

thousand dollar exemption shall be divided equally between the transferees.

(6) ~~Transfers of property~~ that would, at the time of the transferor's application for medical assistance, have been exempt from consideration as a resource if it had been retained by the transferor, pursuant to 42 U.S.C. § 1382b(a), as implemented by regulations adopted by the secretary of the United States department of health and human services, ~~and pursuant to section 561.16 and chapter 627.~~

(7) Transfers to a trust established solely for the benefit of the transferor's child who is blind or permanently and totally disabled as defined in the federal Social Security Act, section 1614, as codified in 42 U.S.C. § 1382b.

(8) Transfers to a trust established solely for the benefit of an individual under sixty-five years of age who is disabled, as defined in the federal Social Security Act, section 1614, as codified in 42 U.S.C. § 1382b.

(9) Transfer of a homestead, as defined in sections 561.1, 561.2, and 561.3.

Sec. 4. Section 249F.2, Code 1995, is amended to read as follows:

249F.2 CREATION OF DEBT.

A transfer of assets creates a debt due and owing to the department of human services from the transferee in an amount equal to medical assistance provided to or on behalf of the transferor, on or after the date of the transfer of assets, but not exceeding the fair market value of the assets which are not exempt under section 249F.1 at the time of the transfer.

Approved April 16, 1996

CHAPTER 1108

COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM

S.F. 2218

AN ACT relating to the community health management system by extending the date for implementation of phase I of the system.

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

Section 1. Section 144C.8, subsection 1, Code 1995, is amended to read as follows:

1. Phase I of the system shall be operational no later than July 1, ~~1996~~ 1997. For purposes of this chapter, "phase I" means the collection and submission of data including a patient identifier; a provider identification number; data elements included in the uniform billing-1992 form for hospitals; data elements included in the federal health care financing administration's 1500 form for physicians; an outpatient pharmacy code as determined by the board; data on all currently required discharges provided to the health data commission; and severity of illness and outcomes measurement, a measure of consumer health behavior, health status, and satisfaction with services provided as determined by the board.

Sec. 2. The community health management information system governing board shall review the policies and procedures for ensuring the confidentiality of information in the system and the penalties applicable to unauthorized release of the information. The board, in consultation with the insurance division, shall develop options for enactment of appropriate penalties for unauthorized release of information. The review by the board and penalty options developed shall be included in the board's annual report submitted to the Seventy-seventh General Assembly, 1997 Session, under section 144C.4.

Approved April 16, 1996