

**House File 96 - Introduced**

HOUSE FILE 96

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**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, 2021, 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  
23 the federal Employee Retirement Income Security Act of 1974  
24 in any court of competent jurisdiction, the provision or the  
25 application found invalid shall be null and void and the  
26 invalidity shall not affect other provisions or any other  
27 application of this chapter that can be given effect without  
28 the invalid provision 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) Medicare.
- 28       (4) A health maintenance organization as defined in section  
29 514B.1.
- 30       (5) A managed health care program as defined by rule of  
31 the department of human services, including health maintenance  
32 organizations, prepaid health plans, the Medicaid patient  
33 access to service system, Iowa plan for behavioral health,  
34 programs of all-inclusive care for the elderly, Iowa health  
35 link, and the Iowa health and wellness plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30    *a.* Provisions of this section.

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

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

35    *d.* The appropriate clinically relevant circumstances and

1 standards.

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

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

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

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

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

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

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

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

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

34 b. Care coordinators shall give preference, when employing  
35 or utilizing the services of other individuals, to those

1 individuals who have transitioned out of employment due to  
2 displacement resulting from implementation of the healthy Iowa  
3 program.

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (6) A licensed psychiatric medical institution for children  
35 as defined in section 135H.1.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 (2) This provision does not preclude a Taft-Hartley health

1 and welfare fund from becoming a care coordinator under  
2 paragraph "d".

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

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

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

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

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

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

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

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

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

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

34 (1) Procedures and standards for an individual or entity  
35 to be approved as a care coordinator under the healthy Iowa

1 program.

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

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

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

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

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

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

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

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

35 11. This chapter shall not be construed to alter the

1 professional practice of health care providers or their  
2 licensure standards established pursuant to title IV.

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

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

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

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

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

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

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

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

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

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

35 3. Notwithstanding subsection 2, health maintenance

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

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

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

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

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

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

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

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

33 7. a. The board shall adopt rules pursuant to chapter  
34 17A regarding payment methodologies and procedures to pay for  
35 health care services provided to a member while the member is

1 located outside this state for a period of time not to exceed  
2 ninety days except as provided in paragraph "b".

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

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

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

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

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

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

20     *c.* Payment methodologies.

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

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

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

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

34     *d.* The board shall adopt rules pursuant to chapter 17A  
35 regarding the use of off-formulary medications which allow for

1 patient access but do not compromise the formulary.

2 Sec. 19. NEW SECTION. 135E.19 Program standards.

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

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

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

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

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

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

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

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

35 c. Elimination of health care disparities, including

1 geographic disparities, racial disparities, income-based  
2 disparities, gender-based disparities, sex-based disparities,  
3 and other disparities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 *b.* Act in the exclusive interest of patients.

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

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

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

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

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

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

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

31 6. To evaluate and review compliance by participating  
32 health care providers and care coordinators under the healthy  
33 Iowa program, participating health care providers and care  
34 coordinators shall report, at least annually, to the department  
35 of public health's public health data management program all

1 of the following:

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

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

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

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

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

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

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

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

34     7. The board may adopt rules pursuant to chapter 17A as  
35 necessary to implement and enforce this section and may adopt

1 such rules to expand reporting requirements under this section.

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

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

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

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

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

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

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

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

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

34 (2) Information provided by members to the board for the  
35 purposes of this paragraph shall not be used for any other

1 purpose.

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

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

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

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

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

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

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

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

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

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

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

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

1 Medicare or the Affordable Care Act.

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

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

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

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

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

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

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

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

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

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

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

34     8. To enable the board to apply for coverage for, and  
35 enroll, any eligible member under any federally matched public

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

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

10 10. a. The healthy Iowa program shall provide premium  
11 assistance for all members enrolling in a Medicare part D plan.

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

21 11. a. If the board has reasonable grounds to believe that  
22 a member may be eligible for an income-related subsidy under  
23 §1860D-14 of Tit. XVIII of the federal Social Security Act, 42  
24 U.S.C. §1395w-114, the member shall be required to provide and  
25 authorize the healthy Iowa program to obtain any information or  
26 documentation required to establish the member's eligibility  
27 for that subsidy.

28 b. The board shall attempt to obtain as much of the  
29 information and documentation required by paragraph "a" as  
30 possible.

31 12. a. The healthy Iowa program shall make a reasonable  
32 effort to notify members of their obligations under this  
33 section.

34 b. After a reasonable effort has been made to contact the  
35 member, the member shall be notified in writing that the member

1 has sixty days to provide the required information.

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

5 *d.* Information provided by members to the board for the  
6 purposes of this section shall not be used for any other  
7 purpose.

