



Iowa General Assembly  
Daily Bills, Amendments & Study Bills  
February 07, 2008

**House File 2182 - Introduced**

HOUSE FILE  
BY BAILEY

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

- 1 An Act relating to the appointment of mental health advocates.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 3 TLSB 6349HH 82
- 4 rh/nh/5



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House File 2182 - Introduced continued

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1 1 Section 1. Section 229.19, Code Supplement 2007, is  
1 2 amended to read as follows:  
1 3 229.19 ADVOCATES == DUTIES == COMPENSATION == STATE AND  
1 4 COUNTY LIABILITY.  
1 5 1. a. In each county, ~~with a population of three hundred~~  
~~1 6 thousand or more inhabitants~~ the board of supervisors shall  
1 7 appoint an individual who has demonstrated by prior activities  
1 8 an informed concern for the welfare and rehabilitation of  
1 9 persons with mental illness, and who is not an officer or  
1 10 employee of the department of human services nor of any agency  
1 11 or facility providing care, ~~or treatment, or funding~~ to  
1 12 persons with mental illness, to act as an advocate  
1 13 representing the interests of patients involuntarily  
1 14 hospitalized by the court, in any matter relating to the  
1 15 patients' hospitalization or treatment under section 229.14 or  
1 16 229.15. ~~In each county with a population of under three~~  
~~1 17 hundred thousand inhabitants, the chief judge of the judicial~~  
~~1 18 district encompassing the county shall appoint the advocate.~~  
1 19 b. ~~The court or, if the advocate is appointed by the~~  
~~1 20 county board of supervisors, the~~ The board or the board's  
1 21 designee shall assign the advocate appointed from a patient's  
1 22 county of legal settlement to represent the interests of the  
1 23 patient. If a patient has no county of legal settlement, ~~the~~  
~~1 24 court or, if the advocate is appointed by the county board of~~  
~~1 25 supervisors, the board~~ or the board's designee shall assign  
1 26 the advocate appointed from the county where the hospital or  
1 27 facility is located to represent the interests of the patient.  
1 28 e. b. The advocate's responsibility with respect to any  
1 29 patient shall begin at whatever time the attorney employed or  
1 30 appointed to represent that patient as respondent in  
1 31 hospitalization proceedings, conducted under sections 229.6 to  
1 32 229.13, reports to the court that the attorney's services are  
1 33 no longer required and requests the court's approval to  
1 34 withdraw as counsel for that patient. However, if the patient  
1 35 is found to be seriously mentally impaired at the



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2 1 hospitalization hearing, the attorney representing the patient  
2 2 shall automatically be relieved of responsibility in the case  
2 3 and an advocate shall be assigned to the patient at the  
2 4 conclusion of the hearing unless the attorney indicates an  
2 5 intent to continue the attorney's services and the court so  
2 6 directs. If the court directs the attorney to remain on the  
2 7 case, the attorney shall assume all the duties of an advocate.  
2 8 The clerk shall furnish the advocate with a copy of the  
2 9 court's order approving the withdrawal and shall inform the  
2 10 patient of the name of the patient's advocate.

2 11 ~~d.~~ c. With regard to each patient whose interests the  
2 12 advocate is required to represent pursuant to this section,  
2 13 the advocate's duties shall include all of the following:

2 14 (1) To review each report submitted pursuant to sections  
2 15 229.14 and 229.15.

2 16 (2) If the advocate is not an attorney, to advise the  
2 17 court at any time it appears that the services of an attorney  
2 18 are required to properly safeguard the patient's interests.

2 19 (3) To be readily accessible to communications from the  
2 20 patient and to originate communications with the patient  
2 21 within five days of the patient's commitment.

2 22 (4) To visit the patient within fifteen days of the  
2 23 patient's commitment and periodically thereafter.

2 24 (5) To communicate with medical personnel treating the  
2 25 patient and to review the patient's medical records pursuant  
2 26 to section 229.25.

2 27 (6) To file with the ~~court~~ board quarterly reports, and  
2 28 additional reports as the advocate feels necessary or as  
2 29 required by the ~~court~~ board, in a form prescribed by the ~~court~~  
2 30 board. The reports shall state what actions the advocate has  
2 31 taken with respect to each patient and the amount of time  
2 32 spent.

2 33 2. The hospital or facility to which a patient is  
2 34 committed shall grant all reasonable requests of the advocate  
2 35 to visit the patient, to communicate with medical personnel



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3 1 treating the patient, and to review the patient's medical  
 3 2 records pursuant to section 229.25. An advocate shall not  
 3 3 disseminate information from a patient's medical records to  
 3 4 any other person unless done for official purposes in  
 3 5 connection with the advocate's duties pursuant to this chapter  
 3 6 or when required by law.  
 3 7 3. ~~The court or, if the advocate is appointed by the~~  
~~3 8 county board of supervisors, the board shall prescribe~~  
 3 9 reasonable compensation for the services of the advocate. The  
 3 10 compensation shall be based upon the reports filed by the  
 3 11 advocate with the ~~court~~ board. The advocate's compensation  
 3 12 shall be paid by the county ~~in which the court is located,~~  
~~3 13 either on order of the court or, if the advocate is appointed~~  
~~3 14 by the county board of supervisors, on the direction of the~~  
 3 15 board. ~~If the advocate is appointed by the court, the~~  
~~3 16 advocate is an employee of the state for purposes of chapter~~  
~~3 17 669. If the advocate is appointed by the county board of~~  
~~3 18 supervisors, the~~ The advocate is an employee of the county for  
 3 19 purposes of chapter 670. If the patient or the person who is  
 3 20 legally liable for the patient's support is not indigent, the  
 3 21 board shall recover the costs of compensating the advocate  
 3 22 from that person. If that person has an income level as  
 3 23 determined pursuant to section 815.9 greater than one hundred  
 3 24 percent but not more than one hundred fifty percent of the  
 3 25 poverty guidelines, at least one hundred dollars of the  
 3 26 advocate's compensation shall be recovered in the manner  
 3 27 prescribed by the county board of supervisors. If that person  
 3 28 has an income level as determined pursuant to section 815.9  
 3 29 greater than one hundred fifty percent of the poverty  
 3 30 guidelines, at least two hundred dollars of the advocate's  
 3 31 compensation shall be recovered in substantially the same  
 3 32 manner prescribed by the county board of supervisors as  
 3 33 provided in section 815.9.

3 34 EXPLANATION

3 35 This bill provides that the county board of supervisors



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4 1 shall appoint a mental health advocate for persons  
4 2 involuntarily hospitalized due to mental illness regardless of  
4 3 the population size of the county. Current law provides that  
4 4 the county board of supervisors shall appoint a mental health  
4 5 advocate in a county with a population of 300,000 or more and  
4 6 the chief judge of the judicial district in a county  
4 7 encompassing a population under 300,000 shall appoint a mental  
4 8 health advocate.

4 9 The bill exempts persons who are officers or employees of  
4 10 any agency or facility providing care, treatment, or funding  
4 11 to persons with mental illness from the list of persons  
4 12 eligible for appointment as a mental health advocate.

4 13 The bill allows the county board of supervisor's designee  
4 14 to appoint the mental health advocate regardless of whether  
4 15 the patient has a county of legal settlement.

4 16 The bill provides that the mental health advocate shall  
4 17 file quarterly reports and additional reports with the county  
4 18 board of supervisors as the advocate deems necessary or as  
4 19 required by the board on a form prescribed by the board.

4 20 The bill provides that the county board of supervisors  
4 21 shall prescribe reasonable compensation for the services of  
4 22 the mental health advocate and that the advocate shall be an  
4 23 employee of the county for purposes of Code chapter 670 (tort  
4 24 liability of governmental subdivisions).

4 25 LSB 6349HH 82

4 26 rh/nh/5



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**House File 2183 - Introduced**

HOUSE FILE  
BY REICHERT

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

- 1 An Act authorizing utilization of physical plant and equipment
- 2 levy revenue to guarantee school district energy savings
- 3 contracts.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 5 TLSB 6027HH 82
- 6 rn/nh/5



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House File 2183 - Introduced continued

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1 1 Section 1. Section 298.3, subsection 7, Code 2007, is  
1 2 amended to read as follows:  
1 3 7. Expenditures for energy conservation, including  
1 4 payments made pursuant to a guarantee furnished by a school  
1 5 district entering into a financing agreement for energy  
1 6 conservation measures, including but not limited to agreements  
1 7 pursuant to section 473.19, 473.20, or 473.20A.

1 8 EXPLANATION

1 9 This bill authorizes a school district entering into a  
1 10 financing agreement with the department of natural resources  
1 11 for the cost of implementing energy conservation measures, as  
1 12 provided in Code sections 473.19 through 473.20A, or other  
1 13 financing agreements, to use revenue from the physical plant  
1 14 and equipment levy to make payments pursuant to a guarantee  
1 15 issued by the school district if applicable to the financing  
1 16 agreement.

1 17 LSB 6027HH 82

1 18 rn/nh/5



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House File 2184

HOUSE FILE  
BY ARNOLD

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to establishment of residency for purposes of the
- 2 state's hunting and fishing regulations.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 6090YH 82
- 5 av/nh/8



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1 1 Section 1. Section 483A.1A, subsection 7, Code 2007, is  
1 2 amended to read as follows:

1 3 7. "Resident" means a natural person who meets any of the  
1 4 following criteria for each calendar year in which the person  
1 5 claims status as a resident:

1 6 a. ~~Has physically resided in this state at least thirty as~~  
1 7 ~~the person's principal and primary home or domicile for a~~  
1 8 ~~period of not less than one hundred eighty consecutive days~~  
1 9 ~~immediately before applying for or purchasing a resident~~  
1 10 ~~license, tag, or permit under this chapter and has been issued~~  
1 11 ~~an Iowa driver's license or an Iowa nonoperator's~~  
1 12 ~~identification card. For the purposes of this paragraph,~~  
1 13 ~~"principal and primary home or domicile" means the one and~~  
1 14 ~~only residence where a person has a true, fixed, and permanent~~  
1 15 ~~home, and to where, whenever the person is briefly and~~  
1 16 ~~temporarily absent, the person intends to return. A person is~~  
1 17 ~~not considered a resident for purposes of this paragraph if~~  
1 18 ~~the person is residing in the state only for a special or~~  
1 19 ~~temporary purpose, including but not limited to hunting,~~  
1 20 ~~fishing, or trapping.~~

1 21 b. Is a full-time student at an educational institution  
1 22 located in this state and resides in this state while  
1 23 attending the educational institution. A student qualifies as  
1 24 a resident pursuant to this paragraph only for the purpose of  
1 25 purchasing any resident license specified in section 483A.1 or  
1 26 484A.2.

1 27 c. Is a nonresident under eighteen years of age whose  
1 28 parent is a resident of this state.

1 29 d. Is a member of the armed forces of the United States  
1 30 who is serving on active duty, claims residency in this state,  
1 31 and has filed a state individual income tax return as a  
1 32 resident pursuant to chapter 422, division II, for the  
1 33 preceding tax year, or is stationed in this state.

1 34 e. ~~Is registered to vote in this state.~~

1 35 EXPLANATION



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House File 2184 continued

2 1       This bill relates to the definition of a resident for  
2 2 purposes of Iowa's fishing and hunting regulations. The bill  
2 3 provides that a person who claims status as a resident must  
2 4 meet one of the specified criteria for each year that  
2 5 residency is claimed.  
2 6       One of the criteria for residency is modified to require a  
2 7 person to physically reside in the state as the person's  
2 8 principal and primary home or domicile for a period of not  
2 9 less than 180 consecutive days immediately prior to applying  
2 10 for or purchasing a resident license, tag, or permit and have  
2 11 an Iowa driver's license or Iowa nonoperator's identification  
2 12 card. The bill defines what constitutes a "principal and  
2 13 primary home or domicile" for purposes of the bill.  
2 14       The bill also provides that registration to vote in this  
2 15 state is no longer a criteria that establishes residency.  
2 16 LSB 6090YH 82  
2 17 av/nh/8



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House File 2185

HOUSE FILE  
BY REASONER

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

1 An Act relating to approval of proposed urban renewal plans and  
2 amendments to urban renewal plans, and including effective and  
3 applicability date provisions.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TL5B 5603HH 82  
6 sc/rj/5



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1 1 Section 1. Section 403.5, subsection 2, Code 2007, is  
1 2 amended to read as follows:  
1 3 2. a. The municipality may itself prepare or cause to be  
1 4 prepared an urban renewal plan; or any person or agency,  
1 5 public or private, may submit such a plan to a municipality.  
1 6 Prior to its approval of an urban renewal plan, the local  
1 7 governing body shall submit such plan to the planning  
1 8 commission of the municipality, if any, for review and  
1 9 recommendations as to its conformity with the general plan for  
1 10 the development of the municipality as a whole. The planning  
1 11 commission shall submit its written recommendations with  
1 12 respect to the proposed urban renewal plan to the local  
1 13 governing body within thirty days after receipt of the plan  
1 14 for review. ~~Upon receipt of the recommendations of the~~  
~~1 15 planning commission or, if no recommendations are received~~  
~~1 16 within the thirty days, then, without such recommendations,~~  
~~1 17 the local governing body may proceed with the hearing on the~~  
~~1 18 proposed urban renewal plan prescribed by subsection 3.~~  
1 19 b. Prior to its approval of an urban renewal plan which  
1 20 provides for a division of revenue pursuant to section 403.19,  
1 21 the municipality shall mail the proposed plan by regular mail  
1 22 to the affected taxing entities. The municipality shall  
1 23 include with the proposed plan notification of a consultation  
1 24 to be held between the municipality and affected taxing  
1 25 entities prior to the public hearing on the urban renewal  
1 26 plan. Each affected taxing entity may appoint a  
1 27 representative to attend the consultation. The consultation  
1 28 may include a discussion of the estimated growth in valuation  
1 29 of taxable property included in the proposed urban renewal  
1 30 area, the fiscal impact of the division of revenue on the  
1 31 affected taxing entities, the estimated impact on the  
1 32 provision of services by each of the affected taxing entities  
1 33 in the proposed urban renewal area, and the duration of any  
1 34 bond issuance included in the plan. The designated  
1 35 representative of the affected taxing entity may make written



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2 1 recommendations for modification to the proposed ~~division of~~  
~~2 2 revenue urban renewal plan~~ no later than seven days following  
2 3 the date of the consultation. The representative of the  
2 4 municipality shall, no later than seven days prior to the  
2 5 public hearing on the urban renewal plan, submit a written  
2 6 response to the affected taxing entity addressing the  
2 7 recommendations for modification to the proposed ~~division of~~  
~~2 8 revenue urban renewal plan.~~  
2 9 c. The governing body of each affected taxing entity  
2 10 shall, upon conclusion of the consultation process and without  
2 11 regard to whether the entity participated in the consultation  
2 12 process, adopt a resolution approving or rejecting the  
2 13 proposed urban renewal plan. Upon receipt of the  
2 14 recommendations of the planning commission or, if no  
2 15 recommendations are received within the thirty days, then  
2 16 without such recommendations, and upon receipt of a resolution  
2 17 from the governing body of each affected taxing entity, the  
2 18 governing body of the city may proceed with the hearing on the  
2 19 proposed urban renewal plan pursuant to subsection 3.  
2 20 However, without the receipt of resolutions approving the  
2 21 urban renewal plan from a majority of the affected taxing  
2 22 entities, the governing body of the municipality shall not  
2 23 proceed with the proposed urban renewal plan.  
2 24 Sec. 2. Section 403.5, subsections 5, 6, and 7, Code 2007,  
2 25 are amended to read as follows:  
2 26 5. An urban renewal plan may be ~~modified~~ amended at any  
2 27 time: ~~Provided, that.~~ However, if ~~modified~~ the urban renewal  
2 28 plan is amended after the lease or sale by the municipality of  
2 29 real property in the urban renewal project area, such  
2 30 modification amendment may be conditioned upon such approval  
2 31 of the owner, lessee, or successor in interest as the  
2 32 municipality may deem advisable, and in any event such  
2 33 ~~modification~~ amendment shall be subject to such rights at law  
2 34 or in equity as a lessee or purchaser, or a lessee's or  
2 35 purchaser's successor or successors in interest, may be



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3 1 entitled to assert. ~~The~~ A project may be added to an urban  
3 2 renewal plan only by an amendment to the plan. Territory may  
3 3 be added to, or severed from, an urban renewal area only by an  
3 4 amendment to the urban renewal plan. When amending an urban  
3 5 renewal plan, the municipality shall comply with the  
3 6 notification and consultation process provided in this  
3 7 section, including the requirement that a majority of the  
3 8 affected taxing entities approves the proposed amendment,  
3 9 prior to the approval of any amendment ~~or modification~~ to an  
3 10 adopted urban renewal plan if such amendment ~~or modification~~  
3 11 provides for refunding bonds or refinancing resulting in an  
3 12 increase in debt service or provides for the issuance of bonds  
3 13 or other indebtedness, to be funded primarily in the manner  
3 14 provided in section 403.19, or if such amendment proposes to  
3 15 add a project to an urban renewal plan or proposes to add  
3 16 territory to an urban renewal area or proposes to sever  
3 17 territory from an urban renewal area.  
3 18 6. Upon the approval by a municipality of an urban renewal  
3 19 plan or of any ~~modification thereof~~ amendment to an urban  
3 20 renewal plan, such plan or ~~modification~~ amendment shall be  
3 21 deemed to be in full force and effect for the respective urban  
3 22 renewal area, and the municipality may then cause such plan or  
3 23 ~~modification~~ amendment to be carried out in accordance with  
3 24 its terms.  
3 25 7. Notwithstanding any other provisions of this chapter,  
3 26 where the local governing body certifies that an area is in  
3 27 need of redevelopment or rehabilitation as a result of a  
3 28 flood, fire, hurricane, earthquake, storm, or other  
3 29 catastrophe respecting which the governor of the state has  
3 30 certified the need for disaster assistance under Pub. L. No.  
3 31 81=875, Eighty=first Congress, 64 Stat. 1109, codified at 42  
3 32 U.S.C. } 1855==1855g or other federal law, the local governing  
3 33 body may approve an urban renewal plan and an urban renewal  
3 34 project with respect to such area without regard to the  
3 35 provisions of subsection 4 and without regard to provisions of



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4 1 this section requiring notification and consultation and  
4 2 approval by the affected taxing entities, a general plan for  
4 3 the municipality, and a public hearing on the urban renewal  
4 4 plan or project.

4 5 Sec. 3. Section 403.6, subsection 6, paragraph b, Code  
4 6 2007, is amended to read as follows:

4 7 b. Urban renewal plans adopted, or amended, pursuant to  
4 8 the requirements of section 403.5;

4 9 Sec. 4. Section 403.6, subsection 12, Code 2007, is  
4 10 amended to read as follows:

4 11 12. To approve and amend urban renewal plans, subject to  
4 12 the requirements of section 403.5.

4 13 Sec. 5. EFFECTIVE AND APPLICABILITY DATES.

4 14 1. The section of this Act amending section 403.5,  
4 15 subsection 2, being deemed of immediate importance, takes  
4 16 effect upon enactment and applies to urban renewal plans  
4 17 proposed on or after the effective date.

4 18 2. The section of this Act amending section 403.5,  
4 19 subsections 5, 6, and 7, being deemed of immediate importance,  
4 20 takes effect upon enactment and applies to amendments to urban  
4 21 renewal plans, if such amendments are proposed by a  
4 22 municipality on or after the effective date.

4 23 EXPLANATION

4 24 This bill provides that a proposed urban renewal plan, or  
4 25 an amendment to an existing plan, shall not proceed unless a  
4 26 majority of the affected taxing entities, by resolution,  
4 27 approves the proposed plan or amendment. The bill also  
4 28 provides that a project may be added to an urban renewal plan,  
4 29 or territory added to or severed from an urban renewal area,  
4 30 only by an amendment to the urban renewal plan.

4 31 The bill takes effect upon enactment and applies to urban  
4 32 renewal plans proposed on or after the effective date and to  
4 33 amendments to any urban renewal plan, if such amendments are  
4 34 proposed on or after the effective date.

4 35 LSB 5603HH 82



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House File 2185 continued

5 1 sc/rj/5



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House File 2186

HOUSE FILE  
BY L. MILLER

Passed House, Date _____	Passed Senate, Date _____
Vote: Ayes _____ Nays _____	Vote: Ayes _____ Nays _____
Approved	

**A BILL FOR**

- 1 An Act relating to the administration of epinephrine in schools,
- 2 and providing effective and applicability dates.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5534YH 82
- 5 ak/nh/5



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House File 2186 continued

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1 1 Section 1. NEW SECTION. 280.16A PROCEDURES FOR  
1 2 ADMINISTRATION OF EPINEPHRINE.  
1 3 1. The board of directors of a school district and the  
1 4 authorities in charge of an accredited nonpublic school shall  
1 5 develop a policy for the emergency administration of  
1 6 epinephrine via an epinephrine auto injector for the treatment  
1 7 of anaphylaxis or to avoid anaphylaxis.  
1 8 2. The policy shall include the following criteria:  
1 9 a. The student's parent or guardian shall provide the  
1 10 school written authorization for the administration of  
1 11 epinephrine via an epinephrine auto injector by designated  
1 12 school officials.  
1 13 b. The student's parent or guardian shall provide the  
1 14 school a written statement from the student's physician  
1 15 containing the following information:  
1 16 (1) The reason why the student may need the epinephrine.  
1 17 (2) The name of the medication.  
1 18 (3) The prescribed dosage.  
1 19 (4) The circumstances under which the epinephrine is to be  
1 20 administered.  
1 21 (5) Whether the student, if the student at the time the  
1 22 epinephrine is needed is able, can self-administer the  
1 23 epinephrine.  
1 24 c. A designated location for the epinephrine auto injector  
1 25 that can be accessed by both designated school officials and  
1 26 the student.  
1 27 d. A requirement that the student's parent or guardian and  
1 28 the school meet the requirements of subsection 4.  
1 29 3. a. The policy for the administration of epinephrine to  
1 30 a student shall provide that the school nurse or other  
1 31 designated school official and another designated school  
1 32 official shall have the responsibility for the administration  
1 33 of epinephrine by epinephrine auto injectors. At least one  
1 34 school official who is qualified to administer epinephrine to  
1 35 a student shall be present during school hours.



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House File 2186 continued

2 1 b. Each designated school official shall be properly  
2 2 trained in the administration of an epinephrine auto injector  
2 3 by a school nurse or other qualified health professional,  
2 4 using standardized training approved by the department of  
2 5 education in consultation with the department of public  
2 6 health.

2 7 c. The parent or guardian of the student shall consent in  
2 8 writing to the administration of epinephrine by the designated  
2 9 school officials.

2 10 4. a. The school district or accredited nonpublic school  
2 11 shall notify the parent or guardian of the student, in  
2 12 writing, that the school district or accredited nonpublic  
2 13 school and its employees are not liable, except for gross  
2 14 negligence, as a result of any injury arising from  
2 15 administration of epinephrine to the student. The parent or  
2 16 guardian of the student shall sign a statement acknowledging  
2 17 that the school district or nonpublic school and its employees  
2 18 are not liable, except for gross negligence, as a result of  
2 19 administration of epinephrine to the student.

2 20 b. A school district or accredited nonpublic school and  
2 21 its employees acting reasonably and in good faith shall not be  
2 22 liable for any improper use of epinephrine or for supervising,  
2 23 monitoring, or interfering with a student's  
2 24 self-administration of epinephrine.

2 25 c. The permission granted by a parent or guardian for  
2 26 administration of epinephrine by designated school officials  
2 27 is effective for the school year in which it is granted and  
2 28 shall be renewed each subsequent school year upon fulfillment  
2 29 of the requirements of this section. However, the parent or  
2 30 guardian shall immediately notify the school of any changes in  
2 31 the information provided pursuant to subsection 2, paragraph  
2 32 "b".

2 33 Sec. 2. EFFECTIVE AND APPLICABILITY DATES. This Act,  
2 34 being deemed of immediate importance, shall take effect upon  
2 35 enactment and shall apply to school years beginning on or



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House File 2186 continued

3 1 after July 1, 2008.

3 2 EXPLANATION

3 3 This bill directs the boards of directors of school  
3 4 districts and the authorities in charge of accredited  
3 5 nonpublic schools to develop a policy for the emergency  
3 6 administration of epinephrine via an epinephrine auto injector  
3 7 to treat anaphylaxis or to avoid anaphylaxis in a student.

3 8 The policy must require a parent or guardian's written  
3 9 authorization for the administration of epinephrine with an  
3 10 epinephrine auto injector. The policy must require that the  
3 11 student's physician provide information about why the student  
3 12 may need the epinephrine, the name of the medication, the  
3 13 dosage, the circumstances under which the epinephrine may be  
3 14 administered, and whether the student, if at the time the  
3 15 epinephrine is needed the student is able, can self-administer  
3 16 the epinephrine.

3 17 The policy for administering epinephrine with an  
3 18 epinephrine auto injector must also include designation of a  
3 19 location where both designated school officials and the  
3 20 student have access to the epinephrine auto injector. The  
3 21 policy must also designate school officials at each school or  
3 22 building where a student may need epinephrine to be authorized  
3 23 to administer the epinephrine. A school nurse or other school  
3 24 official and another school official are required to be  
3 25 designated so that there is always at least one school  
3 26 official present during school hours to administer the  
3 27 epinephrine.

3 28 A designated school official must be properly trained to  
3 29 use an epinephrine auto injector by the school nurse or  
3 30 another health professional using training methods approved by  
3 31 the department of education in cooperation with the department  
3 32 of public health.

3 33 It shall also be required that the school inform the parent  
3 34 or guardian that the school and its employees shall have no  
3 35 liability as a result of administering the epinephrine to the



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House File 2186 continued

4 1 student or for supervising a student's self-administration of  
4 2 the epinephrine; the parent or guardian must sign a statement  
4 3 acknowledging the school's position. Permission from the  
4 4 parent or guardian is good for the school year in which it is  
4 5 given; it must be renewed each year.  
4 6 The bill takes effect upon enactment and applies to school  
4 7 years beginning on or after July 1, 2008.  
4 8 LSB 5534YH 82  
4 9 ak/nh/5



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House File 2187

HOUSE FILE  
BY BAUDLER

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to bail restrictions imposed against a person who
- 2 is an unauthorized alien.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5778YH 82
- 5 jm/rj/5



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House File 2187 continued

PAG LIN

1 1 Section 1. Section 811.1, Code 2007, is amended by adding  
1 2 the following new subsection:

1 3 NEW SUBSECTION. 4. A defendant who is an identified  
1 4 unauthorized alien and is not lawfully present in the United  
1 5 States.

1 6 Sec. 2. NEW SECTION. 811.1B UNAUTHORIZED ALIEN ==  
1 7 NOTIFICATION.

1 8 The law enforcement agency responsible for the arrest of a  
1 9 defendant who has been denied bail pursuant to section 811.1,  
1 10 subsection 4, shall notify the United States immigration and  
1 11 customs enforcement about the defendant who has been denied  
1 12 bail.

1 13 Sec. 3. IMPLEMENTATION OF ACT. Section 25B.2, subsection  
1 14 3, shall not apply to this Act.

1 15 EXPLANATION

1 16 This bill relates to bail restrictions imposed against a  
1 17 person who is an unauthorized alien.

1 18 The bill provides that a person who is an identified  
1 19 unauthorized alien shall not be eligible for bail when charged  
1 20 with a criminal offense. In addition, under Code section  
1 21 805.1, a person not eligible for bail is required to be taken  
1 22 into custody.

1 23 The bill also requires the law enforcement agency  
1 24 responsible for the arrest of an identified unauthorized alien  
1 25 to notify the United States immigration and customs  
1 26 enforcement about the unauthorized alien.

1 27 The bill may include a state mandate as defined in Code  
1 28 section 25B.3. The bill makes inapplicable Code section  
1 29 25B.2, subsection 3, which would relieve a political  
1 30 subdivision from complying with a state mandate if funding for  
1 31 the cost of the state mandate is not provided or specified.  
1 32 Therefore, political subdivisions are required to comply with  
1 33 any state mandate included in the bill.

1 34 LSB 5778YH 82

1 35 jm/rj/5



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**House File 2188 - Introduced**

HOUSE FILE  
BY WHITEAD

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

- 1 An Act relating to economic development urban renewal areas and
- 2 including an effective date provision.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5522HH 82
- 5 sc/rj/5



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House File 2188 - Introduced continued

PAG LIN

1 1 Section 1. NEW SECTION. 403.5A LIMITATION ON CERTAIN  
1 2 URBAN RENEWAL AREAS.  
1 3 In designating an area as an economic development urban  
1 4 renewal area, a municipality shall not include in that area  
1 5 property comprising more than twenty-five percent of the  
1 6 geographical area that had previously been included in an  
1 7 economic development urban renewal area if the division of  
1 8 revenue stated in the urban renewal plan for such economic  
1 9 development urban renewal area expired after twenty years by  
1 10 operation of section 403.17, subsection 10.

1 11 Sec. 2. EFFECTIVE DATE. This Act, being deemed of  
1 12 immediate importance, takes effect upon enactment.

1 13 EXPLANATION

1 14 This bill provides that if a municipality designates an  
1 15 area as an economic development urban renewal area, no more  
1 16 than 25 percent of the geographic area designated shall be  
1 17 property that had previously been included in an economic  
1 18 development urban renewal area if the division of revenue (tax  
1 19 increment financing) for the former economic development urban  
1 20 renewal area expired after 20 years.

1 21 The bill takes effect upon enactment.

1 22 LSB 5522HH 82

1 23 sc/rj/5



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**House File 2189 - Introduced**

HOUSE FILE  
BY COMMITTEE ON JUDICIARY

(SUCCESSOR TO HSB 505)

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

- 1 An Act relating to the regulation and certification of shorthand
- 2 reporters and the appropriation of fees to offset costs.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5476HV 82
- 5 jm/rj/8



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House File 2189 - Introduced continued

PAG LIN

1 1 Section 1. Section 602.3101, subsection 2, Code 2007, is  
1 2 amended by striking the subsection and inserting in lieu  
1 3 thereof the following:

1 4 2. The supreme court shall appoint an administrator to  
1 5 manage the functions of the board.

1 6 Sec. 2. Section 602.3106, subsection 2, Code 2007, is  
1 7 amended by striking the subsection and inserting in lieu  
1 8 thereof the following:

1 9 2. The fees collected shall be used to offset the expenses  
1 10 of the board, including the costs of administering the  
1 11 examination.

1 12 EXPLANATION

1 13 This bill relates to the regulation and certification of  
1 14 shorthand reporters and the appropriation of fees to offset  
1 15 costs.

1 16 The bill authorizes the supreme court to appoint the  
1 17 administrator for the board of examiners of shorthand  
1 18 reporters. Current law designates the state court  
1 19 administrator or a designee of the state court administrator  
1 20 to act as administrator to the board.

1 21 The bill provides that the fees collected for shorthand  
1 22 certification examinations shall be used to offset the  
1 23 expenses of the board of examiners of shorthand reporters,  
1 24 including the costs of administering the examination. Current  
1 25 law provides that the state court administrator collect and  
1 26 account for all the examination fees collected.

1 27 Under current law, the fees shall be based upon the annual  
1 28 cost of administering the examinations and upon the  
1 29 administrative costs of maintaining the board.

1 30 LSB 5476HV 82

1 31 jm/rj/8



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**House File 2190 - Introduced**

HOUSE FILE  
BY GASKILL

(COMPANION TO LSB 6191SS  
BY APPEL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to certain local hotel and motel tax elections.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 3 TL5B 6191HH 82
- 4 sc/nh/8



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House File 2190 - Introduced continued

PAG LIN

1 1 Section 1. Section 423A.4, subsection 4, Code Supplement  
 1 2 2007, is amended to read as follows:  
 1 3 4. a. A city or county shall impose or repeal a hotel and  
 1 4 motel tax or increase or reduce the tax rate only after an  
 1 5 election at which a majority of those voting on the question  
 1 6 favors imposition, repeal, or change in rate. However, a  
 1 7 hotel and motel tax shall not be repealed or reduced in rate  
 1 8 if obligations are outstanding which are payable as provided  
 1 9 in section 423A.7, unless funds sufficient to pay the  
 1 10 principal, interest, and premium, if any, on the outstanding  
 1 11 obligations at and prior to maturity have been properly set  
 1 12 aside and pledged for that purpose. ~~The election shall be~~  
~~1 13 held at the time of the regular city election or the county's~~  
~~1 14 general election or at the time of a special election.~~  
 1 15 b. If the tax applies only within the corporate boundaries  
 1 16 of a city, only the registered voters of the city shall be  
 1 17 permitted to vote. The election shall be held at the time of  
 1 18 the regular city election or at a special election called for  
 1 19 that purpose. If the tax applies only in the unincorporated  
 1 20 areas of a county, only the registered voters of the  
 1 21 unincorporated areas of the county shall be permitted to vote.  
 1 22 The election shall be held at the time of the general election  
 1 23 or at a special election called for that purpose.

1 24 EXPLANATION  
 1 25 This bill specifies what voters are eligible to vote at an  
 1 26 election to impose, repeal, or change the percentage rate of a  
 1 27 hotel and motel tax. The bill provides that if the tax is  
 1 28 imposed only within a city, the registered voters of the city  
 1 29 shall be permitted to vote, and if the tax applies only in the  
 1 30 unincorporated areas of a county, only the registered voters  
 1 31 of the unincorporated areas shall be permitted to vote.  
 1 32 LSB 6191HH 82  
 1 33 sc/nh/8



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House File 2191 - Introduced

HOUSE FILE

BY ZIRKELBACH, BUKTA, D. TAYLOR,  
 WISE, SHOMSHOR, REASONER,  
 SCHUELLER, SMITH, QUIRK, DAVITT,  
 D. OLSON, BAILEY, LENSING,  
 WESSEL=KROESCHELL, HUNTER,  
 WENDT, THOMAS, MURPHY, MERTZ,  
 MASCHER, HEDDENS, GASKILL, KUHN,  
 H. MILLER, BELL, BERRY, FREVERT,  
 WHITEAD, LYKAM, WHITAKER, GAYMAN,  
 WINCKLER, KELLEY, FOEGE, and  
 REICHERT

Passed House, Date \_\_\_\_\_  
 Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
           Approved

Passed Senate, Date \_\_\_\_\_  
 Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

1 An Act prohibiting the sale at retail of designated flags  
 2     manufactured outside of the United States and establishing a  
 3     penalty.  
 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
 5 TLSB 5255YH 82  
 6 rn/nh/5



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House File 2191 - Introduced continued

PAG LIN

1 1 Section 1. NEW SECTION. 554E.1 SALE OF FLAGS ==  
1 2 RESTRICTION.

1 3 1. a. A person shall not sell or offer for sale at retail  
1 4 in this state on or after January 1, 2009, any of the  
1 5 following flags, unless the flag was manufactured in the  
1 6 United States:

1 7 (1) The United States flag.

1 8 (2) The state flag of Iowa.

1 9 (3) A flag representing or commemorating United States  
1 10 soldiers characterized as missing in action or prisoners of  
1 11 war.

1 12 b. For purposes of this section, "person" includes an  
1 13 individual, an owner or operator of a retail mercantile  
1 14 establishment, or an agent, employee, officer, director,  
1 15 franchisee, or independent contractor of such owner or  
1 16 operator.

1 17 2. A person violating this section shall be guilty of a  
1 18 simple misdemeanor. Each sale made in violation of this  
1 19 section constitutes a separate offense.

1 20 EXPLANATION

1 21 This bill prohibits a person from selling or offering for  
1 22 sale at retail, on or after January 1, 2009, designated forms  
1 23 of flags unless the flags are manufactured in the United  
1 24 States. Flags encompassed by the prohibition include the  
1 25 United States flag, the state flag of Iowa, and flags  
1 26 representing or commemorating United States soldiers  
1 27 characterized as missing in action or prisoners of war. The  
1 28 bill provides a "person" includes an individual, an owner or  
1 29 operator of a retail mercantile establishment, or an agent,  
1 30 employee, officer, director, franchisee, or independent  
1 31 contractor of such an owner or operator.

1 32 The bill establishes a penalty of a simple misdemeanor for  
1 33 violations of the prohibition. A simple misdemeanor is  
1 34 punishable by confinement for no more than 30 days or a fine  
1 35 of at least \$65 but not more than \$625 or by both. The bill



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House File 2191 - Introduced continued

- 2 1 specifies that each sale made in violation of the prohibition
- 2 2 shall be considered a separate offense.
- 2 3 LSB 5255YH 82
- 2 4 rn/nh/5



Iowa General Assembly  
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House File 2192 - Introduced

HOUSE FILE  
BY KUHN and GASKILL

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

1 An Act providing for separation distance requirements between a  
2 structure associated with a confinement feeding operation and  
3 a wetland designated as protected by the department of natural  
4 resources, and making penalties applicable.  
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
6 TL5B 6268YH 82  
7 da/rj/14



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House File 2192 - Introduced continued

PAG LIN

1 1 Section 1. Section 459.102, subsection 21, Code 2007, is  
1 2 amended to read as follows:  
1 3 21. "Designated wetland" means land designated as a  
1 4 protected wetland by the ~~United States department of the~~  
~~1 5 interior or the department of natural resources~~, including but  
1 6 not limited to a protected wetland as defined in section  
1 7 456B.1, if the land is owned and managed by the department,  
1 8 the federal government, or ~~the department of natural resources~~  
1 9 a county or city. However, a designated wetland does not  
1 10 include land where an agricultural drainage well has been  
1 11 plugged causing a temporary wetland or land within a drainage  
1 12 district or levee district.

1 13 EXPLANATION

1 14 This bill amends Code chapter 459, which regulates the  
1 15 impact of confinement feeding operations on the environment.  
1 16 Code section 459.102 provides that in order to be classified  
1 17 as a "designated wetland" two conditions must be met: (1) it  
1 18 must be identified as a "protected wetland" by the United  
1 19 States department of the interior, and (2) it must be owned  
1 20 and managed by the federal government or the department of  
1 21 natural resources. The bill amends that Code section to  
1 22 provide that a wetland must be identified as protected by the  
1 23 department of natural resources and may be owned and managed  
1 24 by a county or city.

1 25 Code section 459.310 establishes a separation distance of  
1 26 2,500 feet between a confinement feeding operation structure  
1 27 (e.g., a confinement building, manure storage structure, or  
1 28 egg washwater storage structure) and a designated wetland. A  
1 29 person who violates the separation distance requirement is  
1 30 subject to a number of penalties including the administrative  
1 31 assessment of a civil penalty of up to \$10,000 (Code sections  
1 32 459.603 and 455B.109).

1 33 LSB 6268YH 82

1 34 da/rj/14



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House Resolution 103 - Introduced

PAG LIN

H.R. \_\_\_\_\_ S.R. \_\_\_\_\_

1 1 HOUSE RESOLUTION NO.  
1 2 BY KUHN  
1 3 A Resolution to ensure that Iowans with developmental  
1 4 disabilities are supported by a quality workforce.  
1 5 WHEREAS, there are more than 115,000 Iowans with  
1 6 developmental disabilities, which include those with  
1 7 mental retardation, autism, cerebral palsy, Down  
1 8 syndrome, epilepsy, and other related conditions; and  
1 9 WHEREAS, individuals with developmental  
1 10 disabilities have substantial limitations on their  
1 11 functional capacities, including limitations in two or  
1 12 more of the areas of self-care, receptive and  
1 13 expressive language, learning, mobility,  
1 14 self-direction, independent living, and economic  
1 15 self-sufficiency, as well as the continuous need for  
1 16 individually planned and coordinated services; and  
1 17 WHEREAS, for the past two decades individuals with  
1 18 developmental disabilities and their families have  
1 19 increasingly expressed their desire to live and work  
1 20 in their communities, joining the mainstream of  
1 21 American life; and  
1 22 WHEREAS, the United States Supreme Court, in  
1 23 *Olmstead v. L.C.*, 527 U.S. 581 (1999), affirmed the  
1 24 right of individuals with developmental disabilities  
1 25 to receive community-based services as an alternative  
1 26 to institutional care; and  
1 27 WHEREAS, the demand for community supports and  
1 28 services is rapidly growing, as Iowa complies with the  
1 29 *Olmstead* decision and continues to move more  
1 30 individuals from institutions into the community; and



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House Resolution 103 - Introduced continued

2 1       WHEREAS, this demand will continue to grow as  
2 2 family caregivers age, Iowans with developmental  
2 3 disabilities live longer, waiting lists for services  
2 4 grow, and services expand; and  
2 5       WHEREAS, the state's and this nation's long-term  
2 6 care delivery system is dependent on a disparate array  
2 7 of public and private funding sources, and is not a  
2 8 conventional industry, but rather is financed  
2 9 primarily through third-party insurers; and  
2 10       WHEREAS, disabilities vary considerably across the  
2 11 state, causing significant disparities across  
2 12 counties, among differing socioeconomic groups, and  
2 13 between community and institutional supports; and  
2 14       WHEREAS, outside of families, private providers  
2 15 that employ direct-support professionals deliver the  
2 16 majority of supports and services for individuals with  
2 17 developmental disabilities in the community; and  
2 18       WHEREAS, direct-support professionals provide a  
2 19 wide range of supportive services to individuals with  
2 20 mental retardation or other developmental disabilities  
2 21 on a day-to-day basis, including habilitation, health  
2 22 needs, personal care and hygiene, employment,  
2 23 transportation, recreation, and housekeeping and other  
2 24 home management-related supports and services so that  
2 25 these individuals can live and work in their  
2 26 communities; and  
2 27       WHEREAS, direct-support professionals generally  
2 28 assist Iowans with developmental disabilities in  
2 29 leading a self-directed family, community, and social  
2 30 life; and



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House Resolution 103 - Introduced continued

3 1 WHEREAS, private providers and the individuals for  
3 2 whom they provide supports and services are in  
3 3 jeopardy as a result of the growing crisis in  
3 4 recruiting and retaining a direct=support workforce;  
3 5 and  
3 6 WHEREAS, providers of supports and services to  
3 7 individuals with developmental disabilities typically  
3 8 draw from a labor market that competes with other  
3 9 entry-level jobs that provide less physically and  
3 10 emotionally demanding work, and higher pay and other  
3 11 benefits, and therefore these direct=support jobs are  
3 12 not currently competitive in today's labor market; and  
3 13 WHEREAS, turnover rates of direct=support workers  
3 14 range from 40 to 75 percent; and  
3 15 WHEREAS, high rates of employee vacancies and  
3 16 turnover threaten the ability of providers to achieve  
3 17 their core mission, which is the provision of safe and  
3 18 high-quality supports to individuals with  
3 19 developmental disabilities; and  
3 20 WHEREAS, direct=support staff turnover is  
3 21 emotionally difficult for the individuals being  
3 22 served; and  
3 23 WHEREAS, many parents are becoming increasingly  
3 24 afraid that no one will be available to take care of  
3 25 their children with developmental disabilities who are  
3 26 living in the community; and  
3 27 WHEREAS, this workforce shortage is the most  
3 28 significant barrier to implementing the Olmstead  
3 29 decision and undermines the expansion of community  
3 30 integration as called for by President Bush's New



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House Resolution 103 - Introduced continued

4 1 Freedom Initiative, placing community support  
4 2 infrastructure at risk; NOW THEREFORE,  
4 3 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES,  
4 4 That the House of Representatives recognizes it is a  
4 5 priority to ensure a stable and quality direct=support  
4 6 workforce for individuals with developmental  
4 7 disabilities that advances our state's commitment to  
4 8 community integration for such individuals and to  
4 9 personal security for them and their families.  
4 10 LSB 5221HH 82  
4 11 ak/nh/5



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House Resolution 104 - Introduced

PAG LIN

H.R. \_\_\_\_\_ S.R. \_\_\_\_\_

1 1 HOUSE RESOLUTION NO.  
1 2 BY WINCKLER and L. MILLER  
1 3 A Resolution designating March 2008 as Iowa Women's  
1 4 History Month.  
1 5 WHEREAS, Iowa women of every race, class, and  
1 6 ethnic background have made historic contributions to  
1 7 the growth and strength of our state and nation in  
1 8 countless recorded and unrecorded ways, including  
1 9 through the struggle for women's rights; and  
1 10 WHEREAS, Iowa women have played and continue to  
1 11 play a critical economic, cultural, and social role by  
1 12 constituting a significant portion of the labor force  
1 13 working inside and outside the home despite being  
1 14 underpaid; and  
1 15 WHEREAS, Iowa women were particularly important in  
1 16 the establishment of early charitable, philanthropic,  
1 17 and cultural institutions in our state and nation; and  
1 18 WHEREAS, Iowa women and men ratified the amendment  
1 19 to the Iowa Constitution, declaring that "All men and  
1 20 women are, by nature, free and equal, and have certain  
1 21 inalienable rights"; and  
1 22 WHEREAS, Iowa women have been leaders in the  
1 23 abolitionist movement, the emancipation movement, the  
1 24 industrial labor movement, the civil rights movement,  
1 25 the peace movement, and the women's suffrage movement,  
1 26 which created a more fair and just society for all  
1 27 people; and  
1 28 WHEREAS, despite these contributions, and those of  
1 29 women throughout the world, the role of women has been  
1 30 consistently overlooked and undervalued, in the



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House Resolution 104 - Introduced continued

2 1 literature, teaching, and study of history; NOW  
2 2 THEREFORE,  
2 3 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES,  
2 4 That the House of Representatives designates the month  
2 5 of March 2008 as Iowa Women's History Month and  
2 6 invites the citizens of Iowa to continue to uncover,  
2 7 recognize, and honor the roles women have played  
2 8 throughout history.  
2 9 LSB 6430HH 82  
2 10 jr/rj/5



Iowa General Assembly  
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House Study Bill 636

HOUSE FILE  
BY (PROPOSED COMMITTEE ON HUMAN  
RESOURCES BILL BY CHAIRPERSON  
SMITH)

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

1 An Act relating to health care reform in Iowa including the Iowa  
2 health care coverage exchange; medical homes; prevention and  
3 chronic care management; the Iowa health information  
4 technology system; health care quality, consumer information,  
5 strategic planning, and resource development; and the  
6 certificate of need program.  
7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
8 TLSB 6443HC 82  
9 av:pf/rj/8



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House Study Bill 636 continued

PAG LIN

1 1 DIVISION I  
1 2 IOWA HEALTH CARE COVERAGE EXCHANGE  
1 3 Section 1. NEW SECTION. 514M.1 SHORT TITLE.  
1 4 This chapter shall be known and may be cited as the "Iowa  
1 5 Health Care Coverage for All Act".  
1 6 Sec. 2. NEW SECTION. 514M.2 DECLARATION OF INTENT.  
1 7 It is the intent of the general assembly in enacting this  
1 8 chapter, as funding becomes available, to progress toward  
1 9 achievement of the goal that all Iowans have health care  
1 10 coverage with the following priorities:  
1 11 1. The goal that all children in the state have qualified  
1 12 health care coverage which meets certain standards of quality  
1 13 and affordability with the following priorities:  
1 14 a. Covering all children who are declared eligible for  
1 15 medical assistance, the state children's health insurance  
1 16 program, and hawk=i by December 31, 2009.  
1 17 b. Subsidizing qualified health care coverage, which meets  
1 18 certain standards of quality and affordability, for the  
1 19 remaining uninsured children up to eighteen years of age under  
1 20 a sliding scale based on family income by December 31, 2009.  
1 21 c. Moving toward a future requirement that all parents  
1 22 must provide proof of qualified health care coverage which  
1 23 meets certain standards of quality and affordability for their  
1 24 children.  
1 25 2. The goal that all Iowans have qualified health care  
1 26 coverage which meets certain standards of quality and  
1 27 affordability with the following priorities:  
1 28 a. Continuing to expand options for individuals who are  
1 29 dually eligible for Medicare and medical assistance, typically  
1 30 the chronically disabled, by utilizing evidence-based medical  
1 31 treatments.  
1 32 b. Facilitating coverage of uninsured health and long-term  
1 33 care workers and child care workers with qualified health care  
1 34 coverage which meets certain standards of quality and  
1 35 affordability.



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House Study Bill 636 continued

2 1 c. Maximizing eligibility of low-income adults eighteen  
2 2 years of age and older for public health care coverage.  
2 3 d. Subsidizing qualified health care coverage, which meets  
2 4 certain standards of quality and affordability, for the  
2 5 remaining low-income adults.  
2 6 e. Moving toward a future requirement that all Iowans must  
2 7 provide proof of qualified health care coverage which meets  
2 8 certain standards of quality and affordability.  
2 9 3. The goal of decreasing health care costs and health  
2 10 care coverage costs by:  
2 11 a. Instituting insurance reforms that assure the  
2 12 availability of private insurance coverage for all Iowans by  
2 13 addressing issues involving guaranteed availability and  
2 14 issuance of insurance to applicants, preexisting condition  
2 15 exclusions, portability, and allowable or required pooling and  
2 16 rating classifications.  
2 17 b. Requiring every child who has public health care  
2 18 coverage or is insured by a plan created by the Iowa health  
2 19 care coverage exchange to have a medical home.  
2 20 c. Establishing a statewide telehealth system.  
2 21 d. Implementing cost containment strategies such as  
2 22 disease management programs, advance medical directives,  
2 23 initiatives such as end-of-life planning, transparency in  
2 24 health care cost and quality information, and an expanded  
2 25 certificate of need process.  
2 26 Sec. 3. NEW SECTION. 514M.3 DEFINITIONS.  
2 27 For the purposes of this chapter, unless the context  
2 28 otherwise requires:  
2 29 1. "Board" means the board of directors of the Iowa health  
2 30 care coverage exchange.  
2 31 2. "Carrier" means an entity subject to the insurance laws  
2 32 and regulations of this state, or subject to the jurisdiction  
2 33 of the commissioner, that contracts or offers to contract to  
2 34 provide, deliver, arrange for, pay for, or reimburse any of  
2 35 the costs of health care services, including an insurance



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3 1 company offering sickness and accident plans, a health  
3 2 maintenance organization, a nonprofit health service  
3 3 corporation, or any other entity providing a plan of health  
3 4 insurance, health benefits, or health services.  
3 5 3. "Commissioner" means the commissioner of insurance.  
3 6 4. "Creditable coverage" means health benefits or coverage  
3 7 provided to an individual under any of the following:  
3 8 a. A group health plan.  
3 9 b. Health insurance coverage.  
3 10 c. Part A or Part B Medicare pursuant to Title XVIII of  
3 11 the federal Social Security Act.  
3 12 d. Medicaid pursuant to Title XIX of the federal Social  
3 13 Security Act, other than coverage consisting solely of  
3 14 benefits under section 1928 of that Act.  
3 15 e. 10 U.S.C. ch. 55.  
3 16 f. A health or medical care program provided through the  
3 17 Indian health service or a tribal organization.  
3 18 g. A state health benefits risk pool.  
3 19 h. A health plan offered under 5 U.S.C. ch. 89.  
3 20 i. A public health plan as defined under federal  
3 21 regulations.  
3 22 j. A health benefit plan under section 5(e) of the federal  
3 23 Peace Corps Act, 22 U.S.C. } 2504(e).  
3 24 k. An organized delivery system licensed by the director  
3 25 of public health.  
3 26 l. A short-term limited duration policy.  
3 27 5. "Director" means the director of the department of  
3 28 revenue.  
3 29 6. "Exchange" means the Iowa health care coverage  
3 30 exchange.  
3 31 7. "Executive director" means the executive director of  
3 32 the Iowa health care coverage exchange.  
3 33 8. a. "Group health plan" means an employee welfare  
3 34 benefit plan as defined in section 3(1) of the federal  
3 35 Employee Retirement Income Security Act of 1974, to the extent



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4 1 that the plan provides medical care including items and  
4 2 services paid for as medical care to employees or their  
4 3 dependents as defined under the terms of the plan directly or  
4 4 through insurance, reimbursement, or otherwise.

4 5 b. For purposes of this subsection, "medical care" means  
4 6 amounts paid for any of the following:

4 7 (1) The diagnosis, cure, mitigation, treatment, or  
4 8 prevention of disease, or amounts paid for the purpose of  
4 9 affecting a structure or function of the body.

4 10 (2) Transportation primarily for and essential to medical  
4 11 care referred to in subparagraph (1).

4 12 (3) Insurance covering medical care referred to in  
4 13 subparagraph (1) or (2).

4 14 c. For purposes of this subsection, a partnership which  
4 15 establishes and maintains a plan, fund, or program to provide  
4 16 medical care to present or former partners in the partnership  
4 17 or to their dependents directly or through insurance,  
4 18 reimbursement, or other method, which would not be an employee  
4 19 benefit welfare plan but for this paragraph, shall be treated  
4 20 as an employee benefit welfare plan which is a group health  
4 21 plan.

4 22 (1) For purposes of a group health plan, an employer  
4 23 includes the partnership in relation to any partner.

4 24 (2) For purposes of a group health plan, the term  
4 25 "participant" also includes both of the following:

4 26 (a) An individual who is a partner in relation to a  
4 27 partnership which maintains a group health plan.

4 28 (b) An individual who is a self-employed individual in  
4 29 connection with a group health plan maintained by the  
4 30 self-employed individual where one or more employees are  
4 31 participants, if the individual is or may become eligible to  
4 32 receive a benefit under the plan or the individual's  
4 33 beneficiaries may be eligible to receive a benefit.

