

House File 649

- 1 Amend House File 649, as amended, passed, and
2 reprinted by the House, as follows:
- 3 1. Page 1, line 19, by striking <9,852,577> and
4 inserting <10,302,577>
- 5 2. Page 1, after line 29 by inserting:
6 <1A. The amount appropriated in this section
7 includes additional funding of \$450,000 for delivery of
8 long-term care services to seniors with low or moderate
9 incomes.>
- 10 3. Page 2, line 35, by striking <20,703,190> and
11 inserting <25,703,190>
- 12 4. Page 3, by striking lines 2 through 11 and
13 inserting:
14 <a. (1) Of the funds appropriated in this
15 subsection, \$5,453,830 shall be used for the tobacco
16 use prevention and control initiative, including
17 efforts at the state and local levels, as provided in
18 chapter 142A.
19 (2) Of the funds allocated in this paragraph
20 "a", \$453,830 shall be transferred to the alcoholic
21 beverages division of the department of commerce
22 for enforcement of tobacco laws, regulations, and
23 ordinances in accordance with 2011 Iowa Acts, House
24 File 467, as enacted.>
- 25 5. Page 6, line 16, by striking <2,601,905> and
26 inserting <2,644,270>
- 27 6. Page 6, line 17, by striking <10.00> and
28 inserting <11.00>
- 29 7. Page 6, line 25, by striking <287,520> and
30 inserting <329,885>
- 31 8. Page 6, line 30, after <children.> by inserting
32 <A portion of the funds allocated in this lettered
33 paragraph may be used for a full-time equivalent
34 position to coordinate the activities under this
35 paragraph.>
- 36 9. Page 7, by striking lines 8 through 14.
- 37 10. Page 7, line 19, by striking <3,262,256> and
38 inserting <3,369,156>
- 39 11. Page 7, line 20, by striking <4.00> and
40 inserting <5.00>
- 41 12. Page 7, line 21, by striking <136,808> and
42 inserting <160,582>
- 43 13. Page 7, line 25, by striking <383,600> and
44 inserting <483,600>
- 45 14. Page 8, line 6, by striking <755,791> and
46 inserting <788,303>
- 47 15. Page 8, line 8, by striking <711,052> and
48 inserting <547,065>
- 49 16. Page 8, line 12, by striking <363,987> and
50 inserting <200,000>

1 17. Page 8, line 18, by striking <421,782> and
2 inserting <528,834>

3 18. Page 8, line 20, after <disorders.> by
4 inserting <A portion of the funds allocated in this
5 paragraph may be used for one full-time equivalent
6 position for administration of the center.>

7 19. Page 8, line 28, by striking <3,677,659> and
8 inserting <4,763,872>

9 20. Page 9, line 33, by striking <Iowa-Nebraska>
10 and inserting <Iowa>

11 21. Page 10, line 1, by striking <116,597> and
12 inserting <132,580>

13 22. Page 10, after line 1 by inserting:
14 <(1A) For distribution to the Iowa family planning
15 network agencies for necessary infrastructure,
16 statewide coordination, provider recruitment, service
17 delivery, and provision of assistance to patients in
18 determining an appropriate medical home:
19 \$ 74,517>

20 23. Page 10, line 5, by striking <68,332> and
21 inserting <74,517>

22 24. Page 10, line 9, by striking <68,332> and
23 inserting <74,517>

24 25. Page 10, line 14, by striking <113,754> and
25 inserting <124,050>

26 26. Page 10, line 19, by striking <101,264> and
27 inserting <110,430>

28 27. Page 10, line 23, by striking <238,420> and
29 inserting <260,000>

30 28. Page 10, line 27, by striking <247,590> and
31 inserting <270,000>

32 29. By striking page 10, line 32, through page 11,
33 line 5, and inserting:
34 <h. (1) Of the funds appropriated in this
35 subsection, \$149,000 shall be used for continued
36 implementation of the recommendations of the direct
37 care worker task force established pursuant to 2005
38 Iowa Acts, chapter 88, based upon the report submitted
39 to the governor and the general assembly in December
40 2006. The department may use a portion of the funds
41 allocated in this lettered paragraph for an additional
42 position to assist in the continued implementation.
43 (2) It is the intent of the general assembly that
44 a board of direct care workers shall be established
45 within the department of public health by July 1, 2014,
46 contingent upon the availability of funds to establish
47 and maintain the board.
48 (3) The direct care worker advisory council
49 shall submit a final report no later than March 1,
50 2012, to the governor and the general assembly, in

1 accordance with 2010 Iowa Acts, chapter 1192, section
2 2, subsection 4, paragraph "h", subparagraph (3).

3 (4) The department of public health shall report to
4 the persons designated in this Act for submission of
5 reports regarding use of the funds allocated in this
6 lettered paragraph, on or before January 15, 2012.

7 i. (1) Of the funds appropriated in this
8 subsection, \$130,100 shall be used for allocation to an
9 independent statewide direct care worker association
10 for education, outreach, leadership development,
11 mentoring, and other initiatives intended to enhance
12 the recruitment and retention of direct care workers in
13 health care and long-term care settings.

14 (2) Of the funds appropriated in this subsection,
15 \$45,173 shall be used to provide scholarships or
16 other forms of subsidization for direct care worker
17 educational conferences, training, or outreach
18 activities.>

19 30. Page 11, after line 13 by inserting:

20 <k. Of the funds appropriated in this subsection,
21 \$50,000 shall be used for a matching dental education
22 loan repayment program to be allocated to a dental
23 nonprofit health service corporation to develop the
24 criteria and implement the loan repayment program.

25 l. Of the funds appropriated in this subsection, up
26 to \$134,214 shall be used to support the department's
27 activities relating to health and long-term care access
28 as specified pursuant to chapter 135, division XXIV.

29 m. Of the funds appropriated in this subsection,
30 \$363,987 shall be used as state matching funds for the
31 health information network as enacted by this Act.

32 n. Of the funds appropriated in this subsection,
33 \$25,000 shall be used for a pilot program established
34 as a collaborative effort between the department
35 of public health and the department of education
36 to provide vision screening to elementary school
37 children in one urban and one rural school district
38 in the state, on a voluntary basis, over a multiyear
39 period. The departments shall develop protocol for
40 participating schools including the grade level of the
41 children to be screened, the training and certification
42 necessary for individuals conducting the vision
43 screening, vision screening equipment requirements, and
44 documentation and tracking requirements. Following
45 the conclusion of the pilot program, the participating
46 schools shall report findings and recommendations
47 for statewide implementation of the vision screening
48 program to the departments.>

49 31. Page 11, line 19, by striking <7,297,142> and
50 inserting <7,336,142>

1 32. Page 11, line 22, by striking <5,287,955> and
2 inserting <5,326,955>

3 33. Page 12, line 7, by striking <2,906,532> and
4 inserting <2,778,688>

5 34. Page 12, after line 24 by inserting:
6 <d. Of the funds appropriated in this subsection,
7 \$50,000 shall be used for education, testing, training,
8 and other costs to conform the requirements for
9 certification of emergency medical care providers with
10 national standards.>

11 35. Page 12, by striking lines 25 through 30.

12 36. Page 23, line 27, by striking <897,237,190> and
13 inserting <878,216,915>

14 37. Page 23, by striking lines 28 through 34 and
15 inserting:

16 <l. Medically necessary abortions are those
17 performed under any of the following conditions:

18 a. The attending physician certifies that
19 continuing the pregnancy would endanger the life of the
20 pregnant woman.

21 b. The attending physician certifies that the
22 fetus is physically deformed, mentally deficient, or
23 afflicted with a congenital illness.

24 c. The pregnancy is the result of a rape which
25 is reported within 45 days of the incident to a law
26 enforcement agency or public or private health agency
27 which may include a family physician.

28 d. The pregnancy is the result of incest which
29 is reported within 150 days of the incident to a law
30 enforcement agency or public or private health agency
31 which may include a family physician.

32 e. Any spontaneous abortion, commonly known as a
33 miscarriage, if not all of the products of conception
34 are expelled.>

35 38. By striking page 28, line 17, through page 29,
36 line 8, and inserting:

37 <___. a. Except as otherwise provided by this
38 subsection or other provisions of law, the department
39 may implement cost containment strategies recommended
40 by the governor by using a sole source contract process
41 or by expanding an existing contract without using
42 a competitive process. The department may adopt
43 emergency rules to implement the cost containment
44 strategies recommended by the governor. However,
45 prior to entering into any sole source contract or
46 filing emergency rules, the department shall notify
47 the persons specified in this division of this Act for
48 submission of reports of such action. The persons
49 notified shall be given at least two weeks to review
50 and comment on the proposed sole source contract

1 or rules before any further action is taken by the
2 department.

3 b. The department shall not implement the cost
4 containment strategy to require a primary care referral
5 for the provision of chiropractic services.

6 c. The department may increase the amounts
7 allocated for salaries, support, maintenance, and
8 miscellaneous purposes associated with the medical
9 assistance program, as necessary, to implement the cost
10 containment strategies. The department shall report
11 any such increase to the legislative services agency
12 and the department of management.

13 d. If the savings to the medical assistance
14 program exceed the cost, the department may transfer
15 any savings generated for the fiscal year due to
16 medical assistance program cost containment efforts
17 initiated pursuant to 2010 Iowa Acts, chapter 1031,
18 Executive Order No. 20, issued December 16, 2009, or
19 cost containment strategies initiated pursuant to
20 this subsection, to the appropriation made in this
21 division of this Act for medical contracts or general
22 administration to defray the increased contract costs
23 associated with implementing such efforts.

24 e. The department shall report the implementation
25 of any cost containment strategies under this
26 subsection to the individuals specified in this
27 division of this Act for submission of reports on a
28 quarterly basis.>

29 39. Page 29, after line 12 by inserting:

30 < _____. Of the funds appropriated in this section,
31 \$6,100,000 shall be used to reduce the waiting lists
32 of the medical assistance home and community-based
33 services waivers. The department shall distribute the
34 funding allocated under this subsection proportionately
35 among all home and community-based services waivers.

36 _____. a. The department may submit medical
37 assistance program state plan amendments to the centers
38 for Medicare and Medicaid services of the United
39 States department of health and human services, and may
40 adopt administrative rules pursuant to chapter 17A to
41 implement any of the following if the respective state
42 plan amendment is approved:

43 (1) Health homes pursuant to section 2703 of the
44 federal Patient Protection and Affordable Care Act,
45 Pub. L. No. 111-148. The department shall collaborate
46 with the medical home system advisory council created
47 pursuant to section 135.159 in developing such health
48 homes.

49 (2) Accountable care organization pilot programs,
50 if such programs are advantageous to the medical

1 assistance program.

2 b. Any health home or accountable care organization
3 pilot program implemented pursuant to this subsection
4 shall demonstrate value to the state with a
5 positive return on investment within two years of
6 implementation, and may utilize care coordination fees,
7 pay-for-performance fees, or shared saving strategies
8 if approved as part of the state plan amendment.>

9 40. Page 29, line 19, by striking <5,773,844> and
10 inserting <9,893,844>

11 41. Page 29, line 20, before <The> by inserting
12 <1.>

13 42. Page 29, after line 24 by inserting:

14 <2. Of the funds appropriated in this section,
15 \$150,000 shall be used for implementation of a
16 uniform cost report to be used in the development
17 of specified Medicaid reimbursement rates over a
18 multiyear timeframe. The department of human services,
19 in collaboration with affected providers, shall
20 finalize a uniform cost report that includes provider
21 type-specific cost schedules by December 15, 2011.
22 The uniform cost report shall be applied to providers
23 of home and community-based services waiver services,
24 habilitation services, case management services
25 and community mental health centers, residential
26 care facilities, psychiatric medical institutions
27 for children, and intermediate care facilities
28 for the mentally retarded in the development of
29 Medicaid reimbursement rates. The department shall
30 collaborate with affected Medicaid providers to test
31 the effectiveness of the cost report and determine
32 the fiscal impact of implementing the uniform cost
33 report during the fiscal year beginning July 1, 2012.
34 A report of the findings and fiscal impact shall be
35 submitted to the governor and the general assembly by
36 December 31, 2013. The rates paid in the fiscal year
37 beginning July 1, 2014, shall be established using
38 uniform cost reports submitted in the fiscal year
39 beginning July 1, 2012. Implementation of the uniform
40 cost report shall be limited to the extent of the
41 funding available.

42 3. a. Of the funds appropriated in this section,
43 \$100,000 shall be used for implementation of an
44 electronic medical record system, including system
45 purchase or development, for home and community-based
46 services providers and mental health services providers
47 that comply with the requirements of federal and state
48 laws and regulation by the fiscal year beginning July
49 1, 2013.

50 b. The department shall analyze the costs and

1 benefits of providing an electronic medical record and
2 billing system for home and community-based services
3 providers and mental health services providers that
4 comply with the requirements of federal and state laws
5 and regulation. The analysis shall include a review
6 of all of the following: including the capability for
7 an electronic medical record and billing system within
8 the procurement for the Medicaid management information
9 system, developing the system, and utilizing capacity
10 within the health information network established by
11 the department of public health as enacted in this
12 Act. If the analysis demonstrates that a program
13 may be implemented in a cost-effective manner and
14 within available funds, the department may take steps
15 to implement such a system. The department shall
16 report the results of the analysis, activities, and
17 recommendations to the persons designated in this
18 division of this Act for submission of reports by
19 December 15, 2011.

