



June, 2012

2012 Legislative and Public Policy Recap

Iowa's 84th General Assembly and legislative session ended on May 9, after 122 days.

Volunteers, board members, chapter and support group members, and staff of the Brain Injury Association of Iowa alongside innumerable Iowans with brain injury, their families, caregivers and service providers continued a strong advocacy presence for improving Iowa's system of care and response to brain injury.

The Brain Injury Association of Iowa identified seven service and support priorities and five prevention priorities in 2012. Below is a review of our outcomes.

Services and Support Recap

Our main service and support focus was in gaining ground for brain injury services within Iowa's existing Mental Health and Disability Services System. This system was targeted for major redesign by the legislature. The end result included some important victories, some serious losses, and a handful of outcomes that were improved but not ideal.

1. The Association supported the recommendations of the Department of Human Services, MH/DS Redesign, Brain Injury Workgroup.

In 2011 the Iowa legislature had directed that a Redesign of Iowa's Mental Health / Disability services system take place. Subsequently more than 100 individuals served on six Redesign Workgroups of which one was dedicated to Brain Injury. The Brain Injury Redesign Workgroup released its prioritized recommendations for services to the Dept. of Human Services in January of 2012. This list is now a roadmap for advocacy for services and funding! (see attached)

Senate File 2315 is the Act of the 2012 Legislature implementing the Redesign of Iowa's Mental Health / Disability services system. Here are the brain injury highlights:

SF 2315: Iowa DHS, and regions use a standardized functional assessment methodology for Iowans' with brain injury when determining eligibility for services.	
SF 2315: The regional service systems shall include measures to address the needs of persons who have two or more co-occurring mental health, intellectual or other developmental disability, brain injury , or substance-related disorders and individuals with specialized needs.	
SF 2315: Implementation of these measures for Iowans with brain injury are contingent on funding sources to pay for them.	
SF 2315: The intention to address funding (at some time in the future) so that services may be expanded to include persons who are in need of brain injury services .	
SF 2315: If, in addition to mental health issues a person has a brain injury care shall also address this need.	
SF 2315: The definition of brain injury was made consistent across programs.	

2. The Association supported the need for increased funding to support best practices in BI services and education within the State of Iowa.

SF 2315: The legislature directed the Iowa Department of Human Services to evaluate the impact of providing non-Medicaid funded services to persons with a brain injury.	
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3. BIA of Iowa recommended that all new state healthcare reform legislation and policy include the need for adequate acute care, post-acute rehabilitation, and home and community-based services for Iowans with brain injury.

No substantive action was taken in this past legislative session on healthcare reform. It is anticipated that this issue will be a focus of the 2012-2013 legislative session.	
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4. BIA of Iowa recommended eliminating the need for a waiting list for BI services by fully funding the Home and Community-Based Brain Injury Waiver at the projected level of growth approved by CMS and removing the discriminatory funding cap for services.

<p>Over the past two years the legislature has allocated more than \$10 million to reduce the waiting lists and waiting timeframes for waivers including the brain injury waiver. The waiting list has been reduced by half, and the wait-time has been reduced by from eighteen to eight months. While this is “better” there is still a ways to go.</p>	
<p>The Iowa Dept. of Human Services has drafted proposed rules to remove the costs of case management and home and vehicle modifications from the individual funding cap which should result in an increase in funding and access to needed brain injury waiver services when implemented.</p>	

5. BIA of Iowa recommended that the Iowa Department of Human Services be required to expand the scope of the Medicaid HCBS Elder Waiver to include all the training requirements and services currently available under the Brain Injury Waiver or remove the upper age limit of 64 on the Brain Injury Waiver.

<p>The Iowa Dept. of Human Services has drafted proposed rules to remove the upper age limit of 64 from the brain injury waiver and are already allowing individuals who encounter this obstacle to stay on the waiver through exception to policy decisions.</p>	
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6. BIA of Iowa recommended that the Chronic Conditions appropriation to the Iowa Department of Public Health for the Brain Injury Services Program be maintained and expanded to accommodate the increased demand for BI information, support services and training.

<p>SF 2336: The legislature allocated level funding for the Brain Injury Services Program at the Iowa Department of Public Health which supports Neuro-Resource Facilitation Services and Provider Training. Many programs saw reductions, yet this program has a clear need for increased support.</p>	
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7. BIA of Iowa supported revision of regulations that restrict services and supports for care for Iowans with brain injury in intermediate care facilities.

No substantive progress was made on this issue. Advocacy in this area continues.



Prevention Recap

1. BIA of Iowa recommended legislation to Implement a Graduated Drivers License system in Iowa.

No substantive progress was made on this issue. Advocacy in this area continues.



2. BIA of Iowa recommended legislation to require the use of “hands-free” devices while using cell phones.

No distracted driving legislation emerged from the 84th General Assembly in 2012.



3. BIA of Iowa recommended legislation to require all persons under 18 years of age who are being transported in a motor vehicle, other than a school bus or motorcycle, to be secured by an approved child restraint system or a seat belt regardless of seating position.

No seat belt legislation emerged from the 84th General Assembly in 2012.



4. BIA of Iowa recommended legislation to require helmet use for children when riding bicycles.

No bicycled helmet legislation emerged from the 84th General Assembly in 2012.	
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5. BIA of Iowa recommended legislation to Require helmet use for all persons riding motorcycles and ATV's.

While a concerted effort was made on the part of BIA-Iowa and the Hope for A helmet Coalition to require helmets on motorcycle and moped drivers age 17 and under no helmet legislation emerged from the 84th General Assembly in 2012.	
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Going forward.....

There is much work to be done increasing the funding for the now identified, prioritized and defined set of core services for Iowans with brain injury. This will continue to be a primary advocacy focus for BIA of Iowa. Additionally there are still far too many adults and children forced to receive treatment and rehabilitation for brain injury out of state. BIA-Iowa will continue to advocate for the funding, service development, and policy support to both bring these Iowans home and to prevent others to go so far from their homes and families. Finally, Iowa remains one of three states in the country without a comprehensive motorcycle helmet law. The facts on this issue are clear. Helmets save lives, reduce injury, and save significant amounts of money.