4 34 9. a. "Health insurance coverage" means benefits  
4 35 consisting of health care provided directly, through



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5 1 insurance, reimbursement, or otherwise and including items and  
5 2 services paid for as health care under a hospital or health  
5 3 service policy or certificate, hospital or health service plan  
5 4 contract, or health maintenance organization contract offered  
5 5 by a carrier.

5 6 b. "Health insurance coverage" does not include any of the  
5 7 following:

5 8 (1) Coverage for accident-only or disability income  
5 9 insurance.

5 10 (2) Coverage issued as a supplement to liability  
5 11 insurance.

5 12 (3) Liability insurance, including general liability  
5 13 insurance and automobile liability insurance.

5 14 (4) Workers' compensation or similar insurance.

5 15 (5) Automobile medical-payment insurance.

5 16 (6) Credit-only insurance.

5 17 (7) Coverage for on-site medical clinic care.

5 18 (8) Other similar insurance coverage, specified in federal  
5 19 regulations, under which benefits for medical care are  
5 20 secondary or incidental to other insurance coverage or  
5 21 benefits.

5 22 c. "Health insurance coverage" does not include benefits  
5 23 provided under a separate policy as follows:

5 24 (1) Limited scope dental or vision benefits.

5 25 (2) Benefits for long-term care, nursing home care, home  
5 26 health care, or community-based care.

5 27 (3) Any other similar limited benefits as provided by rule  
5 28 of the commissioner.

5 29 d. "Health insurance coverage" does not include benefits  
5 30 offered as independent noncoordinated benefits as follows:

5 31 (1) Coverage only for a specified disease or illness.

5 32 (2) A hospital indemnity or other fixed indemnity  
5 33 insurance.

5 34 e. "Health insurance coverage" does not include Medicare  
5 35 supplemental health insurance as defined under } 1882(g)(1) of



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6 1 the federal Social Security Act, coverage supplemental to the  
6 2 coverage provided under 10 U.S.C. ch. 55, and similar  
6 3 supplemental coverage provided to individuals under group  
6 4 health insurance coverage.

6 5 f. "Group health insurance coverage" means health  
6 6 insurance coverage offered in connection with a group health  
6 7 plan.

6 8 10. "Qualified health care coverage" means creditable  
6 9 coverage which meets minimum standards of quality and  
6 10 affordability as defined by the board.

6 11 11. "Resident" means a person who is a resident of this  
6 12 state for state income tax purposes.

6 13 12. "Secretary" means the secretary of the board of the  
6 14 Iowa health care coverage exchange.

6 15 Sec. 4. NEW SECTION. 514M.4 IOWA HEALTH CARE COVERAGE  
6 16 EXCHANGE == BOARD.

6 17 1. CREATION == PUBLIC INSTRUMENTALITY. The Iowa health  
6 18 care coverage exchange is created and constitutes a public  
6 19 instrumentality and agency of the state exercising public and  
6 20 essential governmental functions to undertake programs which  
6 21 assist in attainment of the goal of achieving qualified health  
6 22 care coverage for all Iowans. The exchange shall operate  
6 23 under a plan of operation established and approved under  
6 24 section 514M.5.

6 25 2. BOARD OF DIRECTORS. The powers of the exchange shall  
6 26 be vested in and exercised by the board of directors of the  
6 27 exchange.

6 28 a. The board of directors consists of the following  
6 29 persons who are voting members unless otherwise provided:

6 30 (1) The two most recent former governors, or if one or  
6 31 both of them are unable or unwilling to serve, a person or  
6 32 persons appointed by the governor.

6 33 (2) The commissioner of insurance, or a designee.

6 34 (3) The director of human services, or a designee.

6 35 (4) Five members appointed by the governor, subject to



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7 1 confirmation by the senate:

7 2 (a) An actuary who is a member in good standing of the  
7 3 American academy of actuaries.

7 4 (b) A health economist.

7 5 (c) A consumer.

7 6 (d) A representative of organized labor.

7 7 (e) A representative of an organization of employers.

7 8 (5) Four members of the general assembly, one appointed by  
7 9 the speaker of the house of representatives, one appointed by  
7 10 the minority leader of the house of representatives, one  
7 11 appointed by the majority leader of the senate, and one  
7 12 appointed by the minority leader of the senate who shall be ex  
7 13 officio, nonvoting members of the board.

7 14 (6) A person who shall serve as the secretary of the  
7 15 board, appointed by the board and who shall be an ex officio,  
7 16 nonvoting member of the board.

7 17 b. Each member of the board appointed by the governor  
7 18 shall be a resident of this state and not more than three  
7 19 members shall be members of the same political party.

7 20 c. The members of the board appointed by the governor  
7 21 shall be appointed for terms of six years beginning and ending  
7 22 as provided in section 69.19. Such member of the board is  
7 23 eligible for reappointment. The governor shall fill a vacancy  
7 24 for the remainder of the unexpired term. Such member of the  
7 25 board may be removed by the governor for misfeasance,  
7 26 malfeasance, or willful neglect of duty or other cause after  
7 27 notice and a public hearing unless the notice and hearing are  
7 28 waived by the member in writing.

7 29 d. The members of the board shall annually elect one  
7 30 voting member as chairperson and one as vice chairperson.

7 31 e. A majority of the voting members of the board  
7 32 constitutes a quorum. The affirmative vote of a majority of  
7 33 its voting members is necessary for any action taken by the  
7 34 board. The majority shall not include a member who has a  
7 35 conflict of interest and a statement by a member of a conflict



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8 1 of interest is conclusive for this purpose. A vacancy in the  
8 2 membership of the board does not impair the right of a quorum  
8 3 to exercise the rights and perform the duties of the board.  
8 4 An action taken by the board under this chapter may be  
8 5 authorized by resolution at a regular or special meeting and  
8 6 each resolution shall take effect immediately and need not be  
8 7 published or posted. Meetings of the board shall be held at  
8 8 the call of the chairperson or at the request of a majority of  
8 9 the board's voting members.

8 10 f. The members of the board shall not receive compensation  
8 11 for the performance of their duties as members but each member  
8 12 shall be paid necessary expenses while engaged in the  
8 13 performance of duties of the exchange.

8 14 g. The members of the board shall give bond as required  
8 15 for public officers in chapter 64.

8 16 h. The members of the board are subject to and are  
8 17 officials within the meaning of chapter 68B.

8 18 3. EXECUTIVE DIRECTOR. The voting members of the board  
8 19 shall appoint an executive director, subject to confirmation  
8 20 by the senate, to supervise the administrative affairs and  
8 21 general management and operations of the exchange. The board  
8 22 may appoint an assistant executive director, and other  
8 23 officers as the members of the board determine. The officers  
8 24 shall not be members of the board, shall serve at the pleasure  
8 25 of the voting members of the board, and shall receive  
8 26 compensation as fixed by the board.

8 27 4. SECRETARY. The secretary of the board shall keep a  
8 28 record of the proceedings of the board and shall be custodian  
8 29 of all books, documents, and papers filed with the board, and  
8 30 the minute book or journal of the board. The secretary shall  
8 31 serve at the pleasure of the board, and shall receive  
8 32 compensation as fixed by the board.

8 33 Sec. 5. NEW SECTION. 514M.5 BOARD POWERS == DUTIES.

8 34 The board shall have broad authority to accomplish the  
8 35 purposes of this chapter, including but not limited to:



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- 9 1 1. Developing a plan of operation for the exchange  
9 2 pursuant to rules adopted under chapter 17A that includes but  
9 3 is not limited to the following:
- 9 4 a. Establishing procedures for operations of the exchange.
  - 9 5 b. Establishing procedures for communications with the  
9 6 executive director.
  - 9 7 c. Establishing procedures for the selection and approval  
9 8 of qualified health care coverage to be offered through the  
9 9 exchange.
  - 9 10 d. Establishing procedures for the enrollment of eligible  
9 11 individuals and groups.
  - 9 12 e. Establishing procedures for appeals of eligibility  
9 13 decisions for the Iowa choice care program.
  - 9 14 f. Establishing a plan for operating a health insurance  
9 15 service center to provide eligible individuals and groups with  
9 16 information on the exchange and for managing exchange  
9 17 enrollment.
  - 9 18 g. Establishing and managing a system of collecting all  
9 19 premium payments made by, or on behalf of, individuals  
9 20 obtaining health insurance through the exchange, including any  
9 21 premium payments made by enrollees, employees, unions, or  
9 22 other organizations.
  - 9 23 h. Establishing and managing a system of remitting premium  
9 24 assistance payments to carriers.
  - 9 25 i. Establishing a plan for publicizing the existence of  
9 26 the exchange and the exchange's requirements and enrollment  
9 27 procedures.
  - 9 28 j. Developing criteria for determining that certain  
9 29 qualified health care coverage shall no longer be made  
9 30 available through the exchange, and developing a plan to  
9 31 decertify and remove exchange approval from certain qualified  
9 32 health care coverage.
  - 9 33 k. Developing criteria for plans eligible for premium  
9 34 assistance payments through the Iowa choice care program.
- 9 35 2. Establishing by rules adopted under chapter 17A what



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10 1 constitutes qualified health care coverage which meets certain  
10 2 standards of quality and affordability by:  
10 3     a. Setting parameters for what is affordable by creating  
10 4 an affordability schedule that is conservative to prevent harm  
10 5 to people who are struggling financially and that utilizes a  
10 6 progressive scale of subsidization by the state that decreases  
10 7 as incomes increase and requires people with very low incomes  
10 8 to pay only small amounts for health care coverage with no  
10 9 financial penalties.  
10 10     b. Establishing a program to subsidize health care  
10 11 coverage on a sliding scale based on income for low-income  
10 12 uninsured individuals and families with incomes below three  
10 13 hundred percent of the federal poverty level as determined by  
10 14 the most recently revised poverty income guidelines published  
10 15 by the United States department of health and human services  
10 16 using the following priorities for subsidization of the cost  
10 17 of such coverage by income level as funding becomes available:  
10 18       (1) Less than one hundred percent of federal poverty level  
10 19 == one hundred percent of the cost subsidized.  
10 20       (2) One hundred percent to less than one hundred fifty  
10 21 percent of the federal poverty level == eighty percent of the  
10 22 cost subsidized.  
10 23       (3) One hundred fifty percent to less than two hundred  
10 24 percent of the federal poverty level == sixty percent of the  
10 25 cost subsidized.  
10 26       (4) Two hundred percent to less than two hundred fifty  
10 27 percent of the federal poverty level == forty percent of the  
10 28 cost subsidized.  
10 29       (5) Two hundred fifty percent to less than three hundred  
10 30 percent of the federal poverty level == twenty percent of the  
10 31 cost subsidized.  
10 32     c. Defining what constitutes qualified health care  
10 33 coverage. For purposes of this definition, the board may  
10 34 consider requirements for coverage and benefits that include  
10 35 but are not limited to:



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- 11 1       (1) No underwriting requirements and no preexisting  
11 2 condition exclusions.
- 11 3       (2) Portability.
- 11 4       (3) Coverage of physical, behavioral, dental health and  
11 5 vision services, and prescription drugs.
- 11 6       (4) Copayments and deductibles that do not exceed  
11 7 specified amounts. No copayments or deductibles for wellness,  
11 8 prevention, and chronic disease management services.
- 11 9       (5) No reimbursement of providers for an otherwise covered  
11 10 service if the service is required solely on account of the  
11 11 provider's avoidable medical error.
- 11 12       (6) If coverage of an insured's dependents is included,  
11 13 coverage of those unmarried dependents up to twenty-five years  
11 14 of age.
- 11 15       (7) A requirement that all insureds have a medical home.
- 11 16       (8) Coverage of wellness, prevention, and chronic disease  
11 17 management services including without limitation physical and  
11 18 psychosocial screenings for children which satisfy the early  
11 19 periodic screening, diagnosis, and treatment standards of the  
11 20 medical assistance program.
- 11 21       (9) Coverage of emergency mental health services when  
11 22 provided by a certified emergency mental health services  
11 23 provider.
- 11 24       (10) Premium discounts for nonsmokers and for insureds who  
11 25 successfully lose weight through participation in a diet and  
11 26 exercise program prescribed by a qualified health care  
11 27 professional.
- 11 28       (11) A requirement that all participating health care  
11 29 providers:
- 11 30       (a) Utilize electronic prescriptions.
- 11 31       (b) Utilize electronic medical records.
- 11 32       (c) Provide rate schedules to the board for all services  
11 33 offered.
- 11 34       3. Collaborating with carriers to do the following,  
11 35 including but not limited to:



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12 1     a. Assuring the availability of private qualified health  
12 2 insurance coverage to all Iowans by designing solutions to  
12 3 issues related to guaranteed issuance of insurance,  
12 4 preexisting condition exclusions, portability, and allowable  
12 5 pooling and rating classifications.

12 6     b. Formulating principles that ensure fair and appropriate  
12 7 practices related to issues involving individual qualified  
12 8 health insurance coverage policies such as rescission and  
12 9 preexisting condition clauses, and that provide for a binding  
12 10 third-party review process to resolve disputes related to such  
12 11 issues.

12 12     c. Designing affordable, portable qualified health  
12 13 insurance coverage plans that meet the needs of low-income  
12 14 populations.

12 15     4. Designing a health care coverage program called Iowa  
12 16 choice care which offers private qualified health care  
12 17 coverage through the exchange, whose purchase is publicly  
12 18 subsidized on a sliding scale based on income for low-income  
12 19 individuals and families who do not meet eligibility  
12 20 guidelines for any other public health care program, and which  
12 21 provides affordable, unsubsidized qualified health care  
12 22 coverage options for purchase by any other person who wishes  
12 23 to purchase them, including individuals, families, and  
12 24 employees of small businesses. The subsidized portion of the  
12 25 Iowa choice care program may be implemented incrementally as  
12 26 funding becomes available.

12 27     5. Designing a subsidy program for payment of premiums for  
12 28 qualified health care coverage by low-income people that  
12 29 complements, not supplants, the medical assistance program.  
12 30 The subsidy program may include subsidizing an employee's  
12 31 purchase of health care insurance offered by that person's  
12 32 employer.

12 33     6. Implementing initiatives such as uniform health care  
12 34 insurance applications and other standardized administrative  
12 35 procedures that make the purchase of health care insurance



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13 1 easier and lower administrative costs such as determining what  
13 2 constitutes an equitable administrative formula for carriers.

13 3 7. Encouraging initiatives that allow portability of  
13 4 health care insurance between employers for part-time workers,  
13 5 persons who work more than one job, seasonal workers, or  
13 6 people who change jobs.

13 7 8. Controlling health insurance coverage premiums by  
13 8 establishing what constitutes reasonable rates, to ensure  
13 9 affordability of coverage.

13 10 9. Studying the ramifications of requiring each employer  
13 11 with more than ten employees in this state to adopt and  
13 12 maintain a cafeteria plan that satisfies section 125 of the  
13 13 federal Internal Revenue Code of 1986, and the rules and  
13 14 regulations promulgated by the board.

13 15 10. Determining each applicant's eligibility to purchase  
13 16 health care insurance offered by the exchange, including  
13 17 eligibility for premium assistance payments.

13 18 11. Seeking and receiving any grant funding from the  
13 19 federal government, departments, or agencies of this state,  
13 20 and private foundations.

13 21 12. Contracting with professional service firms as may be  
13 22 necessary, and fixing their compensation.

13 23 13. Contracting with companies which provide third-party  
13 24 administrative and billing services for insurance products.

13 25 14. Maintaining an office at such place or places in this  
13 26 state as it may designate.

13 27 15. Employing persons necessary to carry out the duties of  
13 28 the exchange.

13 29 16. Entering into agreements with the department of  
13 30 revenue, the department of human services, the division of  
13 31 insurance, and any other state agencies the board deems  
13 32 necessary to implement its duties under this chapter.

13 33 17. Creating, in collaboration with the department of  
13 34 revenue, a form for the department to distribute to every  
13 35 person to whom it distributes information regarding personal



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14 1 income tax liability, including every person who filed a  
14 2 personal income tax return in the most recent calendar year,  
14 3 informing the recipient of the requirements, if any, to  
14 4 establish and maintain qualified health care coverage.  
14 5 18. Designing a premium schedule to be published by the  
14 6 exchange by December 1 of each year, which accounting for  
14 7 maximum pricing in all rating factors with an exception for  
14 8 age, includes the lowest premium on the market for which an  
14 9 individual would be eligible for qualified health care  
14 10 coverage. The schedule shall publish premiums allowing  
14 11 variance for age and rate basis type.  
14 12 19. Developing and implementing a plan and corresponding  
14 13 timeline detailing action steps toward implementing this  
14 14 chapter, by rules adopted pursuant to chapter 17A, as provided  
14 15 in section 514M.8.  
14 16 20. Commissioning a study to examine and model the effect  
14 17 of merging the individual and small group health insurance  
14 18 markets in this state.  
14 19 21. Commissioning a study to examine and model the effect  
14 20 of merging the Iowa comprehensive health insurance association  
14 21 and the Iowa health care coverage exchange fund or modifying  
14 22 the association to improve accessibility to qualified health  
14 23 care coverage at reasonably affordable rates prior to complete  
14 24 implementation of health care coverage of all Iowans.  
14 25 22. Considering changing grouping and rating  
14 26 classifications, including age rating, to better reflect  
14 27 principles of equity, fairness, and cost-sharing, and that  
14 28 best facilitate the goal of achieving quality, affordable  
14 29 health care coverage for all Iowans.  
14 30 Sec. 6. NEW SECTION. 514M.6 ANNUAL REPORT.  
14 31 The board shall keep an accurate account of all the  
14 32 activities of the exchange and of all its receipts and  
14 33 expenditures and shall annually make a report thereof as of  
14 34 the end of its fiscal year to the governor and the general  
14 35 assembly.



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15 1       Sec. 7. NEW SECTION. 514M.7 HEALTH CARE COVERAGE  
15 2 EXCHANGE FUND == APPROPRIATION.  
15 3       The health care coverage exchange fund is created in the  
15 4 state treasury as a separate fund under the control of the  
15 5 exchange. All moneys collected from premiums paid for health  
15 6 care plans offered by the exchange, and any other moneys that  
15 7 are appropriated or transferred to the fund shall be credited  
15 8 to the fund. All moneys credited to the fund are appropriated  
15 9 and available to the exchange to be used for the purposes set  
15 10 forth in this chapter. Notwithstanding section 8.33, any  
15 11 balance in the fund on June 30 of each fiscal year shall not  
15 12 revert to the general fund of the state, but shall be  
15 13 available for purposes set forth in this chapter in subsequent  
15 14 fiscal years.  
15 15       Sec. 8. NEW SECTION. 514M.8 HEALTH CARE COVERAGE FOR ALL  
15 16 == TRANSITION == IMPLEMENTATION.  
15 17       1. The board shall design and implement a program, as  
15 18 funding becomes available, including a timetable and  
15 19 procedures for implementation, to progress toward achieving  
15 20 the goal that all children in this state have qualified health  
15 21 care coverage, by maximizing the use of state and private  
15 22 financial support as follows:  
15 23       a. As funding becomes available, all children who are  
15 24 eligible for medical assistance, Medicaid expansion, and  
15 25 hawk=i shall have coverage by December 31, 2009. Parents of  
15 26 such children shall provide proof that each child has  
15 27 qualified health care coverage at a time and in a manner as  
15 28 specified by the board by rule. Implementation of this  
15 29 requirement may include a reporting requirement on Iowa income  
15 30 tax returns or during school registration.  
15 31       b. As funding becomes available, the state may provide a  
15 32 subsidy to assist with the purchase of qualified health care  
15 33 coverage for the remaining uninsured children up to eighteen  
15 34 years of age using a sliding scale based on family income by  
15 35 December 31, 2009. Parents of such children who are eligible



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16 1 for subsidies shall provide proof that each child has  
16 2 qualified health care coverage, at a time and in a manner as  
16 3 specified by the board by rule. Implementation of this  
16 4 requirement may include a reporting requirement on Iowa income  
16 5 tax returns or during school registration.

16 6 c. All parents of children up to eighteen years of age may  
16 7 be required to provide proof that each child has qualified  
16 8 health care coverage, at a time and in a manner as specified  
16 9 by the board by rule. Implementation of this requirement may  
16 10 include a reporting requirement on Iowa income tax returns or  
16 11 during school registration.

16 12 2. The board shall design and implement a program,  
16 13 including a timetable and procedures for implementation after  
16 14 all children have qualified health care coverage, to work  
16 15 toward achieving the goal that all adults in the state have  
16 16 qualified health care coverage as follows:

16 17 a. The state may continue to expand options for  
16 18 individuals who are dually eligible for Medicare and medical  
16 19 assistance by utilizing evidence-based medical treatment.

16 20 b. As funding becomes available, the state may provide a  
16 21 subsidy to assist uninsured health and long-term care workers  
16 22 and child care workers with the purchase of qualified health  
16 23 care coverage. The board shall define "health and long-term  
16 24 care workers" and "child care workers" by rule. A health or  
16 25 long-term care worker or child care worker who is eligible for  
16 26 the subsidy shall provide proof of qualified health care  
16 27 coverage, at a time and in a manner as specified by the board  
16 28 by rule. Implementation of this requirement may include a  
16 29 reporting requirement on Iowa income tax returns.

16 30 c. As funding becomes available, the state may provide a  
16 31 subsidy to assist with the purchase of qualified health care  
16 32 coverage by the remaining uninsured adults using a sliding  
16 33 scale based on income. A person who is eligible for the  
16 34 subsidy shall provide proof of qualified health care coverage,  
16 35 at a time and in a manner as specified by the board by rule.



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17 1 Implementation of this requirement may include a reporting  
17 2 requirement on Iowa income tax returns.  
17 3 d. All adults may be required to provide proof of  
17 4 qualified health care coverage, at a time and in a manner as  
17 5 specified by the board by rule. Implementation of this  
17 6 requirement may include a reporting requirement on Iowa income  
17 7 tax returns.  
17 8 3. An adult or parent of a child who is required to  
17 9 provide proof of qualified health care coverage of the adult  
17 10 or child and does not do so, may automatically be assigned and  
17 11 enrolled in the appropriate coverage offered by the exchange  
17 12 at a cost and in a time and manner determined by the board by  
17 13 rule.  
17 14 4. The board shall collaborate with carriers to institute  
17 15 health insurance reforms that may become effective before  
17 16 qualified health care coverage for all Iowans has been  
17 17 achieved. Such reforms may include:  
17 18 a. Carriers may enroll any applicant rated up to two  
17 19 hundred percent of standard premium rates at a maximum premium  
17 20 rate of one hundred fifty percent of the standard premium  
17 21 rate.  
17 22 b. Any applicant rated at over two hundred percent of  
17 23 standard premium rates may be enrolled in a plan offered by  
17 24 the state, such as the Iowa comprehensive health insurance  
17 25 association or the Iowa health care coverage exchange fund or  
17 26 a combination thereof at one hundred fifty percent of standard  
17 27 premium rates with the state subsidizing any cost over that  
17 28 amount.  
17 29 c. Carriers may offer open enrollment periods where any  
17 30 applicant may enroll with no preexisting conditions  
17 31 exclusions.  
17 32 d. Carriers may guarantee issuance of insurance with no  
17 33 preexisting condition exclusions if the applicant was covered  
17 34 by creditable coverage that was continuous to a date not more  
17 35 than sixty=three days prior to the effective date of the new



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18 1 coverage.

18 2

DIVISION II

18 3

MEDICAL HOME

18 4

DIVISION XXI

18 5

MEDICAL HOME

18 6 Sec. 9. NEW SECTION. 135.154 DEFINITIONS.

18 7 As used in this chapter, unless the context otherwise

18 8 requires:

18 9 1. "Department" means the department of public health.

18 10 2. "Health care professional" means a person who is  
18 11 licensed, certified, or otherwise authorized or permitted by  
18 12 the law of this state to administer health care in the  
18 13 ordinary course of business or in the practice of a  
18 14 profession.

18 15 3. "Medical home" means a team approach to providing  
18 16 health care that originates in a primary care setting; fosters  
18 17 a partnership among the patient, the primary care physician  
18 18 and other health care professionals, and where appropriate,  
18 19 the patient's family; utilizes the partnership to access all  
18 20 medical and nonmedical health-related services needed by the  
18 21 patient and the patient's family to achieve maximum health  
18 22 potential; maintains a centralized, comprehensive record of  
18 23 all health-related services to promote continuity of care; and  
18 24 has all of the characteristics specified in section 135.155.

18 25 4. "Medical home commission" or "commission" means the  
18 26 medical home commission created in section 135.156.

18 27 5. "National committee for quality assurance" means the  
18 28 nationally recognized, independent nonprofit organization that  
18 29 measures the quality and performance of health care and health  
18 30 care plans in the United States; provides accreditation,  
18 31 certification, and recognition programs for health care plans  
18 32 and programs; and is recognized in Iowa as an accrediting  
18 33 organization for commercial and Medicaid-managed care  
18 34 organizations.

18 35 6. "Nonphysician primary care professionals" means



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19 1 providers of health care other than physicians who render some  
19 2 primary care services including nurse practitioners, physician  
19 3 assistants, and other health care professionals.

19 4 7. "Personal provider" means the patient's first point of  
19 5 contact in the health care system with a primary care provider  
19 6 who identifies the patient's health needs, and, working with a  
19 7 team of health care professionals, provides for and  
19 8 coordinates appropriate care to address the health needs  
19 9 identified.

19 10 8. "Primary care" means health care which emphasizes  
19 11 providing for a patient's general health needs and utilizes  
19 12 collaboration with other health care professionals and  
19 13 consultation or referral as appropriate to meet the needs  
19 14 identified. "Primary care" is usually provided by general and  
19 15 family practitioners, internists, obstetricians,  
19 16 pediatricians, and certain nonprimary care professionals who  
19 17 are specifically trained for and skilled in comprehensive  
19 18 first contact and continuing care for persons with any  
19 19 undiagnosed sign, symptom, or health concern not limited by  
19 20 problem origin, organ system, or diagnosis. "Primary care"  
19 21 includes health promotion, disease prevention, health  
19 22 maintenance, counseling, patient education, and diagnosis and  
19 23 treatment of acute and chronic illnesses. "Primary care" also  
19 24 provides patient advocacy in the health care system to  
19 25 accomplish cost-effective care through coordination of health  
19 26 care services, promotion of effective communication with  
19 27 patients, and encouragement of the role of the patient as a  
19 28 partner in health care.

19 29 9. "Primary care physician" means a generalist physician  
19 30 who is specifically trained to provide primary care at the  
19 31 point of first contact, and takes continuing responsibility  
19 32 for providing the patient's care.

19 33 Sec. 10. NEW SECTION. 135.155 MEDICAL HOME PURPOSES ==  
19 34 CHARACTERISTICS.

19 35 1. The purposes of a medical home are the following:



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20 1 a. To reduce disparities in health care access, delivery,  
20 2 and health care outcomes.  
20 3 b. To improve quality of health care and lower health care  
20 4 costs, thereby creating savings to allow more Iowans to have  
20 5 health care coverage and to provide for the sustainability of  
20 6 the health care system.  
20 7 c. To provide a tangible method to document if each Iowan  
20 8 has access to health care.  
20 9 2. A medical home has all of the following  
20 10 characteristics:  
20 11 a. A personal provider. Each patient has an ongoing  
20 12 relationship with a personal provider trained to provide first  
20 13 contact and continuous and comprehensive care.  
20 14 b. A provider-directed medical practice. The personal  
20 15 provider leads a team of individuals at the practice level who  
20 16 collectively take responsibility for the ongoing health care  
20 17 of patients.  
20 18 c. Whole person orientation. The personal provider is  
20 19 responsible for providing for all of a patient's health care  
20 20 needs or taking responsibility for appropriately arranging  
20 21 health care by other qualified health care professionals.  
20 22 This responsibility includes health care at all stages of life  
20 23 including provision of acute care, chronic care, preventive  
20 24 services, and end-of-life care.  
20 25 d. Coordination and integration of care. Care is  
20 26 coordinated and integrated across all elements of the complex  
20 27 health care system and the patient's community. Care is  
20 28 facilitated by registries, information technology, health  
20 29 information exchanges, and other means to assure that patients  
20 30 get the indicated care when and where they need and want the  
20 31 care in a culturally and linguistically appropriate manner.  
20 32 e. Quality and safety. The following are quality and  
20 33 safety components of the medical home:  
20 34 (1) Provider-directed medical practices advocate for their  
20 35 patients to support the attainment of optimal,



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21 1 patient-centered outcomes that are defined by a care planning  
21 2 process driven by a compassionate, robust partnership between  
21 3 providers, the patient, and the patient's family.  
21 4 (2) Evidence-based medicine and clinical decision-support  
21 5 tools guide decision making.  
21 6 (3) Providers in the medical practice accept  
21 7 accountability for continuous quality improvement through  
21 8 voluntary engagement in performance measurement and  
21 9 improvement.  
21 10 (4) Patients actively participate in decision making and  
21 11 feedback is sought to ensure that the patients' expectations  
21 12 are being met.  
21 13 (5) Information technology is utilized appropriately to  
21 14 support optimal patient care, performance measurement, patient  
21 15 education, and enhanced communication.  
21 16 (6) Practices participate in a voluntary recognition  
21 17 process conducted by an appropriate nongovernmental entity to  
21 18 demonstrate that the practice has the capabilities to provide  
21 19 patient-centered services consistent with the medical home  
21 20 model.  
21 21 (7) Patients and families participate in quality  
21 22 improvement activities at the practice level.  
21 23 f. Enhanced access to health care. Enhanced access to  
21 24 health care is available through systems such as open  
21 25 scheduling, expanded hours, and new options for communication  
21 26 between the patient, the patient's personal provider, and  
21 27 practice staff.  
21 28 g. Payment. The payment system appropriately recognizes  
21 29 the added value provided to patients who have a  
21 30 patient-centered medical home. The payment structure  
21 31 framework of the medical home provides all of the following:  
21 32 (1) Reflects the value of provider and nonprovider staff  
21 33 and patient-centered care management work that is in addition  
21 34 to the face-to-face visit.  
21 35 (2) Pays for services associated with coordination of



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22 1 health care both within a given practice and between  
22 2 consultants, ancillary providers, and community resources.  
22 3 (3) Supports adoption and use of health information  
22 4 technology for quality improvement.  
22 5 (4) Supports provision of enhanced communication access  
22 6 such as secure electronic mail and telephone consultation.  
22 7 (5) Recognizes the value of physician work associated with  
22 8 remote monitoring of clinical data using technology.  
22 9 (6) Allows for separate fee-for-service payments for  
22 10 face-to-face visits. Payments for health care management  
22 11 services that are in addition to the face-to-face visit do not  
22 12 result in a reduction in the payments for face-to-face visits.  
22 13 (7) Recognizes case mix differences in the patient  
22 14 population being treated within the practice.  
22 15 (8) Allows providers to share in savings from reduced  
22 16 hospitalizations associated with provider-guided health care  
22 17 management in the office setting.  
22 18 (9) Allows for additional payments for achieving  
22 19 measurable and continuous quality improvements.  
22 20 Sec. 11. NEW SECTION. 135.156 MEDICAL HOME COMMISSION.  
22 21 1. A medical home commission is created consisting of the  
22 22 following members:  
22 23 a. The director of public health, or the director's  
22 24 designee, who shall act as chairperson of the commission.  
22 25 b. The director of human services, or the director's  
22 26 designee.  
22 27 c. The commissioner of insurance, or the commissioner's  
22 28 designee.  
22 29 d. A representative of health insurers.  
22 30 e. A representative of the Iowa dental association.  
22 31 f. A representative of the Iowa nurses association.  
22 32 g. A family physician who is a member of the Iowa academy  
22 33 of family physicians.  
22 34 h. A health care consumer.  
22 35 i. A representative of the Iowa collaborative safety net



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23 1 provider network established pursuant to section 135.153.  
23 2 2. a. Members of the commission from the organizations  
23 3 specified in subsection 1 shall be selected by the respective  
23 4 organization. Terms of public members of the commission shall  
23 5 begin and end as provided by section 69.19. Any vacancy shall  
23 6 be filled in the same manner as regular appointments are made  
23 7 for the unexpired portion of the regular term. Public members  
23 8 shall serve terms of three years. A member is eligible for  
23 9 reappointment for two successive terms.  
23 10 b. Public members of the commission shall receive their  
23 11 actual and necessary expenses incurred in the performance of  
23 12 their duties and may be eligible to receive compensation as  
23 13 provided in section 7E.6.  
23 14 c. The commission shall meet at least quarterly and in  
23 15 accordance with rules adopted by the commission.  
23 16 d. A majority of the members of the commission constitutes  
23 17 a quorum. Any action taken by the commission must be adopted  
23 18 by the affirmative vote of a majority of its voting  
23 19 membership.  
23 20 e. The commission is located for administrative purposes  
23 21 within the division of health promotion and chronic disease  
23 22 management within the department. The commission shall  
23 23 coordinate efforts with other divisions, bureaus, and offices  
23 24 within the department including but not limited to the office  
23 25 of multicultural health established in section 135.12 and oral  
23 26 health bureau established in section 135.15, in order to avoid  
23 27 duplication of efforts. The department shall provide office  
23 28 space, staff assistance, administrative support, and necessary  
23 29 supplies and equipment to the commission.  
23 30 3. The commission may adopt rules pursuant to chapter 17A  
23 31 to administer the programs of the commission.  
23 32 Sec. 12. NEW SECTION. 135.157 MEDICAL HOME SYSTEM ==  
23 33 DEVELOPMENT AND IMPLEMENTATION.  
23 34 1. The commission shall develop a plan for implementation  
23 35 of a statewide medical home system. The initial phase shall



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24 1 focus on providing a medical home for children, beginning with  
24 2 those children who are recipients of medical assistance or the  
24 3 hawk=i program, and expanding to children covered through the  
24 4 exchange created pursuant to section 514M.4. The second phase  
24 5 shall focus on providing a medical home to the expansion  
24 6 population under the IowaCare program and to adult recipients  
24 7 of medical assistance. The third phase shall focus on  
24 8 providing a medical home to adults covered through the  
24 9 exchange created pursuant to section 514M.4. The commission,  
24 10 in collaboration with parents, schools, communities, health  
24 11 plans, and providers, shall endeavor to increase healthy  
24 12 outcomes for children and adults by linking the children and  
24 13 adults with a medical home, identifying health improvement  
24 14 goals for children and adults, and linking reimbursement  
24 15 strategies to increasing healthy outcomes for children and  
24 16 adults. The plan shall provide that the medical home system  
24 17 shall do all of the following:

- 24 18 a. Coordinate and provide access to evidence-based health  
24 19 care services, emphasizing convenient, comprehensive primary  
24 20 care and including preventive, screening, and well-child  
24 21 health services.
- 24 22 b. Provide access to appropriate specialty care and  
24 23 in-patient services.
- 24 24 c. Provide quality-driven and cost-effective health care.
- 24 25 d. Promote strong and effective medical management  
24 26 including but not limited to planning treatment strategies,  
24 27 monitoring health outcomes and resource use, sharing  
24 28 information, and organizing care to avoid duplication of  
24 29 service.
- 24 30 e. Emphasize patient and provider accountability.
- 24 31 f. Prioritize local access to the continuum of health care  
24 32 services in the most appropriate setting.
- 24 33 g. Establish a baseline for medical home goals and  
24 34 establish performance measures that indicate a child or adult  
24 35 has an established and effective medical home. For children,



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25 1 these goals and performance measures may include but are not  
25 2 limited to childhood immunizations rates, well-child care  
25 3 utilization rates, care management for children with chronic  
25 4 illnesses, emergency room utilization, and preventive oral  
25 5 health service utilization.  
25 6 h. For children, coordinate with and integrate guidelines,  
25 7 data, and information from existing newborn and child health  
25 8 programs and entities, including but not limited to the  
25 9 healthy opportunities to experience, success=healthy families  
25 10 Iowa program, the community empowerment program, the center  
25 11 for congenital and inherited disorders screening and health  
25 12 care programs, standards of care for pediatric health  
25 13 guidelines, the office of multicultural health established in  
25 14 section 135.12, the oral health bureau established in section  
25 15 135.15, and other similar programs and services.  
25 16 2. The commission shall develop an organizational  
25 17 structure for the medical home system in this state. The  
25 18 organizational structure plan shall integrate existing  
25 19 resources, provide a strategy to coordinate health care  
25 20 services, provide for monitoring and data collection on  
25 21 medical homes, provide for training and education to health  
25 22 care professionals and families, and provide for transition of  
25 23 children to the adult medical care system. The organizational  
25 24 structure may be based on collaborative teams of stakeholders  
25 25 throughout the state such as local public health agencies, the  
25 26 collaborative safety net provider network established in  
25 27 section 135.153, or a combination of statewide organizations.  
25 28 Care coordination may be provided through regional offices or  
25 29 through individual provider practices. The organizational  
25 30 structure may also include the use of telemedicine resources,  
25 31 and may provide for partnering with pediatric and family  
25 32 practice residency programs to improve access to preventive  
25 33 care for children. The organizational structure shall also  
25 34 address the need to organize and provide health care to  
25 35 increase accessibility for patients including using venues



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26 1 more accessible to patients and having hours of operation that  
26 2 are conducive to the population served.

26 3 3. The commission shall adopt standards and a process to  
26 4 certify medical homes based on the national committee for  
26 5 quality assurance standards. The certification process and  
26 6 standards shall provide mechanisms to monitor performance and  
26 7 to evaluate, promote, and improve the quality of health of and  
26 8 health care delivered to patients through a medical home. The  
26 9 mechanism shall require participating providers to monitor  
26 10 clinical progress and performance in meeting applicable  
26 11 standards and to provide information in a form and manner  
26 12 specified by the commission. The evaluation mechanism shall  
26 13 be developed with input from consumers, providers, and payers.  
26 14 At a minimum the evaluation shall determine any increased  
26 15 quality in health care provided and any decrease in cost  
26 16 resulting from the medical home system compared with other  
26 17 health care delivery systems. The standards and process shall  
26 18 also include a mechanism for other ancillary service providers  
26 19 to become affiliated with a certified medical home.

26 20 4. The commission shall adopt education and training  
26 21 standards for health care professionals participating in the  
26 22 medical home system.

26 23 5. The commission shall provide for system simplification  
26 24 through the use of universal referral forms, internet-based  
26 25 tools for providers, and a central medical home internet site  
26 26 for providers.

26 27 6. The commission shall determine a rate of reimbursement  
26 28 and recommend incentives for participation in the medical home  
26 29 system to ensure that providers enter and remain participating  
26 30 in the system. In adopting the incentives, the commission  
26 31 shall consider, at a minimum, providing incentives to promote  
26 32 wellness, prevention, chronic care management, immunizations,  
26 33 health care management, and the use of electronic health  
26 34 records. In developing the reimbursement system and  
26 35 incentives, the commission shall analyze, at a minimum, the



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27 1 feasibility of all of the following:

27 2     a. Reimbursement under the medical assistance program to  
27 3 promote wellness and prevention, provide care coordination,  
27 4 and provide chronic care management.

27 5     b. Increasing reimbursement to Medicare levels for certain  
27 6 wellness and prevention services, chronic care management, and  
27 7 immunizations.

27 8     c. Providing reimbursement for primary care services by  
27 9 addressing the disparities between reimbursement for specialty  
27 10 services and primary care services.

27 11     d. Increased funding for efforts to transform medical  
27 12 practices into certified medical homes, including emphasizing  
27 13 the implementation of the use of electronic health records.

27 14     e. Targeted reimbursement to providers linked to health  
27 15 care quality improvement measures established by the  
27 16 commission.

27 17     f. Reimbursement for specified ancillary support services  
27 18 such as transportation for medical appointments and other such  
27 19 services.

27 20     7. The commission shall coordinate the requirements and  
27 21 activities of the medical home system with the requirements  
27 22 and activities of the dental home for children as described in  
27 23 section 249J.14, subsection 7, and shall recommend financial  
27 24 incentives for dentists and nondental providers to promote  
27 25 oral health care coordination through preventive dental  
27 26 intervention, early identification of oral disease risk,  
27 27 health care coordination and data tracking, treatment, chronic  
27 28 care management, education and training, parental guidance,  
27 29 and oral health promotions for children.

27 30     8. The commission shall integrate the recommendations and  
27 31 policies developed by the prevention and chronic care  
27 32 management advisory council into the medical home system.

27 33     9. Implementation phases.

27 34     a. Initial implementation shall require participation in  
27 35 the medical home system of children who are recipients of the



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28 1 medical assistance or the hawk=i programs and children who  
28 2 have health insurance coverage through the exchange created in  
28 3 section 514M.4. The commission shall develop an enhanced  
28 4 reimbursement methodology for recipients of medical assistance  
28 5 and hawk=i to compensate providers who participate in the  
28 6 medical home system. The department of human services shall  
28 7 submit any state plan amendments or request any waivers  
28 8 necessary from the centers for Medicare and Medicaid services  
28 9 of the United States department of health and human services  
28 10 for approval of the reimbursement methodology. The commission  
28 11 shall work with the exchange to develop an enhanced  
28 12 reimbursement methodology for children covered through the  
28 13 exchange to compensate providers who participate in the  
28 14 medical home system.

28 15     b. The commission shall work with the department of human  
28 16 services and with the exchange to expand the medical home  
28 17 system to adult recipients of medical assistance, the  
28 18 expansion population under the IowaCare program, and adults  
28 19 covered through the exchange. The commission shall work with  
28 20 the centers for Medicare and Medicaid services of the United  
28 21 States department of health and human services to allow  
28 22 Medicare recipients to utilize the medical home system.

28 23     c. The commission shall work with the department of  
28 24 administrative services to allow state employees to utilize  
28 25 the medical home system.

28 26     d. The commission shall work with insurers and  
28 27 self-insured companies, if requested, to make the medical home  
28 28 system available to individuals with private health care  
28 29 coverage.

28 30     10. The commission shall provide oversight for all  
28 31 certified medical homes. The commission shall review the  
28 32 progress of the medical home system at each meeting and  
28 33 recommend improvements to the system, as necessary.

28 34     11. The commission shall annually evaluate the medical  
28 35 home system and make recommendations to the governor and the



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29 1 general assembly regarding improvements to and continuation of  
29 2 the system.

29 3 Sec. 13. Section 249J.14, subsection 7, Code 2007, is  
29 4 amended to read as follows:

29 5 7. DENTAL HOME FOR CHILDREN. ~~By July 1, 2008, every~~ Every  
29 6 recipient of medical assistance who is a child twelve years of  
29 7 age or younger shall have a designated dental home and shall  
29 8 be provided with the dental ~~screenings and preventive care~~  
~~29 9 identified in the oral health standards~~ services as defined  
29 10 under the early and periodic screening, diagnostic, and  
29 11 treatment program.

29 12 DIVISION III

29 13 PREVENTION AND CHRONIC CARE MANAGEMENT

29 14 DIVISION XXII

29 15 PREVENTION AND CHRONIC CARE MANAGEMENT

29 16 Sec. 14. NEW SECTION. 135.158 DEFINITIONS.

29 17 For the purpose of this division, unless the context  
29 18 otherwise requires:

29 19 1. "Chronic care" means health care services provided by a  
29 20 health care professional for an established clinical condition  
29 21 that is expected to last a year or more and that requires  
29 22 ongoing clinical management attempting to restore the  
29 23 individual to highest function, minimize the negative effects  
29 24 of the chronic condition, and prevent complications related to  
29 25 the chronic condition.

29 26 2. "Chronic care information system" means approved  
29 27 information technology to enhance the development and  
29 28 communication of information to be used in providing chronic  
29 29 care, including clinical, social, and economic outcomes of  
29 30 chronic care.

29 31 3. "Chronic care management" means a system of coordinated  
29 32 health care interventions and communications for individuals  
29 33 with chronic conditions, including significant patient  
29 34 self-care efforts, systemic supports for the health care  
29 35 professional and patient relationship, and a chronic care plan



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30 1 emphasizing prevention of complications utilizing  
30 2 evidence-based practice guidelines, patient empowerment  
30 3 strategies, and evaluation of clinical, humanistic, and  
30 4 economic outcomes on an ongoing basis with the goal of  
30 5 improving overall health.  
30 6 4. "Chronic care plan" means a plan of care between an  
30 7 individual and the individual's principal health care  
30 8 professional that emphasizes prevention of complications  
30 9 through patient empowerment including but not limited to  
30 10 providing incentives to engage the patient in the patient's  
30 11 own care and in clinical, social, or other interventions  
30 12 designed to minimize the negative effects of the chronic  
30 13 condition.  
30 14 5. "Chronic care resources" means health care  
30 15 professionals, advocacy groups, health departments, schools of  
30 16 public health and medicine, health plans, and others with  
30 17 expertise in public health, health care delivery, health care  
30 18 financing, and health care research.  
30 19 6. "Chronic condition" means an established clinical  
30 20 condition that is expected to last a year or more and that  
30 21 requires ongoing clinical management.  
30 22 7. "Department" means the department of public health.  
30 23 8. "Director" means the director of public health.  
30 24 9. "Eligible individual" means a resident of this state  
30 25 who has been diagnosed with a chronic condition or is at an  
30 26 elevated risk for a chronic condition and who is a recipient  
30 27 of medical assistance or health care, is a member of the expansion  
30 28 population pursuant to chapter 249J, is an inmate of a  
30 29 correctional institution in this state, or is an individual  
30 30 who has qualified health care coverage through the exchange  
30 31 created in section 514M.4.  
30 32 10. "Health care professional" means health care  
30 33 professional as defined in section 135.154.  
30 34 11. "Health risk assessment" means screening by a health  
30 35 care professional for the purpose of assessing an individual's



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31 1 health, including tests or physical examinations and a survey  
31 2 or other tool used to gather information about an individual's  
31 3 health, medical history, and health risk factors during a  
31 4 health screening.

31 5 12. "State initiative for prevention and chronic care  
31 6 management" or "state initiative" means the state's plan for  
31 7 developing a chronic care organizational structure for  
31 8 prevention and chronic care management, including coordinating  
31 9 the efforts of health care professionals and chronic care  
31 10 resources to promote the health of residents and the  
31 11 prevention and management of chronic conditions, developing  
31 12 and implementing arrangements for delivering prevention  
31 13 services and chronic care management, developing significant  
31 14 patient self-care efforts, providing systemic support for the  
31 15 health care professional-patient relationship and options for  
31 16 channeling chronic care resources and support to health care  
31 17 professionals, providing for community development and  
31 18 outreach and education efforts, and coordinating information  
31 19 technology initiatives with the chronic care information  
31 20 system.

31 21 Sec. 15. NEW SECTION. 135.159 PREVENTION AND CHRONIC  
31 22 CARE MANAGEMENT INITIATIVE == ADVISORY COUNCIL.

31 23 1. The director, in collaboration with the prevention and  
31 24 chronic care management advisory council, shall develop a  
31 25 state initiative for prevention and chronic care management.

31 26 2. The director may accept grants and donations and shall  
31 27 apply for any federal, state, or private grants available to  
31 28 fund the initiative. Any grants or donations received shall  
31 29 be placed in a separate fund in the state treasury and used  
31 30 exclusively for the initiative.

31 31 3. The director shall establish and convene an advisory  
31 32 council to provide technical assistance to the director in  
31 33 developing a state initiative that integrates evidence-based  
31 34 prevention and chronic care management strategies into the  
31 35 public and private health care systems, including the medical



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32 1 home system. The advisory council, at a minimum, shall  
32 2 include all of the following members:  
32 3     a. The director of human services, or the director's  
32 4 designee.  
32 5     b. The director of the department of elder affairs, or the  
32 6 director's designee.  
32 7     c. The commissioner of insurance, or the commissioner's  
32 8 designee.  
32 9     d. A representative of the Iowa medical society.  
32 10     e. A representative of the Iowa hospital association.  
32 11     f. A representative of health insurers.  
32 12     g. A medical social worker or home care professional.  
32 13     h. A patient advocate.  
32 14     i. A primary care physician.  
32 15     j. A pharmacist.  
32 16     k. A specialist in public health and epidemiology.  
32 17     l. An expert in health outcomes research.  
32 18     m. A representative of an entity that is taking a leading  
32 19 role in health information technology.  
32 20     n. A representative of the Iowa college of public health  
32 21 at the university of Iowa.  
32 22     o. A representative of Des Moines university ==  
32 23 osteopathic medical center.  
32 24     4. a. Members of the advisory council from the  
32 25 organizations specified in subsection 3 shall be selected by  
32 26 the respective organization. Terms of the public members  
32 27 shall begin and end as provided by section 69.19. Any vacancy  
32 28 shall be filled in the same manner as regular appointments are  
32 29 made for the unexpired portion of the regular term. Public  
32 30 members shall serve terms of three years. A public member is  
32 31 eligible for reappointment for two successive terms.  
32 32     b. Public members shall receive their actual and necessary  
32 33 expenses incurred in the performance of their duties and may  
32 34 be eligible to receive compensation as provided in section  
32 35 7E.6.



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33 1 c. The advisory council shall meet at least quarterly and  
33 2 in accordance with the rules adopted by the advisory council.

33 3 d. A majority of the voting members of the advisory  
33 4 council constitutes a quorum. Any action taken by the  
33 5 advisory council must be adopted by the affirmative vote of a  
33 6 majority of its membership.

33 7 e. The advisory council is located for administrative  
33 8 purposes within the division of health promotion and chronic  
33 9 disease management within the department. The department  
33 10 shall provide administrative support to the advisory council.

33 11 5. The advisory council shall elicit input from a variety  
33 12 of health care professionals, health care professional  
33 13 organizations, community and nonprofit groups, insurers,  
33 14 consumers, businesses, school districts, and state and local  
33 15 governments in developing the advisory council's  
33 16 recommendations.

33 17 6. The advisory council shall submit initial  
33 18 recommendations to the director for the state initiative for  
33 19 prevention and chronic care management no later than July 1,  
33 20 2009. The recommendations shall address all of the following:

33 21 a. The recommended organizational structure for  
33 22 integrating prevention and chronic care management into the  
33 23 private and public health care systems. The organizational  
33 24 structure recommended shall align with the organizational  
33 25 structure established for the medical home system developed  
33 26 pursuant to division XXI. The advisory council shall also  
33 27 review existing prevention and chronic care management  
33 28 strategies used in the health insurance market and in private  
33 29 and public programs and recommend ways to expand the use of  
33 30 such strategies throughout the health insurance market and in  
33 31 the private and public health care systems.

33 32 b. A process for identifying leading health care  
33 33 professionals and existing prevention and chronic care  
33 34 management programs in the state, and coordinating care among  
33 35 these health care professionals and programs.



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34 1 c. A prioritization of the chronic conditions for which  
34 2 prevention and chronic care management services should be  
34 3 provided, taking into consideration the prevalence of specific  
34 4 chronic conditions and the factors that may lead to the  
34 5 development of chronic conditions; the fiscal impact to state  
34 6 health care programs of providing care for the chronic  
34 7 conditions of eligible individuals; the availability of  
34 8 workable, evidence-based approaches to chronic care for the  
34 9 chronic condition; and public input into the selection  
34 10 process. The advisory council shall initially develop  
34 11 consensus guidelines to address the two chronic conditions  
34 12 identified as having the highest priority and shall also  
34 13 specify a timeline for inclusion of additional specific  
34 14 chronic conditions in the initiative.

34 15 d. A method to involve health care professionals in  
34 16 identifying eligible patients for prevention and chronic care  
34 17 management services, which includes but is not limited to the  
34 18 use of a uniform health risk assessment.

34 19 e. The methods for increasing communication between health  
34 20 care professionals and patients, including patient education,  
34 21 patient self-management, and patient follow-up plans.

34 22 f. The educational, wellness, and clinical management  
34 23 protocols and tools to be used by health care professionals,  
34 24 including management guideline materials for health care  
34 25 delivery.

34 26 g. The use and development of process and outcome measures  
34 27 and benchmarks, aligned to the greatest extent possible with  
34 28 existing measures and benchmarks such as the best in class  
34 29 estimates utilized in the national healthcare quality report  
34 30 of the agency for health care research and quality of the  
34 31 United States department of health and human services, to  
34 32 provide performance feedback for health care professionals and  
34 33 information on the quality of health care, including patient  
34 34 satisfaction and health status outcomes.

34 35 h. Payment methodologies to align reimbursements and



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35 1 create financial incentives and rewards for health care  
35 2 professionals to utilize prevention services, establish  
35 3 management systems for chronic conditions, improve health  
35 4 outcomes, and improve the quality of health care, including  
35 5 case management fees, payment for technical support and data  
35 6 entry associated with patient registries, and the cost of  
35 7 staff coordination within a medical practice.  
35 8 i. Methods to involve public and private groups, health  
35 9 care professionals, insurers, third-party administrators,  
35 10 associations, community and consumer groups, and other  
35 11 entities to facilitate and sustain the initiative.  
35 12 j. Alignment of any chronic care information system or  
35 13 other information technology needs with other health care  
35 14 information technology initiatives.  
35 15 k. Involvement of appropriate health resources and public  
35 16 health and outcomes researchers to develop and implement a  
35 17 sound basis for collecting data and evaluating the clinical,  
35 18 social, and economic impact of the initiative, including a  
35 19 determination of the impact on expenditures and prevalence and  
35 20 control of chronic conditions.  
35 21 l. Elements of a marketing campaign that provides for  
35 22 public outreach and consumer education in promoting prevention  
35 23 and chronic care management strategies among health care  
35 24 professionals, health insurers, and the public.  
35 25 m. A method to periodically determine the percentage of  
35 26 health care professionals who are participating, the success  
35 27 of the empowerment-of-patients approach, and any results of  
35 28 health outcomes of the patients participating.  
35 29 n. A means of collaborating with the bureau of  
35 30 professional licensure within the department to review  
35 31 prevention and chronic care management education provided to  
35 32 licensees, as appropriate, and recommendations regarding  
35 33 education resources and curricula for integration into  
35 34 existing and new education and training programs.  
35 35 6. The director of human services shall obtain any federal



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36 1 waivers or state plan amendments necessary to implement the  
36 2 prevention and chronic care management initiative within the  
36 3 medical assistance, hawk=i, and IowaCare populations.  
36 4 7. Following submission of the initial recommendations by  
36 5 January 1, 2009, and initial implementation among the  
36 6 population of eligible individuals, the director shall work  
36 7 with the department of human services, insurers, health care  
36 8 professional organizations, and consumers in implementing the  
36 9 initiative beyond the population of eligible individuals as an  
36 10 integral part of the health care delivery system in this  
36 11 state. The advisory council shall continue to review and make  
36 12 recommendations to the director regarding improvements in the  
36 13 initiative.

