

**EIGHTY-EIGHTH GENERAL ASSEMBLY
2020 REGULAR SESSION
DAILY
SENATE CLIP SHEET**

March 2, 2020

Clip Sheet Summary

Displays all amendments, fiscal notes, and conference committee reports for previous day.

Bill	Amendment	Action	Sponsor
SJR 2003	S-5036	Adopted	ROBY SMITH
SF 2310	S-5035	Adopted	TIM KRAAYENBRINK
SF 2346	S-5037	Withdrawn	JULIAN GARRETT
SF 2346	S-5038	Adopted	JULIAN GARRETT
HF 310	S-5039	Filed	COMMITTEE ON STATE GOVERNMENT, et al

Fiscal Notes

[SF 2248](#) — [Motor Vehicle Driving, Hands-Free Device for Cell Phones](#)
(LSB5805SV)

[SF 2342](#) — [Diagnostic Imaging, Insurance](#) (LSB6090SV)

SENATE JOINT RESOLUTION 2003

S-5036

1 Amend Senate Joint Resolution 2003 as follows:

2 1. Page 1, by striking lines 11 and 12 and inserting <the
3 lieutenant governor shall become governor for the remainder of
4 the term,>

By ROBY SMITH

S-5036 FILED FEBRUARY 27, 2020

ADOPTED

SENATE FILE 2310

S-5035

- 1 Amend Senate File 2310 as follows:
- 2 1. Page 3, by striking lines 7 through 9 and inserting:
- 3 <b. The department may waive the applicability of subsection
- 4 5 for up to two additional specified subject areas for a school
- 5 district or>
- 6 2. Page 4, line 28, by striking <or other> and inserting
- 7 <with other>

By TIM KRAAYENBRINK

S-5035 FILED FEBRUARY 27, 2020

ADOPTED

SENATE FILE 2346

S-5037

1 Amend Senate File 2346 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. DIRECT PRIMARY CARE AGREEMENTS — MEDICAID
5 — PILOT PROGRAM. The department of human services shall
6 develop and oversee a pilot program beginning January 1,
7 2021, and ending December 31, 2026, to allow or require
8 Medicaid members in specified categories to receive primary
9 care health services, as defined in section 135N.1, through a
10 direct primary care arrangement, with the department of human
11 services acting as the third-party payor for such services.
12 The department shall submit a Medicaid state plan amendment
13 or waiver request, if necessary, to the centers for Medicare
14 and Medicaid services of the United States department of
15 health and human services for approval to implement the pilot
16 program as specified in this section. The eligible Medicaid
17 member categories shall include childless adults, children
18 under seven years of age, children seven years of age through
19 eighteen years of age, parents, pregnant women, the elderly,
20 and individuals with disabilities.>

21 2. Title page, lines 1 and 2, by striking <Medicaid program>
22 and inserting <department of human services>

By JULIAN GARRETT

S-5037 FILED FEBRUARY 27, 2020

WITHDRAWN

SENATE FILE 2346

S-5038

1 Amend Senate File 2346 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. DIRECT PRIMARY CARE AGREEMENTS — MEDICAID
5 MEMBERS — PILOT PROGRAM. The department of human services
6 shall develop and oversee a pilot program beginning January
7 1, 2021, and ending December 31, 2022, to allow Medicaid
8 members in specified categories to receive primary care health
9 services, as defined in section 135N.1, through a direct
10 primary care arrangement, with the Iowa Medicaid enterprise
11 acting as the third-party payor for such services utilizing
12 state-only funds. The eligible Medicaid member categories
13 shall include childless adults and pregnant women.>

14 2. Title page, lines 1 and 2, by striking <the Medicaid
15 program to act as a third-party payor under> and inserting
16 <Medicaid members to participate in>

By JULIAN GARRETT

S-5038 FILED FEBRUARY 27, 2020

ADOPTED

HOUSE FILE 310

S-5039

1 Amend House File 310, as passed by the House, as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. Section 154.1, subsection 3, Code 2020, is
5 amended to read as follows:

6 3. *a.* An optometrist licensed under this chapter may
7 employ all diagnostic and therapeutic pharmaceutical agents for
8 the purpose of diagnosis and treatment of conditions of the
9 human eye and adnexa pursuant to this subsection, ~~excluding~~
10 ~~the use of injections other than to counteract an anaphylactic~~
11 ~~reaction,~~ and notwithstanding section 147.107, may without
12 charge supply any of the above pharmaceuticals to commence a
13 course of therapy. A licensed optometrist may perform minor
14 surgical procedures and use medications for the diagnosis and
15 treatment of diseases, disorders, and conditions of the eye and
16 adnexa. A license to practice optometry under this chapter
17 does not authorize the performance of surgical procedures which
18 require the use of injectable or general anesthesia, moderate
19 sedation, penetration of the globe, or the use of ophthalmic
20 lasers for the purpose of ophthalmic surgery within or upon
21 the globe. The removal of pterygia and Salzmann's nodules,
22 incisional corneal refractive surgery, and strabismus surgery
23 are prohibited.