20 c. Notwithstanding section 8.33, funds allocated in
21 this subsection that remain unencumbered or unobligated
22 at the close of the fiscal year shall not revert but
23 shall remain available in succeeding fiscal years to be
24 used for the purposes designated.

25 4. Of the amount appropriated in this section,
26 \$3,500,000 shall be used for technology upgrades
27 necessary to support Medicaid claims and other health
28 operations, worldwide federal Health Insurance
29 Portability and Accountability Act of 1996 (HIPAA)
30 claims, transactions, and coding requirements, and
31 the Iowa automated benefits calculation system.
32 Notwithstanding section 8.33, funds allocated in this
33 subsection that remain unencumbered or unobligated at
34 the close of the fiscal year shall not revert but shall
35 remain available in succeeding fiscal years to be used
36 for the purposes designated.

37 5. Of the funds appropriated in this section,
38 \$100,000 shall be used for an accountable care
39 organization pilot project as specified in the division
40 of this Act relating to prior appropriations and
41 related changes.

42 6. Of the funds appropriated in this section,
43 \$200,000 shall be used for the development of a
44 provider payment system plan to provide recommendations
45 to reform the health care provider payment system as an
46 effective way to promote coordination of care, lower
47 costs, and improve quality as specified in the division
48 of this Act relating to cost containment.

49 7. Of the funds appropriated in this section,
50 \$20,000 shall be used for the development of a plan

1 to establish an all-payer claims database to provide
2 for the collection and analysis of claims data from
3 multiple payers of health care as specified in the
4 division of this Act relating to cost containment.

5 8. The department shall amend the state Medicaid
6 health information technology plan to include costs
7 related to the one-time development costs of the health
8 information network as enacted in this Act.

9 9. Of the amount appropriated in this section, up
10 to \$250,000 may be transferred to the appropriation for
11 general administration in this division of this Act to
12 be used for additional full-time equivalent positions
13 in the development of key health initiatives such as
14 cost containment, development and oversight of managed
15 care programs, and development of health strategies
16 targeted toward improved quality and reduced costs in
17 the Medicaid program.

18 10. Of the funds appropriated in this section,
19 \$50,000 shall be used for home and community-based
20 services waiver quality assurance programs, including
21 the review and streamlining of processes and policies
22 related to oversight and quality management to meet
23 state and federal requirements. The department shall
24 submit a report to the persons designated by this
25 division of this Act for submission of reports by
26 December 15, 2011, regarding the modifications to the
27 quality assurance programs.>

28 43. Page 30, line 22, by striking <There> and
29 inserting <1. There>

30 44. Page 30, line 32, by striking <32,927,152> and
31 inserting <33,056,102>

32 45. Page 30, after line 32 by inserting:

33 <2. Of the funds appropriated in this section,
34 \$128,950 is allocated for continuation of the contract
35 for advertising and outreach with the department of
36 public health.>

37 46. Page 31, line 4, by striking <51,237,662> and
38 inserting <55,265,509>

39 47. Page 31, line 5, by striking <49,868,235> and
40 inserting <51,896,082>

41 48. Page 31, by striking lines 25 through 30 and
42 inserting <system in accordance with section 237.30.>

43 49. Page 33, after line 32 by inserting:

44 <4. For the fiscal year beginning July 1, 2011,
45 notwithstanding section 232.52, subsection 2, and
46 section 907.3A, subsection 1, the court shall not order
47 the placement of a child at the Iowa juvenile home
48 or the state training school under section 232.52, if
49 that placement is not in accordance with the population
50 guidelines for the respective juvenile institution

1 established pursuant to section 233A.1 or 233B.1.>

2 50. Page 34, line 5, by striking <82,020,163> and
3 inserting <83,420,163>

4 51. Page 35, line 29, by striking <7,170,116> and
5 inserting <7,670,116>

6 52. Page 37, line 32, by striking <4,522,602> and
7 inserting <6,022,602>

8 53. Page 39, after line 35 by inserting:
9 <_____. Of the funds appropriated in this section,
10 \$300,000 shall be used for continuation of the central
11 Iowa system of care program grant through June 30,
12 2012.>

13 54. Page 40, line 8, by striking <34,897,591> and
14 inserting <34,466,591>

15 55. Page 41, line 8, by striking <department of
16 human services> and inserting <division of criminal and
17 juvenile justice planning of the department of human
18 rights>

19 56. Page 41, by striking lines 14 and 15 and
20 inserting <submission of reports and to the department
21 of human services by>

22 57. Page 47, after line 35 by inserting:
23 <Notwithstanding section 8.33, moneys appropriated
24 in this section that remain unencumbered or unobligated
25 at the close of the fiscal year shall not revert but
26 shall remain available for expenditure for the purposes
27 designated until the close of the succeeding fiscal
28 year.>

29 58. Page 48, line 10, by striking <285.00> and
30 inserting <290.00>

31 59. Page 48, by striking lines 17 through 25 and
32 inserting:

33 <3. Of the funds appropriated in this section,
34 \$132,300 shall be used to contract with a statewide
35 association representing community providers of mental
36 health, mental retardation and brain injury services
37 programs to provide technical assistance, support, and
38 consultation to providers of habilitation services and
39 home and community-based waiver services for adults
40 with disabilities under the medical assistance program.
41 Notwithstanding section 8.47 or any other provision of
42 law to the contrary, the department may utilize a sole
43 source approach to contract with the association.

44 4. Of the funds appropriated in this section,
45 \$176,400 shall be used to contract with an appropriate
46 entity to expand the provision of nationally accredited
47 and recognized internet-based training to include
48 mental health and disability services providers.
49 Notwithstanding section 8.47 or any other provision of
50 law to the contrary, the department may utilize a sole

1 site source approach to enter into such contract.>

2 60. Page 48, before line 30 by inserting:
3 <_. Notwithstanding section 8.33, moneys
4 appropriated in this section that remain unencumbered
5 or unobligated at the close of the fiscal year shall
6 not revert but shall remain available for expenditure
7 for the purposes designated until the close of the
8 succeeding fiscal year.>

9 61. Page 49, line 7, by striking <225,502,551> and
10 inserting <235,493,065>

11 62. Page 50, line 6, after <lower.> by inserting
12 <The reimbursement specified under this paragraph shall
13 be adjusted in accordance with chapter 249N, as enacted
14 in this Act.>

15 63. Page 50, line 19, after <2011> by inserting
16 <, except that the portion of the fund attributable
17 to graduate medical education shall be reduced in
18 an amount that reflects the elimination of graduate
19 medical education payments made to out-of-state
20 hospitals.>

21 64. Page 51, line 10, by striking <For> and
22 inserting <(1) For>

23 65. Page 51, by striking lines 14 through 16 and
24 inserting: <medical assistance.

25 (2) For nonstate-owned psychiatric medical
26 institutions for children, reimbursement rates shall
27 remain at the rates in effect on June 30, 2011, except
28 that the reimbursement rates shall be adjusted to
29 include all ancillary costs and any other changes
30 required for federal compliance. To the extent
31 possible, such adjustments shall be budget neutral
32 to the institutions. The nonstate-owned psychiatric
33 medical institutions for children shall contract with
34 other health care providers as necessary to ensure
35 that prescription drug and other ancillary medical
36 services are provided to a child while residing
37 in the institution. The department shall commence
38 implementation activities for this subparagraph on
39 the effective date of this subparagraph in order to
40 facilitate implementation beginning July 1, 2011.>

41 66. Page 56, line 32, by striking <The> and
42 inserting <1. The>

43 67. Page 57, after line 1 by inserting:
44 <2. The provision under the section of the division
45 of this Act providing for reimbursement of medical
46 assistance, state supplementary assistance, and social
47 service providers by the department of human services
48 relating to reimbursement of nonstate-owned psychiatric
49 medical institutions for children.>

50 68. Page 57, line 4, after <ACCOUNT,> by

1 inserting<NONPARTICIPATING PROVIDER REIMBURSEMENT
FUND,>

2 69. Page 57, by striking line 7 and inserting:
3 <HOSPITAL HEALTH CARE ACCESS TRUST FUND, AND PHARMACY
4 ASSESSMENT TRUST FUND>

5 70. By striking page 57, line 35, through page
6 58, line 7, and inserting <necessary abortions. For
7 the purpose of this subsection, an abortion is the
8 purposeful interruption of pregnancy with the intention
9 other than to produce a live-born infant or to remove a
10 dead fetus, and a medically necessary abortion is one
11 performed under one of the following conditions:

12 (1) The attending physician certifies that
13 continuing the pregnancy would endanger the life of the
14 pregnant woman.

15 (2) The attending physician certifies that the
16 fetus is physically deformed, mentally deficient, or
17 afflicted with a congenital illness.

18 (3) The pregnancy is the result of a rape which
19 is reported within 45 days of the incident to a law
20 enforcement agency or public or private health agency
21 which may include a family physician.

22 (4) The pregnancy is the result of incest which
23 is reported within 150 days of the incident to a law
24 enforcement agency or public or private health agency
25 which may include a family physician.

26 (5) The abortion is a spontaneous abortion,
27 commonly known as a miscarriage, wherein not all of the
28 products of conception are expelled.>

29 71. Page 58, line 27, by striking <54,226,279> and
30 inserting <44,226,279>

31 72. Page 59, line 8, by striking <14,000,000> and
32 inserting <16,277,753>

33 73. Page 59, line 26, by striking <51,500,000> and
34 inserting <65,000,000>

35 74. Page 59, line 32, by striking <48,500,000> and
36 inserting <60,000,000>

37 75. Page 59, line 35, by striking <48,500,00> and
38 inserting <60,000,000>

39 76. Page 60, line 1, by striking <48,500,000> and
40 inserting <60,000,000>

41 77. Page 60, line 5, by striking <48,500,000> and
42 inserting <60,000,000>

43 78. Page 60, line 7, after <allocated.> by
44 inserting <Pursuant to paragraph "b", of the amount
45 appropriated in this subsection, not more than
46 \$4,000,000 shall be distributed for prescription drugs
47 and podiatry services.>

48 79. Page 60, after line 7 by inserting:
49 <b. Notwithstanding any provision of law to the

50 contrary, the hospital identified in this subsection,
1 shall be reimbursed for outpatient prescription drugs
2 and podiatry services provided to members of the
3 expansion population pursuant to all applicable medical
4 assistance program rules, in an amount not to exceed
5 \$4,000,000.>

6 80. Page 60, line 8, by striking <b.> and inserting
7 <c.>

8 81. Page 60, line 9, by striking <6> and inserting
9 <4>

10 82. Page 60, line 26, after <subsection.> by
11 inserting <Of the collections in excess of the
12 \$19,000,000 received by the acute care teaching
13 hospital under this subparagraph (1), \$2,000,000 shall
14 be distributed by the acute care teaching hospital to
15 the treasurer of state for deposit in the IowaCare
16 account in the month of January 2012, following the
17 July 1 through December 31, 2011, period.>

18 83. Page 60, line 35, after <subsection.> by
19 inserting <Of the collections in excess of the
20 \$19,000,000 received by the acute care teaching
21 hospital under this subparagraph (2), \$2,000,000 shall
22 be distributed by the acute care teaching hospital to
23 the treasurer of state for deposit in the IowaCare
24 account in the month of July 2012, following the
25 January 1 through June 30, 2012, period.>

26 84. Page 61, line 10, by striking <6,000,000> and
27 inserting <3,472,176>

28 85. Page 61, line 11, by striking <Notwithstanding>
29 and inserting <a. Notwithstanding>

30 86. Page 61, after line 17 by inserting:
31 <b. The department shall consult with providers
32 of primary care services in established regional
33 provider network areas to determine if the option
34 of establishing an alternative provider location is
35 feasible. The department may implement a pilot program
36 establishing an alternative provider location in an
37 established regional provider network area experiencing
38 capacity issues, if the department determines that this
39 option would most appropriately address such capacity
40 issues and provide better access to care for expansion
41 population members in the area. Any such pilot
42 program shall be implemented within funds available
43 under the existing appropriation and any alternative
44 provider location shall be subject to the requirements
45 applicable to an expansion population provider pursuant
46 to chapter 249J.>

47 87. Page 61, by striking lines 18 through 25 and
48 inserting:

49 <6. There is appropriated from the IowaCare account

50 created in section 249J.24 to the department of human
1 services for the fiscal year beginning July 1, 2011,
2 and ending June 30, 2012, the following amount, or
3 so much thereof as is necessary to be used for the
4 purposes designated:

5 For a care coordination pool to pay the expansion
6 population providers consisting of the university of
7 Iowa hospitals and clinics, the publicly owned acute
8 care teaching hospital as specified in section 249J.7,
9 and nonparticipating providers as specified in section
10 249J.24A that are current medical assistance program
11 providers, for services covered by the full benefit
12 medical assistance program but not under the IowaCare
13 program pursuant to section 249J.6, that are provided
14 to expansion population members:

15 \$ 1,500,000

16 a. Notwithstanding section 249J.6, the amount
17 appropriated in this subsection is intended to provide
18 payment for medically necessary services provided
19 to expansion population members for continuation of
20 care provided by the university of Iowa hospitals and
21 clinics or the publicly owned acute care teaching
22 hospital as specified in section 249J.7. Payment
23 may only be made for services that are not otherwise
24 covered under section 249J.6, and which are follow-up
25 services to covered services provided by the hospitals
26 specified in this paragraph "a".

