

**CHAPTER 1157****MODIFICATION OF CHILD CUSTODY ORDERS —  
ENTRY OF JUVENILE COURT DISPOSITIONAL ORDER***H.F. 2528*

**AN ACT** relating to consideration of a juvenile court order by the district court in a custody proceeding.

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

Section 1. Section 598.21, subsection 8, Code Supplement 2003, is amended by adding the following new paragraph:

NEW PARAGRAPH. jj. Entry of a dispositional order in juvenile court pursuant to chapter 232 placing custody or physical care of a child with a party who is obligated to pay support for a child.

Approved May 11, 2004

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**CHAPTER 1158****HEALTH INSURANCE — MISCELLANEOUS CHANGES***H.F. 2568*

**AN ACT** relating to individual health insurance program modification; restructuring and modification of eligibility, benefits, tax offsets, and other terms related to the operation of the Iowa comprehensive health insurance association; phaseout of guaranteed basic and standard individual insurance plans; and coverage of federal Trade Adjustment Act recipients under the Iowa comprehensive health insurance Act; and providing effective dates.

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

Section 1. Section 513C.3, subsection 15, Code Supplement 2003, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. For purposes of this subsection, an association policy under chapter 514E is not considered “qualifying existing coverage” or “qualifying previous coverage”.

Sec. 2. Section 513C.7, subsections 1, 2, and 5, Code Supplement 2003, are amended by striking the subsections.

Sec. 3. Section 513C.8, Code 2003, is amended to read as follows:

513C.8 HEALTH BENEFIT PLAN STANDARDS.

The ~~commissioner~~ board of directors of the Iowa comprehensive health insurance association, with the approval of the commissioner, shall adopt by rule the form and level of coverage of the basic health benefit plan and the standard health benefit plan for the individual market which shall provide benefits substantially similar to those as provided for under chapter 513B with respect to small group coverage, but which shall be appropriately adjusted at least every three years to reflect the current state of the individual market.

Sec. 4. Section 513C.10, subsection 1, paragraph a, Code Supplement 2003, is amended to read as follows:

a. All persons that provide health benefit plans in this state including insurers providing accident and sickness insurance under chapter 509, 514, or 514A, whether on an individual or group basis; fraternal benefit societies providing hospital, medical, or nursing benefits under chapter 512B; and health maintenance organizations, organized delivery systems, ~~and all other entities providing health insurance or health benefits subject to state insurance regulation, and all other insurers as designated by the board of directors of the Iowa comprehensive health insurance association with the approval of the commissioner~~ shall be members of the association.

Sec. 5. Section 513C.10, subsection 4, Code Supplement 2003, is amended to read as follows:

4. The board shall develop procedures and assessment mechanisms and make assessments and distributions as required to equalize the individual carrier and organized delivery system gains or losses so that each carrier or organized delivery system receives the same ratio of paid claims to ninety percent of earned premiums as the aggregate of all basic and standard plans insured by all carriers and organized delivery systems in the state.

Sec. 6. Section 514E.1, subsection 2, Code Supplement 2003, is amended to read as follows:

2. "Association policy" means an individual or group policy issued by the association that provides the coverage specified in section 514E.4 as set forth in the benefit plans adopted by the association's board of directors and approved by the commissioner.

Sec. 7. Section 514E.1, subsections 7, 8, and 12, Code Supplement 2003, are amended by striking the subsections.

Sec. 8. Section 514E.1, subsection 9, Code Supplement 2003, is amended by adding the following new paragraph:

NEW PARAGRAPH. f. Who has been confirmed eligible under the federal Trade Adjustment Act of 2002, Pub. L. No. 107-210, as a recipient under that Act, by the department of workforce development and the federal internal revenue service.

Sec. 9. Section 514E.1, subsection 13, Code Supplement 2003, is amended to read as follows:

13. "Health care services" means services, the coverage of which is authorized under chapter 509, chapter 514, chapter 514A, or chapter 514B as limited by sections 514E.4 and 514E.5 benefit plans established by the association's board of directors with the approval of the commissioner, and includes services for the purposes of preventing, alleviating, curing, or healing human illness, injury or physical disability.

Sec. 10. Section 514E.2, subsection 1, unnumbered paragraph 1, Code Supplement 2003, is amended to read as follows:

The Iowa comprehensive health insurance association is established as a nonprofit corporation. The association shall assure that ~~health insurance, as limited by sections 514E.4 and 514E.5, is benefit plans as authorized in section 514E.1, subsection 2, for an association policy,~~ are made available to each eligible Iowa resident and each federally eligible individual applying to the association for coverage. The association shall also be responsible for administering the Iowa individual health benefit reinsurance association pursuant to all of the terms and conditions contained in chapter 513C.

Sec. 11. Section 514E.2, subsection 1, paragraph a, Code Supplement 2003, is amended to read as follows:

a. All carriers ~~as defined in section 514E.1, subsection 3,~~ and all organized delivery systems

licensed by the director of public health providing health insurance or health care services in Iowa and all other insurers designated by the association's board of directors and approved by the commissioner shall be members of the association.

