitled to receive reimbursement
13 of actual expenses incurred in the discharge of their duties.
14 Public members of the board are also eligible to receive
15 compensation as provided in section 7E.6.

16 5. In making appointments under this section, an appointing
17 authority shall do all of the following:

18 *a.* Assure that the appointee has demonstrated and
19 acknowledged expertise in health care.

20 *b.* Consider the expertise of the other members of the
21 board and attempt to make appointments so that the board's
22 composition reflects a diversity of expertise in various
23 aspects of health care services.

24 *c.* Consider the cultural, ethnic, and geographical diversity
25 of this state so that the board's composition reflects the
26 communities of this state.

27 *d.* Assure that the board's composition is comprised of all
28 of the following:

29 (1) At least one representative of a labor organization
30 representing registered nurses.

31 (2) At least one representative of the general public.

32 (3) At least one representative of a labor organization not
33 representing registered nurses.

34 (4) At least one representative of the health care provider
35 community.

1 6. The board shall determine the time, location, and
2 frequency of the board's meetings. Five members of the board
3 constitute a quorum and the affirmative vote of a majority of
4 the voting members is necessary for any substantive action to
5 be taken by the board.

6 7. The members of the board shall elect a chairperson on an
7 annual basis from among the membership of the board.

8 8. A member of the board may be removed for incompetence,
9 misconduct, or failure to perform the duties of the position.

10 9. The board shall approve all contracts entered into
11 pursuant to this chapter. All contracts entered into pursuant
12 to this chapter shall be made available to the public.

13 10. The board may receive and accept grants, loans, or
14 advances of moneys from any person and may receive and accept
15 from any source contributions of moneys, property, labor, or
16 any other thing of value, to be held, used, and applied for the
17 purposes of the healthy Iowa program.

18 11. A member of the board shall do all of the following:

19 a. Meet the requirements of this chapter and all applicable
20 state and federal laws and regulations.

21 b. Serve the public interest of the individuals, employers,
22 and taxpayers seeking health care coverage through the healthy
23 Iowa healthy Iowa program.

24 c. Ensure the sound operation and fiscal solvency of the
25 healthy Iowa program.

26 12. A member of the board, within the two-year period
27 immediately preceding the member's appointment, while serving
28 on the board, and for two years immediately after the end
29 of the member's term, and staff of the board, shall not be
30 employed or have been employed in any capacity by, a consultant
31 to a member of the board of, have an affiliation with, receive
32 compensation from, or otherwise be a representative of any of
33 the following:

34 a. A health care provider, unless the member or staff
35 practices a health care profession as an employee of another

1 health care provider.

2 *b.* A pharmaceutical company.

3 *c.* A medical equipment company.

4 *d.* An insurance company.

5 *e.* A carrier, an insurance producer, a third-party
6 administrator, a managed care organization, or any other person
7 contracting directly with the healthy Iowa program.

8 *f.* A member, a board member, or an employee of a trade
9 association of health care facilities, health clinics, health
10 care providers, carriers, insurance producers, third-party
11 administrators, managed care organizations, or any association
12 of entities in a position to contract directly with the
13 healthy Iowa program, unless the member or employee receives no
14 compensation for rendering services as a health care provider
15 and does not have an ownership interest in a health care
16 practice.

17 13. A member of the board shall perform the member's duties
18 in good faith, in the manner the member reasonably believes
19 to be in the best interest of the healthy Iowa program, and
20 without intentional or reckless disregard of the care an
21 ordinarily prudent person in a like position would use under
22 similar circumstances. A member of the board who performs the
23 member's duties in accordance with the standards specified in
24 this subsection shall not be liable personally for actions
25 taken as a member when performed in good faith, without intent
26 to defraud, and in connection with the administration of this
27 chapter or actions or conduct related to this chapter.

28 14. A member of the board shall be subject to chapter 68B.
29 In addition to the disclosures required pursuant to chapter
30 68B, a member of the board shall disclose to the board and
31 to the public any relationship that the member has with a
32 health care provider, pharmaceutical company, medical equipment
33 company, insurance company, carrier, insurance producer,
34 third-party administrator, managed care organization, or other
35 entity in an industry involved in matters likely to come before

1 the board.

2 15. On all matters that come before the board, a member
3 shall do all of the following:

4 a. Adhere strictly to the conflict of interest provisions
5 of section 68B.2A.

6 b. Provide full disclosure to the board and the public on
7 any matter that gives rise to a potential conflict of interest
8 and the manner in which the member will comply with public
9 disclosure required by chapter 68B and rules adopted pursuant
10 to chapter 68B to avoid any conflict of interest or appearance
11 of a conflict of interest.

12 16. A member of the board shall not have an interest, direct
13 or indirect, in a contract for the purchase of goods, including
14 materials and profits, or for the performance of services for
15 the healthy Iowa program. A contract entered into in violation
16 of this section is voidable.

17 Sec. 5. NEW SECTION. 135E.5 Director — appointment.

18 1. a. The board shall appoint a director of the healthy
19 Iowa program.

20 b. The director shall serve at the pleasure of the board.

21 c. The board shall determine the appropriate compensation
22 for the director.

23 2. Under the direction of and with the approval of the
24 board, the director shall administer this chapter. The
25 director shall do all of the following:

26 a. Act as the chief administrative officer of the healthy
27 Iowa program, including the healthy Iowa trust fund.

28 b. Direct, organize, administer, and manage the internal
29 operations of the healthy Iowa program and the board, and
30 establish guidelines and procedures to promote the orderly and
31 efficient administration of the healthy Iowa agency.

32 c. Perform all duties necessary to comply with and carry out
33 the provisions of this chapter, other state law, and federal
34 law.

35 d. Recommend to the board proposed rules necessary to

1 administer the healthy Iowa program.

2 *e.* Prepare a budget for the healthy Iowa program and prepare
3 reports as required by law.

4 *f.* Present the healthy Iowa agency's proposed budget to the
5 board prior to December 31 of each year.

6 *g.* Appoint the administrators within the healthy Iowa
7 program.

8 *h.* Provide for the receipt and disbursement of federal
9 moneys allocated to the state and its political subdivisions
10 for health care services and coverage purposes.

11 *i.* Include in the healthy Iowa program's annual budget all
12 estimated federal funds to be received or allocated to the
13 healthy Iowa program.

14 *j.* Employ, or designate another to employ, personnel
15 as necessary to carry out the duties and responsibilities
16 prescribed under this chapter consistent with the merit system
17 provisions of chapter 8A, subchapter IV.

18 *k.* As necessary, retain as independent contractors
19 attorneys, financial consultants, and any other professionals
20 or consultants necessary to carry out the planning,
21 development, and operations of the healthy Iowa program and the
22 provisions of this chapter.

23 3. The director or the director's designee shall
24 give preference in hiring under this section to all
25 individuals displaced or unemployed as a direct result of the
26 implementation of the healthy Iowa program.

27 Sec. 6. NEW SECTION. 135E.6 Board and director — duties
28 — powers.

29 1. Subject to any limitations under this chapter or other
30 applicable law, the enumeration of specific powers in this
31 chapter is not intended to restrict the board's power to take
32 any lawful action that the board determines is necessary
33 or convenient to carry out the functions authorized by the
34 Affordable Care Act and consistent with the purposes of the
35 healthy Iowa program.

- 1 2. The board shall do all of the following:
- 2 *a.* Adopt rules pursuant to chapter 17A to implement and
- 3 administer this chapter.
- 4 *b.* Consult with and solicit input from the healthy Iowa
- 5 advisory committee and any other person as the board determines
- 6 appropriate.
- 7 *c.* Promote the public understanding and awareness of
- 8 available benefits and options through the healthy Iowa
- 9 program.
- 10 *d.* Avoid jeopardizing federal financial participation in the
- 11 programs that are incorporated into the healthy Iowa program.
- 12 *e.* Ensure that there is adequate funding to meet the health
- 13 care service needs of residents and to compensate health care
- 14 providers that participate in the healthy Iowa program.
- 15 *f.* Evaluate requests for capital expenses required to meet
- 16 the health care service needs of residents.
- 17 *g.* Approve the benefits provided by the healthy Iowa
- 18 program.
- 19 *h.* Evaluate the performance of the healthy Iowa program.
- 20 *i.* Evaluate and make recommendations to the general assembly
- 21 on any legislation related to the healthy Iowa program.
- 22 *j.* Guarantee that mechanisms for public feedback are
- 23 accessible and nondiscriminatory.
- 24 *k.* Develop a plan to coordinate the activities of the
- 25 healthy Iowa program with the activities of the department of
- 26 public health's bureau of health planning and the department
- 27 of human services' mental health planning and advisory council
- 28 to ensure appropriate planning for the effective delivery and
- 29 equitable distribution of health care services throughout the
- 30 state.
- 31 *l.* Provide grants from moneys in the healthy Iowa trust
- 32 fund or moneys otherwise appropriated for this purpose to the
- 33 health planning programs established by the bureau of health
- 34 planning of the department of public health or the mental
- 35 health planning and advisory council of the department of human

1 services to support the operation of those health planning
2 programs.

