

# House File 619

HOUSE FILE \_\_\_\_\_  
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HSB 292)

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to health care including reimbursement of health  
2 care facilities based on resident program eligibility and  
3 providing effective dates and a contingent effective date.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 HF 619  
6 pf/es/25

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1 1 Section 1. NEW SECTION. 135.131 INTERAGENCY  
1 2 PHARMACEUTICALS BULK PURCHASING COUNCIL.  
1 3 1. For the purposes of this section, "interagency  
1 4 pharmaceuticals bulk purchasing council" or "council" means  
1 5 the interagency pharmaceuticals bulk purchasing council  
1 6 created in this section.  
1 7 2. An interagency pharmaceuticals bulk purchasing council  
1 8 is created within the Iowa department of public health. The  
1 9 department shall provide staff support to the council and the  
1 10 department of pharmaceutical care of the university of Iowa  
1 11 hospitals and clinics shall act in an advisory capacity to the  
1 12 council. The council shall be composed of all of the  
1 13 following members:  
1 14 a. The director of public health, or the director's  
1 15 designee.  
1 16 b. The director of human services, or the director's  
1 17 designee.  
1 18 c. The director of the department of personnel, or the  
1 19 director's designee.  
1 20 d. A representative of the state board of regents.  
1 21 e. The director of the department of corrections, or the  
1 22 director's designee.  
1 23 f. The director, or the director's designee, of any other  
1 24 agency that purchases pharmaceuticals designated to be  
1 25 included as a member by the director of public health.  
1 26 3. The council shall select a chairperson annually from  
1 27 its membership. A majority of the members of the council  
1 28 shall constitute a quorum.  
1 29 4. The council shall do all of the following:  
1 30 a. Develop procedures that member agencies must follow in  
1 31 purchasing pharmaceuticals. However, a member agency may  
1 32 elect not to follow the council's procedures if the agency is  
1 33 able to purchase the pharmaceuticals for a lower price than  
1 34 the price available through the council. An agency that does  
1 35 not follow the council's procedures shall report all of the  
2 1 following to the council:  
2 2 (1) The purchase price for the pharmaceuticals.  
2 3 (2) The name of the wholesaler, retailer, or manufacturer  
2 4 selling the pharmaceuticals.  
2 5 b. Designate a member agency as the central purchasing  
2 6 agency for purchasing of pharmaceuticals.  
2 7 c. Use existing distribution networks, including wholesale  
2 8 and retail distributors, to distribute the pharmaceuticals.  
2 9 d. Investigate options that maximize purchasing power,  
2 10 including expanding purchasing under the medical assistance  
2 11 program, qualifying for participation in purchasing programs  
2 12 under 42 U.S.C. } 256b, as amended, and utilizing rebate  
2 13 programs, hospital disproportionate share purchasing,  
2 14 multistate purchasing alliances, and health department and  
2 15 federally qualified health center purchasing.  
2 16 e. In collaboration with the department of pharmaceutical  
2 17 care of the university of Iowa hospitals and clinics, make  
2 18 recommendations to member agencies regarding drug utilization  
2 19 review, prior authorization, the use of restrictive  
2 20 formularies, the use of mail order programs, and copayment  
2 21 structures. This paragraph shall not apply to the medical

2 22 assistance program but only to the operations of the member  
2 23 agencies.  
2 24 5. The central purchasing agency may enter into agreements  
2 25 with a local governmental entity to purchase pharmaceuticals  
2 26 for the local governmental entity.

2 27 6. The council shall develop procedures under which the  
2 28 council may disclose information relating to the prices  
2 29 manufacturers or wholesalers charge for pharmaceuticals by  
2 30 category of pharmaceutical. The procedure shall prohibit the  
2 31 council from disclosing information that identifies a specific  
2 32 manufacturer or wholesaler or the prices charged by a specific  
2 33 manufacturer or wholesaler for a specific pharmaceutical.

