

Iowa Academy of Family Physicians End of Session Report

The Legislature finally adjourned on June 5th, a month and 4 days after their per diem ended. This session was marked with political fights and philosophical struggles. The Republican leadership kept to their principles of not spending “one time money” and spending only 97% of revenues (state law provides the legislature can spend 99%). School funding levels were supposed to be set at the end of January but took until the last day of session to be finalized. The Governor sought a two year education budget but the legislature ignored his request. We can guarantee next year the same political bickering will take place over school funding.

It could be argued the gas tax was the largest initiative passed during the 2015 Legislative Session but it came at a political price. This initiative supported by the Governor and passed with bipartisan support will generate \$3.2 billion over the next 5 years in infrastructure investment. Another initiative supported by the Governor was his “Connect Every Acre” broadband legislation; providing incentives to connect rural Iowa. The bill passed on June 5th after significant horse trading. After the gas tax was passed in February, there was very little consensus reached on any other initiative. Legislators could not come together to pass an anti-bullying bill supported by a multitude of interest groups. The bill to protect Iowa children from the bullying kids can face in the classroom and online through social media languished. IowaNext, a quality of life initiative proposed by the Governor, failed to gain support in the Republican controlled House of Representative and the Senate Democrats did not feel it was their role to spend money for the Governor if his party was not willing to support the legislation.

Over the next thirty days, the Governor will review the bills passed by the Iowa Legislature and have the ability to veto or line item veto (appropriation bills) legislation. Due to the decrease in commodity prices, land value and the economic impact of the avian flu outbreak I would not be surprised by the Governor’s actions.

The legislation attempting to legalize fireworks and the firearm bill eliminating the age requirement of a child under the age of 14 to shoot a handgun failed to gain traction in the Senate but will be eligible for debate next session.

Over the final days of session most of the business and negotiations took place in back rooms of the legislature. Legislators agreed to a budget of \$7.168 billion (see chart below). As reference above, this was a very difficult session with many programs being cut and budgets shrinking; for example, the health and human services budget is \$20 million less than the FY 2015 budget. There were no significant tax credit/tax deduction bills passed in the Ways and Means Committee as the leadership provide no “piece of the pie” to the tax committees.

The Iowa Academy of Family Physicians emerged from the 2015 session very well. Our success is because of family physicians reaching out to legislators and talking to them about our issues; providing financial and/or volunteer support for our champions to secure they return to the statehouse and fight for primary care issues in Iowa.

	FY 2014 (REV)	FY 2015 (Est)	FY 2016 JOINT TARGETS	FY 2016 SENATE	FY 2016 HOUSE
ADMIN & REGULATION	\$52.8 M	\$51.8 M	\$51,795,769	\$51.9 M	+\$49.8 M
AGRICULTURE & NAT RESOURCES	\$40.8 M	\$43.1 M	\$43,111,995	\$43.1 M	\$42.0 M

ECONOMIC DEVELOPMENT	\$41.4 M	\$42.6 M	\$42,250,763	\$44.3 M	\$41.4 M
EDUCATION	\$898.9 M	\$986.1 M	\$992,236,365	\$1.0259 B	\$977.6 M
HEALTH & HUM SERVICES	\$1.75097 B	\$1.8586 B	\$1,839,390	\$1,9044 B	\$1.8B
JUSTICE SYSTEM	\$716.4 M	\$731.5 M	\$735,791,531	\$742.2 M	+\$728.0 M
STANDINGS	\$2.9810 B	\$3.2806 B	\$3,463,567,719	\$3.5452 B	\$3.5B
GRAND TOTAL	\$6.482 B	\$6.994 B	\$7.168 B	\$7.357 B	\$7.175 B

The IAFP followed many issues during the 2015 Legislative Session. Below is a list of accomplishments having an effect on the primary care community in Iowa.

