

**EIGHTY-SIXTH GENERAL ASSEMBLY
2016 REGULAR SESSION
DAILY
SENATE CLIP SHEET**

MARCH 3, 2016

SENATE FILE 2169

S-5050

1 Amend Senate File 2169 as follows:
2 1. Page 1, line 3, after <development> by
3 inserting <, in coordination with the department of
4 administrative services,>
5 2. Page 1, line 13, after <general> by inserting
6 <and the department of administrative services>
7 3. Page 1, line 17, after <development,> by
8 inserting <the department of administrative services,>
By JEFF DANIELSON

S-5050 FILED MARCH 2, 2016

SENATE FILE 2213

S-5052

1 Amend Senate File 2213 as follows:
2 1. By striking everything after the enacting clause
3 and inserting:
4 <HEALTH POLICY OVERSIGHT COMMITTEE
5 Section 1. Section 2.45, subsection 6, Code 2016,
6 is amended to read as follows:
7 6. The legislative health policy oversight
8 committee, which shall be composed of ten members of
9 the general assembly, consisting of five members from
10 each house, to be appointed by the legislative council.
11 The legislative health policy oversight committee
12 shall receive updates and review data, public input and
13 concerns, and make recommendations for improvements to
14 and changes in law or rule regarding Medicaid managed
15 care meet at least four times annually to evaluate
16 state health policy and provide continuing oversight
17 for publicly funded programs, including but not limited
18 to all facets of the Medicaid and hawk-i programs
19 to, at a minimum, ensure effective and efficient
20 administration of these programs, address stakeholder
21 concerns, monitor program costs and expenditures, and
22 make recommendations relative to the programs.
23 Sec. 2. HEALTH POLICY OVERSIGHT COMMITTEE
24 - SUBJECT MATTER REVIEW FOR 2016 LEGISLATIVE
25 INTERIM. During the 2016 legislative interim, the
26 health policy oversight committee created in section
27 2.45 shall, as part of the committee's evaluation
28 of state health policy and review of all facets of
29 the Medicaid and hawk-i programs, review and make
30 recommendations regarding, at a minimum, all of the
31 following:
32 1. The resources and duties of the office of
33 long-term care ombudsman relating to the provision of
34 assistance to and advocacy for Medicaid recipients
35 to determine the designation of duties and level of

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1 resources necessary to appropriately address the needs
2 of such individuals. The committee shall consider the
3 health consumer ombudsman alliance report submitted to
4 the general assembly in December 2015, as well as input
5 from the office of long-term care ombudsman and other
6 entities in making recommendations.

7 2. The health benefits and health benefit
8 utilization management criteria for the Medicaid
9 and hawk-i programs to determine the sufficiency
10 and appropriateness of the benefits offered and the
11 utilization of these benefits.

12 3. Prior authorization requirements relative
13 to benefits provided under the Medicaid and hawk-i
14 programs, including but not limited to pharmacy
15 benefits.

16 4. Consistency and uniformity in processes,
17 procedures, forms, and other activities across all
18 Medicaid and hawk-i program participating insurers and
19 managed care organizations, including but not limited
20 to cost and quality reporting, credentialing, billing,
21 prior authorization, and critical incident reporting.

22 5. Provider network adequacy including the use of
23 out-of-network and out-of-state providers.

24 6. The role and interplay of other advisory and
25 oversight entities, including but not limited to the
26 medical assistance advisory council and the hawk-i
27 board.

28 REVIEW OF PROGRAM INTEGRITY DUTIES

29 Sec. 3. REVIEW OF PROGRAM INTEGRITY DUTIES -
30 WORKGROUP - REPORT.

31 1. The director of human services shall convene
32 a workgroup comprised of members including the
33 commissioner of insurance, the auditor of state, the
34 Medicaid director and bureau chiefs of the managed care
35 organization oversight and supports bureau, the Iowa

1 Medicaid enterprise support bureau, and the medical
2 and long-term services and supports bureau, and a
3 representative of the program integrity unit, or their
4 designees; and representatives of other appropriate
5 state agencies or other entities including but not
6 limited to the office of the attorney general, the
7 office of long-term care ombudsman, and the Medicaid
8 fraud control unit of the investigations division
9 of the department of inspections and appeals. The
10 workgroup shall do all of the following:

11 a. Review the duties of each entity with
12 responsibilities relative to Medicaid program integrity
13 and managed care organizations; review state and
14 federal laws, regulations, requirements, guidance, and
15 policies relating to Medicaid program integrity and
16 managed care organizations; and review the laws of
17 other states relating to Medicaid program integrity
18 and managed care organizations. The workgroup shall
19 determine areas of duplication, fragmentation,
20 and gaps; shall identify possible integration,
21 collaboration and coordination of duties; and shall
22 determine whether existing general state Medicaid
23 program and fee-for-service policies, laws, and
24 rules are sufficient, or if changes or more specific
25 policies, laws, and rules are required to provide
26 for comprehensive and effective administration and
27 oversight of the Medicaid program including under the
28 fee-for-service and managed care methodologies.

29 b. Review historical uses of the Medicaid
30 fraud fund created in section 249A.50 and make
31 recommendations for future uses of the moneys in the
32 fund and any changes in law necessary to adequately
33 address program integrity.

34 c. Review medical loss ratio provisions relative
35 to Medicaid managed care contracts and make

1 recommendations regarding, at a minimum, requirements
2 for the necessary collection, maintenance, retention,
3 reporting, and sharing of data and information by
4 Medicaid managed care organizations for effective
5 determination of compliance, and to identify the
6 costs and activities that should be included in the
7 calculation of administrative costs, medical costs or
8 benefit expenses, health quality improvement costs,
9 and other costs and activities incidental to the
10 determination of a medical loss ratio.

11 d. Review the capacity of state agencies, including
12 the need for specialized training and expertise, to
13 address Medicaid and managed care organization program
14 integrity and provide recommendations for the provision
15 of necessary resources and infrastructure, including
16 annual budget projections.

17 e. Review the incentives and penalties applicable
18 to violations of program integrity requirements to
19 determine their adequacy in combating waste, fraud,
20 abuse, and other violations that divert limited
21 resources that would otherwise be expended to safeguard
22 the health and welfare of Medicaid recipients, and make
23 recommendations for necessary adjustments to improve
24 compliance.

25 f. Make recommendations regarding the quarterly and
26 annual auditing of financial reports required to be
27 performed for each Medicaid managed care organization
28 to ensure that the activities audited provide
29 sufficient information to the division of insurance
30 of the department of commerce and the department
31 of human services to ensure program integrity. The
32 recommendations shall also address the need for
33 additional audits or other reviews of managed care
34 organizations.

35 g. Review and make recommendations to prohibit

1 cost-shifting between state and local and public and
2 private funding sources for services and supports
3 provided to Medicaid recipients whether directly or
4 indirectly through the Medicaid program.

