CHAPTER 124
HEALTHY AND WELL KIDS IN IOWA PROGRAM
H.F. 565

AN ACT relating to the healthy and well kids in Iowa program.

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

Section 1. Section 514I.4, subsection 4, Code 2003, is amended to read as follows:
4. The department shall do or shall provide for all of the following:
a. Develop a program application form not to exceed two pages in length, which is consistent with the rules of the board, which is easy to understand, complete, and concise, and which, to the greatest extent possible, coordinates with the medical assistance program.
b. Establish the family cost sharing amount, based on a sliding fee scale, if established by amounts of not less than ten dollars per individual and twenty dollars per family, if not otherwise prohibited by federal law, with the approval of the board.
c. Perform annual, random reviews of enrollee applications to ensure compliance with program eligibility and enrollment policies. Quality assurance reports shall be made to the board and the department based upon the data maintained by the administrative contractor.
d. Perform other duties as determined by the department with the approval of the board.

Sec. 2. Section 514I.5, subsection 1, unnumbered paragraph 1, Code 2003, is amended to read as follows:
A HAWK-I board for the HAWK-I program is established. The board shall meet not less than six and not more than twelve times annually, for the purposes of establishing policy for, directing the department on, and adopting rules for the program. The board shall consist of seven members, including all of the following:

Sec. 3. Section 514I.5, subsection 7, paragraphs d and e, Code 2003, are amended to read as follows:
d. Develop, with the assistance of the department, an outreach plan, and provide for periodic assessment of the effectiveness of the outreach plan. The plan shall provide outreach to families of children likely to be eligible for assistance under the program, to inform them of the availability of and to assist the families in enrolling children in the program. The outreach efforts may include, but are not limited to, a comprehensive statewide media campaign, solicitation of cooperation from programs, agencies, and other persons who are likely to have contact with eligible children, including but not limited to those associated with the educational system, and the development of community plans for outreach and marketing.
e. In consultation with the clinical advisory committee, select a single, nationally recognized functional health assessment form for an initial assessment of all eligible children participating in the program, establish a baseline for comparison purposes, and develop appropriate indicators to measure the subsequent health status of eligible children participating in the program.

Sec. 4. Section 514I.5, subsection 7, paragraph i, Code 2003, is amended by striking the paragraph.

Sec. 5. Section 514I.5, subsection 7, paragraph l, unnumbered paragraph 1, Code 2003, is amended to read as follows:
Establish an advisory committee to make recommendations to the board and to the general assembly on or before January 1, 1999, annually concerning the provision of health insurance coverage to children with special health care needs under the program. The committee
shall include individuals with experience in, knowledge of, or expertise in this area. The recommendations shall address, but are not limited to, all of the following:

Sec. 6. Section 514I.5, subsection 8, paragraph h, Code 2003, is amended to read as follows:

h. The amount of any cost sharing under the program which shall be assessed on a sliding fee scale based on family income, which provides for a minimum amount of cost sharing, and which complies with federal law.

Sec. 7. Section 514I.5, subsection 8, paragraph m, Code 2003, is amended by striking the paragraph.

Sec. 8. Section 514I.6, subsection 3, Code 2003, is amended by striking the subsection.

Sec. 9. Section 514I.7, subsection 2, paragraph c, Code 2003, is amended to read as follows:

c. Forward names of children who appear to be eligible for medical assistance or other public health insurance coverage to local to the department of human services offices or other appropriate person or agency for follow-up and retain the identifying data on children who are referred.

Sec. 10. Section 514I.7, subsection 2, paragraph h, Code 2003, is amended by striking the paragraph.

Sec. 11. Section 514I.8, subsection 2, paragraph e, Code 2003, is amended to read as follows:

e. Is not currently covered under or was not covered within the prior six months under a group health plan as defined in 42 U.S.C. § 300gg-91(a)(1) or other health benefit plan, unless the coverage was involuntarily lost or unless dropping the coverage is allowed by rule of the board.

Sec. 12. Section 514I.10, Code 2003, is amended to read as follows:

514I.10 COST SHARING.

1. Cost sharing for eligible children whose family income is at or below one hundred fifty percent of the federal poverty level shall not exceed the standards permitted under 42 U.S.C. § 1396(o)(a)(3) or § 1396(o)(b)(1).

2. Cost sharing for eligible children whose family income is between equals or exceeds one hundred fifty percent and two hundred percent of the federal poverty level shall may include a premium or copayment amount which is at least a minimum amount but which does not exceed five percent of the annual family income. The amount of the any premium or the copayment amount shall be based on family income and size.

Sec. 13. MONITORING AND REPORTING REQUIREMENTS. The department of human services shall monitor the effects of the striking of section 514I.5, subsection 8, paragraph “m”, by this Act, until June 30, 2005. The department shall submit a report to the general assembly annually on January 15, during the period ending June 30, 2005, that includes the reporting of any increased cost of the hawk-i program resulting from the striking of the paragraph described in this section.

Approved May 12, 2003