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

11 **Sec. 22. NEW SECTION. 135E.22 Healthy Iowa trust fund —**  
12 **special fund created.**

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

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

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

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

25 *d.* All receipts and revenue after January 1, 2019, as a  
26 result of the collection of taxes or other moneys, as provided  
27 by law, shall also be deposited in the healthy Iowa trust fund.

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

32 *f.* All moneys received from other federal programs that  
33 provide moneys for the payment of health care services that are  
34 provided under this chapter.

35 *g.* All moneys paid by the state that are equivalent to those

1 amounts that are paid on behalf of residents under Medicare,  
2 any federally matched public health program, or the Affordable  
3 Care Act for health benefits that are equivalent to health  
4 benefits covered under the healthy Iowa program.

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

15 a. To implement the purposes of the healthy Iowa program.

16 b. To be used by the healthy Iowa program for the payment of  
17 claims or reimbursement of member benefits.

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

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

27 a. To hold the trust funds.

28 b. To disburse the trust funds upon warrants drawn by the  
29 director of the healthy Iowa program.

30 4. The healthy Iowa program shall administer the healthy  
31 Iowa trust fund and shall also administer all other provisions  
32 of this section.

33 5. All moneys in the fund, except moneys received  
34 pursuant to federal waivers entered into pursuant to section  
35 135E.21, which are received from the federal government

1 shall be expended solely for the purposes and in the amounts  
2 found necessary by the board for the proper and efficient  
3 administration of this chapter and any federal waivers or  
4 agreements.

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

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

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

15 9. *a.* A healthy Iowa federal funds account is created  
16 within the fund.

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

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

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

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

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

34 Sec. 25. NEW SECTION. 135F.1 **Definitions.**

35 As used in this chapter, unless the context otherwise

1 requires:

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

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

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

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

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

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

18 (c) Is an entity that employs or utilizes health care  
19 providers to provide health care services under the healthy  
20 Iowa program.

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

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

28 Sec. 26. NEW SECTION. 135F.2 **Collective negotiation**  
29 **authorized.**

30 1. Health care providers may meet and communicate for the  
31 purpose of collectively negotiating with the healthy Iowa  
32 program on any matter relating to the healthy Iowa program  
33 including but not limited to rates of payment for health care  
34 services, rates of payment for prescription and nonprescription  
35 drugs, and payment methodologies.

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

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

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

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

12 Sec. 27. NEW SECTION. 135F.3 **Collective negotiation —**  
13 **requirements.**

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

17 2. A health care provider shall be bound by the terms  
18 and conditions negotiated by the health care provider  
19 representative.

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

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

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

31 a. An effect on or limitation to the right of a health care  
32 provider or group of health care providers to collectively  
33 petition a governmental entity for a change in a law, rule, or  
34 regulation.

35 b. An effect on or limitation to collective bargaining

1 on the part of a health care provider with the health care  
2 provider's employer or any other lawful collective bargaining.

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

8 a. The name of the representative.

9 b. The representative's plan of operation.

10 c. The representative's procedures to ensure compliance with  
11 this chapter.

12 7. a. A person who acts as the representative of  
13 negotiating parties under this chapter shall pay a fee to the  
14 board to act as a representative.

15 b. The board shall set fees in amounts deemed reasonable  
16 and necessary to cover the costs incurred by the board in  
17 administering this chapter.

18 Sec. 28. NEW SECTION. 135F.4 Health care providers —  
19 prohibited collective action.

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

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

32 Sec. 29. NEW SECTION. 135F.5 Severability.

33 If any provision of this chapter or its application to any  
34 person or circumstance is held invalid, the invalidity does  
35 not affect other provisions or application of this chapter

1 which can be given effect without the invalid provision or  
2 application, and to this end the provisions of this chapter are  
3 severable.

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

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

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

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

24 EXPLANATION

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

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

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

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

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

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

29 The bill establishes the healthy Iowa trust fund as a special  
30 fund for the purpose of implementing the program and its  
31 purposes. The bill requires the board and the department of  
32 human services to apply to the federal government for waivers  
33 and other approvals relating to federally regulated health care  
34 programs.

35 The bill also creates new Code chapter 135F providing for

1 collective negotiations between health care providers and  
2 the healthy Iowa program. The bill authorizes health care  
3 providers to collectively negotiate with the program for  
4 rates of payment for health care services, rates of payment  
5 for prescription and nonprescription drugs, and payment  
6 methodologies using a third-party representative.

7 The bill takes effect upon enactment but implementation of  
8 the bill is contingent upon sufficient revenue in the healthy  
9 Iowa trust fund to bear the costs of implementing the healthy  
10 Iowa program as determined by the director of human services.