

Senate Study Bill 1133 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED GOVERNOR BILL)

A BILL FOR

1 An Act relating to the health and well-being of children and
2 families including provisions for rural emergency hospitals,
3 regional centers of excellence, noneconomic damage awards
4 against health care providers, a state-funded family
5 medicine obstetrical fellowship program, self-administered
6 hormonal contraceptives, review and approval of and public
7 policy considerations relating to insurance benefits,
8 maternal support and fatherhood initiatives, state employee
9 parental leave, modification of property tax provisions for
10 certain commercial child care properties, adoption expenses
11 under the adoption subsidy program, and accessibility to the
12 all Iowa scholarship program; providing for appropriations,
13 fines, and penalties; and including effective date and
14 applicability and retroactive applicability provisions.
15 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

RURAL EMERGENCY HOSPITALS

1
2
3 Section 1. Section 135B.1, Code 2023, is amended by adding
4 the following new subsections:

5 NEW SUBSECTION. 5. "*Rural emergency hospital*" means a
6 facility that provides rural emergency hospital services in
7 the facility twenty-four hours per day, seven days per week;
8 does not provide any acute care inpatient services with the
9 exception of any distinct part of the facility licensed as a
10 skilled nursing facility providing posthospital extended care
11 services; and meets the criteria specified in section 135B.1A
12 and the federal Consolidated Appropriations Act, Pub. L. No.
13 116-260, §125.

14 NEW SUBSECTION. 6. "*Rural emergency hospital services*"
15 means the following services provided by a rural emergency
16 hospital that do not exceed an annual per patient average of
17 twenty-four hours in such a rural emergency hospital:

18 a. Emergency department services and observation care.

19 For purposes of providing emergency department services, an
20 emergency department of a rural emergency hospital shall
21 be considered staffed if a physician, nurse practitioner,
22 clinical nurse specialist, or physician assistant is available
23 to furnish rural emergency hospital services in the facility
24 twenty-four hours per day.

25 b. At the election of the rural emergency hospital, with
26 respect to services furnished on an outpatient basis, other
27 medical and health services as specified in regulations adopted
28 by the United States secretary of health and human services.

29 Sec. 2. Section 135B.2, Code 2023, is amended to read as
30 follows:

31 **135B.2 Purpose.**

32 The purpose of [this chapter](#) is to provide for the
33 development, establishment and enforcement of basic standards
34 for the care and treatment of individuals in hospitals and
35 rural emergency hospitals and for the construction, maintenance

1 and operation of such hospitals, which, in the light of
2 existing knowledge, will promote safe and adequate treatment
3 of such individuals in such hospitals, in the interest of the
4 health, welfare and safety of the public.

5 Sec. 3. Section 135B.3, Code 2023, is amended to read as
6 follows:

7 **135B.3 Licensure.**

8 No person or governmental unit, acting severally or jointly
9 with any other person or governmental unit shall establish,
10 conduct or maintain a hospital or rural emergency hospital in
11 this state without a license.

12 Sec. 4. NEW SECTION. **135B.3A Rural emergency hospital**
13 **licensure.**

14 1. The department shall adopt rules pursuant to chapter
15 17A to establish minimum standards for the licensure of rural
16 emergency hospitals consistent with the federal Consolidated
17 Appropriations Act, Pub. L. No. 116-260, §125, and with
18 regulations issued by the United States secretary of health and
19 human services for rural emergency hospitals.

20 2. To be eligible for a rural emergency hospital license, a
21 facility shall have been, on or before December 27, 2020, one
22 of the following:

23 a. A licensed critical access hospital.

24 b. A general hospital with not more than fifty licensed
25 beds located in a county in a rural area as defined in section
26 1886(d)(2)(D) of the federal Social Security Act.

27 c. A general hospital with no more than fifty licensed beds
28 that is deemed as being located in a rural area pursuant to
29 section 1886(d)(8)(E) of the federal Social Security Act.

30 Sec. 5. Section 135B.4, Code 2023, is amended to read as
31 follows:

32 **135B.4 Application for license.**

33 Licenses shall be obtained from the department.

34 Applications shall be upon forms and shall contain information
35 as the department may reasonably require, which may include

1 affirmative evidence of ability to comply with reasonable
2 standards and rules prescribed under [this chapter](#). Each
3 application for license shall be accompanied by the license
4 fee, which shall be refunded to the applicant if the license
5 is denied and which shall be deposited into the state treasury
6 and credited to the general fund if the license is issued.
7 Hospitals and rural emergency hospitals having fifty beds or
8 less shall pay an initial license fee of fifteen dollars;
9 hospitals of more than fifty beds and not more than one hundred
10 beds shall pay an initial license fee of twenty-five dollars;
11 all other hospitals shall pay an initial license fee of fifty
12 dollars.

13 Sec. 6. Section 135B.5, subsection 1, Code 2023, is amended
14 to read as follows:

15 1. Upon receipt of an application for license and the
16 license fee, the department shall issue a license if the
17 applicant and hospital facilities comply with [this chapter](#),
18 chapter 135, and the rules of the department. Each licensee
19 shall receive annual reapproval upon payment of five hundred
20 dollars and upon filing of an application form which is
21 available from the department. The annual licensure fee shall
22 be dedicated to support and provide educational programs on
23 regulatory issues for hospitals and rural emergency hospitals
24 licensed under [this chapter](#). Licenses shall be either general
25 or restricted in form. Each license shall be issued only
26 for the premises and persons or governmental units named in
27 the application and is not transferable or assignable except
28 with the written approval of the department. Licenses shall
29 be posted in a conspicuous place on the licensed premises as
30 prescribed by rule of the department.

31 Sec. 7. Section 135B.5A, Code 2023, is amended to read as
32 follows:

33 **135B.5A Conversion of a ~~hospital~~ relative to certain**
34 **hospitals.**

35 1. A conversion of a long-term acute care hospital,

1 rehabilitation hospital, or psychiatric hospital as defined by
2 federal regulations to a general hospital or to a specialty
3 hospital of a different type is a permanent change in bed
4 capacity and shall require a certificate of need pursuant to
5 section 135.63.

6 2. A conversion of a critical access hospital or general
7 hospital to a rural emergency hospital or a conversion of a
8 rural emergency hospital to a critical access hospital or
9 general hospital shall not require a certificate of need
10 pursuant to section 135.63.

11 Sec. 8. Section 135B.7, Code 2023, is amended to read as
12 follows:

13 **135B.7 Rules and enforcement.**

14 1. *a.* The department, with the approval of the state
15 board of health, shall adopt rules setting out the standards
16 for the different types of hospitals and for rural emergency
17 hospitals to be licensed under [this chapter](#). The department
18 shall enforce the rules.

19 *b.* Rules or standards shall not be adopted or enforced
20 which would have the effect of denying a license to a hospital,
21 rural emergency hospital, or other institution required to be
22 licensed, solely by reason of the school or system of practice
23 employed or permitted to be employed by physicians in the
24 hospital, rural emergency hospital, or other institution if the
25 school or system of practice is recognized by the laws of this
26 state.

27 2. *a.* The rules shall state that a hospital or rural
28 emergency hospital shall not deny clinical privileges to
29 physicians and surgeons, podiatric physicians, osteopathic
30 physicians and surgeons, dentists, certified health service
31 providers in psychology, physician assistants, or advanced
32 registered nurse practitioners licensed under [chapter 148](#),
33 [148C](#), [149](#), [152](#), or [153](#), or [section 154B.7](#), solely by reason of
34 the license held by the practitioner or solely by reason of
35 the school or institution in which the practitioner received

1 medical schooling or postgraduate training if the medical
2 schooling or postgraduate training was accredited by an
3 organization recognized by the council on higher education
4 accreditation or an accrediting group recognized by the United
5 States department of education.

6 *b.* A hospital or rural emergency hospital may establish
7 procedures for interaction between a patient and a
8 practitioner. The rules shall not prohibit a hospital or
9 rural emergency hospital from limiting, restricting, or
10 revoking clinical privileges of a practitioner for violation
11 of hospital rules, regulations, or procedures established
12 under this paragraph, when applied in good faith and in a
13 nondiscriminatory manner.

14 *c.* *This subsection* shall not require a hospital or rural
15 emergency hospital to expand the ~~hospital's~~ current scope of
16 service delivery solely to offer the services of a class of
17 providers not currently providing services at the hospital
18 or rural emergency hospital. *This section* shall not be
19 construed to require a hospital or rural emergency hospital
20 to establish rules which are inconsistent with the scope of
21 practice established for licensure of practitioners to whom
22 this subsection applies.

23 *d.* *This section* shall not be construed to authorize the
24 denial of clinical privileges to a practitioner or class of
25 practitioners solely because a hospital or rural emergency
26 hospital has as employees of the hospital or rural emergency
27 hospital identically licensed practitioners providing the same
28 or similar services.

29 3. The rules shall require that a hospital or rural
30 emergency hospital establish and implement written criteria
31 for the granting of clinical privileges. The written criteria
32 shall include but are not limited to consideration of all of
33 the following:

34 *a.* The ability of an applicant for privileges to provide
35 patient care services independently and appropriately in the

1 hospital or rural emergency hospital.

2 *b.* The license held by the applicant to practice.

3 *c.* The training, experience, and competence of the
4 applicant.