24 *b.* (1) A licensed optometrist may administer only the
25 following injections:

26 (a) Sub-conjunctival injections for the medical treatment
27 of the eye.

28 (b) Intra-lesional injections for the treatment of
29 chalazia.

30 (c) Botulinum toxin to the muscles of facial expression
31 innervated by the facial nerve, including for cosmetic
32 purposes.

33 (d) Injections to counteract an anaphylactic reaction.

34 (2) A licensed optometrist shall not administer any
35 injection prior to receiving approval from the board.

1 (3) The board shall not approve the use of injections other
2 than to counteract an anaphylactic reaction unless the licensed
3 optometrist demonstrates to the board sufficient educational
4 or clinical training from a college or university accredited
5 by a regional or professional accreditation organization which
6 is recognized or approved by the council for higher education
7 accreditation or by the United States department of education,
8 or clinical training equivalent to clinical training offered
9 by such an institution. Training for the administration
10 and side effects of injection treatment for chalazia and of
11 botulinum toxin shall be required before a licensed optometrist
12 may administer such injections. The board shall adopt rules
13 regarding training required pursuant to this subparagraph and
14 approve training providers.

15 c. A licensed optometrist may employ and, notwithstanding
16 section 147.107, supply pharmaceutical-delivering contact
17 lenses for the purpose of treatment of conditions of the
18 human eye and adnexa. For purposes of this paragraph,
19 "*pharmaceutical-delivering contact lenses*" means contact lenses
20 that contain one or more therapeutic pharmaceutical agents
21 authorized for employment by this section for the purpose of
22 treatment of conditions of the human eye and adnexa and that
23 deliver such agents into the wearer's eye.

24 ~~e.~~ d. A licensed optometrist may prescribe oral steroids
25 for a period not to exceed fourteen days without consultation
26 with a physician.

27 ~~d.~~ e. A licensed optometrist may be authorized, where
28 reasonable and appropriate, by rule of the board, to employ new
29 diagnostic and therapeutic pharmaceutical agents approved by
30 the United States food and drug administration on or after July
31 1, 2002, for the diagnosis and treatment of the human eye and
32 adnexa.

33 ~~e.~~ f. The board is not required to adopt rules relating to
34 topical pharmaceutical agents, oral antimicrobial agents, oral
35 antihistamines, oral antiglaucoma agents, and oral analgesic

S-5039 (Continued)

1 agents. A licensed optometrist may remove superficial foreign
2 bodies from the human eye and adnexa.

3 ~~f.~~ g. The therapeutic efforts of a licensed optometrist
4 are intended for the purpose of examination, diagnosis, and
5 treatment of visual defects, abnormal conditions, and diseases
6 of the human eye and adnexa, for proper optometric practice
7 or referral for consultation or treatment to persons licensed
8 under chapter 148.

9 ~~g.~~ h. A licensed optometrist is an optometrist who is
10 licensed to practice optometry in this state and who is
11 certified by the board to use the agents and procedures
12 authorized pursuant to this subsection.

By COMMITTEE ON STATE GOVERNMENT

ROBY SMITH, CHAIRPERSON

[S-5039](#) FILED FEBRUARY 27, 2020



SF 2248 – Motor Vehicle Driving, Hands-Free Device for Cell Phones (LSB5805SV)
 Staff Contact: Adam Broich (515.281.8223) adam.broich@legis.iowa.gov
 Fiscal Note Version – New

Description

[Senate File 2248](#) prohibits any use of an electronic communication device while driving. Under the Bill, the scheduled fine for using an electronic communication device remains at current law, which is \$30. The use of an electronic communication device would be a moving violation. A moving violation can be considered for purposes of administrative suspension of a driver’s license or to establish habitual offender status.

Single Citation		
Penalty	\$	30.00
Surcharge (35.0%)		10.50
Court Cost		60.00
Total	\$	100.50

The Bill allows use of an electronic communication device under the following circumstances:

- Use in voice-activated or hands-free mode.
- Use by members of a public safety agency performing official duties.
- Use by health care professionals in the course of emergency situations.
- Use for the purpose of receiving safety-related information.
- Use for the purpose of reporting an emergency situation.
- Use by certain radio operators.

A peace officer is required to issue a warning memorandum in lieu of a citation for violations that occur during the period of time between July 1, 2020, the effective date of the Bill, and January 1, 2021.

Background

Current law prohibits the use of hand-held electronic communication devices to write, send, or view electronic messages while driving a motor vehicle. The fine for this violation is \$30. The violation is not considered a moving violation. Persons under the age of 18 are currently prohibited from using an electronic communication device while driving a motor vehicle (Iowa Code section [321.178](#)). For FY 2019, convictions under Iowa Code section [321.276](#) totaled 1,658, and 42 convictions were issued to individuals under age 18 for using an electronic communication device.

A criminal penalty surcharge is applied to the scheduled fine. Ninety-five percent of the surcharge is remitted to the State. Of the State’s share, 83.0% is deposited in the General Fund and 17.0% in the Victim Compensation Fund. The remaining 5.0% of the surcharge is remitted to the city or county where the infraction occurred.

