

## Iowa Academy of Family Physicians End of Session Report

After 3 weeks of overtime (Legislative per diem ended May 3<sup>rd</sup>) the elected officials from the executive and legislative branches finally came to a meeting of the minds and adjourned the 2013 Legislative Session on May 23, 2013. At times the statehouse looked similar to Washington DC with its hyper-partisanship and lack of movement. Prior to the last three weeks of the session, it looked as if stalemates and logjams would be the storyline however as the dust settles, many believe this session to be one of the most productive in decades. Education Reform, Property Tax Reform and health coverage of low-income Iowans were priorities for both parties and after long negotiations and meaningful compromise all three initiatives will find their way to the Governor's desk awaiting signature.

In addition to major policy packages moving forward, the state budget is in the best condition it has ever been, with the state reserve funds filled and surplus revenues still growing. The State general fund budget is anticipated to expend \$6.483 billion in FY 2014, an increase of \$256 million over last year, and end the fiscal year with about \$1.2 billion in surplus and reserves.

The budget will provide a modest increase in funding for K-12 schools, community colleges, and the state universities, as well as funds to help with the transitioning of mental health services to the state budget, and health care costs for Iowa's children, elderly, and disabled citizens. The Legislature used some of the huge surplus to pay down state debt (I-Jobs bonds), make one-time investments in maintenance and repairs of state buildings, complete public safety projects that have been neglected over the years, shore up retirement funds for state-employed public safety and judicial officials, and return a portion of the surplus to the taxpayers.

The below overview will provide a list of our organization's priorities in addition to other actions of interest by the Legislature during year one of the 85<sup>th</sup> General Assembly. Over the next several months we will meet to find ways to advantageously position ourselves for the 2014 Legislative Session.

### Health and Human Services Budget

The conference committee for the health and human services bill ([SF 446](#)) had to resolve major differences between the two chambers. When first passed by the Senate, the appropriations bill increased overall spending by \$220 million above the fiscal year 2013 level. The Senate bill's appropriations also exceeded the Governor's budget by more than \$73 million. By contrast, the House's amended version of the bill called for spending \$200 million less than the Senate's version and \$127 million less than the Governor's budget.

The conference committee addressed dozens of discrepancies between the two chambers. A [Legislative Services Agency report](#) summarizes the committee's resolution of the differences. Below is a list of some of the committee's funding decisions, which the two chambers approved:

- Adds \$1 million for Iowa's [First Five Healthy Mental Development Initiative](#) to stabilize funding for current sites and to add four new sites
- Appropriates \$2 million for a new autism treatment program providing Applied Behavior Analysis for children, starting on January 1, 2014.
- Spends \$400,000 for an autism support program administered by the University of Iowa's Child Health Specialty Clinic.

- Increases spending for child protection centers by \$320,000, with each site receiving at least \$245,000
- Adopts a one percent physician provider rate increase and a five percent for child welfare service providers
- Eliminates the Department's cost containment strategy saving physicians \$6 million in reimbursement cuts
- Appropriates an additional \$500,000 for Family Development and Self-Sufficiency Services (FaDSS)
- \$50,000 for Reach Out and Read Iowa
- Tobacco Social Media Campaign: Allocates \$75,000 to develop a social media structure to engage youth and prevent youth initiation of tobacco use.
- Tobacco Community Partnerships: Allocates \$200,000 to increase efficiency of local tobacco control efforts by community partnerships through professional development, regional trainings, round table planning efforts, and training opportunities.
- Tobacco Cessation: Allocates \$1,200,000 for nicotine replacement therapy.
- Tobacco Youth Summit: Allocates \$25,000 for a youth summit.
- Medical Home System Advisory Council: Adds \$215,263 for the Medical Home System Advisory Council for the development and implementation of a prevention and chronic care management state initiative. This is no change compared to the FY 2013 allocation. However, this program was previously funded through the Health Care Transformation Account (HCTA).
- Safety Net Collaborative Provider Network: Adds \$1,158,150 to the Iowa Collaborative Safety Net Provider Network to develop and implement a statewide regionally-based network that will provide integrated health care delivery for patients addressing biomedical and social determinants of health. The Collaborative is required to work with the DHS and report the progress on December 31, 2013.
- Directors Wellness Council: Adds \$25,000 for the establishment of a Wellness Council to increase support for wellness activities.
- Medical Residency Initiative: Adds \$2,000,000 to be used for medical residency training state matching grants.
- Early Childhood Iowa Transfer: Adds \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund. This transfer was previously made from TANF. The funds will be distributed for community-based early childhood programs targeted to children from birth through five years.