36 14 Sec. 16. NEW SECTION. 8A.440 PREVENTION AND CHRONIC CARE  
36 15 MANAGEMENT == HEALTH BENEFIT PLAN.

36 16 The department shall include in any request for proposals  
36 17 for the administration of the health benefit plans for state  
36 18 employees a request for a description of any prevention and  
36 19 chronic care management program provided by the entity  
36 20 offering the health benefit plan. The department shall also  
36 21 work with the department of public health regarding how and  
36 22 when to align the state employees' health benefit plan with  
36 23 the provisions developed for the prevention and chronic care  
36 24 management initiative created in chapter 135, division XXII.

36 25 DIVISION IV  
36 26 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM

36 27 Sec. 17. NEW SECTION. 8.70 DEFINITIONS.

36 28 As used in this division, unless the context otherwise  
36 29 requires:

36 30 1. "Health care professional" means health care  
36 31 professional as defined in section 135.154.

36 32 2. "Health information technology" means the application  
36 33 of information processing, involving both computer hardware  
36 34 and software, that deals with the storage, retrieval, sharing,  
36 35 and use of health care information, data, and knowledge for



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37 1 communication, decision making, quality, safety, and  
37 2 efficiency of clinical practice, and may include but is not  
37 3 limited to:

37 4     a. An electronic health record that electronically  
37 5 compiles and maintains health information that may be derived  
37 6 from multiple sources about the health status of an individual  
37 7 and may include a core subset of each care delivery  
37 8 organization's electronic medical record such as a continuity  
37 9 of care record or a continuity of care document, computerized  
37 10 physician order entry, electronic prescribing, or clinical  
37 11 decision support.

37 12     b. A personal health record through which an individual  
37 13 and any other person authorized by the individual can maintain  
37 14 and manage the individual's health information.

37 15     c. An electronic medical record that is used by health  
37 16 care professionals to electronically document, monitor, and  
37 17 manage health care delivery within a care delivery  
37 18 organization, is the legal record of the patient's encounter  
37 19 with the care delivery organization, and is owned by the care  
37 20 delivery organization.

37 21     d. A computerized provider order entry function that  
37 22 permits the electronic ordering of diagnostic and treatment  
37 23 services, including prescription drugs.

37 24     e. A decision support function to assist physicians and  
37 25 other health care providers in making clinical decisions by  
37 26 providing electronic alerts and reminders to improve  
37 27 compliance with best practices, promote regular screenings and  
37 28 other preventive practices, and facilitate diagnoses and  
37 29 treatments.

37 30     f. An error notification function that generates a warning  
37 31 when an order is entered that is likely to lead to a  
37 32 significant adverse outcome for individuals.

37 33     g. Tools to allow for the collection, analysis, and  
37 34 reporting of information or data on adverse events, the  
37 35 quality and efficiency of care, patient satisfaction, and



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38 1 other health care-related performance measures.  
38 2 3. "Interoperability" means the ability of two or more  
38 3 systems or components to exchange information or data in an  
38 4 accurate, effective, secure, and consistent manner and to use  
38 5 the information or data that has been exchanged and includes  
38 6 but is not limited to:  
38 7 a. The capacity to connect to a network for the purpose of  
38 8 exchanging information or data with other users.  
38 9 b. The ability of a connected, authenticated user to  
38 10 demonstrate appropriate permissions to participate in the  
38 11 instant transaction over the network.  
38 12 c. The capacity of a connected, authenticated user to  
38 13 access, transmit, receive, and exchange usable information  
38 14 with other users.  
38 15 4. "Recognized interoperability standard" means  
38 16 interoperability standards recognized by the office of the  
38 17 national coordinator for health information technology of the  
38 18 United States department of health and human services.  
38 19 Sec. 18. NEW SECTION. 8.71 IOWA ELECTRONIC HEALTH ==  
38 20 PRINCIPLES == GOALS.  
38 21 1. Health information technology is rapidly evolving so  
38 22 that it can contribute to the goal of improving access to and  
38 23 quality of health care, enhancing efficiency, and reducing  
38 24 costs.  
38 25 2. To be effective, the health information technology  
38 26 system shall comply with all of the following principles:  
38 27 a. Be patient-centered and market-driven.  
38 28 b. Be based on approved standards developed with input  
38 29 from all stakeholders.  
38 30 c. Protect the privacy of consumers and the security and  
38 31 confidentiality of all health information.  
38 32 d. Promote interoperability.  
38 33 e. Ensure the accuracy, completeness, and uniformity of  
38 34 data.  
38 35 3. Widespread adoption of health information technology is



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39 1 critical to a successful health information technology system  
39 2 and is best achieved when all of the following occur:

39 3     a. The market provides a variety of certified products  
39 4 from which to choose in order to best fit the needs of the  
39 5 user.

39 6     b. The system provides incentives for health care  
39 7 professionals to utilize the health information technology and  
39 8 provides rewards for any improvement in quality and efficiency  
39 9 resulting from such utilization.

39 10    c. The system provides protocols to address critical  
39 11 problems.

39 12    d. The system is financed by all who benefit from the  
39 13 improved quality, efficiency, savings, and other benefits that  
39 14 result from use of health information technology.

39 15     Sec. 19. NEW SECTION. 8.72 IOWA ELECTRONIC HEALTH  
39 16 INFORMATION COMMISSION.

39 17     1. a. An electronic health information commission is  
39 18 created as a public and private collaborative effort to  
39 19 promote the adoption and use of health information technology  
39 20 in this state in order to improve health care quality,  
39 21 increase patient safety, reduce health care costs, enhance  
39 22 public health, and empower individuals and health care  
39 23 professionals with comprehensive, real-time medical  
39 24 information to provide continuity of care and make the best  
39 25 health care decisions. The commission shall provide oversight  
39 26 for the development, implementation, and coordination of an  
39 27 interoperable electronic health records system, telehealth  
39 28 expansion efforts, the health information technology  
39 29 infrastructure, and other health information technology  
39 30 initiatives in this state.

39 31     b. All health information technology efforts shall  
39 32 endeavor to represent the interests and meet the needs of  
39 33 consumers and the health care sector, protect the privacy of  
39 34 individuals and the confidentiality of individuals'  
39 35 information, promote physician best practices, and make



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40 1 information easily accessible to the appropriate parties. The  
40 2 system developed shall be consumer-driven, flexible, and  
40 3 expandable.

40 4 2. The commission shall consist of the following voting  
40 5 members:

40 6 a. Individuals with broad experience and vision in health  
40 7 care and health technology and one member representing the  
40 8 health care consumer. The voting members shall be appointed  
40 9 by the governor, subject to confirmation by the senate. The  
40 10 voting members shall include all of the following:

40 11 (1) The director of the Iowa communications network.

40 12 (2) Two members who are the chief information officers of  
40 13 the two largest private health care systems.

40 14 (3) One member who is the chief information officer of a  
40 15 public health care system.

40 16 (4) A representative of the private telecommunications  
40 17 industry.

40 18 (5) A representative of a rural hospital that is a member  
40 19 of the Iowa hospital association.

40 20 (6) A consumer advocate.

40 21 (7) A representative of the Iowa safety net provider  
40 22 network created in section 135.153.

40 23 3. a. The members shall select a chairperson, annually,  
40 24 from among the membership, and shall serve terms of three  
40 25 years beginning and ending as provided in section 69.19.

40 26 Voting member appointments shall comply with sections 69.16  
40 27 and 69.16A. Vacancies shall be filled by the original  
40 28 appointing authority and in the manner of the original

40 29 appointments. Members shall receive reimbursement for actual  
40 30 expenses incurred while serving in their official capacity and  
40 31 voting members may also be eligible to receive compensation as  
40 32 provided in section 7E.6. A person appointed to fill a  
40 33 vacancy for a member shall serve only for the unexpired  
40 34 portion of the term. A member is eligible for reappointment  
40 35 for two successive terms.



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41 1 b. The commission shall meet at the call of the  
41 2 chairperson. A majority of the voting members of the  
41 3 commission constitutes a quorum. Any action taken by the  
41 4 commission must be adopted by the affirmative vote of a  
41 5 majority of its voting membership.

41 6 c. The commission is located for administrative purposes  
41 7 within the department of management. The department shall  
41 8 provide office space, staff assistance, administrative  
41 9 support, and necessary supplies and equipment for the  
41 10 commission.

41 11 4. The commission shall do all of the following:

41 12 a. Establish an advisory council which shall consist of  
41 13 the representatives of entities involved in the electronic  
41 14 health records system task force established pursuant to  
41 15 section 217.41A, Code 2007, and any other members the  
41 16 commission determines necessary to assist in the commission's  
41 17 duties including but not limited to consumers and consumer  
41 18 advocacy organizations; physicians and health care  
41 19 professionals; leadership of community hospitals and major  
41 20 integrated health care delivery networks; state agencies  
41 21 including the department of public health, the department of  
41 22 human services, the department of elder affairs, the division  
41 23 of insurance of the department of commerce, and the office of  
41 24 the attorney general; health plans and health insurers; legal  
41 25 experts; academics and ethicists; business leaders; and  
41 26 professional associations.

41 27 b. Adopt a statewide health information technology plan by  
41 28 January 1, 2009. In developing the plan, the commission shall  
41 29 seek the input of providers, payers, and consumers. Standards  
41 30 and policies developed for the plan shall promote and be  
41 31 consistent with national standards developed by the office of  
41 32 the national coordinator for health information technology of  
41 33 the United States department of health and human services and  
41 34 shall address or provide for all of the following:

41 35 (1) The effective, efficient, statewide use of electronic



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42 1 health information in patient care, health care policymaking,  
42 2 clinical research, health care financing, and continuous  
42 3 quality improvement. The commission shall adopt requirements  
42 4 for interoperable electronic health records in this state  
42 5 including a recognized interoperability standard.  
42 6 (2) Education of the public and health care sector about  
42 7 the value of health information technology in improving  
42 8 patient care, and methods to promote increased support and  
42 9 collaboration of state and local public health agencies,  
42 10 health care professionals, and consumers in health information  
42 11 technology initiatives.  
42 12 (3) Uniform standards for the exchange of health care  
42 13 information and interoperable electronic health records.  
42 14 (4) Policies relating to the protection of privacy of  
42 15 patients and the security and confidentiality of patient  
42 16 information.  
42 17 (5) Policies relating to information ownership.  
42 18 (6) Policies relating to governance of the various facets  
42 19 of the health information technology system.  
42 20 (7) A single patient identifier to share secure patient  
42 21 information. All health care professionals shall utilize the  
42 22 single patient identifier by January 1, 2010.  
42 23 (8) A standard continuity of care record and other issues  
42 24 related to the content of electronic transmissions. All  
42 25 health care professionals shall utilize the standard  
42 26 continuity of care record by January 1, 2010.  
42 27 (9) Requirements for electronic prescribing.  
42 28 (10) Economic incentives and support to facilitate  
42 29 participation in an interoperable system by health care  
42 30 professionals.  
42 31 c. Identify existing and potential health information  
42 32 technology efforts in this state, regionally, and nationally,  
42 33 and integrate existing efforts to avoid incompatibility  
42 34 between efforts and avoid duplication.  
42 35 d. Coordinate public and private efforts to provide the



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43 1 network backbone infrastructure for the health information  
43 2 technology system. In coordinating these efforts, the  
43 3 commission shall do all of the following:

43 4 (1) Adopt policies to effectuate the logical cost  
43 5 effective usage of and access to the state-owned network, and  
43 6 support of telecommunication carrier products, where  
43 7 applicable.

43 8 (2) Complete a memorandum of understanding by January 1,  
43 9 2009, with the Iowa communications network for governmental  
43 10 access usage, with private fiber optic networks for core  
43 11 backbone usage of private fiber optic networks, and with any  
43 12 other communications entity for state-subsidized usage of the  
43 13 communications entity's products to access any backbone  
43 14 network.

43 15 (3) Establish protocols to ensure compliance with any  
43 16 applicable federal standards.

43 17 (4) Determine costs for accessing the network at a level  
43 18 that provides sufficient funding for the network.

43 19 e. Promote the use of telemedicine.

43 20 (1) Examine existing barriers to the use of telemedicine  
43 21 and make recommendations for eliminating these barriers.

43 22 (2) Examine the most efficient and effective systems of  
43 23 technology for use and make recommendations based on the  
43 24 findings.

43 25 f. Address the workforce needs generated by increased use  
43 26 of health information technology.

43 27 g. Adopt rules in accordance with chapter 17A to implement  
43 28 all aspects of the statewide plan and the network.

43 29 h. Coordinate, monitor, and evaluate the adoption, use,  
43 30 interoperability, and efficiencies of the various facets of  
43 31 health information technology in this state.

43 32 i. Seek and apply for any federal or private funding to  
43 33 assist in the implementation and support of the health  
43 34 information technology system and make recommendations for  
43 35 funding mechanisms for the ongoing development and maintenance



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44 1 costs of the health information technology system.  
44 2 j. Identify state laws and rules that present barriers to  
44 3 the development of the health information technology system  
44 4 and recommend any changes to the governor and the general  
44 5 assembly.

44 6 Sec. 20. Section 217.41A, Code 2007, is repealed.

44 7 DIVISION V

44 8 LONG-TERM CARE PLANNING AND ADVANCE MEDICAL DIRECTIVES

44 9 Sec. 21. Section 144A.11, Code 2007, is amended by adding  
44 10 the following new subsections:

44 11 NEW SUBSECTION. 7. A hospital or health care provider  
44 12 shall establish a nonjudicial means of resolving disputes  
44 13 arising out of a disagreement over compliance with a  
44 14 declaration or out-of-hospital do-not-resuscitate order.

44 15 NEW SUBSECTION. 8. A hospital or health care provider  
44 16 shall utilize the physician orders for life-sustaining  
44 17 treatment form reflecting the declaration of a patient and  
44 18 shall ensure that the form accompanies any patient who is  
44 19 comatose, incompetent, or otherwise physically or mentally  
44 20 incapable of communication if the patient is transferred to  
44 21 another facility. The department shall create a standardized  
44 22 physician orders for life-sustaining treatment form to be used  
44 23 by hospitals and other health care providers in this state and  
44 24 shall adopt rules for the use of the form.

44 25 Sec. 22. Section 144B.12, Code 2007, is amended by adding  
44 26 the following new subsection:

44 27 NEW SUBSECTION. 5. A health care provider shall establish  
44 28 a nonjudicial means of resolving disputes arising out of a  
44 29 disagreement over compliance with a durable power of attorney  
44 30 for health care.

44 31 Sec. 23. NEW SECTION. 147.28B PALLIATIVE CARE ==  
44 32 PROMOTION.

44 33 1. For the purposes of this section, "palliative care"  
44 34 means the active total care of patients whose prognosis is  
44 35 limited due to progressive, advanced disease. The purpose of



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45 1 such care is to alleviate pain and other distressing symptoms,  
45 2 and to enhance the quality of life, not to hasten or postpone  
45 3 death.

45 4 2. The board of medicine, the board of nursing, and other  
45 5 boards for whom palliative care is within the profession's  
45 6 scope of practice shall do all of the following:

45 7 a. Develop and advance scientific understanding of  
45 8 palliative care.

45 9 b. Collect and disseminate protocols and evidence-based  
45 10 practices regarding palliative care, with priority given to  
45 11 pain management for terminally ill patients, and make such  
45 12 information available to public and private health care  
45 13 programs and providers, medical or other health professional  
45 14 schools, hospice organizations, and the general public.

45 15 3. The board of medicine, the board of nursing, and other  
45 16 boards for whom palliative care is within the profession's  
45 17 scope of practice shall work with medical or other health  
45 18 professional schools, residency training programs and other  
45 19 graduate programs in the health professions, entities  
45 20 providing continuing medical education, hospices, and other  
45 21 appropriate programs and entities to include in the curriculum  
45 22 information and education on the use of palliative care.

45 23 Sec. 24. NEW SECTION. 514C.23 HOSPICE CARE COVERAGE.

45 24 1. Notwithstanding the uniformity of treatment  
45 25 requirements of section 514C.6, a policy or contract providing  
45 26 for third-party payment or prepayment of health or medical  
45 27 expenses shall provide coverage benefits for the costs  
45 28 associated with the provision of core services, as defined in  
45 29 section 135J.1, provided by a licensed hospice program.

45 30 2. a. This section applies to the following classes of  
45 31 third-party payment provider contracts or policies delivered,  
45 32 issued for delivery, continued, or renewed in this state on or  
45 33 after July 1, 2008:

45 34 (1) Individual or group accident and sickness insurance  
45 35 providing coverage on an expense-incurred basis.



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46 1       (2) An individual or group hospital or medical service  
46 2 contract issued pursuant to chapter 509, 514, or 514A.  
46 3       (3) An individual or group health maintenance organization  
46 4 contract regulated under chapter 514B.  
46 5       (4) Any other entity engaged in the business of insurance,  
46 6 risk transfer, or risk retention, which is subject to the  
46 7 jurisdiction of the commissioner.  
46 8       (5) A plan established pursuant to chapter 509A for public  
46 9 employees.  
46 10       (6) An organized delivery system licensed by the director  
46 11 of public health.  
46 12       b. This section shall not apply to accident=only,  
46 13 specified disease, short=term hospital or medical, hospital  
46 14 confinement indemnity, credit, dental, vision, Medicare  
46 15 supplement, long=term care, basic hospital and  
46 16 medical=surgical expense coverage as defined by the  
46 17 commissioner, disability income insurance coverage, coverage  
46 18 issued as a supplement to liability insurance, workers'  
46 19 compensation or similar insurance, or automobile medical=  
46 20 payment insurance.  
46 21       Sec. 25. LONG=TERM LIVING PLANNING TOOLS == PUBLIC  
46 22 EDUCATION CAMPAIGN. The legal services development and  
46 23 substitute decision maker programs of the department of elder  
46 24 affairs, in collaboration with other appropriate agencies and  
46 25 interested parties, shall research existing long=term living  
46 26 planning tools that are designed to increase quality of life  
46 27 and contain health care costs and recommend a public education  
46 28 campaign strategy on long=term living to the general assembly  
46 29 by January 1, 2009.  
46 30       Sec. 26. LONG=TERM CARE OPTIONS PUBLIC EDUCATION CAMPAIGN.  
46 31 The department of elder affairs, in collaboration with the  
46 32 insurance division of the department of commerce, shall  
46 33 implement a long=term care options public education campaign.  
46 34 The campaign may utilize such tools as the "Own Your Future  
46 35 Planning Kit" administered by the centers for Medicare and



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47 1 Medicaid services, the administration on aging, and the office  
47 2 of the assistant secretary for planning and evaluation of the  
47 3 United States department of health and human services, and  
47 4 other tools developed through the aging and disability  
47 5 resource center program of the administration on aging and the  
47 6 centers for Medicare and Medicaid services designed to promote  
47 7 health and independence as Iowans age, assist older Iowans in  
47 8 making informed choices about the availability of long-term  
47 9 care options, including alternatives to facility-based care,  
47 10 and to streamline access to long-term care.

47 11 Sec. 27. HOME AND COMMUNITY-BASED SERVICES PUBLIC  
47 12 EDUCATION CAMPAIGN. The department of elder affairs shall  
47 13 work with other public and private agencies to identify  
47 14 resources that may be used to continue the work of the aging  
47 15 and disability resource center established by the department  
47 16 through the aging and disability resource center grant program  
47 17 efforts of the administration on aging and the centers for  
47 18 Medicare and Medicaid services of the United States department  
47 19 of health and human services, beyond the federal grant period  
47 20 ending September 30, 2008.

47 21 DIVISION VI

47 22 DIVISION OF HEALTH CARE QUALITY, CONSUMER INFORMATION,  
47 23 STRATEGIC PLANNING, AND RESOURCE DEVELOPMENT

47 24 DIVISION V

47 25 DIVISION OF HEALTH CARE QUALITY, CONSUMER INFORMATION,  
47 26 STRATEGIC PLANNING, AND RESOURCE DEVELOPMENT

47 27 Sec. 28. NEW SECTION. 135.45 DIVISION OF HEALTH CARE  
47 28 QUALITY, CONSUMER INFORMATION, STRATEGIC PLANNING, AND  
47 29 RESOURCE DEVELOPMENT.

47 30 A division of health care quality, consumer information,  
47 31 strategic planning, and resource development is created in the  
47 32 department of public health. The division shall include, at a  
47 33 minimum, the following bureaus:

47 34 1. The bureau of health care quality and consumer  
47 35 information.



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48 1       2. The bureau of health care strategic planning and  
48 2 resource development.  
48 3       BUREAU OF HEALTH CARE QUALITY AND CONSUMER INFORMATION  
48 4       Sec. 29. NEW SECTION. 135.46 BUREAU OF HEALTH CARE  
48 5 QUALITY AND CONSUMER INFORMATION == DUTIES.  
48 6       A bureau of health care quality and consumer information is  
48 7 created to provide better coordination of health care delivery  
48 8 information to improve the public health, inform policy  
48 9 analysis, and provide transparency of consumer health  
48 10 information. The bureau, at a minimum, shall do all of the  
48 11 following:  
48 12       1. Develop data collection requirements, collect data, and  
48 13 administer an internet-based consumer guide to health care  
48 14 relating to price, quality, safety, and other aspects of the  
48 15 health care delivery system to promote quality care that is  
48 16 safe, effective, patient-centered, timely, efficient, and  
48 17 equitable, and to empower individuals to make economically  
48 18 sound and medically appropriate decisions regarding their  
48 19 personal health.  
48 20       2. Develop and implement cost-containment measures that  
48 21 help to contain costs while improving quality in the health  
48 22 care system.  
48 23       3. Provide for coordination of public and private  
48 24 cost-containment, quality, and safety efforts in this state.  
48 25       4. Carry out other health care price, quality, and  
48 26 safety-related research as directed by the governor and the  
48 27 general assembly.  
48 28       Sec. 30. NEW SECTION. 135.47 IOWA HEALTH QUALITY AND  
48 29 COST-CONTAINMENT COLLABORATIVE.  
48 30       1. The bureau shall convene an Iowa health quality and  
48 31 cost-containment collaborative to develop a process and the  
48 32 infrastructure to provide price, quality, safety, and other  
48 33 appropriate information to consumers. The collaborative shall  
48 34 include but is not limited to all of the following members:  
48 35       a. The director of public health, or the director's



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49 1 designee, who shall serve as chairperson of the collaborative.  
49 2     b. A representative of the university of Iowa college of  
49 3 public health.  
49 4     c. A representative of Des Moines university=osteopathic  
49 5 medical center.  
49 6     d. A representative of health care consumers.  
49 7     e. The president of the Iowa healthcare collaborative.  
49 8     f. A representative of the Iowa health buyers' alliance.  
49 9     g. A representative of the long=term care industry.  
49 10    2. The department of public health shall provide  
49 11 administrative support to the collaborative. Public members  
49 12 shall receive reimbursement for actual expenses incurred while  
49 13 engaged in the performance of official duties.  
49 14    3. The collaborative shall review efforts of other states,  
49 15 the federal government, and private entities to identify  
49 16 meaningful tools to measure prices, safety, and the delivery  
49 17 of quality care, determine specific information and a format  
49 18 for publishing the information that is most useful to the  
49 19 consumer including contextual information and explanations  
49 20 that the public can easily understand, and to identify  
49 21 cost=containment strategies that also result in improved  
49 22 health care quality. Following the collaborative's review,  
49 23 the collaborative shall do all of the following:  
49 24     a. Facilitate the disclosure of price, quality, and safety  
49 25 information by supporting and expanding existing public and  
49 26 private efforts and by identifying and recommending ways to  
49 27 eliminate barriers to such disclosure.  
49 28     b. Develop for implementation by July 1, 2009, a method  
49 29 for hospitals, health care providers, long=term care  
49 30 providers, insurers, and health care plans to collaborate in  
49 31 providing consumers with the usual and customary charges for a  
49 32 specified health service and specifically what the charges  
49 33 include and the factors that may cause the charges to vary, a  
49 34 good faith estimate of the actual billed charge and the amount  
49 35 for which the consumer may be personally liable for a



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50 1 specified health care service based on a consumer's specific  
50 2 health care coverage, and, if the consumer does not have  
50 3 health care coverage, providing a good faith estimate of the  
50 4 average allowable reimbursement the provider accepts as  
50 5 payment from such private third-party payers for the service  
50 6 specified and the estimated amount for which the noncovered  
50 7 consumer would be personally liable to pay.

50 8 c. Develop for implementation by July 1, 2010,  
50 9 requirements for the identification, collection,  
50 10 standardization, sharing, and public disclosure of pricing,  
50 11 quality, and patient safety data from hospitals and health  
50 12 care providers in this state.

50 13 d. Develop for implementation by July 1, 2009, uniform  
50 14 billing practices including uniform claim forms, billing  
50 15 codes, and compatible electronic or other data interchange  
50 16 standards for use by health care providers and payers in their  
50 17 health care claims, health care encounters, and electronic or  
50 18 other data interchange activities.

50 19 e. Develop and direct the department of human services to  
50 20 utilize quality and safety standards as a basis for increased  
50 21 provider reimbursement under the medical assistance, hawk=i,  
50 22 and IowaCare programs.

50 23 f. Develop cost-containment strategies. Cost containment  
50 24 strategies may include but are not limited to modification of  
50 25 health care reimbursement methodologies to reward quality,  
50 26 incorporate evidence-based standards and promote best  
50 27 practices, to direct individuals into quality health care  
50 28 delivery, to encourage primary care, and to utilize  
50 29 telemedicine and health information technology.

50 30 g. Establish a health and wellness strategies consortium  
50 31 to act as a catalyst in advancing voluntarily adopted  
50 32 strategies to improve quality of care, increase access to  
50 33 services, reduce disparities in health care delivery and  
50 34 contain costs while emphasizing population health and  
50 35 wellness. The core membership of the consortium shall include



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51 1 representatives of health care purchasers, payers, and  
51 2 providers. The consortium shall direct strategies for health  
51 3 care payers and providers to adopt which may include but are  
51 4 not limited to:

51 5 (1) Strategies to promote wellness which may include:

51 6 (a) Providing smoking cessation programs as a standard  
51 7 health care benefit including reimbursement for treatment and  
51 8 support services.

51 9 (b) Providing obesity prevention services as a standard  
51 10 health care benefit.

51 11 (c) Increasing immunization rates for pneumococcal and  
51 12 influenza which may include approving an administration fee  
51 13 for all qualified providers of influenza and pneumococcal  
51 14 vaccinations.

51 15 (d) Providing health care benefit incentives for consumers  
51 16 who participate in wellness programs.

51 17 (e) Assuring that health care coverage for children  
51 18 includes primary, preventive, and developmental health  
51 19 services.

51 20 (2) Strategies to contain health care costs which may  
51 21 include:

51 22 (a) Promoting adoption of health information technology  
51 23 through provider incentives.

51 24 (b) Considering a four-tier prescription drug copayment  
51 25 system within a prescription drug benefit that includes a zero  
51 26 copayment tier for select medications to improve patient  
51 27 compliance.

51 28 (c) Providing a standard medication therapy management  
51 29 program as a prescription drug benefit to optimize high-risk  
51 30 patient's medication outcomes.

51 31 (d) Investigating whether pooled purchasing for  
51 32 prescription drug benefits, such as a common statewide  
51 33 preferred drug list, would decrease costs.

51 34 (3) Strategies to increase the public's role and  
51 35 responsibility in personal health care choices and decisions



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52 1 which may include:

52 2 (a) Creating a public awareness campaign to educate  
52 3 consumers on smart health care choices and promoting value=  
52 4 based purchasing.

52 5 (b) Promoting public reporting of quality and performance  
52 6 measures that support a value-based purchasing system.

52 7 (4) Implementation strategies which may include piloting  
52 8 the various wellness, cost-containment, and public involvement  
52 9 strategies utilizing publicly funded health care coverage  
52 10 groups such as the medical assistance program, state of Iowa  
52 11 employee group health plans, and regents institutions health  
52 12 care plans, consistent with collective bargaining agreements  
52 13 in effect.

52 14 h. Identify the process and time frames for implementation  
52 15 of any initiatives, identify any barriers to implementation of  
52 16 initiatives, and recommend any changes in law or rules  
52 17 necessary to eliminate the barriers and implement the  
52 18 initiatives.

52 19 Sec. 31. NEW SECTION. 135.48 ESTIMATE OF CHARGES.

52 20 A health care provider, including a hospital, prior to  
52 21 provision of medical services, shall provide a patient, upon  
52 22 request, a reasonable estimate of charges for such services.  
52 23 The information provided shall explain the methodology in  
52 24 determining the estimate and shall state that the estimate  
52 25 does not preclude the health care provider from exceeding the  
52 26 estimate or making additional charges based on changes in the  
52 27 patient's condition, treatment needs, or third-party payer  
52 28 requirements. The department shall develop a form to be used  
52 29 by a health care provider, including a hospital, in providing  
52 30 the information required by this section. For the purposes of  
52 31 this section, "health care provider" means "health care  
52 32 professional" as defined in section 135.154.

52 33 BUREAU OF HEALTH CARE STRATEGIC PLANNING AND RESOURCE  
52 34 DEVELOPMENT

52 35 Sec. 32. NEW SECTION. 135.49 BUREAU OF HEALTH CARE



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53 1 STRATEGIC PLANNING AND RESOURCE DEVELOPMENT.

53 2 A bureau of health care strategic planning and resource  
53 3 development is created to coordinate public and private  
53 4 efforts to develop and maintain an appropriate health care  
53 5 delivery infrastructure and a stable, well-qualified, diverse,  
53 6 and sustainable health care workforce in this state. The  
53 7 bureau shall, at a minimum, do all of the following:

53 8 1. Develop a strategic plan for health care delivery  
53 9 infrastructure and health care workforce resources in this  
53 10 state.

53 11 2. Provide for the continuous collection of data to  
53 12 provide a basis for health care strategic planning and health  
53 13 care policymaking.

53 14 3. Make recommendations regarding the health care delivery  
53 15 infrastructure and the workforce that assist in monitoring  
53 16 current needs, predicting future trends, and informing  
53 17 policymaking.

53 18 4. Administer the certificate of need program and provide  
53 19 support to the health care strategic planning council  
53 20 established in section 135.62.

53 21 Sec. 33. NEW SECTION. 135.50 STRATEGIC PLAN.

53 22 1. The strategic plan for health care delivery  
53 23 infrastructure and health care workforce resources shall  
53 24 describe the existing health care system, describe and provide  
53 25 a rationale for the desired health care system, provide an  
53 26 action plan for implementation, and provide methods to  
53 27 evaluate the system. The plan shall incorporate expenditure  
53 28 control methods and integrate criteria for evidence-based  
53 29 health care. The bureau of health care strategic planning and  
53 30 resource development shall do all of the following in  
53 31 developing the strategic plan for health care delivery  
53 32 infrastructure and health care workforce resources:

53 33 a. Conduct strategic health planning activities related to  
53 34 preparation of the strategic plan.

53 35 b. Develop a computerized system for accessing, analyzing,



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54 1 and disseminating data relevant to strategic health planning.  
54 2 The bureau may enter into data sharing agreements and  
54 3 contractual arrangements necessary to obtain or disseminate  
54 4 relevant data.

54 5 c. Conduct research and analysis or arrange for research  
54 6 and analysis projects to be conducted by public or private  
54 7 organizations to further the development of the strategic  
54 8 plan.

54 9 d. Establish a technical advisory committee to assist in  
54 10 the development of the strategic plan. The members of the  
54 11 committee may include but are not limited to health  
54 12 economists, health planners, representatives of health care  
54 13 purchasers, representatives of state and local agencies that  
54 14 regulate entities involved in health care, representatives of  
54 15 health care providers and health care facilities, and  
54 16 consumers.

54 17 2. The strategic plan shall include statewide health  
54 18 planning policies and goals related to the availability of  
54 19 health care facilities and services, the quality of care, and  
54 20 the cost of care. The policies and goals shall be based on  
54 21 the following principles:

54 22 a. That a strategic health planning process, responsive to  
54 23 changing health and social needs and conditions, is essential  
54 24 to the health, safety, and welfare of Iowans. The process  
54 25 shall be reviewed and updated as necessary to ensure that the  
54 26 strategic plan addresses all of the following:

54 27 (1) Promoting and maintaining the health of all Iowans.

54 28 (2) Providing accessible health care services through the  
54 29 maintenance of an adequate supply of health facilities and an  
54 30 adequate workforce.

54 31 (3) Controlling excessive increases in costs.

54 32 (4) Applying specific quality criteria and population  
54 33 health indicators.

54 34 (5) Recognizing prevention and wellness as priorities in  
54 35 health care programs to improve quality and reduce costs.



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55 1 (6) Addressing periodic priority issues including disaster  
55 2 planning, public health threats, and public safety dilemmas.

55 3 (7) Coordinating health care delivery and resource  
55 4 development efforts among state agencies including those  
55 5 tasked with facility, services, and professional provider  
55 6 licensure; state and federal reimbursement; health service  
55 7 utilization data systems; and others.

55 8 b. That both consumers and providers throughout the state  
55 9 must be involved in the health planning process, outcomes of  
55 10 which shall be clearly articulated and available for public  
55 11 review and use.

55 12 c. That the supply of a health care service has a  
55 13 substantial impact on utilization of the service, independent  
55 14 of the effectiveness, medical necessity, or appropriateness of  
55 15 the particular health care service for a particular  
55 16 individual.

55 17 d. That given that health care resources are not  
55 18 unlimited, the impact of any new health care service or  
55 19 facility on overall health expenditures in this state must be  
55 20 considered.

55 21 e. That excess capacity of health care services and  
55 22 facilities places an increased economic burden on the public.

55 23 f. That the likelihood that a requested new health care  
55 24 facility, service, or equipment will improve health care  
55 25 quality and outcomes must be considered.

55 26 g. That development and ongoing maintenance of current and  
55 27 accurate health care information and statistics related to  
55 28 cost and quality of health care and projections of the need  
55 29 for health care facilities and services are necessary to  
55 30 developing an effective health care planning strategy.

55 31 h. That the certificate of need program as a component of  
55 32 the health care planning regulatory process must balance  
55 33 considerations of access to quality care at a reasonable cost  
55 34 for all Iowans, optimal use of existing health care resources,  
55 35 fostering of expenditure control, and elimination of



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56 1 unnecessary duplication of health care facilities and  
56 2 services, while supporting improved health care outcomes.  
56 3     i. That strategic health care planning must be concerned  
56 4 with the stability of the health care system, encompassing  
56 5 health care financing, quality, and the availability of  
56 6 information and services for all residents.  
56 7     3. The health care delivery infrastructure and resources  
56 8 strategic plan developed by the bureau shall include all of  
56 9 the following:  
56 10     a. A health care system assessment and objectives  
56 11 component that does all of the following:  
56 12         (1) Describes state and regional population demographics,  
56 13 health status indicators, and trends in health status and  
56 14 health care needs.  
56 15         (2) Identifies key policy objectives for the state health  
56 16 care system related to access to care, health care outcomes,  
56 17 quality, and cost-effectiveness.  
56 18     b. A health care facilities and services plan that  
56 19 assesses the demand for health care facilities and services to  
56 20 inform state health care planning efforts and direct  
56 21 certificate of need determinations, for those facilities and  
56 22 services subject to certificate of need. The plan shall  
56 23 include all of the following:  
56 24         (1) An inventory of each geographic region's existing  
56 25 health care facilities and services.  
56 26         (2) Projections of the need for each category of health  
56 27 care facility and service, including those subject to  
56 28 certificate of need.  
56 29         (3) Policies to guide the addition of new or expanded  
56 30 health care facilities and services to promote the use of  
56 31 quality, evidence-based, cost-effective health care delivery  
56 32 options, including any recommendations for criteria,  
56 33 standards, and methods relevant to the certificate of need  
56 34 review process.  
56 35         (4) An assessment of the availability of health care



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57 1 providers, public health resources, transportation  
57 2 infrastructure, and other considerations necessary to support  
57 3 the needed health care facilities and services in each region.  
57 4 c. (1) A health care data resources plan that identifies  
57 5 data elements necessary to properly conduct planning  
57 6 activities and to review certificate of need applications,  
57 7 including data related to inpatient and outpatient utilization  
57 8 and outcomes information, and financial and utilization  
57 9 information related to charity care, quality, and cost.  
57 10 (2) The plan shall inventory existing data resources, both  
57 11 public and private, that store and disclose information  
57 12 relevant to the health care planning process, including  
57 13 information necessary to conduct certificate of need  
57 14 activities. The plan shall identify any deficiencies in the  
57 15 inventory of existing data resources and the data necessary to  
57 16 conduct comprehensive health care planning activities. The  
57 17 plan may recommend that the bureau be authorized to access  
57 18 existing data sources and conduct appropriate analyses of such  
57 19 data or that other agencies expand their data collection  
57 20 activities as statutory authority permits. The plan may  
57 21 identify any computing infrastructure deficiencies that impede  
57 22 the proper storage, transmission, and analysis of health care  
57 23 planning data.  
57 24 (3) The plan shall provide recommendations for increasing  
57 25 the availability of data related to health care planning to  
57 26 provide greater community involvement in the health care  
57 27 planning process and consistency in data used for certificate  
57 28 of need applications and determinations. The plan shall also  
57 29 integrate the requirements for annual reports by hospitals and  
57 30 health care facilities pursuant to section 135.75, the  
57 31 provisions relating to analyses and studies by the department  
57 32 pursuant to section 135.76, the data compilation provisions of  
57 33 section 135.78, and the provisions for contracts for  
57 34 assistance with analyses, studies, and data pursuant to  
57 35 section 135.83.



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58 1 d. An assessment of emerging trends in health care  
58 2 delivery and technology as they relate to access to health  
58 3 care facilities and services, quality of care, and costs of  
58 4 care. The assessment shall recommend any changes to the scope  
58 5 of health care facilities and services covered by the  
58 6 certificate of need program that may be warranted by these  
58 7 emerging trends. In addition, the assessment may recommend  
58 8 any changes to criteria used by the department to review  
58 9 certificate of need applications, as necessary.

58 10 e. A rural health resources plan to assess the  
58 11 availability of health resources in rural areas of the state,  
58 12 assess the unmet needs of these communities, and evaluate how  
58 13 federal and state reimbursement policies can be modified, if  
58 14 necessary, to more efficiently and effectively meet the health  
58 15 care needs of rural communities. The plan shall consider the  
58 16 unique health care needs of rural communities, the adequacy of  
58 17 the rural health workforce, and transportation needs for  
58 18 accessing appropriate care.

58 19 f. A health care workforce resources plan to assure a  
58 20 competent, diverse, and sustainable health care workforce in  
58 21 Iowa and to improve access to health care in underserved areas  
58 22 and among underserved populations. The plan shall include the  
58 23 establishment of an advisory council to inform and advise the  
58 24 bureau, the department, and policymakers regarding issues  
58 25 relevant to the health care workforce in Iowa.

58 26 4. The bureau shall submit the initial statewide health  
58 27 care delivery infrastructure and resources strategic plan to  
58 28 the governor and the general assembly by January 1, 2010, and  
58 29 shall submit an updated strategic plan to the governor and the  
58 30 general assembly every two years thereafter.

58 31 DIVISION VII

58 32 CERTIFICATE OF NEED PROGRAM

58 33 Sec. 34. Section 68B.35, subsection 2, paragraph e, Code  
58 34 2007, is amended to read as follows:

58 35 e. Members of the state banking council, the ethics and



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59 1 campaign disclosure board, the credit union review board, the  
59 2 economic development board, the employment appeal board, the  
59 3 environmental protection commission, the health ~~facilities~~  
59 4 care strategic planning council, the Iowa finance authority,  
59 5 the Iowa public employees' retirement system investment board,  
59 6 the board of the Iowa lottery authority, the natural resource  
59 7 commission, the board of parole, the petroleum underground  
59 8 storage tank fund board, the public employment relations  
59 9 board, the state racing and gaming commission, the state board  
59 10 of regents, the tax review board, the transportation  
59 11 commission, the office of consumer advocate, the utilities  
59 12 board, the Iowa telecommunications and technology commission,  
59 13 and any full-time members of other boards and commissions as  
59 14 defined under section 7E.4 who receive an annual salary for  
59 15 their service on the board or commission. The Iowa ethics and  
59 16 campaign disclosure board shall conduct an annual review to  
59 17 determine if members of any other board, commission, or  
59 18 authority should file a statement and shall require the filing  
59 19 of a statement pursuant to rules adopted pursuant to chapter  
59 20 17A.

59 21 Sec. 35. Section 97B.1A, subsection 8, paragraph a,  
59 22 subparagraph (8), Code 2007, is amended to read as follows:

59 23 (8) Members of the state transportation commission, the  
59 24 board of parole, and the ~~state health facilities~~ care  
59 25 strategic planning council.

59 26 Sec. 36. Section 135.61, subsection 1, paragraph d, code  
59 27 2007, is amended to read as follows:

59 28 d. Each institutional health facility or health  
59 29 maintenance organization which, prior to receipt of the  
59 30 application by the ~~department~~ bureau, has formally indicated  
59 31 to the ~~department~~ bureau pursuant to this division an intent  
59 32 to furnish in the future institutional health services similar  
59 33 to the new institutional health service proposed in the  
59 34 application.

59 35 Sec. 37. Section 135.61, Code 2007, is amended by adding



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60 1 the following new subsection:

60 2 NEW SUBSECTION. 2A. "Bureau" means the bureau of health  
60 3 care strategic planning and resource development created  
60 4 pursuant to section 135.49.

60 5 Sec. 38. Section 135.61, subsection 4, Code 2007, is  
60 6 amended to read as follows:

60 7 4. "Council" means the ~~state~~ health ~~facilities care~~  
60 8 strategic planning council established by this division.

60 9 Sec. 39. Section 135.61, subsection 18, paragraph d, Code  
60 10 2007, is amended to read as follows:

60 11 d. A permanent change in the bed capacity, as determined  
60 12 by the ~~department~~ bureau, of an institutional health facility.  
60 13 For purposes of this paragraph, a change is permanent if it is  
60 14 intended to be effective for one year or more.

60 15 Sec. 40. NEW SECTION. 135.61A PURPOSES OF CERTIFICATE OF  
60 16 NEED PROGRAM.

60 17 The purposes of the certificate of need program are to  
60 18 facilitate access to quality care at a reasonable cost for all  
60 19 Iowans, to encourage optimal use of existing health care  
60 20 resources, to foster expenditure control, to support quality  
60 21 improvement efforts, and to prevent unnecessary duplication of  
60 22 institutional health facilities, health services, and health  
60 23 care equipment. In order to determine if the program is  
60 24 complying with the purposes established, regular evaluation of  
60 25 the impact of the certificate of need program on health care  
60 26 expenditures, access, quality, and innovation must exist.

60 27 Sec. 41. Section 135.62, Code 2007, is amended to read as  
60 28 follows:

60 29 135.62 ~~DEPARTMENT~~ BUREAU TO ADMINISTER DIVISION == HEALTH  
60 30 ~~FACILITIES CARE STRATEGIC PLANNING~~ COUNCIL ESTABLISHED ==  
60 31 APPOINTMENTS == POWERS AND DUTIES.

60 32 1. This division shall be administered by the ~~department~~  
60 33 bureau. The director shall employ or cause to be employed the  
60 34 necessary persons to discharge the duties imposed on the  
60 35 ~~department~~ bureau by this division.



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61 1 2. There is established a ~~state health facilities care~~  
61 2 strategic planning council consisting of ~~five~~ seven persons  
61 3 appointed by the governor, one of whom shall be a health  
61 4 economist, one of whom shall be an actuary, and at least one  
61 5 of whom shall be a health care consumer. The council shall be  
61 6 within the ~~department~~ bureau for administrative and budgetary  
61 7 purposes.

61 8 a. QUALIFICATIONS. The members of the council shall be  
61 9 chosen so that the council as a whole is broadly  
61 10 representative of various geographical areas of the state, and  
61 11 no more than ~~three~~ four of its members are affiliated with the  
61 12 same political party. Each council member shall be a person  
61 13 who has demonstrated by prior activities an informed concern  
61 14 for the planning and delivery of health services. No member  
61 15 of the council, nor any spouse of a member, shall during the  
61 16 time that member is serving on the council meet either of the  
61 17 following prohibitions:

61 18 (1) Be a health care provider, ~~nor~~ be otherwise directly  
61 19 or indirectly engaged in the delivery of health care services  
61 20 ~~nor, or~~ have a material financial interest in the providing or  
61 21 delivery of health services; ~~nor.~~

61 22 (2) Serve as a member of any board or other policymaking  
61 23 or advisory body of an institutional health facility, a health  
61 24 maintenance organization, or any health or hospital insurer.

61 25 b. APPOINTMENTS. Terms of council members shall be six  
61 26 years, beginning and ending as provided in section 69.19. A  
61 27 member shall be appointed in each odd-numbered year to succeed  
61 28 each member whose term expires in that year. Vacancies shall  
61 29 be filled by the governor for the balance of the unexpired  
61 30 term. Each appointment to the council is subject to  
61 31 confirmation by the senate. A council member is ineligible  
61 32 for appointment to a second consecutive term, unless first  
61 33 appointed to an unexpired term of three years or less.

61 34 The governor shall designate one of the council members as  
61 35 chairperson. That designation may be changed not later than



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62 1 July 1 of any odd-numbered year, effective on the date of the  
62 2 organizational meeting held in that year under paragraph "c"  
62 3 ~~of this subsection.~~  
62 4 c. MEETINGS. The council shall hold an organizational  
62 5 meeting in July of each odd-numbered year, or as soon  
62 6 thereafter as the new appointee or appointees are confirmed  
62 7 and have qualified. Other meetings shall be held as necessary  
62 8 to enable the council to expeditiously discharge its duties.  
62 9 Meeting dates shall be set upon adjournment or by call of the  
62 10 chairperson upon five days' notice to the other members. Each  
62 11 member of the council shall receive a per diem as specified in  
62 12 section 7E.6 and reimbursement for actual expenses while  
62 13 engaged in official duties.  
62 14 d. DUTIES. The council shall:  
62 15 (1) Make the final decision, as required by section  
62 16 135.69, with respect to each application for a certificate of  
62 17 need accepted by the ~~department~~ bureau.  
62 18 (2) Determine and adopt such policies as are authorized by  
62 19 law and are deemed necessary to the efficient discharge of its  
62 20 duties under this division.  
62 21 (3) Have authority to direct staff personnel of the  
62 22 department or bureau assigned to conduct formal or summary  
62 23 reviews of applications for certificates of need.  
62 24 (4) Advise and counsel with the director or administrator  
62 25 concerning the provisions of this division, and the policies  
62 26 and procedures adopted by the department or bureau pursuant to  
62 27 this division.  
62 28 (5) Review and approve, prior to promulgation, all rules  
62 29 adopted by the department under this division.  
62 30 Sec. 42. Section 135.63, subsection 1, Code 2007, is  
62 31 amended to read as follows:  
62 32 1. A new institutional health service or changed  
62 33 institutional health service shall not be offered or developed  
62 34 in this state without prior application to the ~~department~~  
62 35 bureau for and receipt of a certificate of need, pursuant to



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63 1 this division. The application shall be made upon forms  
63 2 furnished or prescribed by the department or bureau and shall  
63 3 contain such information as the department or bureau may  
63 4 require under this division. The application shall be  
63 5 accompanied by a fee equivalent to three-tenths of one percent  
63 6 of the anticipated cost of the project with a minimum fee of  
63 7 six hundred dollars and a maximum fee of twenty-one thousand  
63 8 dollars. The fee shall be remitted by the department or  
63 9 bureau to the treasurer of state, who shall place it in the  
63 10 general fund of the state. If an application is voluntarily  
63 11 withdrawn within thirty calendar days after submission,  
63 12 seventy-five percent of the application fee shall be refunded;  
63 13 if the application is voluntarily withdrawn more than thirty  
63 14 but within sixty days after submission, fifty percent of the  
63 15 application fee shall be refunded; if the application is  
63 16 withdrawn voluntarily more than sixty days after submission,  
63 17 twenty-five percent of the application fee shall be refunded.  
63 18 Notwithstanding the required payment of an application fee  
63 19 under this subsection, an applicant for a new institutional  
63 20 health service or a changed institutional health service  
63 21 offered or developed by an intermediate care facility for  
63 22 persons with mental retardation or an intermediate care  
63 23 facility for persons with mental illness as defined pursuant  
63 24 to section 135C.1 is exempt from payment of the application  
63 25 fee.

63 26 Sec. 43. Section 135.63, subsection 2, paragraphs g, h, k,  
63 27 1, and p, Code 2007, are amended to read as follows:

63 28 g. A reduction in bed capacity of an institutional health  
63 29 facility, notwithstanding any provision in this division to  
63 30 the contrary, if all of the following conditions exist:

63 31 (1) The institutional health facility reports to the  
63 32 ~~department~~ bureau the number and type of beds reduced on a  
63 33 form prescribed by the department or bureau at least thirty  
63 34 days before the reduction. In the case of a health care  
63 35 facility, the new bed total must be consistent with the number



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64 1 of licensed beds at the facility. In the case of a hospital,  
64 2 the number of beds must be consistent with bed totals reported  
64 3 to the department of inspections and appeals for purposes of  
64 4 licensure and certification.

64 5 (2) The institutional health facility reports the new bed  
64 6 total on its next annual report to the ~~department~~ bureau.

64 7 If these conditions are not met, the institutional health  
64 8 facility is subject to review as a "new institutional health  
64 9 service" or "changed institutional health service" under  
64 10 section 135.61, subsection 18, paragraph "d", and subject to  
64 11 sanctions under section 135.73. If the institutional health  
64 12 facility reestablishes the deleted beds at a later time,  
64 13 review as a "new institutional health service" or "changed  
64 14 institutional health service" is required pursuant to section  
64 15 135.61, subsection 18, paragraph "d".

64 16 h. The deletion of one or more health services, previously  
64 17 offered on a regular basis by an institutional health facility  
64 18 or health maintenance organization, notwithstanding any  
64 19 provision of this division to the contrary, if all of the  
64 20 following conditions exist:

64 21 (1) The institutional health facility or health  
64 22 maintenance organization reports to the ~~department~~ bureau the  
64 23 deletion of the service or services at least thirty days  
64 24 before the deletion on a form prescribed by the department or  
64 25 bureau.

64 26 (2) The institutional health facility or health  
64 27 maintenance organization reports the deletion of the service  
64 28 or services on its next annual report to the ~~department~~  
64 29 bureau.

64 30 If these conditions are not met, the institutional health  
64 31 facility or health maintenance organization is subject to  
64 32 review as a "new institutional health service" or "changed  
64 33 institutional health service" under section 135.61, subsection  
64 34 18, paragraph "f", and subject to sanctions under section  
64 35 135.73.



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65 1 If the institutional health facility or health maintenance  
65 2 organization reestablishes the deleted service or services at  
65 3 a later time, review as a "new institutional health service"  
65 4 or "changed institutional health service" may be required  
65 5 pursuant to section 135.61, subsection 18.

65 6 k. The redistribution of beds by a hospital within the  
65 7 acute care category of bed usage, notwithstanding any  
65 8 provision in this division to the contrary, if all of the  
65 9 following conditions exist:

65 10 (1) The hospital reports to the ~~department~~ bureau the  
65 11 number and type of beds to be redistributed on a form  
65 12 prescribed by the department or bureau at least thirty days  
65 13 before the redistribution.

65 14 (2) The hospital reports the new distribution of beds on  
65 15 its next annual report to the ~~department~~ bureau.

65 16 If these conditions are not met, the redistribution of beds  
65 17 by the hospital is subject to review as a new institutional  
65 18 health service or changed institutional health service  
65 19 pursuant to section 135.61, subsection 18, paragraph "d", and  
65 20 is subject to sanctions under section 135.73.

65 21 1. The ~~replacement or~~ modernization of any institutional  
65 22 health facility if the ~~replacement or~~ modernization does not  
65 23 add new health services or additional bed capacity for  
65 24 existing health services, and does not relocate the  
65 25 institutional health facility to any other site,  
65 26 notwithstanding any provision in this division to the  
65 27 contrary.