2 34 Sec. 2. NEW SECTION. 135C.31A ASSESSMENT OF RESIDENTS ==  
2 35 PROGRAM ELIGIBILITY.

3 1 Beginning July 1, 2003, a health care facility receiving  
3 2 reimbursement through the medical assistance program under  
3 3 chapter 249A shall assist the Iowa commission of veterans  
3 4 affairs in determining, prior to the initial admission of a  
3 5 resident, the prospective resident's eligibility for benefits  
3 6 through the federal department of veterans affairs. The  
3 7 health care facility shall also assist the Iowa commission of  
3 8 veterans affairs in determining such eligibility for residents  
3 9 residing in the facility on July 1, 2003. The department of  
3 10 inspections and appeals, in cooperation with the department of  
3 11 human services, shall adopt rules to administer this section,  
3 12 including a provision that ensures that if a resident is  
3 13 eligible for benefits through the federal department of  
3 14 veterans affairs or other third-party payor, the payor of last  
3 15 resort for reimbursement to the health care facility is the  
3 16 medical assistance program. This section shall not apply to  
3 17 the admission of an individual to a state mental health  
3 18 institute for acute psychiatric care.

3 19 Sec. 3. NEW SECTION. 249A.20A PREFERRED DRUG LIST  
3 20 PROGRAM.

3 21 1. The department shall establish and implement a  
3 22 preferred drug list program under the medical assistance  
3 23 program. The department shall submit a medical assistance  
3 24 state plan amendment to the centers for Medicare and Medicaid  
3 25 services of the United States department of health and human  
3 26 services, no later than May 1, 2003, to implement the program.

3 27 2. a. A medical assistance pharmaceutical and  
3 28 therapeutics committee shall be established within the  
3 29 department by July 1, 2003, for the purpose of developing and  
3 30 providing ongoing review of the preferred drug list.

3 31 b. (1) The members of the committee shall be appointed by  
3 32 the governor and shall include health care professionals who  
3 33 possess recognized knowledge and expertise in one or more of  
3 34 the following:

3 35 (a) The clinically appropriate prescribing of covered  
4 1 outpatient drugs.

4 2 (b) The clinically appropriate dispensing and monitoring  
4 3 of covered outpatient drugs.

4 4 (c) Drug use review, evaluation, and intervention.

4 5 (d) Medical quality assurance.

4 6 (2) The membership of the committee shall be comprised of  
4 7 at least one third but not more than fifty-one percent  
4 8 licensed and actively practicing physicians and at least one  
4 9 third licensed and actively practicing pharmacists.

4 10 c. The members shall be appointed to terms of two years.

4 11 Members may be appointed to more than one term. The  
4 12 department shall provide staff support to the committee.

4 13 Committee members shall select a chairperson and vice  
4 14 chairperson annually from the committee membership.

4 15 3. The pharmaceutical and therapeutics committee shall  
4 16 recommend a preferred drug list to the department. The  
4 17 committee shall develop the preferred drug list by considering  
4 18 each drug's clinically meaningful therapeutic advantages in  
4 19 terms of safety, effectiveness, and clinical outcome. The  
4 20 committee shall use evidence-based research methods in  
4 21 selecting the drugs to be included on the preferred drug list.  
4 22 The committee shall periodically review all drug classes  
4 23 included on the preferred drug list and may amend the list to  
4 24 ensure that the list provides for medically appropriate drug  
4 25 therapies for medical assistance recipients and achieves cost  
4 26 savings to the medical assistance program. The department may  
4 27 procure a sole source contract with an outside entity or  
4 28 contractor to provide professional administrative support to  
4 29 the pharmaceutical and therapeutics committee in researching  
4 30 and recommending drugs to be placed on the preferred drug  
4 31 list.