3 *m.* Allocate moneys from the healthy Iowa trust fund
4 or moneys otherwise appropriated for this purpose to the
5 department of human services or the department of education
6 workforce training and economic development fund to be used for
7 all of the following purposes:

8 (1) A program for retraining and assisting job transition
9 for individuals employed or previously employed in the fields
10 of health insurance, health care service plans, and other
11 third-party payments for health care services.

12 (2) A program for retraining and assisting job transition
13 for those individuals employed or previously employed in
14 fields providing services to health care providers to address
15 the needs of third-party payers for health care services,
16 whose jobs may be or have been ended as a result of the
17 implementation of the healthy Iowa program.

18 *n.* Organize, administer, and market the healthy Iowa program
19 and program services as a single-payer program under the name
20 "Healthy Iowa" or any other name as the board determines.

21 *o.* Sue, be sued, plead, and be impleaded.

22 *p.* Apply for, accept, and expend federal, state, or private
23 moneys or contracts for the implementation of the healthy Iowa
24 program or other state or federal health care programs for
25 residents.

26 *q.* Maintain an office at a place designated by the board.

27 *r.* Create subcommittees from among its members.

28 *s.* Establish divisions and subdivisions within the healthy
29 Iowa program.

30 *t.* Make agreements with a grantor or payor of moneys,
31 property, or services, including agreements to perform any
32 study, plan, demonstration, or project.

33 *u.* Enter into any agreements, contracts, or memoranda
34 of understanding and execute the instruments necessary or
35 convenient to manage its own affairs and carry out the purposes

1 of this chapter, including but not limited to contracts with
2 health care providers and care coordinators.

3 v. Share information with relevant state entities,
4 consistent with the confidentiality provisions in this chapter,
5 necessary for the administration of the healthy Iowa program.

6 w. Subject to the limitations of this chapter, exercise any
7 other power that is reasonably necessary or convenient to carry
8 out the purposes of this chapter.

9 x. Adopt rules pursuant to chapter 17A regarding residency
10 requirements under the healthy Iowa program. In adopting
11 such rules, the board shall be guided by the principles and
12 requirements set forth in the Medicaid program without regard
13 to immigration status.

14 y. Contract with not-for-profit organizations to provide any
15 of the following:

16 (1) Assistance to consumers in the selection of a care
17 coordinator, enrollment, obtaining of health care services,
18 disenrollment, and other matters relating to the healthy Iowa
19 program.

20 (2) Assistance to health care providers providing, seeking,
21 or considering whether to provide health care services under
22 the healthy Iowa program.

23 z. Delegate to the director any of its duties under this
24 section subject to all of the following:

25 (1) The board shall ensure that any entity under a contract
26 or other agreement with the healthy Iowa program complies with
27 the provisions of this chapter when performing services on
28 behalf of the healthy Iowa program.

29 (2) The operations of the healthy Iowa program are subject
30 to the provisions of this chapter whether the operations are
31 performed directly by the healthy Iowa program or through an
32 entity under a contract or other agreement with the healthy
33 Iowa program.

34 Sec. 7. NEW SECTION. 135E.7 Healthy Iowa program —
35 implementation — coordination with other health care coverage.

1 1. The board shall determine the date of implementation of
2 the healthy Iowa program when individuals may begin enrolling
3 in the healthy Iowa program and the date the implementation
4 period ends.

5 2. An insurer, carrier, or health maintenance organization
6 shall not offer benefits or cover any services for which
7 coverage is offered to individuals under the healthy Iowa
8 program.

9 3. An insurer, carrier, or health maintenance organization
10 that is issued a certificate of authority by the commissioner
11 of insurance may offer only the following:

12 a. Benefits that do not duplicate the health care services
13 covered by the healthy Iowa program.

14 b. Benefits available to individuals and their families who
15 are employed or self-employed in this state but who are not
16 residents.

17 c. Benefits available during the implementation period
18 to individuals who enroll or may enroll in the healthy Iowa
19 program.

20 4. This chapter shall not prohibit a resident who is
21 employed outside this state from choosing to receive health
22 insurance benefits through the resident's employer and from
23 opting out of participation in the healthy Iowa program.

24 5. After the end of the implementation period, board members
25 shall enroll as members of the healthy Iowa program.

26 6. a. No later than July 1, 2020, the board shall develop
27 a proposal, consistent with the principles of this chapter,
28 for provision by the healthy Iowa program of long-term care
29 coverage, including the development of a proposal, consistent
30 with the principles of this chapter, for its funding.

31 b. In developing the proposal required in paragraph "a",
32 the board shall consult with a special advisory committee,
33 appointed by the chairperson of the board, that includes
34 representatives of consumers and potential consumers of
35 long-term care, providers of long-term care, members of

1 organized labor, and other interested parties.

2 7. The board shall develop proposals for all of the
3 following:

4 a. Accommodating employer retiree health benefits for people
5 who have been members of the healthy Iowa program but live as
6 retirees outside this state.

7 b. Accommodating employer retiree health benefits for people
8 who earned or accrued those benefits while residing in this
9 state prior to the implementation of the healthy Iowa program
10 and who live as retirees outside this state.

11 c. For healthy Iowa program coverage of health care services
12 covered under the state workers' compensation law, including
13 whether and how to continue funding for those health care
14 services under the workers' compensation law and whether and
15 how to incorporate an element of experience rating.

16 Sec. 8. NEW SECTION. 135E.8 Data collection.

17 1. The board shall require and enforce the collection
18 and availability of all of the following data to promote
19 transparency, assess adherence to patient care standards,
20 compare patient outcomes, and review utilization of health care
21 services paid for by the healthy Iowa program:

22 a. Inpatient discharge data, including acuity and risk of
23 mortality.

24 b. Emergency department, ambulatory surgery, and other
25 outpatient department data, including charge data, length of
26 stay, and patients' unit of observation.

27 c. Hospital annual financial data, including all of the
28 following:

29 (1) Community benefits by hospital in dollar value.

30 (2) Number of employees and classification by hospital
31 unit.

32 (3) Number of hours worked by hospital unit.

33 (4) Employee wage information by job title and hospital
34 unit.

35 (5) Number of registered nurses per staffed bed by hospital

1 unit.

2 (6) Type and value of health information technology.

3 (7) Annual spending on health information technology,
4 including purchases, upgrades, and maintenance.

5 d. Physician services and office visits, including charge
6 data.

7 e. Prescription drug cost and charge data for prescription
8 drugs prescribed and dispensed through hospitals or a
9 physician's office.

10 2. Data collected under subsection 1 shall be reported
11 to the healthy Iowa program and to the public health data
12 management program of the department of public health.

13 3. The board shall make all disclosed data collected under
14 subsection 1 publicly available and searchable through an
15 internet site and through the department of public health's
16 public health data management program.

17 4. The board shall, directly and through grants to
18 not-for-profit entities, conduct programs using data collected
19 through the healthy Iowa program to promote and protect public,
20 environmental, and occupational health, including cooperation
21 with other data collection and research programs of the
22 department of public health consistent with this chapter and
23 otherwise applicable law.

24 5. Prior to the end of the healthy Iowa program
25 implementation period, the board shall provide for the
26 collection and availability of all of the following data on the
27 number of patients served by hospitals and the dollar value of
28 the care provided, at cost, for all of the following categories
29 of data items:

30 a. Patients receiving charity care.

31 b. Contractual adjustments of county and indigent programs,
32 including traditional and managed care.

33 c. Bad debt.

34 6. The healthy Iowa program, any state or local agency,
35 or any public employee acting under color of law shall not

1 provide or disclose to anyone, including but not limited to the
2 federal government, any personally identifiable information
3 obtained under this section, including but not limited to a
4 person's religious beliefs, practices, or affiliation, national
5 origin, ethnicity, or immigration status for law enforcement
6 or immigration purposes.

7 Sec. 9. NEW SECTION. 135E.9 Healthy Iowa advisory committee
8 — established.

9 1. A healthy Iowa advisory committee for the healthy Iowa
10 program is established.

11 2. The healthy Iowa advisory committee shall consist of all
12 of the following voting members:

13 a. (1) Four physicians who are board certified in the
14 individual's specialty, at least one of whom shall be a
15 psychiatrist.

16 (2) The physician members shall include all of the
17 following:

18 (a) One physician appointed by the senate majority leader.

19 (b) One physician appointed by the governor.

20 (c) Two physicians appointed by the speaker of the house of
21 representatives who are primary care providers.

22 b. Two registered nurses appointed by the senate majority
23 leader.

24 c. One licensed allied health practitioner appointed by the
25 speaker of the house of representatives.

26 d. One mental health care provider appointed by the senate
27 majority leader.

28 e. One dentist appointed by the governor.

29 f. One representative of private hospitals appointed by the
30 governor.

31 g. One representative of public hospitals appointed by the
32 governor.

33 h. (1) Four consumers of health care services.

34 (2) The consumer members shall include all of the following,
35 one of whom shall be a person with a disability:

1 (a) Two consumers appointed by the governor.

2 (b) One consumer appointed by the senate majority leader who
3 is a healthy Iowa program member and who is sixty-five years of
4 age or older.

5 (c) One consumer appointed by the speaker of the house of
6 representatives.

7 *i.* One representative of organized labor appointed by the
8 speaker of the house of representatives.

9 *j.* One representative of community providers appointed by
10 the senate majority leader.

