

PROOF

STATE OF IOWA

House Journal

TUESDAY, APRIL 22, 2008

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JOURNAL OF THE HOUSE

One-hundredth Calendar Day - Sixty-eighth Session Day

Hall of the House of Representatives
Des Moines, Iowa, Tuesday, April 22, 2008

The House met pursuant to adjournment at 10:35 a.m., Speaker Murphy in the chair.

Prayer was offered by Reverend Ben Ramirez, pastor of the First Christian Church, Coon Rapids. He was the guest of Representative Bruce Hunter of Polk County.

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Jordan Durham, Page to Minority Leader Rants.

The Journal of Monday, April 21, 2008 was approved.

LEAVE OF ABSENCE

Leave of absence was granted as follows:

De Boef of Keokuk on request of Rants of Woodbury.

On motion by McCarthy of Polk, the House was recessed at 10:40 a.m., until 1:00 p.m.

AFTERNOON SESSION

The House reconvened at 3:42 p.m., Speaker pro tempore Bukta in the chair.

LEAVE OF ABSENCE

Leave of absence was granted as follows:

Clute of Polk and Roberts of Carroll on request of Soderberg of Plymouth.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker: I am directed to inform your honorable body that the Senate has on April 22, 2008, amended and passed the following bill in which the concurrence of the House is asked:

[House File 2177](#), a bill for an act relating to the placement of deer transportation tags on antlered deer that have been taken pursuant to a deer hunting license.

Also: That the Senate has on April 22, 2008, passed the following bill in which the concurrence of the House is asked:

[Senate File 2426](#), a bill for an act relating to the judicial branch including the assessment and collection of fees and fines, filings and records kept by the clerk of the district court, the regulation and certification of shorthand reporters, making appropriations to offset costs, and providing an effective date.

MICHAEL E. MARSHALL, Secretary

SENATE MESSAGE CONSIDERED

[Senate File 2426](#), by committee on appropriations, a bill for an act relating to the judicial branch including the assessment and collection of fees and fines, filings and records kept by the clerk of the district court, the regulation and certification of shorthand reporters, making appropriations to offset costs, and providing an effective date.

Read first time and referred to committee on **appropriations**.

QUORUM CALL

A non-record roll call was requested to determine that a quorum was present. The vote revealed eighty-nine members present, eleven absent.

McCarthy of Polk asked and received unanimous consent for the immediate consideration of [House File 2694](#).

CONFERENCE COMMITTEE REPORT RECEIVED

[\(House File 2197\)](#)

A conference committee report signed by the following Senate and House members was filed April 22, 2008, on [House File 2197](#), a bill

for an act requiring institutions of higher learning and community colleges to provide students with specific textbook information.

ON THE PART OF THE SENATE:

QUIRMBACH, Chair
MCKINLEY
MULDER
SCHMITZ
SCHOENJAHN

ON THE PART OF THE HOUSE:

KELLEY, Chair
BOAL
GAYMAN
SCHICKEL
WENDT

CONSIDERATION OF BILLS Appropriations Calendar

House File 2694, a bill for an act relating to long-term care insurance, and providing for penalties, an applicability date, repeals, and an appropriation and providing an effective date, was taken up for consideration.

Berry of Black Hawk moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 2694](#))

The ayes were, 97:

Abdul-Samad	Alons	Anderson	Arnold
Bailey	Baudler	Bell	Berry
Boal	Chambers	Cohoon	Dandekar
Davitt	Deyoe	Dolecheck	Drake
Foege	Ford	Forristall	Frevert
Gaskill	Gayman	Gipp	Granzow
Grassley	Greiner	Heaton	Heddens
Hoffman	Horbach	Hunter	Huseman
Huser	Jacobs	Jacoby	Jochum
Kaufmann	Kelley	Kressig	Kuhn
Lensing	Lukan	Lykam	Mascher
May	McCarthy	Mertz	Miller, H.
Miller, L.	Murphy, Spkr.	Oldson	Olson, D.
Olson, R.	Olson, S.	Olson, T.	Palmer
Paulsen	Petersen	Pettengill	Quirk
Raecker	Rants	Rasmussen	Rayhons
Reasoner	Reichert	Sands	Schickel
Schueller	Shomshor	Smith	Soderberg
Staed	Struyk	Swaim	Taylor, D.
Taylor, T.	Thomas	Tjepkes	Tomenga
Tymeson	Upmeyer	Van Engelenhoven	Van Fossen

Watts	Wendt	Wenthe	Wessel-Kroeschell
Whitaker	Whitead	Wiencek	Winckler
Windschitl	Wise	Worthan	Zirkelbach
Bukta, Presiding			

The nays were, none.

Absent or not voting, 3:

Clute	De Boef	Roberts
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The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

ADOPTION OF THE REPORT OF THE
CONFERENCE COMMITTEE
([House File 2197](#))

Kelley of Black Hawk called up for consideration the report of the conference committee on [House File 2197](#) and moved the adoption of the conference committee report and the amendments contained therein as follows:

REPORT OF THE CONFERENCE COMMITTEE
ON [HOUSE FILE 2197](#)

To the Speaker of the House of Representatives and the President of the Senate:

We, the undersigned members of the conference committee appointed to resolve the differences between the House of Representatives and the Senate on [House File 2197](#), a bill for an Act requiring institutions of higher learning and community colleges to provide students with specific textbook information, respectfully make the following report:

1. That the Senate recedes from its amendment, [H-8361](#).
2. That [House File 2197](#), as passed by the House, is amended to read as follows:
 1. By striking everything after the enacting clause and inserting the following:

"Section 1. NEW SECTION. 261.7 TEXTBOOK NOTICE – LEGISLATIVE INTENT AND RECOMMENDATION.

1. In order to promote consumer choice and lower the costs of textbooks in higher education, the general assembly intends that students enrolled in institutions of higher learning have access to appropriate textbook information prior to the start of classes, with adequate time to pursue alternative purchase avenues.

2. The general assembly recommends that every public and private institution for higher education in this state, including those institutions referenced in chapters 260C

and 262 and section 261.9, post the list of required and suggested textbooks for all courses and the corresponding international standard book numbers for such textbooks at least fourteen days before the start of each semester or term, to the extent possible, at the locations where textbooks are sold on campus and on the web site for the respective institution for higher education.

2. The college student aid commission is directed to convey the legislative intent and recommendation contained in this section to every institution for higher education in the state registered pursuant to chapter 261B at least once a year."
3. Title page, line 1, by striking the word "requiring" and inserting the following: "recommending".
3. Title page, lines 1 and 2, by striking the words "and community colleges".

ON THE PART OF THE HOUSE:

DORIS KELLEY, Chair
 CARMINE BOAL
 ELESHA GAYMAN
 BILL SCHICKEL
 ROGER WENDT

ON THE PART OF THE SENATE

HERMAN C. QUIRMBACH, Chair
 PAUL MCKINLEY
 DAVE MULDER
 BECKY SCHMITZ
 BRIAN SCHOENJAHN

The conference committee report was adopted.

Kelley of Black Hawk moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 2197](#))

The ayes were, 93:

Abdul-Samad	Alons	Anderson	Arnold
Bailey	Baudler	Bell	Berry
Boal	Chambers	Cohoon	Dandekar
Davitt	Deoye	Dolecheck	Drake
Foege	Ford	Frevert	Gaskill
Gayman	Gipp	Granzow	Grassley
Heaton	Heddens	Hoffman	Horbach
Hunter	Huseman	Huser	Jacobs
Jacoby	Jochum	Kaufmann	Kelley
Kressig	Kuhn	Lensing	Lukan
Lykam	Mascher	May	McCarthy
Mertz	Miller, H.	Miller, L.	Murphy, Spkr.
Oldson	Olson, D.	Olson, R.	Olson, S.
Olson, T.	Palmer	Paulsen	Petersen
Pettengill	Quirk	Raecker	Rasmussen
Rayhons	Reasoner	Reichert	Sands
Schickel	Schueller	Shomshor	Smith

Soderberg	Staed	Struyk	Swaim
Taylor, D.	Taylor, T.	Thomas	Tjepkes
Tomenga	Upmeyer	Van Engelenhoven	Van Fossen
Watts	Wendt	Wenthe	Wessel-Kroeschell
Whitaker	Whitead	Wiencek	Winckler
Windschitl	Wise	Worthan	Zirkelbach
Bukta, Presiding			

The nays were, 4:

Forristall	Greiner	Rants	Tymeson
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Absent or not voting, 3:

Clute	De Boef	Roberts
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The bill having received a constitutional majority was declared to have passed the House and the title, as amended, was agreed to.

Regular Calendar

[House File 2667](#), a bill for an act relating to appointments by members of the general assembly to statutory boards, commissions, councils, and committees, abolishing certain related entities, and including effective date and applicability provisions, with report of committee recommending amendment and passage, was taken up for consideration.

Quirk of Chickasaw asked and received unanimous consent to withdraw amendment **[H-8539](#)** filed by the committee on administration and rules on April 15, 2008.

[SENATE FILE 2406](#) SUBSTITUTED FOR **[HOUSE FILE 2667](#)**

Quirk of Chickasaw asked and received unanimous consent to substitute **[Senate File 2406](#)** for **[House File 2667](#)**.

[Senate File 2406](#), a bill for an act relating to appointments by members of the general assembly to statutory boards, commissions, councils, and committees, abolishing certain related entities, and including effective date and applicability provisions, was taken up for consideration.

Quirk of Chickasaw offered the following amendment [H-8572](#) filed by him and moved its adoption:

[H-8572](#)

1 Amend [Senate File 2406](#), as passed by the Senate, as
 2 follows:
 3 1. By striking page 4, line 11, through page 5,
 4 line 28, and inserting the following:
 5 "Sec. ___. Section 7K.1, subsection 3, unnumbered
 6 paragraph 1, Code 2007, is amended to read as follows:
 7 The board of directors of the foundation shall
 8 consist of fifteen members ~~servng staggered~~
 9 ~~three year terms beginning on May 1 of the year of~~
 10 ~~appointment~~ who shall be appointed as follows:
 11 Sec. ___. Section 7K.1, subsection 3, Code 2007,
 12 is amended by adding the following new paragraph:
 13 NEW PARAGRAPH. d. The term of the members
 14 appointed by the governor shall be for three years,
 15 staggered by the governor, beginning upon the
 16 convening of a regular session of the general assembly
 17 and ending upon the convening of a regular session of
 18 the general assembly three years later. The term of
 19 the members appointed by a member of the general
 20 assembly shall be as provided in section 69.16B."
 21 2. By renumbering as necessary.

Amendment [H-8572](#) was adopted.

Ford of Polk asked and received unanimous consent to withdraw amendment [H-8548](#) filed by him on April 16, 2008.

Quirk of Chickasaw moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([S.F. 2406](#))

The ayes were, 61:

Abdul-Samad	Anderson	Bailey	Bell
Berry	Cohoon	Dandekar	Davitt
Deyoe	Dolecheck	Foege	Ford
Frevert	Gaskill	Gayman	Gipp
Heaton	Heddens	Hoffman	Hunter
Jacoby	Jochum	Kelley	Kressig
Kuhn	Lensing	Lykam	Mascher
McCarthy	Mertz	Miller, H.	Murphy, Spkr.

Oldson	Olson, D.	Olson, R.	Olson, S.
Olson, T.	Palmer	Petersen	Quirk
Reasoner	Reichert	Schueller	Shomshor
Smith	Staed	Swaim	Taylor, D.
Taylor, T.	Thomas	Tomenga	Wendt
Wenthe	Wessel-Kroeschell	Whitaker	Whitead
Wiencek	Winckler	Wise	Zirkelbach
Bukta, Presiding			

The nays were, 36:

Alons	Arnold	Baudler	Boal
Chambers	Drake	Forristall	Granzow
Grassley	Greiner	Horbach	Huseman
Huser	Jacobs	Kaufmann	Lukan
May	Miller, L.	Paulsen	Pettengill
Raecker	Rants	Rasmussen	Rayhons
Sands	Schickel	Soderberg	Struyk
Tjepkes	Tymeson	Upmeyer	Van Engelenhoven
Van Fossen	Watts	Windschitl	Worthan

Absent or not voting and 3:

Clute	De Boef	Roberts
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The bill having received a constitutional majority was declared to have passed the House and the title was agreed to.

[HOUSE FILE 2667](#) WITHDRAWN

Quirk of Chickasaw asked and received unanimous consent to withdraw [House File 2667](#) from further consideration by the House.

Ways and Means Calendar

[House File 2689](#), a bill for an act relating to renewable fuel, including by providing for infrastructure associated with storing, blending, and dispensing renewable fuel, providing for the purchase of renewable fuels by governmental entities, providing for renewable fuel marketing efforts, and providing an effective date, was taken up for consideration.

Reasoner of Union offered amendment [H-8582](#) filed by him and S. Olson of Clinton as follows:

H-8582

1 Amend [House File 2689](#) as follows:

2 1. By striking everything after the enacting
3 clause and inserting the following:

4 "DIVISION I

5 RENEWABLE FUEL INFRASTRUCTURE

6 Section 1. Section 15G.201, subsection 1, Code

7 2007, is amended to read as follows:

8 1. "Biodiesel", "biodiesel blended fuel",
9 "biodiesel fuel", "E-85 gasoline", "ethanol", "ethanol"
10 "blended gasoline", "gasoline", "motor fuel", "~~motor~~
11 "~~fuel pump~~", "retail dealer", and "retail motor fuel
12 site" mean the same as defined in section 214A.1.

13 Sec. 2. Section 15G.201, Code 2007, is amended by
14 adding the following new subsections:

15 NEW SUBSECTION. 4A. "Motor fuel pump" and "motor
16 fuel blender pump" or "blender pump" mean the same as
17 defined in section 214.1.

18 NEW SUBSECTION. 5A. "Tank vehicle" means the same
19 as defined in section 321.1.

20 Sec. 3. Section 15G.201, subsection 6, Code 2007,
21 is amended by adding the following new paragraph:

22 NEW PARAGRAPH. c. A biofuel manufacturer that is
23 in the business of producing ethanol or biodiesel from
24 biomass as defined in section 469.31.

25 Sec. 4. NEW SECTION. 15G.201A CLASSIFICATION OF
26 RENEWABLE FUEL.

27 For purposes of this division, ethanol blended fuel
28 and biodiesel fuel shall be classified in the same
29 manner as provided in section 214A.2.

30 Sec. 5. Section 15G.203, unnumbered paragraph 1,
31 Code Supplement 2007, is amended to read as follows:

32 A renewable fuel infrastructure program for retail
33 motor fuel sites is established in the department
34 under the direction of the renewable fuel
35 infrastructure board created pursuant to section
36 15G.202.

37 Sec. 6. Section 15G.203, subsection 1, Code
38 Supplement 2007, is amended to read as follows:

39 1. The purpose of the program is to improve retail
40 motor fuel sites by installing, replacing, or
41 converting ~~motor fuel storage and dispensing~~
42 ~~infrastructure. The infrastructure must be to be used~~
43 to store, blend, or dispense renewable fuel. The
44 infrastructure shall be ethanol infrastructure or
45 biodiesel infrastructure.

46 a. (1) Ethanol infrastructure shall be designed
47 and shall be used exclusively to store do any of the
48 following:

49 (a) Store and dispense renewable fuel which is
50 E-85 gasoline,

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1 (b) Store, blend, and dispense motor fuel from a
2 motor fuel blender pump, as required in this
3 subparagraph subdivision. The ethanol infrastructure
4 must provide for the storage of ethanol or ethanol
5 blended gasoline, or for blending ethanol with
6 gasoline. The ethanol infrastructure must at least
7 include a motor fuel blender pump which dispenses
8 different classifications of ethanol blended gasoline
9 and allows E-85 gasoline to be dispensed at all times
10 that the blender pump is operating.

11 (2) Biodiesel infrastructure shall be designed and
12 used exclusively to do any of the following:

13 (a) Store and dispense biodiesel, or biodiesel
14 blended fuel ~~on the~~

15 (b) Blend or dispense biodiesel fuel from a motor
16 fuel blender pump.

17 b. The infrastructure must be part of the premises
18 of a retail motor fuel sites site operated by a retail
19 dealers dealer. The infrastructure shall not include
20 a tank vehicle.

21 Sec. 7. Section 15G.203, subsection 3, Code
22 Supplement 2007, is amended by striking the
23 subsection.

24 Sec. 8. Section 15G.203, subsection 4, paragraph
25 b, subparagraphs (3) and (4), Code Supplement 2007,
26 are amended to read as follows:

27 (3) A statement describing how the retail motor
28 fuel site is to be improved, the total estimated cost
29 of the planned improvement, and the date when the
30 infrastructure will be first used ~~to store and~~
31 ~~dispense the renewable fuel.~~

32 (4) A statement certifying that the infrastructure
33 shall ~~not only~~ be used to ~~store or dispense motor fuel~~
34 ~~other than E-85 gasoline, biodiesel, or biodiesel~~
35 ~~blended fuel~~ comply with the provisions of this
36 section and as specified in the cost-share agreement,
37 unless granted a waiver by the infrastructure board
38 pursuant to this section.

39 Sec. 9. Section 15G.203, subsection 6, Code
40 Supplement 2007, is amended by striking the
41 subsection.

42 Sec. 10. Section 15G.203, subsection 7, Code
43 Supplement 2007, is amended to read as follows:

44 7. An award of financial incentives to a
45 participating person shall be on a cost-share basis in
46 the form of a grant. To
47 ~~In order to~~ participate in the program, an eligible
48 person must execute a cost-share agreement with the
49 department as approved by the infrastructure board in
50 which the person contributes a percentage of the total

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1 costs related to improving the retail motor fuel site.
2 A cost-share agreement shall be for a three-year
3 period or a five-year period. A cost-share agreement
4 shall include provisions for standard financial
5 incentives or standard financial incentives and
6 supplemental financial incentives as provided in this
7 subsection. The infrastructure board may approve
8 multiple improvements to the same retail motor fuel
9 site for the full amount available for both ethanol
10 infrastructure and biodiesel infrastructure so long as
11 the improvements for ethanol infrastructure and for
12 biodiesel infrastructure are made under separate
13 cost-share agreements.

14 a. (1) Except as provided in paragraph "b", a
15 participating person may be awarded standard financial
16 incentives to make improvements to a retail motor fuel
17 site. The standard financial incentives awarded to
18 the a participating person shall not exceed the
19 following:

20 (a) For a three-year cost-share agreement, fifty
21 percent of the actual cost of making the improvement
22 or thirty thousand dollars, whichever is less.

23 (b) For a five-year cost-share agreement, seventy
24 percent of the actual cost of making the improvement
25 or fifty thousand dollars, whichever is less.

26 (2) The infrastructure board may approve multiple
27 awards of standard financial incentives to make
28 improvements to a retail motor fuel site so long as
29 the total amount of the awards for ethanol
30 infrastructure or biodiesel infrastructure does not
31 exceed the limitations provided in this paragraph
32 subparagraph (1).

33 b. In addition to any standard financial
34 incentives awarded to a participating person under
35 paragraph "a", the participating person may be awarded
36 supplemental financial incentives to make improvements
37 to a retail motor fuel site to upgrade do any of the
38 following:

39 (1) Upgrade or replace a dispenser which is part
40 of gasoline storage and dispensing infrastructure used
41 to store and dispense E-85 gasoline as provided in
42 section 455G.31. The participating person is only
43 eligible to receive be awarded the supplemental
44 financial incentives if the person installed the
45 dispenser not later than sixty days after the date of
46 the publication in the Iowa administrative bulletin of
47 the state fire marshal's order providing that a
48 commercially available dispenser is listed as
49 compatible for use with E-85 gasoline by an
50 independent testing laboratory as provided in section

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1 455G.31. The supplemental financial incentives
2 awarded to the participating person shall not exceed
3 seventy-five percent of the actual cost of making the
4 improvement or thirty thousand dollars, whichever is
5 less.

6 (2) To improve additional retail motor fuel sites
7 owned or operated by a participating person within a
8 twelve-month period as provided in the cost-share
9 agreement. The supplemental financial incentives
10 shall be used for the installation of an additional
11 tank and associated infrastructure at each such retail
12 motor fuel site. A participating person may be
13 awarded supplemental financial incentives under this
14 subparagraph and standard financial incentives under
15 paragraph "a" to improve the same motor fuel site.
16 The supplemental financial incentives awarded to the
17 participating person shall not exceed the following:

18 (a) For the second retail motor fuel site, five
19 thousand dollars.

20 (b) For the third retail motor fuel site, seven
21 thousand five hundred dollars.

22 (c) For the fourth retail motor fuel site, ten
23 thousand dollars.

24 (d) For the fifth retail motor fuel site, twelve
25 thousand five hundred dollars.

26 Sec. 11. Section 15G.204, subsection 2, Code
27 Supplement 2007, is amended by striking the
28 subsection.

29 Sec. 12. Section 15G.204, subsection 4, Code
30 Supplement 2007, is amended to read as follows:

31 4. a. An award of financial incentives to a
32 participating person shall be in the form of a grant.
33 In order to participate in the program, an eligible
34 person must execute a cost-share agreement with the
35 department as approved by the infrastructure board in
36 which the person contributes a percentage of the total
37 costs related to improving the terminal. The
38 financial incentives awarded to the participating
39 person shall not exceed the following:

40 (1) For improvements to store, blend, or dispense
41 biodiesel fuel from B-2 or higher but not as high as
42 B-99, fifty percent of the actual cost of making the
43 improvements or fifty thousand dollars, whichever is
44 less.

45 (2) For improvements to store, blend, or dispense
46 biodiesel fuel from B-99 to B-100, fifty percent of
47 the actual cost of making the improvements or one
48 hundred fifty thousand dollars, whichever is less.

49 b. The infrastructure board may approve multiple
50 awards to make improvements to a terminal so long as

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1 the total amount of the awards does not exceed the
2 limitations provided in ~~this subsection~~ paragraph "c"

3 Sec. 13. Section 214.1, Code 2007, is amended to
4 read as follows:

5 214.1 DEFINITIONS.

6 ~~For the purpose of As used in~~ his chapter, unless
7 the context otherwise requires:

8 1. "Biodiesel", "biodiesel fuel", "biofuel",
9 "ethanol", "motor fuel", "retail dealer", "retail
10 "motor fuel site", and "wholesale dealer" mean the same
11 as defined in section 214A.1.

12 2. "Commercial weighing and measuring device" or
13 "device" means the same as defined in section 215.26.

14 ~~2. 3. "Motor fuel" means the same as defined in~~
15 ~~section 214A.1~~ fuel blender pump" or "blender pump"
16 means a motor fuel pump that dispenses a type of motor
17 fuel that is blended from two or more different types
18 of motor fuels and which may dispense more than one
19 type of blended motor fuel.

20 ~~3. 4. "Motor fuel pump" means a pump, meter, or~~
21 ~~similar commercial weighing and measuring device used~~
22 ~~to measure and dispense motor fuel on a retail basis.~~

23 ~~4. "Retail dealer" means the same as defined in~~
24 ~~section 214A.1.~~

25 ~~5. "Wholesale dealer" means the same as defined in~~
26 ~~section 214A.1~~ "Motor fuel storage tank" or "storage
27 tank" means an aboveground or belowground container
28 that is a fixture used to store an accumulation of
29 motor fuel.

30 Sec. 14. Section 214.9, Code 2007, is amended to
31 read as follows:

32 214.9 SELF-SERVICE MOTOR FUEL PUMPS.

33 ~~Self service~~ A self-service motor fuel pumps pum p
34 located at a retail motor vehicle fuel stations site
35 may be equipped with an automatic latch-open devices
36 device on the fuel dispensing hose nozzle only if the
37 nozzle valve is the automatic closing type.

38 Sec. 15. Section 214A.1, Code 2007, is amended by
39 adding the following new subsection:

40 NEW SUBSECTION. 4A. "Biodiesel fuel" means
41 biodiesel or biodiesel blended fuel.

42 Sec. 16. Section 214A.1, subsections 9, 14, and
43 15, Code 2007, are amended to read as follows:

44 9. "E-85 gasoline" or "E-85" means ethanol blended
45 gasoline formulated with a ~~minimum~~ percentage of
46 between seventy and eighty-five percent by volume of
47 ethanol, if the formulation meets the standards
48 provided in section 214A.2.

49 14. "Motor fuel pump" and "motor fuel blender
50 pump" or "blender pump" means the same as defined in

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1 section 214.1.

2 15. "Motor fuel storage tank" means ~~an aboveground~~
3 ~~or belowground container that is a fixture, used to~~
4 ~~keep an accumulation of motor fuel~~ the same as defined
5 in section 214.1.

6 Sec. 17. Section 214A.1, Code 2007, is amended by
7 adding the following new subsection:

8 NEW SUBSECTION. 21A. "Unleaded gasoline" means
9 gasoline, including ethanol blended gasoline, if all
10 of the following applies:

- 11 a. It has an octane number of not less than
12 eighty-seven as provided in section 214A.2.
13 b. Lead or phosphorus compounds have not been
14 intentionally added to it.
15 c. It does not contain more than thirteen
16 thousandths grams of lead per liter and not more than
17 thirteen ten-thousandths grams of phosphorus per
18 liter.

19 Sec. 18. Section 214A.2, subsection 3, paragraph
20 b, Code 2007, is amended to read as follows:

21 b. If the motor fuel is advertised for sale or
22 sold as ethanol blended gasoline, the motor fuel must
23 comply with departmental standards which shall ~~comply~~
24 ~~with specifications for ethanol blended gasoline~~
25 ~~adopted by A.S.T.M. international. For ethanol~~
26 ~~blended gasoline~~ meet all of the following ~~shall apply~~
27 requirements:

28 (1) Ethanol must be an agriculturally derived
29 ethyl alcohol that meets A.S.T.M. international
30 specification D4806 for denatured fuel ethanol for
31 blending with gasoline for use as automotive
32 spark-ignition engine fuel, or a successor A.S.T.M.
33 international specification, as established by rules
34 adopted by the department.

35 (2) Gasoline blended with ethanol must meet any of
36 the following requirements:

37 (a) For the gasoline, A.S.T.M. international
38 specification D4814.

39 (b) For the ethanol blended gasoline, A.S.T.M.
40 international specification D4814.

41 (c) For the gasoline, A.S.T.M. international
42 specification D4814 except for distillation, if, for
43 E-10 or a classification below E-10, the ethanol
44 blended gasoline meets the requirements of A.S.T.M.
45 international specification D4814.

46 (3) For ethanol blended gasoline ~~other than E-85~~
47 ~~gasoline~~, at least ~~ten~~ nine percent of the gasoline by
48 volume must be fuel grade ethanol. In addition the
49 following applies:

50 (a) For the period beginning on September 16 and

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1 ending on May 31 of each year, the state grants a
2 waiver of one pound per square inch from the A.S.T.M.
3 international D4814 Reid vapor pressure requirement.

4 (b) For the period beginning on June 1 and ending
5 on September 15 of each year the United States
6 environmental protection agency must grant a one pound
7 per square inch waiver for ethanol blended
8 conventional gasoline with at least nine but not more
9 than ten percent by volume of ethanol pursuant to 40
10 C.F.R. } 80.27.

11 (4) E-85 gasoline must be an agriculturally
12 derived ethyl alcohol that meets A.S.T.M.
13 international specification D5798, described as a fuel
14 blend for use in ground vehicles with automotive
15 spark-ignition engines, or a successor A.S.T.M.
16 international specification, as established by rules
17 adopted by the department.

18 Sec. 19. Section 214A.2, Code 2007, is amended by
19 adding the following new subsection:

20 NEW SUBSECTION. 4A. Ethanol blended gasoline
21 shall be designated E-xx where "xx" is the volume
22 percent of ethanol in the ethanol blended gasoline and
23 biodiesel shall be designated B-xx where "xx" is the
24 volume percent of biodiesel.

25 Sec. 20. Section 214A.2B, Code Supplement 2007, is
26 amended to read as follows:

27 214A.2B LABORATORY FOR MOTOR FUEL AND BIOFUELS.

28 A laboratory for motor fuel and biofuels is
29 established at a merged area school which is engaged
30 in biofuels testing on July 1, 2007, and which testing
31 includes but is not limited to ~~B-20~~ B-20 biodiesel fuel
32 testing for motor trucks and the ability of biofuels
33 to meet A.S.T.M. international standards. The
34 laboratory shall conduct testing of motor fuel sold in
35 this state and biofuel which is blended in motor fuel
36 in this state to ensure that the motor fuel or
37 biofuels meet the requirements in section 214A.2.

38 Sec. 21. Section 214A.3, subsection 2, paragraph
39 b, Code 2007, is amended to read as follows:

40 b. (1) Ethanol blended gasoline sold by a dealer
41 shall be designated ~~E-xx where "xx" is the volume~~
42 percent of ethanol in the ethanol blended gasoline
43 according to its classification as provided in section
44 214A.2. However, a person advertising E-9 or E-10
45 gasoline may only designate it as ethanol blended
46 gasoline. A person advertising ethanol blended
47 gasoline formulated with a percentage of between
48 seventy and eighty-five percent by volume of ethanol
49 shall designate it as E-85. A person shall not
50 knowingly falsely advertise ethanol blended gasoline

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1 by using an inaccurate designation in violation of
2 this subparagraph.

3 (2) Biodiesel ~~blended~~ fuel shall be designated
4 ~~B-xx~~ where "xx" is the volume percent of biodiesel in
5 the ~~biodiesel blended fuel~~ according to its
6 classification as provided in section 214A.2. A
7 person shall not knowingly falsely advertise biodiesel
8 blended fuel by using an inaccurate designation in
9 violation of this subparagraph.

10 Sec. 22. Section 214A.16, Code 2007, is amended to
11 read as follows:

12 214A.16 NOTICE OF BLENDED FUEL – DECAL.

13 1. If motor fuel containing a renewable fuel is
14 sold from a motor fuel pump, the pump shall have
15 affixed a decal identifying the name of the renewable
16 fuel. The decal ~~may~~ shall be different based on the
17 type of renewable fuel ~~used~~ dispensed. If the motor
18 fuel pump dispenses ethanol blended gasoline
19 classified as higher than E-10 pursuant to section
20 214A.2, the decal shall contain the following notice:
21 "FOR FLEXIBLE FUEL VEHICLES ONLY".

22 2. The design and location of the decal shall be
23 prescribed by rules adopted by the department. A
24 decal identifying a renewable fuel shall be consistent
25 with standards adopted pursuant to section 159A.6.
26 The department may approve an application to place a
27 decal in a special location on a pump or container or
28 use a decal with special lettering or colors, if the
29 decal appears clear and conspicuous to the consumer.
30 The application shall be made in writing pursuant to
31 procedures adopted by the department.

32 Sec. 23. Section 455G.31, subsection 1, Code
33 Supplement 2007, is amended to read as follows:

34 1. As used in this section, unless the context
35 otherwise requires:

36 a. "Dispenser" includes a motor fuel pump,
37 including but not limited to a motor fuel blender
38 pump.

39 ~~a.~~ b. "E-85 gasoline", "ethanol blended
40 gasoline", and "retail dealer" mean the same as
41 defined in section 214A.1.

42 ~~b.~~ c. "Gasoline storage and dispensing
43 infrastructure" means any storage tank located below
44 ground or above ground and any associated equipment
45 including but not limited to a pipe, hose, connection,
46 fitting seal, or motor fuel pump, which is used to
47 store, measure, and dispense gasoline by a retail
48 dealer.

49 d. Ethanol blended gasoline shall be designated in
50 the same manner as provided in section 214A.2.

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1 e. "Motor fuel pump" means the same as defined in
2 section 214.1.

3 Sec. 24. Section 455G.31, subsection 2, unnumbered
4 paragraph 1, Code Supplement 2007, is amended to read
5 as follows:

6 A retail dealer may use gasoline storage and
7 dispensing infrastructure to store and dispense ~~E-85~~
8 ethanol blended gasoline classified as E-9 or higher
9 if all of the following apply:

10 Sec. 25. Section 455G.31, subsection 2, paragraph
11 a, Code Supplement 2007, is amended to read as
12 follows:

13 a. For gasoline storage and dispensing
14 infrastructure other than the dispenser, the
15 department of natural resources under this chapter or
16 the state fire marshal under chapter 101 must
17 determine that it is compatible with ~~E-85~~ the ethanol
18 blended gasoline being used.

19 Sec. 26. Section 455G.31, subsection 2, paragraph
20 b, subparagraph (1), subparagraph subdivision (a),
21 Code Supplement 2007, is amended to read as follows:
22 (a) The dispenser must be listed by an independent
23 testing laboratory as compatible with ethanol blended
24 gasoline classified as E-9 or higher.

25 Sec. 27. Section 15.401, Code 2007, is repealed.

26 Sec. 28. RENEWABLE FUEL INFRASTRUCTURE – STANDARD
27 FINANCIAL INCENTIVES AWARDED FOR THE ACQUISITION OF
28 TANK VEHICLES.

