

The FY 2014/FY 2015 Health and Human Services Appropriations Act is Enacted

On June 20, 2013, Governor Branstad signed [SF 446](#) into law. This legislative update highlights the sections that relate to public health. An end of session summary is still being drafted and will be published as soon as possible.

- IDPH is pleased to report the following items from the Governor's budget recommendations were included for FY 2014:
 - **Sec. 3(2)(h)**. A General Fund appropriation of \$50,000 for the youth suicide prevention program that was funded as a new program in FY 2013 from the Health Care Transformation Account.
 - **Sec. 3(3)(k)**. A General Fund appropriation of \$215,263 for the Prevention and Chronic Care Management/Medical Home System Advisory Council that was funded in FY 2013 by the Health Care Transformation Account.
 - **Sec. 3(4)(o)**. A new appropriation of \$25,000 for a Director's Wellness Initiative to increase support for current wellness activities (e.g. website development and additional "challenges" through Live Healthy Iowa).
 - **Sec. 3(4)(r)**. A new appropriation for FY 2014 of \$2.0 million for a medical residency training program.
 - **Sec. 3(8)**. 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.
 - **Sec. 3(8)(d)**. An increase of \$28,000 in one-time funding for the software changes needed to implement licensure of orthodontists, prosthetists, and podiatrists under the Board of Podiatry.
 - **Sec. 79-80**. Repeals the Health and Long-Term Care Access (HLTCA) Committee and its requirement to submit a strategic plan every two years.
 - **Sec. 81**. The legislature added a requirement for IDPH to develop cost projections for implementing the strategic plan for health care delivery infrastructure and healthcare resources according to the report submitted in January of 2012 by the HLTCA Committee. The report is due on December 15, 2013.
 - **Sec. 131**. The FY 2015 budget was also provided for at a level of 50.0 percent of the FY 2014 budget for most items excluding those meant to be one-time appropriations for the next fiscal year.
- The Governor line-item vetoed the following sections of the Act that relate directly to IDPH:
 - **Sec. 3(8)(e)** and **Sec. 56** relating to the establishment of an interim task force on emergency medical services (EMS) and the related funding provided to IDPH for its administration and support.
 - To view the Governor's veto message in its entirety, please click [here](#).

Other items of note:

- **Sec. 3(2)(c)**. Requires IDPH to expand the [1st Five Program](#) by establishing four to five new sites. An additional \$1.0 million is provided to fully fund existing sites and to provide for expansion into new areas of the state. Also requires collaboration with the [Child Health Specialty Clinics](#) and [Iowa Medicaid Enterprise](#) (IME) to integrate 1st Five into patient-centered medical homes, community

utilities, ACO's, and other integrated care models. Funding for the program is required to be used as matching funds for Medicaid reimbursement to the greatest extent possible.

- **Sec. 3(3)(f) and Secs. 82-85.** New HHS allocation of \$400,000 to the existing [Regional Autism Services Program](#) established under Iowa Code Chapter [256.35](#) and administered by the Child Health Specialty Clinics. The clinics are required to fulfill directives in Iowa Code Chapter 22D, Autism Support Program, established in this Act.
- **Sec. 3(4)(h).** New directives for the [Direct Care Worker Advisory Council](#). One includes a study of differential reimbursement rates in cooperation with the Department of Human Services (DHS) and IMS. The bill provides for components to be included in the study, but does not include a required completion date.
- **Sec. 3(4)(o).** New allocation of \$25,000 for a director's wellness initiative in IDPH to increase support for wellness activities in Iowa.
- **Sec. 3(4)(p).** New allocation of \$1,158,150 for the [Iowa Safety Net Provider Network](#), administered by the [Iowa Primary Care Association](#), to develop and implement a statewide regionally based system that connects health care providers to community resources to improve health outcomes for patients. A progress report to the Governor and the General Assembly is required from the Network by December 31, 2013.
- **Sec. 3(4)(q).** New allocation of \$50,000 to the existing [Reach Out and Read Program](#).
- **Sec. 3(4)(r).** New allocation of \$2.0 million for a medical residency training program that will be administered by IDPH.
- **Sec. 3(8)(d).** One-time allocation of \$28,000 to provide for software upgrades to transition the licensing of orthotists, prosthetists, and pedorthists under the existing Board of Podiatry per SF 364 that was signed into law after the 2012 session. The new professionals are required to repay the General Fund for the allocated amount by June 30, 2015.
- **Sec. 3(8)(e) and Sec. 56.** IDPH is directed to convene a task force charged with studying Iowa's Emergency Medical Services (EMS) system. A final report is due by December 15, 2013 and an allocation of \$28,644 is provided for facilitation and meeting costs. *These sections were line-item vetoed by the Governor on June 20, 2013.*
- **Sec. 18(11).** New direction provided for the [Child Protection Center Grant Program](#). The allocation of \$1.6 million will be equalized so that each of the centers receives a uniform amount of at least \$245,000. Currently there are five centers in Iowa.
- **Sec. 26.** New allocation for DHS to conduct an evaluation of Iowa's child care quality rating system. A report is required by December 16, 2013.
- **Sec. 50.** Continuation of the Elder Abuse Task Force convened by the Iowa Department on Aging in FY 2013. IDPH will continue to have a member on the task force and a report is due on December 31, 2013.
- **Sec. 51.** Request for the [Legislative Council](#) to establish a legislative interim committee on elder abuse prevention and intervention for the 2013 interim. The Legislative Council will meet on July 18, 2013. For meeting information please click [here](#).
- **Sec. 59.** Technical change to replace the title, "Ill and Handicapped" waiver in the Medicaid Program to the "Health and Disability" waiver.
- **Sec. 77.** Iowa Medicaid has a special program that covers breast cancer and cervical cancer treatment for women who have no other credible coverage for that care. IDPH determines who meets the eligibility requirements for the program. One of the eligibility requirements is what entity pays for the screening. Currently it is limited to the IDPH [Care for Yourself Program](#) and one specific non-profit (Susan G. Komen Foundation). This section expands the parameters for what entities can pay for the screening. Now other non-profits can pay for the screening.
- **Sec. 78.** Directs IME to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to provide for applicability of the federal Breast and Cervical Care Prevention and Treatment Act of 2000 to men in addition to women.
- **Secs. 79-81.** Repeals the Iowa Code Section that establishes the Health and Long-Term Care Advisory Committee and the requirement that IDPH submit a strategic plan every two years. IDPH is directed to submit a report that provides for cost projections for implementing the 2012 strategic plan for health care delivery infrastructure and health care workforce resources. The report is due by December 15, 2013.