11 *k.* One member of organized labor appointed by the senate
12 majority leader.

13 *l.* One representative of a business that employs less than
14 twenty-five people, appointed by the governor.

15 *m.* One representative of a business that employs more than
16 two hundred fifty people, appointed by the speaker of the house
17 of representatives.

18 *n.* One pharmacist appointed by the speaker of the house of
19 representatives.

20 3. Appointed members, except for consumer members, shall
21 have worked in the field they represent for a period of at
22 least two years prior to being appointed.

23 4. Members shall serve four-year staggered terms. A vacancy
24 shall be filled for the unexpired portion of the term and in
25 the same manner as the original appointment. Any member may
26 be reappointed for an additional term, but shall not serve for
27 more than two consecutive full terms.

28 5. Members shall not receive compensation as a member
29 but are entitled to receive reimbursement of actual expenses
30 incurred in the discharge of their duties. Public members are
31 also eligible to receive compensation as provided in section
32 7E.6.

33 6. In making appointments of members under this section, the
34 appointing authority shall make good-faith efforts to ensure
35 that their appointments, as a whole, reflect, to the greatest

1 extent feasible, the social and geographic diversity of this
2 state.

3 7. The healthy Iowa advisory committee shall advise the
4 board on all matters of policy related to the healthy Iowa
5 program.

6 8. a. The healthy Iowa advisory committee shall meet at
7 least six times per year in a place convenient to the public
8 in accordance with chapter 21 and records of the healthy
9 Iowa advisory committee shall be subject to the open records
10 requirements of chapter 22.

11 b. Eleven members of the healthy Iowa advisory committee
12 constitute a quorum and the affirmative vote of at least twelve
13 voting members is necessary for any substantive action to be
14 taken.

15 9. The healthy Iowa advisory committee shall elect a
16 chairperson from among its membership who shall serve two years
17 and who may be reelected as chairperson for an additional two
18 years.

19 10. Members shall not use for personal benefit any
20 information that is filed with, or obtained by, the healthy
21 Iowa advisory committee and that is not generally available to
22 the public.

23 11. A member shall perform the member's duties in good
24 faith, in the manner the member reasonably believes to be in
25 the best interest of the healthy Iowa program, and without
26 intentional or reckless disregard of the care an ordinarily
27 prudent person in a like position would use under similar
28 circumstances. A member who performs the member's duties in
29 accordance with this subsection shall not be liable personally
30 for actions taken as a member when done in good faith, without
31 intent to defraud, and in connection with the administration of
32 this chapter or actions or conduct related to this chapter.

33 12. A member shall be subject to the provisions of chapter
34 68B. In addition to the disclosures required pursuant to
35 chapter 68B, a member shall disclose to the healthy Iowa

1 advisory committee and to the public any relationship
2 that the member has with a health care provider, health
3 clinic, pharmaceutical company, medical equipment company,
4 insurance company, carrier, insurance producer, third-party
5 administrator, managed care organization, or other entity in an
6 industry involved in matters likely to come before the healthy
7 Iowa advisory committee.

8 13. On all matters that come before the healthy Iowa
9 advisory committee, members shall do all of the following:

10 a. Adhere strictly to the conflict of interest provisions
11 of section 68B.2A.

12 b. Provide full disclosure to the healthy Iowa advisory
13 committee and the public on any matter that gives rise to a
14 potential conflict of interest and the manner in which the
15 member will comply with public disclosure required by chapter
16 68B and rules adopted pursuant to chapter 68B to avoid any
17 conflict of interest or appearance of a conflict of interest.

18 14. A member shall not have an interest, direct or indirect,
19 in a contract for the purchase of goods, including materials
20 and profits, and the performance of services for the healthy
21 Iowa program or the healthy Iowa advisory committee. A
22 contract entered into in violation of this section is void.

23 15. A member may be removed for incompetence, misconduct, or
24 failure to perform the duties of the position.

25 Sec. 10. NEW SECTION. 135E.10 Eligibility and enrollment
26 — generally.

27 1. Each resident is eligible and entitled to enroll as a
28 member in and receive benefits for health care services covered
29 by the healthy Iowa program.

30 2. A member shall not pay any fee, payment, or other charge
31 for enrolling in or being a member.

32 3. A participating health care provider or participating
33 care coordinator shall not do any of the following:

34 a. Require members to pay any premium, copayment,
35 coinsurance, deductible, or any other form of cost sharing for

1 any covered health care services.

2 *b.* Use preexisting medical conditions to determine the
3 eligibility of a member to receive benefits for health care
4 services covered by the program.

5 *c.* Refuse to provide health care services to a member
6 on the basis of age, citizenship, claims experience, color,
7 creed, familial status, gender identity, genetic information,
8 geography, health status, immigration status, marital status,
9 medical condition, medical history, mental disability, military
10 or veteran status, national origin, physical disability,
11 primary language, race, receipt of health care, religion, sex,
12 sexual orientation, or source of income.

13 *d.* A college, university, or other institution of higher
14 education in this state may purchase coverage under the healthy
15 Iowa program for a student, or a student's dependent, who is
16 not a resident.

17 Sec. 11. NEW SECTION. 135E.11 Eligibility and enrollment —
18 **cross border employees.**

19 1. If a resident is employed outside this state by an
20 employer that is subject to the laws of this state, the
21 employer and resident shall pay any payroll premium adopted
22 under this chapter as if the employment were in this state.

23 2. If a resident is employed outside this state by an
24 employer that is not subject to the laws of this state,
25 either the employer and resident may comply with any payroll
26 premium adopted under this chapter as if the employee were
27 employed in this state, or the resident shall pay the payroll
28 premium adopted under this chapter as if the resident were
29 self-employed in this state.

30 3. Any payroll premium adopted under this chapter applies
31 to all of the following:

32 *a.* A resident of another state employed in this state.

33 *b.* A resident of another state self-employed in this state.

34 4. *a.* A resident who is employed outside this state
35 may choose to receive health insurance benefits through the

1 resident's employer and opt out of participation in the healthy
2 Iowa program.

3 *b.* The board shall develop and implement rules establishing
4 procedures for state residents employed outside this state to
5 opt out of participation in the healthy Iowa program.

6 5. If any provision of this section or application of the
7 provision to any person or circumstance is held to violate the
8 federal Employee Retirement Income Security Act of 1974 in any
9 court of competent jurisdiction, the provision or application
10 found invalid shall be null and void and the invalidity shall
11 not affect other provisions or any other application of this
12 chapter that can be given effect without the invalid provision
13 or application.

14 Sec. 12. NEW SECTION. 135E.12 **Health benefit credit.**

15 1. *a.* If an individual who is a resident of another state
16 is employed in this state, the individual and the individual's
17 employer may be eligible for a credit against any payroll
18 premium payment requirement adopted under this chapter that the
19 individual or the individual's employer would otherwise pay
20 relative to that individual.

21 *b.* The credit available under this subsection shall be for
22 the amount spent on health benefits for the individual that
23 would otherwise be covered by the healthy Iowa program if that
24 individual were a member of the healthy Iowa program.

25 *c.* The credit available under this subsection shall be
26 distributed between the individual and employer in the same
27 proportion as the actual spending by each for the health
28 benefits.

29 *d.* An employer and employee may apply their respective
30 portion of the credit available under this subsection to their
31 respective portion of any payroll premium payment requirement
32 adopted under this chapter.

33 2. *a.* If an individual who is a resident of another state
34 is self-employed in this state, the individual is eligible
35 for a credit against any payroll premium payment requirement

1 adopted under this chapter that the individual would otherwise
2 pay.

3 *b.* Credit taken under this subsection shall be in the
4 amount that the individual spends on health benefits that
5 would otherwise be covered by the healthy Iowa program if the
6 individual were a member of the healthy Iowa program.

7 3. *a.* The credit available for non-employment-based
8 spending by an individual under subsection 2 is limited to
9 spending for health benefits.

10 *b.* An individual shall not be eligible for credit under
11 subsection 2 for out-of-pocket health care services spending.

12 4. Credit under this section is available regardless of
13 the cost or comprehensiveness of the health benefits, and
14 regardless of the form of the health benefits.

15 5. *a.* An employer or individual is eligible for credit
16 under this section only against payroll premiums payment
17 requirement adopted under this chapter.

18 *b.* An employer or individual shall not apply any health
19 benefits spending in excess of the payroll premium payment
20 requirement to other tax liability.

21 6. If any provision of this section or application of the
22 provision to any person or circumstance is held to violate the
23 federal Employee Retirement Income Security Act in any court
24 of competent jurisdiction, the provision or the application
25 found invalid shall be null and void and the invalidity shall
26 not affect other provisions or any other application of this
27 chapter that can be given effect without the invalid provision
28 or application.

29 Sec. 13. NEW SECTION. 135E.13 **Covered benefits.**

30 1. *a.* All members are eligible to receive covered health
31 care services benefits under the program.

32 *b.* Covered health care services benefits under the program
33 include all medical care that is medically necessary as
34 determined by the member's treating physician in accordance
35 with the program standards established in section 135E.19 and

1 by the board.

2 *c.* A member's treating physician shall be a person
3 licensed to engage in the practice of medicine and surgery or
4 osteopathic medicine and surgery pursuant to chapter 148.