65 28 p. The conversion of an existing number of beds by an  
65 29 intermediate care facility for persons with mental retardation  
65 30 to a smaller facility environment, including but not limited  
65 31 to a community-based environment which does not result in an  
65 32 increased number of beds, notwithstanding any provision in  
65 33 this division to the contrary, including subsection 4, if all  
65 34 of the following conditions exist:

65 35 (1) The intermediate care facility for persons with mental



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66 1 retardation reports the number and type of beds to be  
66 2 converted on a form prescribed by the department or bureau at  
66 3 least thirty days before the conversion.  
66 4 (2) The intermediate care facility for persons with mental  
66 5 retardation reports the conversion of beds on its next annual  
66 6 report to the ~~department~~ bureau.  
66 7 Sec. 44. Section 135.63, subsection 4, unnumbered  
66 8 paragraph 1, Code 2007, is amended to read as follows:  
66 9 A copy of the application shall be sent to the department  
66 10 of human services at the time the application is submitted to  
66 11 the ~~Iowa department of public health~~ bureau. The ~~department~~  
66 12 bureau shall not process applications for and the council  
66 13 shall not consider a new or changed institutional health  
66 14 service for an intermediate care facility for persons with  
66 15 mental retardation unless both of the following conditions are  
66 16 met:  
66 17 Sec. 45. Section 135.64, subsection 1, unnumbered  
66 18 paragraph 1, Code 2007, is amended to read as follows:  
66 19 In determining whether a certificate of need shall be  
66 20 issued, the ~~department~~ bureau and council shall consider the  
66 21 following:  
66 22 Sec. 46. Section 135.64, subsection 1, Code 2007, is  
66 23 amended by adding the following new paragraphs before  
66 24 paragraph a:  
66 25 NEW PARAGRAPH. 0a. The relationship of the proposed  
66 26 institutional health service to the statewide health care  
66 27 delivery infrastructure and resources strategic plan developed  
66 28 by the bureau pursuant to section 135.50.  
66 29 NEW PARAGRAPH. 1a. Whether the proposed institutional  
66 30 health service promotes wellness and prevention, will improve  
66 31 quality, and will reduce health care costs.  
66 32 Sec. 47. Section 135.64, subsection 1, paragraphs c, g, h,  
66 33 i, and r, Code 2007, are amended to read as follows:  
66 34 c. The ~~need~~ specific health care needs of the population  
66 35 served or to be served by the proposed institutional health



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67 1 services for those services, the extent to which the proposed  
67 2 institutional health services will substantially address these  
67 3 specific health care needs, and the projected positive impact  
67 4 that the proposed institutional health services will have on  
67 5 the health status indicators of the population to be served.

67 6 g. The relationship of the proposed institutional health  
67 7 services to the state health care delivery infrastructure and  
67 8 health care workforce resources strategic plan and to the  
67 9 existing health care system of the area in which those  
67 10 services are proposed to be provided.

67 11 h. The appropriate and efficient use or prospective use of  
67 12 the proposed institutional health service, and of any existing  
67 13 similar services, including but not limited to a consideration  
67 14 of the capacity of the sponsor's facility to provide the  
67 15 proposed service, and possible sharing or cooperative  
67 16 arrangements among existing facilities and providers; and  
67 17 whether there is a substantial risk that the proposed  
67 18 institutional health services will result in inappropriate  
67 19 increases in service utilization or the cost of health care  
67 20 services.

67 21 i. The availability of resources, including, but not  
67 22 limited to, health care providers, management personnel, and  
67 23 funds for capital and operating needs, to provide the proposed  
67 24 institutional health services and the possible alternative  
67 25 uses of those resources to provide other health services; the  
67 26 impact of the proposed institutional health services on total  
67 27 health care expenditures and total health care workforce  
67 28 resources taking into consideration both the costs and  
67 29 benefits of the proposed institutional health services and the  
67 30 competing demands in the local service area statewide for  
67 31 available financial and human resources for health care; and  
67 32 the impact on existing and proposed institutional and other  
67 33 educational training programs for health care providers at the  
67 34 student, internship, and residency training levels.

67 35 r. The recommendations of staff personnel of the



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68 1 department or bureau assigned to the area of certificate of  
68 2 need, concerning the application, if requested by the council.

68 3 Sec. 48. Section 135.64, subsection 1, Code 2007, is  
68 4 amended by adding the following new paragraph:

68 5 NEW PARAGRAPH. ee. Whether the proposed institutional  
68 6 health services will provide demonstrable improvements in  
68 7 quality and outcome measures applicable to the institutional  
68 8 health services proposed.

68 9 Sec. 49. Section 135.64, subsection 2, unnumbered  
68 10 paragraph 1, Code 2007, is amended to read as follows:

68 11 In addition to the findings required with respect to any of  
68 12 the criteria listed in subsection 1 of this section, the  
68 13 council shall grant a certificate of need for a new  
68 14 institutional health service or changed institutional health  
68 15 service only if it finds in writing, on the basis of data  
68 16 submitted to it by the department or bureau, that:

68 17 Sec. 50. Section 135.65, Code 2007, is amended to read as  
68 18 follows:

68 19 135.65 LETTER OF INTENT TO PRECEDE APPLICATION == REVIEW  
68 20 AND COMMENT.

68 21 1. Before applying for a certificate of need, the sponsor  
68 22 of a proposed new institutional health service or changed  
68 23 institutional health service shall submit to the ~~department~~  
68 24 bureau a letter of intent to offer or develop a service  
68 25 requiring a certificate of need. The letter shall be  
68 26 submitted as soon as possible after initiation of the  
68 27 applicant's planning process, and in any case not less than  
68 28 thirty days before applying for a certificate of need and  
68 29 before substantial expenditures to offer or develop the  
68 30 service are made. The letter shall include a brief  
68 31 description of the proposed new or changed service, its  
68 32 location, and its estimated cost.

68 33 2. Upon request of the sponsor of the proposed new or  
68 34 changed service, the ~~department~~ bureau shall make a  
68 35 preliminary review of the letter for the purpose of informing



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69 1 the sponsor of the project of any factors which may appear  
69 2 likely to result in denial of a certificate of need, based on  
69 3 the criteria for evaluation of applications in section 135.64.  
69 4 A comment by the ~~department~~ bureau under this section shall  
69 5 not constitute a final decision.

69 6 Sec. 51. Section 135.66, Code 2007, is amended to read as  
69 7 follows:

69 8 135.66 PROCEDURE UPON RECEIPT OF APPLICATION == PUBLIC  
69 9 NOTIFICATION.

69 10 1. Within fifteen business days after receipt of an  
69 11 application for a certificate of need, the ~~department~~ bureau  
69 12 shall examine the application for form and completeness and  
69 13 accept or reject it. An application shall be rejected only if  
69 14 it fails to provide all information required by the ~~department~~  
69 15 bureau pursuant to section 135.63, subsection 1. The  
69 16 ~~department~~ bureau shall promptly return to the applicant any  
69 17 rejected application, with an explanation of the reasons for  
69 18 its rejection.

69 19 2. Upon acceptance of an application for a certificate of  
69 20 need, the ~~department~~ bureau shall promptly undertake to notify  
69 21 all affected persons in writing that formal review of the  
69 22 application has been initiated. Notification to those  
69 23 affected persons who are consumers or third-party payers or  
69 24 other payers for health services may be provided by  
69 25 distribution of the pertinent information to the news media.

69 26 3. Each application accepted by the ~~department~~ bureau  
69 27 shall be formally reviewed for the purpose of furnishing to  
69 28 the council the information necessary to enable it to  
69 29 determine whether or not to grant the certificate of need. A  
69 30 formal review shall consist at a minimum of the following  
69 31 steps:

69 32 a. Evaluation of the application against the criteria  
69 33 specified in section 135.64.

69 34 b. A public hearing on the application, to be held prior  
69 35 to completion of the evaluation required by paragraph "a",



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70 1 shall be conducted by the council.

70 2 4. When a hearing is to be held pursuant to subsection 3,  
70 3 paragraph "b", the ~~department~~ bureau shall give at least ten  
70 4 days' notice of the time and place of the hearing. At the  
70 5 hearing, any affected person or that person's designated  
70 6 representative shall have the opportunity to present  
70 7 testimony.

70 8 Sec. 52. Section 135.67, unnumbered paragraph 1, Code  
70 9 2007, is amended to read as follows:

70 10 The ~~department~~ bureau may waive the letter of intent  
70 11 procedures prescribed by section 135.65 and substitute a  
70 12 summary review procedure, which shall be established by rules  
70 13 of the department, when it accepts an application for a  
70 14 certificate of need for a project which meets any of the  
70 15 criteria in subsections 1 through 5:

70 16 Sec. 53. Section 135.67, subsections 3 and 5, Code 2007,  
70 17 are amended to read as follows:

70 18 3. A project which will not change the existing bed  
70 19 capacity of the applicant's facility or service, as determined  
70 20 by the ~~department~~ bureau, by more than ten percent or ten  
70 21 beds, whichever is less, over a two-year period.

70 22 5. Any other project for which the applicant proposes and  
70 23 the ~~department~~ bureau agrees to summary review.

70 24 Sec. 54. Section 135.67, unnumbered paragraph 2, Code  
70 25 2007, is amended to read as follows:

70 26 The ~~department's~~ bureau's decision to disallow a summary  
70 27 review shall be binding upon the applicant.

70 28 Sec. 55. Section 135.68, Code 2007, is amended to read as  
70 29 follows:

70 30 135.68 STATUS REPORTS ON REVIEW IN PROGRESS.

70 31 While formal review of an application for a certificate of  
70 32 need is in progress, the ~~department~~ bureau shall upon request  
70 33 inform any affected person of the status of the review, any  
70 34 findings which have been made in the course of the review, and  
70 35 any other appropriate information concerning the review.



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71 1 Sec. 56. Section 135.69, unnumbered paragraph 1, Code  
71 2 2007, is amended to read as follows:  
71 3 The ~~department~~ bureau shall complete its formal review of  
71 4 the application within ninety days after acceptance of the  
71 5 application, except as otherwise provided by section 135.72,  
71 6 subsection 4. Upon completion of the formal review, the  
71 7 council shall approve or deny the application. The council  
71 8 shall issue written findings stating the basis for its  
71 9 decision on the application, and the ~~department~~ bureau shall  
71 10 send copies of the council's decision and the written findings  
71 11 supporting the decision to the applicant and to any other  
71 12 person who so requests.  
71 13 Sec. 57. Section 135.71, Code 2007, is amended to read as  
71 14 follows:  
71 15 135.71 PERIOD FOR WHICH CERTIFICATE IS VALID == EXTENSION  
71 16 OR REVOCATION.  
71 17 A certificate of need shall be valid for a maximum of one  
71 18 year from the date of issuance. Upon the expiration of the  
71 19 certificate, or at any earlier time while the certificate is  
71 20 valid the holder thereof shall provide the ~~department~~ bureau  
71 21 such information on the development of the project covered by  
71 22 the certificate as the ~~department~~ bureau may request. The  
71 23 council shall determine at the end of the certification period  
71 24 whether sufficient progress is being made on the development  
71 25 of the project. The certificate of need may be extended by  
71 26 the council for additional periods of time as are reasonably  
71 27 necessary to expeditiously complete the project, but may be  
71 28 revoked by the council at the end of the first or any  
71 29 subsequent certification period for insufficient progress in  
71 30 developing the project.  
71 31 Upon expiration of certificate of need, and prior to  
71 32 extension thereof, any affected person shall have the right to  
71 33 submit to the ~~department~~ bureau information which may be  
71 34 relevant to the question of granting an extension. The  
71 35 ~~department~~ bureau may call a public hearing for this purpose.



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72 1 Sec. 58. Section 135.72, subsection 4, Code 2007, is  
72 2 amended to read as follows:

72 3 4. Criteria for determining when it is not feasible to  
72 4 complete formal review of an application for a certificate of  
72 5 need within the time limits specified in section 135.69. The  
72 6 rules adopted under this subsection shall include criteria for  
72 7 determining whether an application proposes introduction of  
72 8 technologically innovative equipment, and if so, procedures to  
72 9 be followed in reviewing the application. However, a rule  
72 10 adopted under this subsection shall not permit a deferral of  
72 11 more than sixty days beyond the time when a decision is  
72 12 required under section 135.69, unless both the applicant and  
72 13 the ~~department~~ bureau agree to a longer deferment.

72 14 Sec. 59. Section 135.74, subsections 1 and 2, Code 2007,  
72 15 are amended to read as follows:

72 16 1. The department, after study and in consultation with  
72 17 the bureau of health care quality and consumer information and  
72 18 any advisory committees which may be established pursuant to  
72 19 law, shall promulgate by rule pursuant to chapter 17A uniform  
72 20 methods of financial reporting, including such allocation  
72 21 methods as may be prescribed, by which hospitals and health  
72 22 care facilities shall respectively record their revenues,  
72 23 expenses, other income, other outlays, assets and liabilities,  
72 24 and units of service, according to functional activity center.  
72 25 These uniform methods of financial reporting shall not  
72 26 preclude a hospital or health care facility from using any  
72 27 accounting methods for its own purposes provided these  
72 28 accounting methods can be reconciled to the uniform methods of  
72 29 financial reporting prescribed by the department and can be  
72 30 audited for validity and completeness. Each hospital and each  
72 31 health care facility shall adopt the appropriate system for  
72 32 its fiscal year, ~~effective upon such date as the department~~  
~~72 33 shall direct. In determining the effective date for reporting~~  
~~72 34 requirements, the department shall consider both the immediate~~  
~~72 35 need for uniform reporting of information to effectuate the~~



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~~73 1 purposes of this division and the administrative and economic  
73 2 difficulties which hospitals and health care facilities may  
73 3 encounter in complying with the uniform financial reporting  
73 4 requirement, but the effective date shall not be later than  
73 5 January 1, 1980.~~

73 6 2. In establishing uniform methods of financial reporting,  
73 7 the department shall consider all of the following:

73 8 a. The existing systems of accounting and reporting  
73 9 currently utilized by hospitals and health care facilities;.

73 10 b. Differences among hospitals and health care facilities,  
73 11 respectively, according to size, financial structure, methods  
73 12 of payment for services, and scope, type and method of  
73 13 providing services; and.

73 14 c. Other pertinent distinguishing factors.

73 15 Sec. 60. Section 135.75, subsection 1, Code 2007, is  
73 16 amended to read as follows:

73 17 1. Each hospital and each health care facility shall  
73 18 annually, after the close of its fiscal year, file with the  
73 19 department all of the following:

73 20 a. A balance sheet detailing the assets, liabilities and  
73 21 net worth of the hospital or health care facility;.

73 22 b. A statement of ~~its~~ the hospital's or health care  
73 23 facility's income and expenses; and including but not limited  
73 24 to expenses for salaries and other compensation for management  
73 25 positions including the salary and compensation for the chief  
73 26 executive officer and five other most highly compensated  
73 27 positions, profit or excess revenues, and cash reserves.

73 28 c. Such other reports of the costs incurred in rendering  
73 29 services as the department may prescribe.

73 30 Sec. 61. Section 135.76, Code 2007, is amended to read as  
73 31 follows:

73 32 135.76 ANALYSES AND STUDIES BY ~~DEPARTMENT~~ BUREAU.

73 33 1. The ~~department~~ bureau of health care strategic planning  
73 34 and resource development, in cooperation with the bureau of  
73 35 health care quality and consumer information, shall from time



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74 1 to time undertake analyses and studies relating to hospital  
74 2 and health care facility costs and to the financial status of  
74 3 hospitals or health care facilities, or both, which are  
74 4 subject to the provisions of this division. ~~It~~ The bureau of  
74 5 health care strategic planning and resource development shall  
74 6 further also require the filing of information concerning the  
74 7 total financial needs of each individual hospital or health  
74 8 care facility and the resources currently or prospectively  
74 9 available to meet these needs, including the effect of  
74 10 proposals made by health systems agencies. The ~~department~~  
74 11 bureau shall also prepare and file such summaries and  
74 12 compilations or other supplementary reports based on the  
74 13 information filed with ~~it~~ the bureau as will, in ~~its~~ the  
74 14 bureau's judgment, advance the purposes of this division and  
74 15 the purposes of the bureau of health care quality and consumer  
74 16 information.

74 17 2. The analyses and studies required by this section shall  
74 18 be conducted with the objective of providing a basis for  
74 19 determining whether or not regulation of hospital and health  
74 20 care facility rates and charges by the state of Iowa is  
74 21 necessary to protect the health or welfare of the people of  
74 22 the state.

74 23 3. In conducting ~~its~~ the analyses and studies, the  
74 24 ~~department should~~ bureau shall determine whether:

74 25 a. The rates charged and costs incurred by hospitals and  
74 26 health care facilities are reasonably related to the services  
74 27 offered by those respective groups of institutions.

74 28 b. Aggregate rates of hospitals and of health care  
74 29 facilities are reasonably related to the aggregate costs  
74 30 incurred by those respective groups of institutions.

74 31 c. Rates are set equitably among all purchasers or classes  
74 32 of purchasers of hospital and of health care facility  
74 33 services.

74 34 d. The rates for particular services, supplies or  
74 35 materials established by hospitals and by health care



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75 1 facilities are reasonable. Determination of reasonableness of  
75 2 rates shall include consideration of a fair rate of return to  
75 3 proprietary hospitals and health care facilities.

75 4 4. All data gathered and compiled and all reports prepared  
75 5 under this section, except privileged medical information,  
75 6 shall be open to public inspection.

75 7 Sec. 62. Section 135.78, Code 2007, is amended to read as  
75 8 follows:

75 9 135.78 DATA TO BE COMPILED.

75 10 The ~~department~~ bureau of health care strategic planning and  
75 11 resource development shall compile all relevant financial and  
75 12 utilization data in order to have available the statistical  
75 13 information necessary to properly monitor hospital and health  
75 14 care facility charges and costs and to assist the bureau of  
75 15 health care quality and consumer information. Such data shall  
75 16 include necessary operating expenses, appropriate expenses  
75 17 incurred for rendering services to patients who cannot or do  
75 18 not pay, all properly incurred interest charges, and  
75 19 reasonable depreciation expenses based on the expected useful  
75 20 life of the property and equipment involved. The ~~department~~  
75 21 bureau of health care strategic planning and resource  
75 22 development shall also obtain from each hospital and health  
75 23 care facility a current rate schedule as well as any  
75 24 subsequent amendments or modifications of that schedule as it  
75 25 may require. In collection of the data required by this  
75 26 section and sections 135.74 through 135.76, the ~~department~~  
75 27 bureau of health care strategic planning and resource  
75 28 development, the bureau of health care quality and consumer  
75 29 information, and other state agencies shall coordinate their  
75 30 reporting requirements.

75 31 EXPLANATION

75 32 IOWA HEALTH CARE COVERAGE EXCHANGE. Division I of this  
75 33 bill relates to the creation of the Iowa health care coverage  
75 34 exchange in new Code chapter 514M with the intent to progress  
75 35 toward achievement of the goal that all Iowans have health



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76 1 care coverage, as funding becomes available.  
76 2 Specified priorities for achievement of the goal are as  
76 3 follows:  
76 4 1. All Iowa children have qualified health care coverage  
76 5 which meets certain standards of quality and affordability  
76 6 beginning with covering all children who are eligible for  
76 7 public coverage by December 31, 2009, subsidizing private  
76 8 coverage for the remaining uninsured children up to 18 years  
76 9 of age under a sliding scale based on family income by  
76 10 December 31, 2009, and moving toward a future requirement that  
76 11 all parents provide proof of qualified health care coverage  
76 12 for their children.  
76 13 2. All Iowans have qualified health care coverage which  
76 14 meets certain standards of quality and affordability beginning  
76 15 with continued expansion of options for individuals who are  
76 16 dually eligible for Medicare and medical assistance,  
76 17 facilitating coverage of uninsured health and long-term care  
76 18 workers and child care workers, maximizing eligibility of  
76 19 low-income adults 18 years of age and older for public health  
76 20 care coverage, subsidizing coverage for the remaining  
76 21 low-income adults, and moving toward a future requirement that  
76 22 all Iowans must provide proof of qualified health care  
76 23 coverage.  
76 24 3. Health care costs and health care coverage costs are  
76 25 decreased by instituting insurance reforms, requiring Iowa  
76 26 children with public coverage to have a medical home,  
76 27 establishing a statewide telehealth system, and implementing  
76 28 cost-containment strategies.  
76 29 The Iowa health care coverage exchange is created as a  
76 30 state agency governed by a board of directors including the  
76 31 following nine voting members: the two most recent former  
76 32 governors (or if one or both of them are unable or unwilling  
76 33 to serve, a person or persons appointed by the governor); the  
76 34 commissioner of insurance; the director of human services; and  
76 35 five members appointed by the governor subject to confirmation



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77 1 by the senate; who represent specified groups; and including  
77 2 the following five ex officio, nonvoting members: four members  
77 3 of the general assembly and a secretary of the board. The  
77 4 voting members of the board are also required to appoint an  
77 5 executive director, subject to confirmation by the senate, to  
77 6 supervise the administrative affairs and general management  
77 7 and operations of the exchange.

77 8 The bill provides that the board has broad authority to  
77 9 accomplish the purposes of the Code chapter including but not  
77 10 limited to many specified powers and duties. The board is  
77 11 required to make an annual report of its activities and  
77 12 receipts and expenditures to the governor and general  
77 13 assembly. A separate health care coverage exchange fund is  
77 14 created in the state treasury under the control of the  
77 15 exchange. Moneys collected from premiums paid for health care  
77 16 plans offered by the exchange as well as any other moneys that  
77 17 are appropriated or transferred to the fund are appropriated  
77 18 to the fund and available to the exchange to carry out the  
77 19 purposes of new Code chapter 514M.

77 20 The bill provides for transition provisions during  
77 21 implementation of health care coverage for all Iowans. The  
77 22 board is directed to design and implement a program, as  
77 23 funding becomes available, including a timetable and  
77 24 procedures for implementation, to progress toward achieving  
77 25 the goal that all Iowans have qualified health care coverage.  
77 26 The board is charged to define what constitutes such coverage,  
77 27 including parameters of quality and affordability.

77 28 MEDICAL HOME. Division II of the bill relates to medical  
77 29 homes. The bill provides definitions, including the  
77 30 definition of a medical home which is a team approach to  
77 31 providing health care that originates in a primary care  
77 32 setting, and provides for continuity in and coordination of  
77 33 care. The bill specifies the characteristics of a medical  
77 34 home, and creates a medical home commission. The commission  
77 35 is directed to develop a plan for implementation of a



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78 1 statewide medical home system. Implementation is to take  
78 2 place in phases, beginning with children who are recipients of  
78 3 medical assistance (Medicaid) or the hawk=i program and  
78 4 expanding to children covered through the exchange created in  
78 5 the bill. The second phase would provide a medical home to  
78 6 adults under the IowaCare program and adult recipients of  
78 7 Medicaid. The third phase would provide for a medical home  
78 8 for adults covered through the exchange.

78 9 The bill specifies the duties of the medical home  
78 10 commission and the organizational structure for the medical  
78 11 home system. The bill directs the commission to adopt  
78 12 standards and a process to certify medical homes based on  
78 13 national standards, to adopt education and training standards  
78 14 for health care professionals participating in the medical  
78 15 home system, to provide for system simplification, to  
78 16 determine a rate of reimbursement and recommend incentives for  
78 17 participation in the medical home system, and to coordinate  
78 18 efforts with the dental home for children, and integrate the  
78 19 recommendations of the prevention and chronic care management  
78 20 advisory council into the medical home system.

78 21 In addition to the phased-in implementation, the bill also  
78 22 directs the commission to work with the department of  
78 23 administrative services to allow state employees to utilize  
78 24 the medical home system, to work with the centers for Medicare  
78 25 and Medicaid services of the United States department of  
78 26 health and human services to allow Medicare recipients to  
78 27 utilize the medical home system and to work with insurers and  
78 28 self-insured companies to allow those with private insurance  
78 29 to access the medical home system. The commission is directed  
78 30 to provide oversight for the medical home system and to  
78 31 evaluate and make recommendations regarding improvements to  
78 32 and continuation of the medical home system.

78 33 PREVENTION AND CHRONIC CARE MANAGEMENT. Division III  
78 34 relates to prevention and chronic care management. The bill  
78 35 provides definitions relating to chronic conditions and



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79 1 chronic care and for the state initiative for prevention and  
79 2 chronic care management.  
79 3 The bill creates an advisory council to assist the director  
79 4 of public health in developing the state initiative. The  
79 5 advisory council is directed to elicit input from a variety of  
79 6 health care professionals, organizations, insurers,  
79 7 businesses, and consumers and is to submit initial  
79 8 recommendations to the director by July 1, 2009. The  
79 9 recommendations are to address the organizational structure  
79 10 for integrating chronic care management into the public and  
79 11 private health care systems, a process for identifying leading  
79 12 health care professionals and existing programs to coordinate  
79 13 efforts, prioritization of chronic conditions, a method to  
79 14 involve health care professionals in identifying individuals  
79 15 with chronic conditions, methods to increase communication  
79 16 between health care professionals and patients with chronic  
79 17 conditions, protocols and tools for health care providers to  
79 18 utilize, outcomes measures and benchmarks, payment  
79 19 methodologies and incentives, ways to involve public and  
79 20 private entities in facilitating and sustaining the  
79 21 initiative, alignment of information technology, involvement  
79 22 of health resources and researchers to collect data and  
79 23 evaluate the initiative, a marketing campaign, a means of  
79 24 determining participation in the initiative, and a means to  
79 25 integrate chronic care management into education resources and  
79 26 curricula for existing and new education and training  
79 27 programs.  
79 28 The bill provides that following initial recommendations  
79 29 and implementation among the eligible population of  
79 30 individuals (residents of the state who have been diagnosed  
79 31 with a chronic condition or who are at elevated risk for a  
79 32 chronic condition and who are recipients of medical  
79 33 assistance, the hawk=i program, or IowaCare; an inmate of a  
79 34 correctional institution; or an individual who has qualified  
79 35 health care coverage through the exchange), the director is



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80 1 required to work with various entities to implement the  
80 2 initiative as an integral part of the health care delivery  
80 3 system in the state.

80 4 The bill also directs the department of administrative  
80 5 services to include in any request for proposals for the  
80 6 administration of health benefit plans for state employees a  
80 7 request for a description of any prevention and chronic care  
80 8 management program provided by the entity offering the health  
80 9 benefit plan.

80 10 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM. Division IV  
80 11 relates to the Iowa health information technology system. The  
80 12 bill provides definitions, principles, and goals for the  
80 13 system. The bill creates an electronic health information  
80 14 commission as a public and private collaborative effort and  
80 15 directs the commission to establish an advisory council to  
80 16 assist the commission in its duties; to adopt a statewide  
80 17 health information technology plan by January 1, 2009; to  
80 18 identify existing efforts and integrate these efforts to avoid  
80 19 incompatibility and duplication; to coordinate public and  
80 20 private efforts to provide the network backbone; to promote  
80 21 the use of telemedicine; to address the workforce needs  
80 22 generated by increased use of health information technology;  
80 23 to adopt necessary rules; to coordinate, monitor, and evaluate  
80 24 the adoption, use, interoperability, and efficiencies of the  
80 25 various facets of health information technology in the state;  
80 26 to seek and apply for federal or private funding to assist in  
80 27 implementing the system; and to identify state laws and rules  
80 28 that present barriers to the development of the health  
80 29 information technology system in the state.

80 30 The bill requires that by January 1, 2010, all health care  
80 31 professionals utilize the patient identifier and continuity of  
80 32 care record specified by the commission.

80 33 LONG-TERM CARE PLANNING AND ADVANCE MEDICAL DIRECTIVES.  
80 34 Division V relates to long-term care planning and advance  
80 35 medical directives. The bill provides that under the



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81 1 life=sustaining procedures Act, the hospital or health care  
81 2 provider is required to use a physician orders for  
81 3 life=sustaining=treatment form reflecting the declaration of a  
81 4 patient and to ensure that the form accompanies a patient who  
81 5 is comatose, incompetent, or otherwise physically or mentally  
81 6 incapable of communication if the patient is transferred to  
81 7 another facility.

81 8 The bill also requires that under the life=sustaining  
81 9 procedures Act and the durable power of attorney for health  
81 10 care chapter hospitals and health care providers establish a  
81 11 nonjudicial means of resolving disputes that arise out of a  
81 12 disagreement over compliance with a declaration or  
81 13 out=of=hospital do=not=resuscitate order or a durable power of  
81 14 attorney for health care.

81 15 The bill includes provisions to promote the use of  
81 16 palliative care and to mandate coverage benefits for the cost  
81 17 of core services by a licensed hospice program in a policy or  
81 18 contract providing third=party payment or prepayment of health  
81 19 or medical expenses.

81 20 The bill directs programs within the department of elder  
81 21 affairs and other appropriate agencies and interested parties  
81 22 to collaborate in recommending a public education strategy on  
81 23 long=term living. The bill also directs the department of  
81 24 elder affairs in collaboration with the insurance division to  
81 25 implement a long=term care options public education campaign.  
81 26 The bill directs the department of elder affairs to work with  
81 27 other public and private agencies to identify resources to use  
81 28 to continue the work of the aging and disability resource  
81 29 center.

81 30 DIVISION OF HEALTH CARE QUALITY, CONSUMER INFORMATION,  
81 31 STRATEGIC PLANNING, AND RESOURCE DEVELOPMENT. Division VI  
81 32 creates the division of health care quality, consumer  
81 33 information, strategic planning, and resource development  
81 34 within the department of public health and specifies two  
81 35 bureaus within the division: the bureau of health care



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82 1 quality and consumer information and the bureau of health care  
82 2 strategic planning and resource development.

82 3 The bill requires the bureau of health care quality and  
82 4 consumer information to provide better coordination of health  
82 5 care delivery information to improve the public health, inform  
82 6 policy analysis, and provide transparency of consumer health  
82 7 information. The bill creates a health quality and  
82 8 cost-containment collaborative to develop a process and the  
82 9 infrastructure to provide price, quality, safety, and other  
82 10 appropriate information to consumers. The bill designates the  
82 11 members of the collaborative and specifies its duties.

82 12 The bill directs the bureau of health care strategic  
82 13 planning and resource development to coordinate public and  
82 14 private efforts to develop and maintain an appropriate health  
82 15 care delivery infrastructure and a stable, well-qualified,  
82 16 diverse, and sustainable health care workforce in the state.  
82 17 One duty of the bureau is to develop a strategic plan for  
82 18 health care delivery infrastructure and health care workforce  
82 19 resources. The bureau is directed to establish a technical  
82 20 advisory committee to assist in the development of the  
82 21 strategic plan. The strategic plan is to include policies and  
82 22 goals based on specified principles, a health care system  
82 23 assessment and objectives component, a health care facilities  
82 24 and services plan to assess the demand for health care  
82 25 facilities and services, a health care data resources plan, an  
82 26 assessment of emerging trends in health care delivery and  
82 27 technology, a rural health resources plan, and a health care  
82 28 workforce resources plan.

82 29 CERTIFICATE OF NEED PROGRAM. Division VII of the bill  
82 30 amends the certificate of need program to reflect the change  
82 31 of the health facilities council to the health care strategic  
82 32 planning council as the oversight body for the certificate of  
82 33 need program and to require the submission of additional  
82 34 information by those entities subject to the certificate of  
82 35 need program.



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83 1 LSB 6443HC 82  
83 2 av:pf/rj/8



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House Study Bill 639

SENATE/HOUSE FILE  
BY (PROPOSED DEPARTMENT OF  
HUMAN SERVICES BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act relating to child care and family support subsidy services
- 2 regulated or administered by the department of human services.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5381DP 82
- 5 jp/nh/8



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1 1 DIVISION I  
1 2 HOME=BASED CHILD CARE LOCATION  
1 3 Section 1. Section 237A.3, Code 2007, is amended by adding  
1 4 the following new subsection:  
1 5 NEW SUBSECTION. 3. The location at which the child care  
1 6 is provided shall be a single=family residence that is owned,  
1 7 rented, or leased by the person or program providing the child  
1 8 care. For purposes of this subsection, a "single=family  
1 9 residence" does not include a commercial or industrial  
1 10 building that is primarily used for purposes other than a  
1 11 residence.  
1 12 Sec. 2. Section 237A.3A, subsection 3, Code 2007, is  
1 13 amended by adding the following new paragraph:  
1 14 NEW PARAGRAPH. d. The rules shall require a child  
1 15 development home to be located in a single=family residence  
1 16 that is owned, rented, or leased by the person or, for dual  
1 17 registrations, at least one of the persons who is named on the  
1 18 child development home's certificate of registration. For  
1 19 purposes of this paragraph, a "single=family residence" does  
1 20 not include a commercial or industrial building that is  
1 21 primarily used for purposes other than a residence.  
1 22 DIVISION II  
1 23 CHILD CARE RECORD CHECKS  
1 24 Sec. 3. Section 237A.5, subsection 2, Code 2007, is  
1 25 amended by adding the following new paragraph:  
1 26 NEW PARAGRAPH. cc. If a record check performed in  
1 27 accordance with paragraph "b" or "c" identifies that an  
1 28 individual is a person subject to an evaluation, the  
1 29 department shall perform the evaluation in accordance with  
1 30 this subsection, even if the application which made the person  
1 31 subject to the record check is withdrawn or the circumstances  
1 32 which made the person subject to the record check are no  
1 33 longer applicable. If the department's evaluation determines  
1 34 that prohibition of the person's involvement with child care  
1 35 is warranted, the provisions of this subsection regarding such



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2 1 a prohibition shall apply.

2 2 DIVISION III

2 3 WRAP=AROUND FUNDING

2 4 Sec. 4. Section 237A.13, subsection 8, Code Supplement  
2 5 2007, is amended by striking the subsection.

2 6 DIVISION IV

2 7 FAMILY SUPPORT SUBSIDY PROGRAM

2 8 Sec. 5. Section 225C.38, subsection 1, paragraph c, Code  
2 9 Supplement 2007, is amended to read as follows:

2 10 c. Except as provided in section 225C.41 and this  
2 11 subsection, a family support subsidy for a fiscal year shall  
2 12 be in an amount determined by the department in consultation  
2 13 with the comprehensive family support council created in  
2 14 section 225C.48. The parent or legal guardian receiving a  
2 15 family support subsidy may elect to receive a payment amount  
2 16 which is less than the amount determined in accordance with  
2 17 this paragraph.

2 18 Sec. 6. Section 225C.38, subsection 1, Code Supplement  
2 19 2007, is amended by adding the following new paragraph:

2 20 NEW PARAGRAPH. d. If more than one family member receives  
2 21 the family support subsidy at the same time, unless a lesser  
2 22 amount is elected, the payment amount for one family member  
2 23 shall be one hundred percent of the usual amount determined by  
2 24 the department under paragraph "c" and the payment amount for  
2 25 any sibling family member shall be fifty percent of the usual  
2 26 amount. However, unless a lesser amount is elected, if the  
2 27 family support subsidy is terminated for the family member to  
2 28 whom the one hundred percent payment amount is attributed, the  
2 29 payment amount for one sibling family member of the family  
2 30 member whose subsidy was terminated shall become one hundred  
2 31 percent of the usual amount beginning with the first month  
2 32 that subsidy payment is no longer provided for the family  
2 33 member whose subsidy is terminated.

2 34 Sec. 7. Section 225C.40, Code 2007, is amended by adding  
2 35 the following new subsection:



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3 1 NEW SUBSECTION. 4. If a family appeals the termination of  
3 2 a family member who has attained the age of eighteen years,  
3 3 family support subsidy payments for that family member shall  
3 4 be withheld pending resolution of the appeal.

3 5 EXPLANATION

3 6 This bill relates to child care and family support subsidy  
3 7 services regulated or administered by the department of human  
3 8 services (DHS).

3 9 HOME=BASED CHILD CARE LOCATION. This division requires  
3 10 child care homes and child development homes to be located in  
3 11 a single=family residence.

3 12 Under Code chapter 237A, a "child care home" provides child  
3 13 care to five or fewer children at any one time and is not  
3 14 registered with the department of human services. A "child  
3 15 development home" is registered with the department and may  
3 16 provide child care to six or more children at any one time.

3 17 Code section 237A.3 is amended to require child care homes  
3 18 to be located in a single=family residence that is owned,  
3 19 rented, or leased by the person providing the child care. A  
3 20 single=family residence does not include a commercial or  
3 21 industrial building that is primarily used for purposes other  
3 22 than a residence.

3 23 Code section 237A.3A is amended to require child  
3 24 development homes to be located in a single=family residence  
3 25 that is owned, rented, or leased by the person or, for dual  
3 26 registrations, at least one of the persons named on the child  
3 27 development home's certificate of registration. The  
3 28 commercial or industrial building restriction applied to child  
3 29 care homes is also applied to child development homes.

3 30 CHILD CARE RECORD CHECKS. This division relates to record  
3 31 checks applicable to child care providers.

3 32 Current law under Code section 237A.5, relating to  
3 33 personnel providing child care or living in a child care home  
3 34 or facility, requires criminal and child abuse registry checks  
3 35 to be conducted by DHS for a "person who is subject to a



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4 1 record check". This term means the person is being considered  
4 2 for licensure or registration or is registered or licensed  
4 3 under Code chapter 237A, the person is being considered by a  
4 4 child care facility (defined to mean a licensed child care  
4 5 center or registered child development home) for employment  
4 6 involving direct responsibility for a child or with access to  
4 7 a child when the child is alone or is employed with such  
4 8 responsibilities, the person will reside or resides in a child  
4 9 care facility, the person has applied for or receives public  
4 10 funding for providing child care, or the person will reside or  
4 11 resides in a child care home that is not registered under the  
4 12 Code chapter but that receives public funding for providing  
4 13 child care.

4 14 If a record check is performed and the record indicates  
4 15 that the person has committed a transgression, the department  
4 16 is required to perform an evaluation to determine if  
4 17 prohibition of the person's involvement with child care is  
4 18 warranted. "Transgression" means the record indicates the  
4 19 person has been convicted of a crime, has a record of having  
4 20 committed founded child or dependent adult abuse, is listed in  
4 21 the sex offender registry, has a record of having committed a  
4 22 public or civil offense, or DHS has revoked a child care  
4 23 facility registration or license due to the person's continued  
4 24 or repeated failure to operate the child care facility in  
4 25 compliance with law and rules adopted pursuant to the Code  
4 26 chapter.

4 27 The bill provides that an evaluation is required even if  
4 28 the application which made the person subject to the record  
4 29 check is withdrawn or the circumstances which made the person  
4 30 subject to the record check are no longer applicable. If the  
4 31 evaluation determines that prohibition of the person's  
4 32 involvement with child care is warranted, the law regarding  
4 33 such prohibition is applicable. A person who provides child  
4 34 care in violation of the prohibition is subject to criminal  
4 35 penalty or injunction.



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5 1 WRAP=AROUND FUNDING. This division eliminates reference to  
5 2 certain child care funding for wrap=around services provided  
5 3 through DHS in Code section 237A.13, relating to the state  
5 4 child care assistance program. The stricken subsection  
5 5 provides that a licensed child care center or registered child  
5 6 development home is deemed to be eligible for child care  
5 7 wrap=around funding if the center or home previously received  
5 8 the funding, meets requirements to be a shared vision program  
5 9 except that a shared vision program is not operated in the  
5 10 county where the center or home is located, and is providing  
5 11 child care wrap=around service that is included in the plan  
5 12 for the community empowerment area in which the center or home  
5 13 is located. The shared visions program is administered  
5 14 through the department of education to provide quality child  
5 15 development programs to preschool children.

5 16 FAMILY SUPPORT SUBSIDY PROGRAM. This division relates to  
5 17 family support subsidy program payment and appeal  
5 18 requirements.

5 19 The family support subsidy program is administered by DHS  
5 20 to assist families with a family member who is younger than 18  
5 21 and has an educational disability or special health care needs  
5 22 or otherwise meets the federal developmental disability  
5 23 definition.

5 24 The bill provides that if a family has an initial family  
5 25 member for whom family support subsidy payments are provided,  
5 26 the payment amount for any subsequent sibling family member is  
5 27 50 percent of the usual payment amount under the program. If  
5 28 the subsidy for the initial family member is terminated, the  
5 29 payment amount for the next sibling family member becomes 100  
5 30 percent of the usual amount beginning with the first month the  
5 31 initial family member's payment is no longer provided.

5 32 The bill also provides that if a family appeals the  
5 33 termination of a family member who attains age 18, family  
5 34 support subsidy payments are withheld while resolution of the  
5 35 appeal is pending.



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6 1 LSB 5381DP 82  
6 2 jp/nh/8.1



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House Study Bill 641

HOUSE FILE  
BY (PROPOSED COMMITTEE ON  
LOCAL GOVERNMENT BILL BY  
CHAIRPERSON GASKILL)

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act prohibiting certain liquor control, wine, or beer
- 2 licensees or permittees from knowingly permitting or engaging
- 3 in criminal activity in areas adjacent to the licensed
- 4 premises and making penalties applicable.
- 5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 6 TL5B 6196YC 82
- 7 ec/sc/5



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1 1 Section 1. Section 123.49, subsection 2, paragraph j, Code  
1 2 2007, is amended to read as follows:  
1 3 j. Knowingly permit or engage in any criminal activity on  
1 4 the premises covered by the license or permit. For purposes  
1 5 of this paragraph "j", "premises" includes parking lots and  
1 6 areas adjacent to the licensed premises and used by patrons of  
1 7 the liquor licensee or permittee.

1 8 EXPLANATION

1 9 This bill provides that a person or club holding a liquor  
1 10 control license or retail wine or beer permit shall not  
1 11 knowingly permit or engage in criminal activity in parking  
1 12 lots and areas adjacent to the licensed premises that are used  
1 13 by patrons of the liquor licensee or permittee. Current law  
1 14 limits this prohibition to criminal activity on the licensed  
1 15 premises.

1 16 LSB 6196YC 82

1 17 ec/sc/5



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House Study Bill 642

SENATE/HOUSE FILE  
BY (PROPOSED ETHICS AND  
CAMPAIGN DISCLOSURE  
BOARD BILL)

Passed Senate, Date \_\_\_\_\_

Passed House, Date \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Approved

A BILL FOR

1 An Act relating to conflicts of interest, lobbying activities,  
2 and receipt of gifts by certain government officials and  
3 employees.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 5487XD 82  
6 av/rj/5



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1 1 Section 1. Section 68B.2A, Code 2007, is amended by adding  
1 2 the following new subsection:

1 3 NEW SUBSECTION. 4. The board shall adopt rules pursuant  
1 4 to chapter 17A further delineating particular situations where  
1 5 outside employment or activity of officials and state  
1 6 employees of the executive branch will be deemed to create an  
1 7 unacceptable conflict of interest.

1 8 Sec. 2. Section 68B.5A, subsections 2 and 5, Code 2007,  
1 9 are amended to read as follows:

1 10 2. The head of a major subunit of a department or  
1 11 independent state agency whose position involves substantial  
1 12 exercise of administrative discretion or the expenditure of  
1 13 public funds, a full-time employee of an office of a statewide  
1 14 elected official whose position involves substantial exercise  
1 15 of administrative discretion or the expenditure of public  
1 16 funds, or a legislative employee whose position involves a  
1 17 substantial exercise of administrative discretion or the  
1 18 expenditure of public funds, shall not, during the time in  
1 19 which the person serves or is employed by the state, act as a  
1 20 lobbyist before the agency in which the person is employed or  
1 21 before state agencies, officials, or employees with whom the  
1 22 person has substantial or regular contact as part of the  
1 23 person's duties, unless the person is designated, by the  
1 24 agency in which the person serves or is employed, to represent  
1 25 the official position of the agency.

1 26 5. The head of a major subunit of a department or  
1 27 independent state agency whose position involves substantial  
1 28 exercise of administrative discretion or the expenditure of  
1 29 public funds, a full-time employee of an office of a statewide  
1 30 elected official whose position involves substantial exercise  
1 31 of administrative discretion or the expenditure of public  
1 32 funds, or a legislative employee whose position involves a  
1 33 substantial exercise of administrative discretion or the  
1 34 expenditure of public funds, shall not, within two years after  
1 35 termination of employment, become a lobbyist before the agency



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2 1 in which the person was employed or before state agencies or  
2 2 officials or employees with whom the person had substantial  
2 3 and regular contact as part of the person's former duties.

2 4 Sec. 3. Section 68B.22, subsection 4, Code Supplement  
2 5 2007, is amended by adding the following new paragraph:

2 6 NEW PARAGRAPH. hh. Food and beverages provided at a meal  
2 7 that is part of a bona fide event or program at which the  
2 8 recipient is being honored for public service.

2 9 EXPLANATION

2 10 This bill relates to conflicts of interest, lobbying  
2 11 activities, and receipt of gifts by certain government  
2 12 officials and employees.

2 13 Code section 68B.2A(4) is amended to require the Iowa  
2 14 ethics and campaign disclosure board to adopt administrative  
2 15 rules further delineating particular situations where outside  
2 16 employment or activity of officials and state employees of the  
2 17 executive branch will be deemed to create an unacceptable  
2 18 conflict of interest.

2 19 Code section 68B.5A(2), (5) is amended to ban certain  
2 20 lobbying activities by the head of a major subunit of a  
2 21 department or independent state agency, or by a full-time  
2 22 employee of an office of a statewide elected official, if such  
2 23 person's position involves a substantial exercise of  
2 24 administrative discretion or the expenditure of public funds.

2 25 Code section 68B.22(4) is amended to provide that food and  
2 26 beverages provided at a meal that is part of a bona fide event  
2 27 or program at which the recipient is being honored for public  
2 28 service may be received by a public official, public employee,  
2 29 candidate, or members of the immediate family of the public  
2 30 official, public employee, or candidate.

2 31 LSB 5487XD 82

2 32 av/rj/5



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Senate Amendment 5002

PAG LIN

1 1 Amend House File 2140, as passed by the House, as  
1 2 follows:  
1 3 #1. Page 1, line 7, by inserting after the word  
1 4 <percent> the following: <with any property tax  
1 5 increase caused as a result of this state percent of  
1 6 growth paid for by the state>.  
1 7  
1 8  
1 9  
1 10 DAVID JOHNSON  
1 11 HF 2140.502 82  
1 12 ak/rj/10810  
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**Senate File 2119 - Introduced**

SENATE FILE  
BY JOHNSON

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act providing for the prohibition of human cloning, providing
- 2 penalties, and providing for a repeal.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5579SS 82
- 5 pf/nh/24



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Senate File 2119 - Introduced continued

PAG LIN

1 1 Section 1. NEW SECTION. 707B.1 TITLE.  
1 2 This chapter shall be known and may be cited as the "Human  
1 3 Cloning Prohibition Act".  
1 4 Sec. 2. NEW SECTION. 707B.2 PURPOSE.  
1 5 It is the purpose of this chapter to prohibit human cloning  
1 6 for any purpose, whether for reproductive cloning or  
1 7 therapeutic cloning.  
1 8 Sec. 3. NEW SECTION. 707B.3 DEFINITIONS.  
1 9 As used in this chapter, unless the context otherwise  
1 10 requires:  
1 11 1. "Fetus" means a living organism of the species homo  
1 12 sapiens from eight weeks' development until complete expulsion  
1 13 or extraction from a woman's body, or until removal from an  
1 14 artificial womb or other similar environment designed to  
1 15 nurture the development of such organism.  
1 16 2. "Human cloning" means human asexual reproduction,  
1 17 accomplished by introducing the genetic material of a human  
1 18 somatic cell into a fertilized or unfertilized oocyte whose  
1 19 nucleus has been or will be removed or inactivated, to produce  
1 20 a living organism with a human or predominantly human genetic  
1 21 constitution.  
1 22 3. "Human embryo" means a living organism of the species  
1 23 homo sapiens from the single-celled stage to eight weeks'  
1 24 development.  
1 25 4. "Human somatic cell" means a cell having a complete set  
1 26 of chromosomes obtained from a living or deceased human  
1 27 organism of the species homo sapiens at any stage of  
1 28 development.  
1 29 5. "Oocyte" means a human ovum.  
1 30 Sec. 4. NEW SECTION. 707B.4 HUMAN CLONING ==  
1 31 PROHIBITIONS == EXCEPTIONS == PENALTY.  
1 32 1. A person shall not intentionally or knowingly do any of  
1 33 the following:  
1 34 a. Perform or attempt to perform human cloning.  
1 35 b. Participate in performing or in an attempt to perform



Iowa General Assembly  
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Senate File 2119 - Introduced continued

2 1 human cloning.  
2 2 c. Transfer or receive a cloned human embryo for any  
2 3 purpose.  
2 4 d. Transfer or receive, in whole or in part, any oocyte,  
2 5 human embryo, fetus, or human somatic cell, for the purpose of  
2 6 human cloning.  
2 7 2. This section shall not restrict areas of scientific  
2 8 research not specifically prohibited, including in vitro  
2 9 fertilization; the administration of fertility-enhancing  
2 10 drugs; or research in the use of nuclear transfer or other  
2 11 cloning techniques to produce molecules, deoxyribonucleic  
2 12 acid, tissues, organs, plants, animals other than humans, or  
2 13 cells other than human embryos.  
2 14 3. a. A person who violates subsection 1, paragraph "a"  
2 15 or "b", is guilty of a class "C" felony.  
2 16 b. A person who violates subsection 1, paragraph "c" or  
2 17 "d", is guilty of an aggravated misdemeanor.  
2 18 4. A person who violates this section in a manner that  
2 19 results in a pecuniary gain to the person is subject to a  
2 20 civil penalty in an amount that is twice the amount of the  
2 21 gross gain.  
2 22 5. A person who violates this section and who is licensed  
2 23 pursuant to chapter 148, 150, or 150A is subject to revocation  
2 24 of the person's license.  
2 25 6. A violation of this section is grounds for denial of an  
2 26 application for, denial of renewal of, or revocation of any  
2 27 license, permit, certification, or any other form of  
2 28 permission required to practice or engage in any trade,  
2 29 occupation, or profession regulated by the state.  
2 30 Sec. 5. Chapter 707C, Code Supplement 2007, is repealed.  
2 31 EXPLANATION  
2 32 This bill relates to the use of products of human  
2 33 reproduction for the purposes of human cloning and is the same  
2 34 as former Code chapter 707B, which was repealed in 2007 Iowa  
2 35 Acts, chapter 6.



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3 1 The bill defines terms used in the bill. The bill  
3 2 prohibits a person from knowingly or intentionally:  
3 3 performing or attempt to perform human cloning; participating  
3 4 in performing or in an attempt to perform human cloning;  
3 5 transferring or receiving a cloned human embryo for any  
3 6 purpose; or transferring or receiving, in whole or in part,  
3 7 any oocyte, human embryo, fetus, or human somatic cell, for  
3 8 the purpose of human cloning.  
3 9 The bill provides that it is not the intent of the bill to  
3 10 restrict areas of scientific research not specifically  
3 11 prohibited, including in vitro fertilization; the  
3 12 administration of fertility-enhancing drugs; or research in  
3 13 the use of nuclear transfer or other cloning techniques to  
3 14 produce molecules, deoxyribonucleic acid, tissues, organs,  
3 15 plants, animals other than humans, or cells other than human  
3 16 embryos.  
3 17 Under the bill, a person who performs or attempts to  
3 18 perform human cloning or who participates in performing or in  
3 19 an attempt to perform human cloning is guilty of a class "C"  
3 20 felony. A class "C" felony is punishable by confinement for  
3 21 no more than 10 years and a fine of at least \$1,000 but not  
3 22 more than \$10,000. A person who transfers or receives a  
3 23 cloned human embryo for any purpose or who transfers or  
3 24 receives, in whole or in part, any oocyte, human embryo,  
3 25 fetus, or human somatic cell, for the purpose of human cloning  
3 26 is guilty of an aggravated misdemeanor. An aggravated  
3 27 misdemeanor is punishable by confinement for no more than two  
3 28 years and a fine of at least \$625 but not more than \$6,250.  
3 29 Additionally, a person who violates the provisions of the bill  
3 30 in a manner that results in a pecuniary gain to the person is  
3 31 subject to a civil penalty in an amount that is twice the  
3 32 amount of the gross gain. A person who violates the  
3 33 provisions of the bill who is licensed in the practice of  
3 34 medicine and surgery, osteopathy, or osteopathic medicine and  
3 35 surgery is subject to revocation of the person's license. A



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4 1 violation of the bill is also grounds for denial of an  
4 2 application for, denial of renewal of, or revocation of any  
4 3 license, permit, certification, or any other form of  
4 4 permission required to practice or engage in any trade,  
4 5 occupation, or profession regulated by the state.  
4 6 The bill repeals Code chapter 707C, relating to human stem  
4 7 cell research and cloning.  
4 8 LSB 5579SS 82  
4 9 pf/nh/24



Iowa General Assembly  
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**Senate File 2120 - Introduced**

SENATE FILE  
BY JOHNSON

Passed Senate, Date _____	Passed House, Date _____
Vote: Ayes _____ Nays _____	Vote: Ayes _____ Nays _____
Approved	

**A BILL FOR**

1 An Act providing compensation and expenses for certain members of  
2 the watershed improvement review board and providing an  
3 appropriation.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 6097SS 82  
6 da/nh/14



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Senate File 2120 - Introduced continued

PAG LIN

1 1 Section 1. Section 466A.3, Code 2007, is amended by adding  
1 2 the following new subsection:  
1 3 NEW SUBSECTION. 1A. A voting member other than a  
1 4 representative of a state agency shall be compensated as  
1 5 provided in section 7E.6 and is allowed actual and necessary  
1 6 expenses incurred in the performance of their duties. The  
1 7 moneys used to pay for compensation and expenses shall be paid  
1 8 from available interest or earnings on moneys in the fund.

1 9 EXPLANATION

1 10 This bill provides that voting public members serving on  
1 11 the watershed improvement review board are entitled to receive  
1 12 per diem and expenses, to be paid from interest or earnings on  
1 13 moneys in the watershed improvement fund.