5 *d.* The relationship between the applicant's request for the
6 granting of privileges and the hospital's or rural emergency
7 hospital's current scope of patient care services, as well as
8 the hospital's or rural emergency hospital's determination of
9 the necessity to grant privileges to a practitioner authorized
10 to provide comprehensive, appropriate, and cost-effective
11 services.

12 4. The department shall also adopt rules requiring
13 hospitals and rural emergency hospitals to establish and
14 implement protocols for responding to the needs of patients who
15 are victims of domestic abuse, as defined in [section 236.2](#).

16 5. The department shall also adopt rules requiring
17 hospitals and rural emergency hospitals to establish and
18 implement protocols for responding to the needs of patients who
19 are victims of elder abuse, as defined in [section 235F.1](#).

20 Sec. 9. Section 135B.7A, Code 2023, is amended to read as
21 follows:

22 **135B.7A Procedures — orders.**

23 The department shall adopt rules that require hospitals
24 and rural emergency hospitals to establish procedures for
25 authentication of all verbal orders by a practitioner within
26 a period not to exceed thirty days following a patient's
27 discharge.

28 Sec. 10. Section 135B.8, Code 2023, is amended to read as
29 follows:

30 **135B.8 Effective date of rules.**

31 Any hospital or rural emergency hospital which is in
32 operation at the time of promulgation of any applicable
33 rules or minimum standards under [this chapter](#) shall be given
34 a reasonable time, not to exceed one year from the date of
35 such promulgation, within which to comply with such rules and

1 minimum standards.

2 Sec. 11. Section 135B.9, Code 2023, is amended to read as
3 follows:

4 **135B.9 Inspections and qualifications for hospital and rural**
5 **emergency hospital inspectors — protection and advocacy agency**
6 **investigations.**

7 1. The department shall make or cause to be made inspections
8 as it deems necessary in order to determine compliance with
9 applicable rules. Hospital and rural emergency hospital
10 inspectors shall meet the following qualifications:

11 a. Be free of conflicts of interest. A hospital or rural
12 emergency hospital inspector shall not participate in an
13 inspection or complaint investigation of a hospital or rural
14 emergency hospital in which the inspector or a member of the
15 inspector's immediate family works or has worked within the
16 last two years. For purposes of this paragraph, "*immediate*
17 *family member*" means a spouse; natural or adoptive parent,
18 child, or sibling; or stepparent, stepchild, or stepsibling.

19 b. Complete a yearly conflict of interest disclosure
20 statement.

21 c. Biennially, complete a minimum of ten hours of continuing
22 education pertaining to hospital or rural emergency hospital
23 operations including but not limited to quality and process
24 improvement standards, trauma system standards, and regulatory
25 requirements.

26 2. In the state resource centers and state mental health
27 institutes operated by the department of human services, the
28 designated protection and advocacy agency as provided in
29 section 135C.2, subsection 4, shall have the authority to
30 investigate all complaints of abuse and neglect of persons
31 with developmental disabilities or mental illnesses if the
32 complaints are reported to the protection and advocacy agency
33 or if there is probable cause to believe that the abuse has
34 occurred. Such authority shall include the examination of all
35 records pertaining to the care provided to the residents and

1 contact or interview with any resident, employee, or any other
2 person who might have knowledge about the operation of the
3 institution.

4 Sec. 12. Section 135B.12, Code 2023, is amended to read as
5 follows:

6 **135B.12 Confidentiality.**

7 The department's final findings or the final survey findings
8 of the joint commission on the accreditation of health care
9 organizations or the American osteopathic association with
10 respect to compliance by a hospital or rural emergency hospital
11 with requirements for licensing or accreditation shall be made
12 available to the public in a readily available form and place.
13 Other information relating to a hospital or rural emergency
14 hospital obtained by the department which does not constitute
15 the department's findings from an inspection of the hospital
16 or rural emergency hospital or the final survey findings of
17 the joint commission on the accreditation of health care
18 organizations or the American osteopathic association shall
19 not be made available to the public, except in proceedings
20 involving the denial, suspension, or revocation of a license
21 under [this chapter](#). The name of a person who files a complaint
22 with the department shall remain confidential and shall not
23 be subject to discovery, subpoena, or other means of legal
24 compulsion for its release to a person other than department
25 employees or agents involved in the investigation of the
26 complaint.

27 Sec. 13. Section 135B.14, Code 2023, is amended to read as
28 follows:

29 **135B.14 Judicial review.**

30 Judicial review of the action of the department may be sought
31 in accordance with [chapter 17A](#). Notwithstanding the terms of
32 chapter 17A, the Iowa administrative procedure Act, petitions
33 for judicial review may be filed in the district court of the
34 county in which the hospital or rural emergency hospital is
35 located or to be located, and the status quo of the petitioner

1 or licensee shall be preserved pending final disposition of the
2 matter in the courts.

3 Sec. 14. Section 135B.15, Code 2023, is amended to read as
4 follows:

5 **135B.15 Penalties.**

6 Any person establishing, conducting, managing, or operating
7 any hospital or rural emergency hospital without a license
8 shall be guilty of a serious misdemeanor, and each day of
9 continuing violation after conviction shall be considered a
10 separate offense.

11 Sec. 15. Section 135B.16, Code 2023, is amended to read as
12 follows:

13 **135B.16 Injunction.**

14 Notwithstanding the existence or pursuit of any other
15 remedy, the department may, in the manner provided by law,
16 maintain an action in the name of the state for injunction
17 or other process against any person or governmental unit to
18 restrain or prevent the establishment, conduct, management or
19 operation of a hospital or rural emergency hospital without a
20 license.

21 Sec. 16. Section 135B.20, subsection 3, Code 2023, is
22 amended to read as follows:

23 3. "*Hospital*" ~~shall mean~~ means all hospitals and rural
24 emergency hospitals licensed under this chapter.

25 Sec. 17. Section 135B.33, subsection 1, unnumbered
26 paragraph 1, Code 2023, is amended to read as follows:

27 Subject to availability of funds, the Iowa department of
28 public health shall provide technical planning assistance to
29 local boards of health and hospital or rural emergency hospital
30 governing boards to ensure access to ~~hospital~~ such services in
31 rural areas. The department shall encourage the local boards
32 of health and hospital or rural emergency hospital governing
33 boards to adopt a long-term community health services and
34 developmental plan including the following:

35 Sec. 18. Section 135B.34, subsection 7, Code 2023, is

1 amended to read as follows:

2 7. For the purposes of **this section**, ~~“comprehensive~~
3 ~~preliminary background check”~~:

4 a. “Comprehensive preliminary background check” means the
5 same as defined in **section 135C.1**.

6 b. “Hospital” means a hospital or rural emergency hospital
7 licensed under this chapter.

8 Sec. 19. EMERGENCY RULEMAKING AUTHORITY. The department of
9 inspections and appeals may adopt emergency rules under section
10 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph
11 “b”, to implement the provisions of this division of this Act
12 and the rules shall be effective immediately upon filing unless
13 a later date is specified in the rules. Any rules adopted
14 in accordance with this section shall also be published as a
15 notice of intended action as provided in section 17A.4.

16 Sec. 20. EFFECTIVE DATE. This division of this Act, being
17 deemed of immediate importance, takes effect upon enactment.

18 DIVISION II

19 REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM

20 Sec. 21. REGIONAL CENTERS OF EXCELLENCE PROGRAM — GRANTS —
21 APPROPRIATION. There is appropriated from the general fund of
22 the state to the department of health and human services for
23 the fiscal year beginning July 1, 2023, and ending June 30,
24 2024, the following amount, or so much thereof as is necessary,
25 to be used for the purposes designated:

26 \$ 1,000,000

27 The funds appropriated in this section shall be used for
28 the continuation of a center of excellence program to award
29 four grants to encourage innovation and collaboration among
30 regional health care providers in a rural area based upon the
31 results of a regional community needs assessment to transform
32 health care delivery in order to provide quality, sustainable
33 care that meets the needs of the local communities. An
34 applicant for the grant funds shall specify how the funds will
35 be expended to accomplish the goals of the program and shall

1 provide a detailed five-year sustainability plan prior to being
2 awarded any funding. Following the receipt of grant funding,
3 a recipient shall submit periodic reports as specified by the
4 department to the governor and the general assembly regarding
5 the recipient's expenditure of the funds and progress in
6 accomplishing the program's goals.

7

DIVISION III

8

NONECONOMIC DAMAGE AWARDS AGAINST HEALTH CARE PROVIDERS

9 Sec. 22. Section 147.136A, subsection 1, paragraph b, Code
10 2023, is amended to read as follows:

11 *b. (1) "Noneconomic damages" means damages arising from*
12 *pain, suffering, inconvenience, physical impairment, mental*
13 *anguish, emotional pain and suffering, loss of chance, loss of*
14 *consortium, or any other nonpecuniary damages.*

15 *(2) "Noneconomic damages" does not include the loss of*
16 *dependent care, including the loss of child care, due to the*
17 *death of or severe injury to a spouse or parent who is the*
18 *primary caregiver of a child under the age of eighteen or a*
19 *disabled adult. Such damages shall be considered economic*
20 *damages.*

21 Sec. 23. Section 147.136A, subsection 2, Code 2023, is
22 amended to read as follows:

23 2. The total amount recoverable in any civil action for
24 noneconomic damages for personal injury or death, whether in
25 tort, contract, or otherwise, against a health care provider
26 ~~shall be limited to two hundred fifty thousand dollars~~ for any
27 occurrence resulting in injury or death of a patient regardless
28 of the number of plaintiffs, derivative claims, theories of
29 liability, or defendants in the civil action, shall not exceed
30 two hundred fifty thousand dollars unless the jury determines
31 that there is a substantial or permanent loss or impairment of
32 a bodily function, substantial disfigurement, or death, which
33 warrants a finding that imposition of such a limitation would
34 deprive the plaintiff of just compensation for the injuries
35 sustained, in which case the amount recoverable shall not

1 exceed one million dollars.