5 2. The department of human services shall submit
6 a report of the workgroup to the governor, the health
7 policy oversight committee created in section 2.45,
8 and the general assembly initially, on or before
9 November 15, 2016, and on or before November 15,
10 on an annual basis thereafter, to provide findings
11 and recommendations for a coordinated approach
12 to comprehensive and effective administration and
13 oversight of the Medicaid program including under the
14 fee-for-service and managed care methodologies.

15 MEDICAID OMBUDSMAN

16 Sec. 4. Section 231.44, Code 2016, is amended to
17 read as follows:

18 231.44 Utilization of resources – assistance and
19 advocacy related to long-term services and supports
20 under the Medicaid program.

21 1. The office of long-term care ombudsman ~~may~~
22 shall utilize its available resources to provide
23 assistance and advocacy services to eligible recipients
24 of long-term services and supports, or individuals
25 seeking long-term services and supports, and the
26 families or legal representatives of such eligible
27 recipients, of long term services and supports provided
28 ~~through~~ individuals under the Medicaid program. Such
29 assistance and advocacy shall include but is not
30 limited to all of the following:

31 a. ~~Assisting recipients~~ such individuals in
32 understanding the services, coverage, and access
33 provisions and their rights under Medicaid managed
34 care.

35 b. Developing procedures for the tracking and

1 reporting of the outcomes of individual requests for
2 assistance, the obtaining of necessary services and
3 supports, and other aspects of the services provided to
4 eligible recipients such individuals.

5 c. Providing advice and assistance relating to the
6 preparation and filing of complaints, grievances, and
7 appeals of complaints or grievances, including through
8 processes available under managed care plans and the
9 state appeals process, relating to long-term services
10 and supports under the Medicaid program.

11 d. Accessing the results of a review of a level
12 of care assessment or reassessment by a managed care
13 organization in which the managed care organization
14 recommends denial or limited authorization of a
15 service, including the type or level of service, the
16 reduction, suspension, or termination of a previously
17 authorized service, or a change in level of care, upon
18 the request of an affected individual.

19 e. Receiving notices of disenrollment or notices
20 that would result in a change in level of care for
21 affected individuals, including involuntary and
22 voluntary discharges or transfers, from the department
23 of human services or a managed care organization.

24 2. A representative of the office of long-term care
25 ombudsman providing assistance and advocacy services
26 authorized under this section for an individual,
27 shall be provided access to the individual, and shall
28 be provided access to the individual's medical and
29 social records as authorized by the individual or the
30 individual's legal representative, as necessary to
31 carry out the duties specified in this section.

32 3. A representative of the office of long-term care
33 ombudsman providing assistance and advocacy services
34 authorized under this section for an individual, shall
35 be provided access to administrative records related to

1 the provision of the long-term services and supports to
2 the individual, as necessary to carry out the duties
3 specified in this section.

4 4. The office of long-term care ombudsman and
5 representatives of the office, when providing
6 assistance and advocacy services under this section,
7 shall be considered a health oversight agency as
8 defined in 45 C.F.R. §164.501 for the purposes of
9 health oversight activities as described in 45 C.F.R.
10 §164.512(d) including access to the health records
11 and other appropriate information of an individual,
12 including from the department of human services or
13 the applicable Medicaid managed care organization,
14 as necessary to fulfill the duties specified under
15 this section. The department of human services,
16 in collaboration with the office of long-term care
17 ombudsman, shall adopt rules to ensure compliance
18 by affected entities with this subsection and to
19 ensure recognition of the office of long-term care
20 ombudsman as a duly authorized and identified agent or
21 representative of the state.

22 5. The department of human services and Medicaid
23 managed care organizations shall inform eligible
24 and potentially eligible Medicaid recipients of the
25 advocacy services and assistance available through the
26 office of long-term care ombudsman and shall provide
27 contact and other information regarding the advocacy
28 services and assistance to eligible and potentially
29 eligible Medicaid recipients as directed by the office
30 of long-term care ombudsman.

31 6. When providing assistance and advocacy services
32 under this section, the office of long-term care
33 ombudsman shall act as an independent agency, and the
34 office of long-term care ombudsman and representatives
35 of the office shall be free of any undue influence that

1 restrains the ability of the office or the office's
2 representatives from providing such services and
3 assistance.

4 7. The office of long-term care ombudsman shall, in
5 addition to other duties prescribed and at a minimum,
6 do all of the following in the furtherance of the
7 provision of advocacy services and assistance under
8 this section:

9 a. Represent the interests of eligible and
10 potentially eligible Medicaid recipients before
11 governmental agencies.

12 b. Analyze, comment on, and monitor the development
13 and implementation of federal, state, and local laws,
14 regulations, and other governmental policies and
15 actions, and recommend any changes in such laws,
16 regulations, policies, and actions as determined
17 appropriate by the office of long-term care ombudsman.

18 c. To maintain transparency and accountability for
19 activities performed under this section, including
20 for the purposes of claiming federal financial
21 participation for activities that are performed to
22 assist with administration of the Medicaid program:

23 (1) Have complete and direct responsibility for the
24 administration, operation, funding, fiscal management,
25 and budget related to such activities, and directly
26 employ, oversee, and supervise all paid and volunteer
27 staff associated with these activities.

28 (2) Establish separation-of-duties requirements,
29 provide limited access to work space and work
30 product for only necessary staff, and limit access to
31 documents and information as necessary to maintain the
32 confidentiality of the protected health information of
33 individuals served under this section.

34 (3) Collect and submit, annually, to the governor,
35 the health policy oversight committee created in

1 section 2.45, and the general assembly, all of the
2 following with regard to those seeking advocacy
3 services or assistance under this section:

4 (a) The number of contacts by contact type and
5 geographic location.

6 (b) The type of assistance requested including the
7 name of the managed care organization involved, if
8 applicable.

9 (c) The time frame between the time of the initial
10 contact and when an initial response was provided.

11 (d) The amount of time from the initial contact to
12 resolution of the problem or concern.

13 (e) The actions taken in response to the request
14 for advocacy or assistance.

15 (f) The outcomes of requests to address problems or
16 concerns.

17 4. 8. For the purposes of this section:

18 a. "Institutional setting" includes a long-term care
19 facility, an elder group home, or an assisted living
20 program.

21 b. "Long-term services and supports" means the broad
22 range of health, health-related, and personal care
23 assistance services and supports, provided in both
24 institutional settings and home and community-based
25 settings, necessary for older individuals and persons
26 with disabilities who experience limitations in their
27 capacity for self-care due to a physical, cognitive, or
28 mental disability or condition.

29 Sec. 5. NEW SECTION. 231.44A Willful interference
30 with duties related to long-term services and supports
31 - penalty.

32 Willful interference with a representative of the
33 office of long-term care ombudsman in the performance
34 of official duties in accordance with section 231.44
35 is a violation of section 231.44, subject to a penalty

1 prescribed by rule. The office of long-term care
2 ombudsman shall adopt rules specifying the amount of a
3 penalty imposed, consistent with the penalties imposed
4 under section 231.42, subsection 8, and specifying
5 procedures for notice and appeal of penalties imposed.
6 Any moneys collected pursuant to this section shall be
7 deposited in the general fund of the state.