29 1. Notwithstanding the amendments to section
30 15G.203, subsection 1, paragraph "b", as enacted in
31 this Act, a person may participate in the renewable
32 fuel infrastructure program for retail motor fuel
33 sites as provided in section 15G.203, as amended by
34 this Act, for the acquisition of any of the following:

35 a. One tank vehicle used to store and dispense
36 E-85 gasoline, which shall be deemed ethanol
37 infrastructure.

38 b. One tank vehicle used to store and dispense
39 biodiesel or biodiesel blended fuel, which shall be
40 deemed biodiesel infrastructure.

41 2. The renewable fuel infrastructure board may
42 approve an award of financial incentives for the
43 acquisition of a tank vehicle as provided in a
44 cost-share agreement for a three-year period as
45 provided in section 15G.203, as amended by this Act.
46 The standard financial incentives awarded to the
47 participating person shall not exceed fifty percent of
48 the actual cost of the acquisition of the tank vehicle
49 or thirty thousand dollars, whichever is less. The
50 infrastructure board may approve an application for

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1 both a tank vehicle used to store and dispense E-85
2 gasoline as ethanol infrastructure and for a tank
3 vehicle used to store and dispense biodiesel or
4 biodiesel blended fuel as biodiesel infrastructure so
5 long as the standard financial incentives awarded to
6 the participating person for the acquisition of the
7 two tank vehicles are made under separate cost-share
8 agreements.

9 3. In order to participate in the renewable fuel
10 infrastructure program for retail motor fuel sites as
11 provided in this section, a person must apply to the
12 department of economic development as provided in
13 section 15G.203, as amended by this Act, not later
14 than December 31, 2008.

15 Sec. 29. RENEWABLE FUEL INFRASTRUCTURE PROGRAMS –
16 CONSIDERATION OF APPLICATIONS.

17 1. The renewable fuel infrastructure board created
18 in section 15G.202 may award financial incentives to a
19 person participating in the renewable fuel
20 infrastructure program for retail motor fuel sites for
21 an amount provided in section 15G.203, subsection 7,
22 as amended in this Act, if the person applied to the
23 department of economic development on or after
24 February 19, 2008.

25 2. The renewable fuel infrastructure board created
26 in section 15G.202 may award financial incentives to a
27 person participating in the renewable fuel
28 infrastructure program for terminal facilities for an
29 amount provided in section 15G.204, subsection 4, as
30 amended in this Act, if the person applied to the
31 department of economic development on or after
32 February 19, 2008.

33 Sec. 30. SECRETARY OF AGRICULTURE – APPLICATION
34 TO THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY.

35 The secretary of agriculture shall make application to
36 the United States environmental protection agency to
37 obtain approval for the use of ethanol blended
38 gasoline containing more than ten percent ethanol by
39 volume in this state by gasoline-powered vehicles
40 other than flexible fuel vehicles. The application
41 shall, as necessary, seek a waiver of relevant
42 standards promulgated by the agency under the federal
43 Clean Air Act, including but not limited to 42 U.S.C.
44 § 7545 and 40 C.F.R. pt. 80. Within sixty days after
45 obtaining such approval, the secretary of agriculture
46 shall publish a notice in the Iowa administrative
47 bulletin certifying the approval.

48 Sec. 31. LEGISLATIVE INTENT – FUTURE REVENUE
49 SOURCES. It is the intent of the general assembly
50 that all options be examined in order to continue the

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1 financing of renewable fuel infrastructure as provided
2 in chapter 15G, subchapter II.

3 Sec. 32. EFFECTIVE DATES.

4 1. Except as provided in subsection 2, this
5 division of this Act, being deemed of immediate
6 importance, takes effect upon enactment.

7 2. The amendments to section 15G.204, subsection
8 4, as amended by this division of this Act, take
9 effect January 1, 2009.

10 DIVISION II

11 BIODIESEL BLENDED FUEL INCOME TAX CREDIT

12 Sec. 33. Section 422.11P, subsection 3, Code
13 Supplement 2007, is amended to read as follows:

14 3. a. The tax credit shall be calculated
15 separately for each retail motor fuel site operated by
16 the taxpayer.

17 b. The amount of the tax credit is three cents
18 multiplied by the total number of gallons of biodiesel
19 blended fuel sold and dispensed by the retail dealer
20 through all motor fuel pumps operated by the retail
21 dealer during the retail dealer's tax year.

22 Sec. 34. Section 422.33, subsection 11C, paragraph
23 c, Code Supplement 2007, is amended to read as
24 follows:

25 c. The tax credit shall be calculated separately
26 for each retail motor fuel site operated by the
27 taxpayer.

28 d. This subsection is repealed on January 1, 2012.

29 Sec. 35. RETROACTIVE APPLICABILITY DATE. Section
30 422.11P, as amended by this Act, and section 422.33,
31 subsection 11C, as applied due to the enactment of
32 this Act, shall apply retroactively to tax years
33 beginning on or after January 1, 2008.

34 Sec. 36. EFFECTIVE DATE. This division of this
35 Act, being deemed of immediate importance, takes
36 effect upon enactment.

37 DIVISION III

38 BIOFUEL REPORTING

39 Sec. 37. Section 452A.2, Code 2007, is amended by
40 adding the following new subsection:

41 NEW SUBSECTION. 4A. "Biofuel producer" means a
42 person required to be licensed pursuant to this
43 division who produces biofuel from a production
44 facility located in this state.

45 Sec. 38. NEW SECTION. 452A.30 DEFINITIONS. The
46 words and phrases used in this division shall have the
47 same meaning as defined in section 452A.2.

48 Sec. 39. Section 452A.33, Code 2007, is amended by
49 adding the following new subsection:

50 NEW SUBSECTION. 1A. a. Each biofuel producer

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1 shall report the total number of gallons of biofuel
2 produced by the biofuel producer for a determination
3 period. The report shall include all of the
4 following:

5 (1) The total number of gallons of ethanol
6 produced at each production facility located in this
7 state, the total number of gallons of ethanol produced
8 at all production facilities located in this state,
9 and the total number of gallons of ethanol delivered
10 by the biofuel producer to destinations outside of
11 this state.

12 (2) The total number of gallons of biodiesel
13 produced at each production facility located in this
14 state, the total number of gallons of biodiesel
15 produced at all production facilities located in this
16 state, and the total number of gallons of biodiesel
17 delivered to destinations outside of this state.

18 b. The biofuel producer shall prepare and submit
19 the report in a manner and according to procedures
20 required by the department. The department may
21 require that a biofuel producer report to the
22 department on an annual, quarterly, or monthly basis.

23 c. The information included in a report submitted
24 by a biofuel producer that identifies the location of
25 a production facility is deemed to be a trade secret,
26 protected as a confidential record pursuant to section
27 22.7.

28 Sec. 40. Section 452A.33, Code 2007, is amended by
29 adding the following new subsection:

30 NEW SUBSECTION. 2A. On or before April 1 of each
31 year the department shall deliver a report to the
32 governor and the legislative services agency. The
33 report shall compile information reported by biofuel
34 producers.

35 a. The report shall include all of the following:

36 (1) The total number of gallons of ethanol
37 produced in this state and the total number of gallons
38 of ethanol delivered to destinations outside of this
39 state.

40 (2) The total number of gallons of biodiesel
41 produced in this state and the total number of gallons
42 of biodiesel delivered to destinations outside of this
43 state.

44 b. The report shall not provide information
45 classified as a trade secret protected as a
46 confidential record pursuant to this section.

47 Sec. 41. CODE EDITOR. The Code editor shall
48 codify section 452A.30, as enacted in this division of
49 this Act, as part of chapter 452A, division II.

50

DIVISION IV

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1 GOVERNMENT FLEET PURCHASES
2 OF RENEWABLE FUELS

3 Sec. 42. Section 8A.362, subsection 3, paragraph
4 b, Code Supplement 2007, is amended to read as
5 follows:

6 b. A ~~gasoline-powered~~ motor vehicle operated under
7 this subsection shall not operate on gasoline other
8 than ethanol blended gasoline as defined in section
9 214A.1, unless under emergency circumstances. A
10 diesel-powered motor vehicle operated under this
11 subsection shall not operate on diesel fuel other than
12 biodiesel fuel as defined in section 214A.1, if
13 commercially available. A state-issued credit card
14 ~~used to purchase gasoline~~ shall not be valid to
15 purchase gasoline other than ethanol blended gasoline,
16 if commercially available, or to purchase diesel fuel
17 other than biodiesel fuel, if commercially available.
18 The motor vehicle shall also be affixed with a
19 brightly visible sticker which notifies the traveling
20 public that the motor vehicle is being operated on
21 ethanol blended gasoline or biodiesel fuel, as
22 applicable. However, the sticker is not required to
23 be affixed to an unmarked vehicle used for purposes of
24 providing law enforcement or security.

25 Sec. 43. Section 216B.3, subsection 16, paragraph
26 a, Code Supplement 2007, is amended to read as
27 follows:

28 a. A ~~gasoline-powered~~ motor vehicle purchased by
29 the commission shall not operate on gasoline other
30 than ethanol blended gasoline as defined in section
31 214A.1. A diesel-powered motor vehicle purchased by
32 the commission shall not operate on diesel fuel other
33 than biodiesel fuel as defined in section 214A.1, if
34 commercially available. A state issued credit card
35 ~~used to purchase gasoline~~ shall not be valid to
36 purchase gasoline other than ethanol blended gasoline
37 or to purchase diesel fuel other than biodiesel fuel,
38 if commercially available. The motor vehicle shall
39 also be affixed with a brightly visible sticker which
40 notifies the traveling public that the motor vehicle
41 is being operated on ethanol blended gasoline or
42 biodiesel fuel, as applicable. However, the sticker
43 is not required to be affixed to an unmarked vehicle
44 used for purposes of providing law enforcement or
45 security.

46 Sec. 44. Section 262.25A, subsection 2, Code
47 Supplement 2007, is amended to read as follows:

48 2. A ~~gasoline-powered~~ motor vehicle purchased by
49 the institutions shall not operate on gasoline other
50 than ethanol blended gasoline as defined in section

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1 214A.1, unless under emergency circumstances or if to
2 do so would result in the use of a percentage of
3 ethanol blended gasoline higher than recommended by
4 the vehicle manufacturer or would result in a
5 violation of the vehicle's manufacturer warranty. A
6 diesel-powered motor vehicle purchased by the
7 institutions shall not operate on diesel fuel other
8 than biodiesel fuel as defined in section 214A.1, if
9 commercially available, unless to do so would result
10 in the use of a percentage of biodiesel not
11 recommended by the vehicle manufacturer or would
12 result in violation of the vehicle's manufacturer
13 warranty, or under emergency circumstances. A
14 state-issued credit card ~~used to purchase gasoline~~
15 shall not be ~~valid~~ used to purchase gasoline other
16 than ethanol blended gasoline if commercially
17 available or to purchase diesel fuel other than
18 biodiesel fuel if commercially available. The motor
19 vehicle shall also be affixed with a brightly visible
20 sticker which notifies the traveling public that the
21 motor vehicle is being operated on ethanol blended
22 gasoline or biodiesel fuel, as applicable. However,
23 the sticker is not required to be affixed to an
24 unmarked vehicle used for purposes of providing law
25 enforcement or security.

26 Sec. 45. Section 307.21, subsection 4, paragraph
27 d, Code Supplement 2007, is amended to read as
28 follows:

29 d. A ~~motor gasoline-powered~~ vehicle purchased by
30 the administrator shall not operate on gasoline other
31 than ethanol blended gasoline as defined in section
32 214A.1. A diesel-powered motor vehicle purchased by
33 the administrator shall not operate on diesel fuel
34 other than biodiesel fuel as defined in section
35 214A.1, if commercially available. A state-issued
36 credit card ~~used to purchase gasoline~~ shall not be
37 valid to purchase gasoline other than ethanol blended
38 gasoline or to purchase diesel fuel other than
39 biodiesel fuel, if commercially available. The motor
40 vehicle shall also be affixed with a brightly visible
41 sticker which notifies the traveling public that the
42 motor vehicle is being operated on ethanol blended
43 gasoline or biodiesel fuel, as applicable. However,
44 the sticker is not required to be affixed to an
45 unmarked vehicle used for purposes of providing law
46 enforcement or security.

47 Sec. 46. Section 904.312A, subsection 1, Code
48 Supplement 2007, is amended to read as follows:

49 1. A ~~gasoline-powered~~ motor vehicle purchased by
50 the department shall not operate on gasoline other

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1 than ethanol blended gasoline as defined in section
2 214A.1. A diesel-powered motor vehicle purchased by
3 the department shall not operate on diesel fuel other
4 than biodiesel fuel as defined in section 214A.1, if
5 commercially available. A state-issued credit card
6 ~~used to purchase gasoline~~ shall not be valid to
7 purchase gasoline other than ethanol blended gasoline,
8 or to purchase diesel fuel other than biodiesel fuel,
9 if commercially available. The motor vehicle shall
10 also be affixed with a brightly visible sticker which
11 notifies the traveling public that the motor vehicle
12 is being operated on ethanol blended gasoline or
13 biodiesel fuel, as applicable. However, the sticker
14 is not required to be affixed to an unmarked vehicle
15 used for purposes of providing law enforcement or
16 security.

17 Sec. 47. USE OF BIODIESEL FUEL BY LOCAL ENTITIES.

18 It is the policy of the state to encourage the use of
19 biodiesel fuel to the extent practical in all
20 diesel-powered motor vehicles purchased or used by
21 cities, counties, school corporations, and merged area
22 schools.

23 Sec. 48. EFFECTIVE DATE. This division of this
24 Act, being deemed of immediate importance, takes
25 effect upon enactment.

26 DIVISION V

27 RENEWABLE FUELS MARKETING EFFORTS

28 Sec. 49. DEFINITIONS. As used in this division of
29 this Act, unless the context otherwise requires:

- 30 1. "Biodiesel blended fuel", "biofuel", "E-85",
31 and "retail dealer" mean the same as defined in
32 section 214A.1.
- 33 2. "Renewable fuel" means biodiesel blended fuel
34 or ethanol blended gasoline.

35 Sec. 50. RENEWABLE FUELS MARKETING PLAN. The
36 office of energy independence shall develop a
37 renewable fuels marketing plan to promote the biofuel
38 industry in this state.

- 39 1. The renewable fuels marketing plan shall
40 provide for research to determine what barriers hinder
41 the increased use of renewable fuels, including
42 renewable fuels containing higher blends of biofuels
43 in this state. The research shall include but is not
44 limited to determining all of the following:
 - 45 a. Barriers that may prevent retail dealers from
46 selling more renewable fuels, which shall at least
47 include issues involving infrastructure, product
48 quality, and cost efficiencies.
 - 49 b. Barriers that may prevent consumers from
50 purchasing more renewable fuels, which shall at least

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1 include issues involving fuel efficiency and consumer
2 awareness of renewable fuels and flexible fuel
3 vehicles.

4 2. The office shall prepare and submit the
5 renewable fuels marketing plan to the governor and the
6 general assembly by January 30, 2009.

7 Sec. 51. DIRECT MARKETING CAMPAIGN – FLEXIBLE
8 FUEL VEHICLES AND DIESEL POWERED VEHICLES. The office
9 of energy independence shall conduct a direct
10 marketing campaign specifically targeted to owners of
11 flexible fuel vehicles and diesel powered vehicles.
12 1. The direct marketing campaign shall include but
13 is not limited to education to increase owner
14 awareness and knowledge regarding all of the
15 following:

16 a. Flexible fuel vehicles and E-85 as an
17 alternative fuel choice. The office shall provide
18 owners with maps indicating where retail motor fuel
19 sites offering E-85 are located.

20 b. Diesel powered vehicles and biodiesel blended
21 fuel as an alternative fuel choice. The office shall
22 provide owners with information on but not limited to
23 successful cold weather handling and use of biodiesel
24 blended fuel, engine manufacturer warranties covering
25 the use of biodiesel blended fuel, and maps indicating
26 where retail motor fuel sites offering biodiesel
27 blended fuel and terminals storing biodiesel are
28 located.

29 2. The department of transportation shall provide
30 the office with a list of the names and addresses of
31 owners of flexible fuel vehicles, including vehicles
32 registered under sections 321.109, 321.121, and
33 321.122.

34 3. The office shall complete the direct marketing
35 campaign by October 1, 2008.

36 Sec. 52. COLLABORATION. The office of energy
37 independence may collaborate with public or private
38 organizations to carry out the provisions of this
39 division of this Act.

40 Sec. 53. FUNDING. The office of energy
41 independence shall carry out the provisions of this
42 division of this Act using moneys appropriated to the
43 office as provided in section 469.10.

44 Sec. 54. EFFECTIVE DATE. This division of this
45 Act, being deemed of immediate importance, takes
46 effect upon enactment."

47 2. Title page, line 3, by inserting after the
48 word "fuel," the following: "providing for tax
49 credits, providing for the reporting of biofuels,".

50 3. Title page, lines 5 and 6, by striking the

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- 1 words "an effective date" and inserting the following:
- 2 "for effective dates and applicability; including
- 3 retroactive applicability".
- 4 4. By renumbering as necessary.

Reasoner of Union offered the following amendment [H-8623](#), to amendment [H-8582](#), filed by him from the floor and moved its adoption:

[H-8623](#)

- 1 Amend the amendment, [H-8582](#), to [House File 2689](#) as
- 2 follows:
- 3 1. Page 4, by striking line 17 and inserting the
- 4 following: "participating person shall not exceed
- 5 thirty-five thousand dollars. The participating
- 6 person shall be awarded the supplemental financial
- 7 incentives on a cumulative basis according to the
- 8 schedule provided in this subparagraph, which shall
- 9 not exceed the following:"
- 10 2. Page 16, line 42, by inserting after the word
- 11 "moneys" the following: "received by the office from
- 12 all sources, including but not limited to moneys".
- 13 3. By renumbering as necessary.

Amendment [H-8623](#) was adopted.

Reasoner of Union offered the following amendment [H-8629](#), to amendment [H-8582](#), filed by him from the floor and moved its adoption:

[H-8629](#)

- 1 Amend the amendment, [H-8582](#), to [House File 2689](#), as
- 2 follows:
- 3 1. Page 5, line 2, by striking the word "'c'" and
- 4 inserting the following: "'a'".
- 5 2. By renumbering as necessary.

Amendment [H-8629](#) was adopted.

On motion by Reasoner of Union, amendment [H-8582](#), as amended, was adopted.

Reasoner of Union moved that the bill be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 2689](#))

The ayes were, 96:

Abdul-Samad	Alons	Anderson	Arnold
Bailey	Baudler	Bell	Berry
Boal	Chambers	Cphoon	Davitt
Deyoe	Dolecheck	Drake	Foege
Ford	Forristall	Frevert	Gaskill
Gayman	Gipp	Granzow	Grassley
Greiner	Heaton	Heddens	Hoffman
Horbach	Hunter	Huseman	Huser
Jacobs	Jacoby	Jochum	Kaufmann
Kelley	Kressig	Kuhn	Lensing
Lukan	Lykam	Mascher	May
McCarthy	Mertz	Miller, H.	Miller, L.
Murphy, Spkr.	Oldson	Olson, D.	Olson, R.
Olson, S.	Olson, T.	Palmer	Paulsen
Petersen	Pettengill	Quirk	Raecker
Rants	Rasmussen	Rayhons	Reasoner
Reichert	Sands	Schickel	Schueller
Shomshor	Smith	Soderberg	Staed
Struyk	Swaim	Taylor, D.	Taylor, T.
Thomas	Tjepkes	Tomenga	Tymeson
Upmeyer	Van Engelenhoven	Van Fossen	Watts
Wendt	Wenthe	Wessel-Kroeschell	Whitaker
Whitead	Wiencek	Winckler	Windschitl
Wise	Worthan	Zirkelbach	Bukta, Presiding

The nays were, none.

Absent or not voting, 4:

Clute	Dandekar	De Boef	Roberts
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The bill having received a constitutional majority was declared to have passed the House and the title, as amended, was agreed to.

IMMEDIATE MESSAGES

McCarthy of Polk asked and received unanimous consent that the following bills be immediately messaged to the Senate: **House Files 2197, 2689, 2694** and [Senate File 2406](#).

The House stood at ease at 4:58 p.m., until the fall of the gavel.

The House resumed session at 6:25 p.m., Speaker Murphy in the chair.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker, I am directed to inform your honorable body that the Senate has on April 22, 2008, adopted the conference committee report and passed [House File 2197](#), a bill for an act requiring institutions of higher learning and community colleges to provide students with specific textbook information.

Also: That the Senate has on April 22, 2008 passed the following bill in which the concurrence of the Senate was asked:

[House File 2663](#), a bill for an act relating to the repeal of the local option sales and services tax for school infrastructure purposes by using the revenues from the increase in the state sales and use taxes for replacing lost school district revenues resulting from the repeal, providing property tax relief, providing for the reduction in the state sales and use tax, providing a penalty, and including an effective date provision.

Also: That the Senate has on April 22, 2008, refused to concur in the House amendment in which the concurrence of the Senate was asked:

[Senate File 2425](#), a bill for an act relating to and making appropriations for health and human services and including other related provisions and appropriations, providing penalties, making penalties applicable and providing effective, retroactive, and applicability date provisions.

Also: That the Senate has on April 22, 2008, passed the following bill in which the concurrence of the House is asked:

[Senate File 2428](#), a bill for an act relating to the collection of delinquent debt owed the state and political subdivisions of the state by requiring offsets of gambling winnings, sanctioning of professional licenses, modifying provisions related to county attorney collections, writing off certain delinquent court debt, modifying provisions relating to the deposit of certain funds in the jury and witness fee fund, and making penalties applicable.

MICHAEL E. MARSHALL, Secretary

QUORUM CALL

A non-record roll call was requested to determine that a quorum was present. The vote revealed ninety-two members present, eight absent.

HOUSE INSISTS

Foege of Linn called up for consideration [Senate File 2425](#), a bill for an act relating to and making appropriations for health and human services and including other related provisions and appropriations, providing penalties, making penalties applicable and providing effective, retroactive, and applicability date provisions and moved that the House insist on its amendment, which motion prevailed.

CONFERENCE COMMITTEE APPOINTED
[\(Senate File 2425\)](#)

The Speaker announced the appointment of the conference committee to consider the differences between the House and Senate concerning [Senate File 2425](#); Foege of Linn, Chair; Smith of Marshall, Gayman of Scott, Raecker of Polk and Heaton of Henry.

SENATE AMENDMENT CONSIDERED

Heddens of Story called up for consideration [House File 2539](#), a bill for an act relating to health care reform including health care coverage intended for children and adults, health information technology, end-of-life care decision making, preexisting conditions and dependent children coverage, medical homes, prevention and chronic care management, a buy-in provision for certain individuals under the medical assistance program, disease prevention and wellness initiatives, health care transparency, and including an applicability provision, amended by the Senate amendment [H-8439](#):

[H-8439](#)

- 1 Amend [House File 2539](#), as amended, passed, and
- 2 reprinted by the House, as follows:
- 3 1. By striking page 1, line 3, through page 2,
- 4 line 4, and inserting the following:
- 5 "Section 1. DECLARATION OF INTENT.
- 6 1. It is the intent of the general assembly to
- 7 progress toward achievement of the goal that all
- 8 Iowans have health care coverage with the following
- 9 priorities:
- 10 a. The goal that all children in the state have
- 11 health care coverage which meets certain standards of
- 12 quality and affordability with the following

13 priorities:

14 (1) Covering all children who are declared
15 eligible for the medical assistance program or the
16 hawk-i program pursuant to chapter 514I no later than
17 January 1, 2011.

18 (2) Building upon the current hawk-i program by
19 creating a hawk-i expansion program to provide
20 coverage to children who meet the hawk-i program's
21 eligibility criteria but whose income is at or below
22 three hundred percent of the federal poverty level,
23 beginning July 1, 2009.

24 (3) If federal reauthorization of the state
25 children's health insurance program provides
26 sufficient federal allocations to the state and
27 authorization to cover such children as an option
28 under the state children's health insurance program,
29 requiring the department of human services to expand
30 coverage under the state children's health insurance
31 program to cover children with family incomes at or
32 below three hundred percent of the federal poverty
33 level, with appropriate cost sharing established for
34 families with incomes above two hundred percent of the
35 federal poverty level.

36 b. The goal that the Iowa comprehensive health
37 insurance association, in consultation with the
38 advisory council established in section 514E.5A,
39 develop a comprehensive plan to cover all children
40 without health care coverage that utilizes and
41 modifies existing public programs including the
42 medical assistance program, the hawk-i program, and
43 the hawk-i expansion program, and provide access to
44 unsubsidized, affordable, qualified health care
45 coverage for children, adults, and families with
46 family incomes as specified under the Iowa choice
47 health care coverage program who are not otherwise
48 eligible for health care coverage through public
49 programs.

50 c. The goal of decreasing health care costs and

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1 health care coverage costs by:

2 (1) Instituting health insurance reforms that
3 assure the availability of private health insurance
4 coverage for Iowans by addressing issues involving
5 guaranteed availability and issuance to applicants,
6 preexisting condition exclusions, portability, and
7 allowable or required pooling and rating
8 classifications.

9 (2) Requiring children who have health care
10 coverage through a public program administered by the
11 state, with the exception of any public program that

12 provides health care coverage through private
13 insurers, and children who are insured through plans
14 created by the Iowa choice health care coverage
15 program to have a medical home.

16 (3) Establishing a statewide health information
17 technology system.

18 (4) Implementing cost containment strategies and
19 initiatives such as chronic care management, long-term
20 living planning and patient autonomy in health care
21 decision making, and transparency in health care costs
22 and quality information."

23 2. Page 2, by inserting before line 5 the
24 following:

25 "DIVISION _____

26 HAWK-I AND MEDICAID EXPANSION

27 Sec.____. Section 249A.3, subsection 1, paragraph
28 1, Code Supplement 2007, is amended to read as
29 follows:

30 1. Is an infant whose income is not more than two
31 hundred percent of the federal poverty level, as
32 defined by the most recently revised income guidelines
33 published by the United States department of health
34 and human services. Additionally, effective July 1,
35 2009, medical assistance shall be provided to an
36 infant whose family income is at or below three
37 hundred percent of the federal poverty level, as
38 defined by the most recently revised poverty income
39 guidelines published by the United States department
40 of health and human services.

41 Sec.____. Section 249A.3, Code Supplement 2007, is
42 amended by adding the following new subsection:
43 NEW SUBSECTION. 14. The department shall provide
44 continuous eligibility for twelve months under the
45 medical assistance program for a child who was
46 eligible for enrollment at the time of the most recent
47 enrollment.

48 Sec.____. Section 514I.1, subsection 4, Code 2007,
49 is amended to read as follows:

50 4. It is the intent of the general assembly that

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1 the hawk-i program be an integral part of the
2 continuum of health insurance coverage and that the
3 program be developed and implemented in such a manner
4 as to facilitate movement of families between health
5 insurance providers and to facilitate the transition
6 of families to private sector health insurance
7 coverage. It is the intent of the general assembly in
8 developing such continuum of health insurance coverage
9 and in facilitating such transition, that beginning
10 July 1, 2009, the department implement the hawk-i

11 expansion program.

12 Sec.____. Section 514I.1, Code 2007, is amended by
13 adding the following new subsection:

14 NEW SUBSECTION. 5. It is the intent of the
15 general assembly that if federal reauthorization of
16 the state children's health insurance program provides
17 sufficient federal allocations to the state and
18 authorization to cover such children as an option
19 under the state children's health insurance program,
20 the department shall expand coverage under the state
21 children's health insurance program to cover children
22 with family incomes at or below three hundred percent
23 of the federal poverty level.

24 Sec.____. Section 514I.2, Code 2007, is amended by
25 adding the following new subsection:

26 NEW SUBSECTION. 7A. "Hawk-i expansion program" or
27 "hawk-i expansion" means the healthy and well kids in
28 Iowa expansion program created in section 514I.12 to
29 provide health insurance to children who meet the
30 hawk-i program eligibility criteria pursuant to
31 section 514I.8, with the exception of the family
32 income criteria, and whose family income is at or
33 below three hundred percent of the federal poverty
34 level, as defined by the most recently revised poverty
35 income guidelines published by the United States
36 department of health and human services.

37 Sec.____. Section 514I.5, subsection 7, paragraph
38 d, Code Supplement 2007, is amended to read as
39 follows:

40 d. Develop, with the assistance of the department,
41 an outreach plan, and provide for periodic assessment
42 of the effectiveness of the outreach plan. The plan
43 shall provide outreach to families of children likely
44 to be eligible for assistance under the program, to
45 inform them of the availability of and to assist the
46 families in enrolling children in the program. The
47 outreach efforts may include, but are not limited to,
48 solicitation of cooperation from programs, agencies,
49 and other persons who are likely to have contact with
50 eligible children, including but not limited to those

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1 associated with the educational system, and the
2 development of community plans for outreach and
3 marketing. Other state agencies including but not
4 limited to the department of revenue, the department
5 of economic development, and the department of
6 education shall cooperate with the department in
7 providing marketing and outreach to potentially
8 eligible children and their families.

9 Sec.____. Section 514I.5, subsection 7, Code

10 Supplement 2007, is amended by adding the following
11 new paragraph:

12 NEW PARAGRAPH. 1. Develop options and
13 recommendations to allow children eligible for the
14 hawk-i or hawk-i expansion program to participate in
15 qualified employer-sponsored health plans through a
16 premium assistance program. The options and
17 recommendations shall ensure reasonable alignment
18 between the benefits and costs of the hawk-i and
19 hawk-i expansion programs and the employer-sponsored
20 health plans consistent with federal law. The options
21 and recommendations shall be completed by January 1,
22 2009, and submitted to the governor and the general
23 assembly for consideration as part of the hawk-i and
24 hawk-i expansion programs.

25 Sec.____. Section 514I.7, subsection 2, paragraph
26 a, Code 2007, is amended to read as follows:

27 a. Determine individual eligibility for program
28 enrollment based upon review of completed applications
29 and supporting documentation. The administrative
30 contractor shall not enroll a child who has group
31 health coverage ~~or any child who has dropped coverage~~
32 ~~in the previous six months, unless the coverage was~~
33 ~~involuntarily lost or unless the reason for dropping~~
34 ~~coverage is allowed by rule of the board.~~

35 Sec.____. Section 514I.8, subsection 1, Code 2007,
36 is amended to read as follows:

37 1. Effective July 1, 1998, and notwithstanding any
38 medical assistance program eligibility criteria to the
39 contrary, medical assistance shall be provided to, or
40 on behalf of, an eligible child under the age of
41 nineteen whose family income does not exceed one
42 hundred thirty-three percent of the federal poverty
43 level, as defined by the most recently revised poverty
44 income guidelines published by the United States
45 department of health and human services.
46 Additionally, effective July 1, 2000, and
47 notwithstanding any medical assistance program
48 eligibility criteria to the contrary, medical
49 assistance shall be provided to, or on behalf of, an
50 eligible infant whose family income does not exceed

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1 two hundred percent of the federal poverty level, as
2 defined by the most recently revised poverty income
3 guidelines published by the United States department
4 of health and human services. Effective July 1, 2009,
5 and notwithstanding any medical assistance program
6 eligibility criteria to the contrary, medical
7 assistance shall be provided to, or on behalf of, an
8 eligible infant whose family income is at or below

9 three hundred percent of the federal poverty level, as
 10 defined by the most recently revised poverty income
 11 guidelines published by the United States department
 12 of health and human services.

13 Sec.____. Section 514I.10, subsection 2, Code
 14 2007, is amended to read as follows:

15 2. Cost sharing for eligible children whose family
 16 income ~~equals or exceeds~~ is one hundred fifty percent
 17 but does not exceed two hundred percent of the federal
 18 poverty level may include a premium or copayment
 19 amount which does not exceed five percent of the
 20 annual family income. The amount of any premium or
 21 the copayment amount shall be based on family income
 22 and size.

23 Sec.____. Section 514I.11, subsections 1 and 3,
 24 Code 2007, are amended to read as follows:

25 1. A hawk-i trust fund is created in the state
 26 treasury under the authority of the department of
 27 human services, in which all appropriations and other
 28 revenues of the program and the hawk-i expansion
 29 program such as grants, contributions, and participant
 30 payments shall be deposited and used for the purposes
 31 of the program and the hawk-i expansion program. The
 32 moneys in the fund shall not be considered revenue of
 33 the state, but rather shall be funds of the program.

34 3. Moneys in the fund are appropriated to the
 35 department and shall be used to offset any program and
 36 hawk-i expansion program costs.

37 Sec.____. NEW SECTION. 514I.12 HAWK-I EXPANSION
 38 PROGRAM.

39 1. All children less than nineteen years of age
 40 who meet the hawk-i program eligibility criteria
 41 pursuant to section 514I.8, with the exception of the
 42 family income criteria, and whose family income is at
 43 or below three hundred percent of the federal poverty
 44 level, shall be eligible for the hawk-i expansion
 45 program.