2 Sec. 24. EFFECTIVE DATE. This division of this Act, being
3 deemed of immediate importance, takes effect upon enactment.

4 Sec. 25. APPLICABILITY. This division of this Act applies
5 to causes of actions accrued on or after the effective date of
6 this Act.

7 DIVISION IV

8 STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP PROGRAM

9 Sec. 26. NEW SECTION. 135.182 **State-funded family medicine**
10 **obstetrics fellowship program — fund.**

11 1. The department shall establish a family medicine
12 obstetrics fellowship program to increase access to family
13 medicine obstetrics practitioners in rural and underserved
14 areas of the state. A person who has completed an
15 accreditation council for graduate medical education residency
16 program in family medicine is eligible for participation
17 in the fellowship program. Participating fellows shall
18 enter into a program agreement with a participating teaching
19 hospital which, at a minimum, requires the fellow to complete a
20 one-year fellowship and to engage in full-time family medicine
21 obstetrics practice in a rural or underserved area of the
22 state for a period of at least five years within nine months
23 following completion of the fellowship and receipt of a license
24 to practice medicine in the state.

25 2. Each fellow participating in the program shall be
26 eligible for a salary and benefits including a stipend as
27 determined by the participating teaching hospital which shall
28 be funded through the family medicine obstetrics fellowship
29 program fund.

30 3. The department shall adopt rules pursuant to chapter
31 17A to administer the program, including defining rural and
32 underserved areas for the purpose of the required full-time
33 practice of a person following completion of the fellowship.

34 4. a. A family medicine obstetrics fellowship program
35 fund is created in the state treasury consisting of the moneys

1 appropriated or credited to the fund by law. Notwithstanding
2 section 8.33, moneys in the fund at the end of each fiscal year
3 shall not revert to any other fund but shall remain in the fund
4 for use in subsequent fiscal years. Moneys in the fund are
5 appropriated to the department to be used to fund fellowship
6 positions as provided in this section.

7 **b.** For the fiscal year beginning July 1, 2023, and each
8 fiscal year beginning July 1 thereafter, there is appropriated
9 from the general fund of the state to the family medicine
10 obstetrics fellowship program fund an amount sufficient to
11 support the creation of four fellowship positions as provided
12 in this section.

13 **5.** The department and the participating teaching hospitals
14 shall regularly evaluate and document their experiences
15 including identifying ways the program may be modified or
16 expanded to facilitate increased access to family medicine
17 obstetrics practitioners in rural and underserved areas of the
18 state. The department shall submit an annual report to the
19 general assembly by January 1. The report shall include the
20 number of fellowships funded to date and any other information
21 identified by the department and the participating teaching
22 hospitals as indicators of outcomes and the effectiveness of
23 the program.

24 **6.** For the purposes of this section, "*teaching hospital*"
25 means a hospital or medical center that provides medical
26 education to prospective and current health professionals.

27 **Sec. 27. STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP**
28 **PROGRAM AND FUND — APPROPRIATION.** There is appropriated from
29 the general fund of the state to the department of health and
30 human services for the fiscal year beginning July 1, 2023, and
31 ending June 30, 2024, the following amount, or so much thereof
32 as is necessary, to be used for the purposes designated:

33 \$ 560,000

34 For deposit in the family medicine obstetrics fellowship
35 program fund to be utilized in creating and providing for four

1 family medicine obstetrics fellowship positions during the
2 fiscal year in accordance with the family medicine obstetrics
3 fellowship program created in this division of this Act.

4 DIVISION V

5 SELF-ADMINISTERED HORMONAL CONTRACEPTIVES

6 Sec. 28. Section 155A.3, Code 2023, is amended by adding the
7 following new subsections:

8 NEW SUBSECTION. 10A. "*Department*" means the department of
9 health and human services.

10 NEW SUBSECTION. 45A. "*Self-administered hormonal*
11 *contraceptive*" means a self-administered hormonal contraceptive
12 that is approved by the United States food and drug
13 administration to prevent pregnancy. "*Self-administered*
14 *hormonal contraceptive*" includes an oral hormonal contraceptive,
15 a hormonal vaginal ring, and a hormonal contraceptive patch,
16 but does not include any drug intended to induce an abortion as
17 defined in section 146.1.

18 NEW SUBSECTION. 45B. "*Standing order*" means a preauthorized
19 medication order with specific instructions from the medical
20 director of the department to dispense a medication under
21 clearly defined circumstances.

22 Sec. 29. NEW SECTION. 155A.49 **Pharmacist dispensing of**
23 **self-administered hormonal contraceptives — standing order —**
24 **requirements — limitations of liability.**

25 1. *a.* Notwithstanding any provision of law to the contrary,
26 a pharmacist may dispense a self-administered hormonal
27 contraceptive to a patient who is at least eighteen years of
28 age, pursuant to a standing order established by the medical
29 director of the department in accordance with this section.

30 *b.* In dispensing a self-administered hormonal contraceptive
31 to a patient under this section, a pharmacist shall comply with
32 all of the following:

33 (1) For an initial dispensing of a self-administered
34 hormonal contraceptive, the pharmacist may dispense only up
35 to a three-month supply at one time of the self-administered

1 hormonal contraceptive.

2 (2) For any subsequent dispensing of the same
3 self-administered hormonal contraceptive, the pharmacist
4 may dispense up to a twelve-month supply at one time of the
5 self-administered hormonal contraceptive.

6 2. A pharmacist who dispenses a self-administered hormonal
7 contraceptive in accordance with this section shall not
8 require any other prescription drug order authorized by a
9 practitioner prior to dispensing the self-administered hormonal
10 contraceptive to a patient.

11 3. The medical director of the department may establish a
12 standing order authorizing the dispensing of self-administered
13 hormonal contraceptives by a pharmacist who does all of the
14 following:

15 a. Complies with the standing order established pursuant to
16 this section.

17 b. Retains a record of each patient to whom a
18 self-administered hormonal contraceptive is dispensed under
19 this section and submits the record to the department.

20 4. The standing order shall require a pharmacist who
21 dispenses self-administered hormonal contraceptives under this
22 section to do all of the following:

23 a. Complete a standardized training program and continuing
24 education requirements approved by the board in consultation
25 with the board of medicine and the department that are related
26 to prescribing self-administered hormonal contraceptives and
27 include education regarding all contraceptive methods approved
28 by the United States food and drug administration.

29 b. Obtain a completed self-screening risk assessment,
30 approved by the department in collaboration with the board and
31 the board of medicine, from each patient, verify the identity
32 and age of each patient, and perform a blood pressure screening
33 on each patient prior to dispensing the self-administered
34 hormonal contraceptive to the patient.

35 c. Provide the patient with all of the following:

1 (1) Written information regarding all of the following:

2 (a) The importance of completing an appointment with the
3 patient's primary care or women's health care practitioner
4 to obtain preventative care, including but not limited to
5 recommended tests and screenings.

6 (b) The effectiveness and availability of long-acting
7 reversible contraceptives as an alternative to
8 self-administered hormonal contraceptives.

9 (2) A copy of the record of the pharmacist's encounter with
10 the patient that includes all of the following:

11 (a) The patient's completed self-screening risk assessment.

12 (b) A description of the contraceptive dispensed, or the
13 basis for not dispensing a contraceptive.

14 (3) Patient counseling regarding all of the following:

15 (a) The appropriate administration and storage of the
16 self-administered hormonal contraceptive.

17 (b) Potential side effects and risks of the
18 self-administered hormonal contraceptive.

19 (c) The need for backup contraception.

20 (d) When to seek emergency medical attention.

21 (e) The risk of contracting a sexually transmitted
22 infection or disease, and ways to reduce such a risk.

23 5. The standing order established pursuant to this section
24 shall prohibit a pharmacist who dispenses a self-administered
25 hormonal contraceptive under this section from doing any of the
26 following:

27 a. Requiring a patient to schedule an appointment with
28 the pharmacist for the prescribing or dispensing of a
29 self-administered hormonal contraceptive.

30 b. Dispensing self-administered hormonal contraceptives
31 to a patient for more than twenty-seven months after the
32 date a self-administered hormonal contraceptive is initially
33 dispensed to the patient, if the patient has not consulted with
34 a primary care or women's health care practitioner during the
35 preceding twenty-seven months, in which case the pharmacist

1 shall refer the patient to a primary care or women's health
2 care practitioner.

3 c. Dispensing a self-administered hormonal contraceptive to
4 a patient if the results of the self-screening risk assessment
5 completed by a patient pursuant to subsection 4, paragraph
6 "b", indicate it is unsafe for the pharmacist to dispense the
7 self-administered hormonal contraceptive to the patient, in
8 which case the pharmacist shall refer the patient to a primary
9 care or women's health care practitioner.