27 b. The funds appropriated in this subsection are
28 intended to provide limited payment for continuity
29 of care services for an expansion population member,
30 and are intended to cover the costs of services
31 to expansion population members, regardless of
32 the member's county of residence or medical home
33 assignment, if the care is related to specialty or
34 hospital services provided by the hospitals specified
35 in paragraph "a".

36 c. The funds appropriated in this subsection are
37 not intended to provide for expanded coverage under
38 the IowaCare program, and shall not be used to cover
39 emergency transportation services.

40 d. The department shall adopt administrative
41 rules pursuant to chapter 17A to establish a prior
42 authorization process and to identify covered services
43 for reimbursement under this subsection. If the entire
44 amount appropriated under this subsection is expended,
45 the responsibility for coordinating noncovered care
46 needs of expansion population members shall revert to
47 the medical home to which the expansion population
48 member is assigned.

49 7. There is appropriated from the IowaCare account

50 created in section 249J.24 to the department of human
1 services for the fiscal year beginning July 1, 2011,
2 and ending June 30, 2012, the following amount or
3 so much thereof as is necessary to be used for the
4 purposes designated:

5 For a laboratory test and radiology pool for
6 services authorized by a federally qualified health
7 center designated by the department as part of the
8 IowaCare regional provider network that does not have
9 the capability to provide these services on site:
10 \$ 500,000

11 Notwithstanding sections 249J.6 and 249J.7, the
12 amount appropriated in this subsection is intended
13 to provide reimbursement for services provided to
14 expansion population members that have previously
15 been paid for through expenditure by designated
16 regional provider network providers of their own
17 funds, not to expand coverage under the IowaCare
18 program or to expand the expansion population
19 provider network. The department shall designate the
20 laboratory and radiology provider associated with
21 each designated regional provider network provider
22 that may receive reimbursement. The department shall
23 adopt administrative rules pursuant to chapter 17A
24 to establish a prior authorization process and to
25 identify covered services for reimbursement under this
26 subsection. All other medical assistance program
27 payment policies and rules for laboratory and radiology
28 services shall apply to services provided under this
29 subsection. If the entire amount appropriated under
30 this subsection is expended, laboratory tests and
31 radiology services ordered by a designated regional
32 provider network provider shall be the financial
33 responsibility of the regional provider network
34 provider. Any funds remaining at the end of the
35 fiscal year shall be used to pay any unpaid claims by
36 university of Iowa physicians, nurse practitioners, and
37 physician assistants.>

38 88. Page 61, before line 26 by inserting:
39 <Sec. _____. APPROPRIATIONS FROM NONPARTICIPATING
40 PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN
41 SERVICES. Notwithstanding any provision to the
42 contrary, and subject to the availability of funds,
43 there is appropriated from the nonparticipating
44 provider reimbursement fund created in section 249J.24A
45 to the department of human services for the fiscal year
46 beginning July 1, 2011, and ending June 30, 2012, the
47 following amount or so much thereof as is necessary for
48 the purposes designated:
49 To reimburse nonparticipating providers in

50 accordance with section 249J.24A:

1 \$ 2,000,000>

2 89. By striking page 61, line 34, through page 62,
3 line 1.

4 90. Page 62, by striking lines 33 through 35 and
5 inserting:

6 <10. For transfer to the department of public
7 health to be used for the costs of medical home
8 system advisory council established pursuant to
9 section 135.159, including for the incorporation of
10 the work and duties of the prevention and chronic
11 care management advisory council pursuant to section
12 135.161, as amended by this Act:

13 \$ 233,357>

14 91. Page 64, line 3, by striking <To> and inserting
15 <1. To>

16 92. Page 64, line 6, by striking <29,000,000> and
17 inserting <60,496,712>

18 93. Page 64, after line 6 by inserting:

19 <2. To increase the monthly upper cost limit
20 for services under the medical assistance home and
21 community-based services waiver for the elderly:
22 \$ 1,000,000>

23 94. Page 64, after line 22 by inserting:

24 <Sec. ____ . PHARMACY ASSESSMENT TRUST FUND —
25 DEPARTMENT OF HUMAN SERVICES. Notwithstanding
26 any provision to the contrary and subject to the
27 availability of funds, there is appropriated from the
28 pharmacy assessment trust fund created in section
29 249N.4, as enacted in this Act, to the department of
30 human services for the fiscal year beginning July 1,
31 2011, and ending June 30, 2012, the following amounts,
32 or so much thereof as is necessary, for the purposes
33 designated:

34 To supplement the appropriation made in this Act
35 from the general fund of the state to the department of
36 human services for medical assistance:
37 \$ 15,573,023>

38 95. Page 65, after line 2 by inserting:

39 <Sec. ____ . CONTINUATION OF WORKGROUP BY JUDICIAL
40 BRANCH AND DEPARTMENT OF HUMAN SERVICES. The judicial
41 branch and department of human services shall continue
42 the workgroup implemented pursuant to 2010 Iowa Acts,
43 chapter 1192, section 24, subsection 2, to improve
44 the processes for involuntary commitment for chronic
45 substance abuse under chapter 125 and serious mental
46 illness under chapter 229. The recommendations issued
47 by the workgroup shall address alternatives and options
48 to the current provision of transportation by the
49 county sheriff; to the role, supervision, and funding

50 of mental health patient advocates; and for civil
1 commitment prescreening. Additional stakeholders
2 shall be added as necessary to facilitate the workgroup
3 efforts. The workgroup shall complete deliberations
4 and submit a final report providing findings and
5 recommendations on or before December 15, 2011.>

6 96. By striking page 70, line 22, through page 72,
7 line 17.

8 97. Page 72, line 33, after <Grenada,> by inserting
9 <Lebanon,>

10 98. Page 73, line 28, after <72,> by inserting
11 <shall not revert but shall remain available in
12 succeeding fiscal years to be used for the purposes
13 designated until expended and any other>

14 99. Page 74, by striking lines 19 through 27 and
15 inserting:

16 <Sec. _____. 2009 Iowa Acts, chapter 183, section 62,
17 subsection 4, is amended to read as follows:

18 4. The financial assistance shall be for any of the
19 following purposes:

20 a. For making temporary payments to qualifying
21 families whose members are recently unemployed and
22 seeking work to use in meeting immediate family needs.

23 b. For providing sliding scale subsidies for
24 qualifying families for child care provided to the
25 families' infants and toddlers by providers who
26 are accredited by the national association for the
27 education of young children or the national association
28 for family child care, or who have a rating at level 3
29 2 or higher under the child care quality rating system
30 implemented pursuant to section 237A.30.

31 c. For expanding training and other support for
32 infant care providers in the community and this state.

33 d. For ensuring child care environments are healthy
34 and safe.

35 e. For promoting positive relationships between
36 parents and providers in their mutual efforts to care
37 for very young children.

38 f. For ensuring that parents have the information
39 and resources needed to choose quality child care.>

40 100. By striking page 74, line 28, through page 75,
41 line 7.

42 101. Page 76, after line 31 by inserting:

43 <CHILD WELFARE TRAINING ACADEMY

44 Sec. _____. 2010 Iowa Acts, chapter 1192, section 19,
45 subsection 22, is amended to read as follows:

46 22. Of the funds appropriated in this section,
47 at least \$47,158 shall be used for the child welfare
48 training academy. Notwithstanding section 8.33, moneys
49 allocated in this subsection that remain unencumbered

50 or unobligated at the close of the fiscal year shall
1 not revert but shall remain available for expenditure
2 for the purposes designated until the close of the
3 succeeding fiscal year.>

4 102. Page 76, line 32, after <TRANSFER> by
5 inserting <AND NONREVERSION>

6 103. Page 76, line 34, by striking <subsection> and
7 inserting <subsections>

8 104. Page 77, after line 4 by inserting:

9 <NEW SUBSECTION. 5. Notwithstanding section
10 8.33, moneys appropriated in this section that remain
11 unencumbered or unobligated at the close of the fiscal
12 year shall not revert but shall remain available for
13 expenditure for the purposes designated until the close
14 of the succeeding fiscal year.>

15 105. Page 77, after line 4 by inserting:

16 <DEPARTMENT OF HUMAN SERVICES — FIELD OPERATIONS
17 Sec. _____. 2010 Iowa Acts, chapter 1192, section
18 29, is amended by adding the following new unnumbered
19 paragraph:

20 NEW UNNUMBERED PARAGRAPH. Notwithstanding section
21 8.33, moneys appropriated in this section that remain
22 unencumbered or unobligated at the close of the fiscal
23 year shall not revert but shall remain available for
24 expenditure for the purposes designated until the close
25 of the succeeding fiscal year.

26 DEPARTMENT OF HUMAN SERVICES — GENERAL ADMINISTRATION
27 Sec. _____. 2010 Iowa Acts, chapter 1192, section 30,
28 is amended by adding the following new subsection:

29 NEW SUBSECTION. 5. Notwithstanding section 8.33,
30 moneys appropriated in this section and the designated
31 allocations that remain unencumbered or unobligated
32 at the close of the fiscal year shall not revert but
33 shall remain available for expenditure for the purposes
34 designated until the close of the succeeding fiscal
35 year.>

36 106. Page 77, before line 30 by inserting:

37 <QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
38 SERVICES>

39 107. Page 79, after line 3 by inserting:

40 <STATE INSTITUTION — APPROPRIATION TRANSFERS
41 Sec. _____. DEPARTMENT OF HUMAN SERVICES. There
42 is transferred between the following designated
43 appropriations made to the department of human services
44 for the fiscal year beginning July 1, 2010, and ending
45 June 30, 2011, not more than the following amounts:

46 1. From the appropriation made for purposes of the
47 state resource center at Glenwood in 2010 Iowa Acts,
48 chapter 1192, section 25, subsection 1, paragraph "a",
49 to the appropriation made for purposes of the Iowa

50 juvenile home at Toledo in 2010 Iowa Acts, chapter
1 1192, section 17, subsection 1:
2 \$ 400,000
3 2. From the appropriation made for purposes of the
4 state resource center at Woodward in 2010 Iowa Acts,
5 chapter 1192, section 25, subsection 1, paragraph "b",
6 to the appropriation made for purposes of the state
7 mental health institute at Independence in 2010 Iowa
8 Acts, chapter 1192, section 24, subsection 1, paragraph
9 "c":
10 \$ 400,000>

11 108. Page 79, by striking lines 4 through 14.

12 109. Page 81, after line 2 by inserting:

13 <Sec. _____. RETROACTIVE APPLICABILITY. The section
14 of this division of this Act making transfers between
15 appropriations made to the department of human services
16 for state institutions in 2010 Iowa Acts, chapter 1192,
17 applies retroactively to January 1, 2011.>

18 110. Page 82, after line 3 by inserting:

19 <Sec. _____. Section 29C.20B, Code 2011, is amended
20 to read as follows:

21 **29C.20B Disaster case management.**

22 1. ~~The rebuild Iowa office homeland security~~
23 ~~and emergency management division shall work with~~
24 ~~the department of human services and nonprofit,~~
25 ~~voluntary, and faith-based organizations active~~
26 ~~in disaster recovery and response in coordination~~
27 ~~with the homeland security and emergency management~~
28 ~~division the department of human services to establish~~
29 ~~a statewide system of disaster case management to be~~
30 ~~activated following the governor's proclamation of~~
31 ~~a disaster emergency or the declaration of a major~~
32 ~~disaster by the president of the United States for~~
33 ~~individual assistance purposes. Under the system, the~~
34 ~~department of human services homeland security and~~
35 ~~emergency management division shall coordinate case~~
36 ~~management services locally through local committees~~
37 ~~as established in each local emergency management~~
38 ~~commission's emergency plan. Beginning July 1,~~
39 ~~2011, the department of human services shall assume~~
40 ~~the duties of the rebuild Iowa office under this~~
41 ~~subsection.~~

42 2. ~~The department of human services homeland~~
43 ~~security and emergency management division, in~~
44 ~~conjunction with the rebuild Iowa office, the homeland~~
45 ~~security and emergency management division department~~
46 ~~of human services, and an Iowa representative to~~
47 ~~the national voluntary organizations active in~~
48 ~~disaster, shall adopt rules pursuant to chapter 17A to~~
49 ~~create coordination mechanisms and standards for the~~

50 establishment and implementation of a statewide system
1 of disaster case management which shall include at
2 least all of the following:

- 3 a. Disaster case management standards.
- 4 b. Disaster case management policies.
- 5 c. Reporting requirements.
- 6 d. Eligibility criteria.
- 7 e. Coordination mechanisms necessary to carry out
8 the services provided.
- 9 f. Develop formal working relationships with
10 agencies and create interagency agreements for
11 those considered to provide disaster case management
12 services.
- 13 g. Coordination of all available services for
14 individuals from multiple agencies.>

15 111. Page 82, after line 3 by inserting:
16 <Sec. _____. Section 135.106, Code 2011, is amended
17 by adding the following new subsection:
18 NEW SUBSECTION. 4. It is the intent of the general
19 assembly that priority for home visitation funding be
20 given to approaches using evidence-based or promising
21 models for home visitation.>

22 112. Page 82, after line 31 by inserting:
23 <Sec. _____. NEW SECTION. 155A.43 **Pharmaceutical**
24 **collection and disposal program — annual allocation.**
25 Of the fees collected pursuant to sections 124.301
26 and 147.80 and chapter 155A by the board of pharmacy,
27 and retained by the board pursuant to section 147.82,
28 not more than one hundred twenty-five thousand
29 dollars, may be allocated annually by the board for
30 administering the pharmaceutical collection and
31 disposal program originally established pursuant to
32 2009 Iowa Acts, chapter 175, section 9. The program
33 shall provide for the management and disposal of
34 unused, excess, and expired pharmaceuticals. The
35 board of pharmacy may cooperate with the Iowa pharmacy
36 association and may consult with the department and
37 sanitary landfill operators in administering the
38 program.>

39 113. Page 83, after line 9 by inserting:
40 <Sec. _____. Section 235B.19, Code 2011, is amended
41 by adding the following new subsection:
42 NEW SUBSECTION. 2A. a. The department shall
43 serve a copy of the petition and any order authorizing
44 protective services, if issued, on the dependent adult
45 and on persons who are competent adults and reasonably
46 ascertainable at the time the petition is filed in
47 accordance with the following priority:
48 (1) An attorney in fact named by the dependent
49 adult in a durable power of attorney for health care

50 pursuant to chapter 144B.