8 MEDICAL ASSISTANCE ADVISORY COUNCIL

9 Sec. 6. Section 249A.4B, Code 2016, is amended to
10 read as follows:

11 249A.4B Medical assistance advisory council.

12 1. A medical assistance advisory council is
13 created to comply with 42 C.F.R. §431.12 based on
14 section 1902(a)(4) of the federal Social Security Act
15 and to advise the director about health and medical
16 care services under the ~~medical assistance~~ Medicaid
17 program, participate in Medicaid policy development
18 and program administration, and provide guidance on
19 key issues related to the Medicaid program, whether
20 administered under a fee-for-service, managed care, or
21 other methodology, including but not limited to access
22 to care, quality of care, and service delivery.

23 a. The council shall have the opportunity for
24 participation in policy development and program
25 administration, including furthering the participation
26 of recipients of the program, and without limiting this
27 general authority shall specifically do all of the
28 following:

29 (1) Formulate, review, evaluate, and recommend
30 policies, rules, agency initiatives, and legislation
31 pertaining to the Medicaid program. The council shall
32 have the opportunity to comment on proposed rules
33 prior to commencement of the rulemaking process and on
34 waivers and state plan amendment applications.

35 (2) Prior to the annual budget development process,

1 engage in setting priorities, including consideration
2 of the scope and utilization management criteria
3 for benefits, beneficiary eligibility, provider and
4 services reimbursement rates, and other budgetary
5 issues.

6 (3) Provide oversight for and review of the
7 administration of the Medicaid program.

8 (4) Ensure that the membership of the council
9 effectively represents all relevant and concerned
10 viewpoints, particularly those of consumers, providers,
11 and the general public; create public understanding;
12 and ensure that the services provided under the
13 Medicaid program meet the needs of the people served.

14 b. The council shall meet ~~no more than~~ at least
15 quarterly, and prior to the next subsequent meeting
16 of the executive committee. ~~The director of public~~
17 health ~~The public member acting as a co-chairperson~~
18 of the executive committee and the professional or
19 business entity member acting as a co-chairperson of
20 the executive committee, shall serve as ~~chairperson~~
21 co-chairpersons of the council.

22 2. The council shall include all of the following
23 voting members:

24 a. The president, or the president's
25 representative, of each of the following professional
26 or business entities, or a member of each of the
27 following professional or business entities, selected
28 by the entity:

- 29 (1) The Iowa medical society.
- 30 (2) The Iowa osteopathic medical association.
- 31 (3) The Iowa academy of family physicians.
- 32 (4) The Iowa chapter of the American academy of
33 pediatrics.
- 34 (5) The Iowa physical therapy association.
- 35 (6) The Iowa dental association.

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- 1 (7) The Iowa nurses association.
- 2 (8) The Iowa pharmacy association.
- 3 (9) The Iowa podiatric medical society.
- 4 (10) The Iowa optometric association.
- 5 (11) The Iowa association of community providers.
- 6 (12) The Iowa psychological association.
- 7 (13) The Iowa psychiatric society.
- 8 (14) The Iowa chapter of the national association
- 9 of social workers.
- 10 (15) The coalition for family and children's
- 11 services in Iowa.
- 12 (16) The Iowa hospital association.
- 13 (17) The Iowa association of rural health clinics.
- 14 (18) The Iowa primary care association.
- 15 (19) Free clinics of Iowa.
- 16 (20) The opticians' association of Iowa, inc.
- 17 (21) The Iowa association of hearing health
- 18 professionals.
- 19 (22) The Iowa speech and hearing association.
- 20 (23) The Iowa health care association.
- 21 (24) The Iowa association of area agencies on
- 22 aging.
- 23 (25) AARP.
- 24 (26) The Iowa caregivers association.
- 25 (27) The Iowa coalition of home and community-based
- 26 services for seniors.
- 27 (28) The Iowa adult day services association.
- 28 (29) Leading age Iowa.
- 29 (30) The Iowa association for home care.
- 30 (31) The Iowa council of health care centers.
- 31 (32) The Iowa physician assistant society.
- 32 (33) The Iowa association of nurse practitioners.
- 33 (34) The Iowa nurse practitioner society.
- 34 (35) The Iowa occupational therapy association.
- 35 (36) The ARC of Iowa, formerly known as the

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- 1 association for retarded citizens of Iowa.
2 (37) The national alliance for the mentally ill on
3 mental illness of Iowa.
4 (38) The Iowa state association of counties.
5 (39) The Iowa developmental disabilities council.
6 (40) The Iowa chiropractic society.
7 (41) The Iowa academy of nutrition and dietetics.
8 (42) The Iowa behavioral health association.
9 (43) The midwest association for medical equipment
10 services or an affiliated Iowa organization.
11 (44) The Iowa public health association.
12 (45) The epilepsy foundation.
13 b. Public representatives which may include members
14 of consumer groups, including recipients of medical
15 assistance or their families, consumer organizations,
16 and others, which shall be appointed by the governor
17 in equal in number to the number of representatives of
18 the professional and business entities specifically
19 represented under paragraph "a", appointed by the
20 governor for staggered terms of two years each, none
21 of whom shall be members of, or practitioners of, or
22 have a pecuniary interest in any of the professional
23 or business entities specifically represented under
24 paragraph "a", and a majority of whom shall be current
25 or former recipients of medical assistance or members
26 of the families of current or former recipients.
27 3. The council shall include all of the following
28 nonvoting members:
29 ~~e.~~ a. The director of public health, or the
30 director's designee.
31 ~~d.~~ b. The director of the department on aging, or
32 the director's designee.
33 c. The state long-term care ombudsman, or the
34 ombudsman's designee.
35 d. The ombudsman appointed pursuant to section

1 2C.3, or the ombudsman's designee.

2 e. The dean of Des Moines university – osteopathic
3 medical center, or the dean's designee.

4 f. The dean of the university of Iowa college of
5 medicine, or the dean's designee.

6 g. The following members of the general assembly,
7 each for a term of two years as provided in section
8 69.16B:

9 (1) Two members of the house of representatives,
10 one appointed by the speaker of the house of
11 representatives and one appointed by the minority
12 leader of the house of representatives from their
13 respective parties.

14 (2) Two members of the senate, one appointed by the
15 president of the senate after consultation with the
16 majority leader of the senate and one appointed by the
17 minority leader of the senate.

18 ~~3.~~ 4. a. An executive committee of the council is
19 created and shall consist of the following members of
20 the council:

21 (1) As voting members:

22 (a) Five of the professional or business entity
23 members designated pursuant to subsection 2, paragraph
24 "a", and selected by the members specified under that
25 paragraph.

26 ~~(2)~~ (b) Five of the public members appointed
27 pursuant to subsection 2, paragraph "b", and selected
28 by the members specified under that paragraph. Of the
29 five public members, at least one member shall be a
30 recipient of medical assistance.