10 6. A pharmacist who dispenses a self-administered hormonal
11 contraceptive and the medical director of the department who
12 establishes a standing order in compliance with this section
13 shall be immune from criminal and civil liability arising
14 from any damages caused by the dispensing, administering,
15 or use of a self-administered hormonal contraceptive or the
16 establishment of the standing order. The medical director of
17 the department shall be considered to be acting within the
18 scope of the medical director's office and employment for
19 purposes of chapter 669 in the establishment of a standing
20 order in compliance with this section.

21 7. The department, in collaboration with the board and
22 the board of medicine, and in consideration of the guidelines
23 established by the American congress of obstetricians and
24 gynecologists, shall adopt rules pursuant to chapter 17A to
25 administer this chapter.

26 Sec. 30. Section 514C.19, Code 2023, is amended to read as
27 follows:

28 **514C.19 Prescription contraceptive coverage.**

29 1. Notwithstanding the uniformity of treatment requirements
30 of [section 514C.6](#), a group policy, ~~or contract,~~ or plan
31 providing for third-party payment or prepayment of health or
32 medical expenses shall ~~not do either of the following~~ comply
33 as follows:

34 a. ~~Exclude~~ Such policy, contract, or plan shall not
35 exclude or restrict benefits for prescription contraceptive

1 drugs or prescription contraceptive devices which prevent
2 conception and which are approved by the United States
3 food and drug administration, or generic equivalents
4 approved as substitutable by the United States food and
5 drug administration, if such policy, ~~or~~ contract, or plan
6 provides benefits for other outpatient prescription drugs
7 or devices. However, such policy, contract, or plan shall
8 specifically provide for payment of a self-administered
9 hormonal contraceptive, as prescribed by a practitioner as
10 defined in section 155A.3, or as prescribed by standing order
11 and dispensed by a pharmacist pursuant to section 155A.49,
12 including payment for up to an initial three-month supply
13 of a self-administered hormonal contraceptive dispensed at
14 one time and for up to a twelve-month supply of the same
15 self-administered hormonal contraceptive subsequently dispensed
16 at one time.

17 b. Exclude Such policy, contract, or plan shall not exclude
18 or restrict benefits for outpatient contraceptive services
19 which are provided for the purpose of preventing conception if
20 such policy, ~~or~~ contract, or plan provides benefits for other
21 outpatient services provided by a health care professional.

22 2. A person who provides a group policy, ~~or~~ contract, or
23 plan providing for third-party payment or prepayment of health
24 or medical expenses which is subject to [subsection 1](#) shall not
25 do any of the following:

26 a. Deny to an individual eligibility, or continued
27 eligibility, to enroll in or to renew coverage under the terms
28 of the policy, ~~or~~ contract, or plan because of the individual's
29 use or potential use of such prescription contraceptive drugs
30 or devices, or use or potential use of outpatient contraceptive
31 services.

32 b. Provide a monetary payment or rebate to a covered
33 individual to encourage such individual to accept less than the
34 minimum benefits provided for under [subsection 1](#).

35 c. Penalize or otherwise reduce or limit the reimbursement

1 of a health care professional because such professional
2 prescribes contraceptive drugs or devices, or provides
3 contraceptive services.

4 *d.* Provide incentives, monetary or otherwise, to a health
5 care professional to induce such professional to withhold
6 from a covered individual contraceptive drugs or devices, or
7 contraceptive services.

8 3. **This section** shall not be construed to prevent a
9 third-party payor from including deductibles, coinsurance, or
10 copayments under the policy, ~~or~~ contract, or plan as follows:

11 *a.* A deductible, coinsurance, or copayment for benefits
12 for prescription contraceptive drugs shall not be greater than
13 such deductible, coinsurance, or copayment for any outpatient
14 prescription drug for which coverage under the policy, ~~or~~
15 contract, or plan is provided.

16 *b.* A deductible, coinsurance, or copayment for benefits for
17 prescription contraceptive devices shall not be greater than
18 such deductible, coinsurance, or copayment for any outpatient
19 prescription device for which coverage under the policy, ~~or~~
20 contract, or plan is provided.

21 *c.* A deductible, coinsurance, or copayment for benefits for
22 outpatient contraceptive services shall not be greater than
23 such deductible, coinsurance, or copayment for any outpatient
24 health care services for which coverage under the policy, ~~or~~
25 contract, or plan is provided.

26 4. **This section** shall not be construed to require a
27 third-party payor under a policy, ~~or~~ contract, or plan
28 to provide benefits for experimental or investigational
29 contraceptive drugs or devices, or experimental or
30 investigational contraceptive services, except to the extent
31 that such policy, ~~or~~ contract, or plan provides coverage for
32 other experimental or investigational outpatient prescription
33 drugs or devices, or experimental or investigational outpatient
34 health care services.

35 5. **This section** shall not be construed to limit or otherwise

1 discourage the use of generic equivalent drugs approved by the
2 United States food and drug administration, whenever available
3 and appropriate. **This section**, when a brand name drug is
4 requested by a covered individual and a suitable generic
5 equivalent is available and appropriate, shall not be construed
6 to prohibit a third-party payor from requiring the covered
7 individual to pay a deductible, coinsurance, or copayment
8 consistent with **subsection 3**, in addition to the difference of
9 the cost of the brand name drug less the maximum covered amount
10 for a generic equivalent.

11 6. A person who provides an individual policy, ~~or contract,~~
12 or plan providing for third-party payment or prepayment of
13 health or medical expenses shall make available a coverage
14 provision that satisfies the requirements in subsections
15 1 through 5 in the same manner as such requirements are
16 applicable to a group policy, ~~or contract,~~ or plan under those
17 subsections. The policy, ~~or contract,~~ or plan shall provide
18 that the individual policyholder may reject the coverage
19 provision at the option of the policyholder.

20 7. a. **This section** applies to the following classes of
21 third-party payment provider contracts, ~~or policies,~~ or plans
22 delivered, issued for delivery, continued, or renewed in this
23 state on or after ~~July 1, 2000~~ January 1, 2024:

24 (1) Individual or group accident and sickness insurance
25 providing coverage on an expense-incurred basis.

26 (2) An individual or group hospital or medical service
27 contract issued pursuant to **chapter 509, 514, or 514A**.

28 (3) An individual or group health maintenance organization
29 contract regulated under **chapter 514B**.

30 (4) Any other entity engaged in the business of insurance,
31 risk transfer, or risk retention, which is subject to the
32 jurisdiction of the commissioner.

33 (5) A plan established pursuant to **chapter 509A** for public
34 employees.

35 b. **This section** shall not apply to accident-only,

1 specified disease, short-term hospital or medical, hospital
2 confinement indemnity, credit, dental, vision, Medicare
3 supplement, long-term care, basic hospital and medical-surgical
4 expense coverage as defined by the commissioner, disability
5 income insurance coverage, coverage issued as a supplement
6 to liability insurance, workers' compensation or similar
7 insurance, or automobile medical payment insurance.

8 8. This section shall not be construed to require a
9 third-party payor to provide payment to a practitioner for the
10 dispensing of a self-administered hormonal contraceptive to
11 replace a self-administered hormonal contraceptive that has
12 been dispensed to a covered person and that has been misplaced,
13 stolen, or destroyed. This section shall not be construed to
14 require a third-party payor to replace covered prescriptions
15 that are misplaced, stolen, or destroyed.

16 9. For the purposes of this section, "self-administered
17 hormonal contraceptive" and "standing order" mean the same as
18 defined in section 155A.3.

19 Sec. 31. INFORMATION PROGRAM FOR DRUG PRESCRIBING AND
20 DISPENSING — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES. The
21 board of pharmacy in collaboration with the board of medicine
22 and the department of health and human services shall expand
23 the information program for drug prescribing and dispensing
24 established pursuant to section 124.551, to collect from
25 pharmacists information relating to the dispensing of
26 self-administered hormonal contraceptives as provided pursuant
27 to section 155A.49. The board of pharmacy shall adopt
28 rules pursuant to chapter 17A related to registration of
29 participating pharmacists, the information to be reported by a
30 pharmacist to the information program, access to information
31 from the program, and other rules necessary to carry out the
32 purposes and to enforce the provisions of this section.

33 Sec. 32. APPLICATION TO MEDICAID PROGRAM. This division
34 of this Act shall apply to the Medicaid program including a
35 managed care organization acting pursuant to a contract with

1 the department of health and human services to administer
2 the Medicaid program under chapter 249A. However, if it is
3 determined that any provision of this division of this Act
4 would cause denial of federal funds under Tit. XVIII or XIX
5 of the federal Social Security Act, or would otherwise be
6 inconsistent or conflict with the requirements of federal law
7 or regulation, such provision shall be suspended, but only to
8 the extent necessary to prevent denial of such funds or to
9 eliminate the inconsistency or conflict with the requirements
10 of federal law or regulation.

11 DIVISION VI

12 INSURANCE BENEFITS — REVIEW AND APPROVAL — PUBLIC POLICY
13 CONSIDERATIONS

14 Sec. 33. Section 509.3, Code 2023, is amended by adding the
15 following new subsection:

16 NEW SUBSECTION. 3. *a.* A policy or policy form in
17 connection with a policy of group accident or health insurance,
18 or combination thereof, that is issued in this state shall
19 not contain a provision that is unjust, unfair, inequitable,
20 misleading, deceptive, encourages misrepresentation of the
21 policy, or that is otherwise contrary to public policy.

