

**Health Care Reform Act of 2008**  
*Prepared by the Iowa Department of Public Health*

	HF 2539 Conference Committee Report	Appropriations
<p><b>Division I: Health Care Coverage Intent</b></p>	<p>It is the intent of the General Assembly that all lowans will have health care coverage, with the initial priority of covering all children eligible for Medicaid or <i>hawk-i</i> by January 1, 2011.</p> <p>Creates a <i>hawk-i</i> expansion program to cover children under 300% FPL by July 1, 2009. If federal reauthorization of S-CHIP provides sufficient federal funding and authorization to cover children under 300% FPL, then the Department of Human Services is required to expand <i>hawk-i</i> to cover all eligible kids under 300% FPL. An appropriate cost sharing will be established for families with incomes above 200% FPL.</p> <p>The goal is established that the Iowa Comprehensive Health Insurance Association, in consultation with the Iowa Health Care Coverage Advisory Council, will first develop a comprehensive plan to cover all children without health care coverage and then to provide private unsubsidized coverage to children, adults and families without coverage. This will include the use and modification of existing public programs in Iowa. The plan will be available for purchase starting January 1, 2010.</p>	
<p><b>Division II: <i>hawk-i</i> and Medicaid Expansion</b></p>	<p>Effective July 1, 2009, Medicaid is expanded to include infants whose families are at or below 300% FPL. In addition, 12-month continuous eligibility is established for children on Medicaid.</p> <p>Beginning for tax year 2008, an Iowan who files an individual or joint income tax return has the option to indicate if their dependents have health care coverage. If the taxpayer indicates a lack of coverage and is below the financial limit for <i>hawk-i</i> eligibility, then DHS will notify the taxpayer that their child/children may be eligible for Medicaid or <i>hawk-i</i> and the taxpayer will receive information on how to enroll in the programs.</p> <p>Establishes the <i>hawk-i</i> Expansion Program to provide health insurance to children at or below 300% FPL. The <i>hawk-i</i> Board is required to establish by rule the cost-sharing amounts for children under the program. The rules must include criteria for modification of the cost sharing amounts by the Board.</p> <p>Requires DHS is to develop options and recommendations to allow children eligible for <i>hawk-i</i> or <i>hawk-i</i> Expansion to participate in qualified private insurance through a premium assistance program. Options and recommendations are due to the Governor and General Assembly by January 1, 2009 as part of the <i>hawk-i</i> Expansion programs.</p>	<p><b>Covering Children:</b>            Funding for FY09 and FY10 is contingent on adoption by General Assembly of plan to cover all children:</p> <p>FY09: \$4.8M            FY10: \$14.8M            FY11: \$24.8M</p>

	<p>Requires DHS, and other state agencies and stakeholders to develop a plan to maximize enrollment and retention of eligible children in Medicaid and <i>hawk-i</i>, including reviewing at a minimum the following strategies: streamlined enrollment, conditional eligibility, and expedited renewal. The plan is due by December 1, 2008.</p>	
<p><b>Division III: Iowa Choice Health Care Coverage and Advisory Council</b></p>	<p>Establishes an Iowa Choice Health Care Coverage Advisory Council to assist the Iowa Comprehensive Health Insurance Association with developing a comprehensive health care coverage plan. This includes, but is not limited to, a definition of what constitutes qualified health care coverage, suggestions for the design of health care coverage options, and implementation of a health care coverage reporting requirement.</p> <p>Membership includes the two most recent former governors, seven members appointed by the director of IDPH, the Insurance Commissioner and the directors of DHS and IDPH, and four legislators as ex officio, nonvoting members.</p> <p>The association, in consultation with the advisory council, shall develop a comprehensive health care coverage plan to cover all children. The association shall consider the use and modification of existing public programs (Medicaid, <i>hawk-i</i>, <i>hawk-i</i> Expansion).</p> <p>The plan shall also consider and recommend options to provide access to private, unsubsidized coverage to children less than 19 years of age with family income greater than 300% FPL and to adults and families not otherwise eligible for coverage through public programs.</p> <p>The plan is due to the Governor and General Assembly by December 15, 2008 and requires approval by the 2009 General Assembly before funding is appropriated.</p> <p>(Insurance Division)</p>	
<p><b>Division IV: Health Insurance Oversight</b></p>	<p>Provides the Insurance Commissioner regulatory authority over health benefit plans to promote uniformity, cost efficiency, transparency, and fairness for physicians and hospitals and to maximize administrative efficiencies and minimize cost to health care providers and insurers.</p>	<p>\$80,000 to Insurance Division</p>
<p><b>Division V: Iowa Health Information Technology System</b></p>	<p>An Electronic Health Information Advisory Council is established under IDPH to direct a public and private collaborative to promote the adoption and use of health information technology in Iowa. The Advisory Council will consist of the members of the Electronic Health Records System Task Force. Also established is an Executive Committee of the Advisory Council to make recommendations to IDPH. IDPH will provide coordination for the development and implementation of an interoperable electronic health records system, telehealth expansion efforts, the health information technology infrastructure, and other health information initiatives in Iowa.</p>	<p>\$190,000 and 2 FTE's to IDPH</p>

