

2. Recommendations for the state and counties to provide mental health and developmental disabilities assistance under a fixed funding budget. The committee shall consider all of the following in developing the recommendations:

a. The feasibility of requiring counties to expend a certain portion of the budgeted moneys for implementing community-based services innovations to reduce acute care placements.

b. Modifying legal mandates for counties to serve particular disability populations so that the legal consequences are clarified if a county has insufficient funding for an entire fiscal year and mandated services or populations remain without assistance.

c. The effect of counties continuing to provide assistance to persons with mental illness or a developmental disability who received the assistance as of June 30, 1995, regardless of whether the assistance is mandated.

d. Any statutory changes which would be necessary to allow the placing of persons on a waiting list for assistance and the feasibility of establishing crisis services to meet the short-term needs of persons placed on a waiting list.

e. Creation of an appeal process for persons denied assistance or denied access to the assistance desired.

f. Provisions to require the state and counties to maintain their financial commitments under a fixed funding budget.

3. Consideration and recommendations involving the following intermediate care facility for the mentally retarded issues:

a. Providing more authority for case managers, in conjunction with the medical assistance review organization, to review placement requests and participate in meetings to consider treatment provided to a resident of an intermediate care facility for the mentally retarded.

b. Determining the need for and methods for improving the education level of intermediate care facilities for the mentally retarded providers concerning levels of active treatment provided to residents.

Sec. 7. **APPLICABILITY.** The provisions of section 5 of this Act shall apply to appointments made on or after July 1, 1995, for expired terms and to fill vacancies in the membership of the state-county management committee.

Sec. 8. **EFFECTIVE DATE.** Section 1 of this Act, being deemed of immediate importance, takes effect upon enactment.

Approved May 1, 1995

CHAPTER 121

EXPANSION OF VOLUNTEER PHYSICIAN PROGRAM

H.F. 197

AN ACT relating to the expansion of the volunteer physician program to include other health care providers and to apply to certain charitable organizations.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 135.24, Code 1995, is amended to read as follows:

135.24 **VOLUNTEER PHYSICIAN HEALTH CARE PROVIDER PROGRAM ESTABLISHED - IMMUNITY FROM CIVIL LIABILITY.**

1. The director shall establish within the department a program to provide to eligible hospitals, clinics, or other health care facilities, ~~or health care referral programs, or charitable organizations,~~ free medical services given on a voluntary basis by ~~physicians licensed under chapter 148, 150, or 150A~~ health care providers. A participating physician health care provider shall register with the department and obtain from the department a list of eligible, participating hospitals, clinics, or other health care facilities, ~~or health care referral programs, or charitable organizations.~~

2. The department, in consultation with the department of human services, shall adopt rules to implement the volunteer physician health care provider program which shall include the following:

a. Procedures for registration of physicians health care providers deemed qualified by the board of medical examiners, ~~the board of physician assistant examiners, and the board of nursing.~~

b. Criteria for and identification of hospitals, clinics, or other health care facilities, ~~or health care referral programs, or charitable organizations,~~ eligible to participate in the provision of free medical services through the volunteer physician health care provider program. A health care facility, a health care referral program, a charitable organization, or a health care provider participating in the program shall not bill or charge a patient for any physician health care provider service provided under the volunteer physician health care provider program.

3. A physician health care provider providing free care under this section shall be considered an employee of the state under chapter 669 and shall be afforded protection as an employee of the state under section 669.21, provided that the physician health care provider has done all of the following:

a. Registered with the department pursuant to subsection 1.

b. Provided medical services through a hospital, clinic, or other health care facility, ~~or health care referral program, or charitable organization~~ listed as eligible and participating by the department pursuant to subsection 1.

4. For the purposes of this section, "health care provider" means a physician licensed under chapter 148, 150, or 150A, a physician assistant licensed and practicing under a supervising physician pursuant to chapter 148C, a licensed practical nurse, or a registered nurse.

5. For the purposes of this section, "charitable organization" means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code which has as its primary purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of medical services to children and to serve as a funding mechanism for provision of medical services, including but not limited to immunizations, to children in this state.

Approved May 1, 1995

CHAPTER 122

TRANSFER OF DOGS FROM POUNDS TO INSTITUTIONS

S.F. 79

AN ACT relating to the transfer of dogs to educational and scientific institutions by pounds.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 145B.3, Code 1995, is amended to read as follows:
145B.3 DOGS HELD FOR REDEMPTION BY OWNER.