5 2. Covered health care services benefits for members
6 include but are not limited to all of the following:

7 *a.* Licensed inpatient and licensed outpatient medical and
8 health care facility services.

9 *b.* Inpatient and outpatient health care services.

10 *c.* Diagnostic imaging, laboratory services, and other
11 diagnostic and evaluative services.

12 *d.* Medical equipment, appliances, and assistive technology,
13 including prosthetics, eyeglasses, and hearing aids and
14 the repair, technical support, and customization needed for
15 individual use.

16 *e.* Inpatient and outpatient rehabilitative care.

17 *f.* Emergency care services.

18 *g.* Emergency transportation.

19 *h.* Necessary transportation for health care services for
20 persons with disabilities or who may qualify as low-income.

21 *i.* Child and adult immunizations and preventive care.

22 *j.* Health and wellness education.

23 *k.* Hospice care.

24 *l.* Care in a skilled nursing facility.

25 *m.* Home health care, including home health care provided in
26 an assisted living facility.

27 *n.* Mental health services.

28 *o.* Substance abuse treatment.

29 *p.* Dental care.

30 *q.* Vision care.

31 *r.* Prescription drugs.

32 *s.* Pediatric care.

33 *t.* Prenatal and postnatal care.

34 *u.* Podiatric care.

35 *v.* Chiropractic care.

- 1 *w.* Acupuncture.
- 2 *x.* Therapies that are shown by the United States national
3 institutes of health, national center for complementary and
4 integrative health to be safe and effective.
- 5 *y.* Blood and blood products.
- 6 *z.* Dialysis.
- 7 *aa.* Adult day care.
- 8 *ab.* Rehabilitative and habilitative services.
- 9 *ac.* Ancillary health care or social services previously
10 covered by integrated health homes as determined under Iowa
11 Medicaid enterprise administrative rules and as designated
12 under 42 U.S.C. §1396w-4.
- 13 *ad.* Case management and care coordination.
- 14 *ae.* Language interpretation and translation for health care
15 services, including sign language and braille or other services
16 needed for individuals with communication barriers.
- 17 *af.* Health care and long-term supportive services covered
18 under Medicaid or the healthy and well kids in Iowa program on
19 June 30, 2017.
- 20 *ag.* All of the following health care services required
21 to be covered under any of the following provisions, without
22 regard to whether the member would otherwise be eligible for or
23 covered by the program or source referred to:
- 24 (1) The healthy and well kids in Iowa program pursuant to
25 chapter 514I.
- 26 (2) The Medicaid program.
- 27 (3) The federal Medicare program pursuant to Tit. XVIII of
28 the federal Social Security Act, 42 U.S.C. §1395 et seq.
- 29 (4) A health maintenance organization as defined in section
30 514B.1.
- 31 (5) A managed health care program as defined by rule of
32 the department of human services, including health maintenance
33 organizations, prepaid health plans, the Medicaid patient
34 access to service system, Iowa plan for behavioral health,
35 programs of all-inclusive care for the elderly, Iowa health

1 link, and the Iowa health and wellness plan.

2 *ah.* Any additional health care services authorized by the
3 board.

4 *ai.* All essential health benefits mandated by the Affordable
5 Care Act as of January 1, 2017.

6 Sec. 14. NEW SECTION. 135E.14 **Covered benefits —**
7 **additions.**

8 1. The board, on a regular basis, shall evaluate whether
9 covered benefits under the healthy Iowa program should be
10 improved or adjusted to promote the health of beneficiaries,
11 account for changes in medical practice or new information from
12 medical research, or respond to other relevant developments in
13 health science. In carrying out this duty, the board shall
14 consult with the persons described in subsection 2 on all of
15 the following:

16 *a.* Identifying specific complementary and integrative
17 medicine practices that, on the basis of research findings or
18 promising clinical interventions, are appropriate to include as
19 benefits under the healthy Iowa program package.

20 *b.* Identifying barriers to the effective provision and
21 integration of such practices into the delivery of health care,
22 and identifying mechanisms for overcoming such barriers.

23 2. The board shall consult with all of the following when
24 carrying out the requirements of subsection 1:

25 *a.* Institutions of higher education, private research
26 institutes, and individual researchers with extensive
27 experience in complementary and alternative medicine and the
28 integration of such practices into the delivery of health care.

29 *b.* Nationally recognized providers of complementary and
30 integrative medicine.

31 *c.* Such other officials, entities, and individuals with
32 expertise in complementary and integrative medicine as the
33 board determines appropriate.

34 3. *a.* Health care providers and members may petition the
35 board to improve or adjust covered benefits under the healthy

1 Iowa program.

2 *b.* The board shall develop and adopt rules pursuant to
3 chapter 17A establishing procedures for members to petition the
4 board to improve or adjust covered benefits under the healthy
5 Iowa program.

6 Sec. 15. NEW SECTION. 135E.15 **Delivery of care —**
7 **participating health care providers.**

8 1. Any health care provider is qualified to participate in
9 the healthy Iowa program if the health care provider meets all
10 of the following criteria:

11 *a.* The health care provider is licensed to practice in this
12 state and is otherwise in good standing.

13 *b.* The health care provider's services are performed while
14 physically present in this state.

15 *c.* The health care provider agrees to accept program rates
16 as payment in full for all covered health care services.

17 2. The board shall establish and maintain procedures and
18 standards for recognizing health care providers located outside
19 this state for purposes of providing coverage under the program
20 for members who require out-of-state health care services while
21 the member is physically outside this state for a period of
22 time not to exceed ninety days.

23 3. Any health care provider qualified to participate under
24 this section may provide covered health care services under the
25 healthy Iowa program as long as the health care provider is
26 legally authorized to perform the health care service for the
27 individual and under the circumstances involved.

28 4. A member may choose to receive health care services
29 under the healthy Iowa program from any participating provider,
30 consistent with all of the following:

31 *a.* Provisions of this section.

32 *b.* The willingness or availability of the health care
33 provider.

34 *c.* Provisions of this chapter prohibiting discrimination
35 against members.

1 *d.* The appropriate clinically relevant circumstances and
2 standards.

3 5. The board may establish and maintain procedures for
4 member enrollment and disenrollment with participating health
5 care providers that are health maintenance organizations, group
6 medical practices, or essential community providers that offer
7 comprehensive services.

8 6. *a.* Participating health care providers shall not use
9 health information technology or clinical practice guidelines
10 that limit the effective exercise of the professional judgment
11 of a physician or registered nurse.

12 *b.* A physician or registered nurse may override health
13 information technology and clinical practice guidelines if all
14 of the following criteria are met:

15 (1) It is consistent with the treating physician's or
16 registered nurse's determination of medical necessity.

17 (2) In the professional judgment of the treating physician
18 or registered nurse, it is in the best interest of the patient
19 and consistent with the patient's wishes.

20 7. The board shall establish and maintain procedures and
21 standards for recognizing health care providers located outside
22 this state for purposes of providing coverage under the healthy
23 Iowa program for health care services provided outside this
24 state under the healthy Iowa program.

25 Sec. 16. NEW SECTION. 135E.16 **Delivery of care — care**
26 **coordination.**

27 1. Care coordinators shall provide care coordination,
28 including administrative tracking and medical recordkeeping
29 services, to members.

30 2. *a.* Care coordinators may employ or utilize the services
31 of other individuals or entities to assist in providing care
32 coordination for a member, consistent with rules adopted by the
33 board and consistent with the statutory requirements for care
34 coordinator licensure.

35 *b.* Care coordinators shall give preference, when employing

1 or utilizing the services of other individuals, to those
2 individuals who have transitioned out of employment due to
3 displacement resulting from implementation of the healthy Iowa
4 program.

5 3. Care coordinators shall comply with all federal and
6 state privacy laws, including but not limited to the federal
7 Health Insurance Portability and Accountability Act of
8 1996, Pub. L. No. 104-191, 42 U.S.C. §1320d et seq. and its
9 implementing regulations, and the disclosure of mental health
10 and psychological information requirements of chapter 228.

11 4. A referral from a care coordinator is not required for a
12 member to receive health care services from any participating
13 health care provider.

14 5. A care coordinator may be an individual or entity
15 approved by the board that is any of the following:

16 a. A health care provider that is any of the following:

17 (1) The member's primary care provider.

18 (2) The member's provider of primary gynecological care.

19 (3) At the option of a member who has a chronic condition
20 that requires specialty care, a specialist health care provider
21 who regularly and continually provides treatment to the member
22 for that condition.

23 b. An entity licensed as any of the following:

24 (1) A hospital licensed pursuant to chapter 135B.

25 (2) A limited service organization established under the
26 requirements of section 514B.33.

27 (3) An outpatient surgical facility, as defined in section
28 135.61, certified as an ambulatory surgical center under the
29 federal Medicare program or under the Medicaid program.

30 (4) An organized outpatient health facility as defined in
31 section 135.61.

32 (5) A licensed subacute care facility for persons with
33 serious and persistent mental illness as defined in section
34 135G.1.

35 (6) A licensed psychiatric medical institution for children

1 as defined in section 135H.1.

2 (7) A entity certified by the department of human services
3 to provide home and community-based services, including
4 habilitation services, the program of all-inclusive care for
5 the elderly, home health services, private duty nursing and
6 personal care programs, or targeted case management.