31 ~~(3)~~ (2) As nonvoting members:

32 (a) The director of public health, or the
33 director's designee.

34 (b) The director of the department on aging, or the
35 director's designee.

1 (c) The state long-term care ombudsman, or the
2 ombudsman's designee.

3 (d) The ombudsman appointed pursuant to section
4 2C.3, or the ombudsman's designee.

5 b. The executive committee shall meet on a monthly
6 basis. ~~The director of public health~~ A public member
7 of the executive committee selected by the public
8 members appointed pursuant to subsection 2, paragraph
9 "b", and a professional or business entity member of
10 the executive committee selected by the professional
11 or business entity members appointed pursuant to
12 subsection 2, paragraph "a", shall serve as chairperson
13 co-chairpersons of the executive committee.

14 c. Based upon the deliberations of the council,
15 and the executive committee, and the subcommittees,
16 the executive committee, the council, and the
17 subcommittees, respectively, shall make recommendations
18 to the director, to the health policy oversight
19 committee created in section 2.45, to the general
20 assembly's joint appropriations subcommittee on health
21 and human services, and to the general assembly's
22 standing committees on human resources regarding the
23 budget, policy, and administration of the medical
24 assistance program.

25 5. a. The council shall create the following
26 subcommittees, and may create additional subcommittees
27 as necessary to address Medicaid program policies,
28 administration, budget, and other factors and issues:

29 (1) A stakeholder safeguards subcommittee, for
30 which the co-chairpersons shall be a public member
31 of the council appointed pursuant to subsection 2,
32 paragraph "b", and selected by the public members of
33 the council, and a representative of a professional
34 or business entity appointed pursuant to subsection
35 2, paragraph "a", and selected by the professional or

1 business entity representatives of the council. The
2 mission of the stakeholder safeguards subcommittee
3 is to provide for ongoing stakeholder engagement and
4 feedback on issues affecting Medicaid recipients,
5 providers, and other stakeholders, including but not
6 limited to benefits such as transportation, benefit
7 utilization management, the inclusion of out-of-state
8 and out-of-network providers and the use of single-case
9 agreements, and reimbursement of providers and
10 services.

11 (2) The long-term services and supports
12 subcommittee which shall be chaired by the state
13 long-term care ombudsman, or the ombudsman's designee.
14 The mission of the long-term services and supports
15 subcommittee is to be a resource and to provide advice
16 on policy development and program administration
17 relating to Medicaid long-term services and supports
18 including but not limited to developing outcomes and
19 performance measures for Medicaid managed care for the
20 long-term services and supports population; addressing
21 issues related to home and community-based services
22 waivers and waiting lists; and reviewing the system of
23 long-term services and supports to ensure provision of
24 home and community-based services and the rebalancing
25 of the health care infrastructure in accordance with
26 state and federal law including but not limited to the
27 principles established in Olmstead v. L.C., 527 U.S.
28 581 (1999) and the federal Americans with Disabilities
29 Act and in a manner that reflects a sustainable,
30 person-centered approach to improve health and life
31 outcomes, supports maximum independence, addresses
32 medical and social needs in a coordinated, integrated
33 manner, and provides for sufficient resources including
34 a stable, well-qualified workforce. The subcommittee
35 shall also address and make recommendations regarding

1 the need for an ombudsman function for eligible and
2 potentially eligible Medicaid recipients beyond the
3 long-term services and supports population.

4 (3) The transparency, data, and program evaluation
5 subcommittee which shall be chaired by the director of
6 the university of Iowa public policy center, or the
7 director's designee. The mission of the transparency,
8 data, and program evaluation subcommittee is to
9 ensure Medicaid program transparency; ensure the
10 collection, maintenance, retention, reporting, and
11 analysis of sufficient and meaningful data to provide
12 transparency and inform policy development and program
13 effectiveness; support development and administration
14 of a consumer-friendly dashboard; and promote the
15 ongoing evaluation of Medicaid stakeholder satisfaction
16 with the Medicaid program.

17 (4) The program integrity subcommittee which shall
18 be chaired by the Medicaid director, or the director's
19 designee. The mission of the program integrity
20 subcommittee is to ensure that a comprehensive system
21 including specific policies, laws, and rules and
22 adequate resources and measures are in place to
23 effectively administer the program and to maintain
24 compliance with federal and state program integrity
25 requirements.

26 (5) A health workforce subcommittee, co-chaired
27 by the bureau chief of the bureau of oral and health
28 delivery systems of the department of public health,
29 or the bureau chief's designee, and the director of
30 the national alliance on mental illness of Iowa, or
31 the director's designee. The mission of the health
32 workforce subcommittee is to assess the sufficiency
33 and proficiency of the current and projected health
34 workforce; identify barriers to and gaps in health
35 workforce development initiatives and health

1 workforce data to provide foundational, evidence-based
2 information to inform policymaking and resource
3 allocation; evaluate the most efficient application
4 and utilization of roles, functions, responsibilities,
5 activities, and decision-making capacity of health
6 care professionals and other allied and support
7 personnel; and make recommendations for improvement
8 in, and alternative modes of, health care delivery in
9 order to provide a competent, diverse, and sustainable
10 health workforce in the state. The subcommittee shall
11 work in collaboration with the office of statewide
12 clinical education programs of the university of Iowa
13 Carver college of medicine, Des Moines university,
14 Iowa workforce development, and other entities with
15 interest or expertise in the health workforce in
16 carrying out the subcommittee's duties and developing
17 recommendations.

18 b. The co-chairpersons of the council shall
19 appoint members to each subcommittee from the general
20 membership of the council. Consideration in appointing
21 subcommittee members shall include the individual's
22 knowledge about, and interest or expertise in, matters
23 that come before the subcommittee.

24 c. Subcommittees shall meet at the call of the
25 co-chairpersons or chairperson of the subcommittee,
26 or at the request of a majority of the members of the
27 subcommittee.

28 ~~4.~~ 6. For each council meeting, executive
29 committee meeting, or subcommittee meeting, a quorum
30 shall consist of fifty percent of the membership
31 qualified to vote. Where a quorum is present, a
32 position is carried by a majority of the members
33 qualified to vote.

34 7. For each council meeting, other than those
35 held during the time the general assembly is in

1 session, each legislative member of the council shall
2 be reimbursed for actual travel and other necessary
3 expenses and shall receive a per diem as specified in
4 section 7E.6 for each day in attendance, as shall the
5 members of the council, ~~or~~ the executive committee,
6 or a subcommittee, for each day in attendance at a
7 council, executive committee, or subcommittee meeting,
8 who are recipients or the family members of recipients
9 of medical assistance, regardless of whether the
10 general assembly is in session.

11 ~~5.~~ 8. The department shall provide staff support
12 and independent technical assistance to the council,
13 ~~and~~ the executive committee, and the subcommittees.

14 ~~6.~~ 9. The director shall ~~consider~~ comply with
15 the requirements of this section regarding the
16 duties of the council, and the deliberations and
17 recommendations offered by of the council, and the
18 executive committee, and the subcommittees shall be
19 reflected in the director's preparation of medical
20 assistance budget recommendations to the council
21 on human services pursuant to section 217.3, and in
22 implementation of medical assistance program policies,
23 and in administration of the Medicaid program.