4 32 4. With the exception of drugs prescribed for the

4 33 treatment of human immunodeficiency virus or acquired immune  
4 34 deficiency syndrome, transplantation, or cancer and drugs  
4 35 prescribed for mental illness with the exception of drugs and  
5 1 drug compounds that do not have a significant variation in a  
5 2 therapeutic profile or side effect profile within a  
5 3 therapeutic class, prescribing and dispensing of prescription  
5 4 drugs not included on the preferred drug list shall be subject  
5 5 to prior authorization.

5 6 5. The department may negotiate supplemental rebates from  
5 7 manufacturers that are in addition to those required by Title  
5 8 XIX of the federal Social Security Act. The committee shall  
5 9 consider a product for inclusion on the preferred drug list if  
5 10 the manufacturer provides a supplemental rebate. The  
5 11 department may procure a sole source contract with an outside  
5 12 entity or contractor to conduct negotiations for supplemental  
5 13 rebates.

5 14 6. The department shall publish and disseminate the  
5 15 preferred drug list to all medical assistance providers in  
5 16 this state.

5 17 7. Until such time as the pharmaceutical and therapeutics  
5 18 committee is operational, the department shall adopt and  
5 19 utilize a preferred drug list developed by a midwestern state  
5 20 that has received approval for its medical assistance state  
5 21 plan amendment from the centers for Medicare and Medicaid  
5 22 services of the United States department of health and human  
5 23 services.

5 24 8. The department may procure a sole source contract with  
5 25 an outside entity or contractor to participate in a  
5 26 pharmaceutical pooling program with midwestern or other states  
5 27 to provide for an enlarged pool of individuals for the  
5 28 purchase of pharmaceutical products and services for medical  
5 29 assistance recipients.

5 30 9. The department may adopt administrative rules under  
5 31 section 17A.4, subsection 2, and section 17A.5, subsection 2,  
5 32 paragraph "b", to implement this section.

5 33 10. Any savings realized under this section may be used to  
5 34 the extent necessary to pay the costs associated with  
5 35 implementation of this section prior to reversion to the  
6 1 medical assistance program. The department shall report the  
6 2 amount of any savings realized and the amount of any costs  
6 3 paid to the legislative fiscal committee on a quarterly basis.

6 4 Sec. 4. NEW SECTION. 249A.20B NURSING FACILITY QUALITY  
6 5 ASSURANCE ASSESSMENT.

6 6 1. The department may assess nursing facilities a quality  
6 7 assurance assessment not to exceed six percent of the total  
6 8 annual revenue of the facility.

6 9 2. The department of human services shall submit a medical  
6 10 assistance state plan amendment to the centers for Medicare  
6 11 and Medicaid services of the United States department of  
6 12 health and human services to effectuate the nursing facility  
6 13 quality assurance assessment.

6 14 3. The department of human services shall submit an  
6 15 application to the secretary of the United States department  
6 16 of health and human services to request a waiver of the  
6 17 uniform tax requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E)  
6 18 and 42 C.F.R. } 433.68(e)(2).

6 19 4. The quality assurance assessment shall be paid to the  
6 20 department in equal monthly amounts on or before the fifteenth  
6 21 day of each month. The department may deduct the monthly  
6 22 assessment amount from medical assistance payments to a  
6 23 nursing facility. The amount deducted from payments shall not  
6 24 exceed the total amount of the fee due.

6 25 5. Revenue generated from the quality assurance assessment  
6 26 shall be deposited in the senior living trust fund created in  
6 27 section 249H.4. The revenues shall only be used for services  
6 28 for which federal financial participation under the medical  
6 29 assistance program is available to match state funds.

6 30 6. If federal financial participation to match the  
6 31 assessments made under subsection 1 becomes unavailable under  
6 32 federal law, the department shall terminate the imposition of  
6 33 the assessment beginning on the date that the federal  
6 34 statutory, regulatory, or interpretive change takes effect.

6 35 7. The department may procure a sole source contract to  
7 1 implement the provisions of this section.