22 *b.* It shall be unlawful for a carrier to issue a policy, or
23 to use a policy form in connection with a policy, after notice
24 from the commissioner of insurance that the policy or policy
25 form violates paragraph “a”.

26 *c.* A carrier shall have twenty days after receipt of a
27 notice under paragraph “b” to request a hearing to contest
28 the commissioner’s notice. The hearing shall be conducted
29 pursuant to chapter 17A. If the hearing results in a decision
30 that affirms the commissioner’s notice, the decision shall
31 be provided to the carrier in writing and shall specify the
32 reasons for the decision.

33 Sec. 34. NEW SECTION. 513B.4C Filing requirement — prior
34 approval.

35 1. *a.* A group policy of insurance against loss or expense

1 from sickness, or from the bodily injury or death by accident
2 of the insured, shall not be issued or delivered in this state
3 by a carrier until a copy of the policy has been filed with, and
4 approved by, the commissioner.

5 *b.* An application, rider, or endorsement shall not be used
6 in connection with a group policy under paragraph "a" until a
7 copy of the policy form has been filed with, and approved by,
8 the commissioner.

9 2. A filing under subsection 1 shall be deemed approved
10 unless disapproved by the commissioner within thirty days of
11 the date the filing is received by the commissioner.

12 Sec. 35. NEW SECTION. 513B.4D Filing — disapproval.

13 1. *a.* The commissioner shall provide notice to a
14 carrier that has filed a policy form pursuant to section
15 513B.4C, subsection 1, if upon review of the policy form the
16 commissioner finds any of the following:

17 (1) The benefits provided are unreasonable in relation to
18 the premium charged.

19 (2) The policy form contains a provision that is unjust,
20 unfair, inequitable, misleading, deceptive, encourages
21 misrepresentation of the policy, or is otherwise contrary to
22 public policy.

23 *b.* The notice under paragraph "a" shall do all of the
24 following:

25 (1) Advise the carrier that the policy form does not comply
26 with this section, or with the rules adopted pursuant to
27 chapter 17 to implement and administer this section.

28 (2) Advise the carrier that it shall be unlawful for the
29 carrier to issue the policy form or to use the policy form in
30 connection with any policy.

31 (3) Provide the specific reasons for the commissioner's
32 disapproval of the policy form.

33 2. A carrier shall have twenty days after receipt of a
34 notice under subsection 1 to request a hearing to contest
35 the commissioner's notice. The hearing shall be conducted

1 pursuant to chapter 17A. If the hearing results in a decision
2 that affirms the commissioner's notice, the decision shall
3 be provided to the carrier in writing and shall specify the
4 reasons for the decision.

5 Sec. 36. NEW SECTION. 513B.4E **Withdrawal of approval.**

6 1. The commissioner may, after opportunity for hearing,
7 withdraw the commissioner's previous approval of a policy form
8 under section 513B.4C if the policy form is in violation of
9 section 513B.4D, subsection 1, paragraph "a". The hearing shall
10 be conducted pursuant to chapter 17A. Notice to the carrier
11 of the hearing shall specify the matters to be considered at
12 the hearing.

13 2. It shall be unlawful for a carrier to issue a policy
14 form, or to use a policy form in connection with any group
15 policy, on or after the effective date of the commissioner's
16 withdrawal of a previous approval of the policy form.

17 3. If a hearing results in a decision to withdraw a previous
18 approval of a policy form, the decision shall be provided to
19 the carrier in writing and shall specify the reasons for the
20 commissioner's withdrawal of the prior approval.

21 DIVISION VII

22 MORE OPTIONS FOR MATERNAL SUPPORT (MOMS) PROGRAM — FATHERHOOD
23 INITIATIVES

24 Sec. 37. Section 217.41C, subsection 1, paragraph c, Code
25 2023, is amended to read as follows:

26 c. For the purposes of **this section**, "*pregnancy support*
27 *services*" means those nonmedical services that promote
28 childbirth by providing information, counseling, and support
29 services that assist pregnant women or women who believe they
30 may be pregnant and men who are involved or who think they
31 might be involved in a pregnancy to choose childbirth and to
32 make informed decisions regarding the choice of adoption or
33 parenting with respect to their children.

34 Sec. 38. Section 217.41C, Code 2023, is amended by adding
35 the following new subsections:

1 NEW SUBSECTION. 8. The department shall develop and
2 maintain a virtual clearinghouse of pregnancy support
3 services and resources including but not limited to all of the
4 following:

- 5 a. Pregnancy resource center and maternity home information
6 including contact information, location, and services provided.
- 7 b. Assistance in accessing public assistance including but
8 not limited to the special supplemental nutrition program for
9 women, infants, and children and the supplemental nutrition
10 assistance program.
- 11 c. Educational resources.
- 12 d. Housing assistance.
- 13 e. Recovery and mental health services.
- 14 f. Family planning education.
- 15 g. Adoption and foster care information and services.
- 16 h. Healing and support services for abortion survivors and
17 their families.

18 NEW SUBSECTION. 9. Beginning July 1, 2023, and thereafter,
19 funding for the program may be used for all of the following
20 purposes:

- 21 a. *Fatherhood engagement grants.* The department may
22 award grants to nonprofit, community-based organizations to
23 address the needs of fathers by assisting fathers in finding
24 employment, managing child support obligations, transitioning
25 from a period of incarceration, accessing health care,
26 understanding child development, and enhancing parenting skills
27 using evidence-based parenting education. Priority in the
28 awarding of grants shall be based on the demonstrated need
29 in a geographic area and the prevalence of the population to
30 be served as indicated by factors including but not limited
31 to the service area's unemployment rate, incarceration rate,
32 number of public assistance recipients, number of single-parent
33 households, level of housing instability, and graduation rates.
- 34 b. *Fatherhood communications initiative.* The department
35 shall administer a communications initiative on responsible

1 fatherhood including but not limited to a public internet site
2 that provides access to resources on effective parenting and
3 assistance in receiving parenting support and services.

4 *c. Mentoring school-aged males grant program.* The
5 department may award three-year renewable grants to nonprofit
6 organizations that provide mentorship, social and academic
7 support, and life skills development to school-aged males.
8 Priority in the awarding of grants shall be based on the
9 demonstrated need in a geographic area and the prevalence of
10 the population to be served as indicated by factors including
11 but not limited to the service area's unemployment rate,
12 incarceration rate, number of public assistance recipients,
13 number of single-parent households, level of housing
14 instability, and graduation rates. The department shall
15 provide technical assistance to grantees to ensure program
16 sustainability following the end of the three-year grant
17 period.

18 Sec. 39. MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM —
19 APPROPRIATION. There is appropriated from the general fund of
20 the state to the department of health and human services for
21 the fiscal year beginning July 1, 2023, and ending June 30,
22 2024, the following amount, or so much thereof as is necessary,
23 to be used for the purposes designated:

24 \$ 2,000,000

25 To be used for the purposes of the more options for maternal
26 support program created in section 217.41C, including for
27 program administration, the provision of services, and for
28 funding of fatherhood engagement grants, the fatherhood
29 communications initiative, and the mentoring school-aged males
30 grant program.

31 Sec. 40. 2022 Iowa Acts, chapter 1131, section 28,
32 subsection 8, is amended to read as follows:

33 8. Of the funds appropriated under this section, \$500,000
34 shall be used for the purposes of program administration and
35 provision of pregnancy support services through the more

1 options for maternal support program created in this Act.
2 Notwithstanding section 8.33, moneys appropriated in this
3 subsection that remain unencumbered or unobligated at the close
4 of the fiscal year shall not revert but shall remain available
5 for the purposes designated until the close of the succeeding
6 fiscal year.

7 Sec. 41. EFFECTIVE DATE. The following, being deemed of
8 immediate importance, takes effect upon enactment:

9 The section of this division of this Act amending 2022 Iowa
10 Acts, chapter 1131, section 28, subsection 8.

11 DIVISION VIII

12 STATE EMPLOYEE PAID PARENTAL LEAVE BENEFIT

13 Sec. 42. NEW SECTION. 70A.31 Paid parental leave.

14 1. A state employee entitled to leave under the federal
15 Family and Medical Leave Act of 1993 shall be provided paid
16 leave for such time as specified in this section for the birth
17 or placement for adoption with the employee of a child if the
18 leave is taken within twelve months following any such birth
19 or adoption.

20 2. a. For the birth of a child, a state employee parent who
21 gave birth shall be entitled to up to four weeks of paid leave
22 and a state employee parent who did not give birth shall be
23 entitled to up to one week of paid leave.

24 b. For the placement for adoption of a child, a state
25 employee parent shall be entitled to up to four weeks of paid
26 leave.

27 3. The department of administrative services shall adopt
28 rules to implement this section.