Sec. 12. Section 514E.2, subsection 6, Code Supplement 2003, is amended by striking the subsection and inserting in lieu thereof the following:

6. Rates for coverages issued by the association shall reflect rating characteristics used in the individual insurance market. The rates for a given classification shall not be more than one hundred fifty percent of the average premium or payment rate for the classification charged by the five carriers with the largest health insurance premium or payment volume in the state during the preceding calendar year. In determining the average rate of the five largest carriers, the rates or payments charged by the carriers shall be actuarially adjusted to determine the rate or payment that would have been charged for benefits similar to those issued by the association.

Sec. 13. Section 514E.2, subsection 13, Code Supplement 2003, is amended by striking the subsection and inserting in lieu thereof the following:

13. An insurer may offset an assessment made pursuant to this chapter against its premium tax liability pursuant to chapter 432 to the extent of twenty percent of the amount of the assessment for each of the five calendar years following the year in which the assessment was paid. If an insurer ceases doing business, all uncredited assessments may be credited against its premium tax liability for the year it ceases doing business.

Sec. 14. Section 514E.4, Code 2003, is amended by striking the section and inserting in lieu thereof the following:

514E.4 ASSOCIATION POLICY — COVERAGE AND BENEFIT REQUIREMENTS — DEDUCTIBLES — COINSURANCE.

The association policy shall pay for medically necessary eligible health care services as established in the benefit plans adopted by the association's board of directors and approved by the commissioner. The plans shall provide benefits, deductibles, and coinsurance that reflect the current state of the individual insurance market. The board may modify the benefits provided under the plans to reflect the current state of the individual insurance market with the approval of the commissioner.

Sec. 15. Section 514E.7, subsection 1, Code 2003, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The association shall rescind coverage for an individual who no longer resides in the state.

Sec. 16. Section 514E.7, subsection 4, paragraph b, Code 2003, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (4) In the case of an individual transferring to an association policy from a basic or standard health benefit plan under chapter 513C beginning on or after January 1, 2005.

Sec. 17. Section 514E.7, subsection 5, Code 2003, is amended by adding the following new paragraph:

NEW PARAGRAPH. f. The individual is eligible for Medicare based upon age.

Sec. 18. Section 514E.8, subsection 1, Code 2003, is amended to read as follows:

1. An association policy shall contain provisions under which the association is obligated to renew the contract coverage for an individual until the day on which the individual in whose name the contract is issued first becomes eligible for Medicare coverage, ~~except that in a family policy covering both husband and wife, the age of the younger spouse shall be used as the~~

~~basis for meeting the durational requirements of this subsection. However, when the individual in whose name the contract is issued becomes eligible for Medicare coverage, the person shall be eligible for the Medicare supplement plan offered by the association based on age.~~

Sec. 19. Section 514E.11, Code 2003, is amended to read as follows:

514E.11 NOTICE OF ASSOCIATION POLICY.

Every carrier, including a health maintenance organization subject to chapter 514B and an organized delivery system, authorized to provide health care insurance or coverage for health care services in Iowa, shall provide a notice of the availability of coverage by the association to any person who receives a rejection of coverage for health insurance or health care services, or a notice to any person who is informed that a rate for health insurance or coverage for health care services ~~that~~ will exceed the rate of an association policy, ~~and~~ that ~~the~~ person is eligible to apply for health insurance provided by the association. Application for the health insurance shall be on forms prescribed by the ~~association's~~ board of directors and made available to the carriers and organized delivery systems ~~and other entities providing health care insurance or coverage for health care services regulated by the commissioner.~~

Sec. 20. Sections 514E.5 and 514E.6, Code 2003, are repealed.

Sec. 21. EFFECTIVE DATE. The sections of this Act amending section 513C.7 and section 514E.2, subsection 13, take effect January 1, 2005.

Approved May 11, 2004

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## CHAPTER 1159

### IMMUNIZATIONS — MERCURY CONTENT — REIMBURSEMENT

*S.F. 2209*

**AN ACT** relating to the content of immunizations, and making a penalty applicable.

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

Section 1. NEW SECTION. 135.39A EARLY CHILDHOOD IMMUNIZATIONS — CONTENT.

1. Beginning January 1, 2006, early childhood immunizations administered in this state shall not contain more than trace amounts of mercury.

2. For the purposes of this section:

a. “Early childhood immunizations” means immunizations administrated<sup>1</sup> to children under eight years of age, unless otherwise provided in this section.

b. “Trace amounts” means trace amounts as defined by the United States food and drug administration.

3. The prohibition under this section shall not apply to early childhood immunizations for influenza or in times of emergency or epidemic as determined by the director of public health. If an emergency or epidemic is determined to exist by the director of public health under this subsection, the director of public health shall notify the state board of health, the governor, and the legislative council, and shall notify the public upon request.

<sup>1</sup> The word “administered” probably intended