24 10. The council, executive committee, and
25 subcommittees shall jointly submit quarterly reports
26 to the health policy oversight committee created in
27 section 2.45 and shall jointly submit a report to the
28 governor and the general assembly initially by January
29 1, 2017, and annually, therefore, summarizing the
30 outcomes and findings of their respective deliberations
31 and any recommendations including but not limited to
32 those for changes in law or policy.

33 11. The council, executive committee, and
34 subcommittees may enlist the services of persons who
35 are qualified by education, expertise, or experience

1 to advise, consult with, or otherwise assist the
2 council, executive committee, or subcommittees in the
3 performance of their duties. The council, executive
4 committee, or subcommittees may specifically enlist
5 the assistance of entities such as the university of
6 Iowa public policy center to provide ongoing evaluation
7 of the Medicaid program and to make evidence-based
8 recommendations to improve the program. The council,
9 executive committee, and subcommittees shall enlist
10 input from the patient-centered health advisory council
11 created in section 135.159, the mental health and
12 disabilities services commission created in section
13 225C.5, the commission on aging created in section
14 231.11, the bureau of substance abuse of the department
15 of public health, the Iowa developmental disabilities
16 council, and other appropriate state and local entities
17 to provide advice to the council, executive committee,
18 and subcommittees.

19 12. The department, in accordance with 42 C.F.R.
20 §431.12, shall seek federal financial participation for
21 the activities of the council, the executive committee,
22 and the subcommittees.

23 PATIENT-CENTERED HEALTH RESOURCES AND INFRASTRUCTURE

24 Sec. 7. Section 135.159, subsection 2, Code 2016,
25 is amended to read as follows:

26 2. a. The department shall establish a
27 patient-centered health advisory council which shall
28 include but is not limited to all of the following
29 members, selected by their respective organizations,
30 and any other members the department determines
31 necessary to assist in the ~~department's duties at~~
32 ~~various stages of~~ development of the medical home
33 system and in the transformation to a patient-centered
34 infrastructure that integrates and coordinates services
35 and supports to address social determinants of health

1 and meet population health goals:

2 (1) The director of human services, or the
3 director's designee.

4 (2) The commissioner of insurance, or the
5 commissioner's designee.

6 (3) A representative of the federation of Iowa
7 insurers.

8 (4) A representative of the Iowa dental
9 association.

10 (5) A representative of the Iowa nurses
11 association.

12 (6) A physician and an osteopathic physician
13 licensed pursuant to chapter 148 who are family
14 physicians and members of the Iowa academy of family
15 physicians.

16 (7) A health care consumer.

17 (8) A representative of the Iowa collaborative
18 safety net provider network established pursuant to
19 section 135.153.

20 (9) A representative of the Iowa developmental
21 disabilities council.

22 (10) A representative of the Iowa chapter of the
23 American academy of pediatrics.

24 (11) A representative of the child and family
25 policy center.

26 (12) A representative of the Iowa pharmacy
27 association.

28 (13) A representative of the Iowa chiropractic
29 society.

30 (14) A representative of the university of Iowa
31 college of public health.

32 (15) A representative of the Iowa public health
33 association.

34 (16) A representative of the area agencies on
35 aging.

1 (17) A representative of the mental health and
2 disability services regions.

3 (18) A representative of early childhood Iowa.

4 b. Public members of the patient-centered health
5 advisory council shall receive reimbursement for
6 actual expenses incurred while serving in their
7 official capacity only if they are not eligible for
8 reimbursement by the organization that they represent.

9 c. (1) Beginning July 1, 2016, the
10 patient-centered health advisory council shall
11 do all of the following:

12 (a) Review and make recommendations to the
13 department and to the general assembly regarding
14 the building of effective working relationships and
15 strategies to support state-level and community-level
16 integration, to provide cross-system coordination
17 and synchronization, and to more appropriately align
18 health delivery models and service sectors, including
19 but not limited to public health, aging and disability
20 services agencies, mental health and disability
21 services regions, social services, child welfare, and
22 other providers, agencies, organizations, and sectors
23 to address social determinants of health, holistic
24 well-being, and population health goals. Such review
25 and recommendations shall include a review of funding
26 streams and recommendations for blending and braiding
27 funding to support these efforts.

28 (b) Assist in efforts to evaluate the health
29 workforce to inform policymaking and resource
30 allocation.

31 (2) The patient-centered health advisory council
32 shall submit a report to the department, the health
33 policy oversight committee created in section 2.45, and
34 the general assembly, initially, on or before December
35 15, 2016, and on or before December 15, annually,

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1 thereafter, including any findings or recommendations
2 resulting from the council's deliberations.

3 HAWK-I PROGRAM

4 Sec. 8. Section 514I.5, subsection 8, paragraph
5 d, Code 2016, is amended by adding the following new
6 subparagraph:

7 NEW SUBPARAGRAPH. (17) Occupational therapy.

8 Sec. 9. Section 514I.5, subsection 8, Code 2016, is
9 amended by adding the following new paragraph:

10 NEW PARAGRAPH. m. The definition of medically
11 necessary and the utilization management criteria under
12 the hawk-i program in order to ensure that benefits
13 are uniformly and consistently provided across all
14 participating insurers in the type and manner that
15 reflects and appropriately meets the needs, including
16 but not limited to the habilitative and rehabilitative
17 needs, of the child population including those children
18 with special health care needs.

19 Sec. 10. EFFECTIVE UPON ENACTMENT. This Act, being
20 deemed of immediate importance, takes effect upon
21 enactment.>

By DAVID JOHNSON

S-5052 FILED MARCH 2, 2016
LOST

SENATE FILE 2225

S-5051

1 Amend Senate File 2225 as follows:

2 1. Page 1, after line 20 by inserting:

3 <0d. A contest health care professional must have
4 completed specific education or training in sports
5 medicine or emergency care and must provide evidence of
6 such specific education or training to the high school
7 of the home team prior to serving as a contest health
8 care professional. Such education or training may be
9 gained through education, continuing education, or
10 professional experience.>

11 2. Page 2, by striking line 3 and inserting
12 <soccer, or wrestling.>

13 3. By renumbering as necessary.