7 (8) A medical care ambulance service or nontransport
8 service that has received authorization from the department
9 pursuant to section 147A.5.

10 (9) A health maintenance organization as defined in section
11 514B.1.

12 (10) A licensed nursing facility as defined in section
13 135C.1.

14 (11) A licensed nursing home as defined in section 155.1.

15 (12) A licensed residential care facility as defined in
16 section 135C.1.

17 (13) A licensed intermediate care facility for persons with
18 an intellectual disability as defined in section 135C.1.

19 (14) A licensed intermediate care facility for persons with
20 mental illness as defined in section 135C.1.

21 (15) A licensed health care facility that provides adult day
22 services as defined in section 135C.1.

23 (16) A licensed health care facility that provides
24 rehabilitative services as defined in section 135C.1.

25 (17) A facility that provides hospice care under a licensed
26 hospice program as defined in section 135J.1.

27 (18) A licensed boarding home as defined in section 135O.1.

28 (19) A certified assisted living program as defined in
29 section 231C.2.

30 (20) A designated community mental health center as defined
31 in section 230A.102.

32 (21) A certified elder group home as defined in section
33 231B.1.

34 c. (1) A Taft-Hartley health and welfare fund, with respect
35 to its members and their family members.

1 (2) This provision does not preclude a Taft-Hartley health
2 and welfare fund from becoming a care coordinator under
3 paragraph "d".

4 d. Any not-for-profit or governmental entity approved by the
5 healthy Iowa board.

6 6. a. (1) A healthy Iowa program member shall enroll with
7 a healthy Iowa care coordinator prior to receiving health care
8 services.

9 (2) A member shall enroll with a care coordinator within
10 sixty days of enrollment in the healthy Iowa program.

11 (3) The healthy Iowa program shall only reimburse a health
12 care provider for services if the member is enrolled with a
13 care coordinator at the time the health care services are
14 provided.

15 b. If a member receives health care services before choosing
16 a care coordinator, the healthy Iowa program shall assist the
17 member, when appropriate, in choosing a care coordinator.

18 c. A member shall remain enrolled with a care coordinator
19 until the member becomes enrolled with a different care
20 coordinator or ceases to be a member.

21 d. A member may change the member's care coordinator based
22 on rules applicable to selecting a primary medical provider
23 or a medical home under the Iowa health and wellness program
24 pursuant to chapter 249N.

25 7. This section shall not be interpreted to authorize
26 any individual to engage in any act in violation of the
27 individual's professional licensure under title IV.

28 8. An individual or entity shall not act as a care
29 coordinator unless the health care services included in care
30 coordination are within the individual's professional scope of
31 practice or within the entity's legal authority.

32 9. a. The board shall adopt rules pursuant to chapter
33 17A regarding and including but not limited to all of the
34 following:

35 (1) Procedures and standards for an individual or entity

1 to be approved as a care coordinator under the healthy Iowa
2 program.

3 (2) Procedures and standards relating to the limitation,
4 suspension, or revocation of an individual's approval as a care
5 coordinator based on a determination that the individual or
6 entity is incompetent to be a care coordinator.

7 (3) Procedures and standards relating to the limitation,
8 suspension, or revocation of the approval of an individual's
9 or entity's approval as a care coordinator based on an
10 exhibited course of conduct that is inconsistent with healthy
11 Iowa program standards and regulations or that exhibits an
12 unwillingness to meet those standards and regulations.

13 (4) Procedures and standards relating to the limitation,
14 suspension, or revocation of approval of an individual or
15 entity as a care coordinator based on a determination that the
16 individual or entity is a potential threat to the public health
17 or safety.

18 *b.* The rules adopted by the board under this subsection
19 shall be consistent with professional practice, licensure
20 standards, and regulations established pursuant to title IV,
21 title VI, and title XIII, as applicable.

22 *c.* In developing and implementing rules or standards for
23 the approval of care coordinators for individuals receiving
24 chronic mental health care services, the board shall consult
25 with the division of mental health and disability services of
26 the department of human services.

27 10. To maintain approval under the program, a care
28 coordinator shall do all of the following:

29 *a.* Renew the person's status as a care coordinator every
30 three years pursuant to rules adopted by the board.

31 *b.* Provide the healthy Iowa program any data required by the
32 department of human services or the department of public health
33 and as required by the board that would enable the board to
34 evaluate the impact of care coordinators on quality, outcomes,
35 and cost of health care.

1 11. This chapter shall not be construed to alter the
2 professional practice of health care providers or their
3 licensure standards established pursuant to title IV.

4 12. *a.* Care coordinators shall not use health information
5 technology or clinical practice guidelines that limit the
6 effective exercise of the professional judgment of physicians
7 and registered nurses.

8 *b.* Physicians and registered nurses may override health
9 information technology and clinical practice guidelines if all
10 of the following criteria are met:

11 (1) It is consistent with the treating physician's
12 determination of medical necessity.

13 (2) In the professional judgment of the treating physician
14 or registered nurse, it is in the best interest of the patient
15 and consistent with the patient's wishes.

16 Sec. 17. NEW SECTION. 135E.17 Rates and payment
17 methodologies.

18 1. *a.* The board shall adopt rules pursuant to chapter 17A
19 regarding contracting and establishing payment methodologies
20 for covered health care services and care coordination provided
21 to members under the healthy Iowa program by participating
22 providers and care coordinators.

23 *b.* The board may adopt a variety of payment methodologies,
24 including those established on a demonstration basis.

25 *c.* All payment rates under the healthy Iowa program shall be
26 reasonable and reasonably related to the cost of efficiently
27 providing the health care service and ensuring an adequate and
28 accessible supply of health care services.

29 2. *a.* Health care services provided to members under the
30 healthy Iowa program, with the exception of care coordination,
31 shall be paid for on a fee-for-service basis unless and until
32 the board establishes another payment methodology.

33 *b.* A rebuttable presumption exists that the Medicare rate of
34 reimbursement constitutes a reasonable fee-for-service payment
35 rate.

1 3. Notwithstanding subsection 2, health maintenance
2 organizations, essential community providers, and group
3 medical practices that provide comprehensive, coordinated
4 services shall be reimbursed on the basis of a capitated system
5 operating budget or a noncapitated system operating budget.

6 4. *a.* Payment for health care services established under
7 this chapter shall be considered payment in full.

8 *b.* A participating health care provider shall not charge any
9 rate in excess of the payment established under this chapter
10 for any health care service provided to a member and shall not
11 solicit or accept payment from any member or third party for
12 any health care service, except as provided under federal law.

13 *c.* This section does not preclude the healthy Iowa program
14 from acting as a primary or secondary payer in conjunction with
15 another third-party payer when permitted by federal law.

16 5. *a.* The board may adopt rules pursuant to chapter
17 17A to provide payment methodologies for the payment of
18 capital-related expenses for specifically identified capital
19 expenditures incurred by not-for-profit or governmental
20 entities that are health care entities licensed under title IV,
21 including but not limited to hospitals, health care facilities,
22 subacute mental health care facilities, psychiatric medical
23 institutions for children, entities providing licensed hospice
24 programs, and entities providing emergency medical care.

25 *b.* Any capital-related expense generated by a capital
26 expenditure that requires prior approval by the board shall not
27 be paid unless such prior approval has been received.

28 *c.* Approval of a capital expenditure shall be based on
29 achievement of the program standards described in section
30 135E.19.

31 6. Payment methodologies and rates shall include a distinct
32 component of reimbursement for direct and indirect graduate
33 medical education.

34 7. *a.* The board shall adopt rules pursuant to chapter
35 17A regarding payment methodologies and procedures to pay for

1 health care services provided to a member while the member is
2 located outside this state for a period of time not to exceed
3 ninety days except as provided in paragraph "b".

4 *b.* (1) The board may adopt rules pursuant to chapter 17A
5 regarding payment methodologies and procedures to pay for
6 health care services provided to a member while the member is
7 outside this state for a period of time not to exceed ninety
8 days if it is medically necessary as determined by the member's
9 treating physician in accordance with the program standards
10 established in section 135E.19 and by the board.

11 (2) A member's treating physician is a person licensed to
12 engage in the practice of medicine and surgery or osteopathic
13 medicine and surgery pursuant to chapter 148.

14 Sec. 18. NEW SECTION. 135E.18 **Rate negotiations.**

15 1. The healthy Iowa program shall engage in good-faith
16 negotiations with health care provider representatives under
17 chapter 135F to develop all of the following:

18 *a.* Rates of payment for health care services.

19 *b.* Rates of payment for prescription and nonprescription
20 drugs.

21 *c.* Payment methodologies.

22 2. Rate negotiations shall be conducted annually through a
23 single entity on behalf of the entire program for prescription
24 and nonprescription drugs.

25 3. *a.* The board shall establish a prescription drug
26 formulary system, which shall discourage the use of
27 ineffective, dangerous, or excessively costly medications when
28 better alternatives are available.

29 *b.* The formulary established under this subsection shall
30 promote the use of generic medications to the greatest extent
31 possible.

32 *c.* Clinicians and patients may petition the board to add
33 new pharmaceuticals or to remove ineffective or dangerous
34 medications from the formulary.