46 2. To the greatest extent possible, the provisions
 47 of section 514I.4, relating to the director and
 48 department duties and powers, section 514I.5 relating
 49 to the hawk-i board, section 514I.6 relating to
 50 participating insurers, and section 514I.7 relating to

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1 the administrative contractor shall apply to the
 2 hawk-i expansion program. The department shall adopt
 3 any rules necessary, pursuant to chapter 17A, and
 4 shall amend any existing contracts to facilitate the
 5 application of such sections to the hawk-i expansion
 6 program.

7 3. The hawk-i board shall establish by rule

8 pursuant to chapter 17A, the cost-sharing amounts for
9 children under the hawk-i expansion program. The
10 rules shall include criteria for modification of the
11 cost-sharing amounts by the board. Beginning July 1,
12 2009, the board shall establish the cost-sharing
13 amounts under the hawk-i expansion program as follows:

14 a. For children with family incomes of more than
15 two hundred percent but less than two hundred fifty
16 percent of the federal poverty level, the monthly
17 cost-sharing amount shall be not less than ten dollars
18 per individual and twenty dollars per family if not
19 otherwise prohibited by federal law.

20 b. For children with family incomes of at least
21 two hundred fifty percent but at or below three
22 hundred percent of the federal poverty level, the
23 monthly cost-sharing amount shall be forty dollars per
24 individual and eighty dollars per family if not
25 otherwise prohibited by federal law.

26 Sec.____. MAXIMIZATION OF ENROLLMENT AND RETENTION
27 – MEDICAL ASSISTANCE AND HAWK-I PROGRAMS.

28 1. The department of human services, in
29 collaboration with the department of education, the
30 department of public health, the division of insurance
31 of the department of commerce, the hawk-i board, the
32 covering kids and families coalition, and the covering
33 kids now task force, shall develop a plan to maximize
34 enrollment and retention of eligible children in the
35 hawk-i and medical assistance programs. In developing
36 the plan, the collaborative shall review, at a
37 minimum, all of the following strategies:

38 a. Streamlined enrollment in the hawk-i and
39 medical assistance programs. The collaborative shall
40 identify information and documentation that may be
41 shared across departments and programs to simplify the
42 determination of eligibility or eligibility factors,
43 and any interagency agreements necessary to share
44 information consistent with state and federal
45 confidentiality and other applicable requirements.

46 b. Conditional eligibility for the hawk-i and
47 medical assistance programs.

48 c. Retroactive eligibility for the hawk-i program.

49 d. Expedited renewal for the hawk-i and medical
50 assistance programs.

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1 2. Following completion of the review the
2 department of human services shall compile the plan
3 which shall address all of the following relative to
4 implementation of the strategies specified in
5 subsection 1:

6 a. Federal limitations and quantifying of the risk

7 of federal disallowance.

8 b. Any necessary amendment of state law or rule.

9 c. Budgetary implications and cost-benefit
10 analyses.

11 d. Any medical assistance state plan amendments,
12 waivers, or other federal approval necessary.

13 e. An implementation time frame.

14 3. The department of human services shall submit
15 the plan to the governor and the general assembly no
16 later than December 1, 2008.

17 Sec.____. MEDICAL ASSISTANCE, HAWK-I, AND HAWK-I
18 EXPANSION PROGRAMS – COVERING CHILDREN –
19 APPROPRIATION. There is appropriated from the
20 general fund of the state to the department of human
21 services for the designated fiscal years, the
22 following amounts, or so much thereof as is necessary,
23 for the purpose designated:

24 To cover children as provided in this Act under the
25 medical assistance, hawk-i, and hawk-i expansion
26 programs and outreach under the current structure of
27 the programs:

28 FY 2008-2009	\$ 4,800,000
29 FY 2009-2010	\$ 14,800,000
30 FY 2010-2011	\$ 24,800,000

31 DIVISION _____

32 IOWA CHOICE HEALTH CARE COVERAGE PROGRAM

33 Sec.____. Section 514E.1, Code 2007, is amended by
34 adding the following new subsections:

35 NEW SUBSECTION. 0A. "Advisory council" means the
36 advisory council created in section 514E.5A.

37 NEW SUBSECTION. 6A. "Eligible individual" means
38 an individual who satisfies the eligibility
39 requirements for participation in the Iowa choice
40 health care coverage program as provided by the
41 association by rule.

42 NEW SUBSECTION. 14A. "Iowa choice health care
43 coverage program" means the Iowa choice health care
44 coverage program established in this chapter.

45 NEW SUBSECTION. 14B. "Iowa choice health care
46 policy" means an individual or group policy issued by
47 the association that provides the coverage set forth
48 in the benefit plans adopted by the association's
49 board of directors and approved by the commissioner
50 for the Iowa choice health care coverage program.

1 NEW SUBSECTION. 14C. "Iowa choice health
2 insurance" means the health insurance product
3 established by the Iowa choice health care coverage
4 program that is offered by a private health insurance
5 carrier.

6 NEW SUBSECTION. 14D. "Iowa choice health
7 insurance carrier" means any entity licensed by the
8 division of insurance of the department of commerce to
9 provide health insurance in Iowa or an organized
10 delivery system licensed by the director of public
11 health that has contracted with the association to
12 provide health insurance coverage to eligible
13 individuals under the Iowa choice health care coverage
14 program.

15 NEW SUBSECTION. 21. "Qualified health care
16 coverage" means creditable coverage which meets
17 minimum standards of quality and affordability as
18 determined by the association by rule.

19 Sec. ____. Section 514E.2, subsections 1 and 3,
20 Code 2007, are amended to read as follows:

21 1. The Iowa comprehensive health insurance
22 association is established as a nonprofit corporation.
23 The association shall assure that benefit plans as
24 authorized in section 514E.1, subsection 2, for an
25 association policy, are made available to each
26 eligible Iowa resident and each federally eligible
27 individual applying to the association for coverage.

28 The association shall also be responsible for
29 administering the Iowa individual health benefit
30 reinsurance association pursuant to all of the terms
31 and conditions contained in chapter 513C. The
32 association shall also assure that benefit plans as
33 authorized in section 514E.1, subsection 14C, for an
34 Iowa choice health care policy are made available to
35 each eligible individual applying to the association
36 for coverage.

37 a. All carriers and all organized delivery systems
38 licensed by the director of public health providing
39 health insurance or health care services in Iowa,
40 whether on an individual or group basis, and all other
41 insurers designated by the association's board of
42 directors and approved by the commissioner shall be
43 members of the association.

44 b. The association shall operate under a plan of
45 operation established and approved under subsection 3
46 and shall exercise its powers through a board of
47 directors established under this section.

48 3. The association shall submit to the
49 commissioner a plan of operation for the association
50 and any amendments necessary or suitable to assure the

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1 fair, reasonable, and equitable administration of the
2 association. The plan of operation shall include
3 provisions for the issuance of Iowa choice health care
4 policies and shall include provisions for the

5 development of a comprehensive plan to provide health
6 care coverage to all children without such coverage,
7 that utilizes and modifies existing public programs,
8 including the medical assistance program, hawk-i,
9 IowaCare, and hawk-i expansion, and provides for the
10 implementation of the Iowa choice health care coverage
11 program established in section 514E.5. In developing
12 the plan of operation for the comprehensive plan and
13 for the Iowa choice health care coverage program, the
14 association shall give deference to the
15 recommendations made by the advisory council as
16 provided in section 514E.5A, subsection 1. The
17 association shall approve or disapprove but shall not
18 modify recommendations made by the advisory council.
19 Recommendations that are approved shall be included in
20 the plan of operation submitted to the commissioner.
21 Recommendations that are disapproved shall be
22 submitted to the commissioner with reasons for the
23 disapproval. The plan of operation becomes effective
24 upon approval in writing by the commissioner prior to
25 the date on which the coverage under this chapter must
26 be made available. After notice and hearing, the
27 commissioner shall approve the plan of operation if
28 the plan is determined to be suitable to assure the
29 fair, reasonable, and equitable administration of the
30 association, and provides for the sharing of
31 association losses, if any, on an equitable and
32 proportionate basis among the member carriers. If the
33 association fails to submit a suitable plan of
34 operation within one hundred eighty days after the
35 appointment of the board of directors, or if at any
36 later time the association fails to submit suitable
37 amendments to the plan, the commissioner shall adopt,
38 pursuant to chapter 17A, rules necessary to implement
39 this section. The rules shall continue in force until
40 modified by the commissioner or superseded by a plan
41 submitted by the association and approved by the
42 commissioner. In addition to other requirements, the
43 plan of operation shall provide for all of the
44 following:
45 a. The handling and accounting of assets and
46 moneys of the association.
47 b. The amount and method of reimbursing members of
48 the board.
49 c. Regular times and places for meeting of the
50 board of directors.

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1 d. Records to be kept of all financial
2 transactions, and the annual fiscal reporting to the
3 commissioner.

4 e. Procedures for selecting the board of directors
5 and submitting the selections to the commissioner for
6 approval.

7 f. The periodic advertising of the general
8 availability of health insurance coverage from the
9 association.

10 g. Additional provisions necessary or proper for
11 the execution of the powers and duties of the
12 association.

13 Sec. ____ NEW SECTION. 514E.5 IOWA CHOICE HEALTH
14 CARE COVERAGE PROGRAM.

15 1. The association, in consultation with the
16 advisory council, shall develop a comprehensive plan
17 to provide health care coverage to all children
18 without such coverage, that utilizes and modifies
19 existing public programs including the medical
20 assistance program, hawk-i program, and hawk-i
21 expansion program, and establishes the Iowa choice
22 health care coverage program to provide access to
23 private unsubsidized, affordable, qualified health
24 care coverage to children who are not otherwise
25 eligible for health care coverage through public
26 programs.

27 2. As part of the comprehensive plan developed by
28 the association and the advisory council, the Iowa
29 choice health care coverage program shall provide
30 access to private unsubsidized, affordable, qualified
31 health care coverage to all Iowa children less than
32 nineteen years of age with a family income that is
33 more three hundred percent of the federal poverty
34 level and to adults and families with a family income
35 that is less than four hundred percent of the federal
36 poverty level and who are not otherwise eligible for
37 coverage under chapter 249A, 249J, or 514I. However,
38 a child, adult, or family shall not be eligible for
39 health care coverage under the Iowa choice health care
40 coverage program if the child, adult, or family is
41 enrolled in group health coverage or has dropped
42 coverage in the previous six months, unless the
43 coverage was involuntarily lost or unless the reason
44 for dropping coverage is allowed by rule of the
45 association, in consultation with the advisory
46 council.

47 3. As part of the comprehensive plan developed,
48 the association, in consultation with the advisory
49 council, shall define what constitutes qualified
50 health care coverage for children less than nineteen

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1 years of age. An Iowa choice health care policy for
2 such children shall provide qualified health care

- 3 coverage. For the purposes of this definition and for
4 designing Iowa choice health care policies for
5 children, requirements for coverage and benefits shall
6 include but are not limited to all of the following:
- 7 a. Inpatient hospital services including medical,
8 surgical, intensive care unit, mental health, and
9 substance abuse services.
 - 10 b. Nursing care services including skilled nursing
11 facility services.
 - 12 c. Outpatient hospital services including
13 emergency room, surgery, lab, and x-ray services and
14 other services.
 - 15 d. Physician services, including surgical and
16 medical, office visits, newborn care, well-baby and
17 well-child care, immunizations, urgent care,
18 specialist care, allergy testing and treatment, mental
19 health visits, and substance abuse visits.
 - 20 e. Ambulance services.
 - 21 f. Physical therapy.
 - 22 g. Speech therapy.
 - 23 h. Durable medical equipment.
 - 24 i. Home health care.
 - 25 j. Hospice services.
 - 26 k. Prescription drugs.
 - 27 l. Dental services including preventive services.
 - 28 m. Medically necessary hearing services.
 - 29 n. Vision services including corrective lenses.
 - 30 o. No underwriting requirements and no preexisting
31 condition exclusions.
 - 32 p. Chiropractic services.
- 33 4. As part of the comprehensive plan developed,
34 the association, in consultation with the advisory
35 council, shall develop Iowa choice health care policy
36 options that are available for purchase for children
37 less than nineteen years of age with a family income
38 that is more than three hundred percent of the federal
39 poverty level. The program shall require a copayment
40 in an amount determined by the association for all
41 services received under such a policy except that the
42 contribution requirement for all cost-sharing expenses
43 of the policy shall be an amount that is no more than
44 two percent of family income per each child covered,
45 up to a maximum of six and one-half percent of family
46 income per family. Policies developed pursuant to
47 this subsection shall be available for purchase no
48 later than January 1, 2010.
- 49 5. As part of the comprehensive plan, the
50 association, in consultation with the advisory

2 health care coverage for adults and families who are
3 not eligible for a public program and have a family
4 income that is less than four hundred percent of the
5 federal poverty level. Iowa choice health care
6 policies for adults and families shall provide
7 qualified health care coverage. The association, in
8 consultation with the advisory council, shall develop
9 Iowa choice health care policy options that are
10 available for purchase by adults and families who are
11 not eligible for a public program and have a family
12 income that is less than four hundred percent of the
13 federal poverty level. The Iowa choice health care
14 policy options that are offered for purchase by such
15 adults and families shall provide a selection of
16 health benefit plans and standardized benefits with
17 the objective of providing health care coverage for
18 which all cost-sharing expenses do not exceed six and
19 one-half percent of family income. Policies developed
20 pursuant to this subsection shall be available for
21 purchase no later than January 1, 2010.

22 6. As part of the comprehensive plan, the Iowa
23 choice health care coverage program shall provide for
24 health benefits coverage through private health
25 insurance carriers that apply to the association and
26 meet the qualifications described in this section and
27 any additional qualifications established by rules of
28 the association. The Iowa choice health care coverage
29 program shall provide for the sale of Iowa choice
30 health care policies by licensed insurance producers
31 that apply to the association and meet the
32 qualifications established by rules of the
33 association. The association shall collaborate with
34 potential Iowa choice health insurance carriers to do
35 the following, including but not limited to:

36 a. Assure the availability of private qualified
37 health care coverage to all eligible individuals by
38 designing solutions to issues relating to guaranteed
39 issuance of insurance, preexisting condition
40 exclusions, portability, and allowable pooling and
41 rating classifications.

42 b. Formulate principles that ensure fair and
43 appropriate practices relating to issues involving
44 individual Iowa choice health care policies such as
45 rescission and preexisting condition clauses, and that
46 provide for a binding third-party review process to
47 resolve disputes related to such issues.

48 c. Design affordable, portable Iowa choice health
49 care policies that specifically meet the needs of
50 eligible individuals.

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1 7. The association, in developing the
2 comprehensive plan, and in administering the
3 comprehensive plan and the Iowa choice health care
4 coverage program, may do any of the following:
5 a. Seek and receive any grant funding from the
6 federal government, departments, or agencies of this
7 state, and private foundations.
8 b. Contract with professional service firms as may
9 be necessary, and fix their compensation.
10 c. Employ persons necessary to carry out the
11 duties of the program.
12 d. Design a premium schedule to be published by
13 the association by December 1 of each year, which
14 includes the development of rating factors that are
15 consistent with market conditions.

16 8. The association shall submit the comprehensive
17 plan required by this section to the governor and the
18 general assembly by December 15, 2008. The
19 appropriations to cover children under the medical
20 assistance, hawk-i, and hawk-i expansion programs as
21 provided in this Act and to provide related outreach
22 for fiscal year 2009-2010 and fiscal year 2010-2011
23 are contingent upon enactment of a comprehensive plan
24 during the 2009 legislative session that provides
25 health care coverage for all children in the state.
26 Enactment of a comprehensive plan shall include a
27 determination of what the prospects are of federal
28 action which may impact the comprehensive plan and the
29 fiscal impact of the comprehensive plan on the state
30 budget.

31 9. Beginning on January 15, 2010, and on January
32 15 of each year thereafter, the association shall
33 submit an annual report to the governor and the
34 general assembly regarding implementation of the
35 comprehensive plan required by this section, including
36 all activities of the Iowa choice health care coverage
37 program including but not limited to membership in the
38 program, the administrative expenses of the program,
39 the extent of coverage, the effect on premiums, the
40 number of covered lives, the number of Iowa choice
41 health care policies issued or renewed, and Iowa
42 choice health care coverage program premiums earned
43 and claims incurred by Iowa choice health insurance
44 carriers offering Iowa choice health care policies.
45 The association shall also report specifically on the
46 impact of the comprehensive plan and the Iowa choice
47 health care coverage program on the small group and
48 individual health insurance markets and any reduction
49 in the number of uninsured individuals, particularly
50 children less than nineteen years of age, in the

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1 state.

2 10. The association may grant not more than two
3 six-month extensions of the deadlines established in
4 this section as deemed necessary by the association to
5 promote orderly administration of the program and to
6 facilitate public outreach and information concerning
7 the program.

8 11. Any state obligation to provide services
9 pursuant to this section is limited to the extent of
10 the funds appropriated or provided for implementation
11 of this section.

12 12. Section 514E.7 is not applicable to Iowa
13 choice health care policies issued pursuant to this
14 section.

15 Sec. ____. NEW SECTION. 514E.5A ADVISORY COUNCIL

16 1. An advisory council is created for the purpose
17 of assisting the association with developing a
18 comprehensive plan to cover all children without
19 health care coverage that utilizes and modifies
20 existing public programs and provides access to
21 unsubsidized, affordable, qualified private health
22 care coverage through the Iowa choice health care
23 coverage program as provided in section 514E.5. The
24 advisory council shall make recommendations concerning
25 the design and implementation of the comprehensive
26 plan and the Iowa choice health care coverage program
27 including a plan of operation which includes but is
28 not limited to a definition of what constitutes
29 qualified health care coverage, suggestions for the
30 design of Iowa choice health insurance options,
31 implementation of the health care coverage reporting
32 requirement, and plans for implementing the Iowa
33 choice health care coverage program.

34 2. The advisory council consists of the following
35 persons who are voting members unless otherwise
36 provided:

37 a. The two most recent former governors, or if one
38 or both of them are unable or unwilling to serve, a
39 person or persons appointed by the governor.

40 b. Six members appointed by the governor, subject
41 to confirmation by the senate:

42 (1) A representative of the federation of Iowa
43 insurers.

44 (2) A health economist.

45 (3) Two consumers, one of whom shall be a
46 representative of a children's advocacy organization.

47 (4) A representative of organized labor.

48 (5) A representative of an organization of
49 employers.

50 c. The following members shall be ex officio,

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1 nonvoting members of the council:

2 (1) The commissioner of insurance, or a designee.

3 (2) The director of human services, or a designee.

4 (3) The director of public health, or a designee.

5 (4) Four members of the general assembly, one

6 appointed by the speaker of the house of

7 representatives, one appointed by the minority leader

8 of the house of representatives, one appointed by the

9 majority leader of the senate, and one appointed by

10 the minority leader of the senate.

11 3. The members of the council appointed by the

12 governor shall be appointed for terms of six years

13 beginning and ending as provided in section 69.19.

14 Such a member of the board is eligible for

15 reappointment. The governor shall fill a vacancy for

16 the remainder of the unexpired term.

17 4. The members of the council shall annually elect

18 one voting member as chairperson and one as vice

19 chairperson. Meetings of the council shall be held at

20 the call of the chairperson or at the request of a

21 majority of the council's members.

22 5. The members of the council shall not receive

23 compensation for the performance of their duties as

24 members but each member shall be paid necessary

25 expenses while engaged in the performance of duties of

26 the council.

27 6. The members of the council are subject to and

28 are officials within the meaning of chapter 68B.

29 Sec. ____ NEW SECTION. 514E.6 IOWA CHOICE HEALTH

30 CARE COVERAGE PROGRAM FUND – APPROPRIATION.

31 The Iowa choice health care coverage program fund

32 is created in the state treasury as a separate fund

33 under the control of the association for deposit of

34 any funds for initial operating expenses of the Iowa

35 choice health care coverage program, payments made by

36 employers and individuals, and any funds received from

37 any public or private source. All moneys credited to

38 the fund are appropriated and available to the

39 association to be used for the purposes of designing

40 and implementing a comprehensive plan and the Iowa

41 choice health care coverage program as provided in

42 section 514E.5. Notwithstanding section 8.33, any

43 balance in the fund on June 30 of each fiscal year

44 shall not revert to the general fund of the state, but

45 shall be available for the purposes set forth for the

46 program in this chapter in subsequent years.

47 Sec. ____ IOWA CHOICE HEALTH CARE COVERAGE PROGRAM

48 – APPROPRIATION. There is appropriated from the

49 general fund of the state to the insurance division of

50 the department of commerce for the fiscal year

Page 16

1 beginning July 1, 2008, and ending June 30, 2009, the
2 following amount, or so much thereof as is necessary,
3 for the purpose designated:

4 For deposit in the Iowa choice health care coverage
5 program fund existing in section 514E.6, for the
6 activities of the Iowa choice health care coverage
7 program:
8 \$50,00
9

DIVISION _____

10 HEALTH INSURANCE OVERSIGHT

11 Sec.____. Section 505.8, Code Supplement 2007, is
12 amended by adding the following new subsection:

13 NEW SUBSECTION. 5A. The commissioner shall have
14 regulatory authority over health benefit plans and
15 adopt rules under chapter 17A as necessary, to promote
16 the uniformity, cost efficiency, transparency, and
17 fairness of such plans for physicians licensed under
18 chapters 148, 150, and 150A, and hospitals licensed
19 under chapter 135B, for the purpose of maximizing
20 administrative efficiencies and minimizing
21 administrative costs of health care providers and
22 health insurers.

23 Sec.____. HEALTH INSURANCE OVERSIGHT –
24 APPROPRIATION. There is appropriated from the general
25 fund of the state to the insurance division of the
26 department of commerce for the fiscal year beginning
27 July 1, 2008, and ending June 30, 2009, the following
28 amount, or so much thereof as is necessary, for the
29 purpose designated:

30 For identification and regulation of procedures and
31 practices related to health care as provided in
32 section 505.8, subsection 5A:
33 \$80,000"

34 3. Page 2, by striking lines 12 and 13 and
35 inserting the following:

36 "____. "Commission" means the Iowa electronic
37 health information commission."

38 4. By striking page 4, line 35, through page 8,
39 line 34, and inserting the following:

40 "Sec.____. NEW SECTION. 135.156 IOWA ELECTRONIC
41 HEALTH INFORMATION COMMISSION.

42 1. a. An electronic health information commission
43 is created as a public and private collaborative
44 effort to promote the adoption and use of health
45 information technology in this state in order to
46 improve health care quality, increase patient safety,
47 reduce health care costs, enhance public health, and
48 empower individuals and health care professionals with
49 comprehensive, real-time medical information to
50 provide continuity of care and make the best health

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1 care decisions. The commission shall provide
2 oversight for the development, implementation, and
3 coordination of an interoperable electronic health
4 records system, telehealth expansion efforts, the
5 health information technology infrastructure, and
6 other health information technology initiatives in
7 this state.

8 b. All health information technology efforts shall
9 endeavor to represent the interests and meet the needs
10 of consumers and the health care sector, protect the
11 privacy of individuals and the confidentiality of
12 individuals' information, promote physician best
13 practices, and make information easily accessible to
14 the appropriate parties. The system developed shall
15 be consumer-driven, flexible, and expandable.

16 2. The commission shall consist of the following
17 voting members:

18 a. Individuals with broad experience and vision in
19 health care and health information technology and one
20 member representing the health care consumer. The
21 voting members shall be appointed by the governor,
22 subject to confirmation by the senate. The voting
23 members shall include all of the following:

24 (1) The director of the Iowa communications
25 network.

26 (2) Three members who are the chief information
27 officers of the three largest private health care
28 systems.

29 (3) One member who is the chief information
30 officer of a public health care system.

31 (4) A representative of the private
32 telecommunications industry.

33 (5) A representative of a rural hospital that is a
34 member of the Iowa hospital association.

35 (6) A consumer advocate.

36 (7) A representative of the Iowa safety net
37 provider network created in section 135.153.

38 (8) A licensed practicing physician.

39 (9) A licensed health care provider who is not a
40 licensed practicing physician.

41 b. In addition, the director of public health and
42 the director of human services shall be ex officio,
43 nonvoting members of the commission.

44 3. a. The members shall select a chairperson,
45 annually, from among the membership, and shall serve
46 terms of three years beginning and ending as provided
47 in section 69.19. Voting member appointments shall
48 comply with sections 69.16 and 69.16A. Vacancies
49 shall be filled by the original appointing authority
50 and in the manner of the original appointments.

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1 Members shall receive reimbursement for actual
2 expenses incurred while serving in their official
3 capacity and voting members may also be eligible to
4 receive compensation as provided in section 7E.6. A
5 person appointed to fill a vacancy for a member shall
6 serve only for the unexpired portion of the term. A
7 member is eligible for reappointment for two
8 successive terms.

9 b. The commission shall meet at least quarterly
10 and at the call of the chairperson. A majority of the
11 voting members of the commission constitutes a quorum.
12 Any action taken by the commission must be adopted by
13 the affirmative vote of a majority of its voting
14 membership.

15 c. The commission is located for administrative
16 purposes within the department of public health. The
17 department shall provide office space, staff
18 assistance, administrative support, and necessary
19 supplies and equipment for the commission.

20 4. The commission shall do all of the following:

21 a. Establish an advisory council which shall
22 consist of the representatives of entities involved in
23 the electronic health records system task force
24 established pursuant to section 217.41A, Code 2007,
25 and any other members the commission determines
26 necessary to assist in the commission's duties
27 including but not limited to consumers and consumer
28 advocacy organizations; physicians and health care
29 professionals; pharmacists; leadership of community
30 hospitals and major integrated health care delivery
31 networks; state agencies including the department of
32 public health, the department of human services, the
33 department of elder affairs, the division of insurance
34 of the department of commerce, and the office of the
35 attorney general; health plans and health insurers;
36 legal experts; academics and ethicists; business
37 leaders; and professional associations. Public
38 members of the advisory council shall receive
39 reimbursement for actual expenses incurred while
40 serving in their official capacity only if they are
41 not eligible for reimbursement by the organization
42 that they represent. Any legislative member shall be
43 paid the per diem and expenses specified in section
44 2.10.

45 b. Adopt a statewide health information technology
46 plan by July 1, 2009. In developing the plan, the
47 commission shall seek the input of providers, payers,
48 and consumers. Standards and policies developed for
49 the plan shall promote and be consistent with national
50 standards developed by the office of the national

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1 coordinator for health information technology of the
2 United States department of health and human services
3 and shall address or provide for all of the following:

4 (1) The effective, efficient, statewide use of
5 electronic health information in patient care, health
6 care policymaking, clinical research, health care
7 financing, and continuous quality improvement. The
8 commission shall adopt requirements for interoperable
9 electronic health records in this state including a
10 recognized interoperability standard.

11 (2) Education of the public and health care
12 sectors about the value of health information
13 technology in improving patient care, and methods to
14 promote increased support and collaboration of state
15 and local public health agencies, health care
16 professionals, and consumers in health information
17 technology initiatives.

18 (3) Standards for the exchange of health care
19 information.

20 (4) Policies relating to the protection of privacy
21 of patients and the security and confidentiality of
22 patient information.

23 (5) Policies relating to health information
24 ownership.

25 (6) Policies relating to governance of the various
26 facets of the health information technology system.

27 (7) A single patient identifier or alternative
28 mechanism to share secure patient information. If no
29 alternative mechanism is acceptable to the commission,
30 all health care professionals shall utilize the
31 mechanism selected by the commission by July 1, 2010.

32 (8) A standard continuity of care record and other
33 issues related to the content of electronic
34 transmissions. All health care professionals shall
35 utilize the standard continuity of care record by July
36 1, 2010.

37 (9) Requirements for electronic prescribing.

38 (10) Economic incentives and support to facilitate
39 participation in an interoperable system by health
40 care professionals.

41 c. Identify existing and potential health
42 information technology efforts in this state,
43 regionally, and nationally, and integrate existing
44 efforts to avoid incompatibility between efforts and
45 avoid duplication.

46 d. Coordinate public and private efforts to
47 provide the network backbone infrastructure for the
48 health information technology system. In coordinating
49 these efforts, the commission shall do all of the
50 following:

Page 20

- 1 (1) Adopt policies to effectuate the logical
- 2 cost-effective usage of and access to the state-owned
- 3 network, and support of telecommunication carrier
- 4 products, where applicable.
- 5 (2) Complete a memorandum of understanding with
- 6 the Iowa communications network for governmental
- 7 access usage, with private fiber optic networks for
- 8 core backbone usage of private fiber optic networks,
- 9 and with any other communications entity for
- 10 state-subsidized usage of the communications entity's
- 11 products to access any backbone network.
- 12 (3) Establish protocols to ensure compliance with
- 13 any applicable federal standards.
- 14 (4) Determine costs for accessing the network at a
- 15 level that provides sufficient funding for the
- 16 network.
- 17 e. Promote the use of telemedicine.
- 18 (1) Examine existing barriers to the use of
- 19 telemedicine and make recommendations for eliminating
- 20 these barriers.
- 21 (2) Examine the most efficient and effective
- 22 systems of technology for use and make recommendations
- 23 based on the findings.
- 24 f. Address the workforce needs generated by
- 25 increased use of health information technology.
- 26 g. Adopt rules in accordance with chapter 17A to
- 27 implement all aspects of the statewide plan and the
- 28 network.
- 29 h. Coordinate, monitor, and evaluate the adoption,
- 30 use, interoperability, and efficiencies of the various
- 31 facets of health information technology in this state.
- 32 i. Seek and apply for any federal or private
- 33 funding to assist in the implementation and support of
- 34 the health information technology system and make
- 35 recommendations for funding mechanisms for the ongoing
- 36 development and maintenance costs of the health
- 37 information technology system.
- 38 j. Identify state laws and rules that present
- 39 barriers to the development of the health information
- 40 technology system and recommend any changes to the
- 41 governor and the general assembly.
- 42 Sec.____. Section 8D.13, Code 2007, is amended by
- 43 adding the following new subsection:
- 44 NEW SUBSECTION. 20. Access shall be offered to
- 45 the Iowa hospital association only for the purposes of
- 46 collection, maintenance, and dissemination of health
- 47 and financial data for hospitals and for hospital
- 48 education services. The Iowa hospital association
- 49 shall be responsible for all costs associated with
- 50 becoming part of the network, as determined by the

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1 commission.

2 Sec.____. Section 217.41A, Code 2007, is repealed.

3 Sec.____. IOWA HEALTH INFORMATION TECHNOLOGY
4 SYSTEM – APPROPRIATION. There is appropriated from
5 the general fund of the state to the department of
6 public health for the fiscal year beginning July 1,
7 2008, and ending June 30, 2009, the following amount,
8 or so much thereof as is necessary, for the purpose
9 designated:

10 For administration of the Iowa health information
11 technology system, and for not more than the following
12 full-time equivalent positions:

13 \$118,800
14 FTEs 2.00"

15 5. Page 9, by striking line 1 and inserting the
16 following:

17 "LONG-TERM LIVING PLANNING AND
18 PATIENT AUTONOMY IN HEALTH CARE"

19 6. Page 9, by inserting after line 14 the
20 following:

21 "Sec.____. END-OF-LIFE CARE DECISION MAKING –
22 APPROPRIATION. There is appropriated from the general
23 fund of the state to the department of elder affairs
24 for the fiscal year beginning July 1, 2008, and ending
25 June 30, 2009, the following amount, or so much
26 thereof as is necessary, for the purpose designated:

27 For activities associated with the end-of-life care
28 decision-making requirements of this division:
29 \$10,000

30 Sec.____. LONG-TERM LIVING PLANNING TOOLS –
31 PUBLIC EDUCATION CAMPAIGN. The legal services
32 development and substitute decision maker programs of
33 the department of elder affairs, in collaboration with
34 other appropriate agencies and interested parties,
35 shall research existing long-term living planning
36 tools that are designed to increase quality of life
37 and contain health care costs and recommend a public
38 education campaign strategy on long-term living to the
39 general assembly by January 1, 2009.

40 Sec.____. LONG-TERM CARE OPTIONS PUBLIC EDUCATION
41 CAMPAIGN. The department of elder affairs, in
42 collaboration with the insurance division of the
43 department of commerce, shall implement a long-term
44 care options public education campaign. The campaign
45 may utilize such tools as the "Own Your Future
46 Planning Kit" administered by the centers for Medicare
47 and Medicaid services, the administration on aging,
48 and the office of the assistant secretary for planning
49 and evaluation of the United States department of
50 health and human services, and other tools developed

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1 through the aging and disability resource center
 2 program of the administration on aging and the centers
 3 for Medicare and Medicaid services designed to promote
 4 health and independence as Iowans age, assist older
 5 Iowans in making informed choices about the
 6 availability of long-term care options, including
 7 alternatives to facility-based care, and to streamline
 8 access to long-term care.