By TOD R. BOWMAN

S-5051 FILED MARCH 2, 2016
ADOPTED

SENATE FILE 2228

S-5053

1 Amend Senate File 2228 as follows:
2 1. Page 2, line 22, after <and> by inserting <an
3 application for>

By AMY SINCLAIR

S-5053 FILED MARCH 2, 2016
ADOPTED

SENATE FILE 2229

S-5049

1 Amend Senate File 2229 as follows:
2 1. By striking everything after the enacting clause
3 and inserting:
4 <Section 1. NEW SECTION. 15.231 Community catalyst
5 building remediation program – fund.
6 1. a. The economic development authority
7 shall, pursuant to section 15.106A, subsection 1,
8 paragraph "o", establish a community catalyst building
9 remediation fund for the purpose of providing grants to
10 cities for the remediation of underutilized buildings.
11 The authority shall administer the fund in a manner to
12 make grant moneys annually available to cities for the
13 purposes of this section.
14 b. The fund may consist of any moneys appropriated
15 by the general assembly for purposes of this section
16 and any other moneys that are lawfully available to the
17 authority, including moneys transferred or deposited
18 from other funds created pursuant to section 15.106A,
19 subsection 1, paragraph "o".
20 c. The authority shall use any moneys specifically
21 appropriated for purposes of this section only for the
22 purposes of this section. The authority may use all
23 other moneys in the fund, including interest, earnings,
24 and recaptures for purposes of this section, or the
25 authority may transfer the other moneys to other funds
26 created pursuant to section 15.106A, subsection 1,
27 paragraph "o".
28 d. Notwithstanding section 8.33, moneys in the
29 community catalyst building remediation fund at the
30 end of each fiscal year shall not revert to any other
31 fund but shall remain in the fund for expenditure for
32 subsequent fiscal years.
33 e. The authority may use not more than five percent
34 of the moneys in the fund at the beginning of the
35 fiscal year for purposes of administrative costs,

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1 marketing, and technical assistance and other program
2 support.

3 2. The authority shall use moneys in the fund
4 to provide grants to cities for the remediation of
5 underutilized buildings. The authority may provide
6 grants under this section using a competitive scoring
7 process.

8 3. In providing grants under this section, the
9 authority shall dedicate forty percent of the moneys
10 available at the beginning of each fiscal year to
11 cities with populations of less than one thousand five
12 hundred as shown by the most recent federal decennial
13 census. If at the end of each application period the
14 amount of grants awarded to cities with a population
15 of less than one thousand five hundred is less than
16 the amount to be dedicated to such cities under this
17 subsection, the balance may be awarded to any approved
18 applicant city regardless of city population.

19 4. The authority shall enter into an agreement
20 with each city for the receipt of grants under this
21 section. For a city to receive grant moneys under this
22 section, the agreement must require the city to provide
23 resources, including financial or in-kind resources, to
24 the remediation project. The authority may negotiate
25 the terms of the agreement.

26 5. In providing grants under this section, the
27 authority shall coordinate with a city to develop a
28 plan for the use of grant moneys that is consistent
29 with the community development, housing, and economic
30 development goals of the city. The terms of the
31 agreement entered into pursuant to subsection 4 and the
32 use of grants provided under this section shall reflect
33 the plan developed.

34 6. If a city receives a grant under this section,
35 the amount of any lien created for costs related to

1 the remediation of the building shall not include any
2 moneys that the city received pursuant to this section.
3 7. The authority shall submit a report to the
4 general assembly and the governor's office on or
5 before January 31, 2020, describing the results of the
6 program implemented pursuant to this section and making
7 recommendations for program changes.

8 Sec. 2. Section 15.335B, subsection 2, paragraph
9 a, Code 2016, is amended by adding the following new
10 subparagraph:

11 NEW SUBPARAGRAPH. (9) For deposit in the community
12 catalyst building remediation fund established pursuant
13 to section 15.231.>

14 2. Title page, by striking lines 1 and 2 and
15 inserting <An Act requiring the economic development
16 authority to establish a community catalyst building
17 remediation program and fund.>

18 3. By renumbering as necessary.

By RITA HART

SENATE FILE 2235

S-5056

1 Amend Senate File 2235 as follows:

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

4 <Section 1. NEW SECTION. 237C.1 Definitions.

5 As used in this chapter, unless the context
6 otherwise requires:

7 1. "Administrator" means the administrator of that
8 division of the department designated by the director
9 of human services to administer this chapter or the
10 administrator's designee.

11 2. "Child" or "children" means an individual or
12 individuals under eighteen years of age.

13 3. "Children's residential facility" means a
14 private facility designed to serve children who have
15 been voluntarily placed for reasons other than an
16 exclusively recreational activity outside of their
17 home by a parent or legal guardian and who are not
18 under the custody or authority of the department of
19 human services, juvenile court, or another governmental
20 agency, that provides twenty-four hour care, including
21 food, lodging, supervision, education, or other care on
22 a full-time basis by a person other than a relative or
23 guardian of the child, but does not include an entity
24 providing any of the following:

25 a. Care furnished by an individual who receives
26 the child of a personal friend as an occasional and
27 personal guest in the individual's home, free of charge
28 and not as a business.

29 b. Care furnished by an individual with whom a
30 child has been placed for lawful adoption, unless
31 that adoption is not completed within two years after
32 placement.

33 c. Child care furnished by a child care facility as
34 defined in section 237A.1.

35 d. Care furnished in a hospital licensed under

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1 chapter 135B or care furnished in a health care
2 facility as defined in section 135C.1.

3 e. Care furnished by a juvenile detention home
4 or juvenile shelter care home approved under section
5 232.142.

6 f. Care furnished by a child foster care facility
7 licensed under chapter 237.

8 g. Care furnished by an institution listed in
9 section 218.1.

10 h. Care furnished by a facility licensed under
11 chapter 125.

12 i. Care furnished by a psychiatric medical
13 institution for children licensed under chapter 135H.

14 4. "Department" means the department of human
15 services.

16 Sec. 2. NEW SECTION. 237C.2 Purpose.

17 It is the policy of this state to provide
18 appropriate protection for children who are separated
19 from the direct personal care of their parents,
20 relatives, or guardians and, therefore, the purpose
21 of this chapter is to provide for the development,
22 establishment, and enforcement of standards relating to
23 the certification of children's residential facilities.

24 Sec. 3. NEW SECTION. 237C.3 Certification
25 standards - consultation with other agencies.

26 1. The department of human services shall consult
27 with the department of education, the department of
28 inspections and appeals, the department of public
29 health, the state fire marshal, and other agencies
30 as determined by the department of human services
31 to establish certification standards for children's
32 residential facilities in accordance with this chapter.

33 2. Standards established by the department under
34 this chapter shall at a minimum address the basic
35 health and educational needs of children; protection

1 of children from mistreatment, abuse, and neglect;
2 background and records checks of persons providing
3 care to children in facilities certified under this
4 chapter; the use of seclusion, restraint, or other
5 restrictive interventions; health; safety; emergency;
6 and the physical premises on which care is provided
7 by a children's residential facility. The background
8 check requirements shall be substantially equivalent to
9 those applied under chapter 237 for a child foster care
10 facility provider.

11 Sec. 4. NEW SECTION. 237C.4 Rules.

12 1. Except as otherwise provided in this section,
13 the department shall adopt rules pursuant to chapter
14 17A to administer this chapter.

15 2. A children's residential facility shall be
16 inspected by the state fire marshal or the state fire
17 marshal's designee for compliance with rules relating
18 to fire safety before the department grants or renews
19 a certificate of approval under this chapter. Rules
20 governing fire safety in children's residential
21 facilities shall be promulgated by the state fire
22 marshal pursuant to section 100.1, subsection 5, after
23 consultation with the administrator.