- 1 (2) The dependent adult's spouse.
- 2 (3) The dependent adult's children.
- 3 (4) The dependent adult's grandchildren.
- 4 (5) The dependent adult's siblings.
- 5 (6) The dependent adult's aunts and uncles.
- 6 (7) The dependent adult's nieces and nephews.
- 7 (8) The dependent adult's cousins.

8 *b.* When the department has served a person in one
9 of the categories specified in paragraph "a", the
10 department shall not be required to serve a person in
11 any other category.

12 *c.* The department shall serve the dependent adult's
13 copy of the petition and order personally upon the
14 dependent adult. Service of the petition and all other
15 orders and notices shall be in a sealed envelope with
16 the proper postage on the envelope, addressed to the
17 person being served at the person's last known post
18 office address, and deposited in a mail receptacle
19 provided by the United States postal service. The
20 department shall serve such copies of emergency orders
21 authorizing protective services and notices within
22 three days after filing the petition and receiving such
23 orders.

24 *d.* The department and all persons served by the
25 department with notices under this subsection shall
26 be prohibited from all of the following without prior
27 court approval after the department's petition has been
28 filed:

29 (1) Selling, removing, or otherwise disposing of
30 the dependent adult's personal property.

31 (2) Withdrawing funds from any bank, savings and
32 loan association, credit union, or other financial
33 institution, or from an account containing securities
34 in which the dependent adult has an interest.>

35 114. Page 83, after line 9 by inserting:

36 <Sec. _____. Section 237A.1, subsection 3, paragraph
37 n, Code 2011, is amended to read as follows:

38 *n.* A program offered to a child whose parent,
39 guardian, or custodian is engaged solely in a
40 recreational or social activity, remains immediately
41 available and accessible on the physical premises on
42 which the child's care is provided, and does not engage
43 in employment while the care is provided. However,
44 if the recreational or social activity is provided in
45 a fitness center or on the premises of a nonprofit
46 organization the parent, guardian, or custodian of the
47 child may be employed to teach or lead the activity.>

48 115. Page 83, after line 9 by inserting:

49 <Sec. _____. Section 249A.4B, subsection 2, paragraph

50 a, subparagraph (18), Code 2011, is amended to read as
1 follows:

2 (18) ~~The Iowa/Nebraska~~ Iowa primary care
3 association.>

4 116. Page 83, by striking lines 10 through 19.

5 117. Page 83, after line 21 by inserting:

6 <DIVISION
7 IOWA FALSE CLAIMS ACT

8 Sec. _____. Section 685.1, subsection 11, Code 2011,
9 is amended to read as follows:

10 11. *"Original source"* means an individual who ~~has~~
11 ~~direct and independent~~ prior to a public disclosure
12 ~~under section 685.3, subsection 5, paragraph "c", has~~
13 ~~voluntarily disclosed to the state the information on~~
14 ~~which the allegations or transactions in a claim are~~
15 ~~based; or who has knowledge of the information on which~~
16 ~~the allegations are based that is independent of and~~
17 ~~materially adds to the publicly disclosed allegations~~
18 ~~or transactions, and has voluntarily provided the~~
19 ~~information to the state before filing an action under~~
20 ~~section 685.3 which is based on the information this~~
21 ~~chapter.~~

22 Sec. _____. Section 685.1, Code 2011, is amended by
23 adding the following new subsection:

24 NEW SUBSECTION. 15. *"State"* means the state of
25 Iowa.

26 Sec. _____. Section 685.2, subsection 1, unnumbered
27 paragraph 1, Code 2011, is amended to read as follows:

28 A person who commits any of the following acts is
29 jointly and severally liable to the state for a civil
30 penalty of not less than five thousand dollars and
31 not more than ten thousand dollars the civil penalty
32 allowed under the federal False Claims Act, as codified
33 in 31 U.S.C. § 3729 et seq., as may be adjusted in
34 accordance with the inflation adjustment procedures
35 prescribed in the federal Civil Penalties Inflation
36 Adjustment Act of 1990, Pub. L. No. 101-410, for each
37 false or fraudulent claim, plus three times the amount
38 of damages which the state sustains because of the act
39 of that person:

40 Sec. _____. Section 685.3, subsection 5, paragraph
41 c, Code 2011, is amended by striking the paragraph and
42 inserting in lieu thereof the following:

43 c. A court shall dismiss an action or claim
44 under this section, unless opposed by the state, if
45 substantially the same allegations or transactions as
46 alleged in the action or claim were publicly disclosed
47 in a state criminal, civil, or administrative hearing
48 in which the state or an agent of the state is a
49 party; in a state legislative, state auditor, or other

50 state report, hearing, audit, or investigation; or
1 by the news media, unless the action is brought by
2 the attorney general or the qui tam plaintiff is an
3 original source of the information.

4 Sec. _____. Section 685.3, subsection 6, Code 2011,
5 is amended to read as follows:

6 6. a. Any employee, contractor, or agent ~~who~~
7 shall be entitled to all relief necessary to make
8 that employee, contractor, or agent whole, if that
9 employee, contractor, or agent is discharged, demoted,
10 suspended, threatened, harassed, or in any other manner
11 discriminated against in the terms and conditions of
12 employment because of lawful acts performed done by
13 the employee, contractor, or agent on behalf of the
14 employee, contractor, or agent or associated others in
15 furtherance of an action under this section or other
16 efforts to stop a violation one or more violations of
17 this chapter, shall be entitled to all relief necessary
18 to make the employee, contractor, or agent whole. Such
19 relief

20 b. Relief under paragraph "a" shall include
21 reinstatement with the same seniority status ~~such~~
22 that employee, contractor, or agent would have had
23 but for the discrimination, two times the amount of
24 back pay, interest on the back pay, and compensation
25 for any special damages sustained as a result of
26 the discrimination, including litigation costs and
27 reasonable attorney fees. An ~~employee, contractor, or~~
28 agent may bring an action under this subsection may be
29 brought in the appropriate district court of the state
30 for the relief provided in this subsection.

31 c. A civil action under this subsection shall not
32 be brought more than three years after the date when
33 the retaliation occurred.

34 DIVISION _____

35 IOWACARE PROGRAM

36 Sec. _____. Section 249J.6, subsection 2, paragraph
37 b, Code 2011, is amended to read as follows:

38 b. Refusal of an expansion population member to
39 participate in a comprehensive medical examination
40 or any health risk assessment implemented by the
41 department shall not be a basis for ineligibility
42 for or disenrollment from the expansion population.
43 Refusal of an expansion population member to
44 participate in a comprehensive medical examination or
45 other preventative health service shall not negatively
46 affect the calculation of performance payments for an
47 expansion population network provider medical home.

48 Sec. _____. Section 249J.6, subsection 3, Code 2011,
49 is amended to read as follows:

50 3. Expansion population members, including members
1 assigned to an expansion population network provider
2 medical home, shall be provided access to an IowaCare
3 nurse helpline, accessible twenty-four hours per day,
4 seven days per week, to assist expansion population
5 members in making appropriate choices about the use of
6 emergency room and other health care services.

7 Sec. ____ . Section 249J.7, subsection 1, paragraph
8 c, Code 2011, is amended to read as follows:

9 c. (1) Tertiary care shall only be provided to
10 eligible expansion population members residing in any
11 county in the state at the university of Iowa hospitals
12 and clinics.

13 (2) Secondary care shall be provided by the
14 publicly owned acute care teaching hospital located
15 in a county with a population over three hundred
16 fifty thousand and the university of Iowa hospitals
17 and clinics, based on county of residence, only to
18 the extent specified in the phase-in of the regional
19 provider network designated by the department.

20 Sec. ____ . Section 249J.24A, subsection 1, Code
21 2011, is amended to read as follows:

22 1. A nonparticipating provider may be reimbursed
23 for covered expansion population services provided to
24 an expansion population member ~~by a nonparticipating~~
25 ~~provider if the nonparticipating provider contacts the~~
26 ~~appropriate participating provider prior to providing~~
27 ~~covered services to verify consensus regarding one of~~
28 ~~the following courses of action if any of the following~~
29 ~~conditions are met:~~

30 ~~a. If the nonparticipating provider and the~~
31 ~~participating provider agree that the medical status~~
32 ~~of the expansion population member indicates it~~
33 ~~is medically possible to postpone provision of~~
34 ~~services, the nonparticipating provider shall direct~~
35 ~~the expansion population member to the appropriate~~
36 ~~participating provider for services.~~

37 ~~b. a.~~ If the nonparticipating provider and the
38 participating provider agree determines that the
39 medical status of the expansion population member
40 indicates it is not medically possible advisable to
41 postpone provision of services, the nonparticipating
42 provider shall provide medically necessary services.

43 ~~c. b.~~ If the nonparticipating provider and the
44 participating provider agree that transfer of the
45 expansion population member is not possible due to lack
46 of available inpatient capacity, the nonparticipating
47 provider shall provide medically necessary services.

48 ~~d. c.~~ If the medical status of the expansion
49 population member indicates a medical emergency and the

50 nonparticipating provider is not able to contact the
1 appropriate participating provider prior to providing
2 medically necessary services, the nonparticipating
3 provider shall document the medical emergency
4 and inform the appropriate participating provider
5 immediately after the member has been stabilized of any
6 covered services provided.

7 Sec. _____. Section 249J.24A, subsection 2, paragraph
8 a, Code 2011, is amended to read as follows:

9 a. If the nonparticipating provider meets
10 the requirements specified in subsection 1, the
11 nonparticipating provider shall be reimbursed for
12 covered expansion population services, limited to
13 emergency and other inpatient hospital services
14 provided to the expansion population member up to the
15 point of transfer to another provider, discharge,
16 or transfer to another level of care, through the
17 nonparticipating provider reimbursement fund in
18 accordance with rules adopted by the department of
19 human services. However, any funds received from
20 participating providers, appropriated to participating
21 providers, or deposited in the IowaCare account
22 pursuant to section 249J.24, shall not be transferred
23 or appropriated to the nonparticipating provider
24 reimbursement fund or otherwise used to reimburse
25 nonparticipating providers.

26 DIVISION _____

27 VOLUNTEER HEALTH CARE PROVIDER PROGRAM

28 Sec. _____. Section 135.24, subsection 2, paragraphs
29 b and c, Code 2011, are amended to read as follows:

30 b. Procedures for registration of hospitals, free
31 clinics, field dental clinics, and specialty health
32 care provider offices.

33 c. Criteria for and identification of hospitals,
34 clinics, free clinics, field dental clinics, specialty
35 health care provider offices, or other health care
36 facilities, health care referral programs, or
37 charitable organizations, eligible to participate in
38 the provision of free medical, dental, chiropractic,
39 pharmaceutical, nursing, optometric, psychological,
40 social work, behavioral science, podiatric, physical
41 therapy, occupational therapy, respiratory therapy, or
42 emergency medical care services through the volunteer
43 health care provider program. A hospital, a clinic, a
44 free clinic, a field dental clinic, a specialty health
45 care provider office, a health care facility, a health
46 care referral program, a charitable organization, or
47 a health care provider participating in the program
48 shall not bill or charge a patient for any health care
49 provider service provided under the volunteer health

50 care provider program.

1 Sec. _____. Section 135.24, Code 2011, is amended by
2 adding the following new subsection:

3 NEW SUBSECTION. 6A. A hospital providing free care
4 under this section shall be considered a state agency
5 solely for the purposes of this section and chapter 669
6 and shall be afforded protection under chapter 669 as a
7 state agency for all claims arising from the provision
8 of free care by a health care provider registered under
9 subsection 3 who is providing services at the hospital
10 in accordance with this section, if the hospital has
11 registered with the department pursuant to subsection
12 1.