9 Sec.____. LONG-TERM CARE OPTIONS PUBLIC EDUCATION
 10 CAMPAIGN – APPROPRIATION. There is appropriated from
 11 the general fund of the state to the department of
 12 elder affairs for the fiscal year beginning July 1,
 13 2008, and ending June 30, 2009, the following amount,
 14 or so much thereof as is necessary, for the purpose
 15 designated:

16 For activities associated with the long-term care
 17 options public education campaign requirements of this
 18 division:

19 \$75,000

20 Sec.____. HOME AND COMMUNITY-BASED SERVICES PUBLIC
 21 EDUCATION CAMPAIGN. The department of elder affairs
 22 shall work with other public and private agencies to
 23 identify resources that may be used to continue the
 24 work of the aging and disability resource center
 25 established by the department through the aging and
 26 disability resource center grant program efforts of
 27 the administration on aging and the centers for
 28 Medicare and Medicaid services of the United States
 29 department of health and human services, beyond the
 30 federal grant period ending September 30, 2008.

31 Sec.____. PATIENT AUTONOMY IN HEALTH CARE
 32 DECISIONS PILOT PROJECT.

33 1. The department of public health shall establish
 34 a two-year community coalition for patient treatment
 35 wishes across the health care continuum pilot project,
 36 beginning July 1, 2008, and ending June 30, 2010, in a
 37 county with a population of between fifty thousand and
 38 one hundred thousand. The pilot project shall utilize
 39 the process based upon the national physicians orders
 40 for life sustaining treatment program initiative,
 41 including use of a standardized physician order for
 42 scope of treatment form. The pilot project may
 43 include applicability to chronically ill, frail, and
 44 elderly or terminally ill individuals in hospitals
 45 licensed pursuant to chapter 135B, nursing facilities
 46 or residential care facilities licensed pursuant to
 47 chapter 135C, or hospice programs as defined in
 48 section 135J.1.

49 2. The department of public health shall convene
 50 an advisory council, consisting of representatives of

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1 entities with interest in the pilot project, including
2 but not limited to the Iowa hospital association, the
3 Iowa medical society, organizations representing
4 health care facilities, representatives of health care
5 providers, and the Iowa trial lawyers association, to
6 develop recommendations for expanding the pilot
7 project statewide. The advisory council shall hold
8 meetings throughout the state to obtain input
9 regarding the pilot project and its statewide
10 application. Based on information collected regarding
11 the pilot project and information obtained through its
12 meetings, the advisory council shall report its
13 findings and recommendations, including
14 recommendations for legislation, to the governor and
15 the general assembly by January 1, 2010.

16 3. The pilot project shall not alter the rights of
17 individuals who do not execute a physician order for
18 scope of treatment.

19 a. If an individual is a qualified patient as
20 defined in section 144A.2, the individual's
21 declaration executed under chapter 144A shall control
22 health care decision making for the individual in
23 accordance with chapter 144A. A physician order for
24 scope of treatment shall not supersede a declaration
25 executed pursuant to chapter 144A. If an individual
26 has not executed a declaration pursuant to chapter
27 144A, health care decision making relating to
28 life-sustaining procedures for the individual shall be
29 governed by section 144A.7.

30 b. If an individual has executed a durable power
31 of attorney for health care pursuant to chapter 144B,
32 the individual's durable power of attorney for health
33 care shall control health care decision making for the
34 individual in accordance with chapter 144B. A
35 physician order for scope of treatment shall not
36 supersede a durable power of attorney for health care
37 executed pursuant to chapter 144B.

38 c. In the absence of actual notice of the
39 revocation of a physician order for scope of
40 treatment, a physician, health care provider, or any
41 other person who complies with a physician order for
42 scope of treatment shall not be subject to liability,
43 civil or criminal, for actions taken under this
44 section which are in accordance with reasonable
45 medical standards. Any physician, health care
46 provider, or other person against whom criminal or
47 civil liability is asserted because of conduct in
48 compliance with this section may interpose the
49 restriction on liability in this paragraph as an
50 absolute defense.

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1 Sec.____. PATIENT AUTONOMY IN HEALTH CARE
 2 DECISIONS PILOT PROJECT – APPROPRIATION. There is
 3 appropriated from the general fund of the state to the
 4 department of public health for the fiscal year
 5 beginning July 1, 2008, and ending June 30, 2009, the
 6 following amount, or so much thereof as is necessary,
 7 for the purpose designated:

8 For activities associated with the patient autonomy
 9 in health care decisions pilot project requirements of
 10 this division:
 11 \$40,000

12 The department shall procure a sole source contract
 13 to implement the patient autonomy in health care
 14 decisions pilot project and associated activities
 15 under this section."

16 7. Page 9, by inserting after line 34 the
 17 following:

18 "Sec.____. NEW SECTION. 509A.13B CONTINUATION OF
 19 DEPENDENT COVERAGE.

20 If a governing body, a county board of supervisors,
 21 or a city council has procured accident or health care
 22 coverage for its employees under this chapter such
 23 coverage shall permit continuation of existing
 24 coverage for an unmarried dependent child of an
 25 insured or enrollee who so elects, at least through
 26 the age of twenty-five years old or so long as the
 27 dependent child maintains full-time status as a
 28 student in an accredited institution of postsecondary
 29 education, whichever occurs last, at a premium
 30 established in accordance with the rating practices of
 31 the coverage."

32 8. Page 12, by inserting after line 31 the
 33 following:

34 "____. A chiropractor licensed pursuant to chapter
 35 151."

36 9. Page 16, by striking lines 23 through 29 and
 37 inserting the following: "of a statewide medical home
 38 system."

39 10. Page 17, line 17, by inserting after the word
 40 "service." the following: "The plan shall provide
 41 that in sharing information, the priority shall be the
 42 protection of the privacy of individuals and the
 43 security and confidentiality of the individual's
 44 information. Any sharing of information required by
 45 the medical home system shall comply and be consistent
 46 with all existing state and federal laws and
 47 regulations relating to the confidentiality of health
 48 care information and shall be subject to written
 49 consent of the patient."

50 11. Page 20, line 26, by inserting after the

Page 25

1 words "recipients of" the following: "full benefits
2 under".

3 12. Page 20, lines 33 and 34, by striking the
4 words "adult recipients of medical assistance" and
5 inserting the following: "adults who are recipients
6 of full benefits under the medical assistance
7 program".

8 13. Page 21, line 25, by striking the figure "12"
9 and inserting the following: "11".

10 14. Page 22, by inserting after line 1 the
11 following:

12 "Sec.____. MEDICAL HOME SYSTEM – APPROPRIATION.

13 There is appropriated from the general fund of the
14 state to the department of public health for the
15 fiscal year beginning July 1, 2008, and ending June
16 30, 2009, the following amount, or so much thereof as
17 is necessary, for the purpose designated:

18 For activities associated with the medical home
19 system requirements of this division and for not more
20 than the following full-time equivalent positions:

21 \$137,800
22 FTEs 4.00"

23 15. Page 28, by striking lines 2 through 6.

24 16. Page 28, by inserting after line 29 the
25 following:

26 "Sec.____. Section 136.3, Code 2007, is amended by
27 adding the following new subsection:

28 NEW SUBSECTION. 12. Perform those duties
29 authorized pursuant to section 135.161.

30 Sec.____. PREVENTION AND CHRONIC CARE MANAGEMENT
31 – APPROPRIATION. There is appropriated from the

32 general fund of the state to the department of public
33 health for the fiscal year beginning July 1, 2008, and
34 ending June 30, 2009, the following amount, or so much
35 thereof as is necessary, for the purpose designated:

36 For activities associated with the prevention and
37 chronic care management requirements of this division:

38 \$150,500"

39 17. Page 29, line 25, by inserting after the
40 figure "249J.16." the following: "The council shall
41 also coordinate its efforts with the efforts of the
42 department of public health regarding health care
43 quality, cost containment, and consumer information
44 under section 135.163".

45 18. Page 31, by inserting after line 8, the
46 following:

47 "DIVISION _____
48 HEALTH CARE QUALITY, COST CONTAINMENT, AND
49 CONSUMER INFORMATION
50 DIVISION XXIV

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1 HEALTH CARE QUALITY, COST CONTAINMENT,
2 AND CONSUMER INFORMATION
3 Sec. ____ NEW SECTION. 135.163 HEALTH CARE
4 QUALITY, COST CONTAINMENT, AND CONSUMER INFORMATION.
5 1. The department shall, at a minimum, do all of
6 the following, to improve health care quality, cost
7 containment and consumer information:
8 a. Develop cost-containment measures that help to
9 contain costs while improving quality in the health
10 care system.
11 b. Provide for coordination of public and private
12 cost-containment, quality, and safety efforts in this
13 state, including but not limited to efforts of the
14 Iowa healthcare collaborative, the Iowa health buyers'
15 alliance, the state's Medicare quality improvement
16 organization, the Iowa Medicaid enterprise, and the
17 medical assistance quality improvement council
18 established pursuant to section 249A.36.
19 c. Carry out other health care price, quality, and
20 safety-related research as directed by the governor
21 and the general assembly.
22 d. Develop strategies to contain health care costs
23 which may include:
24 (1) Promoting adoption of health information
25 technology through provider incentives.
26 (2) Considering a four-tier prescription drug
27 copayment system within a prescription drug benefit
28 that includes a zero copayment tier for select
29 medications to improve patient compliance.
30 (3) Providing a standard medication therapy
31 management program as a prescription drug benefit to
32 optimize high-risk patients' medication outcomes.
33 (4) Investigating whether pooled purchasing for
34 prescription drug benefits, such as a common statewide
35 preferred drug list, would decrease costs.
36 e. Develop strategies to increase the public's
37 role and responsibility in personal health care
38 choices and decisions which may include:
39 (1) Creating a public awareness campaign to
40 educate consumers on smart health care choices.
41 (2) Promoting public reporting of quality
42 performance measures.
43 f. Develop implementation strategies which may
44 include piloting the various quality,
45 cost-containment, and public involvement strategies
46 utilizing publicly funded health care coverage groups
47 such as the medical assistance program, state of Iowa
48 employee group health plans, and regents institutions
49 health care plans, consistent with collective
50 bargaining agreements in effect.

1 g. Develop a method for health care providers to
 2 provide a patient, upon request, with a reasonable
 3 estimate of charges for the services.

4 h. Identify the process and time frames for
 5 implementation of any initiatives, identify any
 6 barriers to implementation of initiatives, and
 7 recommend any changes in law or rules necessary to
 8 eliminate the barriers and to implement the
 9 initiatives.

10 Sec.____. HEALTH CARE QUALITY, COST CONTAINMENT,
 11 AND CONSUMER INFORMATION – APPROPRIATION. There is
 12 appropriated from the general fund of the state to the
 13 department of public health for the fiscal year
 14 beginning July 1, 2008, and ending June 30, 2009, the
 15 following amount, or so much thereof as is necessary,
 16 for the purpose designated:

17 For activities associated with the health care
 18 quality, cost containment, and consumer information
 19 requirements of this division and for not more than
 20 the following full-time equivalent positions:
 21 \$135,900
 22 FTEs 3.00

23 DIVISION XXV

24 HEALTH AND LONG-TERM CARE ACCESS

25 Sec.____. NEW SECTION. 135.164 HEALTH AND
 26 LONG-TERM CARE ACCESS.

27 The department shall coordinate public and private
 28 efforts to develop and maintain an appropriate health
 29 care delivery infrastructure and a stable,
 30 well-qualified, diverse, and sustainable health care
 31 workforce in this state. The health care delivery
 32 infrastructure and the health care workforce shall
 33 address the broad spectrum of health care needs of
 34 Iowans throughout their lifespan including long-term
 35 care needs. The department shall, at a minimum, do
 36 all of the following:

- 37 1. Develop a strategic plan for health care
- 38 delivery infrastructure and health care workforce
- 39 resources in this state.
- 40 2. Provide for the continuous collection of data
- 41 to provide a basis for health care strategic planning
- 42 and health care policymaking.
- 43 3. Make recommendations regarding the health care
- 44 delivery infrastructure and the health care workforce
- 45 that assist in monitoring current needs, predicting
- 46 future trends, and informing policymaking.
- 47 4. Advise and provide support to the health
- 48 facilities council established in section 135.62.

49 Sec.____. NEW SECTION. 135.165 STRATEGIC PLAN.

- 50 1. The strategic plan for health care delivery

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1 infrastructure and health care workforce resources
2 shall describe the existing health care system,
3 describe and provide a rationale for the desired
4 health care system, provide an action plan for
5 implementation, and provide methods to evaluate the
6 system. The plan shall incorporate expenditure
7 control methods and integrate criteria for
8 evidence-based health care. The department shall do
9 all of the following in developing the strategic plan
10 for health care delivery infrastructure and health
11 care workforce resources:
12 a. Conduct strategic health planning activities
13 related to preparation of the strategic plan.
14 b. Develop a computerized system for accessing,
15 analyzing, and disseminating data relevant to
16 strategic health planning. The department may enter
17 into data sharing agreements and contractual
18 arrangements necessary to obtain or disseminate
19 relevant data.
20 c. Conduct research and analysis or arrange for
21 research and analysis projects to be conducted by
22 public or private organizations to further the
23 development of the strategic plan.
24 d. Establish a technical advisory committee to
25 assist in the development of the strategic plan. The
26 members of the committee may include but are not
27 limited to health economists, health planners,
28 representatives of health care purchasers,
29 representatives of state and local agencies that
30 regulate entities involved in health care,
31 representatives of health care providers and health
32 care facilities, and consumers.
33 2. The strategic plan shall include statewide
34 health planning policies and goals related to the
35 availability of health care facilities and services,
36 the quality of care, and the cost of care. The
37 policies and goals shall be based on the following
38 principles:
39 a. That a strategic health planning process,
40 responsive to changing health and social needs and
41 conditions, is essential to the health, safety, and
42 welfare of Iowans. The process shall be reviewed and
43 updated as necessary to ensure that the strategic plan
44 addresses all of the following:
45 (1) Promoting and maintaining the health of all
46 Iowans.
47 (2) Providing accessible health care services
48 through the maintenance of an adequate supply of
49 health facilities and an adequate workforce.
50 (3) Controlling excessive increases in costs.

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- 1 (4) Applying specific quality criteria and
2 population health indicators.
- 3 (5) Recognizing prevention and wellness as
4 priorities in health care programs to improve quality
5 and reduce costs.
- 6 (6) Addressing periodic priority issues including
7 disaster planning, public health threats, and public
8 safety dilemmas.
- 9 (7) Coordinating health care delivery and resource
10 development efforts among state agencies including
11 those tasked with facility, services, and professional;
12 provider licensure; state and federal reimbursement;
13 health service utilization data systems; and others.
- 14 (8) Recognizing long-term care as an integral
15 component of the health care delivery infrastructure
16 and as an essential service provided by the health
17 care workforce.
 - 18 b. That both consumers and providers throughout
19 the state must be involved in the health planning
20 process, outcomes of which shall be clearly
21 articulated and available for public review and use.
 - 22 c. That the supply of a health care service has a
23 substantial impact on utilization of the service,
24 independent of the effectiveness, medical necessity,
25 or appropriateness of the particular health care
26 service for a particular individual.
 - 27 d. That given that health care resources are not
28 unlimited, the impact of any new health care service
29 or facility on overall health expenditures in this
30 state must be considered.
 - 31 e. That excess capacity of health care services
32 and facilities places an increased economic burden on
33 the public.
 - 34 f. That the likelihood that a requested new health
35 care facility, service, or equipment will improve
36 health care quality and outcomes must be considered.
 - 37 g. That development and ongoing maintenance of
38 current and accurate health care information and
39 statistics related to cost and quality of health care
40 and projections of the need for health care facilities
41 and services are necessary to developing an effective
42 health care planning strategy.
 - 43 h. That the certificate of need program as a
44 component of the health care planning regulatory
45 process must balance considerations of access to
46 quality care at a reasonable cost for all Iowans,
47 optimal use of existing health care resources,
48 fostering of expenditure control, and elimination of
49 unnecessary duplication of health care facilities and
50 services, while supporting improved health care

Page 30

1 outcomes.

2 i. That strategic health care planning must be
3 concerned with the stability of the health care
4 system, encompassing health care financing, quality,
5 and the availability of information and services for
6 all residents.

7 3. The health care delivery infrastructure and
8 health care workforce resources strategic plan
9 developed by the department shall include all of the
10 following:

11 a. A health care system assessment and objectives
12 component that does all of the following:

13 (1) Describes state and regional population
14 demographics, health status indicators, and trends in
15 health status and health care needs.

16 (2) Identifies key policy objectives for the state
17 health care system related to access to care, health
18 care outcomes, quality, and cost-effectiveness.

19 b. A health care facilities and services plan that
20 assesses the demand for health care facilities and
21 services to inform state health care planning efforts
22 and direct certificate of need determinations, for
23 those facilities and services subject to certificate
24 of need. The plan shall include all of the following:

25 (1) An inventory of each geographic region's
26 existing health care facilities and services.

27 (2) Projections of the need for each category of
28 health care facility and service, including those
29 subject to certificate of need.

30 (3) Policies to guide the addition of new or
31 expanded health care facilities and services to
32 promote the use of quality, evidence-based,
33 cost-effective health care delivery options, including
34 any recommendations for criteria, standards, and
35 methods relevant to the certificate of need review
36 process.

37 (4) An assessment of the availability of health
38 care providers, public health resources,
39 transportation infrastructure, and other
40 considerations necessary to support the needed health
41 care facilities and services in each region.

42 c. A health care data resources plan that
43 identifies data elements necessary to properly conduct
44 planning activities and to review certificate of need
45 applications, including data related to inpatient and
46 outpatient utilization and outcomes information, and
47 financial and utilization information related to
48 charity care, quality, and cost. The plan shall
49 provide all of the following:

50 (1) An inventory of existing data resources, both

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1 public and private, that store and disclose
2 information relevant to the health care planning
3 process, including information necessary to conduct
4 certificate of need activities. The plan shall
5 identify any deficiencies in the inventory of existing
6 data resources and the data necessary to conduct
7 comprehensive health care planning activities. The
8 plan may recommend that the department be authorized
9 to access existing data sources and conduct
10 appropriate analyses of such data or that other
11 agencies expand their data collection activities as
12 statutory authority permits. The plan may identify
13 any computing infrastructure deficiencies that impede
14 the proper storage, transmission, and analysis of
15 health care planning data.

16 (2) Recommendations for increasing the
17 availability of data related to health care planning
18 to provide greater community involvement in the health
19 care planning process and consistency in data used for
20 certificate of need applications and determinations.
21 The plan shall also integrate the requirements for
22 annual reports by hospitals and health care facilities
23 pursuant to section 135.75, the provisions relating to
24 analyses and studies by the department pursuant to
25 section 135.76, the data compilation provisions of
26 section 135.78, and the provisions for contracts for
27 assistance with analyses, studies, and data pursuant
28 to section 135.83.

29 d. An assessment of emerging trends in health care
30 delivery and technology as they relate to access to
31 health care facilities and services, quality of care,
32 and costs of care. The assessment shall recommend any
33 changes to the scope of health care facilities and
34 services covered by the certificate of need program
35 that may be warranted by these emerging trends. In
36 addition, the assessment may recommend any changes to
37 criteria used by the department to review certificate
38 of need applications, as necessary.

39 e. A rural health care resources plan to assess
40 the availability of health resources in rural areas of
41 the state, assess the unmet needs of these
42 communities, and evaluate how federal and state
43 reimbursement policies can be modified, if necessary,
44 to more efficiently and effectively meet the health
45 care needs of rural communities. The plan shall
46 consider the unique health care needs of rural
47 communities, the adequacy of the rural health care
48 workforce, and transportation needs for accessing
49 appropriate care.

50 f. A health care workforce resources plan to

1 assure a competent, diverse, and sustainable health
 2 care workforce in Iowa and to improve access to health
 3 care in underserved areas and among underserved
 4 populations. The plan shall include the establishment
 5 of an advisory council to inform and advise the
 6 department and policymakers regarding issues relevant
 7 to the health care workforce in Iowa. The health care
 8 workforce resources plan shall recognize long-term
 9 care as an essential service provided by the health
 10 care workforce.

11 4. The department shall submit the initial
 12 statewide health care delivery infrastructure and
 13 resources strategic plan to the governor and the
 14 general assembly by January 1, 2010, and shall submit
 15 an updated strategic plan to the governor and the
 16 general assembly every two years thereafter.

17 Sec.____. HEALTH CARE ACCESS – APPROPRIATION.

18 There is appropriated from the general fund of the
 19 state to the department of public health for the
 20 fiscal year beginning July 1, 2008, and ending June
 21 30, 2009, the following amount, or so much thereof as
 22 is necessary, for the purpose designated:

23 For activities associated with the health care
 24 access requirements of this division, and for not more
 25 than the following full-time equivalent positions:

26	\$135,900
27	FTEs 3.00"

28 19. Page 33, by inserting after line 22 the
 29 following:

30 "Sec.____. IOWA HEALTHY COMMUNITIES INITIATIVE –
 31 APPROPRIATION. There is appropriated from the general
 32 fund of the state to the department of public health
 33 for the fiscal year beginning July 1, 2008, and ending
 34 June 30, 2009, the following amount, or so much
 35 thereof as is necessary, for the purpose designated:

36 For Iowa healthy communities initiative grants
 37 distributed beginning January 1, 2009, and for not
 38 more than the following full-time equivalent
 39 positions:

40	\$450,000
41	FTEs 3.00

42 Sec.____. NEW SECTION. 135.40A HEALTHCARE
 43 COLLABORATIVE REQUIREMENTS.

44 1. In order for the healthcare collaborative to
 45 receive state funding, the voting membership of the
 46 board of directors of the healthcare collaborative, as
 47 defined in section 135.40, shall include at least a
 48 majority of consumer representatives.

49 2. The healthcare collaborative shall model its
 50 health care indicators including but not limited to

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1 quality indicators and measures, patient safety
 2 indicators and measures, pediatric care indicators,
 3 patient satisfaction measures, and health care
 4 acquired infection measures on nationally recognized
 5 indicators and measures developed by such entity as
 6 the agency for healthcare research and quality of the
 7 United States department of health and human services
 8 and the center for Medicare and Medicaid services of
 9 the United States department of health and human
 10 services, or similar national entities. In addition,
 11 infection validity measures shall be developed in
 12 conjunction with the state epidemiologist and shall
 13 address legal protections for health care providers
 14 who report infection rates based on the measures
 15 developed.

16 Sec. ____ GOVERNOR'S COUNCIL ON PHYSICAL FITNESS
 17 AND NUTRITION – APPROPRIATION. There is appropriated
 18 from the general fund of the state to the department
 19 of public health for the fiscal period beginning July
 20 1, 2008, and ending June 30, 2009, the following
 21 amount, or so much thereof as is necessary, for the
 22 purpose designated:

23 For the governor's council on physical fitness:
 24 \$112,100"

25 20. Page 34, line 7, by striking the word and
 26 figure "DIVISION V" and inserting the following:
 27 "DIVISION XXVI".

28 21. Page 34, by inserting after line 8 the
 29 following:

30 "Sec. ____ Section 135.62, subsection 2,
 31 unnumbered paragraph 1, Code 2007, is amended to read
 32 as follows:

33 There is established a state health facilities
 34 council consisting of ~~five~~ seven persons appointed by
 35 the governor, one of whom shall be a health economist,
 36 one of whom shall be an actuary, and at least one of
 37 whom shall be a health care consumer. The council
 38 shall be within the department for administrative and
 39 budgetary purposes."

40 22. Page 34, line 9, by striking the figure
 41 "135.45" and inserting the following: "135.166".

42 23. Page 34, line 17, by inserting after the word
 43 "validation" the following: "and shall be modeled on
 44 national indicators as specified in section 135.40A".

45 24. Page 34, by inserting after line 23 the
 46 following:

47 " ____ Each hospital in the state that is
 48 recognized by the Internal Revenue Code as a nonprofit
 49 organization or entity shall submit, to the department
 50 of public health and to the legislative services

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1 agency, annually, a copy of the hospital's internal
2 revenue service form 990, including but not limited to
3 schedule J or any successor schedule that provides
4 compensation information for certain officers,
5 directors, trustees, and key employees, and highest
6 compensated employees within ninety days following the
7 due date for filing the hospital's return for the
8 taxable year.

9 DIVISION ____
10 LONG-TERM CARE WORKFORCE
11 Sec. ____ DIRECT CARE WORKER ADVISORY COUNCIL -
12 DUTIES - REPORT.

13 1. As used in this section, unless the context
14 otherwise requires:

15 a. "Assistance with instrumental activities of
16 daily living" means assistance with activities beyond
17 basic needs that assist a consumer in functioning
18 independently within the community. Such services may
19 include but are not limited to food preparation and
20 nutrition, home management, financial management, and
21 infection control, but require no physical contact
22 between the direct care worker and the consumer.

23 b. "Assistance with personal care activities of
24 daily living" means care provided to support a
25 consumer in meeting the consumer's basic needs while
26 acknowledging personal choices and encouraging
27 independence, and generally involves physical contact
28 between a direct care worker and a consumer. Such
29 services include but are not limited to assistance
30 with eating and feeding, bathing, skin care, grooming,
31 and mobility assistance.

32 c. "Department" means the department of public
33 health.

34 d. "Direct care" means environmental or chore
35 services, health monitoring and maintenance,
36 assistance with instrumental activities of daily
37 living, assistance with personal care activities of
38 daily living, personal care support, or specialty
39 skill services.

40 e. "Direct care worker" means an individual who
41 directly provides or assists a consumer in the care of
42 the consumer by providing direct care in a variety of
43 settings which may or may not require oversight of the
44 direct care worker, depending upon the setting.
45 "Direct care worker" does not include a nurse, case
46 manager, or social worker.

47 f. "Director" means the director of public health.

48 g. "Environmental or chore services" means
49 services provided both inside and outside of a
50 consumer's home that are designed to assist a consumer

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1 in living independently in the community and which
2 require no physical contact between the direct care
3 worker and the consumer, and which require no special
4 education or training beyond task-specific
5 orientation. Such services may include but are not
6 limited to heavy household cleaning, lawn care, and
7 home maintenance.

8 h. "Health monitoring and maintenance" means
9 medically oriented care that assists a consumer in
10 maintaining the consumer's health on a daily basis and
11 which generally requires physical contact between a
12 direct care worker and a consumer. Such services may
13 include but are not limited to checking of vital
14 signs, collecting specimens or samples, and assisting
15 with range of motion exercises.

16 i. "Personal care support" means support provided
17 to a consumer as the consumer performs personal and
18 instrumental activities of daily living which require
19 no physical contact between the direct care worker and
20 the consumer. Such support includes testing and
21 training, observation, recording, documenting,
22 coaching, and supervising.

23 j. "Specialty skill services" means services that
24 require the care of a direct care worker with
25 additional education and training, and generally
26 requires physical contact between a direct care worker
27 and a consumer. Such services include dementia or
28 Alzheimer's care, psychiatric care, monitoring and
29 administration of medications, collecting specimens or
30 samples, giving shots, hospice and palliative care,
31 protective services, restorative and strengthening
32 exercises, and mentoring.

33 2. A direct care worker advisory council shall be
34 appointed by the director and shall include
35 representatives of direct care workers, consumers of
36 direct care services, educators of direct care
37 workers, other health professionals, employers of
38 direct care workers, and appropriate state agencies.

39 3. Membership, terms of office, quorum, and
40 expenses shall be determined by the director pursuant
41 to chapter 135.

42 4. The direct care worker advisory council shall
43 advise the director regarding regulation and
44 certification of direct care workers and shall develop
45 recommendations regarding all of the following:

46 a. Direct care worker classifications based on
47 functions and services provided by direct care
48 workers. The classifications shall include those
49 based on environmental and chore services, assistance
50 with instrumental activities of daily living, personal

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1 care support, assistance with personal care activities
2 of daily living, health monitoring and maintenance,
3 and specialty skill services.
4 b. Functions for each direct care worker
5 classification based upon categories of core
6 competencies.
7 c. An education and training orientation to be
8 provided by employers which addresses the components
9 of confidentiality; ethics and legal requirements;
10 consumer and worker rights; person-directed and
11 consumer-centered care; cultural competency; growth,
12 development, and disability-specific competency;
13 observation, referral, and reporting; communication
14 and interpersonal skills; problem solving; safety and
15 emergency procedures; infection control and
16 occupational safety and health administration
17 guidelines; and professional education and training.
18 d. Education and training requirements for each of
19 the direct care worker classifications.
20 e. The standard curriculum required in training of
21 direct care workers for each of the direct care worker
22 classifications, based on training required for the
23 duties specified and related core competencies. The
24 curriculum shall be standard notwithstanding the
25 entity offering the curriculum, and shall meet or
26 exceed federal or state requirements. The curriculum
27 shall include a requirement that any direct care
28 worker who will be assisting with prescribed
29 medications complete a medication aide course.
30 f. Education and training equivalency standards
31 for individuals who have completed higher education in
32 a health care profession based on core competencies
33 for each direct care worker classification and in
34 correlation with specific institutional curricula in
35 health care professions. The standards shall provide
36 that those meeting the equivalency standards may take
37 any prescribed examination for the appropriate direct
38 care worker classification.
39 g. Guidelines that allow individuals who are
40 members of the direct care workforce prior to the date
41 of required certification to be incorporated into the
42 new regulatory system based on education, training,
43 current certifications, or demonstration of core
44 competencies.
45 h. Continuing education requirements and standards
46 to ensure that direct care workers remain competent
47 and adapt to the changing needs of the direct care
48 workforce, employers, and consumers. The requirements
49 and standards shall meet or exceed federal or state
50 continuing education requirements for the applicable

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- 1 direct care worker classification existing prior to
2 the date of required certification.
- 3 i. Standards to ensure that direct care worker
4 educators and trainers retain a level of competency
5 and adapt to the changing needs of the direct care
6 workforce, employers, and consumers. The standards
7 shall meet or exceed federal or state continuing
8 education requirements existing prior to the date of
9 required certification.
- 10 j. Certification requirements for each
11 classification of direct care worker.
- 12 k. Protections for the title "certified direct
13 care worker".
- 14 l. (1) Standardized requirements across care
15 settings for supervision, if applicable, for each
16 classification of direct care worker based on the
17 functions being performed.
- 18 (2) The roles and responsibilities of direct care
19 worker supervisory positions which shall meet or
20 exceed federal and state requirements existing prior
21 to the date of required certification.
- 22 m. Required responsibility for maintenance of
23 credentialing and continuing education and training by
24 individual direct care workers rather than employers.
- 25 n. Provision of information to income maintenance
26 workers and case managers under the purview of the
27 department of human services about the education and
28 training requirements for direct care workers to
29 provide the care and services to meet a consumer's
30 needs under the home and community-based services
31 waiver options under the medical assistance program.
- 32 5. The direct care worker advisory council shall
33 report its recommendations to the director by November
34 30, 2008, including recommendations for any changes in
35 law or rules necessary to implement certification of
36 direct care workers beginning July 1, 2009.
- 37 Sec.____ DIRECT CARE WORKER COMPENSATION ADVISORY
38 COMMITTEE – REVIEWS.
- 39 1. a. The general assembly recognizes that direct
40 care workers play a vital role and make a valuable
41 contribution in providing care to Iowans with a
42 variety of needs in both institutional and home and
43 community-based settings. Recruiting and retaining
44 qualified, highly competent direct care workers is a
45 challenge across all employment settings. High rates
46 of employee vacancies and staff turnover threaten the
47 ability of providers to achieve the core mission of
48 providing safe and high quality support to Iowans.
49 However, the general assembly also recognizes that the
50 high turnover rate and its resulting negative impact

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1 on the quality of care provided, is perpetuated and
2 exacerbated by the inadequate wages and other
3 compensation paid to direct care workers.

4 b. It is the intent of the general assembly to
5 reduce the turnover rate of and improve the quality of
6 health care delivered by direct care workers by
7 substantially increasing the wages and other
8 compensation paid to direct care workers in this
9 state.

10 c. It is the intent of the general assembly that
11 the initial review of and recommendations for
12 improving wages and other compensation paid to direct
13 care workers focus on nonlicensed direct care workers
14 in the nursing facility setting. However, following
15 the initial review of wages and other compensation
16 paid to direct care workers in the nursing facility
17 setting, the department of human services shall
18 convene subsequent advisory committees with
19 appropriate representatives of public and private
20 organizations and consumers to review the wages and
21 other compensation paid to and turnover rates of the
22 entire spectrum of direct care workers in the various
23 settings in which they are employed as a means of
24 demonstrating the general assembly's commitment to
25 ensuring a stable and quality direct care workforce in
26 this state.