1 14 The voting public members include persons associated with  
1 15 organizations concerned with agribusiness, the environment,  
1 16 agricultural producers, and natural resource and wildlife  
1 17 conservation. The board also includes representatives from  
1 18 the department of natural resources and the department of  
1 19 agriculture and land stewardship and four members of the  
1 20 general assembly. The board uses moneys in the fund to  
1 21 approve grants to assist local communities in carrying out  
1 22 water quality improvement projects.

1 23 LSB 6097SS 82

1 24 da/nh/14



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**Senate File 2121 - Introduced**

SENATE FILE  
BY JOHNSON

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

1 An Act relating to water quality by establishing a water  
2 resources coordinating council, authorizing a marketing  
3 campaign, directing assistance to local communities for  
4 monitoring and measurement, and creating a regional assessment  
5 program, a community-based improvement program, and a  
6 wastewater and storm water infrastructure program.  
7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
8 TLSB 5748XS 82  
9 tw/nh/14



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Senate File 2121 - Introduced continued

PAG LIN

1 1 Section 1. NEW SECTION. 466B.1 SHORT TITLE.  
1 2 This chapter shall be known and may be cited as the  
1 3 "Surface Water Protection Act".  
1 4 Sec. 2. NEW SECTION. 466B.2 DEFINITIONS.  
1 5 For the purposes of this chapter, unless the context  
1 6 otherwise requires:  
1 7 1. "Council" means the water resources coordinating  
1 8 council created in section 466B.3.  
1 9 2. "Department" means the department of natural resources.  
1 10 3. "Regional watershed" means a watershed of hydrologic  
1 11 unit code scale 8.  
1 12 4. "Subwatershed" means a watershed of hydrological unit  
1 13 code scale 12 or smaller.  
1 14 5. "Watershed" means a geographic area in which surface  
1 15 water is drained by rivers, streams, or other bodies of water.  
1 16 Sec. 3. NEW SECTION. 466B.3 WATER RESOURCES COORDINATING  
1 17 COUNCIL.  
1 18 1. COUNCIL ESTABLISHED. A water resources coordinating  
1 19 council is established within the office of the governor.  
1 20 2. PURPOSE. The purpose of the council shall be to  
1 21 preserve and protect Iowa's water resources, and to coordinate  
1 22 the management of those resources in a sustainable and  
1 23 fiscally responsible manner. In the pursuit of this purpose,  
1 24 the council shall use an integrated approach to water resource  
1 25 management, recognizing that insufficiencies exist in current  
1 26 approaches and practices, as well as in funding sources and  
1 27 the utilization of funds. The integrated approach used by the  
1 28 council shall attempt to overcome old categories, labels, and  
1 29 obstacles with the primary goal of managing the state's water  
1 30 resources comprehensively rather than compartmentally.  
1 31 3. ACCOUNTABILITY. The success of the council's efforts  
1 32 shall ultimately be measured by the following outcomes:  
1 33 a. Whether the citizens of Iowa can more easily organize  
1 34 local watershed projects.  
1 35 b. Whether the citizens of Iowa can more easily access



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2 1 available funds and water quality program resources.  
2 2 c. Whether the funds, programs, and regulatory efforts  
2 3 coordinated by the council eventually result in a long-term  
2 4 improvement to the quality of surface water in Iowa.  
2 5 4. MEMBERSHIP. The council shall consist of the following  
2 6 members:  
2 7 a. The director of the department of natural resources or  
2 8 the director's designee.  
2 9 b. The director of the soil conservation division of the  
2 10 department of agriculture and land stewardship or the  
2 11 director's designee.  
2 12 c. The secretary of agriculture or the secretary's  
2 13 designee.  
2 14 d. The director of the department of public health or the  
2 15 director's designee.  
2 16 e. The director of the homeland security and emergency  
2 17 management division of the department of public defense or the  
2 18 director's designee.  
2 19 f. The dean of the college of agriculture at Iowa state  
2 20 university or the dean's designee.  
2 21 g. The dean of the college of public health at the  
2 22 university of Iowa or the dean's designee.  
2 23 h. The dean of the college of natural sciences at the  
2 24 university of northern Iowa, or the dean's designee.  
2 25 i. The director of the department of transportation or the  
2 26 director's designee.  
2 27 j. The director of the department of economic development  
2 28 or the director's designee.  
2 29 k. The director of the Iowa water center at Iowa state  
2 30 university or the director's designee.  
2 31 l. The governor, who shall be the chairperson, or the  
2 32 governor's designee. As the chairperson, and in order to  
2 33 further the coordination efforts of the council, the governor  
2 34 may invite representatives from any other public agency,  
2 35 private organization, business, citizen group, or nonprofit



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3 1 entity to give public input at council meetings provided the  
3 2 entity has an interest in the coordinated management of land  
3 3 resources, soil conservation, or water quality. The governor  
3 4 shall also invite and solicit advice from the following:

3 5 (a) The director of the Iowa water science center of the  
3 6 United States geological survey or the director's designee.

3 7 (b) The state conservationist from the Iowa office of the  
3 8 United States department of agriculture's natural resources  
3 9 conservation service or the state conservationist's designee.

3 10 (c) The executive director for Iowa from the United States  
3 11 department of agriculture's farm services agency or the  
3 12 executive director's designee.

3 13 (d) The state director for Iowa from the United States  
3 14 department of agriculture's office of rural development or the  
3 15 state director's designee.

3 16 (e) The director of region seven of the United States  
3 17 environmental protection agency or the director's designee.

3 18 (f) The corps commander from the United States army corps  
3 19 of engineers' Rock Island district or the commander's  
3 20 designee.

3 21 5. MEETINGS AND QUORUM.

3 22 a. The council shall be convened by the office of the  
3 23 governor at least quarterly.

3 24 b. A majority of the members fixed by statute shall  
3 25 constitute a quorum, and any action taken by the council must  
3 26 be adopted by a majority of the voting membership.

3 27 6. EXPENSES AND REIMBURSEMENT. The members of the council  
3 28 are entitled to receive reimbursement for actual expenses  
3 29 incurred while engaged in the performance of official duties.

3 30 7. DUTIES.

3 31 a. The council shall engage in the regular coordination of  
3 32 water resource-related functions, including protection  
3 33 strategies, planning, assessment, prioritization, review,  
3 34 concurrence, advocacy, education, and oversight.

3 35 b. In coordinating water resource related functions, the



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Senate File 2121 - Introduced continued

- 4 1 council shall do all of the following:
- 4 2 (1) Consider the steps necessary to address the planning,  
4 3 management, and implementation of water resource improvement.
- 4 4 (2) Identify ways to facilitate communication and  
4 5 participation among all water resource stakeholders, including  
4 6 owners of land in Iowa whether they are residents or not.
- 4 7 (3) Identify inefficiencies in current programs and  
4 8 recommend ways to eliminate duplicative services.
- 4 9 (4) Improve the availability and management of water  
4 10 resource information.
- 4 11 (5) Provide incentives for, and recognition of,  
4 12 environmental excellence.
- 4 13 (6) Regularly assess and identify measurable improvements  
4 14 in water quality.
- 4 15 (7) Oversee a complete, statewide watershed assessment,  
4 16 prioritization, and planning process, including a short-term  
4 17 interim program and a long-term comprehensive state water  
4 18 quality and quantity plan updated every five years as provided  
4 19 in sections 466B.5 and 466B.6.
- 4 20 (8) Develop a protocol which identifies high priority  
4 21 watersheds, including local and community watersheds, and  
4 22 which appropriately directs resources to those watersheds.
- 4 23 (9) Evaluate best available technologies on a regular  
4 24 basis, so that investments of time and program resources can  
4 25 be prioritized and directed to projects that will best and  
4 26 most effectively improve water quality within regional and  
4 27 community watersheds.
- 4 28 (10) Review voluntary, performance-based standards for  
4 29 water resource management, land management, and soil  
4 30 conservation.
- 4 31 (11) Develop a protocol for assigning multiagency teams to  
4 32 watersheds and local subwatersheds and guide those teams in  
4 33 the coordination of citizen and agency activities within those  
4 34 watersheds.
- 4 35 (12) Engage in dialogue with, and pursue efforts to make



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Senate File 2121 - Introduced continued

5 1 cooperative agreements with, other states when a watershed  
5 2 extends beyond borders of this state.

5 3     Sec. 4. NEW SECTION. 466B.4 LEGISLATIVE FINDINGS AND  
5 4 MARKETING CAMPAIGN.

5 5     1. FINDINGS. The general assembly finds all of the  
5 6 following:

5 7       a. Most Iowans desire to have improved water quality  
5 8 throughout the state, but many Iowans do not understand the  
5 9 problems with local water quality.

5 10      b. Most Iowans believe that the protection of fish and  
5 11 wildlife benefits all Iowans.

5 12      c. The benefits of improving water quality could far  
5 13 outweigh the costs of implementing mechanisms to improve it.

5 14      d. There is a disparity between rural and urban residents  
5 15 with regard to beliefs about who is responsible for protecting  
5 16 local watersheds.

5 17      e. Most Iowans look to some level of government for the  
5 18 protection of water resources rather than to themselves and  
5 19 their own actions. However, it is not possible or desirable  
5 20 for state government to take complete control and  
5 21 responsibility for water quality.

5 22     2. MARKETING CAMPAIGN. The water resources coordinating  
5 23 council shall develop a marketing campaign to educate Iowans  
5 24 about the need to take personal responsibility for the quality  
5 25 of water in their local watersheds. The emphasis of the  
5 26 campaign shall be that not only is everyone responsible for  
5 27 clean water, but that everyone benefits from it as well. The  
5 28 goals of the campaign shall be to convince Iowans to take  
5 29 personal responsibility for clean water and to equip them with  
5 30 the tools necessary to effect change through local water  
5 31 quality improvement projects.

5 32     Sec. 5. NEW SECTION. 466B.5 REGIONAL WATERSHED  
5 33 ASSESSMENT, PLANNING, AND PRIORITIZATION.

5 34     1. REGIONAL WATERSHED ASSESSMENT PROGRAM. The department  
5 35 shall create a regional watershed assessment program. The



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Senate File 2121 - Introduced continued

6 1 program shall assess all the regional watersheds in the state.  
6 2 a. The statewide assessment shall be conducted at the rate  
6 3 of approximately one-fifth of the watersheds per year, and an  
6 4 initial full assessment shall be completed within five years.  
6 5 Thereafter, the department shall review and update the  
6 6 assessments on a regular basis.

6 7 b. Each regional watershed assessment shall provide a  
6 8 summary of the overall condition of the watershed. The  
6 9 information provided in the summary may include land use  
6 10 patterns, soil types, slopes, management practices, stream  
6 11 conditions, and both point and nonpoint source impairments.

6 12 c. In conducting a regional watershed assessment, the  
6 13 department shall provide opportunities for local data  
6 14 collection and input into the assessment process.

6 15 2. PLANNING AND PRIORITIZATION. In conducting the  
6 16 regional watershed assessment program, the department shall  
6 17 provide hydrological and geological information sufficient for  
6 18 the water resources coordinating council to prioritize  
6 19 watersheds statewide and for the various communities in those  
6 20 watersheds to plan remedial efforts in their local communities  
6 21 and subwatersheds.

6 22 3. REPORT TO COUNCIL. Upon completion of the statewide  
6 23 assessment, and upon updating the assessments, the department  
6 24 shall report the results of the assessment to the council.

6 25 Sec. 6. NEW SECTION. 466B.6 COMMUNITY=BASED WATERSHED  
6 26 IMPROVEMENT PLANS.

6 27 1. FACILITATION OF COMMUNITY=BASED WATERSHED PLANS. After  
6 28 the department's completion of the initial regional watershed  
6 29 assessment, and after the council's prioritization of the  
6 30 regional watersheds, the department, in conjunction with the  
6 31 department of agriculture and land stewardship, shall  
6 32 facilitate the development and implementation of local,  
6 33 community-based subwatershed improvement plans.

6 34 2. ASSESSMENT, PLANNING, PRIORITIZATION, AND  
6 35 IMPLEMENTATION. In facilitating the development of



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7 1 community-based subwatershed improvement plans, the  
7 2 department, in conjunction with the department of agriculture  
7 3 and land stewardship, shall do all of the following:  
7 4     a. Based on the results of the regional watershed  
7 5 assessment program, identify critical subwatersheds within  
7 6 priority regional watersheds and recruit communities, citizen  
7 7 groups, local governmental entities, or other stakeholders to  
7 8 engage in the assessment, planning, prioritization, and  
7 9 implementation of a local community-based subwatershed  
7 10 improvement plan. The department may create a group of  
7 11 initial local community-based subwatershed improvement plans  
7 12 that can be implemented as pilot projects, in order to develop  
7 13 an effective process that can be replicated across the state.  
7 14     b. Accept and evaluate applications for proposed local  
7 15 community-based subwatershed improvement plans and prioritize  
7 16 them. In evaluating an applicant's proposed plan, the  
7 17 following shall be considered:  
7 18         (1) The stated objectives of the plan.  
7 19         (2) The thoroughness of the assessment of a local  
7 20 subwatershed's physical, social, and financial resources.  
7 21         (3) Whether an adequate analysis of alternatives has been  
7 22 presented.  
7 23         (4) Whether the plan includes an evaluation process that  
7 24 will measure results and outcomes.  
7 25         (5) Whether the subwatershed is located within a priority  
7 26 regional watershed.  
7 27         (6) Any other relevant factors.  
7 28     c. Award moneys and direct other necessary resources to  
7 29 successful applicants according to an appropriate  
7 30 prioritization in order to assist in the implementation of  
7 31 local community-based subwatershed improvement plans.  
7 32     Sec. 7. NEW SECTION. 466B.7 COMMUNITY=BASED WATERSHED  
7 33 MONITORING.  
7 34     1. MONITORING ASSISTANCE. After completion of the  
7 35 statewide regional watershed assessment and prioritization,



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8 1 and at the same time as the implementation of local  
8 2 community-based watershed improvement plans, the department  
8 3 shall assist communities with the monitoring and measurement  
8 4 of local subwatersheds. The monitoring and measurement shall  
8 5 be designed for the particular needs of individual  
8 6 communities.

8 7 2. DATA COLLECTION AND USE. Local communities in which  
8 8 the department conducts subwatershed monitoring shall use the  
8 9 information to support subwatershed planning activities, do  
8 10 local data collection, and identify priority areas needing  
8 11 additional resources. Local communities shall also collect  
8 12 data over time and use the data to evaluate the impacts of  
8 13 their management efforts.

8 14 Sec. 8. NEW SECTION. 466B.8 WASTEWATER AND STORM WATER  
8 15 INFRASTRUCTURE PROGRAM.

8 16 1. A wastewater and storm water infrastructure program is  
8 17 created within the department to assess and prioritize  
8 18 communities within a watershed presenting the greatest level  
8 19 of risk to the health of residents. This prioritization shall  
8 20 include both sewerred and unsewerred communities.

8 21 2. In administering the program, the department shall  
8 22 award funds to communities based on its prioritization of the  
8 23 health risks facing those communities.

8 24 Sec. 9. NEW SECTION. 466B.9 RULEMAKING AUTHORITY.

8 25 The department shall have the power and authority  
8 26 reasonably necessary to carry out the duties imposed upon it  
8 27 in this chapter. This includes rulemaking authority to carry  
8 28 out the regional assessments, assist in the implementation of  
8 29 community-based watershed improvement plans, coordinate the  
8 30 development of community-based watershed monitoring, and  
8 31 administer the wastewater and storm water infrastructure  
8 32 program.

8 33 EXPLANATION

8 34 This bill relates to the protection of surface water and to  
8 35 improvements in water quality.



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Senate File 2121 - Introduced continued

9 1 The bill creates a water resources coordinating council  
9 2 within the governor's office and specifies as members certain  
9 3 state agency directors with authority over water-related  
9 4 programs as well as experts in water quality from the regents  
9 5 institutions. The governor is directed to solicit advice from  
9 6 several directors of federal programs involved with water  
9 7 resources. The council is charged with coordinating  
9 8 governmental efforts to improve water quality in an efficient  
9 9 and fiscally responsible manner.

9 10 The bill also charges the council to conduct a marketing  
9 11 campaign to educate Iowans about water quality and about their  
9 12 responsibility for improving it. The focus of the campaign is  
9 13 to make sure that Iowans know that clean water is everyone's  
9 14 responsibility, and that everyone benefits.

9 15 The bill also directs the department of natural resources  
9 16 to engage in a program of statewide watershed assessment. The  
9 17 department must divide the state into larger, regional  
9 18 watersheds and engage in water quality assessment of those  
9 19 regions. The department must complete this assessment within  
9 20 five years, and based on the results of the assessment, the  
9 21 council must prioritize the regions so that resources can be  
9 22 directed in the most appropriate and efficient manner.

9 23 The bill also creates a program for improving water quality  
9 24 at a smaller, local watershed level. The department is  
9 25 directed to work with the department of agriculture and land  
9 26 stewardship in awarding funds to local communities, evaluating  
9 27 proposed local community-based watershed improvement plans,  
9 28 and recruiting local stakeholders to take the initiative in  
9 29 water quality improvement. Local stakeholders may include  
9 30 many diverse groups, such as community groups, soil and water  
9 31 conservation districts, and drainage districts. The approval  
9 32 of local water quality improvement plans and the allocation of  
9 33 funds to local communities must be in conformance with the  
9 34 regional watershed prioritization and are contingent upon the  
9 35 completion of the department's statewide regional assessment.



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10 1       The bill also directs the department to assist local  
10 2 communities with water quality monitoring. This monitoring is  
10 3 not contingent upon the statewide regional assessment and is  
10 4 intended to help local communities in the community-based  
10 5 improvement efforts by providing data to assist in proper  
10 6 planning efforts and the allocation of resources.

10 7       The bill also creates a wastewater and storm water  
10 8 treatment infrastructure program and directs the department to  
10 9 award grant funds to local communities by prioritizing them  
10 10 according to the greatest risk to the health of residents.

10 11       Finally, the bill gives the department rulemaking authority  
10 12 to carry out the duties imposed on it by the provisions of the  
10 13 bill.

10 14 LSB 5748XS 82

10 15 tw/nh/14.1



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SENATE FILE  
BY COMMITTEE ON STATE  
GOVERNMENT

(SUCCESSOR TO SSB 3118)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

1 An Act making technical and corrective changes to the law  
2 relating to elections and voter registration and making a  
3 penalty applicable.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 5418SV 82  
6 sc/nh/5



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1 1 Section 1. Section 2.27, Code Supplement 2007, is amended  
1 2 to read as follows:

1 3 2.27 CANVASS OF VOTES FOR GOVERNOR.

1 4 The general assembly shall meet in joint session on the  
1 5 same day the assembly first convenes in January of 1979 and  
1 6 every four years thereafter as soon as both houses have been  
1 7 organized, and canvass the votes cast for governor and  
1 8 lieutenant governor and determine the election. When the  
1 9 canvass is completed, the oath of office shall be administered  
1 10 to the persons ~~or person~~ so declared elected. Upon being  
1 11 inaugurated the governor shall deliver to the joint assembly  
1 12 any message the governor may deem expedient.

1 13 Sec. 2. Section 43.4, unnumbered paragraph 4, Code 2007,  
1 14 is amended to read as follows:

1 15 Within fourteen days after the date of the caucus the  
1 16 county central committee shall certify to the county  
1 17 commissioner the names of those elected as party committee  
1 18 members and delegates to the county convention. The  
1 19 commissioner shall retain caucus records for two years. In  
1 20 addition, within fourteen days after the date of the caucus,  
1 21 the chairperson of the county central committee shall deliver  
1 22 to the county commissioner all completed voter registration  
1 23 forms received at the caucus.

1 24 Sec. 3. Section 43.5, Code 2007, is amended to read as  
1 25 follows:

1 26 43.5 APPLICABLE STATUTES.

1 27 The provisions of chapters 39, 39A, 47, 48A, 49, 50, 51,  
1 28 52, 53, 57, 58, 59, 61, 62, 68A, and 722 shall apply, so far  
1 29 as applicable, to all primary elections, except as hereinafter  
1 30 provided.

1 31 Sec. 4. NEW SECTION. 43.31 FORM OF OFFICIAL BALLOT ==  
1 32 IMPLEMENTATION BY RULE.

1 33 The state commissioner shall adopt rules in accordance with  
1 34 chapter 17A to implement sections 43.27 through 43.30, section  
1 35 43.36, sections 49.30 through 49.41, section 49.57, and any



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2 1 other provision of the law prescribing the form of the  
2 2 official ballot.

2 3 Sec. 5. Section 43.77, subsection 4, Code 2007, is amended  
2 4 to read as follows:

2 5 4. A vacancy has occurred in the office of senator in the  
2 6 Congress of the United States, ~~lieutenant governor~~, secretary  
2 7 of state, auditor of state, treasurer of state, secretary of  
2 8 agriculture, or attorney general, under the circumstances  
2 9 described in section 69.13, less than eighty-nine days before  
2 10 the primary election and not less than eighty-nine days before  
2 11 the general election.

2 12 Sec. 6. Section 44.5, Code 2007, is amended to read as  
2 13 follows:

2 14 44.5 NOTICE OF OBJECTIONS.

2 15 When objections are filed notice shall ~~forthwith~~  
2 16 immediately be given to the affected candidate ~~affected~~  
~~2 17 thereby~~. The notice shall be addressed to the candidate's  
2 18 place of residence as given in the certificate of nomination,  
2 19 stating that objections have been made to ~~said~~ the  
2 20 certificate, ~~also stating~~. The notice shall include the time  
2 21 and place ~~such~~ of the hearing at which the objections will be  
2 22 considered. The hearing shall be held not later than one week  
2 23 after the objection is filed.

2 24 Sec. 7. Section 45.1, subsection 2, Code Supplement 2007,  
2 25 is amended to read as follows:

2 26 2. Nominations for candidates for a representative in the  
2 27 United States house of representatives may be made by  
2 28 nomination petitions signed by not less than the number of  
2 29 eligible electors equal to the number of signatures required  
2 30 in subsection 1 divided by the number of congressional  
2 31 districts. Signers of the petition shall be residents of the  
2 32 congressional district.

2 33 Sec. 8. Section 48A.2, subsection 5, Code Supplement 2007,  
2 34 is amended to read as follows:

2 35 5. "Voter registration form" means ~~an application~~ the form



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3 1 prescribed by the voter registration commission that shall be  
3 2 completed by any person applying to register to vote and which  
3 3 ~~must be completed by any person registering to vote~~ may be  
3 4 used to make changes in an existing voter registration record.

3 5 Sec. 9. Section 48A.25A, subsection 1, Code Supplement  
3 6 2007, is amended to read as follows:

3 7 1. Upon receipt of an application for voter registration  
3 8 ~~by mail~~, the state registrar of voters shall compare the Iowa  
3 9 driver's license number, the Iowa nonoperator's identification  
3 10 card number, or the last four numerals of the social security  
3 11 number provided by the registrant with the records of the  
3 12 state department of transportation. To be verified, the voter  
3 13 registration record shall contain the same name, date of  
3 14 birth, and Iowa driver's license number or Iowa nonoperator's  
3 15 identification card number or whole or partial social security  
3 16 number as the records of the state department of  
3 17 transportation. If the information cannot be verified, the  
3 18 application shall be rejected and the registrant shall be  
3 19 notified of the reason for the rejection. If the information  
3 20 can be verified, a record shall be made of the verification  
3 21 and the application shall be accepted.

3 22 Sec. 10. Section 48A.37, subsection 1, Code Supplement  
3 23 2007, is amended to read as follows:

3 24 1. Voter registration records shall be maintained in an  
3 25 electronic medium. A history of local election participation  
3 26 shall be maintained as part of the electronic record for at  
3 27 least two general, primary, school, and city elections.  
3 28 Absentee voting shall be recorded for the previous two general  
3 29 and primary elections. Any person who cast a ballot that was  
3 30 accepted for counting shall be recorded as having voted,  
3 31 including ballots cast at the polls on election day, absentee  
3 32 ballots, and provisional ballots. A person whose ballot was  
3 33 not accepted for counting shall not be recorded as having  
3 34 voted. After each election, the county commissioner shall  
3 35 update telephone numbers provided by registered voters



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4 1 pursuant to section 49.77.

4 2 Sec. 11. Section 49.25, subsection 3, Code Supplement  
4 3 2007, is amended to read as follows:

4 4 3. The commissioner shall furnish to each precinct where  
4 5 voting is to be by paper ballot or optical scan ballot, rather  
4 6 than by voting machine, the necessary ballot boxes, suitably  
4 7 equipped with seals or locks and keys, and voting booths. The  
4 8 voting booths shall be approved by the board of examiners for  
4 9 ~~voting machines and optical scan voting~~ systems and shall  
4 10 provide for voting in secrecy. At least one voting booth in  
4 11 each precinct shall be accessible to persons with  
4 12 disabilities. If the lighting in the polling place is  
4 13 inadequate, the voting booths used in that precinct shall  
4 14 include lights. Ballot boxes shall be locked or sealed before  
4 15 the polls open and shall remain locked or sealed until the  
4 16 polls are closed, except as provided in section 51.7 or to  
4 17 provide necessary service to a malfunctioning portable ~~vote~~  
4 18 ~~tallying tabulating~~ device. If a ballot box is opened prior  
4 19 to the closing of the polls, two precinct election officials  
4 20 not of the same party shall be present and observe the ballot  
4 21 box being opened.

4 22 Sec. 12. Section 49.37, Code 2007, is amended by adding  
4 23 the following new subsection:

4 24 NEW SUBSECTION. 2A. The commissioner shall arrange  
4 25 federal and state offices on the ballot in the following  
4 26 order:

4 27 a. President of the United States.

4 28 b. United States senator.

4 29 c. United States representative.

4 30 d. Governor.

4 31 e. Other elective state officers in the order in which  
4 32 they appear in section 39.9.

4 33 f. District officers in the order in which they appear in  
4 34 sections 39.15 and 39.16.

4 35 Sec. 13. Section 49.53, subsection 1, Code Supplement



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5 1 2007, is amended to read as follows:

5 2 1. The commissioner shall not less than four nor more than  
5 3 twenty days before the day of each election, except those for  
5 4 which different publication requirements are prescribed by  
5 5 law, publish notice of the election. The notice shall contain  
5 6 a facsimile of the portion of the ballot containing the first  
5 7 rotation as prescribed by section 49.31, subsection 2, and  
5 8 shall show the names of all candidates or nominees and the  
5 9 office each seeks, and all public questions, to be voted upon  
5 10 at the election. The sample ballot published as a part of the  
5 11 notice may at the discretion of the commissioner be reduced in  
5 12 size relative to the actual ballot but such reduction shall  
5 13 not cause upper case letters appearing in candidates' names or  
5 14 in summaries of public measures on the published sample ballot  
5 15 to be less than ninety percent of the size of such upper case  
5 16 letters appearing on the actual ballot. The notice shall also  
5 17 state the date of the election, the hours the polls will be  
5 18 open, the location of each polling place at which voting is to  
5 19 occur in the election, ~~the location of the polling places~~  
~~5 20 designated as early ballot pick-up sites,~~ and the names of the  
5 21 precincts voting at each polling place, but the statement need  
5 22 not set forth any fact which is apparent from the portion of  
5 23 the ballot appearing as a part of the same notice. The notice  
5 24 shall include the full text of all public measures to be voted  
5 25 upon at the election.

5 26 Sec. 14. Section 49.57, subsection 6, Code Supplement  
5 27 2007, is amended to read as follows:

5 28 6. A portion of the ballot, which can be shown to the  
5 29 precinct officials without revealing any of the marks made by  
5 30 the voter, shall include the words "Official ballot" in upper  
5 31 case letters printed in bold type, the unique identification  
5 32 number or name assigned by the commissioner to the ballot  
5 33 style, the date of the election, and a facsimile of the  
5 34 signature of the commissioner who has caused the ballot to be  
5 35 printed pursuant to section 49.51.



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6 1 Sec. 15. Section 49.57, Code Supplement 2007, is amended  
6 2 by adding the following new subsection:

6 3 NEW SUBSECTION. 8. The following headings shall be  
6 4 printed on the ballot, if applicable, in bold type:

- 6 5 a. "Voting mark".
- 6 6 b. "Optional write-in".
- 6 7 c. "Partisan Offices".
- 6 8 d. "Straight Party Voting".
- 6 9 e. "Other Political Organizations".
- 6 10 f. "Federal Offices".
- 6 11 g. "State Offices".
- 6 12 h. Each office title.

6 13 Sec. 16. NEW SECTION. 49.57A FORM OF OFFICIAL BALLOT ==  
6 14 IMPLEMENTATION BY RULE.

6 15 The state commissioner shall adopt rules in accordance with  
6 16 chapter 17A to implement sections 49.30 through 49.41, section  
6 17 49.57, and any other provision of the law prescribing the form  
6 18 of the official ballot.

6 19 Sec. 17. Section 49.77, subsection 3, unnumbered paragraph  
6 20 2, Code Supplement 2007, is amended to read as follows:

6 21 A precinct election official may require of the voter  
6 22 unknown to the official, identification ~~upon which the voter's~~  
~~signature or mark appears~~ in the form prescribed by the state  
6 24 commissioner. If identification is established to the

6 25 satisfaction of the precinct election officials, the person  
6 26 may then be allowed to vote.

6 27 Sec. 18. Section 49.77, subsection 4, paragraph c, Code  
6 28 Supplement 2007, is amended to read as follows:

6 29 c. A person who has ~~been sent~~ requested an absentee ballot  
6 30 by mail ~~but for any reason has not received it~~ shall be  
6 31 permitted to cast a ballot in person pursuant to section 53.19  
6 32 and in the manner prescribed by section 49.81.

6 33 Sec. 19. Section 49.81, subsection 1, Code 2007, is  
6 34 amended to read as follows:

6 35 1. A prospective voter who is prohibited under section



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7 1 48A.8, subsection 4, section 49.77, subsection 4, or section  
7 2 49.80 from voting except under this section shall be notified  
7 3 by the appropriate precinct election official that the voter  
7 4 may cast a provisional ballot. If a booth meeting the  
7 5 requirement of section 49.25 is not available at that polling  
7 6 place, the precinct election officials shall make alternative  
7 7 arrangements to insure the challenged voter the opportunity to  
7 8 vote in secret. ~~The marked ballot, folded voter shall mark~~  
7 9 the ballot, fold it or enclose it in a secrecy folder as  
7 10 required by section 49.84, shall be delivered to a precinct  
~~7 11 election official who shall and immediately seal it in an~~  
7 12 envelope of the type prescribed by subsection 4. The voter  
7 13 shall deliver the sealed envelope to a precinct election  
7 14 official who shall be deposited deposit it in an envelope  
7 15 marked "provisional ballots" ~~and~~. The ballot shall be  
7 16 considered as having been cast in the special precinct  
7 17 established by section 53.20 for purposes of the postelection  
7 18 canvass.

7 19 Sec. 20. Section 49.84, Code 2007, is amended to read as  
7 20 follows:

7 21 49.84 MARKING AND RETURN OF BALLOT.

7 22 1. a. After receiving the ballot, the voter shall  
7 23 immediately go alone to one of the voting booths, and without  
7 24 delay mark the ballot. All voters shall vote in booths. No  
7 25 special lines shall be used to separate voters who state that  
7 26 they wish to vote only a portion of the ballot.

7 27 b. Before leaving the voting booth, the voter shall fold  
7 28 the ballot or enclose it in a secrecy folder to conceal the  
7 29 marks on the ballot. The voter shall deliver the ballot to  
7 30 one of the precinct election officials. No identifying mark  
7 31 or symbol shall be endorsed on the back of the voter's ballot.  
7 32 If the precinct has a portable ~~vote tallying~~ tabulating system  
7 33 which will not permit more than one ballot to be inserted at a  
7 34 time, the voter may insert the ballot into the tabulating  
7 35 device; otherwise, the election official shall place the



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8 1 ballot in the ballot box.

8 2 2. This section does not prohibit a voter from taking  
8 3 minor children into the voting booth with the voter.

8 4 Sec. 21. Section 52.7, subsection 1, unnumbered paragraph  
8 5 1, Code Supplement 2007, is amended to read as follows:

8 6 A voting machine approved by the state board of examiners  
8 7 for voting ~~machines and optical scan voting~~ systems shall be  
8 8 so constructed as to do all of the following:

8 9 Sec. 22. Section 52.10, Code 2007, is amended to read as  
8 10 follows:

8 11 52.10 VOTING MACHINE BALLOTS == FORM.

8 12 All ballots on voting machines shall ~~be printed in black~~  
~~8 13 ink on clear, white material, of such size as will fit the~~  
~~8 14 ballot frame, and in as plain, clear type as the space will~~  
~~8 15 reasonably permit. The party name for each political party~~  
~~8 16 represented on the machine shall be prefixed to the list of~~  
~~8 17 candidates of such party. The order of the list of candidates~~  
~~8 18 of the several parties or organizations shall be arranged as~~  
~~8 19 provided display the offices, candidates, and questions in the~~  
8 20 format described in sections 49.30 ~~to 49.42A~~, except that the  
~~8 21 lists may be arranged in horizontal rows or vertical columns~~  
~~8 22 to meet the physical requirements of the voting machine used~~  
8 23 through 49.41 and section 49.57.

8 24 Sec. 23. Section 52.25, unnumbered paragraph 2, Code  
8 25 Supplement 2007, is amended to read as follows:

8 26 The entire convention question, amendment, or public  
8 27 measure shall be printed and displayed prominently in at least  
8 28 four places within the voting precinct, and inside each voting  
8 29 booth, the printing to be in conformity with the provisions of  
8 30 chapter 49. The question, amendment, or measure, and  
8 31 summaries thereof, shall be printed on the ~~special paper~~  
8 32 ~~ballots or on the inserts used in the voting machines.~~ In no  
8 33 case shall the font size be less than ten point type. The  
8 34 public measure shall be summarized by the commissioner, except  
8 35 that:



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9 1 Sec. 24. Section 52.41, Code 2007, is amended to read as  
9 2 follows:

9 3 52.41 ELECTRONIC TRANSMISSION OF ELECTION RESULTS.

9 4 With the advice of the board of examiners for voting  
9 5 ~~machines and electronic voting~~ systems, the state commissioner  
9 6 shall adopt by rule standards for the examination and testing  
9 7 of devices for the electronic transmission of election  
9 8 results. All voting systems which contain devices for the  
9 9 electronic transmission of election results submitted to the  
9 10 examiners for examination and testing after July 1, 2003,  
9 11 shall comply with these standards.

9 12 Sec. 25. Section 53.18, subsection 2, Code Supplement  
9 13 2007, is amended to read as follows:

9 14 2. If the commissioner receives the return carrier  
9 15 envelope containing the completed absentee ballot by five p.m.  
9 16 on the Saturday before the election for general and primary  
9 17 elections and by five p.m. on the Friday before the election  
9 18 for all other elections, the commissioner shall open the  
9 19 envelope to review the affidavit for any deficiencies. If the  
9 20 affidavit contains a deficiency that would cause the ballot to  
9 21 be rejected, the commissioner shall, within twenty-four hours  
9 22 of the time the envelope was received, notify the voter of  
9 23 that fact and that the voter may correct the deficiency in  
9 24 person at the office of the commissioner by five p.m. on the  
9 25 day before the election or by applying for and voting a  
9 26 replacement ballot in the manner and within the time period  
9 27 provided in subsection 3 or by appearing at the voter's  
9 28 precinct polling place on election day and casting a ballot in  
9 29 accordance with section 49.81.

9 30 Sec. 26. Section 53.40, subsection 1, paragraph c, Code  
9 31 Supplement 2007, is amended to read as follows:

9 32 c. A request shall show the residence (including street  
9 33 address, if any) of the voter, and the age of the voter, ~~and~~  
9 34 ~~length of residence in the city or township, county and state,~~  
9 35 and shall designate the address to which the ballot is to be



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10 1 sent, and in the case of the primary election, the party  
10 2 affiliation of such voter. Such request shall be made to the  
10 3 commissioner of the county of the voter's residence, provided  
10 4 that if the request is made by the voter to any elective  
10 5 state, city or county official, the said official shall  
10 6 forward it to the commissioner of the county of the voter's  
10 7 residence, and such request so forwarded shall have the same  
10 8 force and effect as if made direct to the commissioner by the  
10 9 voter.

10 10 Sec. 27. Section 69.8, subsection 2, Code 2007, is amended  
10 11 to read as follows:

10 12 2. STATE OFFICES. In all state offices, judges of courts  
10 13 of record, officers, trustees, inspectors, and members of all  
10 14 boards or commissions, and all persons filling any position of  
10 15 trust or profit in the state, by the governor, except when  
10 16 some other method is specially provided. An appointment by  
10 17 the governor to fill a vacancy in the office of lieutenant  
10 18 governor shall be for the balance of the unexpired term. An  
10 19 appointment made under this subsection to a state office  
10 20 subject to section 69.13 shall be for the period until the  
10 21 vacancy is filled by election pursuant to law.

10 22 Sec. 28. Section 275.18, unnumbered paragraph 3, Code  
10 23 2007, is amended to read as follows:

10 24 The area education agency administrator shall furnish to  
10 25 the commissioner a map of the proposed reorganized area which  
10 26 must be approved by the commissioner as suitable for posting.  
10 27 The map shall be displayed prominently in at least four places  
10 28 within the voting precinct, and inside each voting booth, ~~or~~  
~~10 29 on the left-hand side inside the curtain of each voting~~  
~~10 30 machine.~~

10 31 Sec. 29. Section 275.55, unnumbered paragraph 1, Code  
10 32 2007, is amended to read as follows:

10 33 The board of the school district shall call a special  
10 34 election to be held not later than ~~forty~~ sixty days following  
10 35 the date of the final hearing on the dissolution proposal.



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11 1 The special election may be held at the same time as the  
11 2 regular school election. The proposition submitted to the  
11 3 voters residing in the school district at the special election  
11 4 shall describe each separate area to be attached to a  
11 5 contiguous school district and shall name the school district  
11 6 to which it will be attached. In addition to the description,  
11 7 a map may be included in the summary of the question on the  
11 8 ballot.

11 9 Sec. 30. Section 277.2, Code 2007, is amended to read as  
11 10 follows:

11 11 277.2 SPECIAL ELECTION.

11 12 The board of directors in a school corporation may call a  
11 13 special election at which the voters shall have the powers  
11 14 exercised at the regular election with reference to the sale  
11 15 of school property and the application to be made of the  
11 16 proceeds, the authorization ~~of seven~~ to change the number of  
11 17 members on the board of directors to either five or seven, the  
11 18 authorization to establish or change the boundaries of  
~~11 19 director districts~~ change the method of electing directors,  
11 20 the authorization to establish an instructional support  
11 21 program, the authorization to establish an educational  
11 22 improvement program, and the authorization of a voter=approved  
11 23 physical plant and equipment levy or indebtedness, as provided  
11 24 by law.

11 25 Sec. 31. Section 294.8, Code 2007, is amended to read as  
11 26 follows:

11 27 294.8 PENSION SYSTEM.

11 28 Any school district located in whole or in part within a  
11 29 city having a population of twenty=five thousand one hundred  
11 30 or more may establish a pension and annuity retirement system  
11 31 for the public school teachers of such district ~~provided said~~  
~~11 32 system.~~ However, in cities having a population less than  
11 33 seventy=five thousand, establishment of the system shall be  
11 34 ratified by a vote of the people at a ~~general~~ regular school  
11 35 election.



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12 1 Sec. 32. Section 301.24, Code 2007, is amended to read as  
12 2 follows:

12 3 301.24 PETITION == ELECTION.

12 4 Whenever a petition signed by one hundred eligible electors  
12 5 residing in the school district or a number of eligible  
12 6 electors residing in the school district equal to at least ten  
12 7 percent of the number of voters in the last preceding regular  
12 8 school election, whichever is greater, is filed with the  
12 9 secretary ~~thirty~~ sixty days or more before the regular school  
12 10 election, asking that the question of providing free textbooks  
12 11 for the use of pupils in the school district's attendance  
12 12 centers be submitted to the voters at the next regular school  
12 13 election, the secretary shall cause notice of such proposition  
12 14 to be given in the notice of such election.

12 15 Sec. 33. Section 331.201, subsection 3, Code 2007, is  
12 16 amended to read as follows:

12 17 3. The office of supervisor is an elective office except  
12 18 that if a vacancy occurs on the board, a successor ~~shall~~ may  
12 19 be appointed to the unexpired term as provided in ~~chapter 69~~  
12 20 section 69.14A.

12 21 Sec. 34. Section 372.13, subsection 2, paragraph b,  
12 22 unnumbered paragraph 1, Code Supplement 2007, is amended to  
12 23 read as follows:

12 24 By a special election held to fill the office for the  
12 25 remaining balance of the unexpired term. If the council opts  
12 26 for a special election or a valid petition is filed under  
12 27 paragraph "a", the special election may be held concurrently  
12 28 with any pending election as provided by section 69.12 if by  
12 29 so doing the vacancy will be filled not more than ninety days  
12 30 after it occurs. Otherwise, a special election to fill the  
12 31 office shall be called by the council at the earliest  
12 32 practicable date. The council shall give the county  
12 33 commissioner at least thirty-two days' written notice of the  
12 34 date chosen for the special election. The council of a city  
12 35 where a primary election may be required shall give the county



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13 1 commissioner at least sixty days' written notice of the date  
13 2 chosen for the special election. A special election held  
13 3 under this subsection is subject to sections 376.4 through  
13 4 376.11, but the dates for actions in relation to the special  
13 5 election shall be calculated with regard to the date for which  
13 6 the special election is called. However, a nomination  
13 7 petition must be filed not less than twenty=five days before  
13 8 the date of the special election and, where a primary election  
13 9 may be required, a nomination petition must be filed not less  
13 10 than ~~fifty=two~~ fifty=three days before the date of the special  
13 11 election.

13 12 Sec. 35. Section 373.6, subsection 1, Code 2007, is  
13 13 amended to read as follows:

13 14 1. If a proposed charter for consolidation is received not  
13 15 later than ~~sixty~~ seventy=eight days before the next general  
13 16 election, the council of the participating city with the  
13 17 largest population shall, not later than sixty=nine days  
13 18 before the general election, direct the county commissioner of  
13 19 elections to submit to the registered voters of the  
13 20 participating cities at the next general election the question  
13 21 of whether the proposed charter shall be adopted. A summary  
13 22 of the proposed charter shall be published in a newspaper of  
13 23 general circulation in each city participating in the charter  
13 24 commission process at least ten but not more than twenty days  
13 25 before the date of the election. The proposed charter shall  
13 26 be effective in regard to a city only if a majority of the  
13 27 electors of the city voting approves the proposed charter.

13 28 Sec. 36. Section 376.4, Code 2007, is amended to read as  
13 29 follows:

13 30 376.4 CANDIDACY.

13 31 1. a. An eligible elector of a city may become a  
13 32 candidate for an elective city office by filing with the city  
13 33 clerk a valid petition requesting that the elector's name be  
13 34 placed on the ballot for that office. The petition must be  
13 35 filed not more than seventy=one days and not less than



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14 1 forty-seven days before the date of the election, and must be  
14 2 signed by eligible electors equal in number to at least two  
14 3 percent of those who voted to fill the same office at the last  
14 4 regular city election, but not less than ten persons.  
14 5 However, for those cities which may be required to hold a  
14 6 primary election, the petition must be filed not more than  
14 7 eighty-five days and not less than sixty-eight days before the  
14 8 date of the regular city election. ~~A person may sign~~  
~~14 9 nomination petitions for more than one candidate for the same~~  
~~14 10 office, and the signature is not invalid solely because the~~  
~~14 11 person signed nomination petitions for one or more other~~  
~~14 12 candidates for the office.~~ Nomination petitions shall be  
14 13 filed not later than five o'clock p.m. on the last day for  
14 14 filing.

14 15 b. The petitioners for an individual seeking election from  
14 16 a ward must be residents of the ward at the time of signing  
14 17 the petition. An individual is not eligible for election from  
14 18 a ward unless the individual is a resident of the ward at the  
14 19 time the individual files the petition and at the time of  
14 20 election.

14 21 2. a. The petition must include space for the signature  
14 22 signatures of the petitioners, a statement of their place of  
14 23 residence, and the date on which they signed the petition. A  
14 24 person may sign nomination petitions for more than one  
14 25 candidate for the same office, and the signature is not  
14 26 invalid solely because the person signed nomination petitions  
14 27 for one or more other candidates for the office.

14 28 b. The petition must include the affidavit of the  
14 29 individual for whom it is filed, stating the individual's  
14 30 name, the individual's residence, that the individual is a  
14 31 candidate and eligible for the office, and that if elected the  
14 32 individual will qualify for the office. The affidavit shall  
14 33 also state that the candidate is aware that the candidate is  
14 34 disqualified from holding office if the candidate has been  
14 35 convicted of a felony or other infamous crime and the



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15 1 candidate's rights have not been restored by the governor or  
15 2 by the president of the United States.

15 3 3. If the city clerk is not readily available during  
15 4 normal office hours, the city clerk shall designate other  
15 5 employees or officials of the city who are ordinarily  
15 6 available to accept nomination papers under this section. On  
15 7 the final date for filing nomination papers the office of the  
15 8 city clerk shall remain open until five p.m.

15 9 4. The city clerk shall review each petition and affidavit  
15 10 of candidacy for completeness following the standards in  
15 11 section 45.5 and shall accept the petition for filing if on  
15 12 its face it appears to have the requisite number of signatures  
15 13 and if it is timely filed. The city clerk shall note upon  
15 14 each petition and affidavit accepted for filing the date and  
15 15 time that they were filed. The clerk shall return any  
15 16 rejected nomination papers to the person on whose behalf the  
15 17 nomination papers were filed.

15 18 5. Nomination papers filed with the city clerk shall be  
15 19 available for public inspection. The city clerk shall deliver  
15 20 all nomination ~~petitions~~ papers together with the text of any  
15 21 public measure being submitted by the city council to the  
15 22 electorate to the county commissioner of elections not later  
15 23 than five ~~o'clock~~ p.m. on the day following the last day on  
15 24 which nomination petitions can be filed.

15 25 6. Any person on whose behalf nomination petitions have  
15 26 been filed under this section may withdraw as a candidate by  
15 27 filing a signed statement to that effect as prescribed in  
15 28 section 44.9. Objections to the legal sufficiency of  
15 29 petitions shall be filed in accordance with the provisions of  
15 30 sections 44.4, 44.5, and 44.8.

15 31 Sec. 37. Sections 43.26, 49.35, 49.42A, and 52.18, Code  
15 32 2007, are repealed.

15 33 EXPLANATION

15 34 This bill makes technical and corrective changes to the law  
15 35 relating to elections and voter registration.



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16 1 Code sections 2.27, 43.77, and 69.8 are amended to reflect  
16 2 the 1988 amendment to the Constitution of the State of Iowa  
16 3 requiring that the governor and lieutenant governor be elected  
16 4 jointly and to specify that a vacancy in the office of  
16 5 lieutenant governor is to be filled by appointment by the  
16 6 governor and the appointment is for the balance of the  
16 7 unexpired term.

16 8 Code section 43.4 is amended to require that the county  
16 9 commissioner of elections retain caucus records for two years.  
16 10 The Code section is further amended to require the chairperson  
16 11 of the county central committee, within 14 days after the date  
16 12 of the precinct caucus, to deliver to the county commissioner  
16 13 all completed voter registration forms received at the caucus.  
16 14 Current law provides that it is election misconduct in the  
16 15 third degree, a serious misdemeanor, if a party committee  
16 16 member neglects to perform a statutory duty relating to a  
16 17 precinct caucus. A serious misdemeanor is punishable by  
16 18 confinement for no more than one year and a fine of at least  
16 19 \$315 but not more than \$1,875.

16 20 Code section 43.5 is amended to add Code chapter 39A,  
16 21 relating to election misconduct, to the list of Code chapters  
16 22 applicable to primary elections.

16 23 Code sections 43.26 and 49.42A, which illustrate the format  
16 24 of the official primary and general election ballots, are  
16 25 repealed. Code sections 49.37 and 49.57 are amended to  
16 26 specify requirements relating to ballot format and the method  
16 27 and style of printing ballots, and new Code sections 43.31 and  
16 28 49.57A are enacted to require the state commissioner of  
16 29 elections to adopt administrative rules implementing ballot  
16 30 format and printing requirements.

16 31 Code section 44.5 is amended to provide that a hearing on  
16 32 an objection to a nomination shall be held not later than one  
16 33 week after the objection is filed.

16 34 Code section 45.1 is amended to specify the same residency  
16 35 requirements of signers of nomination petitions for



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17 1 congressional candidates as are required for nomination  
17 2 petitions for all other elective offices.  
17 3 Code section 48A.2 is amended to change the definition of  
17 4 "voter registration form" to specify that the form may be used  
17 5 to make changes in an existing registration in addition to  
17 6 being an application to register to vote.  
17 7 Code section 48A.25A is amended to comply with the federal  
17 8 Help America Vote Act requirement that identification numbers  
17 9 on all voter registration applications be verified and not  
17 10 just those received by mail.  
17 11 Code section 48A.37 is amended to provide that for purposes  
17 12 of the history of local election participation that is  
17 13 recorded as part of the voter registration records maintained  
17 14 by the county commissioner, a person shall be recorded as  
17 15 having voted if a person cast a ballot for an election and the  
17 16 ballot was counted.  
17 17 Code sections 49.25, 52.7, and 52.41 are amended to change  
17 18 the name of the board of examiners for voting machines and  
17 19 optical scan voting systems to the board of examiners for  
17 20 voting systems to conform to the change in terminology that  
17 21 was enacted in 2007. Code sections 49.25 and 49.84 are  
17 22 amended to change the term "vote tallying" to "tabulating" to  
17 23 be consistent with other uses of that term in the Code.  
17 24 Code section 49.53 is amended to strike a reference to  
17 25 early ballot pick-up sites. With the repeal in 2007 of  
17 26 authorization to establish counting centers, early ballot  
17 27 pickup is no longer necessary.  
17 28 Code section 49.77 is amended to require the same type of  
17 29 identification to be shown by a voter when the voter's name is  
17 30 not on the election register as an active voter or when the  
17 31 voter is unknown to an election official. The Code section is  
17 32 also amended to generally refer to when a person who has  
17 33 requested an absentee ballot may cast a provisional ballot.  
17 34 Code section 49.81 is amended to clarify the process of  
17 35 voting a provisional ballot.



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18 1 Code sections 52.10, 52.25, and 275.18 are amended, and  
18 2 Code sections 49.35 and 52.18 are repealed, to eliminate  
18 3 references to lever voting machines, which are no longer used  
18 4 in Iowa. Code section 52.25 is also amended to refer to  
18 5 ballots generally rather than to special paper ballots.  
18 6 Code section 53.18 is amended to allow an absentee voter to  
18 7 correct a deficiency on an affidavit by applying for and  
18 8 voting a replacement absentee ballot in addition to correcting  
18 9 the deficiency in person at the commissioner's office. The  
18 10 section is also amended to specify that if the voter has not  
18 11 corrected the deficiency in person or by voting a replacement  
18 12 absentee ballot, the voter may cast a provisional ballot at  
18 13 the polls.  
18 14 Code section 53.40, relating to an absentee ballot request  
18 15 from a person in the armed forces, is amended to strike the  
18 16 requirement that the request include information on the length  
18 17 of residency in the city or township, county, and state  
18 18 because the federal application form does not include a space  
18 19 for that information.  
18 20 Code section 275.55 is amended to provide that a special  
18 21 election on a proposal for dissolution of a school district  
18 22 shall be held no later than 60 days following the public  
18 23 hearing on the proposal. Currently, the election is required  
18 24 to be held no later than 40 days following the public hearing.  
18 25 Code section 277.2, regarding school district special  
18 26 election propositions, is amended to add those propositions  
18 27 that are authorized elsewhere in the Code and to specify that  
18 28 one of the authorizations is to change the method of electing  
18 29 school district boards of directors.  
18 30 Code section 294.8 is amended to provide that certain  
18 31 elections held on school pension systems shall be held at the  
18 32 regular school election rather than the general election.  
18 33 Code section 301.24 changes the deadline for submitting a  
18 34 petition requesting that the proposition to distribute free  
18 35 textbooks in a school district be placed on the regular school



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19 1 election ballot. The current deadline of 30 days before the  
19 2 election is changed to 60 days before the election.  
19 3 Code section 331.201, relating to a vacancy in the office  
19 4 of county supervisor, is amended to specifically refer to Code  
19 5 section 69.14A, rather than generally to Code chapter 69.  
19 6 Code section 372.13, relating to special elections to fill  
19 7 a city council vacancy, is amended to change the filing  
19 8 deadline for nomination petitions in cities with a primary  
19 9 election from 52 days before the election to 53 days before  
19 10 the election in order to avoid the deadline falling on a  
19 11 Saturday.  
19 12 Code section 373.6, relating to metropolitan consolidation  
19 13 charters, is amended to change the filing deadline for  
19 14 submission of the charter at a general election to no later  
19 15 than 69 days before the election, which is the same as the  
19 16 filing deadline for offices to be filled at the general  
19 17 election.  
19 18 Code section 376.4 is amended to clarify the process of  
19 19 city clerks accepting and reviewing candidate nomination  
19 20 papers filed for city office.  
19 21 LSB 5418SV 82  
19 22 sc/nh/5



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**Senate File 2123 - Introduced**

SENATE FILE  
BY COMMITTEE ON WAYS AND MEANS

(SUCCESSOR TO SSB 3059)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act updating the Code references to the Internal Revenue Code
- 2 and including effective date and retroactive applicability
- 3 date provisions.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 5 TLSB 5496SV 82
- 6 sc/rj/5



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Senate File 2123 - Introduced continued

PAG LIN

1 1 Section 1. Section 15.335, subsection 4, unnumbered  
1 2 paragraph 2, Code Supplement 2007, is amended to read as  
1 3 follows:  
1 4 For purposes of this section, "Internal Revenue Code" means  
1 5 the Internal Revenue Code in effect on January 1, ~~2007~~ 2008.  
1 6 Sec. 2. Section 15A.9, subsection 8, paragraph e,  
1 7 unnumbered paragraph 2, Code Supplement 2007, is amended to  
1 8 read as follows:  
1 9 For purposes of this subsection, "Internal Revenue Code"  
1 10 means the Internal Revenue Code in effect on January 1, ~~2007~~  
1 11 2008.  
1 12 Sec. 3. Section 422.3, subsection 5, Code Supplement 2007,  
1 13 is amended to read as follows:  
1 14 5. "Internal Revenue Code" means the Internal Revenue Code  
1 15 of 1954, prior to the date of its redesignation as the  
1 16 Internal Revenue Code of 1986 by the Tax Reform Act of 1986,  
1 17 or means the Internal Revenue Code of 1986 as amended to and  
1 18 including January 1, ~~2007~~ 2008.  
1 19 Sec. 4. Section 422.10, subsection 3, unnumbered paragraph  
1 20 2, Code Supplement 2007, is amended to read as follows:  
1 21 For purposes of this section, "Internal Revenue Code" means  
1 22 the Internal Revenue Code in effect on January 1, ~~2007~~ 2008.  
1 23 Sec. 5. Section 422.32, subsection 7, Code Supplement  
1 24 2007, is amended to read as follows:  
1 25 7. "Internal Revenue Code" means the Internal Revenue Code  
1 26 of 1954, prior to the date of its redesignation as the  
1 27 Internal Revenue Code of 1986 by the Tax Reform Act of 1986,  
1 28 or means the Internal Revenue Code of 1986 as amended to and  
1 29 including January 1, ~~2007~~ 2008.  
1 30 Sec. 6. Section 422.33, subsection 5, paragraph d,  
1 31 unnumbered paragraph 2, Code Supplement 2007, is amended to  
1 32 read as follows:  
1 33 For purposes of this subsection, "Internal Revenue Code"  
1 34 means the Internal Revenue Code in effect on January 1, ~~2007~~  
1 35 2008.