	<p>The Executive Committee shall develop a statewide health information technology plan by July 1, 2009, which should include a single patient identifier or alternative mechanism to share secure patient information and issues related to the content of electronic transmissions that health professionals shall use by July 1, 2010.</p> <p>The plan shall be submitted to the State Board of Health for final approval before implementation.</p> <p>Hospitals shall be offered access to the Iowa Communications Network (ICN) for the collection, maintenance, and dissemination of health and financial data for hospitals and hospital educational services. The Iowa Hospital Association will be responsible for all costs associated with becoming part of the ICN, as determined by the ICN Commission.</p>	
<p><b>Division VI: Long-Term Living Planning and Patient Autonomy in Health Care</b></p>	<p>Directs the Department of Elder Affairs to work with various organizations to develop end-of-life care decision making materials for terminally ill patients and health care professionals.</p> <p>Also directs DEA to research existing long-term living planning tools and recommends a public education campaign strategy on long-term living to the General Assembly by January 1, 2009. Also requires DEA, in coordination with the Insurance Division, to implement a long-term care options public education campaign.</p> <p>Directs DEA to work with other public and private agencies to identify resources that may be used to continue the work of the Aging and Disability Resource Center beyond the federal grant period ending September 30, 2008.</p> <p>Requires IDPH to establish a two-year patient autonomy in health care decisions pilot project. Also requires IDPH to convene an advisory council of parties interested in the pilot to develop recommendations for expanding the pilot project statewide. The advisory council is to submit its recommendations to the Governor and the General Assembly by January 1, 2010.</p>	<p><b>End of Life Care:</b> \$10,000 to DEA</p> <p><b>Long-Term Care Education Campaign:</b> \$75,000 to DEA</p>
<p><b>Division VII: Health Care Coverage</b></p>	<p>The Insurance Commissioner must assist employers with 25 or fewer employees with implementing and administering Section 125 plans of the Internal Revenue Code, or cafeteria plans. This includes medical expenses reimbursement accounts and dependent care accounts. Lastly, the Commissioner must provide information about the assistance to small employers on the Iowa Insurance Division's Web site.</p> <p>Provides for the continuation of existing coverage of an unmarried, resident dependent child of an insured or enrollee. The dependent would be covered at least through the age of 25 years old, unless the dependent marries, ceases to be a resident of the state, attains the age of 25, whichever occurs first, or so long as the unmarried child maintains full-time status as student. This provision applies to group and individual insurance plans for public and private employees.</p>	

	<p>Prohibits insurance companies from excluding pre-existing conditions when moving from an individual plan to a group plan or between individual plans. This provision applies only if the amount of time between the previous coverage and the effective date of the new coverage is less than 63 days.</p> <p>Applies to policies or contracts renewed or starting on or after July 1, 2008.</p>	
<p><b>Division VIII: Medical Home</b></p>	<p>Establishes a Medical Home System Advisory Council in IDPH to assist in the development and implementation of a statewide patient-centered medical home system in Iowa.</p> <p>Defines a primary care provider as a family care or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist, an advanced registered nurse practitioner, a physician assistant, or a chiropractor, all of whom must meet certification standards.</p> <p>The initial phase will focus on providing a patient-centered medical home for children eligible for Medicaid. The second phase will focus on providing a patient-centered medical home to adults covered by the IowaCare Program and to adults eligible for Medicaid. The third phase will focus on providing a patient-centered medical home to children covered by <i>hawk-i</i> and adults covered by private insurance and self-insured adults. In addition, IDPH will work with the Department of Administrative Services to allow state employees to use the patient-centered medical home system.</p> <p>IDPH is required to adopt standards and a process to certify medical homes based on the National Committee for Quality Assurance standards and provide oversight for medical homes. An annual report will be provided to the Governor and the General Assembly regarding the improvements to and the continuation of the patient-centered medical home system.</p> <p>Requires approval of the State Board of Health for medical home recommendations and activities.</p> <p>Changes date for implementation of the dental home initiative to December 31, 2010 and clarifies that EPSDT services are required.</p>	<p>\$165,600 and 4 FTE's to IDPH</p>
<p><b>Division IX: Prevention and Chronic Care Management</b></p>	<p>Establishes Prevention and Chronic Care Management Advisory Council in IDPH to develop a state initiative for chronic care management. New amendment requires coordination with quality, cost containment and consumer information efforts. The council shall submit initial recommendations to IDPH no later than July 1, 2009.</p> <p>Approval by the State Board of Health is required prior to implementation of the statewide initiative.</p>	<p>\$190,500 to IDPH</p>