7 2 8. For the purposes of this section, "nursing facility"  
7 3 means nursing facility as defined in section 135C.1, excluding  
7 4 residential care facilities and nursing facilities that are  
7 5 operated by the state.

7 6 9. The department may adopt administrative rules under  
7 7 section 17A.4, subsection 2, and section 17A.5, subsection 2,  
7 8 paragraph "b", to implement this section.

7 9 Sec. 5. NEW SECTION. 249A.29A HOME AND COMMUNITY=BASED  
7 10 SERVICES WAIVER == ELIGIBILITY DETERMINATIONS.

7 11 1. A level of care eligibility determination of an  
7 12 individual seeking approval by the department to receive  
7 13 services under a waiver shall be completed only by a person  
7 14 not participating as a provider of services under a waiver.  
7 15 For the purposes of this section, "provider" and "waiver" mean  
7 16 provider and waiver as defined in section 249A.29.

7 17 2. Funds appropriated to the department of elder affairs  
7 18 for the purpose of conducting level of care eligibility  
7 19 determinations shall be transferred and made available to the  
7 20 department of human services.

7 21 3. The department of human services may procure a sole  
7 22 source contract with an outside entity or contractor to  
7 23 conduct level-of-care eligibility determinations.

7 24 4. The department may adopt administrative rules under  
7 25 section 17A.4, subsection 2, and section 17A.5, subsection 2,  
7 26 paragraph "b", to implement this section.

7 27 Sec. 6. Section 249B.3, subsection 1, unnumbered paragraph  
7 28 1, Code 2003, is amended to read as follows:

7 29 The department ~~may~~ shall issue a notice establishing and  
7 30 demanding payment of an accrued or accruing spousal support  
7 31 debt due and owing to the department. The notice shall be  
7 32 served upon the community spouse in accordance with the rules  
7 33 of civil procedure. The notice shall include all of the  
7 34 following:

7 35 Sec. 7. MEDICAL ASSISTANCE PROGRAM == PHARMACEUTICALS ==  
8 1 RECIPIENT REQUIREMENTS.

8 2 1. The department of human services shall reimburse  
8 3 pharmacy dispensing fees using a single rate of \$4.26 per  
8 4 prescription or the pharmacy's usual and customary fee,  
8 5 whichever is lower.

8 6 2. The department of human services shall require  
8 7 recipients of medical assistance to pay the following  
8 8 copayment on each prescription filled for a covered  
8 9 prescription drug, including on each refill of such  
8 10 prescription, as follows:

8 11 a. A copayment of \$1 for each covered generic prescription  
8 12 drug.

8 13 b. A copayment of 50 cents for each covered brand=name  
8 14 prescription drug for which the cost to the state is \$10 or  
8 15 less.

8 16 c. A copayment of \$1 for each covered brand=name  
8 17 prescription drug for which the cost to the state is more than  
8 18 \$10 and up to and including \$25.

8 19 d. A copayment of \$2 for each covered brand=name  
8 20 prescription drug for which the cost to the state is more than  
8 21 \$25 and up to and including \$50.

8 22 e. A copayment of \$3 for each covered brand=name  
8 23 prescription drug for which the cost to the state is over \$50.

8 24 3. The department of human services shall establish an  
8 25 ingredient reimbursement basis equal to the average wholesale  
8 26 price minus 12 percent for pharmacy reimbursement for  
8 27 prescription drugs under the medical assistance program.

8 28 4. a. The department of human services shall continue the  
8 29 sole source contract relative to the state maximum allowable  
8 30 cost (SMAC) program as authorized in 2001 Iowa Acts, chapter  
8 31 191, section 31, subsection 1, paragraph "b", subparagraph  
8 32 (5). The department shall expand the state maximum allowable  
8 33 cost program for prescription drugs to the greatest extent  
8 34 possible as determined under the contract.