24 3. Rules governing sanitation, water and waste
25 disposal standards for children's residential
26 facilities shall be adopted by the department of public
27 health pursuant to section 135.11, subsection 12, after
28 consultation with the administrator.

29 4. Rules governing educational programs and
30 education services provided by children's residential
31 facilities shall be adopted by the state board of
32 education pursuant to section 282.34.

33 5. In the case of a conflict between rules adopted
34 pursuant to subsections 2 and 3 and local rules, the
35 more stringent requirement applies.

1 Sec. 5. NEW SECTION. 237C.5 Certificate of
2 approval – certification required.

3 A person shall not operate a children's residential
4 facility without a certificate of approval to operate
5 issued by the administrator under this chapter.

6 Sec. 6. NEW SECTION. 237C.6 Certificate
7 application and issuance – denial, suspension, or
8 revocation.

9 1. A person shall apply for a certificate to
10 operate a children's residential facility by completing
11 and submitting to the administrator an application in
12 a form and format approved by the administrator. The
13 administrator shall issue or reissue a certificate
14 of approval if the administrator determines that the
15 applicant is or upon commencing operation will provide
16 children's residential facility services in compliance
17 with this chapter. A certificate of approval is valid
18 for up to one year from the date of issuance for the
19 period determined by the administrator in accordance
20 with administrative rules providing criteria for making
21 the determination.

22 2. The certificate of approval shall state on
23 its face the name of the holder of the certificate,
24 the particular premises for which the certificate is
25 issued, and the number of children who may be cared for
26 by the children's residential facility on the premises
27 at one time under the certificate of occupancy issued
28 by the state fire marshal or the state fire marshal's
29 designee. The certificate of approval shall be posted
30 in a conspicuous place in the children's residential
31 facility.

32 3. The administrator may deny an application for
33 issuance or reissuance of a certificate of approval
34 or suspend or revoke a certificate of approval if
35 the applicant or certificate holder, as applicable,

1 fails to comply with this chapter or the rules adopted
2 pursuant to this chapter or knowingly makes a false
3 statement concerning a material fact or conceals a
4 material fact on the application for the issuance or
5 reissuance of a certificate of approval or in a report
6 regarding operation of the children's residential
7 facility submitted to the administrator. All
8 operations of a children's residential facility shall
9 cease during a period of suspension or revocation. The
10 administrator shall suspend or revoke a certificate
11 of approval of a children's residential facility that
12 fails to comply with section 282.34.

13 Sec. 7. NEW SECTION. 237C.7 Restricted use of
14 facility.

15 A children's residential facility shall operate
16 only in a building or on premises designated in the
17 certificate of approval.

18 Sec. 8. NEW SECTION. 237C.8 Reports and
19 inspections.

20 The administrator may require submission of reports
21 by a certificate of approval holder and shall cause at
22 least one annual unannounced inspection of a children's
23 residential facility to assess compliance with
24 applicable requirements and standards. The inspections
25 shall be conducted by the department of inspections
26 and appeals in addition to initial, renewal, and
27 other inspections that result from complaints or
28 self-reported incidents. The department of inspections
29 and appeals and the department of human services may
30 examine records of a children's residential facility
31 and may inquire into matters concerning the children's
32 residential facility and its employees, volunteers, and
33 subcontractors relating to requirements and standards
34 for children's residential facilities under this
35 chapter.

1 Sec. 9. NEW SECTION. 237C.9 Injunctive relief –
2 civil action.

3 1. A person who establishes, conducts, manages,
4 or operates a children's residential facility without
5 a certificate of approval required pursuant to this
6 chapter, or a children's residential facility with
7 a certificate of approval that is not operating in
8 compliance with rules adopted pursuant to this chapter,
9 may be restrained by temporary or permanent injunction
10 from providing children's residential facility services
11 or from other involvement with child care. The action
12 may be instituted by the state or a county attorney.

13 2. The parent or legal guardian of a child who
14 is placed in a children's residential facility, the
15 state, or the school district in which the children's
16 residential facility is located, may bring a civil
17 action seeking relief from conduct constituting a
18 violation of this chapter or section 282.34 or to
19 prevent, restrain, or remedy such violation.

20 3. If successful in obtaining injunctive relief
21 under this section, the petitioner shall be awarded
22 reasonable attorney fees and court costs. Multiple
23 petitioners may join in a single action under this
24 section.

25 Sec. 10. NEW SECTION. 237C.10 Notice and hearings
26 – judicial review.

27 The procedure governing notice and hearing to deny
28 an application or suspend or revoke a certificate of
29 approval shall be in accordance with rules adopted by
30 the department.

31 Sec. 11. NEW SECTION. 282.34 Educational programs
32 for children's residential facilities.

33 1. A children's residential facility operating
34 under a certificate of approval issued under chapter
35 237C shall do all of the following:

1 a. Provide an educational program and appropriate
2 education services to children residing in the
3 children's residential facility by contracting with the
4 school district in which the children's residential
5 facility is located, contracting with an accredited
6 nonpublic school, or becoming accredited as a nonpublic
7 school through the standards and accreditation process
8 described in section 256.11 and adopted by rule by the
9 state board of education.

10 b. Display prominently in all of its major
11 publications and on its internet site a notice
12 accurately describing the educational program and
13 educational services provided by the children's
14 residential facility.

15 c. Include in any promotional, advertising,
16 or marketing materials regarding the children's
17 residential facility available in print, broadcast, or
18 via the internet or by any other means all fees charged
19 by the children's residential facility for the services
20 offered or provided by the children's residential
21 facility and its refund policy for the return of
22 refundable portions of any fees.

23 2. The state board of education may adopt by rule
24 pursuant to chapter 17A standards for the following:

25 a. Educational programs and appropriate educational
26 services provided under this section.

27 b. Contracts between children's residential
28 facilities and school districts or accredited nonpublic
29 schools.

30 c. Notices displayed in accordance with subsection
31 1, paragraph "b".

32 3. A contract that fails to comply with any of the
33 requirements of subsection 1, or with standards adopted
34 by the state board of education under subsection 2, is
35 void.

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1 Sec. 12. REPEAL. Chapter 237B, Code 2016, is
2 repealed.

3 Sec. 13. REPORT REQUIREMENT. By January 1, 2017,
4 the department of human services, the department of
5 education, the department of public health, and the
6 state fire marshal shall each submit a report to the
7 general assembly concerning their progress in adopting
8 rules as appropriate under sections 237C.4 and 282.34,
9 as enacted by this Act.>

10 2. Title page, line 1, by striking <and licensure
11 for certain> and inserting <for and certification and
12 inspection of>

13 3. Title page, line 2, by striking <centers> and
14 inserting <residential facilities>

By HERMAN C. QUIRMBACH

S-5056 FILED MARCH 2, 2016

ADOPTED

SENATE FILE 2266

S-5054

1 Amend Senate File 2266 as follows:

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

4 <Section 1. Section 97A.3, subsection 3, paragraphs
5 a and b, Code 2016, are amended to read as follows:

6 a. As used in this section, unless the context
7 otherwise requires, "reemployed" or "reemployment"
8 means the employment of a person by the state or in
9 a position which would otherwise be included as a
10 membership position under subsection 1, after the
11 person has commenced receiving a service retirement
12 allowance under section 97A.6.