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**Senate File 2124 - Introduced**

SENATE FILE  
BY COMMITTEE ON VETERANS  
AFFAIRS

(SUCCESSOR TO SSB 3090)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to authorized expenditures from the veterans
- 2 trust fund and providing for emergency rulemaking authority.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5893SV 82
- 5 ec/nh/5



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Senate File 2124 - Introduced continued

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1 1 Section 1. Section 35A.13, subsection 7, paragraphs a, d,  
1 2 and e, Code Supplement 2007, are amended to read as follows:  
1 3 a. Travel expenses for wounded veterans, and their  
1 4 spouses, directly related to follow-up medical care.  
1 5 d. Expenses related to ~~nursing facility or at-home care~~  
1 6 the purchase of durable medical equipment or services to allow  
1 7 veterans to remain in their homes.  
1 8 e. Benefits provided to children of disabled or deceased  
1 9 veterans Expenses related to hearing care, dental care, vision  
1 10 care, or prescription drugs.  
1 11 Sec. 2. Section 35A.13, subsection 7, Code Supplement  
1 12 2007, is amended by adding the following new paragraphs:  
1 13 NEW PARAGRAPH. i. Expenses related to ambulance and  
1 14 emergency room services for veterans who are trauma patients.  
1 15 NEW PARAGRAPH. j. Emergency expenses related to vehicle  
1 16 repair, housing repair, or temporary housing assistance.  
1 17 Sec. 3. Section 35A.13, Code Supplement 2007, is amended  
1 18 by adding the following new subsection:  
1 19 NEW SUBSECTION. 10. The department may adopt emergency  
1 20 rules under section 17A.4, subsection 2, and section 17A.5,  
1 21 subsection 2, paragraph "b", to implement the provisions of  
1 22 this section and the rules shall be effective immediately upon  
1 23 filing unless a later date is specified in the rules. Any  
1 24 rules adopted in accordance with this subsection shall also be  
1 25 published as a notice of intended action as provided in  
1 26 section 17A.4.  
1 27 EXPLANATION  
1 28 This bill concerns the veterans trust fund.  
1 29 The bill modifies what expenses may be paid from moneys in  
1 30 the veterans trust fund. The bill provides that travel  
1 31 expenses of spouses of wounded veterans may be paid if the  
1 32 travel is related to follow-up care for the veteran. The bill  
1 33 eliminates as a permissible expenditure from the trust fund  
1 34 expenses related to nursing facility care and provides that  
1 35 at-home expenses for veterans are payable from the fund if the



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2 1 expenses are for the purchase of durable medical equipment or  
2 2 services to allow a veteran to remain in their home. The bill  
2 3 also eliminates as a permissible expenditure from the trust  
2 4 fund benefits provided to children of disabled or deceased  
2 5 veterans. The bill provides that expenses related to hearing  
2 6 care, dental care, vision care, prescription drugs, and  
2 7 ambulance and emergency room services for veterans who are  
2 8 trauma patients are permissible expenditures from the trust  
2 9 fund. The bill also permits emergency expenses related to  
2 10 vehicle repair, housing repair, or temporary housing  
2 11 assistance.  
2 12 The bill also authorizes the department of veterans affairs  
2 13 to adopt emergency rules to implement the provisions of the  
2 14 veterans trust fund.  
2 15 LSB 5893SV 82  
2 16 ec/nh/5



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**Senate File 2125 - Introduced**

SENATE FILE  
BY COMMITTEE ON VETERANS  
AFFAIRS

(SUCCESSOR TO SSB 3066)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

1 An Act concerning eligibility for receiving a Vietnam Conflict  
2 veterans bonus for a certain period of active duty military  
3 service and including an effective date and retroactive  
4 applicability provision.  
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
6 TL5B 5316SV 82  
7 ec/rj/5



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Senate File 2125 - Introduced continued

PAG LIN

1 1 Section 1. Section 35A.8, subsection 5, paragraph a, Code  
1 2 Supplement 2007, is amended to read as follows:  
1 3 a. The executive director shall provide for the  
1 4 administration of the bonus authorized in this subsection.  
1 5 The ~~commission~~ department shall adopt rules, pursuant to  
1 6 chapter 17A, as necessary to administer this subsection  
1 7 including but not limited to application procedures,  
1 8 investigation, approval or disapproval, and payment of claims.  
1 9 Sec. 2. Section 35A.8, subsection 5, paragraph b,  
1 10 subparagraph (1), Code Supplement 2007, is amended to read as  
1 11 follows:  
1 12 (1) A person who served on active duty for not less than  
1 13 one hundred twenty days in the armed forces of the United  
1 14 States, and who served on active duty at any time between July  
1 15 1, 1973, and May 31, 1975, both dates inclusive, and who at  
1 16 the time of entering into active duty service was a legal  
1 17 resident of the state of Iowa, and who had maintained the  
1 18 person's residence in this state for a period of at least six  
1 19 months immediately before entering into active duty service,  
1 20 and was honorably discharged or separated from active duty  
1 21 service, or is still in active service in an honorable status,  
1 22 or has been retired, or has been furloughed to a reserve, or  
1 23 has been placed on inactive status is entitled to receive from  
1 24 moneys appropriated for that purpose the sum of seventeen  
1 25 dollars and fifty cents for each month that the person was on  
1 26 active duty service in the Vietnam service area, within the  
1 27 dates specified in this subparagraph, if the veteran earned  
1 28 either a Vietnam service medal or an armed forces  
1 29 expeditionary medal=Vietnam or can otherwise establish service  
1 30 in the Vietnam service area during that period. Compensation  
1 31 under this subparagraph shall not exceed a total sum of five  
1 32 hundred dollars. Compensation for a fraction of a month shall  
1 33 not be considered unless the fraction is sixteen days or more,  
1 34 in which case the fraction shall be computed as a full month.  
1 35 Sec. 3. EFFECTIVE DATE == RETROACTIVE APPLICABILITY. This



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2 1 Act, being deemed of immediate importance, takes effect upon  
2 2 enactment and is retroactively applicable to July 1, 2007, and  
2 3 is applicable on and after that date.

2 4 EXPLANATION

2 5 This bill concerns the Vietnam Conflict veterans bonus for  
2 6 active duty military service between July 1, 1973, and May 31,  
2 7 1975.

2 8 The bill provides that the department of veterans affairs,  
2 9 not the commission of veterans affairs, establish rules  
2 10 concerning this bonus.

2 11 The bill also provides that the bonus is available to a  
2 12 person who served on active duty for no less than 120 days and  
2 13 who served, for any length of time, between July 1, 1973, and  
2 14 May 31, 1975. Current law provides that the person had to  
2 15 serve on active duty at least 120 days between July 1, 1973,  
2 16 and May 31, 1975.

2 17 The bill takes effect upon enactment and is retroactively  
2 18 applicable to July 1, 2007.

2 19 LSB 5316SV 82

2 20 ec/rj/5



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Senate File 2126 - Introduced

SENATE FILE

BY McCoy, Connolly, Appel,  
Dearden, Hatch, Hogg,  
Dvorsky, Stewart, and  
Bolkcom

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act relating to state and local regulation of smoking and
- 2 making penalties applicable.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TL5B 5813ST 82
- 5 pf/nh/5



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Senate File 2126 - Introduced continued

PAG LIN

1 1 Section 1. Section 142B.1, Code 2007, is amended by adding  
1 2 the following new subsections:

1 3 NEW SUBSECTION. 1A. "Child care facility" means child  
1 4 care facility as defined in section 237A.1.

1 5 NEW SUBSECTION. 1B. "Child care home" means child care  
1 6 home as defined in section 237A.1.

1 7 NEW SUBSECTION. 1C. "Health care provider location" means  
1 8 an office or institution providing care or treatment of  
1 9 disease whether physical, mental, or emotional, or other  
1 10 medical, physiological, or psychological conditions, including  
1 11 but not limited to a hospital as defined in section 135B.1, a  
1 12 health care facility as defined in section 135C.1, an elder  
1 13 group home as defined in section 231B.1, an assisted living  
1 14 program as defined in section 231C.2, an adult day services  
1 15 program as defined in section 231D.1, clinics, laboratories,  
1 16 and the locations of professionals regulated pursuant to Title  
1 17 IV, subtitle III, and includes all enclosed areas of the  
1 18 location including waiting rooms, hallways, other common  
1 19 areas, private rooms, semiprivate rooms, and wards within the  
1 20 location.

1 21 Sec. 2. Section 142B.1, subsection 3, Code 2007, is  
1 22 amended to read as follows:

1 23 3. "Public place" means any enclosed indoor area used by  
1 24 the general public or serving as a place of work containing  
1 25 two hundred fifty or more square feet of floor space,  
1 26 including, but not limited to, all restaurants with a seating  
1 27 capacity greater than fifty, all retail stores, lobbies and  
1 28 malls, offices, including waiting rooms, and other commercial  
1 29 establishments; public conveyances with departures, travel,  
1 30 and destination entirely within this state; educational  
1 31 facilities; ~~hospitals, clinics, nursing homes, and other~~  
1 32 ~~health care and medical facilities~~ health care provider  
1 33 locations; and auditoriums, elevators, theaters, libraries,  
1 34 art museums, concert halls, indoor arenas, and meeting rooms.

1 35 "Public place" does not include a retail store at which fifty



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2 1 percent or more of the sales result from the sale of tobacco  
2 2 or tobacco products, the portion of a retail store where  
2 3 tobacco or tobacco products are sold, a private, enclosed  
2 4 office occupied exclusively by smokers even though the office  
2 5 may be visited by nonsmokers, a room used primarily as the  
2 6 residence of students or other persons at an educational  
2 7 facility, a sleeping room in a motel or hotel, or each  
2 8 resident's room in a health care facility. The person in  
2 9 custody or control of the facility shall provide a sufficient  
2 10 number of rooms in which smoking is not permitted to  
2 11 accommodate all persons who desire such rooms. "Public place"  
2 12 does not include a private residence unless used as a child  
2 13 care facility, child care home, or a health care provider  
2 14 location.

2 15 Sec. 3. Section 142B.2, Code 2007, is amended by adding  
2 16 the following new subsection:

2 17 NEW SUBSECTION. 5. Notwithstanding subsection 1 of this  
2 18 section, smoking is prohibited in public places that are child  
2 19 care facilities or child care homes in accordance with section  
2 20 237A.3B.

2 21 Sec. 4. Section 142B.6, unnumbered paragraph 3, Code 2007,  
2 22 is amended by striking the unnumbered paragraph.

2 23 Sec. 5. NEW SECTION. 142B.6A LOCAL REGULATION OF  
2 24 SMOKING.

2 25 1. A city or county may provide for the enforcement, by  
2 26 ordinance, of standards or requirements for public places or  
2 27 public meetings that are higher or more stringent than those  
2 28 imposed under this chapter.

2 29 2. An ordinance adopted under subsection 1 may  
2 30 specifically include the following:

2 31 a. An ordinance that eliminates or limits the exemptions  
2 32 specified in section 142B.2, subsection 1.

2 33 b. An ordinance that prohibits the designation of smoking  
2 34 areas notwithstanding section 142B.2, subsection 2.

2 35 c. An ordinance that eliminates or limits the exemption in



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Senate File 2126 - Introduced continued

3 1 section 142B.2, subsection 3, relating to a public place  
3 2 consisting of a single room or a bar.  
3 3 d. An ordinance that provides higher or more stringent  
3 4 standards or requirements relating to the posting of signs as  
3 5 provided in section 142B.4.

3 6 e. An ordinance that provides higher or more stringent  
3 7 civil penalties than those provided in section 142B.6.

3 8 Sec. 6. Section 237A.3A, subsection 5, Code 2007, is  
3 9 amended by striking the subsection.

3 10 Sec. 7. NEW SECTION. 237A.3B SMOKING PROHIBITED.

3 11 Smoking, as defined in section 142B.1, shall not be  
3 12 permitted in a child care facility or child care home.

3 13 EXPLANATION

3 14 This bill relates to state and local regulation of smoking.

3 15 The bill provides that a "public place" does not include a  
3 16 private residence unless used as a child care facility, child  
3 17 care home, or a health care provider location. The bill  
3 18 prohibits smoking in a child care facility or child care home,  
3 19 eliminating a provision prohibiting smoking in a child  
3 20 development home during hours of operation in areas used by  
3 21 the children.

3 22 A person who smokes in those areas in which smoking is  
3 23 prohibited or who does not post signs in the appropriate areas  
3 24 is subject to payment of a scheduled fine which is a civil  
3 25 penalty of \$25 for each violation.

3 26 The bill also provides that a city or county may adopt an  
3 27 ordinance to provide for the enforcement of standards or  
3 28 requirements that are higher or more stringent for public  
3 29 places or public meetings than those imposed under Code  
3 30 chapter 142B (smoking prohibitions).

3 31 The bill provides that an ordinance may specifically  
3 32 include provisions relating to: elimination or limitation of  
3 33 the exemptions relating to designation of a smoking area or  
3 34 the application of designation of a smoking area to an entire  
3 35 room or hall that is used for a private social function, or to



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4 1 factories, warehouses, or similar places of work not usually  
4 2 frequented by the general public; prohibition of the  
4 3 designation of a smoking area; elimination or limitation of  
4 4 the provisions allowing for exemptions for a single room or a  
4 5 bar; posting of signs; and civil penalties.  
4 6     The bill also eliminates the provision relating to  
4 7 enforcement of the smoking prohibitions Code chapter in an  
4 8 equitable and uniform manner throughout the state.  
4 9 LSB 5813ST 82  
4 10 pf/nh/5



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**Senate File 2127 - Introduced**

SENATE FILE  
BY ZAUN, MULDER, HECKROTH,  
and OLIVE

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

**A BILL FOR**

- 1 An Act relating to nonresident deer hunting licenses.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 3 TLSB 6309XS 82
- 4 av/nh/14



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Senate File 2127 - Introduced continued

PAG LIN

1 1 Section 1. Section 483A.1, subsection 2, paragraph f, Code  
1 2 Supplement 2007, is amended to read as follows:

1 3 f. Deer hunting license, antlerless deer  
1 4 only, two of which are required with the  
1 5 purchase of an antlered or any sex deer  
1 6 hunting license ..... \$100.00  
1 7 50.00

1 8 Sec. 2. Section 483A.8, subsection 3, paragraphs b and c,  
1 9 Code Supplement 2007, are amended to read as follows:

1 10 b. A nonresident who purchases an antlered or any sex deer  
1 11 hunting license pursuant to section 483A.1, subsection 2,  
1 12 paragraph "e", is required to purchase ~~an~~ two antlerless deer  
1 13 only deer hunting ~~license~~ licenses at the same time, pursuant  
1 14 to section 483A.1, subsection 2, paragraph "f". A nonresident  
1 15 shall harvest two antlerless deer before harvesting an  
1 16 antlered or any sex deer pursuant to the licenses purchased.

1 17 c. The commission shall annually limit to ~~six~~ twelve  
1 18 thousand the number of nonresidents allowed to have antlered  
1 19 or any sex deer hunting licenses. Of the ~~six~~ twelve thousand  
1 20 nonresident antlered or any sex deer licenses issued, not more  
1 21 than thirty-five percent of the licenses shall be bow season  
1 22 licenses. After the ~~six~~ twelve thousand antlered or any sex  
1 23 nonresident deer licenses have been issued, all additional  
1 24 licenses shall be issued for antlerless deer only. The  
1 25 commission shall annually determine the number of nonresident  
1 26 antlerless deer only deer hunting licenses that will be  
1 27 available for issuance.

EXPLANATION

1 29 This bill requires a nonresident deer hunter to purchase  
1 30 two antlerless deer only deer hunting licenses with the  
1 31 purchase of an antlered or any sex deer hunting license and to  
1 32 harvest two antlerless deer before harvesting an antlered or  
1 33 any sex deer. The cost of each antlerless deer only deer  
1 34 hunting license required to be purchased is reduced from \$100  
1 35 to \$50.



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Senate File 2127 - Introduced continued

2 1       The bill also increases the number of nonresident deer  
2 2 hunting licenses that are available for issuance each year  
2 3 from 6,000 to 12,000.  
2 4 LSB 6309XS 82  
2 5 av/nh/14.2



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**Senate File 2128 - Introduced**

SENATE FILE  
BY DVORSKY

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act establishing a therapeutic recreation board, requiring the
- 2 licensure of therapeutic recreation specialists, and providing
- 3 for fees and penalties.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 5 TLSB 5140XS 82
- 6 jr/rj/5



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Senate File 2128 - Introduced continued

PAG LIN

1 1 Section 1. Section 147.1, subsection 2, paragraphs c and  
1 2 f, Code Supplement 2007, are amended to read as follows:  
1 3 c. "Licensed" or "certified" when applied to a physician  
1 4 and surgeon, podiatric physician, osteopath, osteopathic  
1 5 physician and surgeon, physician assistant, psychologist or  
1 6 associate psychologist, chiropractor, nurse, dentist, dental  
1 7 hygienist, optometrist, speech pathologist, audiologist,  
1 8 pharmacist, physical therapist, occupational therapist,  
1 9 therapeutic recreation specialist, respiratory care  
1 10 practitioner, practitioner of cosmetology arts and sciences,  
1 11 practitioner of barbering, funeral director, dietitian,  
1 12 marital and family therapist, mental health counselor, social  
1 13 worker, massage therapist, athletic trainer, acupuncturist, or  
1 14 sign language interpreter or transliterator means a person  
1 15 licensed under this subtitle.  
1 16 f. "Profession" means medicine and surgery, podiatry,  
1 17 osteopathy, osteopathic medicine and surgery, practice as a  
1 18 physician assistant, psychology, chiropractic, nursing,  
1 19 dentistry, dental hygiene, optometry, speech pathology,  
1 20 audiology, pharmacy, physical therapy, occupational therapy,  
1 21 therapeutic recreation, respiratory care, cosmetology arts and  
1 22 sciences, barbering, mortuary science, marital and family  
1 23 therapy, mental health counseling, social work, dietetics,  
1 24 massage therapy, athletic training, acupuncture, or sign  
1 25 language interpreting or transliterating.  
1 26 Sec. 2. Section 147.2, unnumbered paragraph 1, Code  
1 27 Supplement 2007, is amended to read as follows:  
1 28 A person shall not engage in the practice of medicine and  
1 29 surgery, podiatry, osteopathy, osteopathic medicine and  
1 30 surgery, psychology, chiropractic, physical therapy, nursing,  
1 31 dentistry, dental hygiene, optometry, speech pathology,  
1 32 audiology, occupational therapy, therapeutic recreation,  
1 33 respiratory care, pharmacy, cosmetology, barbering, social  
1 34 work, dietetics, marital and family therapy or mental health  
1 35 counseling, massage therapy, mortuary science, athletic



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2 1 training, acupuncture, or sign language interpreting or  
2 2 transliterating, or shall not practice as a physician  
2 3 assistant as defined in the following chapters of this  
2 4 subtitle, unless the person has obtained from the department a  
2 5 license for that purpose.

2 6 Sec. 3. Section 147.13, Code Supplement 2007, is amended  
2 7 by adding the following new subsection:

2 8 NEW SUBSECTION. 24. For therapeutic recreation  
2 9 specialists, the board of therapeutic recreation.

2 10 Sec. 4. Section 147.14, Code Supplement 2007, is amended  
2 11 by adding the following new subsection:

2 12 NEW SUBSECTION. 24. For therapeutic recreation, three  
2 13 licensed therapeutic recreation specialists who have engaged  
2 14 in the practice of therapeutic recreation in Iowa for at least  
2 15 three years immediately preceding their appointment to the  
2 16 board and two members who are not licensed to practice  
2 17 therapeutic recreation and who shall represent the general  
2 18 public. A majority of members of the board constitutes a  
2 19 quorum.

2 20 Sec. 5. Section 147.74, Code Supplement 2007, is amended  
2 21 by adding the following new subsection:

2 22 NEW SUBSECTION. 9A. A therapeutic recreation specialist  
2 23 licensed under chapter 148F may use the words "therapeutic  
2 24 recreation specialist" after the person's name or signify the  
2 25 same by the use of the letters "T.R.S." after the person's  
2 26 name.

2 27 Sec. 6. Section 147.80, subsection 1, Code Supplement  
2 28 2007, is amended by adding the following new paragraph:

2 29 NEW PARAGRAPH. rr. License to practice therapeutic  
2 30 recreation issued upon the basis of an examination given by  
2 31 the national council for therapeutic recreation certification,  
2 32 license to practice therapeutic recreation issued under a  
2 33 reciprocal agreement, renewal of a license to practice  
2 34 therapeutic recreation.

2 35 Sec. 7. NEW SECTION. 148F.1 TITLE AND PURPOSE.



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3 1 This chapter may be cited and referred to as the  
3 2 "Therapeutic Recreation Practice Act".  
3 3 The purpose of this chapter is to provide for the  
3 4 regulation of persons offering therapeutic recreation services  
3 5 to the public in order to safeguard the public health, safety,  
3 6 and welfare.  
3 7 Sec. 8. NEW SECTION. 148F.2 DEFINITIONS.  
3 8 As used in this chapter:  
3 9 1. "Board" means the board of therapeutic recreation.  
3 10 2. "Therapeutic recreation" means a treatment service  
3 11 designed to restore, remediate, or rehabilitate a patient's or  
3 12 client's level of functioning and independence in life  
3 13 activities, or to reduce or eliminate the life activity  
3 14 restrictions caused by an illness or disabling condition, with  
3 15 the primary purpose being to provide recreational resources  
3 16 and opportunities in order to improve health and well-being.  
3 17 "Therapeutic recreation" includes all direct patient or client  
3 18 services of assessment, planning, design, implementation,  
3 19 evaluation, and documentation of specific interventions,  
3 20 management, consultation, research, and education.  
3 21 Sec. 9. NEW SECTION. 148F.3 DUTIES OF THE BOARD.  
3 22 The board shall administer this chapter. The board's  
3 23 duties shall include but are not limited to the following:  
3 24 1. Adoption of rules to administer this chapter, chapter  
3 25 147, and chapter 272C with respect to the licensing of  
3 26 therapeutic recreation specialists.  
3 27 2. Adoption of rules relating to professional conduct and  
3 28 licensing and the establishment of ethical and professional  
3 29 standards of practice.  
3 30 3. Adoption of rules relating to the process and knowledge  
3 31 base of therapeutic recreation as delineated in the national  
3 32 council for therapeutic recreation certification job analysis  
3 33 study, as adopted by the board in rule. The rules shall adopt  
3 34 by reference the specific edition of the job analysis study  
3 35 which is to be followed.



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4 1 4. Acting on matters concerning licensure and the process  
4 2 of applying for, granting, suspending, imposing supervisory or  
4 3 probationary conditions upon, reinstating, revoking, or  
4 4 renewing a license.

4 5 5. Establishing and collecting licensure fees as provided  
4 6 in section 147.80.

4 7 6. Developing continuing education requirements as a  
4 8 condition of license renewal.

4 9 7. Evaluating requirements for licensure in other states  
4 10 to determine if reciprocity may be granted.

4 11 Sec. 10. NEW SECTION. 148F.4 PERSONS AND PRACTICES NOT  
4 12 AFFECTED.

4 13 This chapter does not prevent or restrict the practice,  
4 14 services, or activities of any of the following:

4 15 1. A person licensed in this state by any other law from  
4 16 engaging in the profession or occupation for which the person  
4 17 is licensed.

4 18 2. A person employed as a therapeutic recreation  
4 19 specialist by the government of the United States if that  
4 20 person provides therapeutic recreation solely under the  
4 21 direction or control of the organization by which the person  
4 22 is employed.

4 23 3. A person pursuing a course of study leading to a degree  
4 24 or certificate in therapeutic recreation in an accredited or  
4 25 approved educational program, if the activities and services  
4 26 constitute a part of a supervised course of study and the  
4 27 person is designated by a title which clearly indicates the  
4 28 person's status as a student or trainee.

4 29 Sec. 11. NEW SECTION. 148F.5 REQUIREMENTS FOR LICENSURE  
4 30 == TEMPORARY LICENSE.

4 31 1. An applicant applying for a license as a therapeutic  
4 32 recreation specialist must file a written application on forms  
4 33 provided by the board, showing to the satisfaction of the  
4 34 board that the applicant holds a current certification as a  
4 35 certified therapeutic recreation specialist by the national



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5 1 council for therapeutic recreation certification.

5 2 2. A person may qualify for a one-year, nonrenewable  
5 3 temporary license if the person is eligible to sit for the  
5 4 national council for therapeutic recreation certification  
5 5 examination.

5 6 Sec. 12. Section 272C.1, subsection 6, Code 2007, is  
5 7 amended by adding the following new paragraph:

5 8 NEW PARAGRAPH. af. The board of therapeutic recreation,  
5 9 created pursuant to chapter 147.

5 10 Sec. 13. INITIAL BOARD. The initial members of the board  
5 11 of therapeutic recreation shall be appointed to the following  
5 12 terms:

5 13 1. Two therapeutic recreation specialist members eligible  
5 14 for licensure and one public member shall be appointed for a  
5 15 term of two years.

5 16 2. One therapeutic recreation specialist member eligible  
5 17 for licensure and one public member shall be appointed for a  
5 18 term of one year.

5 19 EXPLANATION

5 20 This bill creates new Code chapter 148F that requires the  
5 21 licensure of therapeutic recreation specialists. The bill  
5 22 provides for the establishment of a five-member board of  
5 23 therapeutic recreation consisting of three members who are  
5 24 therapeutic recreation specialists and two members who  
5 25 represent the general public. The bill provides for fees to  
5 26 fund the board and provides penalties for violation of the  
5 27 practice requirement; those penalties are set out for all  
5 28 health-related boards in Code chapters 147 and 272C. The  
5 29 board is similar in composition and responsibilities to the  
5 30 other health-related licensing boards.

5 31 LSB 5140XS 82

5 32 jr/rj/5.4



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Senate Study Bill 3149

SENATE FILE  
BY (PROPOSED COMMITTEE ON  
GOVERNMENT OVERSIGHT BILL  
BY CHAIRPERSON COURTNEY)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act relating to pharmacy benefits management including the
- 2 timely payment of claims payable under a pharmacy benefits
- 3 management plan and disclosure of certain information.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 5 TLSB 6156XC 82
- 6 pf/nh/24



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Senate Study Bill 3149 continued

PAG LIN

1 1 Section 1. Section 510B.3, subsection 2, paragraph a, Code  
1 2 Supplement 2007, is amended to read as follows:  
1 3 a. Timely payment of pharmacy claims.  
1 4 (1) The rules shall provide that any pharmacy benefits  
1 5 management contract entered into, amended, or renewed on or  
1 6 after July 1, 2008, shall include all of the following  
1 7 provisions:  
1 8 (a) All claims submitted electronically for benefits  
1 9 payable under a pharmacy benefits management plan shall be  
1 10 paid as soon as technologically feasible, but no later than  
1 11 fifteen days after receipt of an electronic clean claim.  
1 12 (b) All claims submitted in a paper format for benefits  
1 13 payable under a pharmacy benefits management plan shall be  
1 14 paid no later thirty days after receipt of a clean claim.  
1 15 (c) Any claim not paid to the pharmacy as specified in  
1 16 subparagraph subdivision (a) or (b) shall accrue interest at a  
1 17 rate of ten percent per annum commencing the day following the  
1 18 last day on which the payment was allowable under subparagraph  
1 19 subdivision (a) or (b), and continuing until the claim is  
1 20 finally paid or adjudicated in full.  
1 21 (2) A pharmacy benefits manager may apply to the  
1 22 commissioner of insurance for a waiver from the inclusion of  
1 23 these provisions in a contract for good cause shown, but any  
1 24 waiver granted shall not extend beyond January 1, 2009.  
1 25 (3) For the purposes of this paragraph "a", "clean claim"  
1 26 means a claim that has no defect or impropriety, including  
1 27 lack of any required substantiating documentation, or  
1 28 particular circumstance requiring special treatment that  
1 29 substantially prevents timely payment from being made on the  
1 30 claim.  
1 31 Sec. 2. NEW SECTION. 510B.8 DISCLOSURE OF INFORMATION ==  
1 32 CONTENT == FEES.  
1 33 1. A covered entity may request that any pharmacy benefits  
1 34 manager with which the covered entity has a contract for  
1 35 pharmacy benefits management disclose, and the pharmaceutical



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2 1 benefits manager shall disclose to the covered entity, all of  
2 2 the following information, in writing, regarding each  
2 3 pharmaceutical manufacturer or labeler with whom the pharmacy  
2 4 benefits manager has a contract:

2 5     a. The aggregate amount and, for a list of prescription  
2 6 drugs specified in the contract, the specific amount of all  
2 7 rebates and other retrospective utilization discounts received  
2 8 by the pharmaceutical manufacturer or labeler that were earned  
2 9 in connection with the dispensing of prescription drugs to  
2 10 covered individuals of the health benefit plans issued by the  
2 11 covered entity or for which the covered entity is the  
2 12 designated administrator.

2 13     b. The nature, type, and amount of all other revenue  
2 14 received by the pharmacy benefits manager directly or  
2 15 indirectly from each pharmaceutical manufacturer or labeler  
2 16 for any other products or services provided to the  
2 17 pharmaceutical manufacturer or labeler by the pharmacy  
2 18 benefits manager with respect to programs that the covered  
2 19 entity offers or provides to its enrollees.

2 20     c. Any prescription drug utilization information requested  
2 21 by the covered entity relating to covered individuals.

2 22     2. A pharmacy benefits manager shall disclose the  
2 23 information requested by the covered entity within thirty days  
2 24 of receipt of a request. If requested, the information shall  
2 25 be provided at least once each year. The contract entered  
2 26 into between the pharmacy benefits manager and the covered  
2 27 entity shall specify any fees to be charged for drug  
2 28 utilization reports requested by the covered entity.

EXPLANATION

2 30     This bill provides that the rules for timely payment of  
2 31 pharmacy claims by pharmacy benefits managers are to provide  
2 32 that any pharmacy benefits management contract entered into,  
2 33 amended, or renewed on or after July 1, 2008, shall include  
2 34 all of the following provisions: All claims submitted  
2 35 electronically for benefits payable under a pharmacy benefits



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3 1 management plan shall be paid as soon as technologically  
3 2 feasible, but no later than 15 days after receipt of an  
3 3 electronic clean claim; all claims submitted in a paper format  
3 4 for benefits payable under a pharmacy benefits management plan  
3 5 shall be paid no later than 30 days after receipt of a clean  
3 6 claim; and any claim not paid to the pharmacy as specified  
3 7 shall accrue interest at a rate of 10 percent per annum  
3 8 commencing the day following the last day on which the payment  
3 9 was allowable and continuing until the claim is finally paid  
3 10 or adjudicated in full. The bill includes a provision to  
3 11 allow a pharmacy benefits manager to apply to the commissioner  
3 12 of insurance for a waiver from the inclusion of these  
3 13 provisions in a contract for good cause shown, but any waiver  
3 14 granted shall not extend beyond January 1, 2009.

3 15 The bill also provides that a covered entity may request  
3 16 that any pharmacy benefits manager with which the covered  
3 17 entity has a contract for pharmacy benefits management  
3 18 disclose, and the pharmacy benefits manager is to disclose to  
3 19 the covered entity, in writing, information regarding each  
3 20 pharmaceutical manufacturer or labeler with whom the pharmacy  
3 21 benefits manager has a contract including the aggregate amount  
3 22 and, for a list of prescription drugs specified in the  
3 23 contract, the specific amount of all rebates and other  
3 24 retrospective utilization discounts received by the  
3 25 pharmaceutical manufacturer or labeler that were earned in  
3 26 connection with the dispensing of prescription drugs to  
3 27 covered individuals of the health benefit plans issued by the  
3 28 covered entity or for which the covered entity is the  
3 29 designated administrator; the nature, type, and amount of all  
3 30 other revenue received by the pharmacy benefits manager  
3 31 directly or indirectly from each pharmaceutical manufacturer  
3 32 or labeler for any other products or services provided to the  
3 33 pharmaceutical manufacturer or labeler by the pharmacy  
3 34 benefits manager with respect to programs that the covered  
3 35 entity offers or provides to its enrollees; and any



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4 1 prescription drug utilization information requested by the  
4 2 covered entity relating to covered individuals.  
4 3     The information is to be provided within 30 days of receipt  
4 4 of the request for disclosure of the information, and, if  
4 5 requested, the information shall be provided at least once  
4 6 each year. The contract entered into between the pharmacy  
4 7 benefits manager and the covered entity is to specify any fees  
4 8 to be charged for drug utilization reports requested by the  
4 9 covered entity.  
4 10 LSB 6156XC 82  
4 11 pf/nh/24



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Senate Study Bill 3150

SENATE/HOUSE FILE  
BY (PROPOSED ETHICS AND  
CAMPAIGN DISCLOSURE  
BOARD BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

1 An Act relating to conflicts of interest, lobbying activities,  
2 and receipt of gifts by certain government officials and  
3 employees.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 5487XD 82  
6 av/rj/5



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Senate Study Bill 3150 continued

PAG LIN

1 1 Section 1. Section 68B.2A, Code 2007, is amended by adding  
1 2 the following new subsection:

1 3 NEW SUBSECTION. 4. The board shall adopt rules pursuant  
1 4 to chapter 17A further delineating particular situations where  
1 5 outside employment or activity of officials and state  
1 6 employees of the executive branch will be deemed to create an  
1 7 unacceptable conflict of interest.

1 8 Sec. 2. Section 68B.5A, subsections 2 and 5, Code 2007,  
1 9 are amended to read as follows:

1 10 2. The head of a major subunit of a department or  
1 11 independent state agency whose position involves substantial  
1 12 exercise of administrative discretion or the expenditure of  
1 13 public funds, a full-time employee of an office of a statewide  
1 14 elected official whose position involves substantial exercise  
1 15 of administrative discretion or the expenditure of public  
1 16 funds, or a legislative employee whose position involves a  
1 17 substantial exercise of administrative discretion or the  
1 18 expenditure of public funds, shall not, during the time in  
1 19 which the person serves or is employed by the state, act as a  
1 20 lobbyist before the agency in which the person is employed or  
1 21 before state agencies, officials, or employees with whom the  
1 22 person has substantial or regular contact as part of the  
1 23 person's duties, unless the person is designated, by the  
1 24 agency in which the person serves or is employed, to represent  
1 25 the official position of the agency.

1 26 5. The head of a major subunit of a department or  
1 27 independent state agency whose position involves substantial  
1 28 exercise of administrative discretion or the expenditure of  
1 29 public funds, a full-time employee of an office of a statewide  
1 30 elected official whose position involves substantial exercise  
1 31 of administrative discretion or the expenditure of public  
1 32 funds, or a legislative employee whose position involves a  
1 33 substantial exercise of administrative discretion or the  
1 34 expenditure of public funds, shall not, within two years after  
1 35 termination of employment, become a lobbyist before the agency



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2 1 in which the person was employed or before state agencies or  
2 2 officials or employees with whom the person had substantial  
2 3 and regular contact as part of the person's former duties.

2 4 Sec. 3. Section 68B.22, subsection 4, Code Supplement  
2 5 2007, is amended by adding the following new paragraph:  
2 6 NEW PARAGRAPH. hh. Food and beverages provided at a meal  
2 7 that is part of a bona fide event or program at which the  
2 8 recipient is being honored for public service.

2 9 EXPLANATION

2 10 This bill relates to conflicts of interest, lobbying  
2 11 activities, and receipt of gifts by certain government  
2 12 officials and employees.

2 13 Code section 68B.2A(4) is amended to require the Iowa  
2 14 ethics and campaign disclosure board to adopt administrative  
2 15 rules further delineating particular situations where outside  
2 16 employment or activity of officials and state employees of the  
2 17 executive branch will be deemed to create an unacceptable  
2 18 conflict of interest.

2 19 Code section 68B.5A(2), (5) is amended to ban certain  
2 20 lobbying activities by the head of a major subunit of a  
2 21 department or independent state agency, or by a full-time  
2 22 employee of an office of a statewide elected official, if such  
2 23 person's position involves a substantial exercise of  
2 24 administrative discretion or the expenditure of public funds.

2 25 Code section 68B.22(4) is amended to provide that food and  
2 26 beverages provided at a meal that is part of a bona fide event  
2 27 or program at which the recipient is being honored for public  
2 28 service may be received by a public official, public employee,  
2 29 candidate, or members of the immediate family of the public  
2 30 official, public employee, or candidate.

2 31 LSB 5487XD 82

2 32 av/rj/5



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Senate Study Bill 3151

SENATE/HOUSE FILE  
BY (PROPOSED IOWA PUBLIC  
EMPLOYEES' RETIREMENT  
SYSTEM BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act concerning the Iowa public employees' retirement system
- 2 and providing effective date provisions.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5505DP 82
- 5 ec/nh/8



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1 1 Section 1. Section 97B.1A, subsection 20, paragraph a,  
1 2 Code 2007, is amended to read as follows:

1 3 a. Service in the armed forces of the United States, if  
1 4 the employee was employed by a covered employer immediately  
1 5 prior to entry into the armed forces, and if ~~the~~ any of the  
1 6 following requirements are met:

1 7 (1) The employee was released from service and returns to  
1 8 covered employment with an employer within twelve months of  
1 9 the date on which the employee has the right of release from  
1 10 service or within a longer period as required by the  
1 11 applicable laws of the United States.

1 12 (2) The employee, while serving on active duty in the  
1 13 armed forces of the United States in an area designated by the  
1 14 president of the United States or the United States Congress  
1 15 as a combat zone or as a qualified hazardous duty area, or  
1 16 deployed outside the United States away from the individual's  
1 17 permanent duty station while participating in an operation  
1 18 designated by the United States secretary of defense as a  
1 19 contingency operation as defined in 10 U.S.C. } 101(a)(13), or  
1 20 which became such a contingency operation by the operation of  
1 21 law, dies, or suffers an injury or acquires a disease  
1 22 resulting in death, so long as the death from the injury or  
1 23 disease occurs within a two-year period from the date the  
1 24 employee suffered the active duty injury or disease and the  
1 25 active duty injury or disease prevented the employee from  
1 26 returning to covered employment as provided in subparagraph  
1 27 (1).

1 28 Sec. 2. Section 97B.1A, subsection 26, paragraph a,  
1 29 subparagraph (2), subparagraph subdivision (i), Code 2007, is  
1 30 amended to read as follows:

1 31 (i) ~~Payments for allowances made to an employee that are~~  
1 32 ~~not included in an employee's federal taxable income except~~  
1 33 ~~for those allowances included as wages for a member of the~~  
1 34 ~~general assembly.~~

1 35 Sec. 3. Section 97B.1A, subsection 26, paragraph a,



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2 1 subparagraph (2), Code 2007, is amended by adding the  
2 2 following new subparagraph subdivision:

2 3 NEW SUBPARAGRAPH SUBDIVISION. (n) Bonuses of any type,  
2 4 whether paid in a lump sum or in installments.

2 5 Sec. 4. Section 97B.4, subsection 2, Code Supplement 2007,  
2 6 is amended by adding the following new paragraph:

2 7 NEW PARAGRAPH. d. In administering this chapter, the  
2 8 system shall not be a participating agency for purposes of  
2 9 chapter 8A, subchapter II.

2 10 Sec. 5. Section 97B.7, subsection 3, paragraph d, Code  
2 11 2007, is amended to read as follows:

2 12 d. To be used to pay for investment management expenses  
2 13 incurred in the management of the retirement fund. Expenses  
2 14 incurred pursuant to this paragraph shall be charged to the  
2 15 investment income of the retirement fund. ~~However, the amount~~  
~~2 16 appropriated for a fiscal year under this paragraph shall not~~  
~~2 17 exceed four-tenths of one percent of the market value of the~~  
~~2 18 retirement fund.~~

2 19 Sec. 6. Section 97B.9, subsection 1, Code 2007, is amended  
2 20 to read as follows:

2 21 1. An employer shall be charged the greater of ~~ten~~ twenty  
2 22 dollars per occurrence or interest at the combined interest  
2 23 and dividend rate required under section 97B.70 for the  
2 24 applicable calendar year for contributions unpaid on the date  
2 25 on which they are due and payable as prescribed by the system.  
2 26 The system may adopt rules prescribing circumstances for which  
2 27 the interest or charge shall not accrue with respect to  
2 28 contributions required. Interest or charges collected  
2 29 pursuant to this section shall be paid into the Iowa public  
2 30 employees' retirement fund.

2 31 Sec. 7. Section 97B.11, Code 2007, is amended to read as  
2 32 follows:

2 33 97B.11 CONTRIBUTIONS BY EMPLOYER AND EMPLOYEE.

2 34 1. Each employer shall deduct from the wages of each  
2 35 member of the retirement system a contribution in the amount



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3 1 of the applicable employee percentage of the covered wages  
3 2 paid by the employer and such additional amount if otherwise  
3 3 required by law, until the member's termination from  
3 4 employment. The contributions of the employer shall be in the  
3 5 amount of the applicable employer percentage of the covered  
3 6 wages of the member and such additional amount if otherwise  
3 7 required by law.

3 8 2. ~~For~~ Prior to July 1, 2011, for purposes of this  
3 9 section, unless the context otherwise requires:

3 10 a. "Applicable employee percentage" means the percentage  
3 11 rate equal to three and seven-tenths percent plus forty  
3 12 percent of the total additional percentage.

3 13 b. "Applicable employer percentage" means the percentage  
3 14 rate equal to five and seventy-five hundredths percent plus  
3 15 sixty percent of the total additional percentage.

3 16 c. "Total additional percentage" means ~~as follows:~~

~~3 17 (1) For, for~~ the fiscal period beginning July 1, 2007,  
3 18 through June 30, 2011, the total additional percentage for a  
3 19 fiscal year shall be the total additional percentage for the  
3 20 prior fiscal year plus, only if the total comparison  
3 21 percentage is greater than the total of the applicable  
3 22 employee percentage and the applicable employer percentage for  
3 23 the prior fiscal year, one-half percentage point.

~~3 24 (2) For each fiscal year beginning on or after July 1,~~  
~~3 25 2011, the total additional percentage shall be the total~~  
~~3 26 additional percentage for the prior fiscal year.~~

3 27 d. "Total comparison percentage" means the percentage rate  
3 28 that the system determines, based upon the most recent  
3 29 actuarial valuation of the retirement system, would be  
3 30 sufficient to amortize the unfunded actuarial liability of the  
3 31 retirement system in ten years.

3 32 3. On and after July 1, 2011, for purposes of this  
3 33 section, unless the context otherwise requires:

3 34 a. For members in regular service:

3 35 (1) "Applicable employee percentage" means the percentage



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4 1 rate equal to forty percent of the required contribution rate  
4 2 for members in regular service.  
4 3 (2) "Applicable employer percentage" means the percentage  
4 4 rate equal to sixty percent of the required contribution rate  
4 5 for members in regular service.  
4 6 b. For members in special service in a protection  
4 7 occupation as described in section 97B.49B:  
4 8 (1) "Applicable employee percentage" means the percentage  
4 9 rate equal to forty percent of the required contribution rate  
4 10 for members described in section 97B.49B.  
4 11 (2) "Applicable employer percentage" means the percentage  
4 12 rate equal to sixty percent of the required contribution rate  
4 13 for members described in section 97B.49B.  
4 14 c. For members in special service as a county sheriff or  
4 15 deputy sheriff as described in section 97B.49C:  
4 16 (1) "Applicable employee percentage" means the percentage  
4 17 rate equal to fifty percent of the required contribution rate  
4 18 for members described in section 97B.49C.  
4 19 (2) "Applicable employer percentage" means the percentage  
4 20 rate equal to fifty percent of the required contribution rate  
4 21 for members described in section 97B.49C.  
4 22 d. "Required contribution rate" means that percentage of  
4 23 the covered wages of members in regular service, members  
4 24 described in section 97B.49B, and members described in section  
4 25 97B.49C, that the system shall, for each fiscal year,  
4 26 separately set for members in each membership category as  
4 27 provided in this paragraph. The required contribution rate  
4 28 for a membership category shall be the contribution rate the  
4 29 system actuarially determines, based upon the most recent  
4 30 actuarial valuation of the system and using the actuarial  
4 31 methods, assumptions, and funding policy approved by the  
4 32 investment board, is the rate required by the system to  
4 33 discharge its liabilities as a percentage of the covered wages  
4 34 of members in that membership category. However, the required  
4 35 contribution rate set by the system for a fiscal year shall



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5 1 not vary by more than one-half percentage point from the  
5 2 required contribution rate for the prior fiscal year.

5 3 Sec. 8. Section 97B.14, Code 2007, is amended to read as  
5 4 follows:

5 5 97B.14 CONTRIBUTIONS FORWARDED.

5 6 Contributions deducted from the wages of the member under  
5 7 section 97B.11 prior to January 1, 1995, member contributions  
5 8 picked up by the employer under section 97B.11A beginning  
5 9 January 1, 1995, and the employer's contribution shall be  
5 10 forwarded to the system for recording and deposited with the  
5 11 treasurer of the state to the credit of the Iowa public  
5 12 employees' retirement fund. Contributions shall be remitted  
5 13 monthly, ~~if total contributions by both employee and employer~~  
5 14 ~~amount to one hundred dollars or more each month,~~ and shall be  
5 15 otherwise paid in such manner, at such times, and under such  
5 16 conditions, either by copies of payrolls or other methods  
5 17 necessary or helpful in securing proper identification of the  
5 18 member, as may be prescribed by the system.

5 19 Sec. 9. Section 97B.38, Code 2007, is amended to read as  
5 20 follows:

5 21 97B.38 FEES FOR SERVICES.

5 22 The system may, by rule, prescribe reasonable fees which  
5 23 may be charged for ~~production costs incurred,~~ including staff  
5 24 time and materials, ~~associated with performing to perform its~~  
5 25 duties under this chapter ~~for active, inactive, and retired~~  
5 26 ~~members, beneficiaries, and the general public, where such~~  
5 27 ~~production costs are more than de minimis, as determined by~~  
5 28 ~~the system.~~

5 29 Sec. 10. Section 97B.49B, subsection 3, paragraph a, Code  
5 30 2007, is amended by striking the paragraph.

5 31 Sec. 11. Section 97B.49C, subsection 3, paragraph a, Code  
5 32 2007, is amended by striking the paragraph.

5 33 Sec. 12. Section 97B.50, subsection 2, Code 2007, is  
5 34 amended by adding the following new paragraph:

5 35 NEW PARAGRAPH. d. For a vested member, who retires from



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6 1 the retirement system due to disability on or after July 1,  
6 2 2009, and commences receiving disability benefits pursuant to  
6 3 the federal Railroad Retirement Act, 45 U.S.C. } 231 et seq.,  
6 4 or the federal Social Security Act, 42 U.S.C. } 423 et seq.,  
6 5 the system may require the vested member to certify on an  
6 6 annual basis continued eligibility for disability payments  
6 7 under the federal Railroad Retirement Act or the federal  
6 8 Social Security Act. If the vested member is under the age at  
6 9 which disability benefits are converted under the federal  
6 10 Social Security Act or the federal Railroad Retirement Act to  
6 11 retirement benefits and is no longer eligible for disability  
6 12 payments under either the federal Railroad Retirement Act or  
6 13 the federal Social Security Act, the vested member shall no  
6 14 longer be eligible to receive retirement benefits as provided  
6 15 by this subsection. If the system has paid retirement  
6 16 benefits to the member between the month the member was no  
6 17 longer eligible for payment pursuant to the federal Railroad  
6 18 Retirement Act or the federal Social Security Act and the  
6 19 month the system terminated retirement benefits under this  
6 20 paragraph, the member shall return all retirement benefits  
6 21 paid by the system following the termination of such federal  
6 22 disability benefits, plus interest. The system shall adopt  
6 23 rules pursuant to chapter 17A to implement this paragraph.

6 24 Sec. 13. Section 97B.50A, subsection 12, Code 2007, is  
6 25 amended to read as follows:

6 26 12. CONTRIBUTIONS. The expenses incurred in the  
6 27 administration of this section by the system shall be paid  
6 28 through contributions as determined pursuant to section  
6 29 ~~97B.49B, subsection 3, or section 97B.49C, subsection 3, as~~  
~~6 30 applicable 97B.11.~~

6 31 Sec. 14. Section 97B.65, Code 2007, is amended to read as  
6 32 follows:

6 33 97B.65 REVISION RIGHTS RESERVED == LIMITATION ON INCREASE  
6 34 OF BENEFITS == RATES OF CONTRIBUTION.

6 35 1. The right is reserved to the general assembly to alter,



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7 1 amend, or repeal any provision of this chapter or any  
7 2 application thereof to any person, provided, however, that to  
7 3 the extent of the funds in the retirement system the amount of  
7 4 benefits which at the time of any such alteration, amendment,  
7 5 or repeal shall have accrued to any member of the retirement  
7 6 system shall not be repudiated, provided further, however,  
7 7 that the amount of benefits accrued on account of prior  
7 8 service shall be adjusted to the extent of any unfunded  
7 9 accrued liability then outstanding.

7 10 2. An increase in the benefits or retirement allowances  
7 11 provided under this chapter shall not be enacted until after  
7 12 the system's actuary determines that the system is fully  
7 13 funded and will continue to be fully funded immediately  
7 14 following enactment of the increase and the increase can be  
7 15 absorbed within the contribution rates otherwise established  
7 16 for the membership group authorized to receive the increase.  
7 17 However, an increase in the benefits or retirement allowances  
7 18 provided under this chapter may be enacted if the statutory  
7 19 change providing for the increase is accompanied by a change  
7 20 in the employer and employee contribution rates an adjustment  
7 21 in the required contribution rate of the membership group  
7 22 affected that is necessary to support such increase as  
7 23 determined by the system's actuary.

7 24 Sec. 15. TRANSITION PROVISION == REQUIRED CONTRIBUTION  
7 25 RATE FOR FISCAL YEAR 2010=2011. For purposes of establishing  
7 26 the required contribution rate for the fiscal year beginning  
7 27 July 1, 2011, as provided in section 97B.11, as amended in  
7 28 this Act, the required contribution rate for the fiscal year  
7 29 beginning July 1, 2010, shall be, for members in regular  
7 30 service, members described in section 97B.49B, and members  
7 31 described in section 97B.49C, the total contribution  
7 32 percentage rate paid by members and employers of that  
7 33 membership group for the fiscal year beginning July 1, 2010.

7 34 Sec. 16. EFFECTIVE DATES.

7 35 1. The section of this Act amending section 97B.9,



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8 1 subsection 1, takes effect May 1, 2008.  
8 2 2. The section of this Act amending section 97B.14 takes  
8 3 effect May 1, 2008.  
8 4 3. The section of this Act amending section 97B.38 takes  
8 5 effect May 1, 2008.  
8 6 4. The sections of this Act amending section 97B.49B,  
8 7 subsection 3, section 97B.49C, subsection 3, and section  
8 8 97B.50A, subsection 12, and section 97B.65, take effect July  
8 9 1, 2011.