13 Sec. _____. Section 135.24, subsection 7, Code 2011,
14 is amended by adding the following new paragraph:

15 NEW PARAGRAPH. *0e.* "Hospital" means hospital as
16 defined in section 135B.1.

17 DIVISION _____

18 HEALTH CARE COST CONTAINMENT

19 Sec. _____. ALL-PAYER CLAIMS DATABASE PLAN. The
20 department of human services shall develop a plan to
21 establish an all-payer claims database to provide
22 for the collection and analysis of claims data from
23 multiple payers of health care. The plan shall
24 establish the goals of the database which may include
25 but are not limited to determining health care
26 utilization patterns and rates; identifying gaps in
27 prevention and health promotion services; evaluating
28 access to care; assisting with benefit design and
29 planning; analyzing statewide and local health care
30 expenditures by provider, employer, and geography;
31 informing the development of payment systems for
32 providers; and establishing clinical guidelines related
33 to quality, safety, and continuity of care. The plan
34 shall identify a standard means of data collection,
35 statutory changes necessary to the collection and
36 use of the data, and the types of claims for which
37 collection of data is required which may include
38 but are not limited to eligibility data; provider
39 information; medical data; private and public medical,
40 pharmacy, and dental claims data; and other appropriate
41 data. The plan shall also include an implementation
42 and maintenance schedule including a proposed budget
43 and funding plan and vision for the future.

44 Sec. _____. PROVIDER PAYMENT SYSTEM PLAN — PILOT
45 PROJECT. The department of human services shall
46 develop a provider payment system plan to provide
47 recommendations to reform the health care provider
48 payment system as an effective way to promote
49 coordination of care, lower costs, and improve quality.

50 The plan shall provide analysis and recommendations
1 regarding but not limited to accountable care
2 organizations, a global payment system, or an episode
3 of care payment system.
4 Sec. _____. EFFECTIVE UPON ENACTMENT. This division
5 of this Act, being deemed of immediate importance,
6 takes effect upon enactment.>

7 118. Page 83, after line 21 by inserting:

8 <DIVISION _____
9 NURSING FACILITY QUALITY ASSURANCE ASSESSMENT PROGRAM

10 Sec. _____. Section 249L.2, Code 2011, is amended by
11 adding the following new subsection:

12 NEW SUBSECTION. 8A. "*Patient service revenue*" means
13 the total Medicaid, Medicare, and private pay revenues
14 as they correlate with the Medicaid cost reports.

15 Sec. _____. Section 249L.3, subsection 1, paragraph
16 d, Code 2011, is amended to read as follows:

17 *d.* The aggregate quality assurance assessments
18 imposed under this chapter shall not exceed the lower
19 of ~~three~~ five percent of the aggregate ~~non-Medicare~~
20 patient service revenues of a nursing facility or the
21 maximum amount that may be assessed pursuant to the
22 indirect guarantee threshold as established pursuant to
23 42 C.F.R. § 433.68(f)(3)(i), and shall be stated on a
24 per-patient-day basis.

25 Sec. _____. Section 249L.4, subsection 2, Code 2011,
26 is amended to read as follows:

27 2. *a.* Moneys in the trust fund shall be used,
28 subject to their appropriation by the general assembly,
29 by the department only for reimbursement of services
30 for which federal financial participation under the
31 medical assistance program is available to match state
32 funds.

33 *b.* Any moneys appropriated from the trust fund for
34 reimbursement of nursing facilities, in addition to
35 the quality assurance assessment pass-through and the
36 quality assurance assessment rate add-on which shall be
37 used as specified in subsection 5, paragraph "*b*", shall
38 be used in a manner such that no less than thirty-five
39 percent of the amount received by a nursing facility
40 is used for increases in compensation and costs
41 of employment for direct care workers, and no less
42 than sixty percent of the total is used to increase
43 compensation and costs of employment for all nursing
44 facility staff. For the purposes of use of such
45 funds, "*direct care worker*", "*nursing facility staff*",
46 "*increases in compensation*", and "*costs of employment*"
47 mean as defined or specified in this chapter.

48 *c.* One million dollars of the moneys in the trust
49 fund shall be used to increase the monthly upper cost

50 limit for services under the medical assistance home
1 and community-based services waiver for the elderly.

2 Sec. _____. Section 249L.4, subsection 5, paragraph
3 a, subparagraph (2), Code 2011, is amended to read as
4 follows:

5 (2) A quality assurance assessment rate
6 add-on. This rate add-on shall be calculated on a
7 per-patient-day basis for medically indigent residents.
8 The amount paid to a nursing facility as a quality
9 assurance assessment rate add-on shall ~~be ten~~ not
10 exceed fifteen dollars per patient day.

11 Sec. _____. DIRECTIVE TO DEPARTMENT OF HUMAN
12 SERVICES. Upon enactment of this division of this Act,
13 the department of human services shall request any
14 medical assistance state plan amendment necessary to
15 implement the revisions to the nursing facility quality
16 assurance assessment program specified in this division
17 of this Act from the centers for Medicare and Medicaid
18 services of the United States department of health and
19 human services.

20 Sec. _____. CONTINGENCY PROVISION. The revised
21 quality assurance assessment specified in this Act
22 shall accrue beginning July 1, 2011. However, accrued
23 quality assurance assessments shall not be collected
24 prior to completion of both of the following:

25 1. The approval of the medical assistance state
26 plan amendment necessary to implement the revisions
27 specified in this division of this Act by the centers
28 for Medicare and Medicaid services of the United States
29 department of health and human services.

30 2. An appropriation enacted by the general assembly
31 to implement the revised nursing facility provider
32 reimbursements as provided in this Act.

33 Sec. _____. EFFECTIVE UPON ENACTMENT AND
34 APPLICABILITY. This division of this Act, being deemed
35 of immediate importance, takes effect upon enactment.
36 However, the department of human services shall only
37 implement this division of this Act if the department
38 receives approval of the state plan amendment necessary
39 to implement the revisions to the nursing facility
40 quality assurance assessment program as specified in
41 this division of this Act.>

42 119. Page 83, after line 21 by inserting:

43 <DIVISION _____
44 PHARMACY ASSESSMENT

45 Sec. _____. NEW SECTION. 249N.1 Title.

46 This chapter shall be known and may be cited as the
47 "*Pharmacy Assessment Program*".

48 Sec. _____. NEW SECTION. 249N.2 Definitions.

49 As used in this chapter, unless the context

50 otherwise requires:

1 1. "Department" means the department of human
2 services.

3 2. "Pharmacy" means pharmacy as defined in section
4 155A.3.

5 Sec. ____ . NEW SECTION. 249N.3 Pharmacy assessment
6 program.

7 1. Beginning July 1, 2011, or the implementation
8 date of the pharmacy assessment program as determined
9 by receipt of approval from the centers for Medicare
10 and Medicaid services of the United States department
11 of health and human services, whichever is later, a
12 pharmacy in this state shall be assessed a fee based
13 on a methodology determined by the department in
14 consultation with pharmacy representatives. Pharmacies
15 domiciled or headquartered outside the state that are
16 engaged in prescription drug sales that are delivered
17 directly to patients within the state via common
18 carrier, mail, or a carrier service are not subject to
19 the provisions of this chapter.

20 2. The aggregate assessment imposed under this
21 section shall not exceed the maximum amount that may be
22 assessed pursuant to the indirect guarantee threshold
23 as established pursuant to 42 C.F.R. § 433.68(f)(3)(i),
24 and shall be stated on a per prescription basis.

25 3. The assessment shall be paid by each pharmacy to
26 the department on a quarterly basis. The department
27 shall prepare and distribute a form upon which
28 pharmacies shall calculate and report the assessment.
29 A pharmacy shall submit the completed form with the
30 assessment amount no later than the last day of the
31 month following the end of each calendar quarter. The
32 department may deduct the monthly amount from medical
33 assistance payments to a pharmacy. The amount deducted
34 from the payments shall not exceed the total amount of
35 the assessment due.

36 4. A pharmacy shall retain and preserve for a
37 period of three years such books and records as may be
38 necessary to determine the amount of the assessment
39 for which the pharmacy is liable under this chapter.
40 The department may inspect and copy the books and
41 records of a pharmacy for the purpose of auditing
42 the calculation of the assessment. All information
43 obtained by the department under this subsection is
44 confidential and does not constitute a public record.

45 5. The department shall collect the assessment
46 imposed and shall deposit all revenues collected in
47 the pharmacy assessment trust fund created in section
48 249N.4.

49 6. a. A pharmacy that fails to pay the assessment

50 within the time frame specified in this section
1 shall pay, in addition to the outstanding assessment,
2 a penalty of one and five-tenths percent of the
3 assessment amount owed for each month or portion of
4 each month that the payment is overdue.

5 *b.* If the assessment has not been received by the
6 department by seven days after the last day of the
7 month in which the payment is due, the department shall
8 withhold an amount equal to the assessment and penalty
9 owed from any payment due such pharmacy under the
10 medical assistance program.

11 *c.* The assessment imposed under this section
12 constitutes a debt due the state and may be collected
13 by civil action, including but not limited to the
14 filing of tax liens, and any other method provided for
15 by law.

16 *d.* Any penalty collected pursuant to this
17 subsection shall be credited to the pharmacy assessment
18 trust fund.

19 7. *a.* If pharmacies are not reimbursed at the
20 reimbursement rates established pursuant to this
21 chapter, the department shall terminate the imposition
22 of the assessment under this section no later than
23 ninety days from the date such reimbursement takes
24 effect.

25 *b.* If federal financial participation to match the
26 assessments made under this section becomes unavailable
27 under federal law, the department shall terminate the
28 imposition of the assessments beginning on the date the
29 federal statutory, regulatory, or interpretive change
30 takes effect.

31 Sec. ____. **NEW SECTION. 249N.4 Pharmacy assessment**
32 **trust fund.**

33 1. A pharmacy assessment trust fund is created
34 in the state treasury under the authority of the
35 department. Moneys received through the collection of
36 the pharmacy assessment imposed under this chapter and
37 any other moneys specified for deposit in the trust
38 fund shall be deposited in the trust fund.

39 2. Moneys in the trust fund shall be used, subject
40 to their appropriation by the general assembly, by
41 the department only for reimbursement of services for
42 which federal financial participation under the medical
43 assistance program is available to match state funds.

44 3. Beginning July 1, 2011, or the implementation
45 date of the pharmacy assessment program as determined
46 by receipt of approval from the centers for Medicare
47 and Medicaid services of the United States department
48 of health and human services, whichever is later,
49 moneys that are appropriated from the trust fund for

50 reimbursement to pharmacies shall be used to provide
1 the following pharmacy reimbursement adjustment
2 increases within the parameters specified:

3 a. Enhanced generic prescription drug dispensing
4 fee. The department shall reimburse pharmacy
5 dispensing fees using a rate of four dollars and
6 thirty-four cents per prescription plus the enhanced
7 generic prescription drug dispensing fee per generic
8 prescription.

9 b. Enhanced brand name prescription drug dispensing
10 fee. The department shall reimburse pharmacy
11 dispensing fees using a rate of four dollars and
12 thirty-four cents per prescription plus the enhanced
13 brand name prescription drug dispensing fee per brand
14 name prescription.

15 4. Appropriations from the trust fund shall be
16 based on the following:

17 a. For the fiscal year beginning July 1, 2011,
18 fifty-one percent of the moneys in the trust fund shall
19 be appropriated for reimbursement to pharmacies.

20 b. For the fiscal year beginning July 1, 2012,
21 seventy-five percent of the moneys in the trust fund
22 shall be appropriated for reimbursement to pharmacies.

23 5. Any payments made to pharmacies under this
24 section shall result in budget neutrality to the
25 general fund of the state.

26 6. The trust fund shall be separate from the
27 general fund of the state and shall not be considered
28 part of the general fund of the state. The moneys
29 in the trust fund shall not be considered revenue of
30 the state, but rather shall be funds of the pharmacy
31 assessment program. The moneys deposited in the
32 trust fund are not subject to section 8.33 and shall
33 not be transferred, used, obligated, appropriated,
34 or otherwise encumbered, except to provide for the
35 purposes of this chapter. Notwithstanding section
36 12C.7, subsection 2, interest or earnings on moneys
37 deposited in the trust fund shall be credited to the
38 trust fund.

39 7. The department shall adopt rules pursuant
40 to chapter 17A to administer the trust fund and
41 reimbursements made from the trust fund.

42 8. The department shall report annually to the
43 general assembly regarding the use of moneys deposited
44 in the trust fund and appropriated to the department.

45 Sec. ____ . **NEW SECTION. 249N.5 REPEAL.**

46 This chapter is repealed June 30, 2013.

47 Sec. ____ . **DIRECTIVE TO DEPARTMENT OF HUMAN**
48 **SERVICES.** Upon enactment of this division of this Act,
49 the department of human services shall request any

50 medical assistance state plan amendment necessary to
1 implement this division of this Act from the centers
2 for Medicare and Medicaid services of the United States
3 department of health and human services.

4 Sec. _____. CONTINGENCY PROVISIONS.

5 1. The pharmacy assessment imposed pursuant to this
6 division of this Act shall not be imposed retroactively
7 prior to July 1, 2011.

8 2. The pharmacy assessment shall not be collected
9 until the department of human services has received
10 approval of the assessment from the centers for
11 Medicare and Medicaid services of the United States
12 department of health and human services.

13 Sec. _____. EFFECTIVE UPON ENACTMENT AND
14 APPLICABILITY. This division of this Act, being deemed
15 of immediate importance, takes effect upon enactment.
16 However, the department of human services shall only
17 implement this division of this Act if the department
18 receives federal approval of the requests relating to
19 the medical assistance state plan amendment necessary
20 to implement this division of this Act.>

21 120. Page 83, after line 21 by inserting:

22 <DIVISION _____

23 BISPHENOL A PROHIBITION

24 Sec. _____. NEW SECTION. 135.181 **Bisphenol A**
25 **prohibition.**

26 1. As used in this section, unless the context
27 otherwise requires:

28 a. "*Infant pacifier*" means a device designed to be
29 bitten or sucked by an infant for the sole purpose of
30 soothing or providing comfort to the infant, including
31 soothing discomfort caused by teething.