35 *d.* The board shall adopt rules pursuant to chapter 17A

1 regarding the use of off-formulary medications which allow for
2 patient access but do not compromise the formulary.

3 Sec. 19. NEW SECTION. 135E.19 **Program standards.**

4 1. The healthy Iowa program shall establish a single
5 standard of safe, therapeutic health care services for all
6 residents.

7 2. The board shall adopt rules pursuant to chapter 17A to
8 establish requirements and standards for the program and for
9 care coordinators and health care providers, consistent with
10 this chapter and consistent with the applicable professional
11 practice and licensure standards for health care providers,
12 health care facilities, and health care professionals
13 established in title IV, title VI, and title XIII, as
14 applicable. The rules adopted under this subsection shall
15 address all of the following:

16 a. Requirements and standards for the scope, quality, and
17 accessibility of health care services.

18 b. Requirements and standards for interactions between
19 health care providers and members.

20 c. Requirements and standards for interactions between care
21 coordinators and health care providers, including credentialing
22 and participation in health care organization networks, and
23 terms, methods, and rates of payment.

24 3. The board shall adopt rules pursuant to chapter 17A to
25 establish requirements and standards to promote all of the
26 following:

27 a. Simplification, transparency, uniformity, and fairness in
28 health care provider credentialing and participation in health
29 care organization networks, referrals, payment procedures and
30 rates, claims processing, and approval of health care services,
31 as applicable.

32 b. In-person primary and preventive care, care coordination,
33 efficient and effective health care services, quality
34 assurance, and promotion of public, environmental, and
35 occupational health.

1 *c.* Elimination of health care disparities, including
2 geographic disparities, racial disparities, income-based
3 disparities, gender-based disparities, sex-based disparities,
4 and other disparities.

5 *d.* Nondiscrimination with respect to members and health
6 care providers on the basis of age, citizenship, claims
7 experience, color, creed, familial status, gender identity,
8 genetic information, geography, health status, immigration
9 status, marital status, medical condition, medical history,
10 mental disability, military or veteran status, national origin,
11 physical disability, primary language, race, receipt of health
12 care, religion, sex, sexual orientation, or source of income.

13 *e.* Provision of health care services under the healthy
14 Iowa program that is appropriate to the patient's clinically
15 relevant circumstances.

16 *f.* Accessibility of care coordination and health care
17 services, including accessibility for people with disabilities
18 and people with limited ability to speak or understand English.

19 *g.* Providing care coordination and health care services in
20 a culturally competent manner.

21 4. The board shall adopt rules pursuant to chapter 17A to
22 establish requirements and standards, to the extent authorized
23 by federal law, for replacing and merging with the healthy
24 Iowa program any health care services and ancillary services
25 currently provided by other programs, including but not limited
26 to Medicare, the Affordable Care Act, and federally matched
27 public health programs.

28 5. *a.* Any participating health care provider or care
29 coordinator that is organized as a for-profit entity shall meet
30 the same requirements and standards as entities organized as
31 not-for-profit entities.

32 *b.* Payments under the program to for-profit entities shall
33 not be calculated to accommodate the generation of profit,
34 excess revenue, revenue for dividends, or other return on
35 investment or the payment of taxes that would not be paid by a

1 not-for-profit entity.

2 6. a. A participating health care provider shall do all of
3 the following:

4 (1) Furnish information as required by the department of
5 public health, including the public health data management
6 program.

7 (2) Permit examination of information by the healthy Iowa
8 program as may be reasonably required for purposes of reviewing
9 accessibility and utilization of health care services, quality
10 assurance, cost containment, the making of payments, and
11 statistical or other studies of the operation of the healthy
12 Iowa program or for protection and promotion of public,
13 environmental, and occupational health.

14 b. The board shall use data collected under this subsection
15 to ensure that clinical practices meet the utilization,
16 quality, and access standards of the healthy Iowa program.

17 7. In developing requirements and standards and making
18 other policy determinations under this chapter, the board
19 shall consult with representatives of members, health care
20 providers, care coordinators, health care organizations, labor
21 organizations representing health care provider employees, and
22 other interested parties.

23 Sec. 20. NEW SECTION. 135E.20 Advocacy for necessary health
24 care.

25 1. As part of a health care provider's duty to exercise
26 a professional standard of care when evaluating a patient's
27 medical condition, a participating health care provider under
28 the healthy Iowa program shall do all of the following:

29 a. Advocate for medically necessary health care services for
30 the provider's patients.

31 b. Act in the exclusive interest of patients.

32 2. Consistent with subsection 1 and with professional
33 standards of care under title IV, a patient's treating
34 physician or health care provider is responsible for the
35 determination of the health care services medically necessary

1 for the patient.

2 3. Consistent with subsection 1 and with professional
3 standards of care under title IV, title VI, and title XIII,
4 care coordinators and health care providers shall use
5 reasonable care and diligence in safeguarding their patients
6 and shall not impair any health care provider's duty to
7 advocate for medically appropriate health care services for
8 patients.

9 4. Consistent with subsection 1 and with professional
10 standards of care under title IV, title VI, and title XIII, any
11 pecuniary interest or relationship of a physician or health
12 care provider, including any interest or relationship disclosed
13 or reported under this section, that impairs the physician's or
14 health care provider's ability to provide medically necessary
15 health care services to a patient violates the physician's or
16 health care provider's duty to advocate for medically necessary
17 health care services for patients.

18 5. A health care provider violates the duty to provide
19 medically necessary care services under this section if the
20 health care provider accepts any bonus, incentive payment, or
21 compensation based on any of the following:

22 a. A patient's utilization of health care services.

23 b. The financial results of any other health care provider
24 or care coordinator with which the health care provider or
25 care coordinator has a pecuniary interest or contractual
26 relationship, including employment or other compensation-based
27 relationship.

28 c. The financial results of any health maintenance
29 organization, essential community providers, or group medical
30 practices that receives capitated payments from the healthy
31 Iowa program.

32 6. To evaluate and review compliance by participating
33 health care providers and care coordinators under the healthy
34 Iowa program, participating health care providers and care
35 coordinators shall report, at least annually, to the department

1 of public health's public health data management program all
2 of the following:

3 *a.* Any beneficial interest in or compensation arrangement
4 with an entity to which the participating health care provider
5 referred a patient.

6 *b.* Any membership, proprietary interest, or co-ownership in
7 any form in or with a clinical or bioanalytical laboratory.

8 *c.* Any payments to a clinical or bioanalytical laboratory
9 for a test or test series for a patient.

10 *d.* Any profit-sharing arrangement with a clinical or
11 bioanalytical laboratory.

12 *e.* Any contracts or subcontracts entered into that contain
13 incentive plans, involve general payments such as capitation
14 payments or shared risk agreements, and are not tied to
15 specific medical decisions involving specific members or groups
16 of members with similar medical conditions. Such contracts
17 and subcontracts include those entered into with a health
18 maintenance organization or group practice.

19 *f.* Any bonus, incentive agreements, or compensation
20 arrangements with any other participating health care provider,
21 care coordinator, health maintenance organization, or group
22 medical practice under the healthy Iowa program.

23 *g.* Any offer, delivery, receipt, or acceptance of rebates,
24 refunds, commission, preference, patronage dividend, discount,
25 or other consideration for a referral made when treating a
26 member of a health maintenance organization, to another health
27 care provider in the same group practice as the referring
28 health care provider, or made for in-office ancillary services
29 or tests that are furnished by the referring health care
30 provider, a person in the same group practice as the referring
31 health care provider, or an individual employed or supervised
32 by the referring health care provider.

33 *h.* Any other referral or relationship that the board finds
34 necessary to disclose to meet the purposes of this section.

35 7. The board may adopt rules pursuant to chapter 17A as

1 necessary to implement and enforce this section and may adopt
2 such rules to expand reporting requirements under this section.

3 Sec. 21. NEW SECTION. 135E.21 **Federal waivers.**

4 1. The board shall seek all federal waivers and other
5 federal approvals and arrangements and submit federal state
6 plan amendments as necessary to operate the healthy Iowa
7 program consistent with this chapter.

8 2. *a.* The board and, as appropriate, the director of human
9 services, shall apply to the United States secretary of health
10 and human services or other appropriate federal official for
11 all waivers of requirements, and make other arrangements under
12 Medicare, any federally matched public health program, the
13 Affordable Care Act, and any other federal programs pertaining
14 to the provision of health care that provide federal funds for
15 payment for health care services that are necessary to:

16 (1) Enable all members to receive all benefits through the
17 healthy Iowa program.

18 (2) Enable the state to implement this chapter.

19 (3) Allow the state to receive and deposit all federal
20 payments under those programs, including funds that may
21 be provided in lieu of premium tax credits, cost-sharing
22 subsidies, and small business tax credits, in the state
23 treasury to the credit of the healthy Iowa trust fund.

24 (4) Use moneys deposited in the healthy Iowa trust fund
25 for the healthy Iowa program and other provisions under this
26 chapter.

27 *b.* To the greatest extent possible, the board shall
28 negotiate arrangements with the federal government to ensure
29 that federal payments are paid to the healthy Iowa program in
30 place of federal funding of, or tax benefits for, federally
31 matched public health programs or federal health programs.