13 b. If a person is reemployed, the person shall not
14 become an active member of the system upon reemployment
15 if applicable, and the person so reemployed and
16 the state of Iowa shall not make contributions to
17 the system based upon the person's compensation for
18 reemployment. A person who is so reemployed shall
19 ~~continue~~ cease to receive the service retirement
20 allowance during the person's reemployment, and the
21 service retirement allowance shall not be recalculated
22 based upon the person's reemployment. Notwithstanding
23 section 97B.1A or any other provision of law to the
24 contrary, a person reemployed as provided in this
25 subsection shall be exempt from chapter 97B.

26 Sec. 2. Section 97B.52A, subsection 1, Code 2016,
27 is amended by adding the following new paragraph:

28 NEW PARAGRAPH. d. Effective July 1, 2016, the
29 member does not return to any employment with the
30 state.

31 Sec. 3. Section 411.3, subsection 3, paragraph a,
32 Code 2016, is amended to read as follows:

33 a. As used in this section, unless the context
34 otherwise requires, "reemployed" or "reemployment" means
35 the employment of a person by the state or as a police

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1 officer or fire fighter by any participating city after
2 the person has commenced receiving a service retirement
3 allowance under section 411.6.>

4 2. Title page, by striking line 2 and inserting <a
5 retirement allowance under certain public retirement
6 systems.>

By CHARLES SCHNEIDER

S-5054 FILED MARCH 2, 2016

RULED OUT OF ORDER

SENATE FILE 2266

S-5057

1 Amend Senate File 2266 as follows:

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

4 <Section 1. Section 97A.3, subsection 3, paragraphs
5 a and b, Code 2016, are amended to read as follows:

6 a. As used in this section, unless the context
7 otherwise requires, "reemployed" or "reemployment"
8 means the employment of a person by the state or in
9 a position which would otherwise be included as a
10 membership position under subsection 1, after the
11 person has commenced receiving a service retirement
12 allowance under section 97A.6.

13 b. (1) If a person is reemployed, the person
14 shall not become an active member of the system
15 upon reemployment if applicable, and the person
16 so reemployed and the state of Iowa shall not make
17 contributions to the system based upon the person's
18 compensation for reemployment.

19 (2) A person who is so reemployed shall continue to
20 receive the service retirement allowance subject to the
21 requirements of this subparagraph (2), and the service
22 retirement allowance shall not be recalculated based
23 upon the person's reemployment. Notwithstanding any
24 provision to the contrary, a person who is reemployed
25 shall have the person's service retirement allowance
26 reduced by a dollar for each dollar the person earns as
27 a result of the reemployment. Notwithstanding section
28 97B.1A or any other provision of law to the contrary, a
29 person reemployed as provided in this subsection shall
30 be exempt from chapter 97B.

31 Sec. 2. Section 97B.48A, Code 2016, is amended by
32 adding the following new subsection:

33 NEW SUBSECTION. 6. Notwithstanding any provision
34 of this section to the contrary, if a member who has
35 a bona fide retirement under this chapter is employed

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1 by the state during a calendar year, the member's
2 retirement allowance shall be reduced by a dollar for
3 each dollar the member earns in employment with the
4 state.

5 Sec. 3. Section 602.9110, Code 2016, is amended by
6 striking the section and inserting in lieu thereof the
7 following:

8 602.9110 Reemployment.

9 1. If any person, except a survivor, entitled to
10 receive an annuity under this chapter is employed as
11 a state officer or employee during a calendar year,
12 the person's annuity shall be reduced by a dollar for
13 each dollar the member earns while employed as a state
14 officer or employee.

15 2. This section does not apply to a senior judge
16 while serving as provided in section 602.9206.>

17 2. Title page, line 1, by striking <prohibitions>
18 and inserting <earnings restrictions>

19 3. Title page, by striking line 2 and inserting <an
20 annuity or retirement allowance under certain public
21 retirement systems.>

By MARK CHELGREN

S-5057 FILED MARCH 2, 2016
RULED OUT OF ORDER

HOUSE FILE 2279

S-5055

1 Amend House File 2279, as passed by the House, as
2 follows:

3 1. Page 3, by striking lines 10 through 12 and
4 inserting:

5 <1. A person shall not knowingly possess a firearm
6 suppressor in this state in violation of federal law.>

COMMITTEE ON JUDICIARY
STEVEN J. SODDERS, CHAIRPERSON

S-5055 FILED MARCH 2, 2016



SF 2186 – Cocaine and Crack Cocaine, Criminal Penalties (LSB5986SV)
Analyst: Alice Wisner (Phone: 515-281-6764) (alice.wisner@legis.iowa.gov)
Fiscal Note Version – New

Description

Senate File 2186 modifies the criminal penalties for controlled substances containing a cocaine base.

Background

This bill lowers the threshold limits for cocaine based substances (crack cocaine), and thus lowers the criminal penalties for possession of crack cocaine as follows:

- More than 125 grams (current law is 50 grams) becomes a Class B felony punishable by confinement of no more than 50 years and a fine of no more than \$1.0 million.
- Possession of 35 to 125 grams (current law is 10 to 50 grams) becomes a Class B felony punishable by confinement of no more than 25 years and a fine of \$5,000 to \$100,000.
- Less than 35 grams (current law is 10 grams) becomes a Class C felony punishable by a fine of not less than \$1,000.

Correctional Impact

According to an analysis done by the Department of Corrections for the Public Safety Advisory Board, under this proposal offenders that currently enter prison for a Class B felony (25 years) drug conviction will instead be convicted of a Class C felony (10 years). While this will not result in an immediate impact on the prison population, Class C nonviolent offenders serve an average of 17.6 months in prison versus 36.9 months for Class B nonviolent offenders. The net impact to the prison population over the long term will be a decrease of approximately 11 offenders. With a marginal cost for the prison system at \$18.43/day, this will result in an estimated savings of at least \$74,000 per year after year four. The LSA **Correctional Impact Statements Memo** dated February 18, 2016, contains additional information.

Minority Impact

It is expected this bill would reduce the disproportionate impact on African Americans slightly over time. Refer to the LSA **Minority Impact Statements Memo** dated January 26, 2016, for information related to minorities in the criminal justice system.

Fiscal Impact

The change in penalties is estimated to result in a savings to the State General Fund of \$74,000 per year after the fourth year of implementation.

Sources

Iowa Department of Human Rights, Criminal and Juvenile Justice Planning Division
Iowa Department of Human Rights, Public Safety Advisory Board
Iowa Department of Corrections

/s/ Holly M. Lyons

March 2, 2016