29 DIVISION IX

30 PROPERTY TAX MODIFICATIONS — LICENSED COMMERCIAL CHILD CARE
31 CENTERS AND CHILD CARE FACILITIES

32 Sec. 43. Section 441.21, subsection 5, paragraph b,
33 subparagraph (2), unnumbered paragraph 1, Code 2023, is amended
34 to read as follows:

35 ~~For~~ Except for property subject to subparagraph (3), for

1 valuations established for the assessment year beginning
2 January 1, 2022, and each assessment year thereafter, the
3 portion of actual value at which each property unit of
4 commercial property shall be assessed shall be the sum of the
5 following:

6 Sec. 44. Section 441.21, subsection 5, paragraph b, Code
7 2023, is amended by adding the following new subparagraph:

8 NEW SUBPARAGRAPH. (3) (a) For valuations established
9 for the assessment year beginning January 1, 2023, and each
10 assessment year thereafter, the portion of actual value at
11 which each portion of a property unit of commercial property
12 that is primarily used as a child care center or child care
13 facility, as defined in section 237A.1, and for which an
14 application has been allowed under this subparagraph, shall be
15 assessed at an amount equal to the product of the assessment
16 limitation percentage applicable to residential property under
17 subsection 4 for that assessment year multiplied by the actual
18 value of the property.

19 (b) A person who wishes to qualify for the assessment
20 limitation under this subparagraph shall file an application
21 with the assessor not later than July 1 of the assessment
22 year for which the person is first requesting the assessment
23 limitation on forms provided by the department of revenue.
24 The application shall describe the property and its location
25 and include other information required by the department of
26 revenue. The application shall be accompanied by a copy
27 of the license to operate as a child care center or child
28 care facility issued by the department of health and human
29 services or other proof of eligibility set forth in rule by the
30 department of revenue. Upon allowance of the application, the
31 assessment limitation shall be applied to the portion of the
32 property unit of commercial property that is primarily used as
33 a child care center or child care facility for successive years
34 without further filing as long as the portion of the property
35 unit continues to be classified as commercial property and is

1 used for the purposes specified in the application.

2 (c) Not later than July 6 of each year, the assessor shall
3 remit the applications for the assessment limitation to the
4 county auditor with the assessor's recommendation for allowance
5 or disallowance. If the assessor recommends disallowance, the
6 assessor shall submit the reasons for the recommendation, in
7 writing, to the county auditor.

8 (d) Not later than July 15 of each year, the county auditor
9 shall forward the applications for the assessment limitation
10 to the board of supervisors. The board shall determine the
11 eligibility for each application on or before September 1 of
12 each year. If the board disallows a claim, it shall send
13 written notice, by mail, to the applicant at the applicant's
14 last-known address. The notice shall state the reasons for
15 disallowing the application and shall state the applicant's
16 right to appeal the board's action to the district court under
17 subparagraph division (f).

18 (e) All applications that have been allowed by the board of
19 supervisors shall be certified on or before October 1, in each
20 year, by the board of supervisors to the county auditor.

21 (f) Within thirty days following the date of the notice of
22 disallowance under subparagraph division (d), the applicant may
23 appeal the disallowance to the district court of the county in
24 which the property is situated.

25 (g) If the person ceases to use the property as a child
26 care center or child care facility, the person shall provide
27 written notice to the assessor by July 1 following the date on
28 which the use has changed. If, at any time within thirty-six
29 months following the date that an application is allowed,
30 the board determines that the person received an assessment
31 limitation under this subparagraph that the person is not
32 entitled to, the treasurer shall collect from the person the
33 amount of additional tax that would have been assessed on the
34 property if the property received the assessment limitations
35 under subparagraph (2), and the amount shall become a lien

1 on the property that received the assessment limitation and
2 shall be collected by the county treasurer in the same manner
3 as other taxes. Prior to the board's determination that a
4 person received an assessment limitation that the person is
5 not entitled to, the board shall notify the person by mail and
6 conduct a hearing.

7 (h) The assessor shall retain a permanent file of current
8 applications made under this subparagraph. The county recorder
9 shall give notice to the assessor of each transfer of title
10 filed in the recorder's office. The notice from the county
11 recorder shall describe the property transferred, the name of
12 the person transferring title to the property, and the name of
13 the person to whom title to the property has been transferred.
14 The assessor shall file a notice of transfer of property for
15 which an application is filed when notice is received from the
16 office of the county recorder.

17 (i) The department shall adopt rules to implement and
18 administer this subparagraph.

19 Sec. 45. Section 441.21, subsection 5, paragraph e,
20 subparagraphs (1) and (3), Code 2023, are amended to read as
21 follows:

22 (1) For each fiscal year beginning on or after July 1, 2023,
23 there is appropriated from the general fund of the state to
24 the department of revenue the sum of one hundred twenty-five
25 million dollars to be used for payments under this paragraph
26 calculated as a result of the assessment limitations imposed
27 under paragraph "b", subparagraph (2), subparagraph division
28 (a); ~~and~~ paragraph "c", subparagraph (2), subparagraph
29 division (a); and paragraph "b", subparagraph (3), for the
30 portion of actual value of each property unit subject to the
31 assessment limitation under paragraph "b", subparagraph (3),
32 that is less than or equal to one hundred fifty thousand
33 dollars.

34 (3) On or before July 1 of each fiscal year, the assessor
35 shall report to the county auditor that portion of the total

1 actual value of all commercial property and industrial property
2 in the county that is subject to the assessment limitations
3 imposed under paragraph "b", subparagraph (2), subparagraph
4 division (a); ~~and~~ paragraph "c", subparagraph (2),
5 subparagraph division (a); ~~and~~ paragraph "b", subparagraph
6 (3), for the portion of actual value of each property unit
7 subject to the assessment limitation under paragraph "b",
8 subparagraph (3), that is less than or equal to one hundred
9 fifty thousand dollars, for the assessment year used to
10 calculate the taxes due and payable in that fiscal year.

11 Sec. 46. Section 441.21, subsection 5, paragraph e,
12 subparagraph (4), subparagraph division (a), Code 2023, is
13 amended to read as follows:

14 (a) The product of the portion of the total actual value
15 of all commercial property, industrial property, and property
16 valued by the department under [chapter 434](#) in the county
17 that is subject to the assessment limitations imposed under
18 paragraph "b", subparagraph (2), subparagraph division (a); ~~and~~
19 ~~and~~ paragraph "c", subparagraph (2), subparagraph division
20 (a); ~~and~~ paragraph "b", subparagraph (3), for the portion of
21 actual value of each property unit subject to the assessment
22 limitation under paragraph "b", subparagraph (3), that is less
23 than or equal to one hundred fifty thousand dollars, for the
24 applicable assessment year used to calculate taxes which are
25 due and payable in the applicable fiscal year multiplied by the
26 difference, stated as a percentage, between ninety percent and
27 the assessment limitation percentage applicable to residential
28 property under [subsection 4](#) for the applicable assessment year.

29 Sec. 47. EFFECTIVE DATE. This division of this Act, being
30 deemed of immediate importance, takes effect upon enactment.

31 Sec. 48. RETROACTIVE APPLICABILITY. The following apply
32 retroactively to assessment years beginning on or after January
33 1, 2023:

34 1. The section of this division of this Act amending
35 section 441.21, subsection 5, paragraph "b", subparagraph (2),

1 unnumbered paragraph 1.

2 2. The section of this division of this Act enacting section
3 441.21, subsection 5, paragraph "b", subparagraph (3).

4 Sec. 49. APPLICABILITY. The following apply July 1, 2024,
5 for payments under section 441.21, subsection 5, paragraph "e",
6 for fiscal years beginning on or after that date:

7 1. The section of this division of this Act amending section
8 441.21, subsection 5, paragraph "e", subparagraphs (1) and (3).

9 2. The section of this division of this Act amending
10 section 441.21, subsection 5, paragraph "e", subparagraph (4),
11 subparagraph division (a).

12 DIVISION X

13 NONRECURRING ADOPTION EXPENSES — ADOPTION SUBSIDY PROGRAM

14 Sec. 50. NEW SECTION. 234.48 Adoption subsidy —
15 nonrecurring adoption expenses.

16 Notwithstanding any provision to the contrary, the maximum
17 reimbursement provided to an adoptive parent under the
18 adoption subsidy program for nonrecurring adoption expenses
19 is one thousand dollars. For the purposes of this section,
20 "nonrecurring adoption expenses" means the same as defined in 45
21 C.F.R. §1356.41. The department shall adopt rules pursuant to
22 chapter 17A to administer this section.

23 Sec. 51. REPEAL. 2010 Iowa Acts, chapter 1031, section 408,
24 is repealed.

25 DIVISION XI

26 ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM

27 Sec. 52. Section 261.87, subsection 1, paragraph b,
28 unnumbered paragraph 1, Code 2023, is amended to read as
29 follows:

30 "*Eligible foster care student*" means a person under
31 twenty-six years of age who has a high school diploma or a high
32 school equivalency diploma under [chapter 259A](#) and is described
33 by any of the following:

34 Sec. 53. Section 261.87, subsection 2, paragraph f, Code
35 2023, is amended to read as follows:

1 ~~f. (1) Begins~~ Except as provided in subparagraph (2),
2 begins enrollment at an eligible institution within two
3 academic years of graduation from high school or receipt of
4 a high school equivalency diploma under **chapter 259A** and
5 continuously receives awards as a full-time or part-time
6 student to maintain eligibility. However, the student may
7 defer or suspend participation in the program for up to two
8 years in order to pursue obligations that meet conditions
9 established by the commission by rule or to fulfill military
10 obligations.

11 (2) The requirements of subparagraph (1) do not apply to an
12 eligible foster care student.