EXPLANATION

8 10 This bill concerns the Iowa Public Employees' Retirement  
8 11 System (IPERS).  
8 12 Code section 97B.1A(20), concerning the definition of  
8 13 service, is amended to provide that service includes a period  
8 14 of military service from which the IPERS member does not  
8 15 return to IPERS covered service due to injury or disease  
8 16 resulting in death. Currently, a member must return to  
8 17 covered employment from military service in order to receive  
8 18 service credit for the period of military service.  
8 19 Code section 97B.1A(26), concerning the definition of  
8 20 wages, is amended to exclude bonuses and allowances, except  
8 21 allowances included as wages for members of the general  
8 22 assembly, from the definition of wages.  
8 23 Code section 97B.4(2), concerning the authority of the  
8 24 system in administering IPERS, is amended to provide that  
8 25 IPERS is not a participating agency for purposes of  
8 26 information technology services under the department of  
8 27 administrative services.  
8 28 Code section 97B.7(3), concerning the payment of investment  
8 29 management expenses from the retirement fund, is amended to  
8 30 eliminate the cap on the amount authorized to be expended to  
8 31 pay investment management expenses during a fiscal year. The  
8 32 current cap is four-tenths of one percent of the market value  
8 33 of the retirement fund.  
8 34 Code section 97B.9(1) is amended to set the fee for late  
8 35



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9 1 contributions at the greater of \$20 per occurrence or interest  
9 2 at the combined interest and dividend rate required under  
9 3 section 97B.70. Currently, an employer is charged the greater  
9 4 of \$10 per occurrence or interest at the combined interest and  
9 5 dividend rate required under section 97B.70. This provision  
9 6 takes effect May 1, 2008.

9 7 Code section 97B.11, concerning contributions to the system  
9 8 by employers and employees, is amended. Beginning July 1,  
9 9 2011, IPERS will determine a required contribution rate for  
9 10 each membership group, including members in regular service,  
9 11 which is the contribution rate the system actuarially  
9 12 determines is the rate required by the system to discharge its  
9 13 liabilities as to that membership group as a percentage of the  
9 14 covered wages of members in that membership category.

9 15 However, the bill provides that the required contribution rate  
9 16 for each membership group in a fiscal year shall not vary by  
9 17 more than one-half percentage point from the required  
9 18 contribution rate for the previous year. The bill then  
9 19 provides that, for members in regular service under IPERS, the  
9 20 employers shall pay 60 percent of the rate and members shall  
9 21 pay 40 percent of the rate. While current law provides for an  
9 22 actuarial determination of the rates for members of the  
9 23 special service categories, protection occupations, and  
9 24 sheriffs and deputy sheriffs, the contribution rate for  
9 25 members in regular service is fixed. In addition, current law  
9 26 does not limit the increase or decrease in the total rate paid  
9 27 for members in special service by one-half percentage point.  
9 28 Code sections 97B.49B(3), 97B.49C(3), and 97B.50(2) are  
9 29 amended, effective July 1, 2011, by striking that portion of  
9 30 each section that sets contribution rates for special service  
9 31 members to reflect that the establishment of those rates is  
9 32 done by this bill through Code section 97B.11 as of July 1,  
9 33 2011.

9 34 Code section 97B.14 is amended by eliminating an exception  
9 35 that permitted small employers with total monthly



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10 1 contributions of \$100 or less to pay those contributions  
10 2 quarterly rather than monthly. The bill requires all  
10 3 employers to pay contributions monthly, regardless of the  
10 4 amount of the contributions. This provision takes effect May  
10 5 1, 2008.

10 6 Code section 97B.38, concerning fees for services, is  
10 7 amended to allow the system to charge fees to anyone for the  
10 8 costs incurred by the system in performing its duties.  
10 9 Currently, members, beneficiaries, and the general public, but  
10 10 not employers, may be charged fees. This provision takes  
10 11 effect May 1, 2008.

10 12 Code section 97B.50, concerning early retirement due to  
10 13 disability, is amended to provide that a member who qualifies  
10 14 for IPERS regular disability benefits by becoming eligible for  
10 15 federal disability benefits must demonstrate their continued  
10 16 qualification for federal disability benefits to receive IPERS  
10 17 benefits. Current law does not require a determination that  
10 18 the member remains eligible for federal disability benefits  
10 19 once initial eligibility is established. The change does not  
10 20 affect the ability of the member to qualify for retirement  
10 21 benefits based on criteria other than disability.

10 22 Code section 97B.65, concerning limitation on increases in  
10 23 benefits, is amended to provide that an increase in benefits  
10 24 shall not be implemented unless the system is fully funded and  
10 25 the increase in benefits can be absorbed into existing  
10 26 contribution rates for the membership group affected. Current  
10 27 law only requires that the system be fully funded prior to  
10 28 implementing the increase in benefits. This change also  
10 29 provides that the increase in benefits can be implemented even  
10 30 if the system is not fully funded or existing contribution  
10 31 rates are insufficient if the statutory change providing for  
10 32 the increased benefit is accompanied by a change in the  
10 33 required contribution rate necessary to support the increased  
10 34 benefit. This provision takes effect July 1, 2011.

10 35 LSB 5505DP 82



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11 1 ec/nh/8.1



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Senate Study Bill 3152

SENATE/HOUSE FILE  
BY (PROPOSED IOWA PUBLIC  
EMPLOYEES' RETIREMENT  
SYSTEM BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act concerning the Iowa public employees' retirement system
- 2 and including effective date and retroactive applicability
- 3 provisions.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 5 TLSB 5463DP 82
- 6 ec/sc/5



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1 1 Section 1. Section 97B.9, subsection 2, Code 2007, is  
1 2 amended to read as follows:

1 3 2. If within thirty days after due notice the employer  
1 4 defaults in payment of contributions or interest thereon, the  
1 5 amount due ~~shall~~ may be collected by civil action in the name  
1 6 of the system, and the employer adjudged in default shall pay  
1 7 the costs of such action. Civil actions brought under this  
1 8 section to collect contributions or interest thereon shall be  
1 9 heard by the court at the earliest possible date and shall be  
1 10 entitled to preference upon the calendar of the court over all  
1 11 other civil actions.

1 12 Sec. 2. Section 97B.10, subsection 3, Code 2007, is  
1 13 amended to read as follows:

1 14 3. ~~Except as provided in this subsection, interest~~  
1 15 Interest shall not be paid on credits issued pursuant to this  
1 16 section. However, if a credit for contributions paid prior to  
~~1 17 an individual's decision to elect out of coverage pursuant to~~  
~~1 18 section 97B.42A is issued, accumulated interest and interest~~  
~~1 19 on dividends as provided in section 97B.70 shall apply. In~~  
~~1 20 addition,~~ the system may, at any time, apply accumulated  
1 21 interest and interest dividends as provided in section 97B.70  
1 22 on any credits issued under this section if the system finds  
1 23 that the crediting of interest is just and equitable.

1 24 Sec. 3. Section 97B.33, Code 2007, is amended to read as  
1 25 follows:

1 26 97B.33 ~~CERTIFICATION TO DIRECTOR~~ PAYMENT TO INDIVIDUALS.

1 27 Upon final decision of the system, or upon final judgment  
1 28 of any court of competent jurisdiction, that any person is  
1 29 entitled to any payment or payments under this chapter, the  
1 30 system shall ~~certify to the director of the department of~~  
~~1 31 administrative services the name and address of the person so~~  
~~1 32 entitled to receive such payment or payments, the amount of~~  
~~1 33 such payment or payments, and the time at which such payment~~  
~~1 34 or payments should be made, and the system, through the~~  
~~1 35 director of the department of administrative services, shall~~



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2 1 make payment ~~in accordance with the certification of the~~  
~~2 2 system~~ to the person, provided that where judicial review of  
2 3 the ~~system~~ system's decision is or may be sought in accordance  
2 4 with the terms of the Iowa administrative procedure Act,  
2 5 chapter 17A, ~~certification of~~ payment may be withheld pending  
2 6 such review. ~~The director of the department of administrative~~  
~~2 7 services shall not be held personally liable for any payment~~  
~~2 8 or payments made in accordance with a certification by the~~  
~~2 9 system.~~

2 10 Sec. 4. Section 97B.34A, subsections 1 and 2, Code 2007,  
2 11 are amended to read as follows:

2 12 1. If the total sum to be paid to the minor is less than  
2 13 ~~ten~~ the greater of twenty-five thousand dollars or the maximum  
2 14 amount permitted under section 565B.7, subsection 3, the funds  
2 15 may be paid to an adult as custodian for the minor. The  
2 16 custodian must complete the proper forms as determined by the  
2 17 system.

2 18 2. If the total sum to be paid to the minor is equal to or  
2 19 more than ~~ten thousand dollars~~ the amount authorized in  
2 20 subsection 1, the funds must be paid to a court-established  
2 21 conservator. The system shall not make payment until the  
2 22 conservatorship has been established and the system has  
2 23 received the appropriate documentation.

2 24 Sec. 5. Section 97B.49F, subsection 1, paragraph b,  
2 25 subparagraph (2), subparagraph subdivision (b), Code 2007, is  
2 26 amended to read as follows:

2 27 (b) The percentage representing the percentage amount the  
2 28 actuary has certified, ~~in the annual actuarial valuation of~~  
~~2 29 the retirement system as of June 30 of the year in which the~~  
~~2 30 dividend is to be paid,~~ that the fund can absorb without  
2 31 requiring an increase in the employer and employee  
2 32 contributions to the fund. The actuary's certification of  
2 33 such percentage amount shall be based on a comparison of the  
2 34 actuarially required contribution rate for the fiscal year of  
2 35 the dividend adjustment to the statutory contribution rate for



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3 1 that same fiscal year. If the actuarially required  
3 2 contribution rate exceeds the statutory contribution rate for  
3 3 that same fiscal year, the percentage amount shall be zero.  
3 4 Sec. 6. Section 97B.49H, subsection 3, Code 2007, is  
3 5 amended to read as follows:  
3 6 3. The system shall annually determine the amount to be  
3 7 credited to the supplemental accounts of active members. The  
3 8 total amount credited to the supplemental accounts of all  
3 9 active members shall not exceed the amount that the system  
3 10 determines, in consultation with the system's actuary, ~~can be~~  
~~3 11 absorbed without significantly impacting the funded status of~~  
3 12 leaves the system fully funded following the crediting of the  
3 13 total amount to the supplemental accounts. The amount to be  
3 14 credited shall not be greater than the amount calculated by  
3 15 multiplying the member's covered wages for the applicable wage  
3 16 reporting period by the supplemental rate. For purposes of  
3 17 this subsection, the supplemental rate is the difference, if  
3 18 positive, between the combined employee and employer statutory  
3 19 contribution rates in effect under section 97B.11 and the  
3 20 normal cost rate of the retirement system as determined by the  
3 21 system's actuary in the most recent annual actuarial valuation  
3 22 of the retirement system. The credits shall be made ~~at least~~  
~~3 23 quarterly~~ to each member's account at the time that covered  
3 24 wages are reported for each wage reporting period during the  
3 25 calendar year following a determination that the retirement  
3 26 system does not have an unfunded accrued liability will remain  
3 27 fully funded following the crediting of the total amount to  
3 28 the supplemental accounts. The normal cost rate, calculated  
3 29 according to the actuarial cost method used, is the percent of  
3 30 pay allocated to each year of service that is necessary to  
3 31 fund projected benefits over all members' service with the  
3 32 retirement system.  
3 33 Sec. 7. Section 97B.52, subsection 1, paragraph a,  
3 34 unnumbered paragraphs 1 and 3, Code 2007, are amended to read  
3 35 as follows:



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4 1 A lump sum payment equal to the accumulated contributions  
4 2 of the member at the date of death plus the product of an  
4 3 amount equal to the highest year of covered wages of the  
4 4 deceased member and the number of years of membership service  
4 5 divided by the applicable denominator. ~~However, a lump sum~~  
~~4 6 payment made to a beneficiary under this paragraph due to the~~  
~~4 7 death of a member shall not be less than the amount that would~~  
~~4 8 have been payable on the death of the member on June 30, 1984,~~  
~~4 9 under this paragraph as it appeared in the 1983 Code.~~  
4 10 Effective July 1, 1978, a method of payment under this  
~~4 11 paragraph filed with the system by a member does not apply.~~  
4 12 Sec. 8. Section 97B.53B, Code 2007, is amended to read as  
4 13 follows:  
4 14 97B.53B ROLLOVERS OF MEMBERS' ACCOUNTS.  
4 15 1. As used in this section, unless the context otherwise  
4 16 requires, and to the extent permitted by the internal revenue  
4 17 service:  
4 18 a. "Direct rollover" means a payment by the system to the  
4 19 eligible retirement plan specified by ~~the member or the~~  
~~4 20 member's surviving spouse~~ an eligible person.  
4 21 b. "Eligible person" means any of the following:  
4 22 (1) The member.  
4 23 (2) The member's surviving spouse.  
4 24 (3) The member's spouse or former spouse as an alternate  
4 25 payee under a qualified domestic relations order.  
4 26 (4) Effective January 1, 2007, the member's nonspouse  
4 27 beneficiaries who are designated beneficiaries as defined by  
4 28 section 401(a)(9)(E) of the federal Internal Revenue Code, as  
4 29 authorized under section 829 of the federal Pension Protection  
4 30 Act of 2006.  
4 31 c. "Eligible retirement plan" means either, for an  
4 32 eligible person, any of the following retirement plans that  
4 33 accepts can accept an eligible rollover distribution from a  
~~4 34 member or a member's surviving spouse that eligible person:~~  
4 35 (1) An individual retirement account in accordance with



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5 1 section 408(a) of the federal Internal Revenue Code.

5 2 (2) An individual retirement annuity in accordance with

5 3 section 408(b) of the federal Internal Revenue Code.

5 4 ~~(3) In addition, an "eligible retirement plan" includes an~~

5 5 An annuity plan in accordance with section 403(a) of the

5 6 federal Internal Revenue Code, or a qualified trust in

5 7 accordance with section 401(a) of the federal Internal Revenue

5 8 Code, that accepts an eligible rollover distribution from a

5 9 member.

5 10 ~~(4) Effective January 1, 2002, the term "eligible~~

~~5 11 retirement plan" also includes an annuity contract described~~

5 12 in section 403(b) of the federal Internal Revenue Code, and an

5 13 eligible plan under section 457(b) of the federal Internal

5 14 Revenue Code which is maintained by a state, political

5 15 subdivision of a state, or any agency or instrumentality of a

5 16 state or political subdivision of a state that chooses to

5 17 separately account for amounts transferred into such eligible

5 18 retirement plan from the system.

5 19 (5) Effective January 1, 2008, a Roth individual

5 20 retirement account or a Roth individual retirement annuity

5 21 established under section 408A of the Internal Revenue Code.

5 22 ~~e. d.~~ (1) "Eligible rollover distribution" includes any

5 23 of the following:

5 24 (a) All or any portion of a member's account and

5 25 supplemental account.

5 26 (b) Effective January 1, 2002, after-tax employee

5 27 contributions, if the plan to which such amounts are to be

5 28 transferred is an individual retirement account described in

5 29 federal Internal Revenue Code section 408(a) or 408(b), or is

5 30 a qualified defined contribution plan described in federal

5 31 Internal Revenue Code section 401(a) or 403(a), and such plan

5 32 agrees to separately account for the after-tax amount so

5 33 transferred.

5 34 ~~(c) A distribution made on behalf of a surviving spouse~~

~~5 35 and to an alternate payee, who is a spouse or former spouse,~~



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~~6 1 under a qualified domestic relations order. Effective January~~  
~~6 2 1, 2007, after-tax employee contributions to a qualified~~  
~~6 3 defined benefit plan described in federal Internal Revenue~~  
~~6 4 Code section 401(a) or 403(a), or a tax-sheltered annuity plan~~  
~~6 5 described in federal Internal Revenue Code section 403(b), and~~  
~~6 6 such plan agrees to separately account for the after-tax~~  
~~6 7 amount so transferred.~~

6 8 (2) An eligible rollover distribution does not include any  
6 9 of the following:

6 10 (a) A distribution that is one of a series of  
6 11 substantially equal periodic payments, which occur annually or  
6 12 more frequently, made for the life or life expectancy of the  
6 13 distributee or the joint lives or joint life expectancies of  
6 14 the distributee and the distributee's designated beneficiary,  
6 15 or made for a specified period of ten years or more.

6 16 (b) A distribution to the extent that the distribution is  
6 17 required pursuant to section 401(a)(9) of the federal Internal  
6 18 Revenue Code.

6 19 (c) Prior to January 1, 2002, the portion of any  
6 20 distribution that is not includible in the gross income of the  
6 21 distributee, determined without regard to the exclusion for  
6 22 net unrealized appreciation with respect to employer  
6 23 securities.

6 24 2. ~~Effective January 1, 1993, a member or a member's~~  
~~6 25 surviving spouse~~ An eligible person may elect, at the time and  
6 26 in the manner prescribed in rules adopted by the system and in  
6 27 rules of the receiving retirement plan, to have the system pay  
6 28 all or a portion of an eligible rollover distribution directly  
6 29 to an eligible retirement plan, ~~specified by the member or the~~  
~~6 30 member's surviving spouse~~, in a direct rollover. However,  
6 31 effective January 1, 2007, if the eligible person is a  
6 32 nonspouse beneficiary as described in subsection 1, paragraph  
6 33 "b", subparagraph (4), the nonspouse beneficiary may only have  
6 34 a direct rollover of the distribution to an individual  
6 35 retirement account or annuity as described in subsection 1,



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7 1 paragraph "c", subparagraphs (1) or (2), established for the  
7 2 purpose of receiving the distribution on behalf of the  
7 3 nonspouse beneficiary, and such individual retirement account  
7 4 or annuity will be treated as an inherited individual  
7 5 retirement account or annuity pursuant to section 829 of the  
7 6 federal Pension Protection Act of 2006.

7 7 Sec. 9. Section 97B.80C, subsection 1, paragraph a, Code  
7 8 2007, is amended to read as follows:

7 9 a. "Nonqualified service" means ~~service that is not~~  
~~7 10 qualified service and includes, but is not limited to,~~ any of  
7 11 the following:

~~7 12 (1) Full-time volunteer public service in the federal~~  
~~7 13 peace corps program. Service that is not qualified service.~~

~~7 14 (2) Public employment comparable to employment covered~~  
~~7 15 under this chapter in a qualified Canadian governmental entity~~  
~~7 16 that is an elementary school, secondary school, college, or~~  
~~7 17 university that is organized, administered, and primarily~~  
~~7 18 supported by the provincial, territorial, or federal~~  
~~7 19 governments of Canada, or any combination of the same. Any~~  
7 20 period of time for which there was no performance of services.

7 21 (3) Service as described in subsection 1, paragraph "c",  
7 22 subparagraph (2).

7 23 Sec. 10. Section 97B.80C, subsection 2, Code 2007, is  
7 24 amended to read as follows:

7 25 2. a. A vested or retired member may make contributions  
7 26 to the retirement system to purchase up to the maximum amount  
7 27 of permissive service credit for qualified service as  
7 28 determined by the system, pursuant to Internal Revenue Code  
7 29 section 415(n), ~~and~~ the requirements of this section, and the  
7 30 system's administrative rules.

~~7 31 b. A vested or retired member of the retirement system who~~  
~~7 32 has five or more full calendar years of covered wages may make~~  
7 33 contributions to the retirement system to purchase up to five  
~~7 34 years~~ a maximum of twenty quarters of permissive service  
7 35 credit for nonqualified service as determined by the system,



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8 1 pursuant to Internal Revenue Code section 415(n), ~~and~~ the  
8 2 requirements of this section, and the system's administrative  
8 3 rules. A vested or retired member must have at least twenty  
8 4 quarters of covered wages in order to purchase permissive  
8 5 service credit for nonqualified service.  
8 6 c. In addition, a vested or retired member may convert  
8 7 regular member service credit to special service credit by  
8 8 payment of the amount actuarially determined as necessary to  
8 9 fund the resulting increase in the member's accrued benefit.  
8 10 The conversion shall be treated as a purchase of qualified  
8 11 service credit subject to the requirements of paragraph "a" if  
8 12 the service credit to be converted was or would have been for  
8 13 qualified service. The conversion shall be treated as a  
8 14 purchase of nonqualified service credit subject to the  
8 15 requirements of paragraph "b" if the service credit to be  
8 16 converted was purchased as nonqualified service credit.  
8 17 Sec. 11. Section 97B.82, subsection 2, paragraph b,  
8 18 subparagraph (2), subparagraph subdivision (c), Code 2007, is  
8 19 amended to read as follows:  
8 20 (c) The For rollover service purchases prior to January 1,  
8 21 2007, the portion of any distribution that is not includible  
8 22 in the gross income of the distributee, determined without  
8 23 regard to the exclusion for net unrealized appreciation with  
8 24 respect to employer securities.  
8 25 For rollover service purchases on or after January 1, 2007,  
8 26 the portion of any distribution that is not includible in the  
8 27 gross income of the distributee, determined without regard to  
8 28 the exclusion for net unrealized appreciation with respect to  
8 29 employer securities, shall be treated as an eligible rollover  
8 30 distribution only when such portion is received from a  
8 31 qualified plan under section 401(a) or 403(a) of the federal  
8 32 Internal Revenue Code.  
8 33 Sec. 12. Section 97B.82, subsection 3, Code 2007, is  
8 34 amended to read as follows:  
8 35 3. A member may purchase any service credit as authorized



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9 1 by this section, to the extent permitted by the internal  
9 2 revenue service, by means of a direct transfer, ~~excluding of~~  
9 3 pretax amounts, and effective January 1, 2007, any after-tax  
9 4 contributions, from an annuity contract qualified under  
9 5 federal Internal Revenue Code section 403(b), or an eligible  
9 6 plan described in federal Internal Revenue Code section  
9 7 457(b), maintained by a state, political subdivision of a  
9 8 state, or any agency or instrumentality of a state or  
9 9 political subdivision of a state. A direct transfer is a  
9 10 trustee-to-trustee transfer to the retirement system of  
9 11 contributions made to annuity contracts qualified under  
9 12 federal Internal Revenue Code section 403(b) and eligible  
9 13 governmental plans qualified under federal Internal Revenue  
9 14 Code section 457(b) for purposes of purchasing service credit  
9 15 in the retirement system.

9 16 Sec. 13. Section 97B.73B, Code 2007, is repealed.

9 17 Sec. 14. EFFECTIVE DATES == RETROACTIVE APPLICABILITY.

9 18 1. The section of this Act amending section 97B.9,  
9 19 subsection 2, takes effect May 1, 2008.

9 20 2. The section of this Act amending section 97B.10,  
9 21 subsection 3, takes effect May 1, 2008.

9 22 3. The section of this Act amending section 97B.53B, being  
9 23 deemed of immediate importance, takes effect upon enactment,  
9 24 and, except as otherwise stated, is retroactively applicable  
9 25 to January 1, 2007, and is applicable on and after that date.

9 26 4. The sections of this Act amending section 97B.82, being  
9 27 deemed of immediate importance, take effect upon enactment,  
9 28 and are retroactively applicable to January 1, 2007, and are  
9 29 applicable on and after that date.

9 30 EXPLANATION

9 31 This bill makes changes relative to the Iowa Public  
9 32 Employees' Retirement System (IPERS).

9 33 Code section 97B.9, subsection 1, concerning the collection  
9 34 of unpaid contributions, is amended to make civil actions to  
9 35 collect unpaid contributions from employers permissive. This



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10 1 provision takes effect May 1, 2008.

10 2 Code section 97B.10, concerning the crediting of erroneous  
10 3 contributions, is amended to eliminate a provision awarding  
10 4 interest on a credit for contributions paid prior to an  
10 5 individual's decision to elect out of IPERS coverage. This  
10 6 provision takes effect May 1, 2008.

10 7 Code section 97B.33, concerning payments made to an  
10 8 individual arising out of a decision by the system or a court,  
10 9 is amended to provide that the system may make the payment  
10 10 without certifying to the director of the department of  
10 11 administrative services that the person is entitled to the  
10 12 payment.

10 13 Code section 97B.34A, concerning payment to minors, is  
10 14 amended to provide that if the sum to be paid is less than the  
10 15 greater of \$25,000 or the amount authorized in section 565B.7,  
10 16 subsection 3 (currently \$25,000), the funds may be paid to an  
10 17 adult as custodian for the minor. Payments in excess of this  
10 18 amount are to be paid to a court-established conservator.  
10 19 Current law sets the maximum amount that can be paid to an  
10 20 adult custodian at \$10,000.

10 21 Code section 97B.49F, concerning the determination of the  
10 22 cost of living dividend, is amended. Current law provides  
10 23 that the dividend increases by a percentage that is the lesser  
10 24 of 3 percent, the percentage increase in the consumer price  
10 25 index, and the percentage certified by the system's actuary  
10 26 that the system can absorb. The bill amends the determination  
10 27 of the percentage calculated by the system's actuary to  
10 28 provide that the determination be made by comparing the  
10 29 actuarial required contribution rate for the system and the  
10 30 statutory contribution rate. If the actuarial required rate  
10 31 exceeds that statutory rate, the bill provides that the  
10 32 percentage certified by the actuary shall be zero.

10 33 Code section 97B.49H, concerning active member supplemental  
10 34 accounts, is amended to provide that no payments to the  
10 35 accounts be made unless the system remains fully funded



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11 1 following the payment to the supplemental accounts. Current  
11 2 law allows payment only if the payment can be absorbed without  
11 3 significantly impacting the funded status of the system.  
11 4 Code section 97B.52, concerning payment of a lump sum death  
11 5 benefit, is amended to eliminate a provision requiring a  
11 6 determination of what the lump sum payment would have been if  
11 7 the person had died on June 30, 1984, and a provision that the  
11 8 method of payment to a beneficiary selected by a member does  
11 9 not apply.  
11 10 Code section 97B.53B, concerning rollovers of members'  
11 11 accounts from IPERS to another eligible retirement plan, is  
11 12 amended to reflect Internal Revenue Code changes. The bill  
11 13 provides that nonspouse beneficiaries of a member that are  
11 14 designated as beneficiaries pursuant to federal law are  
11 15 allowed to elect to have IPERS pay all or a portion of an  
11 16 eligible distribution to certain eligible retirement plans.  
11 17 The bill also provides that, beginning January 1, 2008, Roth  
11 18 individual retirement accounts and annuities are eligible  
11 19 retirement plans for a member, a member's surviving spouse, or  
11 20 a qualified payee under a qualified domestic relations order.  
11 21 The provision of the bill amending Code section 97B.53B takes  
11 22 effect upon enactment and is retroactively applicable to  
11 23 January 1, 2007.  
11 24 Code section 97B.73, concerning the purchase of service for  
11 25 patient advocates, is repealed by the bill.  
11 26 Code section 97B.80C, concerning purchases of permissive  
11 27 service credit, is amended. The bill provides that any period  
11 28 of time when there was not performance of services is  
11 29 considered nonqualified service eligible for a purchase of  
11 30 service. The bill also provides that a member may convert  
11 31 existing regular service credit to special service credit upon  
11 32 paying the actuarial cost of that enhanced benefit. The bill  
11 33 provides that if the existing service was nonqualified  
11 34 service, then the purchase of special service credit for that  
11 35 service shall be made pursuant to the requirements governing



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12 1 the purchase of nonqualified service. Alternatively, if the  
12 2 existing service was qualified service, then the purchase of  
12 3 special service credit for that service shall be made pursuant  
12 4 to the requirements governing the purchase of qualified  
12 5 service.

12 6 Code section 97B.82, concerning the purchase of service  
12 7 credit from a direct rollover of moneys from another  
12 8 retirement plan to IPERS, is amended to reflect Internal  
12 9 Revenue Code changes. The provisions of the bill amending  
12 10 Code section 97B.82 take effect upon enactment and are  
12 11 retroactively applicable to January 1, 2007.

12 12 LSB 5463DP 82

12 13 ec/sc/5.1



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Senate Study Bill 3153

SENATE/HOUSE FILE  
BY (PROPOSED DEPARTMENT OF  
INSPECTIONS AND APPEALS  
BILL)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays  
Approved

A BILL FOR

1 An Act relating to criminal and abuse records of prospective and  
2 current employees of licensed hospitals and health care  
3 facilities and certain health-related programs and services  
4 and providing penalties.  
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
6 TLSB 5455DP 82  
7 jp/nh/8



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PAG LIN

1 1 Section 1. Section 135B.34, Code 2007, is amended by  
1 2 striking the section and inserting in lieu thereof the  
1 3 following:  
1 4 135B.34 HOSPITAL EMPLOYEES == CRIMINAL HISTORY AND ABUSE  
1 5 RECORD CHECKS == PENALTY.  
1 6 1. Prior to employment of a person in a hospital, the  
1 7 hospital shall request that the department of public safety  
1 8 perform a criminal history check and the department of human  
1 9 services perform child and dependent adult abuse record checks  
1 10 of the person in this state. A hospital shall inform all  
1 11 persons prior to employment regarding the performance of the  
1 12 records checks and shall obtain, from the persons, a signed  
1 13 acknowledgment of the receipt of the information. A hospital  
1 14 shall include the following inquiry in an application for  
1 15 employment: "Do you have a record of founded child or  
1 16 dependent adult abuse or have you ever been convicted of a  
1 17 crime, in this state or any other state?"  
1 18 2. a. If it is determined through a criminal or abuse  
1 19 registry record check or a person's own admission that, during  
1 20 the preceding five-year period, the person was convicted of a  
1 21 felony crime under a law of any state or had a record of  
1 22 founded child or dependent adult abuse entered in the abuse  
1 23 registry, the person shall not be employed in the hospital.  
1 24 b. For applicants, the five-year period referenced in this  
1 25 subsection ends on the date of the employment application.  
1 26 For persons currently employed at the time the person is  
1 27 convicted of a crime or a record of child or dependent adult  
1 28 abuse is entered in the abuse registry, the five-year period  
1 29 is not applicable.  
1 30 c. If the person was convicted of a crime other than a  
1 31 felony, convicted of a felony crime prior to the preceding  
1 32 five-year period, or had a record of founded child or  
1 33 dependent adult abuse entered in the abuse registry prior to  
1 34 the preceding five-year period, the department of human  
1 35 services shall, upon the hospital's request, perform an



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2 1 evaluation to determine whether the crime or founded child or  
2 2 dependent adult abuse warrants prohibition of employment in  
2 3 the hospital. The evaluation shall be performed in accordance  
2 4 with procedures adopted for this purpose by the department of  
2 5 human services. If the person was convicted of a simple  
2 6 misdemeanor crime prior to the preceding five-year period, in  
2 7 lieu of the evaluation performed by the department of human  
2 8 services, the hospital may apply the same criteria used for  
2 9 the department of human services evaluation in determining  
2 10 whether the hospital will employ or continue employing the  
2 11 person.

2 12 d. (1) If a person owns or operates more than one  
2 13 hospital, and an employee of one of such hospitals is  
2 14 transferred to another such hospital without a lapse in  
2 15 employment, the hospital is not required to request additional  
2 16 criminal and child and dependent adult abuse records checks of  
2 17 that employee.

2 18 (2) If the ownership of a hospital is transferred, at the  
2 19 time of transfer the records checks required by this section  
2 20 shall be performed for each employee for whom there is no  
2 21 documentation that such records checks have been performed.  
2 22 The hospital may continue to employ such employee pending the  
2 23 performance of the records checks and any related evaluation.

2 24 3. In an evaluation, the department of human services  
2 25 shall consider the nature and seriousness of the crime or  
2 26 founded child or dependent adult abuse in relation to the  
2 27 position sought or held, the time elapsed since the commission  
2 28 of the crime or founded child or dependent adult abuse, the  
2 29 circumstances under which the crime or founded child or  
2 30 dependent adult abuse was committed, the degree of  
2 31 rehabilitation, the likelihood that the person will commit the  
2 32 crime or founded child or dependent adult abuse again, and the  
2 33 number of crimes or founded child or dependent adult abuses  
2 34 committed by the person involved. If the department of human  
2 35 services performs an evaluation for the purposes of this



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3 1 section, the department of human services has final authority  
3 2 in determining whether prohibition of the person's employment  
3 3 is warranted.

3 4 4. a. Except as provided in paragraph "b" and subsection  
3 5 2, a person who has committed a crime or has a record of  
3 6 founded child or dependent adult abuse shall not be employed  
3 7 in a hospital licensed under this chapter unless an evaluation  
3 8 has been performed by the department of human services.

3 9 b. A person with a criminal or abuse record who is  
3 10 employed by a hospital licensed under this chapter and is  
3 11 hired by another licensee without a lapse in employment shall  
3 12 be subject to the criminal history and abuse record checks  
3 13 required pursuant to subsection 1. If an evaluation was  
3 14 previously performed by the department of human services  
3 15 concerning the person's criminal or abuse record and it was  
3 16 determined that the record did not warrant prohibition of the  
3 17 person's employment and the latest record checks do not  
3 18 indicate a crime was committed or founded abuse record was  
3 19 entered subsequent to that evaluation, the person may commence  
3 20 employment with the other licensee while the department of  
3 21 human services' evaluation of the latest record checks is  
3 22 pending. Otherwise, the requirements of paragraph "a" remain  
3 23 applicable to the person's employment.

3 24 5. a. If a person employed by a hospital that is subject  
3 25 to this section is convicted of a crime or has a record of  
3 26 founded child or dependent adult abuse entered in the abuse  
3 27 registry after the person's employment application date, the  
3 28 person shall inform the hospital of such information within  
3 29 forty-eight hours of the criminal conviction or entry of the  
3 30 record of founded child or dependent adult abuse. The  
3 31 hospital shall act to verify the information within  
3 32 forty-eight hours of notification. If the information is  
3 33 verified, the requirements of subsections 2, 3, and 4  
3 34 regarding employability and evaluations shall be applied by  
3 35 the hospital to determine whether or not the person's



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4 1 employment is continued. A person who is required by this  
4 2 subsection to inform the person's employer of a conviction or  
4 3 entry of an abuse record and fails to do so within the  
4 4 required period commits a serious misdemeanor.

4 5 b. If a hospital receives credible information that a  
4 6 person employed by the hospital has been convicted of a crime  
4 7 or a record of founded child or dependent adult abuse has been  
4 8 entered in the abuse registry after employment from a person  
4 9 other than the employee and the employee has not informed the  
4 10 hospital of such information within the period required under  
4 11 paragraph "a", the hospital shall act to verify the credible  
4 12 information within forty-eight hours of receipt of the  
4 13 credible information. If the information is verified, the  
4 14 requirements of subsections 2, 3, and 4 regarding  
4 15 employability and evaluations shall be applied by the hospital  
4 16 to determine whether or not the person's employment is  
4 17 continued.

4 18 c. The hospital shall notify the county attorney for the  
4 19 county where the hospital is located of any violation or  
4 20 failure by an employee to notify the hospital of a criminal  
4 21 conviction or entry of an abuse record within the period  
4 22 required under paragraph "a".

4 23 6. A hospital licensed in this state may access the single  
4 24 contact repository established by the department pursuant to  
4 25 section 135C.33 as necessary for the hospital to perform  
4 26 record checks of persons employed or being considered for  
4 27 employment by the hospital.

4 28 Sec. 2. Section 135C.33, Code 2007, is amended to read as  
4 29 follows:

4 30 135C.33 EMPLOYEES == CHILD OR DEPENDENT ADULT ABUSE  
4 31 INFORMATION AND CRIMINAL RECORDS RECORD CHECKS == EVALUATIONS  
4 32 == APPLICATION TO OTHER PROVIDERS == PENALTY.

4 33 1. ~~Beginning July 1, 1997, prior~~ Prior to employment of a  
4 34 person in a facility, the facility shall request that the  
4 35 department of public safety perform a criminal history check



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5 1 and the department of human services perform a child and  
5 2 dependent adult abuse record check checks of the person in  
5 3 this state. ~~In addition, the facility may request that the~~  
~~5 4 department of human services perform a child abuse record~~  
~~5 5 check in this state. Beginning July 1, 1997, a A facility~~  
5 6 shall inform all persons prior to employment regarding the  
5 7 performance of the records checks and shall obtain, from the  
5 8 persons, a signed acknowledgment of the receipt of the  
5 9 information. ~~Additionally, a A facility shall include the~~  
5 10 following inquiry in an application for employment: "Do you  
5 11 have a record of founded child or dependent adult abuse or  
5 12 have you ever been convicted of a crime, in this state or any  
5 13 other state?"

5 14 2. a. If it is determined through a criminal or abuse  
5 15 registry record check or a person's own admission that, during  
5 16 the preceding five-year period, the person has been was  
5 17 convicted of a felony crime under a law of any state or has  
5 18 had a record of founded child or dependent adult abuse entered  
5 19 in the abuse registry, the department of human services shall,  
~~5 20 upon the facility's request, perform an evaluation to~~  
~~5 21 determine whether the crime or founded child or dependent~~  
~~5 22 adult abuse warrants prohibition of employment person shall~~  
5 23 not be employed in the facility.

5 24 b. For applicants, the five-year period referenced in this  
5 25 subsection ends on the date of the employment application.  
5 26 For persons currently employed at the time the person is  
5 27 convicted of a crime or a record of child or dependent abuse  
5 28 is entered in the abuse registry, the five-year period is not  
5 29 applicable.

5 30 c. If the person was convicted of a crime other than a  
5 31 felony, convicted of a felony crime prior to the preceding  
5 32 five-year period, or had a record of founded child or  
5 33 dependent adult abuse entered prior to the preceding five-year  
5 34 period, the department of human services shall, upon the  
5 35 facility's request, perform an evaluation to determine whether



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6 1 the crime or founded child or dependent adult abuse warrants  
6 2 prohibition of employment in the facility. The evaluation  
6 3 shall be performed in accordance with procedures adopted for  
6 4 this purpose by the department of human services. If the  
6 5 person was convicted of a simple misdemeanor crime prior to  
6 6 the preceding five-year period, in lieu of the evaluation  
6 7 performed by the department of human services, the facility  
6 8 may apply the same criteria used for the department of human  
6 9 services evaluation in determining whether the facility will  
6 10 employ or continue employing the person.

6 11 d. (1) If a person owns or operates more than one  
6 12 facility, and an employee of one of such facilities is  
6 13 transferred to another such facility without a lapse in  
6 14 employment, the facility is not required to request additional  
6 15 criminal and child and dependent adult abuse record checks of  
6 16 that employee.

6 17 (2) If the ownership of a facility is transferred, at the  
6 18 time of transfer the records checks required by this section  
6 19 shall be performed for each employee for whom there is no  
6 20 documentation that such records checks have been performed.  
6 21 The facility may continue to employ such employee pending the  
6 22 performance of the records checks and any related evaluation.

6 23 2. If the department of public safety determines that a  
~~6 24 person has committed a crime and is to be employed in a~~  
~~6 25 facility licensed under this chapter, the department of public~~  
~~6 26 safety shall notify the licensee that an evaluation, if~~  
~~6 27 requested by the facility, will be conducted by the department~~  
~~6 28 of human services to determine whether prohibition of the~~  
~~6 29 person's employment is warranted. If a department of human~~  
~~6 30 services child or dependent adult abuse record check shows~~  
~~6 31 that the person has a record of founded child or dependent~~  
~~6 32 adult abuse, the department of human services shall inform the~~  
~~6 33 licensee that an evaluation, if requested by the facility,~~  
~~6 34 will be conducted to determine whether prohibition of the~~  
~~6 35 person's employment is warranted.~~



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7 1 3. In an evaluation, the department of human services  
7 2 shall consider the nature and seriousness of the crime or  
7 3 founded child or dependent adult abuse in relation to the  
7 4 position sought or held, the time elapsed since the commission  
7 5 of the crime or founded child or dependent adult abuse, the  
7 6 circumstances under which the crime or founded child or  
7 7 dependent adult abuse was committed, the degree of  
7 8 rehabilitation, the likelihood that the person will commit the  
7 9 crime or founded child or dependent adult abuse again, and the  
7 10 number of crimes or founded child or dependent adult abuses  
7 11 committed by the person involved. ~~The~~ If the department of  
7 12 human services performs an evaluation for the purposes of this  
7 13 section, the department of human services has final authority  
7 14 in determining whether prohibition of the person's employment  
7 15 is warranted.

7 16 4. a. Except as provided in paragraph "b" and subsection  
7 17 2, a person who has committed a crime or has a record of  
7 18 founded child or dependent adult abuse shall not be employed  
7 19 in a facility licensed under this chapter unless an evaluation  
7 20 has been performed by the department of human services. ~~If~~  
~~the department of human services determines from the~~  
~~evaluation that the person has committed a crime or has a~~  
~~record of founded child or dependent adult abuse which~~  
~~warrants prohibition of employment, the person shall not be~~  
~~employed in a facility licensed under this chapter.~~

7 26 b. A person with a criminal or abuse record who is  
7 27 employed by a facility licensed under this chapter and is  
7 28 hired by another licensee without a lapse in employment shall  
7 29 be subject to the criminal history and abuse record checks  
7 30 required pursuant to subsection 1. If an evaluation was  
7 31 previously performed by the department of human services  
7 32 concerning the person's criminal or abuse record and it was  
7 33 determined that the record did not warrant prohibition of the  
7 34 person's employment and the latest record checks do not  
7 35 indicate a crime was committed or founded abuse record was



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8 1 entered subsequent to that evaluation, the person may commence  
8 2 employment with the other licensee while the department of  
8 3 human services' evaluation of the latest record checks is  
8 4 pending. Otherwise, the requirements of paragraph "a" remain  
8 5 applicable to the person's employment.

8 6 5. ~~a. Beginning July 1, 1998, this~~ This section shall  
8 7 also apply to prospective employees of all of the following,  
8 8 if the provider is regulated by the state or receives any  
8 9 state or federal funding:

8 10 ~~a.~~ (1) An employee of a homemaker, home=health aide,  
8 11 home=care aide, adult day services, or other provider of  
8 12 in-home services if the employee provides direct services to  
8 13 consumers.

8 14 ~~b.~~ (2) An employee of a hospice, if the employee provides  
8 15 direct services to consumers.

8 16 ~~c.~~ (3) An employee who provides direct services to  
8 17 consumers under a federal home and community-based services  
8 18 waiver.

8 19 ~~d.~~ (4) An employee of an elder group home certified under  
8 20 chapter 231B, if the employee provides direct services to  
8 21 consumers.

8 22 ~~e.~~ (5) An employee of an assisted living program  
8 23 certified under chapter 231C, if the employee provides direct  
8 24 services to consumers.

8 25 b. In substantial conformance with the provisions of this  
8 26 section, prior to the employment of such an employee, the  
8 27 provider shall request the performance of the criminal and  
8 28 child and dependent adult abuse record checks ~~and may request~~  
~~8 29 the performance of the child abuse record checks.~~ The  
8 30 provider shall inform the prospective employee and obtain the  
8 31 prospective employee's signed acknowledgment. The department  
8 32 of human services shall perform the evaluation of any criminal  
8 33 record or founded child or dependent adult abuse record and  
8 34 shall make the determination of whether a prospective employee  
8 35 of a provider shall not be employed by the provider.



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9 1 6. a. The department of inspections and appeals, in  
9 2 conjunction with other departments and agencies of state  
9 3 government involved with criminal history and abuse registry  
9 4 information, shall establish a single contact repository for  
9 5 facilities and other providers to have electronic access to  
9 6 data to perform background checks for purposes of employment,  
9 7 as required of the facilities and other providers under this  
9 8 section.

9 9 b. The department may access the single contact repository  
9 10 for any of the following purposes:

9 11 (1) To verify data transferred from the department's nurse  
9 12 aide registry to the repository.

9 13 (2) To conduct record checks of applicants for employment  
9 14 with the department.

9 15 7. a. If a person employed by a facility, service, or  
9 16 program employer that is subject to this section is convicted  
9 17 of a crime or has a record of founded child or dependent adult  
9 18 abuse entered in the abuse registry after the person's  
9 19 employment application date, the person shall inform the  
9 20 employer of such information within forty-eight hours of the  
9 21 criminal conviction or entry of the record of founded child or  
9 22 dependent adult abuse. The employer shall act to verify the  
9 23 information within forty-eight hours of notification. If the  
9 24 information is verified, the requirements of subsections 2, 3,  
9 25 and 4 regarding employability and evaluations shall be applied  
9 26 by the employer to determine whether or not the person's  
9 27 employment is continued. A person who is required by this  
9 28 subsection to inform the person's employer of a conviction or  
9 29 entry of an abuse record and fails to do so within the  
9 30 required period commits a serious misdemeanor.

9 31 b. If a facility, service, or program employer receives  
9 32 credible information that a person employed by the employer  
9 33 has been convicted of a crime or a record of founded child or  
9 34 dependent adult abuse has been entered in the abuse registry  
9 35 after employment from a person other than the employee and the



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10 1 employee has not informed the employer of such information  
10 2 within the period required under paragraph "a", the employer  
10 3 shall act to verify the credible information within  
10 4 forty-eight hours of receipt of the credible information. If  
10 5 the information is verified, the requirements of subsections  
10 6 2, 3, and 4 regarding employability and evaluations shall be  
10 7 applied to determine whether or not the person's employment is  
10 8 continued.

10 9 c. The employer shall notify the county attorney for the  
10 10 county where the employer is located of any violation or  
10 11 failure by an employee to notify the employer of a criminal  
10 12 conviction or entry of an abuse record within the period  
10 13 required under paragraph "a".

10 14 EXPLANATION

10 15 This bill relates to criminal and abuse records of  
10 16 prospective and current employees of licensed hospitals and  
10 17 health care facilities and certain health-related programs and  
10 18 services and provides penalties.

10 19 Under current law, Code section 135B.34 authorizes  
10 20 hospitals licensed in this state to access the single contact  
10 21 repository established by the department of inspections and  
10 22 appeals in order for the hospital to perform record checks of  
10 23 persons employed by or being considered for employment by the  
10 24 hospital. The bill retains this authorization and requires  
10 25 criminal history and child and dependent adult abuse record  
10 26 checks to be made in Iowa. Under current law, performing the  
10 27 checks and prohibition of employment are optional for  
10 28 hospitals but required for facilities, services, and programs  
10 29 under Code section 135C.33.

10 30 The bill amends Code section 135C.33, relating to required  
10 31 criminal history and child and dependent adult abuse record  
10 32 checks relating to employment by licensed health care  
10 33 facilities (a residential care facility, a nursing facility,  
10 34 an intermediate care facility for persons with mental illness,  
10 35 or an intermediate care facility for persons with mental



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11 1 retardation) and various other listed programs providing  
11 2 health-related services or programs that are accredited by the  
11 3 state or paid for with public funds.

11 4     The bill applies the same requirements for hospitals under  
11 5 Code section 135B.34 and for the health care facilities and  
11 6 other services and programs that are subject to Code section  
11 7 135C.33. This explanation describes the requirements  
11 8 applicable under both Code sections, noting where changes are  
11 9 made to current law.

11 10     In addition to criminal history and dependent adult abuse  
11 11 record checks, child abuse record checks are required by the  
11 12 bill. Under current law, child abuse record checks are  
11 13 optional under Code section 135C.33.

11 14     The bill provides a new contingent requirement in the event  
11 15 the ownership of a licensee is transferred. The records  
11 16 checks are required at the time of the ownership transfer for  
11 17 any employee for whom there is no documentation that the  
11 18 records checks have been performed. The employee may continue  
11 19 to be employed pending the performance of the records checks  
11 20 and any related evaluation.

11 21     Current law in Code section 135C.33 allows an evaluation to  
11 22 be performed by the department of human services for any crime  
11 23 or type of abuse to determine whether prohibition of a  
11 24 person's employment is warranted. The bill prohibits  
11 25 employment of any person with a felony criminal conviction or  
11 26 record of founded child or dependent adult abuse entered in  
11 27 the abuse registry during the period within five years prior  
11 28 to the date of the employment application. For felony crime  
11 29 convictions and founded abuse records entered before the five=  
11 30 year period and crimes other than a felony, the department of  
11 31 human services (DHS) can be requested to perform an evaluation  
11 32 by the employer. For misdemeanor criminal convictions that  
11 33 were prior to the five-year period, the employer may perform  
11 34 the evaluation using DHS criteria and determine whether or not  
11 35 to employ the person.



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12 1       Once a person is employed, if after the employment  
12 2 application date the employee is convicted of a crime or a  
12 3 founded abuse record is entered, the employee is required to  
12 4 inform the employer within 48 hours. The employer is required  
12 5 to verify the information, and if verified, the bill's  
12 6 employment prohibitions and evaluation requirements are  
12 7 applicable. An employee who fails to inform the employer  
12 8 within the required 48-hour period commits a serious  
12 9 misdemeanor. A serious misdemeanor is punishable by  
12 10 confinement for no more than one year and a fine of at least  
12 11 \$315 but not more than \$1,875.

12 12       If the employer is provided credible information by someone  
12 13 other than the employee that the employee has committed a  
12 14 crime or has a record of founded abuse and the employee had  
12 15 not informed the employer within the 48-hour period, the  
12 16 employer must verify the information within 48 hours of being  
12 17 informed. If verified, the bill's employment prohibitions and  
12 18 evaluation requirements are applicable. The employer is  
12 19 required to notify the county attorney concerning an employee  
12 20 who fails to notify an employer within the 48-hour period.

12 21 LSB 5455DP 82

12 22 jp/nh/8.1



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**Senate Study Bill 3154**

SENATE FILE  
BY (PROPOSED COMMITTEE ON  
HUMAN RESOURCES BILL BY  
CHAIRPERSON RAGAN)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act creating a heart disease and stroke prevention program and
- 2 making an appropriation.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 6426SC 82
- 5 jr/rj/14



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1 1 Section 1. NEW SECTION. 135.27A HEART DISEASE AND STROKE  
1 2 PREVENTION PROGRAM.

1 3 1. The director shall establish within the department a  
1 4 comprehensive heart disease and stroke prevention program.  
1 5 The program shall include public health policy strategies  
1 6 effective in preventing and controlling risks for strokes,  
1 7 based on available research, and methods to increase awareness  
1 8 of stroke symptoms.

1 9 2. The program shall implement the state public health  
1 10 action plan set out in healthy Iowans 2010, chapter 9, heart  
1 11 disease and stroke, published by the department of public  
1 12 health in April 2005.

1 13 3. There is appropriated annually from the general fund of  
1 14 the state to the department of public health four hundred  
1 15 thousand dollars for the administration of the heart disease  
1 16 and stroke prevention program.

1 17 EXPLANATION

1 18 This bill establishes within the department of public  
1 19 health a comprehensive heart disease and stroke prevention  
1 20 program. The program implements the state public health  
1 21 action plan set out in healthy Iowans 2010, chapter 9, heart  
1 22 disease and stroke published by the department in April 2005.  
1 23 The bill makes an annual \$400,000 appropriation to the  
1 24 department for the program.

1 25 LSB 6426SC 82

1 26 jr/rj/14



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Senate Study Bill 3155

SENATE/HOUSE FILE  
BY (PROPOSED DEPARTMENT OF  
HUMAN RIGHTS/COMMUNITY  
ACTION AGENCIES DIVISION  
BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act relating to services associated with the family investment
- 2 program by moving the family development and self-sufficiency
- 3 council and grant program to the department of human rights
- 4 and revising confidentiality provisions involving the
- 5 programs.
- 6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 7 TLSB 5486DP 82
- 8 jp/nh/8



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1 1 Section 1. NEW SECTION. 216A.107 FAMILY DEVELOPMENT AND  
1 2 SELF=SUFFICIENCY == COUNCIL AND GRANT PROGRAM.  
1 3 1. A family development and self=sufficiency council is  
1 4 established within the department of human rights. The  
1 5 council shall consist of the following persons:  
1 6 a. The director of the department of human services or the  
1 7 director's designee.  
1 8 b. The director of the department of public health or the  
1 9 director's designee.  
1 10 c. The administrator of the division of community action  
1 11 agencies of the department of human rights or the  
1 12 administrator's designee.  
1 13 d. The director of the school of social work at the  
1 14 university of Iowa or the director's designee.  
1 15 e. The dean of the college of human sciences at Iowa state  
1 16 university or the dean's designee.  
1 17 f. Two recipients or former recipients of the family  
1 18 investment program, selected by the other members of the  
1 19 council.  
1 20 g. The head of the department of design, textiles,  
1 21 gerontology, and family studies at the university of northern  
1 22 Iowa or that person's designee.  
1 23 h. The director of the department of education or the  
1 24 director's designee.  
1 25 i. The director of the department of workforce development  
1 26 or the director's designee.  
1 27 j. Two persons representing the business community,  
1 28 selected by the other members of the council.  
1 29 k. Two members from each chamber of the general assembly  
1 30 serving as ex officio, nonvoting members. The two members of  
1 31 the senate shall be appointed one each by the majority leader  
1 32 and the minority leader of the senate. The two members of the  
1 33 house of representatives shall be appointed one each by the  
1 34 speaker and the minority leader of the house of  
1 35 representatives.



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2 1 2. Unless otherwise provided by law, terms of members,  
2 2 election of officers, and other procedural matters shall be as  
2 3 determined by the council.

2 4 3. The family development and self-sufficiency council  
2 5 shall do all of the following:

2 6 a. Identify the factors and conditions that place Iowa  
2 7 families at risk of dependency upon the family investment  
2 8 program. The council shall seek to use relevant research  
2 9 findings and national and Iowa-specific data on the family  
2 10 investment program.