## Rural Primary Care Loan Repayment Program

The Legislature appropriated \$1.6 million from the education budget and \$105,824 from the Health and Human Service Budget to the Student Aid Commission for the administration of the program.

## Iowa Health and Wellness Plan (see attached from the IMS)

The Iowa Legislature reached an historic agreement to provide access to affordable health care for an estimated 150,000 Iowans who don't have health insurance. This is a compromise of the Iowa Senate plan and the Governor's plan.

Working adults with no insurance making less than \$15,414 a year will have access to quality, affordable health care through the Iowa Health and Wellness Plan. The benefits package will be based upon state employee health insurance plans plus some additional services, including mental health. The plan will also use the existing Medicaid provider network.

The federal government will pay for 100% of costs for the first three years and then pick up no less than 90% of the costs after that. If the federal government does not fulfill its promise on funding, the bill includes an opt-out provision for Iowa.

This Iowa Health and Wellness Plan must receive federal approval before being implemented.

## Pharmacist Vaccination Compromise

Another aspect of the Legislative Session that the IAFP was involved with was the compromise struck with the pharmacists. Under the new law, trained pharmacists are allowed to administer certain vaccines and immunizations to children six years old and above, and adults. For children aged 6 through 17, the pharmacists can administer only vaccines or immunizations for the flu and other emergency immunizations and vaccines in response to a public health emergency. For adults aged 18 and older, a trained pharmacist can administer the following: all vaccines and immunizations a child can receive; an immunization or vaccine recommended by the US CDC Advisory Committee on Immunization Practices that is on the approved vaccination schedule for adults; any immunization and vaccine recommended by the US CDC for international travel; and Tdap (Tetanus, diphtheria, acellular pertussis) vaccination in a booster application. The new initiative was a way for legislators to tell their constituents they are working to improve the health of all Iowans.

## Graduated Drivers License Legislation

In a continuing effort to get young drivers the experience that is needed to help them become safer drivers, the Legislature adopted two changes to the Graduated Driver's License program.

Beginning January 1, 2014, young drivers must have held their permit for at least 12 consecutive months, instead of six months, prior to obtaining an intermediate license.

Senate File 115 also limits the number of unrelated passengers to one for drivers that have either an intermediate license or a school license. This restriction is only for the first six months if the driver has an intermediate license and a parent or guardian can waive the restriction. For persons with a school license, this restriction cannot be waived and is in place as long as the person has the school license.

## Mental Health Redesign Continues

Building upon the work of 2012, the Legislature continued with the effort of mental health and disability service system redesign. The overall process moves the system from a county based system to a region based system.

The Legislature passed House File 160 relating to the transition funding for counties needing assistance moving to a region based system. The bill transfers \$11.6 million of the approximately \$20 million in funds received by the state from the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) to the Mental Health and Disability Services Redesign Transition Fund. Under this distribution, 26 of the 32 counties that submitted applications for transition funds would receive funding, and these counties are: Adair, Adams, Calhoun, Clarke, Dallas, Delaware, Dickinson, Guthrie, Jackson, Linn, Lucas, Lyon, Madison, Marion, Monona, Osceola, Plymouth, Poweshiek, Sac, Scott, Sioux, Story, Taylor, Union, Warren, and Wayne. [The six counties that applied but do not receive funding are: Clay, Clinton, Des Moines, Muscatine, Polk, and Ringgold.]

A county receiving an allocation is required to enter into a formal agreement with the Department of

Human Services concerning the allocation and is required to comply with any audit requirements for the county's expenditures relating to the allocation. DHS is directed to develop the audit requirements with assistance from the Office of the State Auditor. The counties are required to bear the costs of any federal audit of the county's use of the allocation, including any federal repayment or penalty determination resulting from the audit findings. The audit requirements may be applied on a selective or random basis so that the audit requirements do not apply to all counties receiving an allocation. Any costs relating to the performance of nonfederal, state-only audit requirements established by the department are the responsibility of the DHS.

In addition, this year the Legislature allows regions to expand mental health and disability services to kids if the services are already available for adults and it does not impede providing these services for adults. The Legislature will also continue the work of an interim committee to follow the implementation of mental health and disability redesign, as well as propose a permanent solution for financing of the new redesigned system. A proposal is due prior to 2014 legislative session.

## Conclusion

Your relationship with your legislators does not start in January and stop in May. Make sure you thank your Representative and Senator for their support and continue to work with them throughout the summer so they are familiar with your practice and the Iowa Academy of Family Physicians.

Relationships Matter!!!