27 2. The department of human services shall convene
28 an initial direct care worker compensation advisory
29 committee to develop recommendations for consideration
30 by the general assembly during the 2009 legislative
31 session regarding wages and other compensation paid to
32 direct care workers in nursing facilities. The
33 committee shall consist of the following members,
34 selected by their respective organizations:

35 a. The director of human services, or the
36 director's designee.

37 b. The director of public health, or the
38 director's designee.

39 c. The director of the department of elder
40 affairs, or the director's designee.

41 d. The director of the department of inspections
42 and appeals, or the director's designee.

43 e. A representative of the Iowa caregivers
44 association.

45 f. A representative of the Iowa health care
46 association.

47 g. A representative of the Iowa association of
48 homes and services for the aging.

49 h. A representative of the AARP Iowa chapter.

50 3. The advisory committee shall also include two

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1 members of the senate and two members of the house of
2 representatives, with not more than one member from
3 each chamber being from the same political party. The
4 legislative members shall serve in an ex officio,
5 nonvoting capacity. The two senators shall be
6 appointed respectively by the majority leader of the
7 senate and the minority leader of the senate, and the
8 two representatives shall be appointed respectively by
9 the speaker of the house of representatives and the
10 minority leader of the house of representatives.

11 4. Public members of the committee shall receive
12 actual expenses incurred while serving in their
13 official capacity and may also be eligible to receive
14 compensation as provided in section 7E.6. Legislative
15 members of the committee are eligible for per diem and
16 reimbursement of actual expenses as provided in
17 section 2.10.

18 5. The department of human services shall provide
19 administrative support to the committee and the
20 director of human services, or the director's designee
21 shall serve as chairperson of the committee.

22 6. The department shall convene the committee no
23 later than May 15, 2008. Prior to the initial
24 meeting, the department of human services shall
25 provide all members of the committee with a detailed
26 analysis of trends in wages and other compensation
27 paid to direct care workers.

28 7. The committee shall consider options related
29 but not limited to all of the following:

30 a. Revision of the modified price-based case-mix
31 reimbursement system for nursing facilities under the
32 medical assistance program.

33 b. The shortening of the time delay between a
34 nursing facility's submittal of cost reports and
35 receipt of the reimbursement based upon these cost
36 reports.

37 c. The targeting of appropriations to provide
38 increases in direct care worker compensation.

39 d. Creation of a nursing facility provider tax.

40 8. Following its deliberations, the committee
41 shall submit a report of its findings and
42 recommendations regarding improvement in direct care
43 worker wages and compensation in the nursing facility
44 setting to the governor and the general assembly no
45 later than December 12, 2008.

46 9. For the purposes of the initial review, "direct
47 care worker" means nonlicensed nursing facility staff
48 who provide hands-on care including but not limited to
49 certified nurse aides and medication aides.

50 Sec.____. DIRECT CARE WORKER IN NURSING FACILITIES

Page 40

1 – TURNOVER REPORT.

2 The department of human services shall modify the
3 nursing facility cost reports utilized for the medical
4 assistance program to capture data by the distinct
5 categories of nonlicensed direct care workers and
6 other employee categories for the purposes of
7 documenting the turnover rates of direct care workers
8 and other employees of nursing facilities. The
9 department shall submit a report on an annual basis to
10 the governor and the general assembly which provides
11 an analysis of direct care worker and other nursing
12 facility employee turnover by individual nursing
13 facility, a comparison of the turnover rate in each
14 individual nursing facility with the state average,
15 and an analysis of any improvement or decline in
16 meeting any accountability goals or other measures
17 related to turnover rates. The annual reports shall
18 also include any data available regarding turnover
19 rate trends, and other information the department
20 deems appropriate. The initial report shall be
21 submitted no later than December 1, 2008, and
22 subsequent reports shall be submitted no later than
23 December 1, annually, thereafter.

24 Sec.____ EMPLOYER-SPONSORED HEALTH CARE COVERAGE
25 DEMONSTRATION PROJECT – DIRECT CARE WORKERS.

26 1. The department of human services shall
27 implement a three-year demonstration project to
28 provide a health care coverage premium assistance
29 program for nonlicensed direct care workers beginning
30 July 1, 2009. The department of human services shall
31 convene an advisory council consisting of
32 representatives of the Iowa caregivers association,
33 the Iowa child and family policy center, the Iowa
34 association of homes and services for the aging, the
35 Iowa health care association, the AARP Iowa chapter,
36 the senior living coordinating unit, and other public
37 and private entities with interest in the
38 demonstration project to assist in designing the
39 project. The department shall also review the
40 experiences of other states and the medical assistance
41 premium assistance program in designing the
42 demonstration project. The department, in
43 consultation with the advisory council, shall
44 establish criteria to determine which nonlicensed
45 direct care workers shall be eligible to participate
46 in the demonstration project. The project shall allow
47 up to five hundred direct care workers and their
48 dependents to access health care coverage sponsored by
49 the direct care worker's employer subject to all of
50 the following:

Page 41

1 a. A participating employer provides health care
2 coverage that meets certain parameters of coverage and
3 cost specified by the department and the health care
4 coverage is available to the employee and the
5 employee's dependents.

6 b. A participating employer contributes payment
7 for at least sixty percent of the total premium cost.

8 c. The family income of the direct care worker is
9 less than four hundred percent of the federal poverty
10 level as defined by the most recently revised poverty
11 income guidelines published by the United States
12 department of health and human services.

13 d. The employee meets any requirement for minimum
14 number of hours of work necessary to be eligible for
15 the employer's health care coverage.

16 e. The premium cost to the employee does not
17 exceed seventy-five dollars per month for individual
18 employee coverage or one hundred ten dollars per month
19 for family coverage, and the employee contributes to
20 the cost of the premium on a sliding fee schedule
21 specified by the department.

22 f. The state may offer additional coverage for
23 health care services not provided or paid for by the
24 employer-sponsored plan that are in addition to the
25 requirements specified by the department. To the
26 extent possible, the demonstration project shall also
27 incorporate a medical home, wellness and prevention
28 services, and chronic care management.

29 2. Six months prior to the completion of the
30 three-year demonstration project, the department of
31 human services, in cooperation with the Iowa
32 caregivers association, the AARP Iowa chapter,
33 representatives of the senior living coordinating
34 unit, the Iowa child and family policy center, and
35 representatives of the participating employers, shall
36 review the project and make recommendations for
37 continuation, termination, modification, or expansion
38 of the project. The review shall also determine the
39 impact that premium and cost-sharing assistance has on
40 employee health care coverage take-up rates, on the
41 recruitment and retention of employees, on the ability
42 of the state to achieve cost savings by utilizing
43 employer contributions to offset the costs of health
44 care coverage, and on the lives of the direct care
45 workers and their dependents who participate in the
46 project. The department shall submit a written
47 summary of the review to the general assembly at least
48 ninety days prior to the scheduled completion of the
49 project.

50 Sec. ____. EFFECTIVE DATE. This division of this

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1 Act, being deemed of immediate importance, takes
2 effect upon enactment."

3 25. Title page, line 3, by striking the words
4 "end-of-life care decision making" and inserting the
5 following: "long-term living planning and patient
6 autonomy in health care".

7 26. Title page, by striking line 8 and inserting
8 the following: "transparency, health care quality,
9 cost containment and consumer information, health care
10 access, the long-term care workforce, making
11 appropriations, and providing effective date and
12 applicability provisions".

13 27. By renumbering, relettering, or redesignating
14 and correcting internal references as necessary.

Heddens of Story asked and received unanimous consent to withdraw amendment [H-8577](#), to the Senate amendment [H-8439](#), filed by her on April 21, 2008.

Heddens of Story offered amendment [H-8604](#), to the Senate amendment [H-8439](#), filed by her as follows:

[H-8604](#)

1 Amend the Senate amendment, [H-8439](#), to House File
2 2539, as amended, passed, and reprinted by the House,
3 as follows:

4 1. By striking page 1, line 3, through page 42,
5 line 14, and inserting the following:
6 "____. By striking everything after the enacting
7 clause and inserting the following:

8 "DIVISION I

9 HEALTH CARE COVERAGE INTENT

10 Section 1. DECLARATION OF INTENT.

11 1. It is the intent of the general assembly to
12 progress toward achievement of the goal that all
13 Iowans have health care coverage with the following
14 priorities:

15 a. The goal that all children in the state have
16 health care coverage which meets certain standards of
17 quality and affordability with the following
18 priorities:

19 (1) Covering all children who are declared
20 eligible for the medical assistance program or the
21 hawk-i program pursuant to chapter 514I no later than
22 January 1, 2011.

23 (2) Building upon the current hawk-i program by
24 creating a hawk-i expansion program to provide

25 coverage to children who meet the hawk-i program's
 26 eligibility criteria but whose income is at or below
 27 three hundred percent of the federal poverty level,
 28 beginning July 1, 2009.

29 (3) If federal reauthorization of the state
 30 children's health insurance program provides
 31 sufficient federal allocations to the state and
 32 authorization to cover such children as an option
 33 under the state children's health insurance program,
 34 requiring the department of human services to expand
 35 coverage under the state children's health insurance
 36 program to cover children with family incomes at or
 37 below three hundred percent of the federal poverty
 38 level, with appropriate cost sharing established for
 39 families with incomes above two hundred percent of the
 40 federal poverty level.

41 b. The goal that the Iowa comprehensive health
 42 insurance association, in consultation with the Iowa
 43 choice health care coverage advisory council
 44 established in section 514E.6, develop a comprehensive
 45 plan to first cover all children without health care
 46 coverage that utilizes and modifies existing public
 47 programs including the medical assistance program, the
 48 hawk-i program, and the hawk-i expansion program, and
 49 then to provide access to private unsubsidized,
 50 affordable, qualified health care coverage for

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1 children, adults, and families, who are not otherwise
 2 eligible for health care coverage through public
 3 programs, that is available for purchase by January 1,
 4 2010.

5 c. The goal of decreasing health care costs and
 6 health care coverage costs by instituting health
 7 insurance reforms that assure the availability of
 8 private health insurance coverage for Iowans by
 9 addressing issues involving guaranteed availability
 10 and issuance to applicants, preexisting condition
 11 exclusions, portability, and allowable or required
 12 pooling and rating classifications.

13 DIVISION II

14 HAWK-I AND MEDICAID EXPANSION

15 Sec. 2. Section 249A.3, subsection 1, paragraph 1,
 16 Code Supplement 2007, is amended to read as follows:

17 1. Is an infant whose income is not more than two
 18 hundred percent of the federal poverty level, as
 19 defined by the most recently revised income guidelines
 20 published by the United States department of health
 21 and human services. Additionally, effective July 1,
 22 2009, medical assistance shall be provided to an
 23 infant whose family income is at or below three

24 hundred percent of the federal poverty level, as
25 defined by the most recently revised poverty income
26 guidelines published by the United States department
27 of health and human services, if otherwise eligible.

28 Sec. 3. Section 249A.3, Code Supplement 2007, is
29 amended by adding the following new subsection:
30 NEW SUBSECTION. 14. Once initial eligibility for
31 the family medical assistance program-related medical
32 assistance is determined for a child described under
33 subsection 1, paragraphs "b", "f", "g", "j", "k", "l",
34 or "n" or under subsection 2, paragraphs "e", "f", or
35 "h", the department shall provide continuous
36 eligibility for a period of up to twelve months, until
37 the child's next annual review of eligibility under
38 the medical assistance program, if the child would
39 otherwise be determined ineligible due to excess
40 countable income but otherwise remains eligible.

41 Sec. 4. NEW SECTION. 422.12K INCOME TAX FORM –
42 INDICATION OF DEPENDENT CHILD HEALTH CARE COVERAGE.

43 1. The director shall draft the income tax form to
44 allow beginning with the tax returns for tax year
45 2008, a person who files an individual or joint income
46 tax return with the department under section 422.13 to
47 indicate the presence or absence of health care
48 coverage for each dependent child for whom an
49 exemption is claimed.

50 2. Beginning with the income tax return for tax

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1 year 2008, a person who files an individual or joint
2 income tax return with the department under section
3 422.13, may report on the income tax return, in the
4 form required, the presence or absence of health care
5 coverage for each dependent child for whom an
6 exemption is claimed.
7 a. If the taxpayer indicates on the income tax
8 return that a dependent child does not have health
9 care coverage, and the income of the taxpayer's tax
10 return does not exceed the highest level of income
11 eligibility standard for the medical assistance
12 program pursuant to chapter 249A or the hawk-i program
13 pursuant to chapter 514I, the department shall send a
14 notice to the taxpayer indicating that the dependent
15 child may be eligible for the medical assistance
16 program or the hawk-i program and providing
17 information about how to enroll in the programs.
18 b. Notwithstanding any other provision of law to
19 the contrary, a taxpayer shall not be subject to a
20 penalty for not providing the information required
21 under this section.
22 c. The department shall consult with the

23 department of human services in developing the tax
24 return form and the information to be provided to tax
25 filers under this section.

26 3. The department, in cooperation with the
27 department of human services, shall adopt rules
28 pursuant to chapter 17A to administer this section,
29 including rules defining "health care coverage" for
30 the purpose of indicating its presence or absence on
31 the tax form.

32 4. The department, in cooperation with the
33 department of human services, shall report, annually,
34 to the governor and the general assembly all of the
35 following:

36 a. The number of Iowa families, by income level,
37 claiming the state income tax exemption for dependent
38 children.

39 b. The number of Iowa families, by income level,
40 claiming the state income tax exemption for dependent
41 children who also indicate the presence or absence of
42 health care coverage for the dependent children.

43 c. The effect of the reporting requirements and
44 provision of information requirements under this
45 section on the number and percentage of children in
46 the state who are uninsured.

47 Sec. 5. Section 514I.1, subsection 4, Code 2007,
48 is amended to read as follows:

49 4. It is the intent of the general assembly that
50 the hawk-i program be an integral part of the

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1 continuum of health insurance coverage and that the
2 program be developed and implemented in such a manner
3 as to facilitate movement of families between health
4 insurance providers and to facilitate the transition
5 of families to private sector health insurance
6 coverage. It is the intent of the general assembly in
7 developing such continuum of health insurance coverage
8 and in facilitating such transition, that beginning
9 July 1, 2009, the department implement the hawk-i
10 expansion program.

11 Sec. 6. Section 514I.1, Code 2007, is amended by
12 adding the following new subsection:

13 NEW SUBSECTION. 5. It is the intent of the
14 general assembly that if federal reauthorization of
15 the state children's health insurance program provides
16 sufficient federal allocations to the state and
17 authorization to cover such children as an option
18 under the state children's health insurance program,
19 the department shall expand coverage under the state
20 children's health insurance program to cover children
21 with family incomes at or below three hundred percent

22 of the federal poverty level.

23 Sec. 7. Section 514I.2, Code 2007, is amended by

24 adding the following new subsection:

25 NEW SUBSECTION. 7A. "Hawk-i expansion program" or

26 "hawk-i expansion" means the healthy and well kids in

27 Iowa expansion program created in section 514I.12 to

28 provide health insurance to children who meet the

29 hawk-i program eligibility criteria pursuant to

30 section 514I.8, with the exception of the family

31 income criteria, and whose family income is at or

32 below three hundred percent of the federal poverty

33 level, as defined by the most recently revised poverty

34 income guidelines published by the United States

35 department of health and human services.

36 Sec. 8. Section 514I.5, subsection 7, paragraph d,

37 Code Supplement 2007, is amended to read as follows:

38 d. Develop, with the assistance of the department,

39 an outreach plan, and provide for periodic assessment

40 of the effectiveness of the outreach plan. The plan

41 shall provide outreach to families of children likely

42 to be eligible for assistance under the program, to

43 inform them of the availability of and to assist the

44 families in enrolling children in the program. The

45 outreach efforts may include, but are not limited to,

46 solicitation of cooperation from programs, agencies,

47 and other persons who are likely to have contact with

48 eligible children, including but not limited to those

49 associated with the educational system, and the

50 development of community plans for outreach and

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1 marketing. Other state agencies shall assist the

2 department in outreach efforts to potentially eligible

3 children and their families.

4 Sec. 9. Section 514I.5, subsection 7, Code

5 Supplement 2007, is amended by adding the following

6 new paragraph:

7 NEW PARAGRAPH. 1. Develop options and

8 recommendations to allow children eligible for the

9 hawk-i or hawk-i expansion program to participate in

10 qualified employer-sponsored health plans through a

11 premium assistance program. The options and

12 recommendations shall ensure reasonable alignment

13 between the benefits and costs of the hawk-i and

14 hawk-i expansion programs and the employer-sponsored

15 health plans consistent with federal law. The options

16 and recommendations shall be completed by January 1,

17 2009, and submitted to the governor and the general

18 assembly for consideration as part of the hawk-i and

19 hawk-i expansion programs.

20 Sec. 10. Section 514I.7, subsection 2, paragraph

21 a, Code 2007, is amended to read as follows:

22 a. Determine individual eligibility for program
 23 enrollment based upon review of completed applications
 24 and supporting documentation. The administrative
 25 contractor shall not enroll a child who has group
 26 health coverage ~~or any child who has dropped coverage~~
 27 ~~in the previous six months, unless the coverage was~~
 28 ~~involuntarily lost or unless the reason for dropping~~
 29 ~~coverage is allowed by rule of the board.~~

30 Sec. 11. Section 514I.8, subsection 1, Code 2007,
 31 is amended to read as follows:

32 1. Effective July 1, 1998, and notwithstanding any
 33 medical assistance program eligibility criteria to the
 34 contrary, medical assistance shall be provided to, or
 35 on behalf of, an eligible child under the age of
 36 nineteen whose family income does not exceed one
 37 hundred thirty-three percent of the federal poverty
 38 level, as defined by the most recently revised poverty
 39 income guidelines published by the United States
 40 department of health and human services.
 41 Additionally, effective July 1, 2000, and
 42 notwithstanding any medical assistance program
 43 eligibility criteria to the contrary, medical
 44 assistance shall be provided to, or on behalf of, an
 45 eligible infant whose family income does not exceed
 46 two hundred percent of the federal poverty level, as
 47 defined by the most recently revised poverty income
 48 guidelines published by the United States department
 49 of health and human services. Effective July 1, 2009,
 50 and notwithstanding any medical assistance program

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1 eligibility criteria to the contrary, medical
 2 assistance shall be provided to, or on behalf of, an
 3 eligible infant whose family income is at or below
 4 three hundred percent of the federal poverty level, as
 5 defined by the most recently revised poverty income
 6 guidelines published by the United States department
 7 of health and human services.

8 Sec. 12. Section 514I.10, subsection 2, Code 2007,
 9 is amended to read as follows:

10 2. Cost sharing for eligible children whose family
 11 income equals ~~or exceeds~~ one hundred fifty percent ~~but~~
 12 ~~does not exceed two hundred percent~~ of the federal
 13 poverty level may include a premium or copayment
 14 amount which does not exceed five percent of the
 15 annual family income. The amount of any premium or
 16 the copayment amount shall be based on family income
 17 and size.

18 Sec. 13. Section 514I.11, subsections 1 and 3,
 19 Code 2007, are amended to read as follows:

20 1. A hawk-i trust fund is created in the state
21 treasury under the authority of the department of
22 human services, in which all appropriations and other
23 revenues of the program and the hawk-i expansion
24 program such as grants, contributions, and participant
25 payments shall be deposited and used for the purposes
26 of the program and the hawk-i expansion program. The
27 moneys in the fund shall not be considered revenue of
28 the state, but rather shall be funds of the program.

29 3. Moneys in the fund are appropriated to the
30 department and shall be used to offset any program and
31 hawk-i expansion program costs.

32 Sec. 14. NEW SECTION. 514I.12 HAWK-I EXPANSION
33 PROGRAM.

34 1. All children less than nineteen years of age
35 who meet the hawk-i program eligibility criteria
36 pursuant to section 514I.8, with the exception of the
37 family income criteria, and whose family income is at
38 or below three hundred percent of the federal poverty
39 level, shall be eligible for the hawk-i expansion
40 program.

41 2. To the greatest extent possible, the provisions
42 of section 514I.4, relating to the director and
43 department duties and powers, section 514I.5 relating
44 to the hawk-i board, section 514I.6 relating to
45 participating insurers, and section 514I.7 relating to
46 the administrative contractor shall apply to the
47 hawk-i expansion program. The department shall adopt
48 any rules necessary, pursuant to chapter 17A, and
49 shall amend any existing contracts to facilitate the
50 application of such sections to the hawk-i expansion

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1 program.

2 3. The hawk-i board shall establish by rule
3 pursuant to chapter 17A, the cost-sharing amounts for
4 children under the hawk-i expansion program. The
5 rules shall include criteria for modification of the
6 cost-sharing amounts by the board.

7 Sec. 15. MAXIMIZATION OF ENROLLMENT AND RETENTION
8 – MEDICAL ASSISTANCE AND HAWK-I PROGRAMS.

9 1. The department of human services, in
10 collaboration with the department of education, the
11 department of public health, the division of insurance
12 of the department of commerce, the hawk-i board,
13 consumers who are not recipients of or advocacy groups
14 representing recipients of the medical assistance or
15 hawk-i program, the covering kids and families
16 coalition, and the covering kids now task force, shall
17 develop a plan to maximize enrollment and retention of
18 eligible children in the hawk-i and medical assistance

19 programs. In developing the plan, the collaborative
 20 shall review, at a minimum, all of the following
 21 strategies:

- 22 a. Streamlined enrollment in the hawk-i and
 23 medical assistance programs. The collaborative shall
 24 identify information and documentation that may be
 25 shared across departments and programs to simplify the
 26 determination of eligibility or eligibility factors,
 27 and any interagency agreements necessary to share
 28 information consistent with state and federal
 29 confidentiality and other applicable requirements.
- 30 b. Conditional eligibility for the hawk-i and
 31 medical assistance programs.
- 32 c. Expedited renewal for the hawk-i and medical
 33 assistance programs.

34 2. Following completion of the review the
 35 department of human services shall compile the plan
 36 which shall address all of the following relative to
 37 implementation of the strategies specified in
 38 subsection 1:

- 39 a. Federal limitations and quantifying of the risk
 40 of federal disallowance.
- 41 b. Any necessary amendment of state law or rule.
- 42 c. Budgetary implications and cost-benefit
 43 analyses.
- 44 d. Any medical assistance state plan amendments,
 45 waivers, or other federal approval necessary.
- 46 e. An implementation time frame.

47 3. The department of human services shall submit
 48 the plan to the governor and the general assembly no
 49 later than December 1, 2008.

50 Sec. 16. MEDICAL ASSISTANCE, HAWK-I, AND HAWK-I

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1 EXPANSION PROGRAMS – COVERING CHILDREN –
 2 APPROPRIATION. There is appropriated from the general
 3 fund of the state to the department of human services
 4 for the designated fiscal years, the following
 5 amounts, or so much thereof as is necessary, for the
 6 purpose designated:

7 To cover children as provided in this Act under the
 8 medical assistance, hawk-i, and hawk-i expansion
 9 programs and outreach under the current structure of
 10 the programs:

11 FY 2008-2009	\$ 4,800,000
12 FY 2009-2010	\$ 14,800,000
13 FY 2010-2011	\$ 24,800,000

14 DIVISION III
 15 IOWA CHOICE HEALTH CARE COVERAGE
 16 AND ADVISORY COUNCIL

17 Sec. 17. Section 514E.1, Code 2007, is amended by

18 adding the following new subsections:

19 NEW SUBSECTION. 14A. "Iowa choice health care
20 coverage advisory council" or "advisory council" means
21 the advisory council created in section 514E.6.

22 NEW SUBSECTION. 21. "Qualified health care
23 coverage" means creditable coverage which meets
24 minimum standards of quality and affordability as
25 determined by the association by rule.

26 Sec. 18. Section 514E.2, subsection 3, unnumbered
27 paragraph 1, Code 2007, is amended to read as follows:

28 The association shall submit to the commissioner a
29 plan of operation for the association and any
30 amendments necessary or suitable to assure the fair,
31 reasonable, and equitable administration of the
32 association. The plan of operation shall include
33 provisions for the development of a comprehensive
34 health care coverage plan as provided in section
35 514E.5. In developing the comprehensive plan the
36 association shall give deference to the
37 recommendations made by the advisory council as
38 provided in section 514E.6, subsection 1. The
39 association shall approve or disapprove but shall not
40 modify recommendations made by the advisory council.
41 Recommendations that are approved shall be included in
42 the plan of operation submitted to the commissioner.
43 Recommendations that are disapproved shall be
44 submitted to the commissioner with reasons for the
45 disapproval. The plan of operation becomes effective
46 upon approval in writing by the commissioner prior to
47 the date on which the coverage under this chapter must
48 be made available. After notice and hearing, the
49 commissioner shall approve the plan of operation if
50 the plan is determined to be suitable to assure the

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1 fair, reasonable, and equitable administration of the
2 association, and provides for the sharing of
3 association losses, if any, on an equitable and
4 proportionate basis among the member carriers. If the
5 association fails to submit a suitable plan of
6 operation within one hundred eighty days after the
7 appointment of the board of directors, or if at any
8 later time the association fails to submit suitable
9 amendments to the plan, the commissioner shall adopt,
10 pursuant to chapter 17A, rules necessary to implement
11 this section. The rules shall continue in force until
12 modified by the commissioner or superseded by a plan
13 submitted by the association and approved by the
14 commissioner. In addition to other requirements, the
15 plan of operation shall provide for all of the
16 following:

17 Sec. 19. NEW SECTION. 514E.5 IOWA CHOICE HEALTH
18 CARE COVERAGE.

19 1. The association, in consultation with the Iowa
20 choice health care coverage advisory council, shall
21 develop a comprehensive health care coverage plan to
22 provide health care coverage to all children without
23 such coverage, that utilizes and modifies existing
24 public programs including the medical assistance
25 program, hawk-i program, and hawk-i expansion program,
26 and to provide access to private unsubsidized,
27 affordable, qualified health care coverage to children
28 who are not otherwise eligible for health care
29 coverage through public programs.

30 2. The comprehensive plan developed by the
31 association and the advisory council, shall also
32 develop and recommend options to provide access to
33 private unsubsidized, affordable, qualified health
34 care coverage to all Iowa children less than nineteen
35 years of age with a family income that is more three
36 hundred percent of the federal poverty level and to
37 adults and families who are not otherwise eligible for
38 health care coverage through public programs.

39 3. As part of the comprehensive plan developed,
40 the association, in consultation with the advisory
41 council, shall define what constitutes qualified
42 health care coverage for children less than nineteen
43 years of age. For the purposes of this definition and
44 for designing health care coverage options for
45 children, the association, in consultation with the
46 advisory council, shall recommend the benefits to be
47 included in such coverage and shall explore the value
48 of including coverage for the treatment of mental and
49 behavioral disorders. The association and the
50 advisory council shall perform a cost analysis as part

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1 of their consideration of benefit options. The
2 association and the advisory council shall also
3 consider whether to include coverage of the following
4 benefits:

5 a. Inpatient hospital services including medical,
6 surgical, intensive care unit, mental health, and
7 substance abuse services.

8 b. Nursing care services including skilled nursing
9 facility services.

10 c. Outpatient hospital services including
11 emergency room, surgery, lab, and x-ray services and
12 other services.

13 d. Physician services, including surgical and
14 medical, office visits, newborn care, well-baby and
15 well-child care, immunizations, urgent care,

- 16 specialist care, allergy testing and treatment, mental
17 health visits, and substance abuse visits.
- 18 e. Ambulance services.
 - 19 f. Physical therapy.
 - 20 g. Speech therapy.
 - 21 h. Durable medical equipment.
 - 22 i. Home health care.
 - 23 j. Hospice services.
 - 24 k. Prescription drugs.
 - 25 l. Dental services including preventive services.
 - 26 m. Medically necessary hearing services.
 - 27 n. Vision services including corrective lenses.
 - 28 o. No underwriting requirements and no preexisting
29 condition exclusions.
 - 30 p. Chiropractic services.
- 31 4. As part of the comprehensive plan developed,
32 the association, in consultation with the advisory
33 council, shall consider and recommend whether health
34 care coverage options that are developed for purchase
35 for children less than nineteen years of age with a
36 family income that is more than three hundred percent
37 of the federal poverty level should require a
38 copayment for services received in an amount
39 determined by the association.
- 40 5. As part of the comprehensive plan, the
41 association, in consultation with the advisory
42 council, shall define what constitutes qualified
43 health care coverage for adults and families who are
44 not eligible for a public program. The association,
45 in consultation with the advisory council, shall
46 develop and recommend health care coverage options for
47 purchase by such adults and families that provide a
48 selection of health benefit plans and standardized
49 benefits.
- 50 6. As part of the comprehensive plan the

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- 1 association and the advisory council may collaborate
2 with health insurance carriers to do the following,
3 including but not limited to:
- 4 a. Design solutions to issues relating to
5 guaranteed issuance of insurance, preexisting
6 condition exclusions, portability, and allowable
7 pooling and rating classifications.
 - 8 b. Formulate principles that ensure fair and
9 appropriate practices relating to issues involving
10 individual health care policies such as rescission and
11 preexisting condition clauses, and that provide for a
12 binding third-party review process to resolve disputes
13 related to such issues.
 - 14 c. Design affordable, portable health care

15 coverage options for low-income children, adults, and
16 families.

17 d. Design a proposed premium schedule for health
18 care coverage options that are recommended which
19 include the development of rating factors that are
20 consistent with market conditions.

21 e. Design protocols to limit the transfer from
22 employer-sponsored or other private health care
23 coverage to state-developed health care coverage
24 plans.

25 7. The association shall submit the comprehensive
26 plan required by this section to the governor and the
27 general assembly by December 15, 2008. The
28 appropriations to cover children under the medical
29 assistance, hawk-i, and hawk-i expansion programs as
30 provided in this Act and to provide related outreach
31 for fiscal year 2009-2010 and fiscal year 2010-2011
32 are contingent upon enactment of a comprehensive plan
33 during the 2009 regular session of the Eighty-third
34 General Assembly that provides health care coverage
35 for all children in the state. Enactment of a
36 comprehensive plan shall include a determination of
37 what the prospects are of federal action which may
38 impact the comprehensive plan and the fiscal impact of
39 the comprehensive plan on the state budget.

40 Sec. 20. NEW SECTION. 514E.6 IOWA CHOICE HEALTH
41 CARE COVERAGE ADVISORY COUNCIL.

42 1. The Iowa choice health care coverage advisory
43 council is created for the purpose of assisting the
44 association with developing a comprehensive health
45 care coverage plan as provided in section 514E.5. The
46 advisory council shall make recommendations concerning
47 the design and implementation of the comprehensive
48 plan including but not limited to a definition of what
49 constitutes qualified health care coverage,
50 suggestions for the design of health care coverage

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1 options, and implementation of a health care coverage
2 reporting requirement.

3 2. The advisory council consists of the following
4 persons who are voting members unless otherwise
5 provided:

6 a. The two most recent former governors, or if one
7 or both of them are unable or unwilling to serve, a
8 person or persons appointed by the governor.

9 b. Six members appointed by the director of public
10 health:

11 (1) A representative of the federation of Iowa
12 insurers.

13 (2) A health economist who resides in Iowa.

- 14 (3) Two consumers, one of whom shall be a
15 representative of a children's advocacy organization
16 and one of whom shall be a member of a minority.
17 (4) A representative of organized labor.
18 (5) A representative of an organization of
19 employers.
- 20 c. The following members shall be ex officio,
21 nonvoting members of the council:
- 22 (1) The commissioner of insurance, or a designee.
23 (2) The director of human services, or a designee.
24 (3) The director of public health, or a designee.
25 (4) Four members of the general assembly, one
26 appointed by the speaker of the house of
27 representatives, one appointed by the minority leader
28 of the house of representatives, one appointed by the
29 majority leader of the senate, and one appointed by
30 the minority leader of the senate.
- 31 3. The members of the council appointed by the
32 governor shall be appointed for terms of six years
33 beginning and ending as provided in section 69.19.
34 Such a member of the board is eligible for
35 reappointment. The governor shall fill a vacancy for
36 the remainder of the unexpired term.
- 37 4. The members of the council shall annually elect
38 one voting member as chairperson and one as vice
39 chairperson. Meetings of the council shall be held at
40 the call of the chairperson or at the request of a
41 majority of the council's members.
- 42 5. The members of the council shall not receive
43 compensation for the performance of their duties as
44 members but each member shall be paid necessary
45 expenses while engaged in the performance of duties of
46 the council. Any legislative member shall be paid the
47 per diem and expenses specified in section 2.10.
- 48 6. The members of the council are subject to and
49 are officials within the meaning of chapter 68B.