	Requires the Director of IDPH to convene a Clinicians Advisory Panel to advise and recommend to IDPH clinically appropriate, evidence-based best practices regarding the implementation of the patient-centered medical home and the prevention and chronic care management initiative.	
<b>Division X: Family Opportunity Act</b>	<p>The Family Opportunity Act in DHS, which applies to persons with disabilities under the Medicaid program, was passed last year and is amended to say that this Act will be implemented on January 1, 2009.</p> <p>\$250,000 in funding is provided through the Health and Human Services Appropriations bill.</p>	
<b>Division XI: Medical Assistance Quality Improvement</b>	<p>A Medicaid Quality Improvement Council is established in DHS. The Council will evaluate the clinical outcomes and satisfaction of consumers and providers within Medicaid.</p> <p>The Council will consult with and advise the Iowa Medicaid Enterprise in establishing a quality assessment and improvement process. The initial process must be developed and implemented by December 31, 2008, with the initial report of results to be completed by June 30, 2009.</p> <p>Following the initial report, the Council will submit a report of results to the Governor and the General Assembly each year in January.</p>	
<b>Division XII: Health and Long-Term Care Access</b>	<p>IDPH is to develop a statewide health care delivery infrastructure and health care workforce resources strategic plan, including assessments that would impact the Certificate of Need program.</p> <p>IDPH is to provide for continuous collection of data to provide a basis for health care strategic planning and health care policymaking and make recommendations that assist in monitoring current needs, predicting future trends, and inform policymaking.</p> <p>The plan is due to the Governor and General Assembly by January 1, 2010 and every two years thereafter.</p>	\$172,200 and 3 FTE's to IDPH
<b>Division XIII: Prevention and Wellness Initiatives</b>	<p>Establishes community wellness grants to be distributed by IDPH, a Governor's Council on Physical Fitness and Nutrition to assist in implementation of the Iowans Fit for Life plan, establishment of a best practices Web site, and oversight for the Governor's physical fitness challenge.</p> <p>Requires IDPH, in consultation with the Insurance Division and the Department of Revenue to develop a plan for small business tax credits for qualified wellness programs. Plan due to the Governor and General Assembly by December 15, 2008.</p>	<p><b>Healthy Communities:</b> \$900,000 and 3 FTE's to IDPH</p> <p><b>Governor's Council on Physical Fitness:</b> \$112,100</p>

<p><b>Division XIV: Health Care Transparency</b></p>	<p>Requires that each nonprofit hospital submit annually to IDPH and the Legislative Services Agency an IRS form 990, a schedule J, or other successor schedule that provides compensation information for certain officers, directors, trustees, and key employees, and highest compensated employees.</p> <p>A healthcare quality and cost transparency workgroup is established to develop recommendations for legislation and policies regarding health care quality and cost including measures to provide transparency to consumers. Those measures are to be endorsed by the National Quality Forum. The workgroup will be convened by the Legislative Council and a report is due to the General Assembly on or before December 15, 2008. The workgroup is effective upon enactment of the bill.</p> <p>The State Board of Health, to the greatest extent possible, is to integrate the efforts of the governing entities of the Iowa Health Information Technology System, Medical Home, Prevention and Chronic Care Management initiatives, Consumer Information, and Health and Long-Term Care Access.</p>	
<p><b>Division XV: Direct Care Workforce</b></p>	<p>Establishes a Direct Care Worker Advisory Council in IDPH to advise the department regarding regulation and certification of direct care workers based on the work of the Direct Care Workers Task Force.</p> <p>Establishes a Compensation Advisory Committee in DHS to review wages and turnover rates of direct care workers in an institutional and home and community-based setting and requires the modification of the Nursing Facilities Turnover Report by DHS to include direct care workers. Requires the report to be submitted to the Governor and the General Assembly annually, with an initial report due December 1, 2008.</p> <p>Requires DHS to establish an employer-sponsored health care coverage demonstration project for direct care workers.</p>	