32 b. "*Reusable beverage container*" means a baby bottle
33 or spill-proof container primarily intended by the
34 manufacturer for use by a child three years of age or
35 younger.

36 1A. For purposes of this section, "*reusable beverage*
37 *container*" includes disposable baby bottle liners
38 designed to hold liquids in a baby bottle.

39 2. Beginning January 1, 2013, a person shall
40 not manufacture, sell, or distribute in commerce in
41 this state any infant pacifier or reusable beverage
42 container containing bisphenol A. A manufacturer or
43 wholesaler who sells or offers for sale in this state a
44 reusable beverage container that is intended for retail
45 sale shall do all of the following:

46 a. Ensure that the container is conspicuously
47 labeled as not containing bisphenol A.

48 b. Provide the retailer with affirmation that the
49 container does not contain bisphenol A.

50 3. A manufacturer shall use the least toxic
1 alternative when replacing bisphenol A in accordance
2 with this section.

3 4. In complying with this section, a manufacturer
4 shall not replace bisphenol A with a substance rated
5 by the United States environmental protection agency
6 as a class A, B, or C carcinogen or a substance listed
7 on the agency's list of chemicals evaluated for
8 carcinogenic potential as known or likely carcinogens,
9 known to be human carcinogens, or likely to be human
10 carcinogens.

11 5. In complying with this section, a manufacturer
12 shall not replace bisphenol A with a reproductive
13 toxicant that has been identified by the United States
14 environmental protection agency as causing birth
15 defects, reproductive harm, or developmental harm.

16 6. A person who violates this section is subject
17 to a civil penalty of five hundred dollars for each
18 violation.

19 Sec. _____. EFFECTIVE DATE. This division of this
20 Act takes effect January 1, 2013.>

21 121. Page 83, after line 21 by inserting:

22 <DIVISION _____

23 HEALTH INFORMATION TECHNOLOGY

24 Sec. _____. NEW SECTION. 135D.1 Findings and intent.

25 1. The general assembly finds all of the following:

26 a. Technology used to support health-related
27 functions is widely known as health information
28 technology. Electronic health records are used to
29 collect and store relevant patient health information.
30 Electronic health records serve as a means of bringing
31 evidence-based knowledge resources and patient
32 information to the point of care to support better
33 decision making and more efficient care processes.

34 b. Health information technology allows for
35 comprehensive management of health information and its
36 secure electronic exchange between providers, public
37 health agencies, payers, and consumers. Broad use of
38 health information technology should improve health
39 care quality and the overall health of the population,
40 increase efficiencies in administrative health care,
41 reduce unnecessary health care costs, and help prevent
42 medical errors.

43 c. Health information technology provides a
44 mechanism to transform the delivery of health and
45 medical care in Iowa and across the nation.

46 2. It is the intent of the general assembly to
47 use health information technology as a catalyst
48 to achieve a healthier Iowa through the electronic
49 sharing of health information. A health information

50 network involves sharing health information across the
1 boundaries of individual practice and institutional
2 health settings and with consumers. The result is a
3 public good that will contribute to improved clinical
4 outcomes and patient safety, population health, access
5 to and quality of health care, and efficiency in health
6 care delivery.

7 3. It is the intent of the general assembly that
8 the health information network shall not constitute a
9 health benefit exchange or a health insurance exchange.

10 Sec. ____ . NEW SECTION. 135D.2 Definitions.

11 For the purposes of this chapter, unless the context
12 otherwise requires:

13 1. "*Authorized*" means having met the requirements
14 as a participant for access to the health information
15 network.

16 2. "*Board*" means the board of directors of Iowa
17 e-health.

18 3. "*Consumers*" means people who acquire and use
19 goods and services for personal need.

20 4. "*Continuity of care document*" means a summary
21 of a patient's health information for each visit to a
22 provider to be delivered through the health information
23 network.

24 5. "*Department*" means the department of public
25 health.

26 6. "*Deputy director*" means the deputy director of
27 public health.

28 7. "*Director*" means the director of public health.

29 8. "*Exchange*" means the authorized electronic
30 sharing of health information between providers,
31 payers, consumers, public health agencies, the
32 department, and other authorized participants utilizing
33 the health information network and health information
34 network services.

35 9. "*Executive director*" means the executive director
36 of the office of health information technology.

37 10. "*Health information*" means any information,
38 in any form or medium, that is created, transmitted,
39 or received by a provider, payer, consumer, public
40 health agency, the department, or other authorized
41 participant, which relates to the past, present,
42 or future physical or mental health or condition of
43 an individual; the provision of health care to an
44 individual; or the past, present, or future payment for
45 the provision of health care to an individual.

46 11. "*Health information network*" means the exclusive
47 statewide electronic health information network.

48 12. "*Health information network services*" means
49 the exchanging of health information via the health

50 information network; education and outreach to
1 support connection and access to and use of the health
2 information network; and all other activities related
3 to the electronic exchange of health information.

4 13. "*Health Insurance Portability and Accountability*
5 *Act*" means the federal Health Insurance Portability
6 and Accountability Act of 1996, Pub. L. No. 104-191,
7 including amendments thereto and regulations
8 promulgated thereunder.

9 14. "*Infrastructure*" means technology including
10 architecture, hardware, software, networks, terminology
11 and standards, and policies and procedures governing
12 the electronic exchange of health information.

13 15. "*Iowa e-health*" means the collaboration
14 between the department and other public and private
15 stakeholders to establish, operate, and sustain an
16 exclusive statewide health information network.

17 16. "*Iowa Medicaid enterprise*" means Iowa medicaid
18 enterprise as defined in section 249J.3.

19 17. "*Local board of health*" means a city, county, or
20 district board of health.

21 18. "*Office*" means the office of health information
22 technology within the department.

23 19. "*Participant*" means an authorized provider,
24 payer, patient, public health agency, the department,
25 or other authorized person that has voluntarily agreed
26 to authorize, submit, access, and disclose health
27 information through the health information network in
28 accordance with this chapter and all applicable laws,
29 rules, agreements, policies, and procedures.

30 20. "*Participation and data sharing agreement*" means
31 the agreement outlining the terms of access and use for
32 participation in the health information network.

33 21. "*Patient*" means a person who has received or is
34 receiving health services from a provider.

35 22. "*Payer*" means a person who makes payments
36 for health services, including but not limited to an
37 insurance company, self-insured employer, government
38 program, individual, or other purchaser that makes such
39 payments.

40 23. "*Protected health information*" means
41 individually identifiable patient information,
42 including demographic information, related to the past,
43 present, or future health or condition of a person;
44 the provision of health care to a person; or the past,
45 present, or future payment for such health care; which
46 is created, transmitted, or received by a participant.
47 "*Protected health information*" does not include
48 education and other records that are covered under the
49 federal Family Educational Rights and Privacy Act of

50 1974, as codified at 20 U.S.C. 1232g, as amended; or
1 any employment records maintained by a covered entity,
2 as defined under the Health Insurance Portability and
3 Accountability Act, in its role as an employer.

4 24. "Provider" means a hospital, physician clinic,
5 pharmacy, laboratory, health service provider, or
6 other person that is licensed, certified, or otherwise
7 authorized or permitted by law to administer health
8 care in the ordinary course of business or in the
9 practice of a profession, or any other person or
10 organization that furnishes, bills, or is paid for
11 health care in the normal course of business.

12 25. "Public health agency" means an entity that is
13 governed by or contractually responsible to a local
14 board of health or the department to provide services
15 focused on the health status of population groups and
16 their environments.

17 26. "Purchaser" means any individual, employer,
18 or organization that purchases health insurance or
19 services and includes intermediaries.

20 27. "Vendor" means a person or organization that
21 provides or proposes to provide goods or services to
22 the department pursuant to a contract, but does not
23 include an employee of the state, a retailer, or a
24 state agency or instrumentality.

25 Sec. ____ . NEW SECTION. 135D.3 Iowa e-health
26 established — guiding principles, goals, domains.

27 1. Iowa e-health is established as a
28 public-private, multi-stakeholder collaborative.
29 The purpose of Iowa e-health is to develop, administer,
30 and sustain the health information network to improve
31 the quality, safety, and efficiency of health care
32 available to Iowans.

33 2. Iowa e-health shall manage and operate
34 the health information network. Nothing in
35 this chapter shall be interpreted to impede or
36 preclude the formation and operation of regional,
37 population-specific, or local health information
38 networks or their participation in the health
39 information network.

40 3. Iowa e-health shall facilitate the exchange
41 of health information for prevention and treatment
42 purposes to help providers make the best health care
43 decisions for patients and to provide patients with
44 continuity of care regardless of the provider the
45 patient visits.

46 4. The guiding principles of Iowa e-health include
47 all of the following:

48 a. To engage in a collaborative, public-private,
49 multi-stakeholder effort including providers, payers,

50 purchasers, governmental entities, educational
1 institutions, and consumers.
2 *b.* To create a sustainable health information
3 network which makes information available when and
4 where it is needed.
5 *c.* To ensure the health information network
6 incorporates provider priorities and appropriate
7 participant education.
8 *d.* To instill confidence in consumers that their
9 health information is secure, private, and accessed
10 appropriately.
11 *e.* To build on smart practices and align with
12 federal standards to ensure interoperability within and
13 beyond the state.
14 5. The goals of Iowa e-health include all of the
15 following:
16 *a.* To build awareness and trust of health
17 information technology through communication and
18 outreach to providers and consumers.
19 *b.* To safeguard privacy and security of health
20 information shared electronically between participants
21 through the health information network so that the
22 health information is secure, private, and accessed
23 only by authorized individuals and entities.
24 *c.* To promote statewide deployment and use of
25 electronic health records.
26 *d.* To enable the electronic exchange of health
27 information.
28 *e.* To advance coordination of activities across
29 state and federal governments.
30 *f.* To establish a governance model for the health
31 information network.
32 *g.* To establish sustainable business and technical
33 operations for the health information exchange.
34 *h.* To secure financial resources to develop and
35 sustain the health information network.
36 *i.* To monitor and evaluate health information
37 technology progress and outcomes.
38 6. Iowa e-health shall include the following five
39 domains:
40 *a. Governance.* Iowa e-health shall be governed
41 by a board of directors whose members represent
42 stakeholders such as provider organizations and
43 associations, providers, payers, purchasers,
44 governmental entities, business, and consumers. Iowa
45 e-health shall be supported by the department's office
46 of health information technology. The board shall
47 set direction, goals, and policies for Iowa e-health
48 and provide oversight of the business and technical
49 operations of the health information network and health

50 information network services.

1 *b. Business and technical operations.* The office of
2 health information technology shall perform day-to-day
3 operations to support and advance Iowa e-health, the
4 health information network, and health information
5 network services.

6 *c. Finance.* Iowa e-health shall identify and
7 manage financial resources to achieve short-term and
8 long-term sustainability of the health information
9 network. The health information network shall be
10 financed by participants based on a business model and
11 financial sustainability plan approved by the board
12 no later than December 31, 2011, and submitted to the
13 governor and the general assembly. The model and plan
14 may contemplate participant fees based on value-based
15 principles. Fees shall not be assessed to participants
16 prior to approval by the board and an enactment of the
17 general assembly establishing such fees.

18 *d. Technical infrastructure.* Iowa e-health shall
19 implement and manage the core infrastructure and
20 standards to enable the safe and secure delivery of
21 health information to providers and consumers through
22 the health information network.

23 *e. Legal and policy.* Iowa e-health shall establish
24 privacy and security policies and guidelines, and
25 participation and data sharing agreements, to protect
26 consumers and enforce rules for utilization of the
27 health information network.

28 Sec. ____ . **NEW SECTION. 135D.4 Governance — board**
29 **of directors — advisory council.**

30 1. Iowa e-health shall be governed by a board of
31 directors. Board members shall be residents of the
32 state of Iowa. The membership of the board shall
33 comply with sections 69.16 and 69.16A.

34 2. The board of directors shall be comprised of the
35 following members:

36 *a.* The board shall include all of the following as
37 voting members:

38 (1) Two members appointed by the governor, subject
39 to confirmation by the senate who represent the Iowa
40 collaborative safety net provider network created in
41 section 135.153, based on nominees provided by the
42 network.

43 (2) Four members who represent hospitals, one of
44 which is designated by the university of Iowa hospitals
45 and clinics, and three of which are designated by
46 the Iowa hospital association with one of the three
47 designees representing critical access hospitals.

48 (3) Two members who represent two different private
49 health insurance carriers, designated by the federation

50 of Iowa insurers, one of which has the largest health
1 market share in Iowa.

2 (4) One member who is a licensed physician,
3 designated by the Iowa medical society.

4 (5) One member representing the department who is
5 designated by the department.

6 (6) One member representing the Iowa Medicaid
7 enterprise who is the Iowa Medicaid director, or the
8 director's designee.

9 *b.* The board shall include as ex officio,
10 nonvoting members four members of the general
11 assembly, one appointed by the speaker of the house of
12 representatives, one appointed by the minority leader
13 of the house of representatives, one appointed by the
14 majority leader of the senate, and one appointed by the
15 minority leader of the senate.