50 DIVISION IV

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1 HEALTH INSURANCE OVERSIGHT
2 Sec. 21. Section 505.8, Code Supplement 2007, is
3 amended by adding the following new subsection:
4 NEW SUBSECTION. 5A. The commissioner shall have
5 regulatory authority over health benefit plans and
6 adopt rules under chapter 17A as necessary, to promote
7 the uniformity, cost efficiency, transparency, and
8 fairness of such plans for physicians licensed under
9 chapters 148, 150, and 150A, and hospitals licensed
10 under chapter 135B, for the purpose of maximizing
11 administrative efficiencies and minimizing
12 administrative costs of health care providers and

13 health insurers.

14 Sec. 22. HEALTH INSURANCE OVERSIGHT –
15 APPROPRIATION. There is appropriated from the general
16 fund of the state to the insurance division of the
17 department of commerce for the fiscal year beginning
18 July 1, 2008, and ending June 30, 2009, the following
19 amount, or so much thereof as is necessary, for the
20 purpose designated:

21 For identification and regulation of procedures and
22 practices related to health care as provided in
23 section 505.8, subsection 5A:
24 \$ 80,000

25 DIVISION V

26 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

27 DIVISION XXI

28 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

29 Sec. 23. NEW SECTION. 135.154 DEFINITIONS.

30 As used in this division, unless the context
31 otherwise requires:

32 1. "Board" means the state board of health created
33 pursuant to section 136.1.

34 2. "Department" means the department of public
35 health.

36 3. "Health care professional" means a person who
37 is licensed, certified, or otherwise authorized or
38 permitted by the law of this state to administer
39 health care in the ordinary course of business or in
40 the practice of a profession.

41 4. "Health information technology" means the
42 application of information processing, involving both
43 computer hardware and software, that deals with the
44 storage, retrieval, sharing, and use of health care
45 information, data, and knowledge for communication,
46 decision making, quality, safety, and efficiency of
47 clinical practice, and may include but is not limited
48 to:

49 a. An electronic health record that electronically
50 compiles and maintains health information that may be

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1 derived from multiple sources about the health status
2 of an individual and may include a core subset of each
3 care delivery organization's electronic medical record
4 such as a continuity of care record or a continuity of
5 care document, computerized physician order entry,
6 electronic prescribing, or clinical decision support.

7 b. A personal health record through which an
8 individual and any other person authorized by the
9 individual can maintain and manage the individual's
10 health information.

11 c. An electronic medical record that is used by

12 health care professionals to electronically document,
13 monitor, and manage health care delivery within a care
14 delivery organization, is the legal record of the
15 patient's encounter with the care delivery
16 organization, and is owned by the care delivery
17 organization.

18 d. A computerized provider order entry function
19 that permits the electronic ordering of diagnostic and
20 treatment services, including prescription drugs.

21 e. A decision support function to assist
22 physicians and other health care providers in making
23 clinical decisions by providing electronic alerts and
24 reminders to improve compliance with best practices,
25 promote regular screenings and other preventive
26 practices, and facilitate diagnoses and treatments.

27 f. Tools to allow for the collection, analysis,
28 and reporting of information or data on adverse
29 events, the quality and efficiency of care, patient
30 satisfaction, and other health care-related
31 performance measures.

32 5. "Interoperability" means the ability of two or
33 more systems or components to exchange information or
34 data in an accurate, effective, secure, and consistent
35 manner and to use the information or data that has
36 been exchanged and includes but is not limited to:

37 a. The capacity to connect to a network for the
38 purpose of exchanging information or data with other
39 users.

40 b. The ability of a connected, authenticated user
41 to demonstrate appropriate permissions to participate
42 in the instant transaction over the network.

43 c. The capacity of a connected, authenticated user
44 to access, transmit, receive, and exchange usable
45 information with other users.

46 6. "Recognized interoperability standard" means
47 interoperability standards recognized by the office of
48 the national coordinator for health information
49 technology of the United States department of health
50 and human services.

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1 Sec. 24. NEW SECTION. 135.155 IOWA ELECTRONIC
2 HEALTH - PRINCIPLES - GOALS.

3 1. Health information technology is rapidly
4 evolving so that it can contribute to the goals of
5 improving access to and quality of health care,
6 enhancing efficiency, and reducing costs.

7 2. To be effective, the health information
8 technology system shall comply with all of the
9 following principles:

10 a. Be patient-centered and market-driven.

11 b. Be based on approved standards developed with
12 input from all stakeholders.

13 c. Protect the privacy of consumers and the
14 security and confidentiality of all health
15 information.

16 d. Promote interoperability.

17 e. Ensure the accuracy, completeness, and
18 uniformity of data.

19 3. Widespread adoption of health information
20 technology is critical to a successful health
21 information technology system and is best achieved
22 when all of the following occur:

23 a. The market provides a variety of certified
24 products from which to choose in order to best fit the
25 needs of the user.

26 b. The system provides incentives for health care
27 professionals to utilize the health information
28 technology and provides rewards for any improvement in
29 quality and efficiency resulting from such
30 utilization.

31 c. The system provides protocols to address
32 critical problems.

33 d. The system is financed by all who benefit from
34 the improved quality, efficiency, savings, and other
35 benefits that result from use of health information
36 technology.

37 Sec. 25. NEW SECTION. 135.156 ELECTRONIC HEALTH
38 INFORMATION – DEPARTMENT DUTIES – ADVISORY COUNCIL
39 – EXECUTIVE COMMITTEE.

40 1. a. The department shall direct a public and
41 private collaborative effort to promote the adoption
42 and use of health information technology in this state
43 in order to improve health care quality, increase
44 patient safety, reduce health care costs, enhance
45 public health, and empower individuals and health care
46 professionals with comprehensive, real-time medical
47 information to provide continuity of care and make the
48 best health care decisions. The department shall
49 provide coordination for the development and
50 implementation of an interoperable electronic health

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1 records system, telehealth expansion efforts, the
2 health information technology infrastructure, and
3 other health information technology initiatives in
4 this state. The department shall be guided by the
5 principles and goals specified in section 135.155.

6 b. All health information technology efforts shall
7 endeavor to represent the interests and meet the needs
8 of consumers and the health care sector, protect the
9 privacy of individuals and the confidentiality of

10 individuals' information, promote physician best
11 practices, and make information easily accessible to
12 the appropriate parties. The system developed shall
13 be consumer-driven, flexible, and expandable.

14 2. a. An electronic health information advisory
15 council is established which shall consist of the
16 representatives of entities involved in the electronic
17 health records system task force established pursuant
18 to section 217.41A, Code 2007, a pharmacist, a
19 licensed practicing physician, a consumer who is a
20 member of the state board of health, a representative
21 of the state's Medicare quality improvement
22 organization, the executive director of the Iowa
23 communications network, a representative of the
24 private telecommunications industry, a representative
25 of the Iowa collaborative safety net provider network
26 created in section 135.153, a nurse informaticist from
27 the university of Iowa, and any other members the
28 department or executive committee of the advisory
29 council determine necessary to assist the department
30 or executive committee at various stages of
31 development of the electronic health information
32 system. Executive branch agencies shall also be
33 included as necessary to assist in the duties of the
34 department and the executive committee. Public
35 members of the advisory council shall receive
36 reimbursement for actual expenses incurred while
37 serving in their official capacity only if they are
38 not eligible for reimbursement by the organization
39 that they represent. Any legislative members shall be
40 paid the per diem and expenses specified in section
41 2.10.

42 b. An executive committee of the electronic health
43 information advisory council is established. Members
44 of the executive committee of the advisory council
45 shall receive reimbursement for actual expenses
46 incurred while serving in their official capacity only
47 if they are not eligible for reimbursement by the
48 organization that they represent. The executive
49 committee shall consist of the following members:
50 (1) Three members, each of whom is the chief

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1 information officer of one of the three largest
2 private health care systems in the state.
3 (2) One member who is a representative of the
4 university of Iowa.
5 (3) One member who is a representative of a rural
6 hospital that is a member of the Iowa hospital
7 association.
8 (4) One member who is a consumer member of the

9 state board of health.

10 (5) One member who is a licensed practicing
11 physician.

12 (6) One member who is a health care provider other
13 than a licensed practicing physician.

14 (7) A representative of the federation of Iowa
15 insurers.

16 3. The executive committee, with the technical
17 assistance of the advisory council and the support of
18 the department shall do all of the following:

19 a. Develop a statewide health information
20 technology plan by July 1, 2009. In developing the
21 plan, the executive committee shall seek the input of
22 providers, payers, and consumers. Standards and
23 policies developed for the plan shall promote and be
24 consistent with national standards developed by the
25 office of the national coordinator for health
26 information technology of the United States department
27 of health and human services and shall address or
28 provide for all of the following:

29 (1) The effective, efficient, statewide use of
30 electronic health information in patient care, health
31 care policymaking, clinical research, health care
32 financing, and continuous quality improvement. The
33 executive committee shall recommend requirements for
34 interoperable electronic health records in this state
35 including a recognized interoperability standard.

36 (2) Education of the public and health care sector
37 about the value of health information technology in
38 improving patient care, and methods to promote
39 increased support and collaboration of state and local
40 public health agencies, health care professionals, and
41 consumers in health information technology
42 initiatives.

43 (3) Standards for the exchange of health care
44 information.

45 (4) Policies relating to the protection of privacy
46 of patients and the security and confidentiality of
47 patient information.

48 (5) Policies relating to information ownership.

49 (6) Policies relating to governance of the various
50 facets of the health information technology system.

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1 (7) A single patient identifier or alternative
2 mechanism to share secure patient information. If no
3 alternative mechanism is acceptable to the executive
4 committee, all health care professionals shall utilize
5 the mechanism selected by the executive committee by
6 July 1, 2010.

7 (8) A standard continuity of care record and other

8 issues related to the content of electronic
9 transmissions. All health care professionals shall
10 utilize the standard continuity of care record by July
11 1, 2010.

12 (9) Requirements for electronic prescribing.

13 (10) Economic incentives and support to facilitate
14 participation in an interoperable system by health
15 care professionals.

16 b. Identify existing and potential health
17 information technology efforts in this state,
18 regionally, and nationally, and integrate existing
19 efforts to avoid incompatibility between efforts and
20 avoid duplication.

21 c. Coordinate public and private efforts to
22 provide the network backbone infrastructure for the
23 health information technology system. In coordinating
24 these efforts, the executive committee shall do all of
25 the following:

26 (1) Develop policies to effectuate the logical
27 cost-effective usage of and access to the state-owned
28 network, and support of telecommunication carrier
29 products, where applicable.

30 (2) Consult with the Iowa communications network,
31 private fiberoptic networks, and any other
32 communications entity to seek collaboration, avoid
33 duplication, and leverage opportunities in developing
34 a backbone network.

35 (3) Establish protocols to ensure compliance with
36 any applicable federal standards.

37 (4) Determine costs for accessing the network at a
38 level that provides sufficient funding for the
39 network.

40 d. Promote the use of telemedicine.

41 (1) Examine existing barriers to the use of
42 telemedicine and make recommendations for eliminating
43 these barriers.

44 (2) Examine the most efficient and effective
45 systems of technology for use and make recommendations
46 based on the findings.

47 e. Address the workforce needs generated by
48 increased use of health information technology.

49 f. Recommend rules to be adopted in accordance
50 with chapter 17A to implement all aspects of the

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1 statewide health information technology plan and the
2 network.

3 g. Coordinate, monitor, and evaluate the adoption,
4 use, interoperability, and efficiencies of the various
5 facets of health information technology in this state.

6 h. Seek and apply for any federal or private

7 funding to assist in the implementation and support of
8 the health information technology system and make
9 recommendations for funding mechanisms for the ongoing
10 development and maintenance costs of the health
11 information technology system.

12 i. Identify state laws and rules that present
13 barriers to the development of the health information
14 technology system and recommend any changes to the
15 governor and the general assembly.

16 4. Recommendations and other activities resulting
17 from the work of the executive committee shall be
18 presented to the board for action or implementation.

19 Sec. 26. Section 8D.13, Code 2007, is amended by
20 adding the following new subsection:

21 NEW SUBSECTION. 20. Access shall be offered to
22 the Iowa hospital association only for the purposes of
23 collection, maintenance, and dissemination of health
24 and financial data for hospitals and for hospital
25 education services. The Iowa hospital association
26 shall be responsible for all costs associated with
27 becoming part of the network, as determined by the
28 commission.

29 Sec. 27. Section 136.3, Code 2007, is amended by
30 adding the following new subsection:

31 NEW SUBSECTION. 11. Perform those duties
32 authorized pursuant to section 135.156.

33 Sec. 28. Section 217.41A, Code 2007, is repealed.

34 Sec. 29. IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

35 – APPROPRIATION. There is appropriated from the
36 general fund of the state to the department of public
37 health for the fiscal year beginning July 1, 2008, and
38 ending June 30, 2009, the following amount, or so much
39 thereof as is necessary, for the purpose designated:
40 For administration of the Iowa health information
41 technology system, and for not more than the following
42 full-time equivalent positions:

43 \$ 190,600
44 FTEs 2.00

45 DIVISION VI

46 LONG-TERM LIVING PLANNING AND
47 PATIENT AUTONOMY IN HEALTH CARE

48 Sec. 30. NEW SECTION. 231.62 END-OF-LIFE CARE
49 INFORMATION.

50 1. The department shall consult with the Iowa

1 medical society, the Iowa end-of-life coalition, the
2 Iowa hospice organization, the university of Iowa
3 palliative care program, and other health care
4 professionals whose scope of practice includes
5 end-of-life care to develop educational and

6 patient-centered information on end-of-life care for
7 terminally ill patients and health care professionals.

8 2. For the purposes of this section, "end-of-life
9 care" means care provided to meet the physical,
10 psychological, social, spiritual, and practical needs
11 of terminally ill patients and their caregivers.

12 Sec. 31. END-OF-LIFE CARE INFORMATION –
13 APPROPRIATION. There is appropriated from the general
14 fund of the state to the department of elder affairs
15 for the fiscal year beginning July 1, 2008, and ending
16 June 30, 2009, the following amount, or so much
17 thereof as is necessary, for the purpose designated:

18 For activities associated with the end-of-life care
19 information requirements of this division:
20 \$ 10,000

21 Sec. 32. LONG-TERM LIVING PLANNING TOOLS – PUBLIC
22 EDUCATION CAMPAIGN. The legal services development
23 and substitute decision maker programs of the
24 department of elder affairs, in collaboration with
25 other appropriate agencies and interested parties,
26 shall research existing long-term living planning
27 tools that are designed to increase quality of life
28 and contain health care costs and recommend a public
29 education campaign strategy on long-term living to the
30 general assembly by January 1, 2009.

31 Sec. 33. LONG-TERM CARE OPTIONS PUBLIC EDUCATION
32 CAMPAIGN. The department of elder affairs, in
33 collaboration with the insurance division of the
34 department of commerce, shall implement a long-term
35 care options public education campaign. The campaign
36 may utilize such tools as the "Own Your Future
37 Planning Kit" administered by the centers for Medicare
38 and Medicaid services, the administration on aging,
39 and the office of the assistant secretary for planning
40 and evaluation of the United States department of
41 health and human services, and other tools developed
42 through the aging and disability resource center
43 program of the administration on aging and the centers
44 for Medicare and Medicaid services designed to promote
45 health and independence as Iowans age, assist older
46 Iowans in making informed choices about the
47 availability of long-term care options, including
48 alternatives to facility-based care, and to streamline
49 access to long-term care.

50 Sec. 34. LONG-TERM CARE OPTIONS PUBLIC EDUCATION

1 CAMPAIGN – APPROPRIATION. There is appropriated from
2 the general fund of the state to the department of
3 elder affairs for the fiscal year beginning July 1,
4 2008, and ending June 30, 2009, the following amount,

5 or so much thereof as is necessary, for the purpose
6 designated:

7 For activities associated with the long-term care
8 options public education campaign requirements of this
9 division:

10 \$ 75,000

11 Sec. 35. HOME AND COMMUNITY-BASED SERVICES PUBLIC

12 EDUCATION CAMPAIGN. The department of elder affairs

13 shall work with other public and private agencies to
14 identify resources that may be used to continue the
15 work of the aging and disability resource center
16 established by the department through the aging and
17 disability resource center grant program efforts of
18 the administration on aging and the centers for
19 Medicare and Medicaid services of the United States
20 department of health and human services, beyond the
21 federal grant period ending September 30, 2008.

22 Sec. 36. PATIENT AUTONOMY IN HEALTH CARE DECISIONS
23 PILOT PROJECT.

24 1. The department of public health shall establish
25 a two-year community coalition for patient treatment
26 wishes across the health care continuum pilot project,
27 beginning July 1, 2008, and ending June 30, 2010, in a
28 county with a population of between fifty thousand and
29 one hundred thousand. The pilot project shall utilize
30 the process based upon the national physicians orders
31 for life sustaining treatment program initiative,
32 including use of a standardized physician order for
33 scope of treatment form. The process shall require
34 validation of the physician order for scope of
35 treatment form by the signature of an individual other
36 than the patient or the patient's legal representative
37 who is not an employee of the patient's physician.
38 The pilot project may include applicability to
39 chronically ill, frail, and elderly or terminally ill
40 individuals in hospitals licensed pursuant to chapter
41 135B, nursing facilities or residential care
42 facilities licensed pursuant to chapter 135C, or
43 hospice programs as defined in section 135J.1.

44 2. The department of public health shall convene
45 an advisory council, consisting of representatives of
46 entities with interest in the pilot project, including
47 but not limited to the Iowa hospital association, the
48 Iowa medical society, organizations representing
49 health care facilities, representatives of health care
50 providers, and the Iowa trial lawyers association, to

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1 develop recommendations for expanding the pilot
2 project statewide. The advisory council shall report
3 its findings and recommendations, including

4 recommendations for legislation, to the governor and
5 the general assembly by January 1, 2010.

6 3. The pilot project shall not alter the rights of
7 individuals who do not execute a physician order for
8 scope of treatment.

9 a. If an individual is a qualified patient as
10 defined in section 144A.2, the individual's
11 declaration executed under chapter 144A shall control
12 health care decision making for the individual in
13 accordance with chapter 144A. A physician order for
14 scope of treatment shall not supersede a declaration
15 executed pursuant to chapter 144A. If an individual
16 has not executed a declaration pursuant to chapter
17 144A, health care decision making relating to
18 life-sustaining procedures for the individual shall be
19 governed by section 144A.7.

20 b. If an individual has executed a durable power
21 of attorney for health care pursuant to chapter 144B,
22 the individual's durable power of attorney for health
23 care shall control health care decision making for the
24 individual in accordance with chapter 144B. A
25 physician order for scope of treatment shall not
26 supersede a durable power of attorney for health care
27 executed pursuant to chapter 144B.

28 c. In the absence of actual notice of the
29 revocation of a physician order for scope of
30 treatment, a physician, health care provider, or any
31 other person who complies with a physician order for
32 scope of treatment shall not be subject to liability,
33 civil or criminal, for actions taken under this
34 section which are in accordance with reasonable
35 medical standards. Any physician, health care
36 provider, or other person against whom criminal or
37 civil liability is asserted because of conduct in
38 compliance with this section may interpose the
39 restriction on liability in this paragraph as an
40 absolute defense.

41 DIVISION VII

42 HEALTH CARE COVERAGE

43 Sec. 37. NEW SECTION. 505.31 REIMBURSEMENT
44 ACCOUNTS.

45 The commissioner of insurance shall assist
46 employers with twenty-five or fewer employees with
47 implementing and administering plans under section 125
48 of the Internal Revenue Code, including medical
49 expense reimbursement accounts and dependent care
50 accounts. The commissioner shall provide information

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1 about the assistance available to small employers on
2 the insurance division's internet site.

3 Sec. 38. Section 509.3, Code 2007, is amended by
4 adding the following new subsection:

5 NEW SUBSECTION. 8. A provision that the insurer
6 will permit continuation of existing coverage for an
7 unmarried child of an insured or enrollee who so
8 elects, at least through the policy anniversary date
9 on or after the date the child marries, ceases to be a
10 resident of this state, or attains the age of
11 twenty-five years old, whichever occurs first, or so
12 long as the unmarried child maintains full-time status
13 as a student in an accredited institution of
14 postsecondary education.

15 Sec. 39. NEW SECTION. 509A.13B CONTINUATION OF
16 DEPENDENT COVERAGE.

17 If a governing body, a county board of supervisors,
18 or a city council has procured accident or health care
19 coverage for its employees under this chapter such
20 coverage shall permit continuation of existing
21 coverage for an unmarried child of an insured or
22 enrollee who so elects, at least through the policy
23 anniversary date on or after the date the child
24 marries, ceases to be a resident of this state, or
25 attains the age of twenty-five years old, whichever
26 occurs first, or so long as the unmarried child
27 maintains full-time status as a student in an
28 accredited institution of postsecondary education.

29 Sec. 40. Section 513C.7, subsection 2, paragraph
30 a, Code 2007, is amended to read as follows:

31 ~~a.~~ The individual basic or standard health benefit
32 plan shall not deny, exclude, or limit benefits for a
33 covered individual for losses incurred more than
34 twelve months following the effective date of the
35 individual's coverage due to a preexisting condition.
36 A preexisting condition shall not be defined more
37 restrictively than any of the following:

38 ~~(1)~~ a. A condition that would cause an ordinarily
39 prudent person to seek medical advice, diagnosis,
40 care, or treatment during the twelve months
41 immediately preceding the effective date of coverage.

42 ~~(2)~~ b. A condition for which medical advice,
43 diagnosis, care, or treatment was recommended or
44 received during the twelve months immediately
45 preceding the effective date of coverage.

46 ~~(3)~~ c. A pregnancy existing on the effective date
47 of coverage.

48 Sec. 41. Section 513C.7, subsection 2, paragraph
49 b, Code 2007, is amended by striking the paragraph.

50 Sec. 42. NEW SECTION. 514A.3B ADDITIONAL

2 1. An insurer which accepts an individual for
3 coverage under an individual policy or contract of
4 accident and health insurance shall waive any time
5 period applicable to a preexisting condition exclusion
6 or limitation period requirement of the policy or
7 contract with respect to particular services in an
8 individual health benefit plan for the period of time
9 the individual was previously covered by qualifying
10 previous coverage as defined in section 513C.3 that
11 provided benefits with respect to such services,
12 provided that the qualifying previous coverage was
13 continuous to a date not more than sixty-three days
14 prior to the effective date of the new policy or
15 contract. For purposes of this section, periods of
16 coverage under medical assistance provided pursuant to
17 chapter 249A or 514I, or Medicare coverage provided
18 pursuant to Title XVIII of the federal Social Security
19 Act shall not be counted with respect to the
20 sixty-three-day requirement.

21 2. An insurer issuing an individual policy or
22 contract of accident and health insurance which
23 provides coverage for children of the insured shall
24 permit continuation of existing coverage for an
25 unmarried child of an insured or enrollee who so
26 elects, at least through the policy anniversary date
27 on or after the date the child marries, ceases to be a
28 resident of this state, or attains the age of
29 twenty-five years old, whichever occurs first, or so
30 long as the unmarried child maintains full-time status
31 as a student in an accredited institution of
32 postsecondary education.

33 Sec. 43. APPLICABILITY. This division of this Act
34 applies to policies or contracts of accident and
35 health insurance delivered or issued for delivery or
36 continued or renewed in this state on or after July 1,
37 2008.

38 DIVISION VIII
39 MEDICAL HOME
40 DIVISION XXII
41 MEDICAL HOME

42 Sec. 44. NEW SECTION. 135.157 DEFINITIONS.
43 As used in this chapter, unless the context
44 otherwise requires:

45 1. "Board" means the state board of health created
46 pursuant to section 136.1.

47 2. "Department" means the department of public
48 health.

49 3. "Health care professional" means a person who
50 is licensed, certified, or otherwise authorized or

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1 permitted by the law of this state to administer
2 health care in the ordinary course of business or in
3 the practice of a profession.

4 4. "Medical home" means a team approach to
5 providing health care that originates in a primary
6 care setting; fosters a partnership among the patient,
7 the personal provider, and other health care
8 professionals, and where appropriate, the patient's
9 family; utilizes the partnership to access all medical
10 and nonmedical health-related services needed by the
11 patient and the patient's family to achieve maximum
12 health potential; maintains a centralized,
13 comprehensive record of all health-related services to
14 promote continuity of care; and has all of the
15 characteristics specified in section 135.158.

16 5. "National committee for quality assurance"
17 means the nationally recognized, independent nonprofit
18 organization that measures the quality and performance
19 of health care and health care plans in the United
20 States; provides accreditation, certification, and
21 recognition programs for health care plans and
22 programs; and is recognized in Iowa as an accrediting
23 organization for commercial and Medicaid-managed care
24 organizations.

25 6. "Personal provider" means the patient's first
26 point of contact in the health care system with a
27 primary care provider who identifies the patient's
28 health needs, and, working with a team of health care
29 professionals, provides for and coordinates
30 appropriate care to address the health needs
31 identified.

32 7. "Primary care" means health care which
33 emphasizes providing for a patient's general health
34 needs and utilizes collaboration with other health
35 care professionals and consultation or referral as
36 appropriate to meet the needs identified.

37 8. "Primary care provider" means any of the
38 following who provide primary care and meet
39 certification standards:

- 40 a. A physician who is a family or general
- 41 practitioner, a pediatrician, an internist, an
- 42 obstetrician, or a gynecologist.
- 43 b. An advanced registered nurse practitioner.
- 44 c. A physician assistant.
- 45 d. A chiropractor licensed pursuant to chapter
- 46 151.

47 Sec. 45. NEW SECTION. 135.158 MEDICAL HOME
48 PURPOSES – CHARACTERISTICS.

49 1. The purposes of a medical home are the
50 following:

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- 1 a. To reduce disparities in health care access,
2 delivery, and health care outcomes.
- 3 b. To improve quality of health care and lower
4 health care costs, thereby creating savings to allow
5 more Iowans to have health care coverage and to
6 provide for the sustainability of the health care
7 system.
- 8 c. To provide a tangible method to document if
9 each Iowan has access to health care.
- 10 2. A medical home has all of the following
11 characteristics:
 - 12 a. A personal provider. Each patient has an
13 ongoing relationship with a personal provider trained
14 to provide first contact and continuous and
15 comprehensive care.
 - 16 b. A provider-directed medical practice. The
17 personal provider leads a team of individuals at the
18 practice level who collectively take responsibility
19 for the ongoing health care of patients.
 - 20 c. Whole person orientation. The personal
21 provider is responsible for providing for all of a
22 patient's health care needs or taking responsibility
23 for appropriately arranging health care by other
24 qualified health care professionals. This
25 responsibility includes health care at all stages of
26 life including provision of acute care, chronic care,
27 preventive services, and end-of-life care.
 - 28 d. Coordination and integration of care. Care is
29 coordinated and integrated across all elements of the
30 complex health care system and the patient's
31 community. Care is facilitated by registries,
32 information technology, health information exchanges,
33 and other means to assure that patients receive the
34 indicated care when and where they need and want the
35 care in a culturally and linguistically appropriate
36 manner.
 - 37 e. Quality and safety. The following are quality
38 and safety components of the medical home:
 - 39 (1) Provider-directed medical practices advocate
40 for their patients to support the attainment of
41 optimal, patient-centered outcomes that are defined by
42 a care planning process driven by a compassionate,
43 robust partnership between providers, the patient, and
44 the patient's family.
 - 45 (2) Evidence-based medicine and clinical
46 decision-support tools guide decision making.
 - 47 (3) Providers in the medical practice accept
48 accountability for continuous quality improvement
49 through voluntary engagement in performance
50 measurement and improvement.

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- 1 (4) Patients actively participate in decision
2 making and feedback is sought to ensure that the
3 patients' expectations are being met.
- 4 (5) Information technology is utilized
5 appropriately to support optimal patient care,
6 performance measurement, patient education, and
7 enhanced communication.
- 8 (6) Practices participate in a voluntary
9 recognition process conducted by an appropriate
10 nongovernmental entity to demonstrate that the
11 practice has the capabilities to provide
12 patient-centered services consistent with the medical
13 home model.
- 14 (7) Patients and families participate in quality
15 improvement activities at the practice level.
 - 16 f. Enhanced access to health care. Enhanced
17 access to health care is available through systems
18 such as open scheduling, expanded hours, and new
19 options for communication between the patient, the
20 patient's personal provider, and practice staff.
 - 21 g. Payment. The payment system appropriately
22 recognizes the added value provided to patients who
23 have a patient-centered medical home. The payment
24 structure framework of the medical home provides all
25 of the following:
 - 26 (1) Reflects the value of provider and nonprovider
27 staff and patient-centered care management work that
28 is in addition to the face-to-face visit.
 - 29 (2) Pays for services associated with coordination
30 of health care both within a given practice and
31 between consultants, ancillary providers, and
32 community resources.
 - 33 (3) Supports adoption and use of health
34 information technology for quality improvement.
 - 35 (4) Supports provision of enhanced communication
36 access such as secure electronic mail and telephone
37 consultation.
 - 38 (5) Recognizes the value of provider work
39 associated with remote monitoring of clinical data
40 using technology.
 - 41 (6) Allows for separate fee-for-service payments
42 for face-to-face visits. Payments for health care
43 management services that are in addition to the
44 face-to-face visit do not result in a reduction in the
45 payments for face-to-face visits.
 - 46 (7) Recognizes case mix differences in the patient
47 population being treated within the practice.
 - 48 (8) Allows providers to share in savings from
49 reduced hospitalizations associated with
50 provider-guided health care management in the office

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1 setting.

2 (9) Allows for additional payments for achieving
3 measurable and continuous quality improvements.

4 Sec. 46. NEW SECTION. 135.159 MEDICAL HOME
5 SYSTEM – ADVISORY COUNCIL – DEVELOPMENT AND
6 IMPLEMENTATION.

7 1. The department shall administer the medical
8 home system. The department shall adopt rules
9 pursuant to chapter 17A necessary to administer the
10 medical home system.

11 2. a. The department shall establish an advisory
12 council which shall include but is not limited to all
13 of the following members, selected by their respective
14 organizations, and any other members the department
15 determines necessary to assist in the department's
16 duties at various stages of development of the medical
17 home system:

18 (1) The director of human services, or the
19 director's designee.

20 (2) The commissioner of insurance, or the
21 commissioner's designee.

22 (3) A representative of the federation of Iowa
23 insurers.

24 (4) A representative of the Iowa dental
25 association.

26 (5) A representative of the Iowa nurses
27 association.

28 (6) A physician licensed pursuant to chapter 148
29 and a physician licensed pursuant to chapter 150 who
30 are family physicians and members of the Iowa academy
31 of family physicians.

32 (7) A health care consumer.

33 (8) A representative of the Iowa collaborative
34 safety net provider network established pursuant to
35 section 135.153.

36 (9) A representative of the governor's
37 developmental disabilities council.

38 (10) A representative of the Iowa chapter of the
39 American academy of pediatrics.

40 (11) A representative of the child and family
41 policy center.

42 (12) A representative of the Iowa pharmacy
43 association.

44 (13) A representative of the Iowa chiropractic
45 society.

46 (14) A representative of the university of Iowa
47 college of public health.

48 b. Public members of the advisory council shall
49 receive reimbursement for actual expenses incurred
50 while serving in their official capacity only if they

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1 are not eligible for reimbursement by the organization
2 that they represent.

3 3. The department shall develop a plan for
4 implementation of a statewide medical home system.
5 The department, in collaboration with parents,
6 schools, communities, health plans, and providers,
7 shall endeavor to increase healthy outcomes for
8 children and adults by linking the children and adults
9 with a medical home, identifying health improvement
10 goals for children and adults, and linking
11 reimbursement strategies to increasing healthy
12 outcomes for children and adults. The plan shall
13 provide that the medical home system shall do all of
14 the following:

15 a. Coordinate and provide access to evidence-based
16 health care services, emphasizing convenient,
17 comprehensive primary care and including preventive,
18 screening, and well-child health services.

19 b. Provide access to appropriate specialty care
20 and inpatient services.

21 c. Provide quality-driven and cost-effective
22 health care.

23 d. Provide access to pharmacist-delivered
24 medication reconciliation and medication therapy
25 management services, where appropriate.

26 e. Promote strong and effective medical management
27 including but not limited to planning treatment
28 strategies, monitoring health outcomes and resource
29 use, sharing information, and organizing care to avoid
30 duplication of service. The plan shall provide that
31 in sharing information, the priority shall be the
32 protection of the privacy of individuals and the
33 security and confidentiality of the individual's
34 information. Any sharing of information required by
35 the medical home system shall comply and be consistent
36 with all existing state and federal laws and
37 regulations relating to the confidentiality of health
38 care information and shall be subject to written
39 consent of the patient.

40 f. Emphasize patient and provider accountability.

41 g. Prioritize local access to the continuum of
42 health care services in the most appropriate setting.

43 h. Establish a baseline for medical home goals and
44 establish performance measures that indicate a child
45 or adult has an established and effective medical
46 home. For children, these goals and performance
47 measures may include but are not limited to childhood
48 immunizations rates, well-child care utilization
49 rates, care management for children with chronic
50 illnesses, emergency room utilization, and oral health

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1 service utilization.