8 35 b. Pharmacies and providers that are enrolled in the  
9 1 medical assistance program shall make available drug  
9 2 acquisition cost information, product availability  
9 3 information, and other information deemed necessary by the  
9 4 department for the determination of reimbursement rates and  
9 5 the efficient operation of the pharmacy benefit. Pharmacies  
9 6 and providers shall produce and submit the requested  
9 7 information in the manner and format requested by the  
9 8 department or its designee at no cost to the department or  
9 9 designee. Pharmacies and providers shall submit information  
9 10 to the department or its designee within thirty days following  
9 11 receipt of a request for information unless the department or  
9 12 its designee grants an extension upon written request of the  
9 13 pharmacy or provider.

9 14 c. The state maximum allowable cost shall be established  
9 15 at the average wholesale acquisition cost for a prescription  
9 16 drug and all equivalent products, adjusted by a multiplier of  
9 17 1.4. The department shall update the state maximum allowable  
9 18 cost every two months, or more often if necessary, to ensure  
9 19 adequate product availability.



9 20 d. The department shall review its current method for  
9 21 determining which prescription drugs are to be included in the  
9 22 SMAC program and shall adjust the method to maximize the cost  
9 23 savings realized through the SMAC program.

9 24 e. The department shall report any savings realized  
9 25 through the SMAC program to the legislative fiscal committee  
9 26 on a monthly basis.

9 27 5. The department of human services shall require  
9 28 recipients of medical assistance to pay a copayment of \$3 for  
9 29 each physician office visit.

9 30 6. The department of human services shall maximize  
9 31 expansion of prior authorization of prescription drugs under  
9 32 the medical assistance program beyond the 25 current  
9 33 categories of medications.

9 34 7. The department of human services shall establish a  
9 35 fixed-fee reimbursement schedule for home health agencies  
10 1 under the medical assistance program.

10 2 8. The department may adopt emergency rules to implement  
10 3 this section.

10 4 Sec. 8. HOME AND COMMUNITY-BASED SERVICES WAIVERS  
10 5 CONSOLIDATION == BUDGET NEUTRALITY. It is the intent of the  
10 6 general assembly that the consolidation of home and community=  
10 7 based services waivers by the department of human services be  
10 8 designed in a manner that does not result in additional cost,  
10 9 with the exception of any services added to the waivers  
10 10 through legislative enactment. The department of human  
10 11 services shall submit an initial report regarding the cost  
10 12 neutrality and status of the waiver consolidation to the  
10 13 legislative fiscal committee no later than January 31, 2004,  
10 14 and a subsequent report no later than July 31, 2004.

10 15 Sec. 9. NURSING FACILITY REIMBURSEMENT. Notwithstanding  
10 16 2001 Iowa Acts, chapter 192, section 4, subsection 2,  
10 17 paragraph "c", and subsection 3, paragraph "a", subparagraph  
10 18 (2), if projected state fund expenditures for reimbursement of  
10 19 nursing facilities for the fiscal year beginning July 1, 2003,  
10 20 in accordance with the reimbursement rate specified in 2001  
10 21 Iowa Acts, chapter 192, section 4, subsection 2, paragraph  
10 22 "c", exceeds \$147,252,856, the department shall adjust the  
10 23 inflation factor of the reimbursement rate calculation to  
10 24 provide reimbursement within the amount projected.

10 25 Sec. 10. UTILIZATION MANAGEMENT AND TARGETED AUDITS.

10 26 1. The department of human services shall conduct ongoing  
10 27 review of recipients and providers of medical assistance  
10 28 services to determine the appropriateness of the scope,  
10 29 duration, and utilization of services. If inappropriate usage  
10 30 is identified, the department shall implement procedures  
10 31 necessary to restrict utilization.

10 32 2. The department of human services shall conduct a review  
10 33 of selected medical assistance services categories and  
10 34 providers for state fiscal years beginning July 1, 2001, July  
10 35 1, 2002, and July 1, 2003. The review shall include intense  
11 1 data analysis to test compliance with rules, regulations, and  
11 2 policies and selected on-site audits.