2 11 b. Identify the factors and conditions that place Iowa  
2 12 families at risk of family instability. The council shall  
2 13 seek to use relevant research findings and national and  
2 14 Iowa-specific data on family stability issues.

2 15 c. Subject to the availability of funds for this purpose,  
2 16 award grants to public or private organizations for provision  
2 17 of family development services to families at risk of  
2 18 dependency on the family investment program or of family  
2 19 instability. Not more than five percent of any funds  
2 20 appropriated by the general assembly for the purposes of this  
2 21 lettered paragraph may be used for staffing and administration  
2 22 of the grants. Grant proposals for the family development and  
2 23 self-sufficiency grant program shall include the following  
2 24 elements:

2 25 (1) Designation of families to be served that meet one or  
2 26 more criteria for being at risk of dependency on the family  
2 27 investment program or of family instability, and agreement to  
2 28 serve clients that are referred by the department of human  
2 29 services from the family investment program which meet the  
2 30 criteria. The criteria may include but are not limited to  
2 31 factors such as educational level, work history, family  
2 32 structure, age of the youngest child in the family, previous  
2 33 length of stay on the family investment program, and  
2 34 participation in the family investment program or the foster  
2 35 care program while the head of a household was a child. Grant



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3 1 proposals shall also establish the number of families to be  
3 2 served under the grant.

3 3 (2) Designation of the services to be provided for the  
3 4 families served, including assistance regarding job-seeking  
3 5 skills, family budgeting, nutrition, self-esteem,  
3 6 methamphetamine education, health and hygiene, child rearing,  
3 7 child education preparation, and goal setting. Grant  
3 8 proposals shall indicate the support groups and support  
3 9 systems to be developed for the families served during the  
3 10 transition between the need for assistance and  
3 11 self-sufficiency.

3 12 (3) Designation of the manner in which other needs of the  
3 13 families will be provided for, including but not limited to  
3 14 child care assistance, transportation, substance abuse  
3 15 treatment, support group counseling, food, clothing, and  
3 16 housing.

3 17 (4) Designation of the process for training of the staff  
3 18 which provides services, and the appropriateness of the  
3 19 training for the purposes of meeting family development and  
3 20 self-sufficiency goals of the families being served.

3 21 (5) Designation of the support available within the  
3 22 community for the program and for meeting subsequent needs of  
3 23 the clients, and the manner in which community resources will  
3 24 be made available to the families being served.

3 25 (6) Designation of the manner in which the program will be  
3 26 subject to audit and to evaluation.

3 27 (7) Designation of agreement provisions for tracking and  
3 28 reporting performance measures developed pursuant to paragraph  
3 29 "d".

3 30 d. Develop appropriate performance measures for the grant  
3 31 program to demonstrate how the program helps families achieve  
3 32 self-sufficiency.

3 33 e. Seek to enlist research support from the Iowa research  
3 34 community in meeting the duties outlined in paragraphs "a"  
3 35 through "d".



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4 1 f. Seek additional support for the funding of grants under  
4 2 the program, including but not limited to funds available  
4 3 through the federal government in serving families at risk of  
4 4 long-term welfare dependency, and private foundation grants.

4 5 g. Make recommendations to the governor and the general  
4 6 assembly on the effectiveness of programs in Iowa and  
4 7 throughout the country that provide family development  
4 8 services that lead to self-sufficiency for families at risk of  
4 9 welfare dependency.

4 10 4. a. The division shall administer the family  
4 11 development and self-sufficiency grant program. The  
4 12 department of human services shall disclose to the division  
4 13 confidential information pertaining to individuals receiving  
4 14 services under the grant program, as authorized under section  
4 15 217.30. The division and the department of human services  
4 16 shall share information and data necessary for tracking  
4 17 performance measures of the family development and  
4 18 self-sufficiency grant program, for referring families  
4 19 participating in the promoting independence and  
4 20 self-sufficiency through employment job opportunities and  
4 21 basic skills (PROMISE JOBS) program under section 239B.17 and  
4 22 related activities and programs to the grant program, and for  
4 23 meeting federal reporting requirements. The shared  
4 24 information shall include but is not limited to all of the  
4 25 following:

4 26 (1) Family enrollments and exits to and from each of the  
4 27 programs.

4 28 (2) Monthly reports of individual participant activity in  
4 29 PROMISE JOBS components that are countable work activities  
4 30 according to federal guidelines applicable to those  
4 31 components.

4 32 (3) Aggregate grant program participant activity in all  
4 33 PROMISE JOBS program components.

4 34 (4) Work participation rates for grant program  
4 35 participants who were active family investment program



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5 1 participants.

5 2 (5) The average hourly wage of grant program participants  
5 3 who left the family investment program.

5 4 (6) The percentage of grant program participants who  
5 5 exited from the grant program at or after the time family  
5 6 investment program participation ended and did not reenroll in  
5 7 the family investment program for at least one year.

5 8 b. The division shall develop a memorandum of agreement  
5 9 with the department of human services to coordinate referrals  
5 10 and delivery of services to participants in the family  
5 11 investment program under chapter 239B and the grant program  
5 12 and other shared clients and shall provide the department of  
5 13 human services with information necessary for compliance with  
5 14 federal temporary assistance for needy families block grant  
5 15 state plan and reporting requirements, including but not  
5 16 limited to financial and data reports.

5 17 c. To the extent that the family development and  
5 18 self-sufficiency grant program is funded by the federal  
5 19 temporary assistance for needy families block grant and by the  
5 20 state maintenance of efforts funds appropriated in connection  
5 21 with the block grant, the division shall comply with all  
5 22 federal requirements for the block grant. The division is  
5 23 responsible for payment of any federal penalty imposed that is  
5 24 attributable to the grant program and shall receive any  
5 25 federal bonus payment attributable to the grant program.

5 26 d. The division shall ensure that expenditures of moneys  
5 27 appropriated to the department of human services from the  
5 28 general fund of the state for the family development and  
5 29 self-sufficiency grant program are eligible to be considered  
5 30 as state maintenance of effort expenditures under federal  
5 31 temporary assistance for needy families block grant  
5 32 requirements.

5 33 e. The commission shall consider the recommendations of  
5 34 the council in adopting rules pertaining to the grant program.

5 35 f. The division shall submit to the governor and general



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6 1 assembly on or before November 30 following the end of each  
6 2 state fiscal year, a report detailing performance measure and  
6 3 outcome data evaluating the family development and  
6 4 self=sufficiency grant program for the fiscal year that just  
6 5 ended.

6 6 Sec. 2. Section 217.30, subsection 4, paragraph d, Code  
6 7 2007, is amended to read as follows:

6 8 d. The If approved by the director of human services or  
6 9 the director's designee pursuant to a written request, the  
6 10 department ~~may~~ shall disclose information described in  
6 11 subsection 1 to other state agencies or to any other person  
6 12 who is not subject to the provisions of chapter 17A and is  
6 13 providing services to recipients under chapter 239B who are  
6 14 participating in the promoting independence and  
6 15 self=sufficiency through employment job opportunities and  
6 16 basic skills program, if necessary for the recipients to  
6 17 receive the services.

6 18 Sec. 3. Section 232.69, subsection 1, paragraph b,  
6 19 subparagraph (5), Code Supplement 2007, is amended to read as  
6 20 follows:

6 21 (5) An employee or operator of a licensed child care  
6 22 center, registered child development home, head start program,  
6 23 family development and self=sufficiency grant program under  
6 24 section ~~217.12~~ 216A.107, or healthy opportunities for parents  
6 25 to experience success=healthy families Iowa program under  
6 26 section 135.106.

6 27 Sec. 4. Section 239B.8, subsection 2, paragraph e, Code  
6 28 Supplement 2007, is amended to read as follows:

6 29 e. FAMILY DEVELOPMENT. Participation in a family  
6 30 development and self=sufficiency grant program under section  
6 31 ~~217.12~~ 216A.107 or other family development program.

6 32 Sec. 5. Section 239B.8, subsection 6, Code Supplement  
6 33 2007, is amended to read as follows:

6 34 6. CONFIDENTIAL INFORMATION DISCLOSURE. The If approved  
6 35 by the director of human services or the director's designee



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7 1 pursuant to a written request, the department ~~may~~ shall  
7 2 disclose confidential information described in section 217.30,  
7 3 subsection 1, to other state agencies or to any other entity  
7 4 which is not subject to the provisions of chapter 17A and is  
7 5 providing services to a participant family who is subject to a  
7 6 family investment agreement, if necessary in order for the  
7 7 participant family to receive the services. The department  
7 8 shall adopt rules establishing standards for disclosure of  
7 9 confidential information if disclosure is necessary in order  
7 10 for a participant to receive services.

7 11 Sec. 6. Section 217.11, Code 2007, and section 217.12,  
7 12 Code Supplement 2007, are repealed.

7 13 Sec. 7. CONTINUATION OF COUNCIL AND GRANT PROGRAM.

7 14 1. The membership of the family development and  
7 15 self=sufficiency council established pursuant to section  
7 16 217.11, Code 2007, as of June 30, 2008, shall continue on and  
7 17 after that date until revised by the council in accordance  
7 18 with section 216A.107, as enacted by this Act.

7 19 2. The family development and self=sufficiency grants  
7 20 issued pursuant to sections 217.11 and 217.12 and 441 IAC ch.  
7 21 165, in effect as of June 30, 2008, shall continue as provided  
7 22 by the terms of the grants.

7 23 3. The division of community action agencies shall  
7 24 administer the family development and self=sufficiency grant  
7 25 program in accordance with the administrative rules pertaining  
7 26 to the grant program in 441 IAC ch. 165, in place of the  
7 27 department of human services until replacement administrative  
7 28 rules are adopted. The commission on community action  
7 29 agencies may adopt emergency rules under section 17A.4,  
7 30 subsection 2, and section 17A.5, subsection 2, paragraph "b",  
7 31 to implement the provisions of this Act and the rules shall be  
7 32 effective immediately upon filing unless a later date is  
7 33 specified in the rules. Any rules adopted in accordance with  
7 34 this subsection shall also be published as a notice of  
7 35 intended action as provided in section 17A.4.



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Senate Study Bill 3155 continued

8 1 EXPLANATION  
8 2 This bill relates to services associated with the family  
8 3 investment program (FIP) by moving the responsibility for and  
8 4 Code provisions relating to the family development and  
8 5 self-sufficiency (FADSS) council and grant program from the  
8 6 department of human services (DHS) to the community action  
8 7 agencies division of the department of human rights and  
8 8 revising confidentiality requirements involving FADSS and FIP.  
8 9 The council is established in current law in Code section  
8 10 217.11. The bill moves the council to new Code section  
8 11 216A.107. The membership is the same as in current law with  
8 12 the following exceptions: the membership slot for the DHS  
8 13 child and family services division administrator is replaced  
8 14 with a slot for the director of the school of social work at  
8 15 the university of Iowa, the slot for the public policy center  
8 16 at the university of Iowa is eliminated, the names of a  
8 17 college within Iowa state university and a department within  
8 18 the university of northern Iowa are corrected, and two slots  
8 19 each are added for members of the senate and the house of  
8 20 representatives. The council is authorized to determine  
8 21 procedural matters.  
8 22 Currently, the duties of the council are in Code section  
8 23 217.12. These duties are also moved by the bill to Code  
8 24 section 216A.107. The duties are the same with the following  
8 25 changes: the council is no longer required to identify  
8 26 factors and conditions regarding families at risk for foster  
8 27 care placement and is required to focus on FIP dependency and  
8 28 family instability in place of long-term welfare dependency.  
8 29 The responsibility to evaluate various programs and services  
8 30 associated with the family investment program is eliminated.  
8 31 The grant proposals are no longer required to designate staff  
8 32 recruitment.  
8 33 The division is directed to administer the grant program.  
8 34 The division and DHS are authorized to disclose information  
8 35 and share data in accordance with Code section 217.30, which



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9 1 outlines how DHS handles confidential information concerning  
9 2 DHS clients. The division and DHS are required to develop a  
9 3 memorandum of understanding to coordinate referrals and share  
9 4 information concerning shared clients. The division is  
9 5 required to comply with federal block grant requirements  
9 6 concerning the federal and state funding for the grant program  
9 7 and the division is responsible for any federal penalty  
9 8 imposed and will receive any bonus attributable to the grant  
9 9 program. The division is required to ensure that state funds  
9 10 for the grant program are expended in a manner to qualify as  
9 11 state maintenance of effort funding for the federal block  
9 12 grant. The commission on community action agencies is  
9 13 required to consider the recommendations of the council in  
9 14 adopting rules for the grant program. An annual report to the  
9 15 governor and general assembly is required concerning the grant  
9 16 program outcomes.

9 17 The bill includes a section providing for continuation of  
9 18 the council membership as it existed on June 30, 2008, of the  
9 19 grants in effect as of June 30, 2008, and of the  
9 20 administrative rules adopted by the department of human  
9 21 services until replacement rules are adopted. The commission  
9 22 on community action agencies is authorized to adopt rules  
9 23 using emergency procedures.

9 24 Code sections 217.11 and 217.12, housing the family  
9 25 development and self-sufficiency grant program under the  
9 26 purview of DHS, are repealed. Code references to the grant  
9 27 program and its employees are amended to reflect the repeal  
9 28 and change of responsibility to the division in Code section  
9 29 232.69, relating to mandatory child abuse reporting, and Code  
9 30 section 239B.8, relating to activities authorized under a  
9 31 family investment agreement.

9 32 Code section 217.30, relating to confidentiality of records  
9 33 on individuals receiving services from the department of human  
9 34 services, is amended pertaining to disclosure to other state  
9 35 agencies and nongovernmental agencies of information regarding



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10 1 FIP recipients who are participating in the promoting  
10 2 independence and self-sufficiency through employment job  
10 3 opportunities and basic skills (PROMISE JOBS) program.  
10 4 Current law authorizes the disclosure and, together with  
10 5 related authority in Code section 239B.8, provides for  
10 6 adoption of rules for such disclosure. The bill amends both  
10 7 sections to require the disclosure, provided it is requested  
10 8 in writing and is approved by the director of human services  
10 9 or the director's designee.  
10 10 LSB 5486DP 82  
10 11 jp/nh/8.1



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**Senate Study Bill 3156**

SENATE/HOUSE FILE  
BY (PROPOSED DEPARTMENT OF  
HUMAN SERVICES BILL)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to child care and family support subsidy services
- 2 regulated or administered by the department of human services.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5381DP 82
- 5 jp/nh/8





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2 1 a prohibition shall apply.

2 2 DIVISION III

2 3 WRAP=AROUND FUNDING

2 4 Sec. 4. Section 237A.13, subsection 8, Code Supplement  
2 5 2007, is amended by striking the subsection.

2 6 DIVISION IV

2 7 FAMILY SUPPORT SUBSIDY PROGRAM

2 8 Sec. 5. Section 225C.38, subsection 1, paragraph c, Code  
2 9 Supplement 2007, is amended to read as follows:

2 10 c. Except as provided in section 225C.41 and this  
2 11 subsection, a family support subsidy for a fiscal year shall  
2 12 be in an amount determined by the department in consultation  
2 13 with the comprehensive family support council created in  
2 14 section 225C.48. The parent or legal guardian receiving a  
2 15 family support subsidy may elect to receive a payment amount  
2 16 which is less than the amount determined in accordance with  
2 17 this paragraph.

2 18 Sec. 6. Section 225C.38, subsection 1, Code Supplement  
2 19 2007, is amended by adding the following new paragraph:

2 20 NEW PARAGRAPH. d. If more than one family member receives  
2 21 the family support subsidy at the same time, unless a lesser  
2 22 amount is elected, the payment amount for one family member  
2 23 shall be one hundred percent of the usual amount determined by  
2 24 the department under paragraph "c" and the payment amount for  
2 25 any sibling family member shall be fifty percent of the usual  
2 26 amount. However, unless a lesser amount is elected, if the  
2 27 family support subsidy is terminated for the family member to  
2 28 whom the one hundred percent payment amount is attributed, the  
2 29 payment amount for one sibling family member of the family  
2 30 member whose subsidy was terminated shall become one hundred  
2 31 percent of the usual amount beginning with the first month  
2 32 that subsidy payment is no longer provided for the family  
2 33 member whose subsidy is terminated.

2 34 Sec. 7. Section 225C.40, Code 2007, is amended by adding  
2 35 the following new subsection:



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3 1 NEW SUBSECTION. 4. If a family appeals the termination of  
3 2 a family member who has attained the age of eighteen years,  
3 3 family support subsidy payments for that family member shall  
3 4 be withheld pending resolution of the appeal.

3 5 EXPLANATION

3 6 This bill relates to child care and family support subsidy  
3 7 services regulated or administered by the department of human  
3 8 services (DHS).

3 9 HOME=BASED CHILD CARE LOCATION. This division requires  
3 10 child care homes and child development homes to be located in  
3 11 a single=family residence.

3 12 Under Code chapter 237A, a "child care home" provides child  
3 13 care to five or fewer children at any one time and is not  
3 14 registered with the department of human services. A "child  
3 15 development home" is registered with the department and may  
3 16 provide child care to six or more children at any one time.

3 17 Code section 237A.3 is amended to require child care homes  
3 18 to be located in a single=family residence that is owned,  
3 19 rented, or leased by the person providing the child care. A  
3 20 single=family residence does not include a commercial or  
3 21 industrial building that is primarily used for purposes other  
3 22 than a residence.

3 23 Code section 237A.3A is amended to require child  
3 24 development homes to be located in a single=family residence  
3 25 that is owned, rented, or leased by the person or, for dual  
3 26 registrations, at least one of the persons named on the child  
3 27 development home's certificate of registration. The  
3 28 commercial or industrial building restriction applied to child  
3 29 care homes is also applied to child development homes.

3 30 CHILD CARE RECORD CHECKS. This division relates to record  
3 31 checks applicable to child care providers.

3 32 Current law under Code section 237A.5, relating to  
3 33 personnel providing child care or living in a child care home  
3 34 or facility, requires criminal and child abuse registry checks  
3 35 to be conducted by DHS for a "person who is subject to a



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4 1 record check". This term means the person is being considered  
4 2 for licensure or registration or is registered or licensed  
4 3 under Code chapter 237A, the person is being considered by a  
4 4 child care facility (defined to mean a licensed child care  
4 5 center or registered child development home) for employment  
4 6 involving direct responsibility for a child or with access to  
4 7 a child when the child is alone or is employed with such  
4 8 responsibilities, the person will reside or resides in a child  
4 9 care facility, the person has applied for or receives public  
4 10 funding for providing child care, or the person will reside or  
4 11 resides in a child care home that is not registered under the  
4 12 Code chapter but that receives public funding for providing  
4 13 child care.

4 14 If a record check is performed and the record indicates  
4 15 that the person has committed a transgression, the department  
4 16 is required to perform an evaluation to determine if  
4 17 prohibition of the person's involvement with child care is  
4 18 warranted. "Transgression" means the record indicates the  
4 19 person has been convicted of a crime, has a record of having  
4 20 committed founded child or dependent adult abuse, is listed in  
4 21 the sex offender registry, has a record of having committed a  
4 22 public or civil offense, or DHS has revoked a child care  
4 23 facility registration or license due to the person's continued  
4 24 or repeated failure to operate the child care facility in  
4 25 compliance with law and rules adopted pursuant to the Code  
4 26 chapter.

4 27 The bill provides that an evaluation is required even if  
4 28 the application which made the person subject to the record  
4 29 check is withdrawn or the circumstances which made the person  
4 30 subject to the record check are no longer applicable. If the  
4 31 evaluation determines that prohibition of the person's  
4 32 involvement with child care is warranted, the law regarding  
4 33 such prohibition is applicable. A person who provides child  
4 34 care in violation of the prohibition is subject to criminal  
4 35 penalty or injunction.



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5 1 WRAP=AROUND FUNDING. This division eliminates reference to  
5 2 certain child care funding for wrap=around services provided  
5 3 through DHS in Code section 237A.13, relating to the state  
5 4 child care assistance program. The stricken subsection  
5 5 provides that a licensed child care center or registered child  
5 6 development home is deemed to be eligible for child care  
5 7 wrap=around funding if the center or home previously received  
5 8 the funding, meets requirements to be a shared vision program  
5 9 except that a shared vision program is not operated in the  
5 10 county where the center or home is located, and is providing  
5 11 child care wrap=around service that is included in the plan  
5 12 for the community empowerment area in which the center or home  
5 13 is located. The shared visions program is administered  
5 14 through the department of education to provide quality child  
5 15 development programs to preschool children.

5 16 FAMILY SUPPORT SUBSIDY PROGRAM. This division relates to  
5 17 family support subsidy program payment and appeal  
5 18 requirements.

5 19 The family support subsidy program is administered by DHS  
5 20 to assist families with a family member who is younger than 18  
5 21 and has an educational disability or special health care needs  
5 22 or otherwise meets the federal developmental disability  
5 23 definition.

5 24 The bill provides that if a family has an initial family  
5 25 member for whom family support subsidy payments are provided,  
5 26 the payment amount for any subsequent sibling family member is  
5 27 50 percent of the usual payment amount under the program. If  
5 28 the subsidy for the initial family member is terminated, the  
5 29 payment amount for the next sibling family member becomes 100  
5 30 percent of the usual amount beginning with the first month the  
5 31 initial family member's payment is no longer provided.

5 32 The bill also provides that if a family appeals the  
5 33 termination of a family member who attains age 18, family  
5 34 support subsidy payments are withheld while resolution of the  
5 35 appeal is pending.



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6 1 LSB 5381DP 82  
6 2 jp/nh/8.1



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**Senate Study Bill 3157**

SENATE FILE  
BY (PROPOSED COMMITTEE ON STATE  
GOVERNMENT BILL BY  
CHAIRPERSON CONNOLLY)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act concerning the operation and governance of the Iowa
- 2 lottery.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5135XC 82
- 5 ec/rj/24



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PAG LIN

1 1 Section 1. Section 7E.6, subsection 3, Code 2007, is  
1 2 amended to read as follows:  
1 3 3. Any position of membership on the board of the Iowa  
1 4 lottery ~~authority~~ division shall receive compensation of fifty  
1 5 dollars per day and expenses.  
1 6 Sec. 2. Section 8A.201, subsection 4, paragraph f, Code  
1 7 Supplement 2007, is amended to read as follows:  
1 8 f. The Iowa lottery ~~authority~~ division.  
1 9 Sec. 3. Section 68B.35, subsection 2, paragraph e, Code  
1 10 2007, is amended to read as follows:  
1 11 e. Members of the state banking council, the ethics and  
1 12 campaign disclosure board, the credit union review board, the  
1 13 economic development board, the employment appeal board, the  
1 14 environmental protection commission, the health facilities  
1 15 council, the Iowa finance authority, the Iowa public  
1 16 employees' retirement system investment board, the board of  
1 17 the Iowa lottery ~~authority~~ division, the natural resource  
1 18 commission, the board of parole, the petroleum underground  
1 19 storage tank fund board, the public employment relations  
1 20 board, the state racing and gaming commission, the state board  
1 21 of regents, the tax review board, the transportation  
1 22 commission, the office of consumer advocate, the utilities  
1 23 board, the Iowa telecommunications and technology commission,  
1 24 and any full-time members of other boards and commissions as  
1 25 defined under section 7E.4 who receive an annual salary for  
1 26 their service on the board or commission. The Iowa ethics and  
1 27 campaign disclosure board shall conduct an annual review to  
1 28 determine if members of any other board, commission, or  
1 29 authority should file a statement and shall require the filing  
1 30 of a statement pursuant to rules adopted pursuant to chapter  
1 31 17A.  
1 32 Sec. 4. Section 99B.1, subsection 20, Code Supplement  
1 33 2007, is amended to read as follows:  
1 34 20. "Merchandise" includes lottery tickets or shares sold  
1 35 or authorized under chapter 99G. The value of the ticket or



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2 1 share is the price of the ticket or share as established by  
2 2 the Iowa lottery ~~authority~~ division pursuant to chapter 99G.  
2 3 Sec. 5. Section 99B.7, subsection 1, paragraph 1,  
2 4 subparagraph (1), Code 2007, is amended to read as follows:  
2 5 (1) No other gambling is engaged in at the same location,  
2 6 except that lottery tickets or shares issued by the Iowa  
2 7 lottery ~~authority~~ division may be sold pursuant to chapter  
2 8 99G.  
2 9 Sec. 6. Section 99G.1, Code 2007, is amended to read as  
2 10 follows:  
2 11 99G.1 TITLE.  
2 12 This chapter may be cited as the "Iowa lottery ~~Authority~~  
2 13 Act".  
2 14 Sec. 7. Section 99G.2, subsection 2, Code 2007, is amended  
2 15 by striking the subsection.  
2 16 Sec. 8. Section 99G.3, subsections 2, 3, 4, 7, 14, and 17,  
2 17 Code 2007, are amended to read as follows:  
2 18 ~~2. "Authority" means the Iowa lottery authority.~~  
2 19 ~~3. 2. "Board" means the board of directors of the~~  
2 20 ~~authority division.~~  
2 21 ~~4. 3. "Chief executive officer" means the chief executive~~  
2 22 ~~officer of the authority division.~~  
2 23 4. "Division" means the Iowa lottery division of the  
2 24 department of revenue.  
2 25 7. "Lottery", "lotteries", "lottery game", "lottery  
2 26 games", or "lottery products" means any game of chance  
2 27 approved by the board and operated pursuant to this chapter  
2 28 and games using mechanical or electronic devices, provided  
2 29 that the ~~authority~~ division shall not authorize a monitor  
2 30 vending machine or a player-activated gaming machine that  
2 31 utilizes an internal randomizer to determine winning and  
2 32 nonwinning plays and that upon random internal selection of a  
2 33 winning play dispenses coins, currency, or a ticket, credit,  
2 34 or token to the player that is redeemable for cash or a prize,  
2 35 and excluding gambling or gaming conducted pursuant to chapter



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3 1 99B, 99D, or 99F.

3 2 14. "Retailer" means a person, licensed by the ~~authority~~  
3 3 division, who sells lottery tickets or shares on behalf of the  
3 4 ~~authority~~ division pursuant to a contract.

3 5 17. "Vendor" means a person who provides or proposes to  
3 6 provide goods or services to the ~~authority~~ division pursuant  
3 7 to a major procurement contract, but does not include an  
3 8 employee of the ~~authority~~ division, a retailer, or a state  
3 9 agency or instrumentality thereof.

3 10 Sec. 9. Section 99G.4, Code 2007, is amended to read as  
3 11 follows:

3 12 99G.4 IOWA LOTTERY ~~AUTHORITY CREATED~~ DIVISION ESTABLISHED.

3 13 1. An Iowa lottery ~~authority~~ division is ~~created,~~  
~~3 14 effective September 1, 2003,~~ established within the department  
3 15 of revenue which shall administer the state lottery. ~~The~~  
~~3 16 authority shall be deemed to be a public authority and an~~  
~~3 17 instrumentality of the state, and not a state agency.~~  
~~3 18 However, the authority shall be considered a state agency for~~  
~~3 19 purposes of chapters 17A, 21, 22, 28E, 68B, 91B, 97B, 509A,~~  
~~3 20 and 669.~~

3 21 2. The income and property of the ~~authority~~ division shall  
3 22 be exempt from all state and local taxes, and the sale of  
3 23 lottery tickets and shares issued and sold by the ~~authority~~  
3 24 division and its retail licensees shall be exempt from all  
3 25 state and local sales taxes.

3 26 Sec. 10. Section 99G.7, subsection 1, unnumbered paragraph  
3 27 1, Code 2007, is amended to read as follows:

3 28 The chief executive officer of the ~~authority~~ division shall  
3 29 direct and supervise all administrative and technical  
3 30 activities in accordance with the provisions of this chapter  
3 31 and with the administrative rules, policies, and procedures  
3 32 adopted by the board. The chief executive officer shall do  
3 33 all of the following:

3 34 Sec. 11. Section 99G.7, subsection 1, paragraphs d, e, g,  
3 35 and i, Code 2007, are amended to read as follows:



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4 1 d. Promote or provide for promotion of the lottery and any  
4 2 functions related to the authority division.

4 3 e. Prepare a budget proposal for the approval of the  
4 4 board.

4 5 g. Report semiannually to the legislative government  
4 6 oversight committees regarding the operations of the authority  
4 7 division.

4 8 i. Perform other duties generally associated with a chief  
4 9 executive officer ~~of an authority of an entrepreneurial~~  
4 10 ~~nature~~.

4 11 Sec. 12. Section 99G.8, subsections 1, 4, 6, 13, and 15,  
4 12 Code 2007, are amended to read as follows:

4 13 1. The authority division shall be administered by a board  
4 14 of directors created within the department of revenue and  
4 15 comprised of five members appointed by the governor subject to  
4 16 confirmation by the senate. Board members appointed when the  
4 17 senate is not in session shall serve only until the end of the  
4 18 next regular session of the general assembly, unless confirmed  
4 19 by the senate.

4 20 4. No officer or employee of the authority division shall  
4 21 be a member of the board.

4 22 6. A majority of members in office shall constitute a  
4 23 quorum for the transaction of any business and for the  
4 24 exercise of any power or function of the authority division.

4 25 13. Board members shall not have any direct or indirect  
4 26 interest in an undertaking that puts their personal interest  
4 27 in conflict with that of the authority division including but  
4 28 not limited to an interest in a major procurement contract or  
4 29 a participating retailer.

4 30 15. The board of directors may delegate to the chief  
4 31 executive officer of the authority division such powers and  
4 32 duties as it may deem proper to the extent such delegation is  
4 33 not inconsistent with the Constitution of the State of Iowa  
4 34 and this chapter.

4 35 Sec. 13. Section 99G.9, subsection 1, Code 2007, is



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5 1 amended to read as follows:

5 2 1. Approve, disapprove, amend, or modify the budget  
5 3 recommended by the chief executive officer for the operation  
5 4 of the ~~authority~~ division for submission pursuant to section  
5 5 8.23.

5 6 Sec. 14. Section 99G.9, subsection 3, unnumbered paragraph  
5 7 1, Code 2007, is amended to read as follows:

5 8 Adopt policies and procedures and promulgate administrative  
5 9 rules pursuant to chapter 17A relating to the management and  
5 10 operation of the ~~authority~~ division. The administrative rules  
5 11 promulgated pursuant to this subsection ~~may~~ shall include but  
5 12 shall not be limited to the following:

5 13 Sec. 15. Section 99G.9, subsection 3, paragraph c, Code  
5 14 2007, is amended to read as follows:

5 15 c. The number and amount of prizes, including but not  
5 16 limited to prizes of free tickets or shares in lottery games  
5 17 conducted by the ~~authority~~ division and merchandise prizes.  
5 18 The ~~authority~~ division shall maintain and make available for  
5 19 public inspection at its offices during regular business hours  
5 20 a detailed listing of the estimated number of prizes of each  
5 21 particular denomination that are expected to be awarded in any  
5 22 game that is on sale or the estimated odds of winning the  
5 23 prizes and, after the end of the claim period, shall maintain  
5 24 and make available a listing of the total number of tickets or  
5 25 shares sold in a game and the number of prizes of each  
5 26 denomination that were awarded.

5 27 Sec. 16. Section 99G.9, subsection 4, Code 2007, is  
5 28 amended to read as follows:

5 29 4. Adopt ~~game specific~~ game-specific rules. The  
5 30 promulgation of game specific rules shall not be subject to  
5 31 the requirements of chapter 17A. However, ~~game specific~~  
5 32 game-specific rules shall be made available to the public  
5 33 prior to the time the games go on sale and shall be kept on  
5 34 file at the office of the ~~authority~~ division.

5 35 Sec. 17. Section 99G.10, subsection 2, Code 2007, is



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6 1 amended to read as follows:

6 2 2. Subject to the approval of the board, the chief  
6 3 executive officer shall have the sole power to designate  
6 4 particular employees as key personnel, but may take advice  
6 5 from the department of administrative services in making any  
6 6 such designations. All key personnel shall be exempt from the  
6 7 merit system described in chapter 8A, subchapter IV. The  
6 8 chief executive officer and the board shall have the sole  
6 9 power to employ, and classify, ~~and fix the compensation of key~~  
6 10 personnel who shall be compensated pursuant to section 8A.413,  
6 11 subsection 2, under the pay plan for exempt positions in the  
6 12 executive branch of government. All other employees shall be  
6 13 employed, classified, and compensated in accordance with  
6 14 chapter 8A, subchapter IV, and chapter 20.

6 15 Sec. 18. Section 99G.10, subsections 3 and 5, Code 2007,  
6 16 are amended by striking the subsections.

6 17 Sec. 19. Section 99G.21, subsection 2, paragraphs h and i,  
6 18 Code 2007, are amended by striking the paragraphs.

6 19 Sec. 20. Section 99G.21, subsection 3, Code 2007, is  
6 20 amended by striking the subsection.

6 21 Sec. 21. Section 99G.40, subsection 4, Code 2007, is  
6 22 amended to read as follows:

6 23 4. ~~For informational purposes only~~ Consistent with the  
6 24 requirements of section 8.23, the chief executive officer  
6 25 shall submit to the department of management by October 1 of  
6 26 each year a proposed operating budget for the ~~authority~~  
6 27 division for the succeeding fiscal year. This budget proposal  
6 28 shall also be accompanied by an estimate of the net proceeds  
6 29 to be deposited into the general fund during the succeeding  
6 30 fiscal year. This budget shall be on forms prescribed by the  
6 31 department of management. A copy of the information required  
6 32 to be submitted to the department of management pursuant to  
6 33 this subsection shall be submitted to the legislative  
6 34 government oversight committees and the legislative services  
6 35 agency by October 1 of each year.



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7 1 Sec. 22. Section 321.19, subsection 1, unnumbered  
7 2 paragraph 2, Code 2007, is amended to read as follows:  
7 3 The department shall furnish, on application, free of  
7 4 charge, distinguishing plates for vehicles thus exempted,  
7 5 which plates except plates on state patrol vehicles shall bear  
7 6 the word "official" and the department shall keep a separate  
7 7 record. Registration plates issued for state patrol vehicles,  
7 8 except unmarked patrol vehicles, shall bear two red stars on a  
7 9 yellow background, one before and one following the  
7 10 registration number on the plate, which registration number  
7 11 shall be the officer's badge number. Registration plates  
7 12 issued for county sheriff's patrol vehicles shall display one  
7 13 seven-pointed gold star followed by the letter "S" and the  
7 14 call number of the vehicle. However, the director of the  
7 15 department of administrative services or the director of  
7 16 transportation may order the issuance of regular registration  
7 17 plates for any exempted vehicle used by peace officers in the  
7 18 enforcement of the law, persons enforcing chapter 124 and  
7 19 other laws relating to controlled substances, persons in the  
7 20 department of justice, the alcoholic beverages division of the  
7 21 department of commerce, disease investigators of the Iowa  
7 22 department of public health, the department of inspections and  
7 23 appeals, and the department of revenue, who are regularly  
7 24 assigned to conduct investigations which cannot reasonably be  
7 25 conducted with a vehicle displaying "official" state  
7 26 registration plates, persons in the Iowa lottery ~~authority~~  
7 27 division whose regularly assigned duties relating to security  
7 28 or the carrying of lottery tickets cannot reasonably be  
7 29 conducted with a vehicle displaying "official" registration  
7 30 plates, persons in the department of economic development who  
7 31 are regularly assigned duties relating to existing industry  
7 32 expansion or business attraction, and mental health  
7 33 professionals or health care professionals who provide  
7 34 off-site or in-home medical or mental health services to  
7 35 clients of publicly funded programs. For purposes of sale of



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8 1 exempted vehicles, the exempted governmental body, upon the  
8 2 sale of the exempted vehicle, may issue for in-transit  
8 3 purposes a pasteboard card bearing the words "Vehicle in  
8 4 Transit", the name of the official body from which the vehicle  
8 5 was purchased, together with the date of the purchase plainly  
8 6 marked in at least one-inch letters, and other information  
8 7 required by the department. The in-transit card is valid for  
8 8 use only within forty-eight hours after the purchase date as  
8 9 indicated on the bill of sale which shall be carried by the  
8 10 driver.

8 11 Sec. 23. Section 725.12, subsections 2 and 5, Code 2007,  
8 12 are amended to read as follows:

8 13 2. A commercial organization shall not conduct a  
8 14 promotional activity that involves the sale of pull-tab  
8 15 tickets or instant tickets, as defined in section 99G.3,  
8 16 coupons, or tokens that are not authorized by the Iowa lottery  
8 17 authority division and that may represent a chance to win a  
8 18 cash prize to be paid on the premises where the chance to win  
8 19 such prize was obtained. This subsection shall not be  
8 20 construed to prohibit a commercial organization from giving  
8 21 away pull-tab tickets, instant tickets, coupons, or tokens  
8 22 free of charge as part of a promotional activity, provided  
8 23 that the other provisions of this section are complied with.  
8 24 For purposes of this subsection, "cash" means United States  
8 25 currency.

8 26 5. Upon request of the Iowa lottery authority division or  
8 27 the division of criminal investigation of the department of  
8 28 public safety, the attorney general shall institute in the  
8 29 name of the state the proper proceedings against a person  
8 30 charged in such request with violating this section, and a  
8 31 county attorney may, at the request of the attorney general,  
8 32 appear and prosecute an action when brought in the county  
8 33 attorney's county.

8 34 Sec. 24. 2003 Iowa Acts, chapter 178, section 120, is  
8 35 repealed.



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9 1 Sec. 25. AMENDMENTS CHANGING TERMINOLOGY == DIRECTIVE TO  
9 2 CODE EDITOR. Sections 99G.5, 99G.11, 99G.21, 99G.22, 99G.23,  
9 3 99G.24, 99G.25, 99G.26, 99G.27, 99G.28, 99G.29, 99G.30,  
9 4 99G.31, 99G.32, 99G.34, 99G.35, 99G.37, 99G.38, 99G.40,  
9 5 99G.41, and 99G.42, Code 2007, are amended by striking from  
9 6 the applicable section the word "authority" and inserting in  
9 7 lieu thereof the following: "division", except as otherwise  
9 8 provided in this Act or unless a contrary intent is clearly  
9 9 evident.

9 10 Sec. 26. IOWA LOTTERY DIVISION == TRANSITION PROVISIONS.  
9 11 1. For purposes of this section, unless the context  
9 12 otherwise requires:  
9 13 a. "Iowa lottery authority" means the Iowa lottery  
9 14 authority created in 2003 Iowa Acts, chapter 178.  
9 15 b. "Iowa lottery division" means the Iowa lottery division  
9 16 of the department of revenue as created in this Act under  
9 17 chapter 99G.

9 18 2. The Iowa lottery division shall be the legal successor  
9 19 to the Iowa lottery authority and, as such, shall assume all  
9 20 rights, privileges, obligations, and responsibilities of the  
9 21 Iowa lottery authority. The promulgated rules of the Iowa  
9 22 lottery authority shall remain in full force and effect as the  
9 23 rules of the division until amended or repealed by the  
9 24 division. In addition, the Iowa lottery division may continue  
9 25 the security practices and procedures utilized by the Iowa  
9 26 lottery authority until amended or repealed by the division.

9 27 3. Notwithstanding any provision of chapter 99G, as  
9 28 amended by this Act, to the contrary, the chief executive  
9 29 officer of the Iowa lottery authority shall serve as the  
9 30 initial chief executive officer of the Iowa lottery division.

9 31 4. Personnel of the Iowa lottery authority employed on the  
9 32 effective date of this Act, shall be transferred to the Iowa  
9 33 lottery division as the initial division employees.

9 34 5. The Iowa lottery division shall function as the legal  
9 35 successor to the Iowa lottery authority and shall assume all



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10 1 of the assets and obligations of the Iowa lottery authority,  
10 2 and funds of the state shall not be used or obligated to pay  
10 3 the expenses or prizes of the Iowa lottery division or its  
10 4 predecessor, the Iowa lottery authority.

10 5 6. In order to effect an immediate and efficient  
10 6 transition of the lottery from the Iowa lottery authority to  
10 7 the Iowa lottery division, as soon as practicable, the Iowa  
10 8 lottery division shall do all of the following:

10 9 a. Take such steps and enter into such agreements as the  
10 10 board of the Iowa lottery division may determine are necessary  
10 11 and proper in order to effect the transfer, assignment, and  
10 12 delivery to the division from the authority of all the  
10 13 tangible and intangible assets constituting the lottery,  
10 14 including the exclusive right to operate the lottery and the  
10 15 assignment to and assumption by the division of all  
10 16 agreements, covenants, and obligations of the Iowa lottery  
10 17 authority relating to the operation and management of the  
10 18 lottery.

10 19 b. Receive as transferee from the Iowa lottery authority  
10 20 all of the tangible and intangible assets constituting the  
10 21 lottery including, without limitation, the exclusive  
10 22 authorization to operate a lottery in the state of Iowa and  
10 23 ownership of annuities and bonds purchased prior to the date  
10 24 of transfer and held in the name of the Iowa lottery authority  
10 25 for payment of lottery prizes, and shall assume and discharge  
10 26 all of the agreements, covenants, and obligations of the Iowa  
10 27 lottery authority entered into and constituting part of the  
10 28 operation and management of the lottery.

10 29 **EXPLANATION**

10 30 This bill transfers the operation of the Iowa lottery from  
10 31 the Iowa lottery authority to the Iowa lottery division of the  
10 32 department of revenue.

10 33 Code section 99G.2, concerning the purpose and intent of  
10 34 the lottery, is amended to eliminate the statement that the  
10 35 lottery operate as a nonprofit authority.



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11 1 Code section 99G.4, creating the Iowa lottery authority as  
11 2 a public authority, is amended to provide that the Iowa  
11 3 lottery is a state agency for all purposes and established  
11 4 within the department of revenue.

11 5 Code section 99G.9, concerning the duties of the Iowa  
11 6 lottery authority board, is amended to provide that the board  
11 7 approves submission of a proposed budget to the director of  
11 8 the department of management. Current law provides that the  
11 9 board has the authority to approve the budget of the Iowa  
11 10 lottery.

11 11 Code section 99G.10, concerning personnel of the Iowa  
11 12 lottery, is amended to provide that the compensation of the  
11 13 key personnel of the lottery shall be set under the pay plan  
11 14 for exempt positions in the executive branch and not by the  
11 15 chief executive of the lottery. In addition, the Code section  
11 16 is amended to remove the authority of the chief executive  
11 17 officer and the board to determine the number of full-time  
11 18 equivalent positions in the lottery and to establish incentive  
11 19 programs for employees.

11 20 Code section 99G.21, concerning the powers of the lottery,  
11 21 is amended to eliminate the ability of the lottery to acquire  
11 22 or lease real property or to enter into contracts to incur  
11 23 debt in its own name or to enter into financing agreements.

11 24 Code section 99G.40, concerning audits and reports of the  
11 25 lottery, is amended to provide that the submission of a  
11 26 proposed budget to the department of management is not solely  
11 27 for informational purposes but is to comply with the  
11 28 requirements of Code section 8.23 regarding submission of  
11 29 budgets by state departments.

11 30 The bill also includes a transition provision to provide  
11 31 for the transfer of the Iowa lottery from the Iowa lottery  
11 32 authority to the Iowa lottery division.

11 33 LSB 5135XC 82

11 34 ec/rj/24.1



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Senate Study Bill 3158

SENATE FILE  
BY (PROPOSED COMMITTEE ON  
NATURAL RESOURCES AND  
ENVIRONMENT BILL BY  
CHAIRPERSON BLACK)

Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved

Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

A BILL FOR

- 1 An Act authorizing establishment of maximum acceptable limits for
- 2 greenhouse gas emissions.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 6428XC 82
- 5 rn/rj/5



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PAG LIN

1 1 Section 1. Section 455B.134, subsection 3, Code Supplement  
1 2 2007, is amended by adding the following new paragraph:  
1 3 NEW PARAGRAPH. h. The director may establish maximum  
1 4 acceptable limits for greenhouse gas emissions, subject to the  
1 5 rules adopted by the commission, and may deny an application  
1 6 for a conditional permit for electric power generating  
1 7 facilities which quantifies a potential to emit greenhouse gas  
1 8 emissions pursuant to paragraph "d", subparagraph (2), or may  
1 9 deny an application for a construction permit or prevention of  
1 10 significant deterioration permit which quantifies a potential  
1 11 to emit greenhouse gas emissions pursuant to paragraph "g", in  
1 12 excess of the limits established.

1 13 EXPLANATION

1 14 This bill authorizes the director of the department of  
1 15 natural resources, subject to rules adopted by the  
1 16 environmental protection commission, to establish maximum  
1 17 acceptable limits for greenhouse gas emissions, and to deny an  
1 18 application for a conditional permit, construction permit, or  
1 19 prevention of significant deterioration permit for electric  
1 20 power generating facilities which quantify a potential to emit  
1 21 greenhouse gas emissions in excess of the limits established.  
1 22 LSB 6428XC 82  
1 23 rn/rj/5



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**Senate Study Bill 3159**

SENATE/HOUSE FILE  
 BY (PROPOSED ATTORNEY  
 GENERAL BILL)

Passed Senate, Date \_\_\_\_\_  
 Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
 Approved

Passed House, Date \_\_\_\_\_  
 Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

**A BILL FOR**

- 1 An Act relating to registration and bonding requirements for
- 2 contractors, and providing criminal and civil penalties.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 5305DP 82
- 5 ak/nh/8



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Senate Study Bill 3159 continued

PAG LIN

1 1 Section 1. Section 91C.6, Code 2007, is amended to read as  
1 2 follows:

1 3 91C.6 RULES.

1 4 The labor commissioner shall adopt rules, pursuant to  
1 5 chapter 17A, determined to be reasonably necessary for phasing  
1 6 in, administering, and enforcing the system of contractor  
1 7 registration and bonding established by this chapter.

1 8 Sec. 2. NEW SECTION. 91C.6A STATE CONTRACTS WITH  
1 9 UNREGISTERED CONTRACTORS PROHIBITED.

1 10 A contractor who is not registered with the labor  
1 11 commissioner as required by this chapter shall not be awarded  
1 12 a contract to perform work for the state or an agency of the  
1 13 state.

1 14 Sec. 3. NEW SECTION. 91C.6B HOME IMPROVEMENT CONTRACTOR  
1 15 PERFORMANCE BOND == PENALTY.

1 16 1. For purposes of this section, the following definitions  
1 17 shall apply:

1 18 a. "Division" means the division of labor services of the  
1 19 department of workforce development created under section  
1 20 84A.1.

1 21 b. "Home improvement contract" means any contract for the  
1 22 improvement or repair of existing residential property,  
1 23 including appurtenances to the property, but does not include  
1 24 contracts for less than two hundred dollars in the aggregate.

1 25 2. Any contractor, prior to entering into a home  
1 26 improvement contract in Iowa, shall file with the division a  
1 27 surety bond. The bond shall be in the amount of seventy=five  
1 28 thousand dollars and shall be for the benefit of any person  
1 29 who, in connection with a home improvement contract with the  
1 30 contractor, is damaged by the contractor's breach of the home  
1 31 improvement contract or by the contractor's violation of  
1 32 section 714.16, regardless of whether the person has a direct  
1 33 cause of action pursuant to section 714.16. Any person so  
1 34 damaged may bring suit directly on the bond without  
1 35 assignment, and may recover from bond proceeds actual damages,



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2 1 court costs, and reasonable attorney fees.  
2 2 3. A person filing suit pursuant to this section shall  
2 3 notify the division at the time the suit is filed, and the  
2 4 division shall maintain a record, available for public  
2 5 inspection and copying, of all suits commenced. Notification  
2 6 is not a precondition to filing of a suit, and failure to  
2 7 notify the division shall in no way affect the validity of a  
2 8 lawsuit. However, notification pursuant to this section must  
2 9 be completed prior to payout of any bond proceeds pursuant to  
2 10 this section.  
2 11 4. The attorney general may bring an action in equity on  
2 12 behalf of the state to recover bond proceeds for persons who  
2 13 incur damage due to a contractor's breach of a home  
2 14 improvement contract or violation of section 714.16 in  
2 15 connection with a person's home improvement contract with a  
2 16 contractor.  
2 17 5. Priority for payment of the proceeds of a bond filed  
2 18 pursuant to this section shall be based upon the time of  
2 19 filing a notice of suit with the division, except that any  
2 20 action by the attorney general to recover bond proceeds shall  
2 21 take precedence over all other claims on the bond, regardless  
2 22 of the time of filing.  
2 23 6. The surety bond shall be executed by a surety company  
2 24 authorized to do business in this state, and the bond shall be  
2 25 continuous in nature until canceled by the surety with not  
2 26 less than thirty days written notice to the contractor and to  
2 27 the division of the surety's decision to cancel bond. The  
2 28 surety's obligation under the bond shall continue until the  
2 29 surety has fully satisfied the notice requirements of this  
2 30 section.  
2 31 7. The failure of a contractor to have a valid surety bond  
2 32 on file with the division at any time a home improvement  
2 33 contract is in effect shall make the contract and any note,  
2 34 instrument, or other evidence of indebtedness executed or  
2 35 entered into in connection with the contract to the contractor



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3 1 voidable, and shall constitute a complete defense in any  
3 2 action based on the contract, note, instrument, or other  
3 3 evidence of indebtedness brought by the contractor or the  
3 4 contractor's successors or assigns.

3 5 8. A contractor who violates any provision of this section  
3 6 is guilty of a simple misdemeanor.

3 7 Sec. 4. Section 91C.7, subsection 1, Code 2007, is amended  
3 8 by striking the subsection.

3 9 Sec. 5. Section 91C.7, subsection 2, unnumbered paragraph  
3 10 1, Code 2007, is amended to read as follows:

3 11 ~~An~~ In addition to any bond required by section 91C.6B, an  
3 12 out-of-state contractor before commencing a contract in excess  
3 13 of five thousand dollars in value in ~~Iowa~~ this state, shall  
3 14 file a bond with the division of labor services of the  
3 15 department of workforce development. The surety bond shall be  
3 16 executed by a surety company authorized to do business in this  
3 17 state, and the bond shall be continuous in nature until  
3 18 anceled by the surety with not less than thirty days' written  
3 19 notice to the contractor and to the division of labor services  
3 20 of the department of workforce development indicating the  
3 21 surety's desire to cancel the bond. The surety company shall  
3 22 not be liable under the bond for any contract commenced after  
3 23 the cancellation of the bond. The bond shall be in the sum of  
3 24 the greater of the following:

3 25 Sec. 6. NEW SECTION. 91C.8 UNLAWFUL PRACTICE.

3 26 A violation of this chapter is an unlawful practice  
3 27 pursuant to section 714.16.

3 28 EXPLANATION

3 29 This bill relates to contractor registration and bonding  
3 30 requirements.

3 31 The bill requires in new Code section 91C.6B, that a  
3 32 contractor, prior to entering into a home improvement contract  
3 33 in this state, obtain a surety bond of \$75,000 before  
3 34 accepting work. The new bond is in addition to any other bond  
3 35 requirements in Code chapter 91C. The bond benefits a person



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4 1 who may be damaged by the contractor's breach of contract or  
4 2 by the contractor's violation of Code section 714.16, the  
4 3 consumer fraud statute, regardless of whether the person has a  
4 4 cause of action directly under that Code section. Any person  
4 5 damaged in either way may sue directly on the bond and may  
4 6 recover actual damages, court costs, and reasonable attorney  
4 7 fees. "Home improvement contract" is defined in the bill as  
4 8 any improvement or repair to an existing residential property  
4 9 or secondary structure but not contracts that are for a total  
4 10 of less than \$200.

4 11 When a suit is filed, the person who sues on the bond shall  
4 12 notify the division of labor services of the department of  
4 13 workforce development, which shall keep a public record of all  
4 14 suits commenced. Notification is not a precondition to filing  
4 15 a suit and failure to notify the division does not in any way  
4 16 invalidate the lawsuit. However, bond proceeds cannot be paid  
4 17 out to anyone who has not filed notification.

4 18 The bill states that the attorney general may also bring an  
4 19 action in equity against the bond on behalf of the state to  
4 20 recover bond proceeds for persons damaged due to a  
4 21 contractor's breach of contract or a contractor's violation of  
4 22 the consumer fraud statute in connection with a home  
4 23 improvement contract. The attorney general's action shall  
4 24 take precedence over all other claims on the bond regardless  
4 25 of the time of filing.

4 26 The bill requires a surety company licensed to do business  
4 27 in Iowa issue the surety bond to the contractor and that the  
4 28 bond be continuous until canceled by the surety, but there  
4 29 must be at least 30 days notice to the contractor and the  
4 30 division. The bill provides that the failure of a contractor  
4 31 to have a valid surety bond on file as of the date of a home  
4 32 improvement contract makes the contract and any note or  
4 33 instrument of indebtedness executed or entered into in  
4 34 connection with the contract to the contractor voidable, and  
4 35 shall be a complete defense in any action brought based on the



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5 1 contract or evidence of indebtedness by the contractor or the  
5 2 contractor's successors or assigns.  
5 3     The bill provides that a contractor who violates the  
5 4 provisions of new Code section 91C.6B is guilty of a simple  
5 5 misdemeanor. A simple misdemeanor is punishable by  
5 6 confinement for no more than 30 days or a fine of at least \$65  
5 7 but not more than \$625 or by both. The bill further provides  
5 8 that a failure to comply with Code chapter 91C is an unlawful  
5 9 practice pursuant to Code section 714.16, a civil statute  
5 10 enforced by the attorney general, and violations of which  
5 11 could result in the imposition of injunctive relief, civil  
5 12 penalties, attorney fees, and costs.  
5 13 LSB 5305DP 82  
5 14 ak/nh/8.1