2 i. For children, coordinate with and integrate
3 guidelines, data, and information from existing
4 newborn and child health programs and entities,
5 including but not limited to the healthy opportunities
6 to experience, success-healthy families Iowa program,
7 the community empowerment program, the center for
8 congenital and inherited disorders screening and
9 health care programs, standards of care for pediatric
10 health guidelines, the office of multicultural health
11 established in section 135.12, the oral health bureau
12 established in section 135.15, and other similar
13 programs and services.

14 4. The department shall develop an organizational
15 structure for the medical home system in this state.
16 The organizational structure plan shall integrate
17 existing resources, provide a strategy to coordinate
18 health care services, provide for monitoring and data
19 collection on medical homes, provide for training and
20 education to health care professionals and families,
21 and provide for transition of children to the adult
22 medical care system. The organizational structure may
23 be based on collaborative teams of stakeholders
24 throughout the state such as local public health
25 agencies, the collaborative safety net provider
26 network established in section 135.153, or a
27 combination of statewide organizations. Care
28 coordination may be provided through regional offices
29 or through individual provider practices. The
30 organizational structure may also include the use of
31 telemedicine resources, and may provide for partnering
32 with pediatric and family practice residency programs
33 to improve access to preventive care for children.
34 The organizational structure shall also address the
35 need to organize and provide health care to increase
36 accessibility for patients including using venues more
37 accessible to patients and having hours of operation
38 that are conducive to the population served.

39 5. The department shall adopt standards and a
40 process to certify medical homes based on the national
41 committee for quality assurance standards. The
42 certification process and standards shall provide
43 mechanisms to monitor performance and to evaluate,
44 promote, and improve the quality of health of and
45 health care delivered to patients through a medical
46 home. The mechanism shall require participating
47 providers to monitor clinical progress and performance
48 in meeting applicable standards and to provide
49 information in a form and manner specified by the
50 department. The evaluation mechanism shall be

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1 developed with input from consumers, providers, and
2 payers. At a minimum the evaluation shall determine
3 any increased quality in health care provided and any
4 decrease in cost resulting from the medical home
5 system compared with other health care delivery
6 systems. The standards and process shall also include
7 a mechanism for other ancillary service providers to
8 become affiliated with a certified medical home.

9 6. The department shall adopt education and
10 training standards for health care professionals
11 participating in the medical home system.

12 7. The department shall provide for system
13 simplification through the use of universal referral
14 forms, internet-based tools for providers, and a
15 central medical home internet site for providers.

16 8. The department shall recommend a reimbursement
17 methodology and incentives for participation in the
18 medical home system to ensure that providers enter and
19 remain participating in the system. In developing the
20 recommendations for incentives, the department shall
21 consider, at a minimum, providing incentives to
22 promote wellness, prevention, chronic care management,
23 immunizations, health care management, and the use of
24 electronic health records. In developing the
25 recommendations for the reimbursement system, the
26 department shall analyze, at a minimum, the
27 feasibility of all of the following:

28 a. Reimbursement under the medical assistance
29 program to promote wellness and prevention, provide
30 care coordination, and provide chronic care
31 management.

32 b. Increasing reimbursement to Medicare levels for
33 certain wellness and prevention services, chronic care
34 management, and immunizations.

35 c. Providing reimbursement for primary care
36 services by addressing the disparities between
37 reimbursement for specialty services and primary care
38 services.

39 d. Increased funding for efforts to transform
40 medical practices into certified medical homes,
41 including emphasizing the implementation of the use of
42 electronic health records.

43 e. Targeted reimbursement to providers linked to
44 health care quality improvement measures established
45 by the department.

46 f. Reimbursement for specified ancillary support
47 services such as transportation for medical
48 appointments and other such services.

49 g. Providing reimbursement for medication
50 reconciliation and medication therapy management

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1 service, where appropriate.

2 9. The department shall coordinate the
3 requirements and activities of the medical home system
4 with the requirements and activities of the dental
5 home for children as described in section 249J.14,
6 subsection 7, and shall recommend financial incentives
7 for dentists and nondental providers to promote oral
8 health care coordination through preventive dental
9 intervention, early identification of oral disease
10 risk, health care coordination and data tracking,
11 treatment, chronic care management, education and
12 training, parental guidance, and oral health
13 promotions for children.

14 10. The department shall integrate the
15 recommendations and policies developed by the
16 prevention and chronic care management advisory
17 council into the medical home system.

18 11. Implementation phases.

19 a. Initial implementation shall require
20 participation in the medical home system of children
21 who are recipients of full benefits under the medical
22 assistance program. The department shall work with
23 the department of human services and shall recommend
24 to the general assembly a reimbursement methodology to
25 compensate providers participating under the medical
26 assistance program for participation in the medical
27 home system.

28 b. The department shall work with the department
29 of human services to expand the medical home system to
30 adults who are recipients of full benefits under the
31 medical assistance program and the expansion
32 population under the IowaCare program. The department
33 shall work with the centers for Medicare and Medicaid
34 services of the United States department of health and
35 human services to allow Medicare recipients to utilize
36 the medical home system.

37 c. The department shall work with the department
38 of administrative services to allow state employees to
39 utilize the medical home system.

40 d. The department shall work with insurers and
41 self-insured companies, if requested, to make the
42 medical home system available to individuals with
43 private health care coverage.

44 12. The department shall provide oversight for all
45 certified medical homes. The department shall review
46 the progress of the medical home system and recommend
47 improvements to the system, as necessary.

48 13. The department shall annually evaluate the
49 medical home system and make recommendations to the
50 governor and the general assembly regarding

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1 improvements to and continuation of the system.
2 14. Recommendations and other activities resulting
3 from the duties authorized for the department under
4 this section shall require approval by the board prior
5 to any subsequent action or implementation.

6 Sec. 47. Section 136.3, Code 2007, is amended by
7 adding the following new subsection:

8 NEW SUBSECTION. 12. Perform those duties
9 authorized pursuant to section 135.159.

10 Sec. 48. Section 249J.14, subsection 7, Code 2007,
11 is amended to read as follows:

12 7. DENTAL HOME FOR CHILDREN. By ~~July 1, 2008~~
13 ~~December 31, 2010~~, every recipient of medical
14 assistance who is a child twelve years of age or
15 younger shall have a designated dental home and shall
16 be provided with the dental screenings, ~~and~~ preventive
17 ~~care identified in the oral health standards services,~~
18 diagnostic services, treatment services, and emergency
19 services as defined under the early and periodic
20 screening, diagnostic, and treatment program.

21 Sec. 49. MEDICAL HOME SYSTEM – APPROPRIATION.

22 There is appropriated from the general fund of the
23 state to the department of public health for the
24 fiscal year beginning July 1, 2008, and ending June
25 30, 2009, the following amount, or so much thereof as
26 is necessary, for the purpose designated:

27 For activities associated with the medical home
28 system requirements of this division and for not more
29 than the following full-time equivalent positions:
30 \$ 165,600
31 FTEs 4.00

32 DIVISION IX

33 PREVENTION AND CHRONIC CARE MANAGEMENT

34 DIVISION XXIII

35 PREVENTION AND CHRONIC CARE MANAGEMENT

36 Sec. 50. NEW SECTION. 135.160 DEFINITIONS.

37 For the purpose of this division, unless the
38 context otherwise requires:

39 1. "Board" means the state board of health created
40 pursuant to section 136.1.

41 2. "Chronic care" means health care services
42 provided by a health care professional for an
43 established clinical condition that is expected to
44 last a year or more and that requires ongoing clinical
45 management attempting to restore the individual to
46 highest function, minimize the negative effects of the
47 chronic condition, and prevent complications related
48 to the chronic condition.

49 3. "Chronic care information system" means
50 approved information technology to enhance the

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- 1 development and communication of information to be
2 used in providing chronic care, including clinical,
3 social, and economic outcomes of chronic care.
- 4 4. "Chronic care management" means a system of
5 coordinated health care interventions and
6 communications for individuals with chronic
7 conditions, including significant patient self-care
8 efforts, systemic supports for the health care
9 professional and patient relationship, and a chronic
10 care plan emphasizing prevention of complications
11 utilizing evidence-based practice guidelines, patient
12 empowerment strategies, and evaluation of clinical,
13 humanistic, and economic outcomes on an ongoing basis
14 with the goal of improving overall health.
- 15 5. "Chronic care plan" means a plan of care
16 between an individual and the individual's principal
17 health care professional that emphasizes prevention of
18 complications through patient empowerment including
19 but not limited to providing incentives to engage the
20 patient in the patient's own care and in clinical,
21 social, or other interventions designed to minimize
22 the negative effects of the chronic condition.
- 23 6. "Chronic care resources" means health care
24 professionals, advocacy groups, health departments,
25 schools of public health and medicine, health plans,
26 and others with expertise in public health, health
27 care delivery, health care financing, and health care
28 research.
- 29 7. "Chronic condition" means an established
30 clinical condition that is expected to last a year or
31 more and that requires ongoing clinical management.
- 32 8. "Department" means the department of public
33 health.
- 34 9. "Director" means the director of public health.
- 35 10. "Eligible individual" means a resident of this
36 state who has been diagnosed with a chronic condition
37 or is at an elevated risk for a chronic condition and
38 who is a recipient of medical assistance, is a member
39 of the expansion population pursuant to chapter 249J,
40 or is an inmate of a correctional institution in this
41 state.
- 42 11. "Health care professional" means health care
43 professional as defined in section 135.157.
- 44 12. "Health risk assessment" means screening by a
45 health care professional for the purpose of assessing
46 an individual's health, including tests or physical
47 examinations and a survey or other tool used to gather
48 information about an individual's health, medical
49 history, and health risk factors during a health
50 screening.

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1 Sec. 51. NEW SECTION. 135.161 PREVENTION AND
2 CHRONIC CARE MANAGEMENT INITIATIVE – ADVISORY
3 COUNCIL.

4 1. The director, in collaboration with the
5 prevention and chronic care management advisory
6 council, shall develop a state initiative for
7 prevention and chronic care management. The state
8 initiative consists of the state's plan for developing
9 a chronic care organizational structure for prevention
10 and chronic care management, including coordinating
11 the efforts of health care professionals and chronic
12 care resources to promote the health of residents and
13 the prevention and management of chronic conditions,
14 developing and implementing arrangements for
15 delivering prevention services and chronic care
16 management, developing significant patient self-care
17 efforts, providing systemic support for the health
18 care professional-patient relationship and options for
19 channeling chronic care resources and support to
20 health care professionals, providing for community
21 development and outreach and education efforts, and
22 coordinating information technology initiatives with
23 the chronic care information system.

24 2. The director may accept grants and donations
25 and shall apply for any federal, state, or private
26 grants available to fund the initiative. Any grants
27 or donations received shall be placed in a separate
28 fund in the state treasury and used exclusively for
29 the initiative or as federal law directs.

30 3. a. The director shall establish and convene an
31 advisory council to provide technical assistance to
32 the director in developing a state initiative that
33 integrates evidence-based prevention and chronic care
34 management strategies into the public and private
35 health care systems, including the medical home
36 system. Public members of the advisory council shall
37 receive their actual and necessary expenses incurred
38 in the performance of their duties and may be eligible
39 to receive compensation as provided in section 7E.6.

40 b. The advisory council shall elicit input from a
41 variety of health care professionals, health care
42 professional organizations, community and nonprofit
43 groups, insurers, consumers, businesses, school
44 districts, and state and local governments in
45 developing the advisory council's recommendations.

46 c. The advisory council shall submit initial
47 recommendations to the director for the state
48 initiative for prevention and chronic care management
49 no later than July 1, 2009. The recommendations shall
50 address all of the following:

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1 (1) The recommended organizational structure for
2 integrating prevention and chronic care management
3 into the private and public health care systems. The
4 organizational structure recommended shall align with
5 the organizational structure established for the
6 medical home system developed pursuant to division
7 XXII. The advisory council shall also review existing
8 prevention and chronic care management strategies used
9 in the health insurance market and in private and
10 public programs and recommend ways to expand the use
11 of such strategies throughout the health insurance
12 market and in the private and public health care
13 systems.

14 (2) A process for identifying leading health care
15 professionals and existing prevention and chronic care
16 management programs in the state, and coordinating
17 care among these health care professionals and
18 programs.

19 (3) A prioritization of the chronic conditions for
20 which prevention and chronic care management services
21 should be provided, taking into consideration the
22 prevalence of specific chronic conditions and the
23 factors that may lead to the development of chronic
24 conditions; the fiscal impact to state health care
25 programs of providing care for the chronic conditions
26 of eligible individuals; the availability of workable,
27 evidence-based approaches to chronic care for the
28 chronic condition; and public input into the selection
29 process. The advisory council shall initially develop
30 consensus guidelines to address the two chronic
31 conditions identified as having the highest priority
32 and shall also specify a timeline for inclusion of
33 additional specific chronic conditions in the
34 initiative.

35 (4) A method to involve health care professionals
36 in identifying eligible patients for prevention and
37 chronic care management services, which includes but
38 is not limited to the use of a health risk assessment.

39 (5) The methods for increasing communication
40 between health care professionals and patients,
41 including patient education, patient self-management,
42 and patient follow-up plans.

43 (6) The educational, wellness, and clinical
44 management protocols and tools to be used by health
45 care professionals, including management guideline
46 materials for health care delivery.

47 (7) The use and development of process and outcome
48 measures and benchmarks, aligned to the greatest
49 extent possible with existing measures and benchmarks
50 such as the best in class estimates utilized in the

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1 national healthcare quality report of the agency for
2 health care research and quality of the United States
3 department of health and human services, to provide
4 performance feedback for health care professionals and
5 information on the quality of health care, including
6 patient satisfaction and health status outcomes.

7 (8) Payment methodologies to align reimbursements
8 and create financial incentives and rewards for health
9 care professionals to utilize prevention services,
10 establish management systems for chronic conditions,
11 improve health outcomes, and improve the quality of
12 health care, including case management fees, payment
13 for technical support and data entry associated with
14 patient registries, and the cost of staff coordination
15 within a medical practice.

16 (9) Methods to involve public and private groups,
17 health care professionals, insurers, third-party
18 administrators, associations, community and consumer
19 groups, and other entities to facilitate and sustain
20 the initiative.

21 (10) Alignment of any chronic care information
22 system or other information technology needs with
23 other health care information technology initiatives.

24 (11) Involvement of appropriate health resources
25 and public health and outcomes researchers to develop
26 and implement a sound basis for collecting data and
27 evaluating the clinical, social, and economic impact
28 of the initiative, including a determination of the
29 impact on expenditures and prevalence and control of
30 chronic conditions.

31 (12) Elements of a marketing campaign that
32 provides for public outreach and consumer education in
33 promoting prevention and chronic care management
34 strategies among health care professionals, health
35 insurers, and the public.

36 (13) A method to periodically determine the
37 percentage of health care professionals who are
38 participating, the success of the
39 empowerment-of-patients approach, and any results of
40 health outcomes of the patients participating.

41 (14) A means of collaborating with the health
42 professional licensing boards pursuant to chapter 147
43 to review prevention and chronic care management
44 education provided to licensees, as appropriate, and
45 recommendations regarding education resources and
46 curricula for integration into existing and new
47 education and training programs.

48 4. Following submission of initial recommendations
49 to the director for the state initiative for
50 prevention and chronic care management by the advisory

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1 council, the director shall submit the state
2 initiative to the board for approval. Subject to
3 approval of the state initiative by the board, the
4 department shall initially implement the state
5 initiative among the population of eligible
6 individuals. Following initial implementation, the
7 director shall work with the department of human
8 services, insurers, health care professional
9 organizations, and consumers in implementing the
10 initiative beyond the population of eligible
11 individuals as an integral part of the health care
12 delivery system in the state. The advisory council
13 shall continue to review and make recommendations to
14 the director regarding improvements to the initiative.
15 Any recommendations are subject to approval by the
16 board.

17 Sec. 52. NEW SECTION. 135.162 CLINICIANS
18 ADVISORY PANEL.

19 1. The director shall convene a clinicians
20 advisory panel to advise and recommend to the
21 department clinically appropriate, evidence-based best
22 practices regarding the implementation of the medical
23 home as defined in section 135.157 and the prevention
24 and chronic care management initiative pursuant to
25 section 135.161. The director shall act as
26 chairperson of the advisory panel.

27 2. The clinicians advisory panel shall consist of
28 nine members representing licensed medical health care
29 providers selected by their respective professional
30 organizations. Terms of members shall begin and end
31 as provided in section 69.19. Any vacancy shall be
32 filled in the same manner as regular appointments are
33 made for the unexpired portion of the regular term.
34 Members shall serve terms of three years. A member is
35 eligible for reappointment for three successive terms.

36 3. The clinicians advisory panel shall meet on a
37 quarterly basis to receive updates from the director
38 regarding strategic planning and implementation
39 progress on the medical home and the prevention and
40 chronic care management initiative and shall provide
41 clinical consultation to the department regarding the
42 medical home and the initiative.

43 Sec. 53. Section 136.3, Code 2007, is amended by
44 adding the following new subsection:

45 NEW SUBSECTION. 13. Perform those duties
46 authorized pursuant to section 135.161.

47 Sec. 54. PREVENTION AND CHRONIC CARE MANAGEMENT –
48 APPROPRIATION. There is appropriated from the general
49 fund of the state to the department of public health
50 for the fiscal year beginning July 1, 2008, and ending

1 June 30, 2009, the following amount, or so much
 2 thereof as is necessary, for the purpose designated:
 3 For activities associated with the prevention and
 4 chronic care management requirements of this division:

5 \$ 190,500

6 DIVISION X

7 FAMILY OPPORTUNITY ACT

8 Sec. 55. 2007 Iowa Acts, chapter 218, section 126,
 9 subsection 1, is amended to read as follows:

10 1. The provision in this division of this Act
 11 relating to eligibility for certain persons with
 12 disabilities under the medical assistance program
 13 shall ~~only be implemented if the department of human~~
 14 ~~services determines that funding is available in~~
 15 ~~appropriations made in this Act, in combination with~~
 16 ~~federal allocations to the state, for the state~~
 17 ~~children's health insurance program, in excess of the~~
 18 ~~amount needed to cover the current and projected~~
 19 ~~enrollment under the state children's health insurance~~
 20 ~~program beginning January 1, 2009. If such a~~
 21 ~~determination is made, the department of human~~
 22 ~~services shall transfer funding from the~~
 23 ~~appropriations made in this Act for the state~~
 24 ~~children's health insurance program, not otherwise~~
 25 ~~required for that program, to the appropriations made~~
 26 ~~in this Act for medical assistance, as necessary, to~~
 27 ~~implement such provision of this division of this Act.~~

28 DIVISION XI

29 MEDICAL ASSISTANCE QUALITY IMPROVEMENT

30 Sec. 56. NEW SECTION. 249A.36 MEDICAL ASSISTANCE
 31 QUALITY IMPROVEMENT COUNCIL.

32 1. A medical assistance quality improvement
 33 council is established. The council shall evaluate
 34 the clinical outcomes and satisfaction of consumers
 35 and providers with the medical assistance program.
 36 The council shall coordinate efforts with the cost and
 37 quality performance evaluation completed pursuant to
 38 section 249J.16. The council shall also coordinate
 39 its efforts with the efforts of the department of
 40 public health regarding health care consumer
 41 information under section 135.163.

42 2. a. The council shall consist of seven voting
 43 members appointed by the majority leader of the
 44 senate, the minority leader of the senate, the speaker
 45 of the house, and the minority leader of the house of
 46 representatives. At least one member of the council
 47 shall be a consumer and at least one member shall be a
 48 medical assistance program provider. An individual
 49 who is employed by a private or nonprofit organization
 50 that receives one million dollars or more in

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1 compensation or reimbursement from the department,
2 annually, is not eligible for appointment to the
3 council. The members shall serve terms of two years
4 beginning and ending as provided in section 69.19, and
5 appointments shall comply with sections 69.16 and
6 69.16A. Members shall receive reimbursement for
7 actual expenses incurred while serving in their
8 official capacity and may also be eligible to receive
9 compensation as provided in section 7E.6. Vacancies
10 shall be filled by the original appointing authority
11 and in the manner of the original appointment. A
12 person appointed to fill a vacancy shall serve only
13 for the unexpired portion of the term.

14 b. The members shall select a chairperson,
15 annually, from among the membership. The council
16 shall meet at least quarterly and at the call of the
17 chairperson. A majority of the members of the council
18 constitutes a quorum. Any action taken by the council
19 must be adopted by the affirmative vote of a majority
20 of its voting membership.

21 c. The department shall provide administrative
22 support and necessary supplies and equipment for the
23 council.

24 3. The council shall consult with and advise the
25 Iowa Medicaid enterprise in establishing a quality
26 assessment and improvement process.

27 a. The process shall be consistent with the health
28 plan employer data and information set developed by
29 the national committee for quality assurance and with
30 the consumer assessment of health care providers and
31 systems developed by the agency for health care
32 research and quality of the United States department
33 of health and human services. The council shall also
34 coordinate efforts with the Iowa healthcare
35 collaborative and the state's Medicare quality
36 improvement organization to create consistent quality
37 measures.

38 b. The process may utilize as a basis the medical
39 assistance and state children's health insurance
40 quality improvement efforts of the centers for
41 Medicare and Medicaid services of the United States
42 department of health and human services.

43 c. The process shall include assessment and
44 evaluation of both managed care and fee-for-service
45 programs, and shall be applicable to services provided
46 to adults and children.

47 d. The initial process shall be developed and
48 implemented by December 31, 2008, with the initial
49 report of results to be made available to the public
50 by June 30, 2009. Following the initial report, the

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1 council shall submit a report of results to the
2 governor and the general assembly, annually, in
3 January.

4 DIVISION XII

5 HEALTH CARE CONSUMER INFORMATION

6 DIVISION XXIV

7 HEALTH CARE CONSUMER INFORMATION

8 Sec. 57. NEW SECTION. 135.163 HEALTH CARE
9 CONSUMER INFORMATION.

10 The department shall do all of the following to
11 improve consumer education about health cost and
12 quality:

13 1. Provide for coordination of efforts to promote
14 public reporting of hospital and physician quality
15 measures, including efforts of the Iowa healthcare
16 collaborative, the state's Medicare quality
17 improvement organization, the Iowa Medicaid
18 enterprise, and the medical assistance quality
19 improvement council established pursuant to section
20 249A.36.

21 2. Provide for the coordination of efforts to
22 promote public reporting of health care costs,
23 including efforts of the Iowa hospital association,
24 Iowa medical society, and the Iowa health buyers'
25 alliance.

26 3. Create a public awareness campaign to educate
27 consumers about enhanced health through lifestyle
28 choices.

29 4. Promote adoption of health information
30 technology through provider incentives.

31 5. Evaluate the efficacy of a standard medication
32 therapy management program.

33 DIVISION XIII

34 HEALTH AND LONG-TERM CARE ACCESS

35 Sec. 58. Section 135.63, subsection 2, paragraph
36 1, Code 2007, is amended to read as follows:

37 1. The replacement or modernization of any
38 institutional health facility if the replacement or
39 modernization does not add new health services or
40 additional bed capacity for existing health services,
41 notwithstanding any provision in this division to the
42 contrary. In addition, with reference to a hospital,
43 "replacement" means establishing a new hospital that
44 demonstrates compliance with all of the following
45 criteria through evidence submitted to the department:

46 (1) Serves at least seventy-five percent of the
47 same service area that was served by the prior
48 hospital to be closed and replaced by the new
49 hospital.
50 (2) Provides at least seventy-five percent of the

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1 same services that were provided by the prior hospital
2 to be closed and replaced by the new hospital.

3 (3) Is staffed by at least seventy-five percent of
4 the same staff, including medical staff, contracted
5 staff, and employees, as constituted the staff of the
6 prior hospital to be closed and replaced by the new
7 hospital.

8 Sec. 59. NEW SECTION. 135.164 HEALTH AND
9 LONG-TERM CARE ACCESS.

10 The department shall coordinate public and private
11 efforts to develop and maintain an appropriate health
12 care delivery infrastructure and a stable,
13 well-qualified, diverse, and sustainable health care
14 workforce in this state. The health care delivery
15 infrastructure and the health care workforce shall
16 address the broad spectrum of health care needs of
17 Iowans throughout their lifespan including long-term
18 care needs. The department shall, at a minimum, do
19 all of the following:

- 20 1. Develop a strategic plan for health care
21 delivery infrastructure and health care workforce
22 resources in this state.
- 23 2. Provide for the continuous collection of data
24 to provide a basis for health care strategic planning
25 and health care policymaking.
- 26 3. Make recommendations regarding the health care
27 delivery infrastructure and the health care workforce
28 that assist in monitoring current needs, predicting
29 future trends, and informing policymaking.

30 Sec. 60. NEW SECTION. 135.165 STRATEGIC PLAN.

- 31 1. The strategic plan for health care delivery
32 infrastructure and health care workforce resources
33 shall describe the existing health care system,
34 describe and provide a rationale for the desired
35 health care system, provide an action plan for
36 implementation, and provide methods to evaluate the
37 system. The plan shall incorporate expenditure
38 control methods and integrate criteria for
39 evidence-based health care. The department shall do
40 all of the following in developing the strategic plan
41 for health care delivery infrastructure and health
42 care workforce resources:
 - 43 a. Conduct strategic health planning activities
44 related to preparation of the strategic plan.
 - 45 b. Develop a computerized system for accessing,
46 analyzing, and disseminating data relevant to
47 strategic health planning. The department may enter
48 into data sharing agreements and contractual
49 arrangements necessary to obtain or disseminate
50 relevant data.

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1 c. Conduct research and analysis or arrange for
2 research and analysis projects to be conducted by
3 public or private organizations to further the
4 development of the strategic plan.

5 d. Establish a technical advisory committee to
6 assist in the development of the strategic plan. The
7 members of the committee may include but are not
8 limited to health economists, representatives of the
9 university of Iowa college of public health, health
10 planners, representatives of health care purchasers,
11 representatives of state and local agencies that
12 regulate entities involved in health care,
13 representatives of health care providers and health
14 care facilities, and consumers.

15 2. The strategic plan shall include statewide
16 health planning policies and goals related to the
17 availability of health care facilities and services,
18 the quality of care, and the cost of care. The
19 policies and goals shall be based on the following
20 principles:

21 a. That a strategic health planning process,
22 responsive to changing health and social needs and
23 conditions, is essential to the health, safety, and
24 welfare of Iowans. The process shall be reviewed and
25 updated as necessary to ensure that the strategic plan
26 addresses all of the following:

27 (1) Promoting and maintaining the health of all
28 Iowans.

29 (2) Providing accessible health care services
30 through the maintenance of an adequate supply of
31 health facilities and an adequate workforce.

32 (3) Controlling excessive increases in costs.

33 (4) Applying specific quality criteria and
34 population health indicators.

35 (5) Recognizing prevention and wellness as
36 priorities in health care programs to improve quality
37 and reduce costs.

38 (6) Addressing periodic priority issues including
39 disaster planning, public health threats, and public
40 safety dilemmas.

41 (7) Coordinating health care delivery and resource
42 development efforts among state agencies including
43 those tasked with facility, services, and professional
44 provider licensure; state and federal reimbursement;
45 health service utilization data systems; and others.

46 (8) Recognizing long-term care as an integral
47 component of the health care delivery infrastructure
48 and as an essential service provided by the health
49 care workforce.

50 b. That both consumers and providers throughout

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1 the state must be involved in the health planning
2 process, outcomes of which shall be clearly
3 articulated and available for public review and use.

4 c. That the supply of a health care service has a
5 substantial impact on utilization of the service,
6 independent of the effectiveness, medical necessity,
7 or appropriateness of the particular health care
8 service for a particular individual.

9 d. That given that health care resources are not
10 unlimited, the impact of any new health care service
11 or facility on overall health expenditures in this
12 state must be considered.

13 e. That excess capacity of health care services
14 and facilities places an increased economic burden on
15 the public.

16 f. That the likelihood that a requested new health
17 care facility, service, or equipment will improve
18 health care quality and outcomes must be considered.

19 g. That development and ongoing maintenance of
20 current and accurate health care information and
21 statistics related to cost and quality of health care
22 and projections of the need for health care facilities
23 and services are necessary to developing an effective
24 health care planning strategy.

25 h. That the certificate of need program as a
26 component of the health care planning regulatory
27 process must balance considerations of access to
28 quality care at a reasonable cost for all Iowans,
29 optimal use of existing health care resources,
30 fostering of expenditure control, and elimination of
31 unnecessary duplication of health care facilities and
32 services, while supporting improved health care
33 outcomes.

34 i. That strategic health care planning must be
35 concerned with the stability of the health care
36 system, encompassing health care financing, quality,
37 and the availability of information and services for
38 all residents.

39 3. The health care delivery infrastructure and
40 health care workforce resources strategic plan
41 developed by the department shall include all of the
42 following:

43 a. A health care system assessment and objectives
44 component that does all of the following:

45 (1) Describes state and regional population
46 demographics, health status indicators, and trends in
47 health status and health care needs.

48 (2) Identifies key policy objectives for the state
49 health care system related to access to care, health
50 care outcomes, quality, and cost-effectiveness.

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1 b. A health care facilities and services plan that
2 assesses the demand for health care facilities and
3 services to inform state health care planning efforts
4 and direct certificate of need determinations, for
5 those facilities and services subject to certificate
6 of need. The plan shall include all of the following:

7 (1) An inventory of each geographic region's
8 existing health care facilities and services.

9 (2) Projections of the need for each category of
10 health care facility and service, including those
11 subject to certificate of need.

12 (3) Policies to guide the addition of new or
13 expanded health care facilities and services to
14 promote the use of quality, evidence-based,
15 cost-effective health care delivery options, including
16 any recommendations for criteria, standards, and
17 methods relevant to the certificate of need review
18 process.

19 (4) An assessment of the availability of health
20 care providers, public health resources,
21 transportation infrastructure, and other
22 considerations necessary to support the needed health
23 care facilities and services in each region.

24 c. A health care data resources plan that
25 identifies data elements necessary to properly conduct
26 planning activities and to review certificate of need
27 applications, including data related to inpatient and
28 outpatient utilization and outcomes information, and
29 financial and utilization information related to
30 charity care, quality, and cost. The plan shall
31 provide all of the following:

32 (1) An inventory of existing data resources, both
33 public and private, that store and disclose
34 information relevant to the health care planning
35 process, including information necessary to conduct
36 certificate of need activities. The plan shall
37 identify any deficiencies in the inventory of existing
38 data resources and the data necessary to conduct
39 comprehensive health care planning activities. The
40 plan may recommend that the department be authorized
41 to access existing data sources and conduct
42 appropriate analyses of such data or that other
43 agencies expand their data collection activities as
44 statutory authority permits. The plan may identify
45 any computing infrastructure deficiencies that impede
46 the proper storage, transmission, and analysis of
47 health care planning data.

48 (2) Recommendations for increasing the
49 availability of data related to health care planning
50 to provide greater community involvement in the health

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1 care planning process and consistency in data used for
2 certificate of need applications and determinations.
3 The plan shall also integrate the requirements for
4 annual reports by hospitals and health care facilities
5 pursuant to section 135.75, the provisions relating to
6 analyses and studies by the department pursuant to
7 section 135.76, the data compilation provisions of
8 section 135.78, and the provisions for contracts for
9 assistance with analyses, studies, and data pursuant
10 to section 135.83.

11 d. An assessment of emerging trends in health care
12 delivery and technology as they relate to access to
13 health care facilities and services, quality of care,
14 and costs of care. The assessment shall recommend any
15 changes to the scope of health care facilities and
16 services covered by the certificate of need program
17 that may be warranted by these emerging trends. In
18 addition, the assessment may recommend any changes to
19 criteria used by the department to review certificate
20 of need applications, as necessary.

21 e. A rural health care resources plan to assess
22 the availability of health resources in rural areas of
23 the state, assess the unmet needs of these
24 communities, and evaluate how federal and state
25 reimbursement policies can be modified, if necessary,
26 to more efficiently and effectively meet the health
27 care needs of rural communities. The plan shall
28 consider the unique health care needs of rural
29 communities, the adequacy of the rural health care
30 workforce, and transportation needs for accessing
31 appropriate care.

32 f. A health care workforce resources plan to
33 assure a competent, diverse, and sustainable health
34 care workforce in Iowa and to improve access to health
35 care in underserved areas and among underserved
36 populations. The plan shall include the establishment
37 of an advisory council to inform and advise the
38 department and policymakers regarding issues relevant
39 to the health care workforce in Iowa. The health care
40 workforce resources plan shall recognize long-term
41 care as an essential service provided by the health
42 care workforce.

43 4. The department shall submit the initial
44 statewide health care delivery infrastructure and
45 resources strategic plan to the governor and the
46 general assembly by January 1, 2010, and shall submit
47 an updated strategic plan to the governor and the
48 general assembly every two years thereafter.