1. **Physician Licensure Compact**- This legislation that died earlier in the session has been included in the Senate Standings bill. The House agreed to the language and the policy is included in the Conference report. The legislation will expedite the process of licensing a physician in states that have approved the Compact.
2. **Rural Primary Care Loan Repayment Program** (HHS and Educ) - There is \$1.6 million in the Education budget and \$105,823 in the HHS budget. Both Chambers have agreed to the amounts and the language and appropriation are in both conference reports.
3. **Physician Assistant Supervision**- There was an Administrative Rule proposed by the Board of Physician Assistants that would eliminate the requirement of an in person site visit. The Administrative Rules Review Committee voted on a “session delay” on the Rule. Instead of waiting until next session, the physician lobby has inserted language in the HHS conference committee providing the following: *The board of medicine and PA board shall jointly establish by rule specific minimum standards or a definition of supervision for appropriate physician supervision of physician assistants by February 1, 2016.* (Page 117 of 194).
4. **The Prior Authorization**. An amendment attached to the Insurance Omnibus bill requires the Insurance Commissioner to draft rules allowing for a 72 hour timeline for urgent medication and a 5 calendar day timeline for non-urgent medication. The Governor has voiced his opposition to this language and is unable to “line-item veto” the policy as the legislation is not an appropriation bill.
5. **Breast Density Notification**. The legislation was a standalone policy that failed to make it through the 2nd funnel in the House. The Senate included this language in the Senate version of the Standings bill but the legislature failed to reach consensus and the language was not included in the conference report. The legislation would have required a primary care physician to provide a notification to every patient with dense breast tissue that states that a mammogram does not provide conclusive findings and other means of tests may be necessary. The physician lobby opposed this as we believe standards of care should not be included in Code.

6. **Fireworks** legislation passed the House Chamber two weeks ago and passed out of Senate Ways and Means committee earlier this year. Met with fierce opposition in the Senate, the bill failed to be a part of the end of session negotiations.
7. **Telehealth payment parity.** Iowa was 1 of 4 states that had no policy for telehealth payment. The HHS Conference report provides that telehealth procedures, diagnosis or consultations that could be done face to face for Medicaid patients shall be reimbursed at the same level (page 41 of 194).
8. **Firearms-** The language amended onto the House Standings bill included all of the gun provisions in SF 427's house amendment. These provisions include 1) legalization of silencers, 2) elimination of the 3 day wait period to buy a handgun, 3) creating barriers to view the gun permit database, 4) eliminating the age restriction to own possess and shoot a handgun (current age is 14). None of these provisions survived the negotiations.
9. **1st Five.** The HHS budget provides funds to expand the 1st Five program to an additional 13 counties, bringing the total number of counties served by this program to 62. 1st five ensures that all children from birth to age 5 can access screening for developmental and social-emotional delays, and receive referral for support and health services.
10. **Children's Health and Wellbeing Workgroup.** This language directs the Department of Human Services, in consultation with the departments of Public Health and Education, to facilitate a workgroup of stakeholders to study and make recommendations concerning the health and wellbeing of children in Iowa. Issues to be considered include developing a strategic plan for data systems to report the status of the health and wellbeing of children, creating a comprehensive system of care for children that incorporates adverse childhood experiences (ACEs) and extreme poverty across various disciplines, mental health services, building interdepartmental awareness of ACEs and poverty, childcare quality and affordability, and community partnerships. The group is directed to review the Children's Defense Fund report on the state of America's children, and develop proactive strategies across state systems to address the most complex needs of children's health and wellbeing. A report is due to the Governor and Legislature by December 15, 2015.
11. **Mental Health Institutes** - This budget reversed Governor Branstad's decision to close the Mental Health Institutes at Mount Pleasant and Clarinda. The bill fully funds the State's Mental Health Institute at Mount Pleasant, restoring adult acute mental health services and inpatient dual diagnosis substance use disorder services. Current services at the Mental Health Institute at Clarinda are phased out through December 15, 2015. The DHS is directed to issue a request for proposals to contract with a private nursing facility to operate a 15-bed facility for hard to place persons due to aggression or other psychological conditions.
12. **Medicaid Oversight.** The HHS budget creates a Medicaid oversight committee that will provide a public venue to review and recommend improvements to the Governor's plan to privatize nearly all Medicaid services. Additionally, a Medicaid ombudsman program is established to ensure that impacted Iowans can navigate the new system and access advocacy services in cases where medical or support services are arbitrarily denied. (Page 85 of 194)

13. The primary health care initiative at the University of Iowa was provided its annual funding in the amount of \$ 648,930/FTEs 5.89 is appropriated in the education budget.
14. In the Education budget \$254,889 was allocated to the Department of Family Practice at the University of Iowa College of medicine for family practice faculty and support staff.