13 Sec. 54. APPLICABILITY. This division of this Act applies
14 to applications submitted under the all Iowa opportunity
15 scholarship program established pursuant to section 261.87
16 before, on, or after the effective date of this division of
17 this Act.

18 EXPLANATION

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

21 This bill relates to the health and well-being of children
22 and families. The bill is constructed in divisions.

23 DIVISION I — RURAL EMERGENCY HOSPITALS. This division
24 provides for state licensure of rural emergency hospitals
25 (REHs). Under the federal Consolidated Appropriations Act of
26 2021 (federal Act), REHs were established as a new provider
27 type. Effective January 1, 2023, REHs are eligible to enroll
28 in Medicare and to receive an enhanced reimbursement rate for
29 eligible services consisting of the outpatient prospective
30 payment system rate plus a 5 percent add-on and a fixed monthly
31 payment. In order to be classified as an REH under the federal
32 Act, a facility must meet certain requirements, including
33 applicable state licensing requirements. The division provides
34 a process for such licensure. The division provides emergency
35 rulemaking authority to implement the division. The division

1 takes effect upon enactment.

2 DIVISION II — REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM.

3 This division appropriates \$1 million from the general fund
4 of the state to the department of health and human services
5 (HHS) for fiscal year 2023-2024 for continuation of a regional
6 center of excellence program to award four grants to encourage
7 innovation and collaboration among regional health care
8 providers in a rural area based upon the results of a regional
9 community needs assessment to transform health care delivery in
10 order to provide quality, sustainable care that meets the needs
11 of the local communities. An applicant for the grant funds
12 shall specify how the funds will be expended to accomplish the
13 goals of the program and shall provide a detailed five-year
14 sustainability plan prior to being awarded any funding.

15 Following the receipt of grant funding, a recipient shall
16 submit periodic reports as specified by HHS to the governor and
17 the general assembly regarding the recipient's expenditure of
18 the funds and progress in accomplishing the program goals.

19 DIVISION III — NONECONOMIC DAMAGE AWARDS AGAINST HEALTH

20 CARE PROVIDERS. This division of the bill relates to
21 noneconomic damage awards against health care providers.
22 Current law provides that in a civil action brought against
23 a health care provider, the maximum amount of noneconomic
24 damages that a patient may recover for personal injury or
25 death is \$250,000, unless the jury determines that there is
26 a substantial or permanent loss or impairment of a bodily
27 function, substantial disfigurement, or death, which warrants
28 a finding that imposition of such a limitation would deprive
29 the plaintiff of just compensation for the injuries sustained.
30 In such a case, there is no cap on the amount of noneconomic
31 damages that a patient may recover. The bill makes two
32 changes to current law. First, the bill establishes that the
33 definition of noneconomic damages does not include the loss of
34 dependent care due to the death of or severe injury to a spouse
35 or parent who is the primary caregiver of a child or disabled

1 adult. Instead, such damages are economic damages. Second,
2 the bill provides a \$1 million cap on noneconomic damages when
3 the jury finds that there is substantial or permanent loss or
4 impairment of a bodily function, substantial disfigurement, or
5 death which warrants exceeding the \$250,000 cap. The bill does
6 not amend the current exception to the cap for cases in which
7 the defendant's actions constitute actual malice.

8 The division of the bill takes effect upon enactment and
9 applies to causes of action accrued on or after that date.

10 DIVISION IV — STATE-FUNDED FAMILY MEDICINE OBSTETRICS
11 FELLOWSHIP PROGRAM AND FUND. This division requires HHS to
12 establish a family medicine obstetrics fellowship program to
13 increase access to family medicine obstetrics practitioners
14 in rural and underserved areas of the state. A person who
15 has completed an accreditation council for graduate medical
16 education residency program in family medicine is eligible for
17 participation in the fellowship program. Participating fellows
18 shall enter into a program agreement with a participating
19 teaching hospital which, at a minimum, requires the fellow
20 to complete a one-year fellowship and to engage in full-time
21 family medicine obstetrics practice in a rural or underserved
22 area of the state for a period of at least five years within
23 nine months following completion of the fellowship and receipt
24 of a license to practice medicine in the state. Each fellow
25 participating in the program shall be eligible for salary and
26 benefits including a stipend as determined by the participating
27 teaching hospital and funded through the family medicine
28 obstetrics fellowship program fund.

29 The division requires HHS to adopt administrative rules
30 to administer the program, including defining rural and
31 underserved areas for the purpose of the required full-time
32 practice of a person following completion of the fellowship.

33 The division creates a family medicine obstetrics fellowship
34 program fund in the state treasury consisting of the moneys
35 appropriated or credited to the fund by law. Moneys in the

1 fund at the end of each fiscal year shall not revert to any
2 other fund but shall remain in the fund for use in subsequent
3 fiscal years. Moneys in the fund are appropriated to HHS
4 to be used to fund fellowship positions as provided in the
5 division. The division appropriates a sufficient amount from
6 the general fund of the state to the fund annually to support
7 the creation of four fellowship positions. The division
8 provides an appropriation for deposit in the fund for fiscal
9 year 2023-2024.

10 The division requires HHS and the participating teaching
11 hospitals to regularly evaluate and document their experiences
12 including identifying ways the program may be modified or
13 expanded to facilitate increased access to family medicine
14 obstetrics practitioners in rural and underserved areas of the
15 state. The department shall submit an annual report to the
16 general assembly by January 1. The report shall include the
17 number of fellowships funded to date and any other information
18 identified by HHS and the participating teaching hospitals as
19 indicators of outcomes and the effectiveness of the program.

20 DIVISION V — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES.
21 This division relates to the dispensing of self-administered
22 hormonal contraceptives by a pharmacist. The division
23 defines "self-administered hormonal contraceptive" as a
24 self-administered hormonal contraceptive that is approved by
25 the United States food and drug administration to prevent
26 pregnancy, including an oral hormonal contraceptive, a hormonal
27 vaginal ring, and a hormonal contraceptive patch, but not
28 including any drug intended to induce an abortion.

29 The division provides that notwithstanding any provision
30 of law to the contrary, a pharmacist may dispense a
31 self-administered hormonal contraceptive to a patient who
32 is at least 18 years of age pursuant to a standing order
33 established by the medical director of HHS (medical director).
34 For an initial dispensing, a pharmacist may dispense only up
35 to a three-month supply at one time of the self-administered

1 hormonal contraceptive, and for any subsequent dispensing
2 of the same self-administered hormonal contraceptive, a
3 12-month supply at one time. Additionally, the division
4 prohibits a pharmacist who dispenses a self-administered
5 hormonal contraceptive in accordance with the division from
6 requiring any other prescription drug order authorized by a
7 practitioner prior to dispensing the self-administered hormonal
8 contraceptive.

9 The division authorizes the medical director to establish a
10 standing order authorizing the dispensing of self-administered
11 hormonal contraceptives by any pharmacist who complies with the
12 standing order and retains and submits the patient's record to
13 HHS.

14 The standing order includes requiring a pharmacist who
15 dispenses a self-administered hormonal contraceptive under the
16 division to: complete a standardized training program and
17 continuing education requirements related to prescribing the
18 hormonal contraceptives; obtain a completed self-screening risk
19 assessment from each patient, verify the identity and age of
20 each patient, and perform a blood pressure screening on each
21 patient before dispensing the hormonal contraceptives; provide
22 the patient with certain written information; provide the
23 patient with a copy of the record of the pharmacist's encounter
24 with the patient; and provide patient counseling.

25 The standing order would prohibit a pharmacist who dispenses
26 hormonal contraceptives under the division from requiring a
27 patient to schedule an appointment with the pharmacist for
28 the prescribing or dispensing of the hormonal contraceptive;
29 dispensing the hormonal contraceptives to a patient for more
30 than 27 months after the date initially dispensed without the
31 patient's attestation that the patient has consulted with a
32 practitioner during the preceding 27 months; and dispensing
33 the hormonal contraceptives to a patient if the results of the
34 patient's self-screening risk assessment indicate it is unsafe
35 for the pharmacist to dispense the hormonal contraceptives

1 to the patient, in which case the pharmacist shall refer the
2 patient to a practitioner.

3 The division provides immunity for a pharmacist who
4 dispenses a self-administered hormonal contraceptive and
5 for the medical director who establishes a standing order
6 in compliance with the division from criminal and civil
7 liability arising from any damages caused by the dispensing,
8 administering, or use of a self-administered hormonal
9 contraceptive or the establishment of the standing order.
10 Additionally, the medical director shall be considered to be
11 acting within the scope of the medical director's office and
12 employment for purposes of Code chapter 669 (Iowa tort claims
13 Act) in the establishment of a standing order in compliance
14 with the division.

15 The division requires HHS, in collaboration with the
16 boards of pharmacy and medicine, and in consideration of
17 the guidelines established by the American congress of
18 obstetricians and gynecologists, to adopt administrative rules
19 to administer the provisions of the division.

20 The division amends prescription contraceptive coverage
21 provisions to require that a group policy, contract, or plan
22 delivered, issued for delivery, continued, or renewed in the
23 state on or after January 1, 2024, providing for third-party
24 payment or prepayment of health or medical expenses, shall
25 specifically provide for payment of self-administered hormonal
26 contraceptives, prescribed and dispensed as specified in the
27 division, including those dispensed at one time. The division
28 provides, however, that the provisions relating to coverage are
29 not to be construed to require a third-party payor to provide
30 payment to a practitioner for dispensing a self-administered
31 hormonal contraceptive to replace a self-administered
32 hormonal contraceptive that has been dispensed to a covered
33 person and that has been misplaced, stolen, or destroyed.
34 These provisions are also not to be construed to require a
35 third-party payor to replace covered prescriptions that are

1 misplaced, stolen, or destroyed.