49 Sec. 61. HEALTH CARE ACCESS – APPROPRIATION.
50 There is appropriated from the general fund of the

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1 state to the department of public health for the
2 fiscal year beginning July 1, 2008, and ending June
3 30, 2009, the following amount, or so much thereof as
4 is necessary, for the purpose designated:

5 For activities associated with the health care
6 access requirements of this division, and for not more
7 than the following full-time equivalent positions:

8 \$ 172,20
9 FTEs 3.0

10 DIVISION XIV
11 PREVENTION AND WELLNESS
12 INITIATIVES

13 Sec. 62. Section 135.27, Code 2007, is amended by
14 striking the section and inserting in lieu thereof the
15 following:

16 135.27 IOWA HEALTHY COMMUNITIES INITIATIVE –
17 GRANT PROGRAM.

18 1. PROGRAM GOALS. The department shall establish
19 a grant program to energize local communities to
20 transform the existing culture into a culture that
21 promotes healthy lifestyles and leads collectively,
22 community by community, to a healthier state. The
23 grant program shall expand an existing healthy
24 communities initiative to assist local boards of
25 health, in collaboration with existing community
26 resources, to build community capacity in addressing
27 the prevention of chronic disease that results from
28 risk factors including overweight and obesity
29 conditions.

30 2. DISTRIBUTION OF GRANTS. The department shall
31 distribute the grants on a competitive basis and shall
32 support the grantee communities in planning and
33 developing wellness strategies and establishing
34 methodologies to sustain the strategies. Grant
35 criteria shall be consistent with the existing
36 statewide initiative between the department and the
37 department's partners that promotes increased
38 opportunities for physical activity and healthy eating
39 for Iowans of all ages, or its successor, and the
40 statewide comprehensive plan developed by the existing
41 statewide initiative to increase physical activity,
42 improve nutrition, and promote healthy behaviors.
43 Grantees shall demonstrate an ability to maximize
44 local, state, and federal resources effectively and
45 efficiently.

46 3. DEPARTMENTAL SUPPORT. The department shall
47 provide support to grantees including
48 capacity-building strategies, technical assistance,
49 consultation, and ongoing evaluation.

50 4. ELIGIBILITY. Local boards of health

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1 representing a coalition of health care providers and
2 community and private organizations are eligible to
3 submit applications.

4 Sec. 63. NEW SECTION. 135.27A GOVERNOR'S COUNCIL
5 ON PHYSICAL FITNESS AND NUTRITION.

6 1. A governor's council on physical fitness and
7 nutrition is established consisting of twelve members
8 appointed by the governor who have expertise in
9 physical activity, physical fitness, nutrition, and
10 promoting healthy behaviors. At least one member
11 shall be a representative of elementary and secondary
12 physical education professionals, at least one member
13 shall be a health care professional, at least one
14 member shall be a registered dietician, at least one
15 member shall be recommended by the department of elder
16 affairs, and at least one member shall be an active
17 nutrition or fitness professional. In addition, at
18 least one member shall be a member of a racial or
19 ethnic minority. The governor shall select a
20 chairperson for the council. Members shall serve
21 terms of three years beginning and ending as provided
22 in section 69.19. Appointments are subject to
23 sections 69.16 and 69.16A. Members are entitled to
24 receive reimbursement for actual expenses incurred
25 while engaged in the performance of official duties.
26 A member of the council may also be eligible to
27 receive compensation as provided in section 7E.6.

28 2. The council shall assist in developing a
29 strategy for implementation of the statewide
30 comprehensive plan developed by the existing statewide
31 initiative to increase physical activity, improve
32 physical fitness, improve nutrition, and promote
33 healthy behaviors. The strategy shall include
34 specific components relating to specific populations
35 and settings including early childhood, educational,
36 local community, worksite wellness, health care, and
37 older Iowans. The initial draft of the implementation
38 plan shall be submitted to the governor and the
39 general assembly by December 1, 2008.

40 3. The council shall assist the department in
41 establishing and promoting a best practices internet
42 site. The internet site shall provide examples of
43 wellness best practices for individuals, communities,
44 workplaces, and schools and shall include successful
45 examples of both evidence-based and nonscientific
46 programs as a resource.

47 4. The council shall provide oversight for the
48 governor's physical fitness challenge. The governor's
49 physical fitness challenge shall be administered by
50 the department and shall provide for the establishment

1 of partnerships with communities or school districts
 2 to offer the physical fitness challenge curriculum to
 3 elementary and secondary school students. The council
 4 shall develop the curriculum, including benchmarks and
 5 rewards, for advancing the school wellness policy
 6 through the challenge.

7 Sec. 64. IOWA HEALTHY COMMUNITIES INITIATIVE –
 8 APPROPRIATION. There is appropriated from the general
 9 fund of the state to the department of public health
 10 for the fiscal year beginning July 1, 2008, and ending
 11 June 30, 2009, the following amount, or so much
 12 thereof as is necessary, for the purpose designated:
 13 For Iowa healthy communities initiative grants
 14 distributed beginning January 1, 2009, and for not
 15 more than the following full-time equivalent
 16 positions:
 17 \$ 900,000
 18 FTEs 3.00

19 Sec. 65. GOVERNOR'S COUNCIL ON PHYSICAL FITNESS
 20 AND NUTRITION – APPROPRIATION. There is appropriated
 21 from the general fund of the state to the department
 22 of public health for the fiscal period beginning July
 23 1, 2008, and ending June 30, 2009, the following
 24 amount, or so much thereof as is necessary, for the
 25 purpose designated:
 26 For the governor's council on physical fitness:
 27 \$ 112,100

28 Sec. 66. SMALL BUSINESS QUALIFIED WELLNESS PROGRAM
 29 TAX CREDIT – PLAN. The department of public health,
 30 in consultation with the insurance division of the
 31 department of commerce and the department of revenue,
 32 shall develop a plan to provide a tax credit to small
 33 businesses that provide qualified wellness programs to
 34 improve the health of their employees. The plan shall
 35 include specification of what constitutes a small
 36 business for the purposes of the qualified wellness
 37 program, the minimum standards for use by a small
 38 business in establishing a qualified wellness program,
 39 the criteria and a process for certification of a
 40 small business qualified wellness program, and the
 41 process for claiming a small business qualified
 42 wellness program tax credit. The department of public
 43 health shall submit the plan including any
 44 recommendations for changes in law to implement a
 45 small business qualified wellness program tax credit
 46 to the governor and the general assembly by December
 47 15, 2008.

48 DIVISION XV
 49 HEALTH CARE TRANSPARENCY
 50 DIVISION XXVI

Page 50

1 HEALTH CARE TRANSPARENCY
2 Sec. 67. NEW SECTION. 135.166 HEALTH CARE
3 TRANSPARENCY – REPORTING REQUIREMENTS.
4 1. A hospital licensed pursuant to chapter 135B a
5 physician licensed pursuant to chapter 148, 150, or
6 150A, and a chiropractor licensed pursuant to chapter
7 151 shall report quality indicators, annually, to the
8 Iowa healthcare collaborative as defined in section
9 135.40. The indicators shall be developed by the Iowa
10 healthcare collaborative in accordance with
11 evidence-based practice parameters and appropriate
12 sample size for statistical validation and shall be
13 modeled on national indicators as specified in this
14 section.
15 2. A manufacturer or supplier of durable medical
16 equipment or medical supplies doing business in the
17 state shall submit a price list to the department of
18 human services, annually, for use in comparing prices
19 for such equipment and supplies with rates paid under
20 the medical assistance program. The price lists
21 submitted shall be made available to the public.
22 3. Each hospital in the state that is recognized
23 by the Internal Revenue Code as a nonprofit
24 organization or entity shall submit, to the department
25 of public health and to the legislative services
26 agency, annually, a copy of the hospital's internal
27 revenue service form 990, including but not limited to
28 schedule J or any successor schedule that provides
29 compensation information for certain officers,
30 directors, trustees, and key employees, and highest
31 compensated employees within ninety days following the
32 due date for filing the hospital's return for the
33 taxable year.
34 4. a. The Iowa healthcare collaborative shall
35 publicly report indicators and measures including but
36 not limited to quality, patient safety, pediatric
37 care, patient safety indicators and measures as
38 developed by such nationally recognized entities as
39 the agency for healthcare research and quality of the
40 United States department of health and human services
41 and the centers for Medicare and Medicaid services of
42 the United States department of health and human
43 services and similar national entities.
44 b. The Iowa healthcare collaborative shall also
45 report health care acquired infection measures and
46 indicators after validity measures have been developed
47 in conjunction with the state epidemiologist and after
48 legal protections for health care providers subject to
49 reporting such data have been established.
50 Sec. 68. Section 136.3, Code 2007, is amended by

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1 adding the following new subsection:
2 NEW SUBSECTION. 14. To the greatest extent
3 possible integrate the efforts of the governing
4 entities of the Iowa health information technology
5 system pursuant to division XXI, the medical home
6 pursuant to division XXII, the prevention and chronic
7 care management initiative pursuant to division XXIII,
8 consumer information provisions pursuant to division
9 XXIV, and health and long-term care access pursuant to
10 division XXV.

11 DIVISION XVI

12 DIRECT CARE WORKFORCE

13 Sec. 69. DIRECT CARE WORKER ADVISORY COUNCIL –
14 DUTIES – REPORT.

15 1. As used in this section, unless the context
16 otherwise requires:

17 a. "Department" means the department of public
18 health.

19 b. "Direct care" means environmental or chore
20 services, health monitoring and maintenance,
21 assistance with instrumental activities of daily
22 living, assistance with personal care activities of
23 daily living, personal care support, or specialty
24 skill services.

25 c. "Direct care worker" means an individual who
26 directly provides or assists a consumer in the care of
27 the consumer by providing direct care in a variety of
28 settings which may or may not require supervision of
29 the direct care worker, depending on the setting and
30 the skills that the direct care workers possess, based
31 on education or certification.

32 d. "Director" means the director of public health.

33 2. A direct care worker advisory council shall be
34 appointed by the director and shall include
35 representatives of direct care workers, consumers of
36 direct care services, educators of direct care
37 workers, other health professionals, employers of
38 direct care workers, and appropriate state agencies.

39 3. Membership, terms of office, quorum, and
40 expenses shall be determined by the director in
41 accordance with the applicable provisions of section
42 135.11.

43 4. The direct care worker advisory council shall
44 advise the director regarding regulation and
45 certification of direct care workers, based on the
46 work of the direct care workers task force established
47 pursuant to 2005 Iowa Acts, chapter 88, and shall
48 develop recommendations regarding but not limited to
49 all of the following:

50 a. Direct care worker classifications based on

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- 1 functions and services provided by direct care
- 2 workers.
- 3 b. Functions for each direct care worker
- 4 classification.
- 5 c. An education and training orientation to be
- 6 provided by employers.
- 7 d. Education and training requirements for each
- 8 direct care worker classification.
- 9 e. The standard curriculum required for each
- 10 direct care worker classification.
- 11 f. Education and training equivalency standards
- 12 for each direct care worker classification.
- 13 g. Guidelines that allow individuals who are
- 14 members of the direct care workforce prior to the date
- 15 of required certification to be incorporated into the
- 16 new regulatory system.
- 17 h. Continuing education requirements for each
- 18 direct care worker classification.
- 19 i. Standards for direct care worker educators and
- 20 trainers.
- 21 j. Certification requirements for each direct care
- 22 worker classification.
- 23 k. Protections for the title "certified direct
- 24 care worker".
- 25 l. Standardized requirements for supervision of
- 26 each direct care worker classification, as applicable,
- 27 and the roles and responsibilities of supervisory
- 28 positions.
- 29 m. Responsibility for maintenance of credentialing
- 30 and continuing education and training.
- 31 n. Provision of information to income maintenance
- 32 workers and case managers under the purview of the
- 33 department of human services about the education and
- 34 training requirements for direct care workers to
- 35 provide the care and services to meet consumer needs.
- 36 5. The direct care worker advisory council shall
- 37 report its recommendations to the director by November
- 38 30, 2008, including recommendations for any changes in
- 39 law or rules necessary.
- 40 6. Implementation of certification of direct care
- 41 workers shall begin July 1, 2009.
- 42 Sec. 70. DIRECT CARE WORKER COMPENSATION ADVISORY
- 43 COMMITTEE – REVIEWS.
- 44 1. a. The general assembly recognizes that direct
- 45 care workers play a vital role and make a valuable
- 46 contribution in providing care to Iowans with a
- 47 variety of needs in both institutional and home and
- 48 community-based settings. Recruiting and retaining
- 49 qualified, highly competent direct care workers is a
- 50 challenge across all employment settings. High rates

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1 of employee vacancies and staff turnover threaten the
2 ability of providers to achieve the core mission of
3 providing safe and high quality support to Iowans.

4 b. It is the intent of the general assembly to
5 address the long-term care workforce shortage and
6 turnover rates in order to improve the quality of
7 health care delivered in the long-term care continuum
8 by reviewing wages and other compensation paid to
9 direct care workers in the state.

10 c. It is the intent of the general assembly that
11 the initial review of and recommendations for
12 improving wages and other compensation paid to direct
13 care workers focus on nonlicensed direct care workers
14 in the nursing facility setting. However, following
15 the initial review of wages and other compensation
16 paid to direct care workers in the nursing facility
17 setting, the department of human services shall
18 convene subsequent advisory committees with
19 appropriate representatives of public and private
20 organizations and consumers to review the wages and
21 other compensation paid to and turnover rates of the
22 entire spectrum of direct care workers in the various
23 settings in which they are employed as a means of
24 demonstrating the general assembly's commitment to
25 ensuring a stable and quality direct care workforce in
26 this state.

27 2. The department of human services shall convene
28 an initial direct care worker compensation advisory
29 committee to develop recommendations for consideration
30 by the general assembly during the 2009 legislative
31 session regarding wages and other compensation paid to
32 direct care workers in nursing facilities. The
33 committee shall consist of the following members,
34 selected by their respective organizations:

35 a. The director of human services, or the
36 director's designee.

37 b. The director of public health, or the
38 director's designee.

39 c. The director of the department of elder
40 affairs, or the director's designee.

41 d. The director of the department of inspections
42 and appeals, or the director's designee.

43 e. A representative of the Iowa caregivers
44 association.

45 f. A representative of the Iowa health care
46 association.

47 g. A representative of the Iowa association of
48 homes and services for the aging.

49 h. A representative of the AARP Iowa chapter.

50 3. The advisory committee shall also include two

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1 members of the senate and two members of the house of
2 representatives, with not more than one member from
3 each chamber being from the same political party. The
4 legislative members shall serve in an ex officio,
5 nonvoting capacity. The two senators shall be
6 appointed respectively by the majority leader of the
7 senate and the minority leader of the senate, and the
8 two representatives shall be appointed respectively by
9 the speaker of the house of representatives and the
10 minority leader of the house of representatives.

11 4. Public members of the committee shall receive
12 actual expenses incurred while serving in their
13 official capacity and may also be eligible to receive
14 compensation as provided in section 7E.6. Legislative
15 members of the committee are eligible for per diem and
16 reimbursement of actual expenses as provided in
17 section 2.10.

18 5. The department of human services shall provide
19 administrative support to the committee and the
20 director of human services or the director's designee
21 shall serve as chairperson of the committee.

22 6. The department shall convene the committee no
23 later than July 1, 2008. Prior to the initial
24 meeting, the department of human services shall
25 provide all members of the committee with a detailed
26 analysis of trends in wages and other compensation
27 paid to direct care workers.

28 7. The committee shall consider options related
29 but not limited to all of the following:

30 a. The shortening of the time delay between a
31 nursing facility's submittal of cost reports and
32 receipt of the reimbursement based upon these cost
33 reports.

34 b. The targeting of appropriations to provide
35 increases in direct care worker compensation.

36 c. Creation of a nursing facility provider tax.

37 8. Any option considered by the committee shall be
38 consistent with federal law and regulations.

39 9. Following its deliberations, the committee
40 shall submit a report of its findings and
41 recommendations regarding improvement in direct care
42 worker wages and other compensation in the nursing
43 facility setting to the governor and the general
44 assembly no later than December 12, 2008.

45 10. For the purposes of the initial review,
46 "direct care worker" means nonlicensed nursing
47 facility staff who provide hands-on care including but
48 not limited to certified nurse aides and medication
49 aides.

50 Sec. 71. DIRECT CARE WORKER IN NURSING FACILITIES

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1 – TURNOVER REPORT. The department of human services
 2 shall modify the nursing facility cost reports
 3 utilized for the medical assistance program to capture
 4 data by the distinct categories of nonlicensed direct
 5 care workers and other employee categories for the
 6 purposes of documenting the turnover rates of direct
 7 care workers and other employees of nursing
 8 facilities. The department shall submit a report on
 9 an annual basis to the governor and the general
 10 assembly which provides an analysis of direct care
 11 worker and other nursing facility employee turnover by
 12 individual nursing facility, a comparison of the
 13 turnover rate in each individual nursing facility with
 14 the state average, and an analysis of any improvement
 15 or decline in meeting any accountability goals or
 16 other measures related to turnover rates. The annual
 17 reports shall also include any data available
 18 regarding turnover rate trends, and other information
 19 the department deems appropriate. The initial report
 20 shall be submitted no later than December 1, 2008, and
 21 subsequent reports shall be submitted no later than
 22 December 1, annually, thereafter.

23 Sec. 72. EFFECTIVE DATE. This division of this
 24 Act, being deemed of immediate importance, takes
 25 effect upon enactment."

26 _____. Title page, line 3, by striking the words
 27 "end-of-life care decision making" and inserting the
 28 following: "long-term living planning and patient
 29 autonomy in health care".

30 _____. Title page, by striking line 8 and inserting
 31 the following: "transparency, health care consumer
 32 information, health care access, the direct care
 33 workforce, making appropriations, and including
 34 effective date and applicability provisions.""

Heddens of Story offered the following amendment [H-8631](#), to amendment [H-8604](#) to the Senate amendment [H-8439](#) filed by her and Upmeyer of Hancock from the floor and moved its adoption:

[H-8631](#)

1 Amend the amendment, [H-8604](#), to the Senate
 2 amendment, [H-8439](#), to [House File 2539](#), as amended,
 3 passed, and reprinted by the House, as follows:

- 4 1. Page 5, line 2, by inserting after the word
 5 "in" the following: "[data collection related to](#)".
- 6 2. Page 7, by striking lines 3 through 6 and
 7 inserting the following: "pursuant to chapter 17A,
 8 the cost-sharing amounts, criteria for modification of

- 9 the cost-sharing amounts, and graduated premiums for
10 children under the hawk-I expansion program."
11 3. Page 12, line 9, by striking the word "Six"
12 and inserting the following: "Seven".
13 4. Page 12, by inserting after line 19 the
14 following:
15 "(6) A representative of the Iowa association of
16 health underwriters."
17 5. Page 12, line 32, by striking the word
18 "governor" and inserting the following: "director of
19 public health".
20 6. Page 12, line 35, by striking the word
21 "governor" and inserting the following: "director".
22 7. Page 41, by striking line 42 and inserting the
23 following: "contrary. With reference to a
24 hospital".
25 8. Page 41, by inserting after line 45 the
26 following:
27 "(1) Is designated as a critical access hospital
28 pursuant to 42 U.S.C. } 1395i-4."
29 9. Page 41, line 46, by striking the figure and
30 word "(1) Serves" and inserting the following: "(2)
31 Serves".
32 10. Page 41, line 50, by striking the figure and
33 word "(2) Provides" and inserting the following:
34 "(3) Provides".
35 11. Page 42, line 3, by striking the figure and
36 word "(3) Is" and inserting the following: "(4) Is".

Amendment [H-8631](#) was adopted.

On motion by Heddens of Story, amendment [H-8604](#) to the Senate amendment [H-8439](#), as amended, was adopted.

On motion by Heddens of Story the House concurred in the Senate amendment [H-8439](#), as amended.

Heddens of Story moved that the bill, as amended by the Senate further amended and concurred in by the House, be read a last time now and placed upon its passage which motion prevailed and the bill was read a last time.

On the question "Shall the bill pass?" ([H.F. 2539](#))

The ayes were, 96:

Abdul-Samad
Bailey

Alons
Baudler

Anderson
Bell

Arnold
Berry

Boal	Bukta	Chambers	Cohon
Dandekar	Davitt	Deyoe	Dolecheck
Drake	Foege	Ford	Frevert
Gaskill	Gayman	Gipp	Granzow
Grassley	Greiner	Heaton	Heddens
Hoffman	Horbach	Hunter	Huseman
Huser	Jacobs	Jacoby	Jochum
Kaufmann	Kelley	Kressig	Kuhn
Lensing	Lukan	Lykam	Mascher
May	McCarthy	Mertz	Miller, H.
Miller, L.	Oldson	Olson, D.	Olson, R.
Olson, S.	Olson, T.	Palmer	Paulsen
Petersen	Pettengill	Quirk	Raecker
Rants	Rasmussen	Rayhons	Reasoner
Reichert	Sands	Schickel	Schueller
Shomshor	Smith	Soderberg	Staed
Struyk	Swaim	Taylor, D.	Taylor, T.
Thomas	Tjepkes	Tomenga	Tymeson
Upmeyer	Van Engelenhoven	Van Fossen	Watts
Wendt	Wenthe	Wessel-Kroeschell	Whitaker
Whitead	Wiencek	Winckler	Windschitl
Wise	Worthan	Zirkelbach	Mr. Speaker Murphy

The nays were, none.

Absent or not voting, 4:

Clute	De Boef	Forristall	Roberts
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The bill having received a constitutional majority was declared to have passed the House and the title, as amended, was agreed to.

IMMEDIATE MESSAGES

McCarthy of Polk asked and received unanimous consent that the following bills be immediately messaged to the Senate: [House File 2539](#) and [Senate File 2425](#).

REPORT OF THE CHIEF CLERK OF THE HOUSE

MR. SPEAKER: Pursuant to House Rule 42, I report that the Legal Counsels office made the following corrections:

House Amendment to Senate Amendment to [House File 2539](#)

1. Page 7, Line 6 – Change hawk-I to hawk-i.

MARK W. BRANDSGARD
Chief Clerk of the House

CERTIFICATES OF RECOGNITION

MR. SPEAKER: The Chief Clerk of the House respectfully reports that certificates of recognition have been issued as follows.

MARK W. BRANDSGARD
Chief Clerk of the House

- 2008\2932 William and Patricia Sweeney, Dubuque – For celebrating their 50th wedding anniversary.
- 2008\2933 Lloyd and Barbara Auderer, Dubuque – For celebrating their 50th wedding anniversary.
- 2008\2834 Allen and Rita Barry, Dubuque – For celebrating their 61st wedding anniversary.
- 2008\2935 Tom and Donna May, Dubuque – For celebrating their 50th wedding anniversary.
- 2008\2936 Ed and Linda Ehlers, Dubuque – For celebrating their 50th wedding anniversary.
- 2008\2937 Roy and Dorothy Gabrenja, Dubuque – For celebrating their 60th wedding anniversary.
- 2008\2938 Larry, Carey – For his 34 years of dedicated service to MidWestOne Bank.
- 2008\2939 Jack and Wanda Greene – For celebrating their 50th wedding anniversary.
- 2008\2940 Mary Ann Roth, Brooklyn – For celebrating her 80th birthday.
- 2008\2941 Jim and Mary Johannsen, La Porte City – For celebrating their 53rd wedding anniversary.
- 2008\2942 Richard and Lenora Steimel, Jesup – For celebrating their 50th wedding anniversary.
- 2008\2943 Delbert and Lois Walter, Lenox – For celebrating their 60th wedding anniversary.
- 2008\2944 John and Charlene Dufffy, Cedar Rapids – For celebrating their 60th wedding anniversary.
- 2008\2945 Clyde M. Deal, Hiawatha – For celebrating his 80th birthday.
- 2008\2946 Raymond Grulkey, Hiawatha – For celebrating his 80th birthday.

- 2008\2947 Robert Hagerman, Cedar Rapids – For celebrating his 80th birthday.
- 2008\2948 Lucille Bonar, Yarmouth – For celebrating her 90th birthday.
- 2008\2949 John Vander Zwaag, Hull – For celebrating his 90th birthday.
- 2008\2950 Roy Kelley, Sioux Center – For celebrating his 90th birthday.
- 2008\2951 Marie Morrissey, Muscatine – For celebrating her 96th birthday.
- 2008\2952 Curtis Worthy, Burlington – For celebrating his 80th birthday.
- 2008\2953 Madge Orr, Burlington – For celebrating her 90th birthday.
- 2008\2954 Melbourne and Mildred Murphy, Burlington – For celebrating their 65th wedding anniversary.
- 2008\2955 Janette Schulze, Burlington – For celebrating her 100th birthday.
- 2008\2956 Dennis and Patricia Brown, Burlington – For celebrating their 50th wedding anniversary.
- 2008\2957 Ray and Ruby Cunningham, Columbus Junction – For celebrating their 63rd wedding anniversary.
- 2008\2958 Clarence and Arlene Spellerberg, Cedar Rapids – For celebrating their 50th wedding anniversary.
- 2008\2959 Doris Clubb, What Cheer – For celebrating her 90th birthday.
- 2008\2960 Sylvia Adams, Sigourney – For celebrating her 90th birthday.
- 2008\2961 Helen Brooks, Brooklyn – For celebrating her 90th birthday.
- 2008\2962 Dorothy Bell, Sigourney – For celebrating her 80th birthday.
- 2008\2963 Theresa Greene, Keswick – For celebrating her 80th birthday.
- 2008\2964 Dean Lippincott, Brooklyn – For celebrating his 80th birthday.
- 2008\2965 William Fogwell, Williamsburg – For celebrating his 80th birthday.
- 2008\2966 Duane Popenhagen, Brooklyn – For celebrating his 80th birthday.
- 2008\2967 William Wiley, Keota – For celebrating his 80th birthday.
- 2008\2968 Gilbert Leathers, Ollie – For celebrating his 80th birthday.
- 2008\2969 Richard Danner, What Cheer – For celebrating his 80th birthday.
- 2008\2970 Marvin Read, Victor – For celebrating his 80th birthday.

- 2008\2971 Walter Portwood, Homestead – For celebrating his 80th birthday.
- 2008\2972 Earl Gropper, Chelsea – For celebrating his 80th birthday.
- 2008\2973 Lloyd Schropp, Marengo – For celebrating his 80th birthday.
- 2008\2974 Donald Rohrer, Victor – For celebrating his 80th birthday.
- 2008\2975 Forrest Hollopeter, Ladora – For celebrating his 80th birthday.
- 2008\2976 Maxine Maynard, Independence – For celebrating her 80th birthday.
- 2008\2977 June Soland, Sigourney – For celebrating her 80th birthday.
- 2008\2978 Vivian Trogu, Chelsea – For celebrating her 90th birthday.
- 2008\2979 Ruth Boyse, Central City – For celebrating her 90th birthday.
- 2008\2980 Robert Flockhart, Stanwood – For celebrating his 80th birthday.
- 2008\2981 Frank Ciringione, West Liberty – For celebrating his 80th birthday.
- 2008\2982 Lawrence Sexton, Downey – For celebrating his 80th birthday.
- 2008\2983 Laura Slach, West Branch – For celebrating her 80th birthday.
- 2008\2984 Dorothy Frauenholtz, West Branch – For celebrating her 80th birthday.
- 2008\2985 Lucille Schultz, Stanwood – For celebrating her 80th birthday.
- 2008\2986 Ila Feuerbach, Wilton – For celebrating her 80th birthday.
- 2008\2987 Genevieve Platner, Mechanicsville – For celebrating her 80th birthday.
- 2008\2988 LaVonne Tegler, Iowa City – For celebrating her 80th birthday.
- 2008\2989 Margery Norton, Lowden – For celebrating her 80th birthday.
- 2008\2990 Marvin Evers, Tipton – For celebrating his 80th birthday.
- 2008\2991 Vernon Stuhr, Tipton – For celebrating his 80th birthday.
- 2008\2992 Patricia Arganbright, Wilton – For celebrating her 80th birthday.
- 2008\2993 Keith Fields, Tipton – For celebrating his 80th birthday.
- 2008\2994 Bernard Freese, Stanwood – For celebrating his 80th birthday.
- 2008\2995 Doreen Hamdorf, Lowden – For celebrating her 80th birthday.

- 2008\2996 Clara Millett, West Branch – For celebrating her 80th birthday.
- 2008\2997 Charles Hubler, Lisbon – For celebrating his 80th birthday.
- 2008\2998 Melvin Steen, West Liberty – For celebrating his 80th birthday.
- 2008\2999 Shirley Fell, Tipton – For celebrating her 80th birthday.
- 2008\3000 Rosemary Wertzaugher, Atalissa – For celebrating her 80th birthday.
- 2008\3001 Dorothy Bland, Durant – For celebrating her 80th birthday.
- 2008\3002 Catharine Licht, Lowden – For celebrating her 80th birthday.
- 2008\3003 Lucille Horman, Lowden – For celebrating her 80th birthday.
- 2008\3004 Rosemary Johnson, West Branch – For celebrating her 80th birthday.
- 2008\3005 Joyce Pedersen, West Branch – For celebrating her 80th birthday.
- 2008\3006 G. Morrison, West Branch – For celebrating his 80th birthday.
- 2008\3007 Mary Johannsen, Durant – For celebrating her 80th birthday.
- 2008\3008 Richard Duncan, Iowa City – For celebrating his 80th birthday.
- 2008\3009 Darlene Buttolph, Lowden – For celebrating her 80th birthday.
- 2008\3010 Duane Palmer, Stanwood – For celebrating his 80th birthday.
- 2008\3011 Robert Sauer, Bennett – For celebrating his 80th birthday.
- 2008\3012 Wayne Noring, West Liberty – For celebrating his 80th birthday.
- 2008\3013 Margaret Suchomel, Tipton – For celebrating her 80th birthday.
- 2008\3014 Dorothy Wolfe, Stanwood – For celebrating her 80th birthday.
- 2008\3015 Faith Stackbein, Lowden – For celebrating her 80th birthday.
- 2008\3016 Jacqueline Cole, Durant – For celebrating her 80th birthday.
- 2008\3017 Henrietta Fields, Tipton – For celebrating her 80th birthday.

COMMITTEE RECOMMENDATIONS

MR. SPEAKER: The Chief Clerk of the House respectfully reports that the following committee recommendations have been received and are on file in the office of the Chief Clerk.

MARK W. BRANDSGARD
Chief Clerk of the House

COMMITTEE ON APPROPRIATIONS

[Senate File 2422](#), a bill for an act relating to energy independence initiatives, specifying procedures applicable to Iowa power fund applications, authorizing allocations from the fund, directing that specified payments, repayments, or recaptures made to or received by the board shall be deposited in the fund, authorizing increased allocations for administrative costs, authorizing repayment of audit expenses to the auditor of the state, and providing an effective date and applicability provision.

Fiscal Note is not required.

Recommended **Do Pass** April 22, 2008.

Committee Bill (Formerly [House Study Bill 796](#)), relating to the collection of delinquent debt owed the state and political subdivisions of the state by requiring offsets of gambling winnings, sanctioning of professional licenses, modifying provisions related to county attorney collections, writing off certain delinquent court debt, modifying provisions relating to the deposit of certain funds in the jury and witness fee fund, and making penalties applicable.

Fiscal Note is not required.

Recommended **Do Pass** April 22, 2008.

Committee Bill (Formerly LSB 6676YA), relating to and making appropriations to the department of cultural affairs, the department of economic development, certain board of regents institutions, the department of workforce development, the Iowa finance authority, and the public employment relations board, and related matters and providing effective dates.

Fiscal Note is not required.

Recommended **Amend and Do Pass** April 22, 2008.

COMMITTEE ON STATE GOVERNMENT

[Senate File 2427](#), a bill for an act prohibiting certain lobbying activities of state agencies and providing a penalty.

Fiscal Note is not required.

Recommended **Do Pass** April 22, 2008.

AMENDMENTS FILED

<u>H-8624</u>	<u>S.F. 2424</u>	Frevert of Palo Alto
<u>H-8625</u>	<u>S.F. 2424</u>	Jacobs of Polk
<u>H-8626</u>	<u>S.F. 2424</u>	Boal of Polk
		Jacobs of Polk
		Drake of Pottawattamie
		Pettengill of Benton
<u>H-8627</u>	<u>H.F. 2177</u>	Senate Amendment
<u>H-8628</u>	<u>S.F. 2424</u>	Jochum of Dubuque
<u>H-8630</u>	<u>S.F. 2427</u>	Raecker of Polk
		Drake of Pottawattamie
Boal of Polk		Jacobs of Polk
Greiner of Washington		Pettengill of Benton
L. Miller of Scott		
Kaufmann of Cedar		

On motion by McCarthy of Polk the House adjourned at 7:09 p.m., until 8:00 a.m., Wednesday, April 23, 2008.