11 3 3. The review required under subsection 2 shall attempt to  
11 4 identify any incorrectly paid billings or claims for the state  
11 5 medical assistance program. If inappropriate payments are  
11 6 identified, provider billings shall be adjusted accordingly.  
11 7 If there is substantiated evidence to suggest fraudulent  
11 8 activity, the department shall submit the audit data regarding  
11 9 the medical assistance provider or recipient to the department  
11 10 of inspections and appeals for further action.

11 11 4. The department of human services may procure a sole  
11 12 source contract to implement the provisions of this section.

11 13 5. Any savings realized under this section may be used to  
11 14 the extent necessary to pay the costs associated with  
11 15 implementation of this section prior to reversion to the  
11 16 medical assistance program. The department shall report the  
11 17 amount of any savings realized and the amount of any costs  
11 18 paid to the chairpersons of the joint appropriations  
11 19 subcommittee on health and human services.

11 20 Sec. 11. MEDICAL ASSISTANCE == CERTAIN PUBLICLY OWNED  
11 21 HOSPITALS == PHYSICIAN SUPPLEMENTAL PAYMENTS.

11 22 1. For the fiscal year beginning July 1, 2003, and for  
11 23 each fiscal year thereafter, the department of human services  
11 24 shall institute a supplemental payment adjustment applicable  
11 25 to physician services provided to medical assistance  
11 26 recipients at publicly owned acute care teaching hospitals.  
11 27 The adjustment shall generate supplemental payments to  
11 28 physicians which are equal to the difference between the  
11 29 physician's charge and the physician's fee schedule under the  
11 30 medical assistance program. To the extent of the supplemental

11 31 payments, a qualifying hospital shall, after receipt of the  
11 32 payments, transfer to the department of human services an  
11 33 amount equal to the actual supplemental payments that were  
11 34 made in that month. The department of human services shall  
11 35 deposit these payments in the department's medical assistance  
12 1 account. The department of human services shall amend the  
12 2 medical assistance state plan as necessary to implement this  
12 3 section. The department may adopt emergency rules to  
12 4 implement this section.

12 5 2. The department may use any savings realized under this  
12 6 section to the extent necessary to pay the costs associated  
12 7 with implementation of this section prior to reversion to the  
12 8 medical assistance program. The department shall report the  
12 9 amount of any savings realized and the amount of any costs  
12 10 paid to the chairpersons of the joint appropriations  
12 11 subcommittee on health and human services.

12 12 3. The department of human services shall, in any  
12 13 compilation of data or other report distributed to the public  
12 14 concerning payments to providers under the medical assistance  
12 15 program, set forth reimbursements to physicians of the  
12 16 university of Iowa college of medicine through supplemental  
12 17 adjustments as a separate item and shall not include such  
12 18 payments in the amounts otherwise reported as the  
12 19 reimbursement to a physician for services to medical  
12 20 assistance recipients.

12 21 Sec. 12. CHRONIC CARE MANAGEMENT.

12 22 1. The department of human services shall aggressively  
12 23 pursue chronic disease management in order to improve care and  
12 24 reduce costs under the medical assistance program.

12 25 2. The department of human services, in cooperation with  
12 26 the department's fiscal agent and in consultation with a  
12 27 chronic care management resource group, shall profile medical  
12 28 assistance recipients within a select number of disease  
12 29 diagnosis categories. The assessment shall focus on those  
12 30 diagnosis areas that present the greatest opportunity for  
12 31 impact to improved care and cost reduction.

12 32 3. The department of human services, in consultation with  
12 33 a chronic care management resource group, shall conduct a  
12 34 chronic disease management pilot project for a select number  
12 35 of individuals who are participants in the medical assistance  
13 1 program. The project shall focus on a select number of  
13 2 chronic diseases which may include congestive heart failure,  
13 3 diabetes, and asthma. The initial pilot project shall be  
13 4 implemented by October 1, 2003.