32 *c.* (1) The board may require members or applicants to
33 provide information necessary for the healthy Iowa program to
34 comply with any waiver or arrangement under this chapter.

35 (2) Information provided by members to the board for the

1 purposes of this paragraph shall not be used for any other
2 purpose.

3 *d.* The board may take any additional actions necessary to
4 effectively implement the healthy Iowa program to the maximum
5 extent possible as a single-payer program consistent with this
6 chapter.

7 3. *a.* The board may take actions consistent with this
8 chapter to enable the healthy Iowa program to administer
9 Medicare in this state.

10 *b.* The healthy Iowa program shall do all of the following:

11 (1) Be a provider of Medicare part B supplemental insurance
12 coverage.

13 (2) Provide premium assistance drug coverage under Medicare
14 part D for eligible members of the healthy Iowa program.

15 4. The board may waive or modify the applicability of any
16 provisions of this section relating to any federally matched
17 public health program or Medicare, as necessary, to do any of
18 the following:

19 *a.* Implement any waiver arrangement under this section.

20 *b.* Maximize the federal benefits to the healthy Iowa program
21 under this section.

22 5. *a.* The board may apply for coverage for, and enroll,
23 any eligible member under any federally matched public health
24 program or Medicare.

25 *b.* Enrollment in a federally matched public health program
26 or Medicare shall not cause any member to lose any health care
27 services provided by the healthy Iowa program or diminish any
28 right the member would otherwise have.

29 6. The board shall take necessary action to incorporate
30 health care coverage of residents who are employed in another
31 state into waivers and other approvals applied for or obtained
32 under this section.

33 7. *a.* The board shall take necessary action to reduce or
34 eliminate a member's coinsurance, cost-sharing, or premium
35 obligations or to increase the likelihood of an individual's

1 eligibility for any federal financial support related to
2 Medicare or the Affordable Care Act.

3 *b.* The board may act under paragraph "a" only upon a
4 finding approved by the board that the action does all of the
5 following:

6 (1) Helps to increase the number of members who are eligible
7 for and enrolled in federally matched public health programs,
8 or for any program to reduce or eliminate an individual's
9 coinsurance, cost-sharing, or premium obligations or increase
10 an individual's eligibility for any federal financial support
11 related to Medicare or the Affordable Care Act.

12 (2) Does not diminish any individual's access to any health
13 care service or right the individual would otherwise have.

14 (3) Is in the interest of the healthy Iowa program.

15 (4) Does not require or has received any necessary federal
16 waivers or approvals to ensure federal financial participation.

17 *c.* Action that the board may take under paragraph "a" may
18 include any of the following:

19 (1) An increase to the income eligibility level related to
20 Medicare or the Affordable Care Act.

21 (2) An increase to resource retention or an elimination of
22 the resource test for eligibility related to Medicare or the
23 Affordable Care Act.

24 (3) Simplification of any procedural or documentation
25 requirement for enrollment related to Medicare or the
26 Affordable Care Act.

27 (4) An increase in the benefits for any federally matched
28 public health program and for any program in order to reduce or
29 eliminate an individual's coinsurance, cost-sharing, or premium
30 obligations or increase an individual's eligibility for any
31 federal financial support related to Medicare or the Affordable
32 Care Act.

33 *d.* Board actions under this subsection shall not apply to
34 eligibility for payment for long-term care.

35 8. To enable the board to apply for coverage for, and

1 enroll, any eligible member under any federally matched public
2 health program or Medicare, the board may require that all
3 members or applicants provide the information necessary to
4 enable the board to determine whether the applicant is eligible
5 for a federally matched public health program or for Medicare,
6 or any program or benefit under Medicare.

7 9. As a condition of continued eligibility for health
8 care services under the healthy Iowa program, a member who is
9 eligible for benefits under Medicare shall enroll in Medicare,
10 including parts A, B, and D.

11 10. a. The healthy Iowa program shall provide premium
12 assistance for all members enrolling in a Medicare part D drug
13 coverage plan under §1860D of Tit. XVIII of the federal Social
14 Security Act, 42 U.S.C. §1395w-101 et seq.

15 b. Premium assistance required under paragraph "a" is
16 limited to the low-income benchmark premium amount established
17 by the centers for Medicare and Medicaid services of the United
18 States department of health and human services and any other
19 amount the federal agency establishes under its de minimis
20 premium policy, except that those payments made on behalf of
21 members enrolled in a Medicare advantage plan may exceed the
22 low-income benchmark premium amount if determined to be cost
23 effective to the healthy Iowa program.

24 11. a. If the board has reasonable grounds to believe that
25 a member may be eligible for an income-related subsidy under
26 §1860D-14 of Tit. XVIII of the federal Social Security Act, 42
27 U.S.C. §1395w-114, the member shall be required to provide and
28 authorize the healthy Iowa program to obtain any information or
29 documentation required to establish the member's eligibility
30 for that subsidy.

31 b. The board shall attempt to obtain as much of the
32 information and documentation required by paragraph "a" as
33 possible.

34 12. a. The healthy Iowa program shall make a reasonable
35 effort to notify members of their obligations under this

1 section.

2 *b.* After a reasonable effort has been made to contact the
3 member, the member shall be notified in writing that the member
4 has sixty days to provide the required information.

5 *c.* If the required information is not provided within the
6 sixty-day period, the member's coverage under the healthy Iowa
7 program may be terminated.

8 *d.* Information provided by members to the board for the
9 purposes of this section shall not be used for any other
10 purpose.

11 13. The board shall assume responsibility for all benefits
12 and health care services paid for by the federal government
13 with those funds.

14 Sec. 22. NEW SECTION. 135E.22 Healthy Iowa trust fund —
15 **special fund created.**

16 1. A special fund is created in the state treasury, separate
17 and apart from all other public moneys or funds of this state,
18 to be known as the healthy Iowa trust fund. The fund shall
19 consist of all of the following:

20 *a.* All moneys appropriated by the state to the fund.

21 *b.* All moneys received from the federal government, as
22 the result of any waiver of requirements granted or other
23 arrangements agreed to by the federal government for health
24 care programs.

25 *c.* All moneys transferred to the fund attributable to state
26 and federal financial participation in Medicaid, the healthy
27 and well kids in Iowa program, and Medicare.

28 *d.* All receipts and revenue after January 1, 2018, as a
29 result of the collection of taxes or other moneys, as provided
30 by law, shall also be deposited in the healthy Iowa trust fund.

31 *e.* All federal and state moneys received for purposes of the
32 provision of services authorized under Tit. XX of the federal
33 Social Security Act, 42 U.S.C. §1397 et seq., but are provided
34 under the healthy Iowa program.

35 *f.* All moneys received from other federal programs that

1 provide moneys for the payment of health care services that are
2 provided under this chapter.

3 *g.* All moneys paid by the state that are equivalent to those
4 amounts that are paid on behalf of residents under Medicare,
5 any federally matched public health program, or the Affordable
6 Care Act for health benefits that are equivalent to health
7 benefits covered under the healthy Iowa program.

8 2. All moneys in the fund shall be deposited, administered,
9 and disbursed, in the same manner and under the same conditions
10 and requirements as is provided by law for special funds in
11 the state treasury. The moneys credited to the fund are not
12 subject to section 8.33 and shall not be transferred, used,
13 obligated, appropriated, or otherwise encumbered except as
14 provided in this section. Moneys deposited into the fund are
15 appropriated and made available to the healthy Iowa program to
16 be used only for the following purposes established by this
17 chapter:

18 *a.* To implement the purposes of the healthy Iowa program.

19 *b.* To be used by the healthy Iowa program for the payment of
20 claims or reimbursement of member benefits.

21 *c.* To be used by the healthy Iowa program for the payment,
22 in accordance with any agreement with the federal government,
23 of amounts required to obtain federal waivers and such other
24 purposes under the healthy Iowa program as may be authorized
25 by law.

26 3. The treasurer of state is the custodian and trustee of
27 the fund and shall administer the fund in accordance with the
28 purposes of the healthy Iowa program. It is the duty of the
29 treasurer of state to do all of the following:

30 *a.* To hold the trust funds.

31 *b.* To disburse the trust funds upon warrants drawn by the
32 director of the healthy Iowa program.

33 4. The healthy Iowa program shall administer the healthy
34 Iowa trust fund and shall also administer all other provisions
35 of this section.

1 5. All moneys in the fund, except moneys received
2 pursuant to federal waivers entered into pursuant to section
3 135E.21, which are received from the federal government
4 shall be expended solely for the purposes and in the amounts
5 found necessary by the board for the proper and efficient
6 administration of this chapter and any federal waivers or
7 agreements.

8 6. Moneys deposited in the fund shall not be loaned to, or
9 borrowed by, any other special fund or the general fund of the
10 state, or a county general fund or any other county fund.

11 7. The board shall establish and maintain a reserve fund in
12 the healthy Iowa trust fund.

13 8. The board or staff of the board shall not utilize any
14 moneys intended for the administrative and operational expenses
15 of the board for staff retreats, promotional giveaways,
16 excessive executive compensation, or promotion of federal or
17 state legislative or regulatory modifications.

18 9. *a.* A healthy Iowa federal funds account is created
19 within the fund.

20 *b.* All federal moneys received shall be placed into the
21 healthy Iowa federal funds account.

