

[The First Week](#)

The first session of the 85th General Assembly started on Monday, January 14th here are some highlights from the week:

- **Condition of the State.** Governor Branstad delivered his 18th Condition of the State address to the General Assembly on January 15th. The address focused on his three major goals for this legislative session:
 - Job creation and expanding opportunity for Iowa's families;
 - Improving educational opportunities for Iowa's children; and
 - Improving the health of our citizens.
- To view his remarks in their entirety click [here](#).
- **Governor's Budget Recommendations.** Accompanying Governor Branstad's Condition of the State address were his recommendations to the General Assembly for state budget years FY 2014 and FY 2015. He has recommended the following changes for IDPH and FY 2013 level funding for all other programs:
 - An increase of \$25,000 to increase support for current wellness activities (e.g. website development and additional "challenges" through Live Healthy Iowa).
 - An increase of \$368,000 to sustain administration of public protection services in the Division of Environmental Health including:
 - The inspection program for Iowa's public pools and spas to ensure safety requirements are met to prevent illness, injury, and drowning.
 - Certification of laboratories and professionals to decrease the exposure to radon in homes, daycare/schools, and businesses.
 - Registration and inspection of tanning facilities to protect consumers from acute and chronic skin reactions.
 - Licensing and inspection of tattoo artists and establishments.
 - An increase of \$28,000 in one-time funding for the software changes needed to implement licensure of orthodists, prosthetists, and pedorthists under the Board of Podiatry.
 - An increase of \$480,000 in one-time funding while the department transitions information technology functions from the current agency support model to enterprise support model.
 - A state match for the Iowa e-Health federal grant is no longer needed and results in a reduction of \$363,987.
 - A decrease of \$134,214 for the elimination of the Health and Long-Term Access Council.
- For an analysis of the Governor's budget recommendations please click [here](#). The recommendations for IDPH begin on page 141.

[IDPH Legislative Package](#)

- IDPH will have one technical bill for the 2013 session. [SSB 1016](#) was introduced in the Senate on January 15th and was referred to the Human Resources Committee. It has been assigned to a subcommittee of Senators [Mary Jo Wilhelm](#) (chair), [Herman Quirmbach](#), and [Nancy Boettger](#). As of this writing, a meeting of this subcommittee has not been scheduled.
- For more information about the components of the bill, please refer to the appendices here for the summary memo of the legislation.
- To understand how a bill moves through the legislative process, click [here](#).

[Highlights for Next Week](#)

- IDPH has been invited to give an overview of the department and its functions to the House Human Resources Committee on Wednesday, January 23rd.
- The Joint Health and Human Services Appropriations Subcommittee will meet for the first time on Thursday, January 24th. As of this writing, an agenda has not been released; however, a typical first day includes remarks from the co-chairs and ranking members as well as a brief presentation from the Legislative Services Agency on the governor's budget recommendations. For more information on the membership and work of this subcommittee, please click [here](#).

Other Information

- **Mark Your Calendar.** To view the session timeline please click [here](#).
- The Iowa General Assembly website is a great source of legislative information. The address is www.legis.iowa.gov . Finding your legislator, committee members, photos of legislators and bills is easy to locate. Please take some time to check it out.
- The Legislative Update is also posted on the IDPH website at http://www.idph.state.ia.us/adper/legislative_updates.asp . To subscribe to the IDPH Legislative Update, please send a blank email to join-IDPHLEGUPDATE@lists.ia.gov.



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Memorandum

To: Iowa General Assembly
Fr: Iowa Department of Public Health
Re: IDPH 2013 Technical Bill
Date: January 15, 2013

The 2013 IDPH Technical Bill provides for technical changes to various programs within the Iowa Department of Public Health (IDPH).

Division I. Organized Delivery Systems (ODS)

Background: In the midst of the health care reform efforts of the 1990s, the Iowa legislature directed the Department of Public Health to adopt rules and a licensing procedure for the establishment of organized delivery system projects (1993 Iowa Acts, Chapter 158, Section 3.) Many subsequent references to this session law were placed in Iowa Code. An ODS is defined in administrative rules as:

“An organization with defined governance that is responsible for delivering or arranging to deliver the full range of health care services covered under a standard benefit plan and is accountable to the public for the cost, quality and access of its services and for the effect of its services on their health. The organization operating as an ODS shall assume risk and be subject to solvency standards as found in 201.12(135,75GA,ch158).” (641 IAC 201.2)