Correctional Impact

[Senate File 2248](#) is estimated to have a minimal correctional impact. Refer to the Legislative Services Agency (LSA) memo addressed to the General Assembly, [Cost Estimates Used for Correctional Impact Statements](#), dated January 16, 2020, for information related to the correctional system.

Minority Impact

Convictions issued under Iowa Code section [321.276](#) are displayed in the table below. Refer to the LSA memo addressed to the General Assembly, [Minority Impact Statement](#), dated January 15, 2020, for information related to minorities in the criminal justice system.

Iowa Code Section 321.276 Convictions by Ethnicity								
	White	Black	Hispanic	Asian	Nat. Am.	Other	Unknown	Total
2018	1,204	60	10	32	6	31	283	1,626
2019	1,225	62	20	32	3	42	274	1,658

Assumptions

- The state of Utah enacted a similar law beginning in May 2014. From 2016 to 2019, the state averaged 2,667 convictions per year for operating an electronic communication device while driving. Utah has 1.9 million drivers. Utah's conviction rate was 133.7 per 100,000 licensed drivers.
- Iowa has 2.2 million drivers and it is estimated that there will be 1,700 violations of existing law in FY 2020, which assumes the same conviction rate as Utah. Convictions in FY 2021, which reflect six months of warning and six months of enforcement, will be 1,500 and will average 3,000 per year beginning in FY 2022.
- A lag time of six months is assumed from the effective date of the Bill to the date of the first violations collected. The collection rate for the scheduled violation is estimated to be 61.0%.

Fiscal Impact

The table below displays the estimated fiscal impact of the changes enacted in the Bill.

Estimated Revenue			
	FY 2020*	FY 2021*	FY 2022
General Fund			
Penalty Revenue	\$ 31,000	\$ 16,000	\$ 55,000
Surcharge Revenue	9,000	4,000	15,000
Court Costs	62,000	31,000	110,000
Subtotal	<u>\$ 102,000</u>	<u>\$ 51,000</u>	<u>\$ 180,000</u>
Other			
Victim Comp. Fund	\$ 2,000	\$ 1,000	\$ 3,000
Local Jurisdiction	1,000	300	1,000
Grand Total	<u>\$ 105,000</u>	<u>\$ 52,300</u>	<u>\$ 184,000</u>

*Enforcement in FY 2020 will be under existing law, and FY 2021 reflects six months of warnings and six months of enforcement.

Sources

LSA calculations

Criminal and Juvenile Justice Planning Division, Department of Human Rights

/s/ Holly M. Lyons

February 27, 2020

Doc ID 1131118

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

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[SF 2342](#) – Diagnostic Imaging, Insurance (LSB6090SV)

Staff Contact: Angel Banks-Adams (515.281.6301) angel.banks-adams@legis.iowa.gov

Fiscal Note Version – New

Description

[Senate File 2342](#) requires a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses to provide coverage for diagnostic breast cancer examinations, which are defined as medically necessary examinations of an abnormality for the purpose of detecting breast cancer. The requirement would become effective on January 1, 2021.

Background

Under Wellmark’s current plan designs for State of Iowa, there is typically no cost to Plan members for copayments, coinsurance, and deductibles for preventive/screening mammograms, ultrasounds, and magnetic resonance imaging (MRI) procedures. However, if the screening, ultrasound, or MRI procedure is diagnostic in nature, the Plan member assumes a cost-sharing liability in the form of copayments, coinsurance, and deductibles. Under the Bill, this cost-sharing arrangement would apply to breast cancer examinations as well, and the cost-sharing would be shifted from the State of Iowa Plan member to the Plan.

Assumptions

- Mammograms will account for most preventive imaging services as described in the Bill.
- Under Wellmark’s plan designs, diagnostic services, including examinations, are paid through a cost-sharing arrangement using copayments, coinsurance, and/or deductibles.
- The cost that is currently paid by members for breast cancer examinations will shift to the State of Iowa Plan beginning in FY 2021.
- The cost of these services and the utilization of these services are projected to increase by 5.3% annually.

Fiscal Impact

The fiscal impact of [SF 2342](#) for shifting the share of costs associated with diagnostic breast cancer examinations from Plan members to the Plan is approximately \$122,000 in FY 2021 and \$129,000 in FY 2022. This amount represents less than 0.1% of the total amount paid by the State of Iowa Plan for medical and pharmaceutical expenses.

**Cost-Sharing Changes Under SF 2342
for Diagnostic Breast Cancer Examinations**

	Fiscal Year	Plan Share	Member Liability	Services Performed
Current Law	2018	\$ 544,256	\$ 131,125	4,330
	2019	530,120	110,029	4,131
	2020	558,550	115,930	4,353
SF 2342	2021	710,228	0	4,586
	2022	876,414	0	4,832

The exact fiscal impact to other plans administered by other carriers is unknown, but is expected to be above \$100,000 annually.

Source

Wellmark

/s/ Holly M. Lyons

February 27, 2020

Doc ID 1131923

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

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