22 Sec. 23. NEW SECTION. 135E.23 **Severability.**

23 If any provision of this chapter or its application to any
24 person or circumstance is held invalid, the invalidity does
25 not affect other provisions or application of this chapter
26 which can be given effect without the invalid provision or
27 application, and to this end the provisions of this chapter are
28 severable.

29 Sec. 24. NEW SECTION. 135E.24 **Relation to other laws.**

30 This chapter does not preempt or prevail over and is
31 not meant to be construed to preempt or prevail over any
32 ordinances, resolutions, or other actions of a local government
33 or rules or actions of a state agency that are consistent with
34 this chapter or that provide more protections and benefits to
35 residents of this state than this chapter or are more stringent

1 than this chapter.

2 Sec. 25. NEW SECTION. 135F.1 Definitions.

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

5 1. a. "*Health care provider*" means a person who meets all
6 of the following criteria:

7 (1) Is licensed, certified, registered, or authorized to
8 practice a health care profession in the state pursuant to
9 chapter 147A, 148, 148A, 148B, 148C, 148E, 148F, 148G, 149,
10 151, 152, 152A, 152B, 152C, 153, 154, 154A, 154B, 154C, 154D,
11 154F, 155, or 155A.

12 (2) Is an approved health care provider under the healthy
13 Iowa program created in chapter 135E.

14 (3) Is an individual who does any of the following:

15 (a) Practices the profession in which that person is
16 licensed, certified, registered, or authorized to practice
17 in the state as a health care provider or as an independent
18 contractor.

19 (b) Is an owner, officer, shareholder, or proprietor of a
20 health care provider.

21 (c) Is an entity that employs or utilizes health care
22 providers to provide health care services under the healthy
23 Iowa program.

24 b. "*Health care provider*" does not include an individual who
25 practices as an employee of another health care provider.

26 2. "*Health care provider representative*" means a third party
27 that is authorized by a health care provider to negotiate
28 on behalf of the health care provider with the healthy Iowa
29 program over terms and conditions of participation affecting
30 those health care providers.

31 Sec. 26. NEW SECTION. 135F.2 Collective negotiation
32 authorized.

33 1. Health care providers may meet and communicate for the
34 purpose of collectively negotiating with the healthy Iowa
35 program on any matter relating to the healthy Iowa program

1 including but not limited to rates of payment for health care
2 services, rates of payment for prescription and nonprescription
3 drugs, and payment methodologies.

4 2. This chapter shall not be construed, is not intended to
5 be construed, and shall not imply any of the following:

6 a. To allow or authorize an alteration of the terms of the
7 internal and external review procedures set forth in law.

8 b. To allow a strike by health care providers related to the
9 collective negotiations under the healthy Iowa program.

10 c. To allow or authorize terms or conditions of
11 participation that would impede the ability of the healthy
12 Iowa program to obtain or retain accreditation by the national
13 committee for quality assurance or a similar body, or to comply
14 with applicable state or federal law.

15 Sec. 27. NEW SECTION. 135F.3 Collective negotiation —
16 requirements.

17 1. A health care provider representative is the only party
18 authorized to negotiate with the healthy Iowa program on behalf
19 of the health care providers as a group.

20 2. A health care provider shall be bound by the terms
21 and conditions negotiated by the health care provider
22 representative.

23 3. Health care providers have the right during collective
24 negotiations under this chapter to communicate with other
25 health care providers regarding the terms and conditions of
26 participation to be negotiated with the healthy Iowa program
27 and to communicate with health care provider representatives.

28 4. The healthy Iowa program may communicate or negotiate
29 with the health care provider representative, and may offer
30 and provide different terms and conditions of participation to
31 individual competing health care providers.

32 5. This section shall not be construed, is not intended to
33 be construed to, and shall not imply any of the following:

34 a. An effect on or limitation to the right of a health care
35 provider or group of health care providers to collectively

1 petition a governmental entity for a change in a law, rule, or
2 regulation.

3 *b.* An effect on or limitation to collective bargaining
4 on the part of a health care provider with the health care
5 provider's employer or any other lawful collective bargaining.

6 6. Before engaging in collective negotiations with the
7 healthy Iowa program on behalf of health care providers, a
8 health care provider representative shall file with the board,
9 in the manner prescribed by the board, all of the following
10 information:

11 *a.* The name of the representative.

12 *b.* The representative's plan of operation.

13 *c.* The representative's procedures to ensure compliance with
14 this chapter.

15 7. *a.* A person who acts as the representative of
16 negotiating parties under this chapter shall pay a fee to the
17 board to act as a representative.

18 *b.* The board shall set fees in amounts deemed reasonable
19 and necessary to cover the costs incurred by the board in
20 administering this chapter.

21 Sec. 28. NEW SECTION. 135F.4 **Health care providers —**
22 **prohibited collective action.**

23 1. This chapter shall not authorize competing health care
24 providers to act in concert in response to discussions or
25 negotiations of a health care provider representative with the
26 healthy Iowa program, except as authorized by other law.

27 2. A health care provider representative shall not
28 negotiate any agreement that excludes, limits the participation
29 or reimbursement of, or otherwise limits the scope of health
30 care services to be provided by any health care provider or
31 group of health care providers with respect to the performance
32 of health care services that are within the health care
33 provider's scope of practice, license, registration, or
34 certification.

35 Sec. 29. NEW SECTION. 135F.5 **Severability.**

1 If any provision of this chapter or its application to any
2 person or circumstance is held invalid, the invalidity does
3 not affect other provisions or application of this chapter
4 which can be given effect without the invalid provision or
5 application, and to this end the provisions of this chapter are
6 severable.

7 Sec. 30. NEW SECTION. 135F.6 Relation to other laws.

8 This chapter does not preempt or prevail over and is
9 not meant to be construed to preempt or prevail over any
10 ordinances, resolutions, or other actions of a local government
11 or rules or actions of a state agency that are consistent with
12 this chapter or that provide more protections and benefits to
13 Iowa residents than this chapter or are more stringent than
14 this chapter.

15 Sec. 31. EFFECTIVE DATE. This Act, being deemed of
16 immediate importance, takes effect upon enactment.

17 Sec. 32. CONTINGENT IMPLEMENTATION. Implementation of this
18 Act is contingent upon sufficient revenue in the healthy Iowa
19 trust fund to bear the costs of implementing the healthy Iowa
20 program, as determined by the director of human services. The
21 director of human services shall notify the secretary of the
22 senate, the chief clerk of the house of representatives, and
23 the Iowa Code editor, in writing when the healthy Iowa trust
24 fund has sufficient revenue to bear the costs of implementing
25 this Act. The department of human services shall publish a
26 copy of the notice on its internet site.

27 EXPLANATION

28 The inclusion of this explanation does not constitute agreement with
29 the explanation's substance by the members of the general assembly.

30 This bill creates new Code chapter 135E, establishing the
31 healthy Iowa program, which provides comprehensive, universal
32 single-payer health care coverage and a health care cost
33 control system for all residents of Iowa. The bill provides
34 that all residents of the state are eligible to be members of
35 the healthy Iowa program and are eligible to receive health

1 care services benefits under the program. The bill requires
2 that the healthy Iowa program provide all members of the
3 program with certain health care services, and incorporate the
4 health care benefits and standards of other existing federal
5 and state programs. The bill prohibits health care providers
6 participating in the healthy Iowa program from refusing to
7 provide services to a member on the basis of certain protected
8 categories. The bill establishes the healthy Iowa board and
9 public advisory committee.

10 The bill provides that health care coverage under the
11 healthy Iowa program shall not be subject to coinsurance,
12 deductibles, or copayments. The bill prohibits certain
13 insurers, nonprofit health service plans, and health
14 maintenance organizations from offering benefits that duplicate
15 the services covered by the program. The bill prohibits health
16 insurers from offering health benefits covering any health care
17 service for which coverage is offered to individuals under
18 the healthy Iowa program, except as otherwise provided, and
19 prohibits a participating health care provider from imposing
20 charges directly on healthy Iowa members.

21 The bill provides for approval of participating health
22 care providers and care coordinators under the program and
23 provides for enrollment of residents in the program. The bill
24 also provides that healthy Iowa program members may choose a
25 participating health care provider and requires that members
26 select a care coordinator.

27 The bill specifies healthy Iowa program standards and
28 payment for health care services and care coordination, and
29 requires that the program provide reimbursements to certain
30 members. The bill establishes a health benefit credit for
31 certain employers and residents.

32 The bill establishes the healthy Iowa trust fund as a special
33 fund for the purpose of implementing the program and its
34 purposes. The bill requires the board and the department of
35 human services to apply to the federal government for waivers

1 and other approvals relating to federally regulated health care
2 programs.

3 The bill also creates new chapter 135F providing for
4 collective negotiations between health care providers and
5 the healthy Iowa program. The bill authorizes health care
6 providers to collectively negotiate with the program for
7 rates of payment for health care services, rates of payment
8 for prescription and nonprescription drugs, and payment
9 methodologies using a third-party representative.

10 Implementation of the bill is contingent upon sufficient
11 revenue in the healthy Iowa trust fund to bear the costs of
12 implementing the healthy Iowa program as determined by the
13 director of human services.