16 3. A person shall not serve on the board in any
17 capacity if the person is required to register as a
18 lobbyist under section 68B.36 because of the person's
19 activities for compensation on behalf of a profession
20 or an entity that is engaged in providing health care,
21 reviewing or analyzing health care, paying for health
22 care services or procedures, or providing health
23 information technology or health information network
24 services.

25 4. *a.* Board members shall serve four-year terms
26 but shall not serve more than two consecutive four-year
27 terms. However, the board members who represent state
28 agencies are not subject to term limits.

29 *b.* At the end of any term, a member of the
30 board may continue to serve until the appointing or
31 designating authority names a successor.

32 *c.* A vacancy on the board shall be filled for the
33 remainder of the term in the manner of the original
34 appointment. A vacancy in the membership of the board
35 shall not impair the right of the remaining members to
36 exercise all the powers and perform all the duties of
37 the board.

38 *d.* A board member may be removed by the board for
39 cause including but not limited to malfeasance in
40 office, failure to attend board meetings, misconduct,
41 or violation of ethical rules and standards.
42 Nonattendance of the board members appointed by the
43 governor shall be governed by the provisions of section
44 69.15. A board member may be removed by a vote of the
45 board if, based on the criteria provided in section
46 69.15, subsection 1, paragraphs "a" and "b", the board
47 member would be deemed to have submitted a resignation
48 from the board.

49 *e.* The board members shall elect a chairperson from

50 their membership. The department's designee shall
1 serve as vice chairperson.

2 5. Meetings of the board shall be governed by the
3 provisions of chapter 21.

4 a. The board shall meet upon the call of the
5 chairperson or the vice chairperson. Notice of the
6 time and place of each board meeting shall be given
7 to each member. The board shall keep accurate and
8 complete records of all of its meetings.

9 b. A simple majority of the members shall
10 constitute a quorum to enable the transaction of any
11 business and for the exercise of any power or function
12 of the board. Action may be taken and motions and
13 resolutions adopted by the affirmative vote of a
14 majority of the members attending the meeting whether
15 in person, by telephone, web conference, or other
16 means. A board member shall not vote by proxy or
17 through a delegate.

18 c. Public members of the board shall receive
19 reimbursement for actual expenses incurred while
20 serving in their official capacity, only if they are
21 not eligible for reimbursement by the organization that
22 they represent. A person who serves as a member of
23 the board shall not by reason of such membership be
24 entitled to membership in the Iowa public employees'
25 retirement system or service credit for any public
26 retirement system.

27 6. The board may exercise its powers, duties,
28 and functions as provided in this chapter and as
29 prescribed by law. The director and the board shall
30 ensure that matters under the purview of the board
31 are carried out in a manner that does not violate or
32 risk violation of applicable state or federal laws or
33 regulations, and that supports overriding public policy
34 and public safety concerns, fiscal compliance, and
35 compliance with the office of the national coordinator
36 for health information technology state health
37 information exchange cooperative agreement program or
38 any other cooperative agreement programs or grants
39 supporting Iowa e-health. The board shall do all of
40 the following:

41 a. Participate in the selection of the executive
42 director and assist in the development of performance
43 standards and evaluations of the executive director.

44 b. Establish priorities among health information
45 network services based on the needs of the population
46 of this state.

47 d. Oversee the handling and accounting of assets
48 and moneys received for or generated by the health
49 information network.

50 e. Establish committees and workgroups as needed.
1 f. Review and approve or disapprove all of the
2 following, as proposed by the department:
3 (1) Strategic, operational, and financial
4 sustainability plans for Iowa e-health, the health
5 information network, and health information network
6 services.
7 (2) Standards, requirements, policies, and
8 procedures for access, use, secondary use, and privacy
9 and security of health information network through the
10 health information exchange, consistent with applicable
11 federal and state standards and laws.
12 (3) Policies and procedures for administering the
13 infrastructure, technology, and associated professional
14 services necessary for the business and technical
15 operation of the health information network and health
16 information network services.
17 (4) Policies and procedures for evaluation of the
18 health information network and health information
19 network services.
20 (5) Mechanisms for periodic review and update of
21 policies and procedures.
22 (6) An annual budget and fiscal report for the
23 operations of the health information network and an
24 annual report for Iowa e-health and health information
25 network services.
26 (7) Major purchases of goods and services.
27 g. Adopt administrative rules pursuant to chapter
28 17A to implement this chapter and relating to the
29 management and operation of the health information
30 network and health information network services.
31 h. Adopt rules for monitoring access to and use
32 of the health information network and enforcement
33 of health information network rules, standards,
34 requirements, policies, and procedures. The board
35 may suspend, limit, or terminate a participant's
36 utilization of the health information network for
37 violation of such rules, standards, requirements,
38 policies, or procedures, and shall establish, by rule,
39 a process for notification, right to respond, and
40 appeal relative to such violations.
41 i. Have all remedies allowed by law to address any
42 violation of the terms of the participation and data
43 sharing agreement.
44 j. Perform any and all other activities in
45 furtherance of its purpose.
46 7. a. A board member is subject to chapter 68B,
47 the rules adopted by the Iowa ethics and campaign
48 disclosure board, and the ethics rules and requirements
49 that apply to the executive branch of state government.

50 **b.** A board member shall not participate in any
1 matter before the board in which the board member
2 has a direct or indirect interest in an undertaking
3 that places the board member's personal or business
4 interests in conflict with those of Iowa e-health,
5 including but not limited to an interest in a
6 procurement contract, or that may create the appearance
7 of impropriety.

8 **8. Advisory council.**

9 **a.** An advisory council to the board is established
10 to provide an additional mechanism for obtaining
11 broader stakeholder advice and input regarding health
12 information technology, the health information network,
13 and health information network services.

14 **b.** The advisory council shall be comprised of the
15 following members who shall serve two-year staggered
16 terms:

17 (1) The following members designated as specified:

18 (a) One member who is a licensed practicing nurse
19 in an office or clinic setting, designated by the Iowa
20 nurses association.

21 (b) One member representing licensed pharmacists,
22 designated by the Iowa pharmacy association.

23 (c) One member representing the Iowa healthcare
24 collaborative, designated by the collaborative.

25 (d) One member representing substance abuse
26 programs, designated by the Iowa behavioral health
27 association.

28 (e) One member representing community mental
29 health centers, designated by the Iowa association of
30 community providers.

31 (f) One member representing long-term care
32 providers, designated by the Iowa health care
33 association/Iowa center for assisted living and the
34 Iowa association of homes and services for the aging.

35 (g) One member representing licensed physicians,
36 designated by the Iowa academy of family physicians.

37 (h) One member representing chiropractors,
38 designated by the Iowa chiropractic society.

39 (i) One member who is a practicing physician in
40 an office or clinic setting, designated by the Iowa
41 osteopathic medical association.

42 (j) One member representing business interests,
43 designated by the Iowa association of business and
44 industry.

45 (2) The following members appointed by the board:

46 (a) One member representing the state board of
47 health.

48 (b) One member representing academics.

49 (c) One member representing the Iowa Medicare

50 quality improvement organization.

1 (d) One member who is the state chief information
2 officer.

3 (e) One member representing the private
4 telecommunications industry.

5 (f) One member representing Des Moines university.

6 (g) One member representing home health care
7 providers.

8 (h) One member representing the department of
9 veterans affairs.

10 c. The board may change the membership and the
11 composition of the advisory council, by rule, to
12 accommodate changes in stakeholder interests and the
13 evolution of health information technology, the health
14 information network, and health information network
15 services. An advisory council member may be removed by
16 a vote of the board if, based on the criteria provided
17 in section 69.15, subsection 1, paragraphs "a" and "b",
18 the advisory council member would be deemed to have
19 submitted a resignation from the advisory council.

20 Sec. ____ . NEW SECTION. 135D.5 **Business and**
21 **technical operations — office of health information**
22 **technology.**

23 1. The office of health information technology
24 is established within the department and shall be
25 responsible for the day-to-day business and operations
26 of Iowa e-health, the health information network, and
27 health information network services. The office shall
28 be under the direction of the director and under the
29 supervision of the deputy director.

30 2. a. The department shall employ an executive
31 director to manage the office and the executive
32 director shall report to the deputy director.

33 b. The executive director shall manage the planning
34 and implementation of Iowa e-health, the health
35 information network, and health information network
36 services, and shall provide high-level coordination
37 across public and private sector stakeholders.

38 c. The executive director shall serve as Iowa's
39 health information technology coordinator and primary
40 point of contact for the office of the national
41 coordinator for health information technology,
42 other federal and state agencies involved in health
43 information technology, and state health information
44 technology coordinators from other states.

45 3. a. The executive director and all other
46 employees of the office shall be employees of the
47 state, classified and compensated in accordance with
48 chapter 8A, subchapter IV, and chapter 20.

49 b. Subject to approval of the board, the director

50 shall have the sole power to determine the number of
1 full-time and part-time equivalent positions necessary
2 to carry out the provisions of this chapter.

3 c. An employee of the office shall not have a
4 financial interest in any vendor doing business or
5 proposing to do business with Iowa e-health.

6 4. The department shall do all of the following:

7 a. Develop, implement, and enforce the following,
8 as approved by the board:

9 (1) Strategic, operational, and financial
10 sustainability plans for the health information
11 network, Iowa e-health, and health information network
12 services.

13 (2) Standards, requirements, policies, and
14 procedures for access, use, secondary use, and privacy
15 and security of health information exchanged through
16 the health information network, consistent with
17 applicable federal and state standards and laws.

18 (3) Policies and procedures for monitoring
19 participant usage of the health information network
20 and health information network services; enforcing
21 noncompliance with health information network
22 standards, requirements, policies, rules, and
23 procedures.

24 (4) Policies and procedures for administering
25 the infrastructure, technology, and associated
26 professional services required for operation of the
27 health information network and health information
28 network services.

29 (5) Policies and procedures for evaluation of the
30 health information network and health information
31 network services.

32 (6) A mechanism for periodic review and update of
33 policies and procedures.

34 (7) An annual budget and fiscal report for the
35 business and technical operations of the health
36 information network and an annual report for Iowa
37 e-health, the health information network, and health
38 information network services. The department shall
39 submit all such reports to the general assembly.

40 b. Convene and facilitate board, advisory council,
41 workgroup, committee, and other stakeholder meetings.

42 c. Provide technical and operational assistance for
43 planning and implementing Iowa e-health activities,
44 the health information network, and health information
45 network services.

46 d. Provide human resource, budgeting, project and
47 activity coordination, and related management functions
48 to Iowa e-health, the health information network, and
49 health information network services.

50 e. Develop educational materials and educate the
1 general public on the benefits of electronic health
2 records, the health information network, and the
3 safeguards available to prevent unauthorized disclosure
4 of health information.

5 f. Enter into participation and data sharing
6 agreements with participants of the health information
7 network.

8 g. Record receipts and approval of payments, and
9 file required financial reports.

10 h. Apply for, acquire by gift or purchase, and
11 hold, dispense, or dispose of funds and real or
12 personal property from any person, governmental entity,
13 or organization in the exercise of its powers and
14 performance of its duties in accordance with this
15 chapter.

16 i. Administer grant funds in accordance with the
17 terms of the grant and all applicable state and federal
18 laws, rules, and regulations.

19 j. Select and contract with vendors in compliance
20 with applicable state and federal procurement laws and
21 regulations.

22 k. Coordinate with other health information
23 technology and health information network programs and
24 activities.

25 l. Work to align interstate and intrastate
26 interoperability and standards in accordance with
27 national health information exchange standards.

28 m. Execute all instruments necessary or incidental
29 to the performance of its duties and the execution of
30 its powers.

31 Sec. _____. NEW SECTION. 135D.6 Iowa e-health
32 finance fund.

33 1. The Iowa e-health finance fund is created as
34 a separate fund within the state treasury under the
35 control of the board. Revenues, donations, gifts,
36 interest, or other moneys received or generated
37 relative to the operation and administration of the
38 health information network and health information
39 network services, shall be deposited in the fund.

40 2. Moneys in the fund shall be expended by
41 the department only on activities and operations
42 suitable to the performance of the department's
43 duties on behalf of the board and Iowa e-health as
44 specified in this chapter, subject to board approval.
45 Disbursements may be made from the fund for purposes
46 related to the administration, management, operations,
47 functions, activities, and sustainability of the health
48 information network and health information network
49 services.

50 3. Notwithstanding section 12C.7, subsection 2,
1 earnings or interest on moneys deposited in the fund
2 shall be credited to the fund. Notwithstanding section
3 8.33, any unexpended balance in the fund at the end
4 of each fiscal year shall be retained in the fund and
5 shall not be transferred to the general fund of the
6 state.

7 4. The moneys in the fund shall be subject to
8 financial and compliance audits by the auditor of
9 state.

10 5. The general assembly may appropriate moneys
11 in the fund to the department on behalf of Iowa
12 e-health for the health information network and health
13 information network services.

14 Sec. ____ . NEW SECTION. 135D.7 **Technical**
15 **infrastructure.**

16 1. The health information network shall provide
17 a mechanism to facilitate and support the secure
18 electronic exchange of health information between
19 participants. The health information network shall
20 not function as a central repository of all health
21 information.

22 2. The health information network shall provide a
23 mechanism for participants without an electronic health
24 record system to access health information from the
25 health information network.

26 3. The technical infrastructure of the health
27 information network shall be designed to facilitate
28 the secure electronic exchange of health information
29 using functions including but not limited to all of the
30 following:

31 a. A master patient index, in the absence of a
32 single, standardized patient identifier, to exchange
33 secure health information among participants.