13 5 4. The department of human services shall issue a request  
13 6 for proposals or otherwise solicit bids from potential vendors  
13 7 to manage individuals with select chronic diseases following  
13 8 the conclusion of the profiling of medical assistance  
13 9 recipients. The management of chronic diseases for  
13 10 individuals under this subsection may be coordinated with the  
13 11 pilot project established in subsection 3.

13 12 5. The department of human services shall amend the  
13 13 medical assistance state plan and seek any waivers necessary  
13 14 from the centers for Medicare and Medicaid services of the  
13 15 United States department of health and human services to  
13 16 implement this section.

13 17 6. The department of human services shall submit a  
13 18 progress report regarding chronic disease management measures  
13 19 undertaken pursuant to this section to the governor and the  
13 20 general assembly by November 1, 2003. The report shall  
13 21 include recommendations regarding incorporating chronic  
13 22 disease management programming into the medical assistance  
13 23 system and the potential improvements in care and reductions  
13 24 in costs that may be obtained through chronic disease  
13 25 management.

13 26 7. The department of human services may adopt emergency  
13 27 rules to implement this section.

13 28 8. Any savings realized under this section may be used as  
13 29 necessary to pay the costs associated with implementation of  
13 30 this section prior to reversion to the medical assistance  
13 31 program. The department shall report the amount of any  
13 32 savings realized and the amount of any costs paid to the  
13 33 chairpersons of the joint appropriations subcommittee on  
13 34 health and human services.

13 35 Sec. 13. CONTINGENT EFFECTIVE DATE.

14 1 1. Section 249A.20B, as enacted in this Act, shall not  
14 2 take effect unless the department of human services receives  
14 3 approval of both the medical assistance state plan amendment  
14 4 from the centers for Medicare and Medicaid services of the  
14 5 United States department of health and human services to  
14 6 effectuate the nursing facility quality assurance assessment

14 7 and of the application to the secretary of the United States  
14 8 department of health and human services for a waiver of the  
14 9 uniform tax requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E)  
14 10 and 42 C.F.R. } 433.68(e)(2). If both approvals are received,  
14 11 section 249A.20B shall take effect upon the date that both  
14 12 approvals have been received by the department and the  
14 13 department shall notify the Code editor of the date of receipt  
14 14 of the approvals.

14 15 2. If both approvals described in subsection 1 are not  
14 16 received by June 30, 2004, the section of this Act enacting  
14 17 section 249A.20B shall not take effect.

14 18 Sec. 14. EFFECTIVE DATES.

14 19 1. The section of this Act enacting section 249A.20A takes  
14 20 effect upon enactment.

14 21 2. The portion of the section of this Act relating to the  
14 22 state maximum allowable cost (SMAC) program, being deemed of  
14 23 immediate importance, takes effect upon enactment.

14 24 3. The section of this Act relating to physician  
14 25 supplemental payments at certain publicly owned hospitals,  
14 26 being deemed of immediate importance, takes effect upon  
14 27 enactment.

14 28 4. The section of this Act relating to chronic disease  
14 29 management, being deemed of immediate importance, takes effect  
14 30 upon enactment.

14 31 5. The portions of the section of this Act enacting  
14 32 section 249A.20B relating to directing the department of human  
14 33 services to submit a medical assistance state plan amendment  
14 34 to the centers for Medicare and Medicaid services of the  
14 35 United States department of health and human services to  
15 1 effectuate the nursing facility quality assurance assessment  
15 2 and directing the department of human services to submit an  
15 3 application to the secretary of the United States department  
15 4 of health and human services for a waiver of the uniform tax  
15 5 requirement pursuant to 42 U.S.C. } 1396b(w)(3)(E) and 42  
15 6 C.F.R. } 433.68(e)(2), being deemed of immediate importance,  
15 7 take effect upon enactment.

15 8 HF 619  
15 9 pf/es/25