Since the adoption of the rules in 1994, only two entities applied and both were licensed as an ODS. A company called SecureCare, a collaboration between Mercy Hospital Des Moines and their physician network, was licensed in 1994 and operated as an ODS in Iowa until 2002 when they ceased operations. The Keokuk Area Hospital Organized Delivery System, Inc. was licensed in 1998 and ceased to provide services in 2010. Each decided to cease services as unrelated business decisions; however, one of the concerns indicated to the Iowa Insurance Division was the fact that organized delivery systems have not been adopted in bordering states. Recently, CoOpportunity Health, an entity that will provide services in Iowa and Nebraska opted not to include ODS primarily for this reason. Additionally, the Pioneer Accountable Care Organization (ACO) under development by the Iowa Health System also evaluated ODS regulatory structure and decided against licensure. The passage and near-term implementation of the Affordable Care Act was indicated as a reason that ACOs will likely make ODS regulations additionally irrelevant.

This bill eliminates all references to ODS' in the Iowa Code and repeals the provision in the Iowa Acts authorizing the establishment of organized delivery systems.

Sections 1-49. Eliminates the ODS references located in the following Iowa Code Chapters:

- [135H](#) Psychiatric Medical Institutions for Children (bill sec. 1)
- [505](#) Iowa Insurance Division (bill sec. 2)
- [507B](#) Insurance Trade Practices (bill secs. 3,4)
- [509](#) Group Insurance (bill secs. 5,6)
- [513B](#) Small Group Health Coverage (bill secs. 7-10)
- [513C](#) Individual Health Insurance Market Reform (bill secs. 11-17)
- [514A](#) Accident and Health Insurance (bill secs. 18)
- [514B](#) Health Maintenance Organization (bill sec. 19)
- [514C](#) Special Health and Accident Insurance Coverages (bill sec. 20-35)
- [514E](#) Iowa Comprehensive Health Insurance Association (bill sec. 36-38)
- [514F](#) Utilization and Cost Control (bill sec. 39)

- [514I](#) Healthy and Well Kids in Iowa Program (bill sec. 40)
- [514J](#) External Review of Health Care Coverage Decisions (bill sec. 41,42)
- [514 L](#) Uniform Prescription Drug Information Card (bill sec. 43,44)
- [521F](#) Risk-Based Capital Requirements for Health Organizations (bill sec. 45)
- 1993 Iowa Acts, Chapter 158, Section 4 (bill sec. 46)
- [135](#) Department of Public Health (bill sec. 47)
- 1993 Iowa Acts, Chapter 158, Section 3 (bill sec. 48)
- [514K](#) Health Care Plan Information (bill sec. 49)

Division II. Trauma System Quality Improvement

Section 50. Technical change to update outdated language. Iowa Code section [142A.25](#) creates the System Evaluation and Quality Improvement Committee (SEQIC) to oversee quality improvement in the trauma system in Iowa. The bill strikes a membership reference to the Iowa Foundation of Medical Care (now called Telligen) and replaces it with, “a representative of the state’s Medicare quality improvement organization.” This enables flexibility should another vendor be utilized or should the name of the company change again.

Division III. Reimbursement for Certain Autopsies

Background: Counties are permitted to request reimbursement from the state for autopsies performed on persons from out of state but who passed way in Iowa and for ones performed on children aged 0-2. Currently, claims are required to be submitted to IDPH and the department is permitted to defer to the State Appeal Boards if funding is not sufficient. To date, IDPH has not paid any claim sent in either category due to unavailable funding and has consistently deferred them to the State Appeals Board. The proposed changes will streamline the current practice and provide administrative efficiencies for IDPH as well as the counties. The counties will also benefit in the reduction of the time it takes to receive their reimbursement.

Sections 51 and 52. Removes IDPH as the first recipient of claims for reimbursement of specified autopsies and clarifies that the claims should be sent directly to the State Appeals Board for consideration.

Division IV. HIV Home Test Kits

Background: Iowa Code section [126.25](#) currently prohibits the sale of over-the-counter (OTC) HIV home test kits in Iowa. The federal Food and Drug Administration (FDA) has recently approved these kits for sale therefore, the Iowa statute is now inconsistent with the federal approval. At least one company has indicated that they plan to have the kits in retail stores in Iowa soon. Iowa is one of four states that currently prohibit the sale of OTC HIV home test kits.

Section 53. Repeals Iowa Code section [126.25](#) in its entirety.

Division V. Tobacco Cessation Services

Section 54. Permits youth under the age of eighteen, to access tobacco cessation counseling services from the Iowa Quitline Program without the need for consent from a parent, custodian, guardian, or spouse. This code section would not extend to pharmacological interventions that are offered by the Program.