2 The division also requires the board of pharmacy in
3 collaboration with the board of medicine and HHS to expand
4 the information program for drug prescribing to collect
5 from pharmacists information relating to the dispensing of
6 self-administered hormonal contraceptives as provided in the
7 division.

8 The division applies to the Medicaid program as specified in
9 the bill.

10 DIVISION VI — INSURANCE BENEFITS — REVIEW AND APPROVAL
11 — PUBLIC POLICY CONSIDERATIONS. This division prohibits
12 a policy or policy form (form) in connection with a group
13 accident or health insurance policy (group policy) that is
14 issued in this state from containing a provision that is
15 unjust, unfair, inequitable, misleading, deceptive, encourages
16 misrepresentation, or that is otherwise contrary to public
17 policy (contrary to policy). The division makes it unlawful
18 for a carrier to issue a policy or to use a form in connection
19 with any group policy after notice from the commissioner of
20 insurance (commissioner) that the policy or form violates the
21 prohibition. A carrier has 20 days after receipt of the notice
22 to request a hearing to contest the commissioner's notice. The
23 hearing shall be conducted pursuant to Code chapter 17A and
24 if it results in a decision that affirms the commissioner's
25 notice, the decision shall be provided to the carrier in
26 writing and specify the reasons for the decision.

27 A group policy of insurance against loss or expense from
28 sickness, or from the bodily injury or death by accident of
29 the insured (accident and health policy), shall not be issued
30 or delivered in this state by a carrier until a copy of the
31 policy has been filed with, and approved by, the commissioner.
32 Applications, riders, or endorsements shall not be used in
33 connection with the accident and health policy until a copy
34 of the policy form has been filed with, and approved by,
35 the commissioner. A filing shall be deemed approved unless

1 disapproved by the commissioner within 30 days. If upon review
2 of a form the commissioner finds that the benefits provided
3 are unreasonable in relation to the premium charged, or that
4 the form contains a provision contrary to public policy, the
5 commissioner shall provide notice to the carrier that advises
6 the carrier as detailed in the bill. The carrier has 20
7 days after receipt of the notice to request a hearing, to be
8 conducted pursuant to Code chapter 17A. The division permits
9 the commissioner, after opportunity for hearing, to withdraw
10 the commissioner's previous approval of a form in circumstances
11 detailed in the division. A carrier is prohibited from issuing
12 a form, or from using a form in connection with any group
13 policy, on or after the effective date of the commissioner's
14 withdrawal of the previous approval. If a hearing results in a
15 decision to withdraw a previous approval, the decision shall be
16 provided to the carrier in writing.

17 DIVISION VII — MORE OPTIONS FOR MATERNAL SUPPORT (MOMS)
18 PROGRAM — FATHERHOOD INITIATIVES. This division relates to
19 the more options for maternal support (MOMS) program. The
20 bill adds as part of the definition of "pregnancy support
21 services" services to men who are involved or think they might
22 be involved in a pregnancy. As part of the MOMS program,
23 the division requires HHS to develop and maintain a virtual
24 clearinghouse of pregnancy support services and resources. The
25 services and resources include but are not limited to pregnancy
26 resource center and maternity home information; assistance in
27 accessing public assistance including but not limited to the
28 special supplemental nutrition program for women, infants, and
29 children program and the supplemental nutrition assistance
30 program; educational resources; housing assistance; recovery
31 and mental health services; family planning education; adoption
32 and foster care information and services; and healing and
33 support services for abortion survivors and their families.

34 As part of the MOMS program, beginning July 1, 2023, and
35 thereafter, funding for the program may be used for fatherhood

1 engagement grants to nonprofit, community-based organizations
2 to address the needs of fathers by assisting fathers in
3 finding employment, managing child support obligations,
4 transitioning from a period of incarceration, accessing health
5 care, understanding child development, and enhancing parenting
6 skills using evidence-based parenting education; a fatherhood
7 communications initiative administered by HHS, including but
8 not limited to a public internet site that provides access to
9 resources on effective parenting and assistance in receiving
10 parenting support and services; and a mentoring school-aged
11 males grant program to provide mentorship, social and academic
12 support, and life skills development to school-aged males.

13 The division also appropriates \$2 million from the general
14 fund of the state to HHS for fiscal year 2023-2024 to be used
15 for the MOMS program including for program administration, the
16 provision of services, and for funding of fatherhood engagement
17 grants, the fatherhood communications initiative, and the
18 mentoring school-aged males grant program.

19 The division provides that the funding appropriated for the
20 MOMS program for fiscal year 2022-2023 is not to revert, but
21 is to remain available for the MOMS program for fiscal year
22 2023-2024. This provision takes effect upon enactment.

23 DIVISION VIII — STATE EMPLOYEE PAID PARENTAL LEAVE BENEFIT.
24 This division provides that a state employee entitled to leave
25 under the federal Family and Medical Leave Act of 1993 shall
26 be provided paid leave for the birth or adoption of a child if
27 the leave is taken within 12 months following any such birth or
28 adoption. The division provides that a state employee parent
29 who gives birth or adopts a child shall be entitled to up to
30 four weeks of paid leave while a state employee parent of a
31 child who did not give birth shall be entitled to up to one
32 week of paid leave. The division requires the department of
33 administrative services to adopt rules to implement this paid
34 parental leave benefit.

35 DIVISION IX — PROPERTY TAX MODIFICATIONS — LICENSED

1 COMMERCIAL CHILD CARE CENTERS AND CHILD CARE FACILITIES. This
2 division relates to property taxation for commercial child care
3 centers and facilities. Code section 441.21(5) determines the
4 amount of actual value of commercial property that is subject
5 to property tax. The amount is the sum of the residential
6 assessment limitation to the portion of the property's value
7 that does not exceed \$150,000 plus 90 percent of the property's
8 value in excess of \$150,000. The division excludes property
9 primarily used as a child care center or child care facility
10 from that determination and instead specifies that for
11 assessment years beginning on or after January 1, 2023, the
12 amount of actual value of such properties that is subject to
13 property tax and for which an application has been allowed is
14 equal to the product of the assessment limitation percentage
15 applicable to residential property multiplied by the actual
16 value of the property.

17 This division establishes an application and approval
18 procedure for the assessment limitation and amends provisions
19 relating to the calculation of payments to local governments as
20 the result of the application of certain assessment limitations
21 under Code section 441.21(5)(e).

22 The division takes effect upon enactment, applies
23 retroactively to assessment years beginning on or after January
24 1, 2023, and applies to payments to local governments under
25 Code section 441.21(5)(e) for fiscal years beginning on or
26 after July 1, 2024.

27 DIVISION X — NONRECURRING ADOPTION EXPENSES — ADOPTION
28 SUBSIDY PROGRAM. This division provides that the maximum
29 reimbursement provided to an adoptive parent under the adoption
30 subsidy program for nonrecurring adoption expenses is \$1,000.
31 The division defines "nonrecurring adoption expenses" as the
32 reasonable and necessary adoption fees, court costs, attorney
33 fees, and other expenses which are directly related to the
34 legal adoption of a child with special needs which are not
35 incurred in violation of state, tribal, or federal law, and

1 which have not been reimbursed from other sources or other
2 funds. Under federal regulation, "other expenses which
3 are directly related to the legal adoption of a child with
4 special needs" means the costs of the adoption incurred by
5 or on behalf of the parents and for which parents carry the
6 ultimate liability for payment. Such costs may include the
7 adoption study, including health and psychological examination,
8 supervision of the placement prior to adoption, transportation,
9 and the reasonable costs of lodging and food for the child or
10 the adoptive parents when necessary to complete the placement
11 or adoption process. The department of health and human
12 services shall adopt administrative rules to administer the
13 division. The division also repeals a provision in 2010 Iowa
14 Acts which limited the nonrecurring adoption expenses to \$500
15 and prohibited additional amounts for court costs and other
16 related legal expenses.

17 DIVISION XI — ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM.

18 This division relates to the all Iowa opportunity scholarship
19 program (program), which provides scholarships to Iowa
20 students who graduate from high school or receive a high
21 school equivalency diploma to help such students attend a
22 community college in this state or an institution of higher
23 learning governed by the state board of regents. The program
24 prioritizes awarding scholarships to certain students,
25 including eligible foster care students. Eligible foster care
26 students are students who age out of Iowa's foster care system,
27 age out of the state training school, or are adopted from
28 Iowa's foster care system after reaching 16 years of age.

29 Current law requires that, in order to be eligible to
30 receive a scholarship under the program, the student must begin
31 enrollment at a community college or institution of higher
32 learning governed by the state board of regents within two
33 academic years of graduation from high school or receipt of a
34 high school equivalency diploma and continuously receive awards
35 as a full-time or part-time student to maintain eligibility.

1 The division strikes these requirements for eligible foster
2 care students. The division also provides that, for purposes
3 of the program, "eligible foster care student" does not include
4 a person who is 26 years of age or older.

5 The division applies to applications submitted under
6 the program before, on, or after the effective date of the
7 division.