34 b. A record locator service to locate and exchange
35 secure health information among participants.

36 c. Authorization, authentication, access, and
37 auditing processes for security controls to protect
38 the privacy of consumers and participants and the
39 confidentiality of health information by limiting
40 access to the health information network and health
41 information to participants whose identity has been
42 authenticated, and whose access to health information
43 is limited by their role and recorded through an audit
44 trail.

45 d. Electronic transmission procedures and software
46 necessary to facilitate the electronic exchange of
47 various types of health information through the health
48 information network.

49 e. Telecommunications through coordination of

50 public and private networks to provide the backbone
1 infrastructure to connect participants exchanging
2 health information. The networks may include but
3 are not limited to the state-owned communications
4 network, other fiber optic networks, and private
5 telecommunications service providers.

6 4. The state shall own or possess the rights
7 to use all processes and software developed, and
8 hardware installed, leased, designed, or purchased
9 for the health information network, and shall permit
10 participants to use the health information network
11 and health information network services in accordance
12 with the standards, policies, procedures, rules, and
13 regulations approved by the board, and the terms of the
14 participation and data sharing agreement.

15 Sec. ____ . NEW SECTION. 135D.8 **Legal and policy.**

16 1. Upon approval from the board, the office
17 of health information technology shall establish
18 appropriate security standards, policies, and
19 procedures to protect the transmission and receipt of
20 individually identifiable health information exchanged
21 through the health information network. The security
22 standards, policies, and procedures shall, at a
23 minimum, comply with the Health Insurance Portability
24 and Accountability Act security rule pursuant to 45
25 C.F.R. pt. 164, subpt. C, and shall reflect all of the
26 following:

27 a. Include authorization controls, including the
28 responsibility to authorize, maintain, and terminate a
29 participant's use of the health information network.

30 b. Require authentication controls to verify the
31 identity and role of the participant using the health
32 information network.

33 c. Include role-based access controls to restrict
34 functionality and information available through the
35 health information network.

36 d. Include a secure and traceable electronic audit
37 system to document and monitor the sender and the
38 recipient of health information exchanged through the
39 health information network.

40 e. Require standard participation and data sharing
41 agreements which define the minimum privacy and
42 security obligations of all participants using the
43 health information network and health information
44 network services.

45 f. Include controls over access to and the
46 collection, organization, and maintenance of records
47 and data for purposes of research or population health
48 that protect the confidentiality of consumers who are
49 the subject of the health information.

50 2. a. A patient shall have the opportunity to
1 decline exchange of their health information through
2 the health information network. The board shall
3 provide by rule the means and process by which patients
4 may decline participation. A patient shall not be
5 denied care or treatment for declining to exchange
6 their health information, in whole or in part, through
7 the health information network. The means and process
8 utilized under the rules shall minimize the burden on
9 patients and providers.

10 b. Unless otherwise authorized by law or rule,
11 a patient's decision to decline participation means
12 that none of the patient's health information shall be
13 exchanged through the health information network. If a
14 patient does not decline participation, the patient's
15 health information may be exchanged through the health
16 information network except as follows:

17 (1) If health information associated with a patient
18 visit with a provider is protected by state law that is
19 more restrictive than the Health Insurance Portability
20 and Accountability Act, a patient shall have the right
21 to decline sharing of health information through the
22 health information network from such visit as provided
23 by rule.

24 (2) With the consent of the patient, a provider
25 may limit health information associated with a patient
26 visit from being shared through the health information
27 network if such limitation is reasonably determined
28 by the provider, in consultation with the patient, to
29 be in the best interest of the patient as provided by
30 rule.

31 c. A patient who declines participation in the
32 health information network may later decide to
33 have health information shared through the health
34 information network. A patient who is participating
35 in the health information network may later decline
36 participation in the health information network.

37 3. The office shall develop and distribute
38 educational tools and information for consumers,
39 patients, and providers to inform them about the health
40 information network, including but not limited to the
41 safeguards available to prevent unauthorized disclosure
42 of health information and a patient's right to decline
43 participation in the health information network.

44 4. a. A participant shall not release or use
45 protected health information exchanged through the
46 health information network for purposes unrelated
47 to prevention, treatment, payment, or health care
48 operations unless otherwise authorized or required by
49 law. Participants shall limit the use and disclosure

50 of protected health information to the minimum amount
1 required to accomplish the intended purpose of the use
2 or request, in compliance with the Health Insurance
3 Portability and Accountability Act and other applicable
4 federal law. Use or distribution of the information
5 for a marketing purpose, as defined by the Health
6 Insurance Portability and Accountability Act, is
7 strictly prohibited.

8 *b.* The department, the office, and all persons
9 using the health information network shall be
10 individually responsible for following breach
11 notification policies as provided by the Health
12 Insurance Portability and Accountability Act.

13 *c.* A participant shall not be compelled by
14 subpoena, court order, or other process of law
15 to access health information through the health
16 information network in order to gather records or
17 information not created by the participant.

18 5. *a.* If a patient has declined participation in
19 the health information network, the patient's health
20 information may be released to a provider through the
21 health information network if all of the following
22 circumstances exist:

23 (1) The patient is unable to provide consent due to
24 incapacitation.

25 (2) The requesting provider believes, in good
26 faith, that the information is necessary to prevent
27 imminent serious injury to the patient. Imminent
28 serious injury includes but it not limited to death,
29 injury or disease that creates a substantial risk of
30 death, or injury or disease that causes protracted loss
31 or impairment of any organ or body system.

32 (3) Such information cannot otherwise be readily
33 obtained.

34 *b.* The department shall provide by rule for the
35 reporting of emergency access and use by a provider.

36 6. All participants exchanging health information
37 and data through the health information network
38 shall grant to participants of the health information
39 network a nonexclusive license to retrieve and use that
40 information or data in accordance with applicable state
41 and federal laws, and the policies, procedures, and
42 rules established by the board.

43 7. The department shall establish by rule the
44 procedures for a patient who is the subject of health
45 information to do all of the following:

46 *a.* Receive notice of a violation of the
47 confidentiality provisions required under this chapter.

48 *b.* Upon request to the department, view an audit
49 report created under this chapter for the purpose of

50 monitoring access to the patient's records.

1 8. a. A provider who relies reasonably and in
2 good faith upon any health information provided
3 through the health information network in treatment
4 of a patient shall be immune from criminal or civil
5 liability arising from any damages caused by such
6 reasonable, good faith reliance. Such immunity shall
7 not apply to acts or omissions constituting negligence,
8 recklessness, or intentional misconduct.

9 b. A participant that has disclosed health
10 information through the health information network
11 in compliance with applicable law and the standards,
12 requirements, policies, procedures, and agreements of
13 the health information network shall not be subject to
14 criminal or civil liability for the use or disclosure
15 of the health information by another participant.

16 9. a. Notwithstanding chapter 22, the following
17 records shall be kept confidential, unless otherwise
18 ordered by a court or consented to by the patient or by
19 a person duly authorized to release such information:

20 (1) The protected health information contained in,
21 stored in, submitted to, transferred or exchanged by,
22 or released from the health information network.

23 (2) Any protected health information in the
24 possession of Iowa e-health or the department due to
25 its administration of the health information network.

26 b. Unless otherwise provided in this chapter, when
27 using the health information network for the purpose of
28 patient treatment, a provider is exempt from any other
29 state law that is more restrictive than the Health
30 Insurance Portability and Accountability Act that would
31 otherwise prevent or hinder the exchange of patient
32 information by the patient's providers.

33 Sec. _____. NEW SECTION. 135D.9 Iowa e-health —
34 health information network services.

35 Iowa e-health shall facilitate services through
36 the health information network or through other
37 marketplace mechanisms to improve the quality, safety,
38 and efficiency of health care available to consumers.
39 These services shall include but are not limited to all
40 of the following:

41 1. Patient summary records such as continuity of
42 care documents.

43 2. A provider directory and provider messaging.

44 3. Clinical orders and results.

45 4. Public health reporting such as electronic
46 reporting to the statewide immunization registry and
47 reportable diseases.

48 5. Medication history.

49 Sec. _____. NEW SECTION. 135D.10 Governance review

50 and transition.

1 1. a. The Iowa e-health governance structure
2 shall continue during the first two years of the term
3 of the state health information exchange cooperative
4 agreement with the office of the national coordinator
5 for health information technology to address the
6 development of policies and procedures; dissemination
7 of interoperability standards; the initiation, testing,
8 and operation of the health information network
9 infrastructure; and the evolution of health information
10 network services to improve patient care for the
11 population.

12 b. Following the end of the first two years of the
13 term of the cooperative agreement, the board and the
14 department shall review the Iowa e-health governance
15 structure, operations of the health information
16 network, and the business and sustainability plan to
17 determine if the existing Iowa e-health governance
18 structure should continue or should be replaced by any
19 of the following:

20 (1) A public authority or similar body with broad
21 stakeholder representation on its governing board.

22 (2) A not-for-profit entity with broad stakeholder
23 representation on its governing board.

24 2. If the board and department determine that the
25 governance structure should be replaced, Iowa e-health
26 shall develop a transition plan to transfer the
27 responsibilities for the domains specified in section
28 135D.3.

29 Sec. _____. Section 136.3, subsection 14, Code 2011,
30 is amended to read as follows:

31 14. Perform those duties authorized pursuant to
32 sections ~~135.156~~, 135.159, and 135.161, and other
33 provisions of law.

34 Sec. _____. Section 249J.14, subsection 2, paragraphs
35 a and b, Code 2011, are amended to read as follows:

36 a. Design and implement a program for distribution
37 and monitoring of provider incentive payments,
38 including development of a definition of "*meaningful*
39 *use*" for purposes of promoting the use of electronic
40 medical recordkeeping by providers. The department
41 shall develop this program in collaboration with the
42 department of public health and the ~~electronic health~~
43 ~~information advisory council and executive committee~~
44 ~~board of directors and the advisory council to the~~
45 board of Iowa e-health created pursuant to section
46 ~~135.156~~ 135D.4.

47 b. Develop the medical assistance health
48 information technology plan as required by the centers
49 for Medicare and Medicaid services of the United

50 States department of health and human services. The
1 plan shall provide detailed implementation plans for
2 the medical assistance program for promotion of the
3 adoption and meaningful use of health information
4 technology by medical assistance providers and the
5 Iowa Medicaid enterprise. The plan shall include the
6 integration of health information technology and the
7 health information ~~exchange network~~ with the medical
8 assistance management information system. The plan
9 shall be developed in collaboration with the department
10 of public health and the ~~electronic health information~~
11 ~~advisory council and executive committee board of~~
12 ~~directors and the advisory council to the board of Iowa~~
13 ~~e-health~~ created pursuant to section ~~135.156~~ 135D.4.

14 Sec. _____. INITIAL APPOINTMENTS — BOARD.

15 1. The initial appointments of board member
16 positions described in section 135D.4, as enacted by
17 this division of this Act, shall have staggered terms
18 as follows:

19 a. The board members appointed by the governor
20 shall have initial terms of two years, after which the
21 members shall serve four-year terms, subject to the
22 following:

23 (1) The terms shall begin and end as provided in
24 section 69.19.

25 (2) Any board member appointed by the governor when
26 the senate is not in session shall serve only until
27 the end of the next regular session of the general
28 assembly, unless and until confirmed by the senate.

29 b. The board member designated by the Iowa medical
30 society shall have an initial term of two years, after
31 which the member shall serve a four-year term.

32 c. The board members designated by the university
33 of Iowa hospitals and clinics and the Iowa hospital
34 association shall have initial terms of four years,
35 after which the members shall serve four-year terms.

36 d. The board members designated by the federation
37 of Iowa insurers shall serve initial terms of six
38 years, after which the members shall serve four-year
39 terms.

40 2. With the exception of board members who are
41 representative of state agencies and not subject
42 to term limits as provided in section 135D.4, board
43 members may serve an additional four-year term,
44 with the exception of those board members initially
45 serving a two-year term, who may serve two consecutive
46 four-year terms following the initial two-year term.

47 Sec. _____. REPEAL. Sections 135.154, 135.155, and
48 135.156, Code 2011, are repealed.

49 Sec. _____. TRANSITION PROVISIONS. Notwithstanding

50 any other provision of this division of this Act,
1 the department of public health, and the executive
2 committee and the advisory council created pursuant to
3 section 135.156, shall continue to exercise the powers
4 and duties specified under that section until such time
5 as all board members have been appointed as provided
6 in section 135D.4, as enacted by this division of this
7 Act.

8 Sec. _____. EFFECTIVE DATE. The sections of this
9 division of this Act repealing sections 135.154,
10 135.155, and 135.156, and amending sections 136.3 and
11 249J.14, take effect on the date all board members are
12 appointed as provided in section 135D.4, as enacted by
13 this division of this Act. The department of public
14 health shall notify the Code editor of such date.

15 Sec. _____. EFFECTIVE UPON ENACTMENT. Except as
16 otherwise provided in this division of this Act,
17 this division of this Act, being deemed of immediate
18 importance, takes effect upon enactment.>

19 122. By striking page 83, line 22, through page
20 150, line 23.

21 123. Title page, line 3, after <appropriations> by
22 inserting <, providing penalties,>

23 124. By renumbering as necessary.

PROPOSED COMMITTEE AMENDMENT