- **Secs. 82-85.** Directs DHS/IME to establish an autism support program starting January 1, 2014, to provide payment for the provision of applied behavioral analysis treatment for eligible individuals. *Line-item vetoes were applied to section 83(5)(b) and section 84(2) by the Governor on June 20, 2013.*
- **Sec. 107.** The Department of Inspections and Appeals (DIA) in conjunction with DHS is directed to convene a committee to examine options for designating a facility to provide care for persons in Iowa who are sexually aggressive, combative, or have unmet psychiatric needs. IDPH will have a representative on the committee. A report is due to the Legislature and the Governor by December 15, 2013. *This section was line-item vetoed by the Governor on June 20, 2013.*
- **Sec. 108.** The [National Center for Sports Safety](#) is requested to conduct a municipal youth sports injury prevention study in coordination with IDPH. The study is due by December 15, 2013.
- **Sec. 109.** Directs the Department of Education (DE) to work with DHS and IDPH to develop recommendations for training of professionals credentialed by the Board of Educational Examiners on suicide prevention and trauma-informed care. A report is due by December 15, 2013.
- **Sec. 116.** Conforming change related to the repeal of the IowaCare Program under Iowa Code Section [135.152](#) (Statewide Obstetrical and Newborn Indigent Patient Care Program).
- **Sec. 117-119.** Conforming change related to the repeal of the IowaCare Program under Iowa Code Section [135.153](#) (Iowa Safety Net Collaborative Program).
- **Sec. 120.** Conforming change related to the repeal of the IowaCare Program under Iowa Code Section [135.154](#) (Office of e-Health).
- **Sec. 121.** Conforming change related to the repeal of the IowaCare Program under Iowa Code Section [135.157](#) that adds a definition for “dental home.”
- **Sec. 128.** Directives to the Board of Pharmacy relating to telepharmacy. *The reporting requirement in this section was line-item vetoed by the Governor on June 20, 2013.*
- **Sec. 166-187.** Creates the Iowa Health and Wellness Plan. Please see the appendix located at the end of the document for a general summary.
- **Sec. 173.** Directs DHS to provide two types of regular reporting on mental health services.
- **Sec. 174.** Amends the definitions of “medical home” and personal provider.
- **Sec. 175.** Amends Iowa Code Section [135.158](#) (2)(b,c,d) that relates to purposes and characteristics of medical homes.
- **Sec. 176.** Amends Iowa Code Section [135.159](#) (1,9,11) to direct IDPH to do the following:
 - Collaborate with DHS to adopt rules for medical homes and administering medical homes under the Medicaid program
 - Establish requirements for the medical homes system to provide linkages to accessible dental homes for adults and older individuals.
 - Collaborate with DHS to make medical homes accessible to the greatest extent possible to specified target populations by January 1, 2015.
 - Assist DHS in developing reimbursement methodology to compensate providers participating under the Medicaid program as a medical home.
 - A new subsection “e” is added to 135.159(11) that requires any integrated care model implemented on or after July 1, 2013, that delivers health care to Medicaid recipients to incorporate medical homes as its foundation.
- **Sec. 179.** Repeals the [IowaCare Program](#) on December 31, 2013.
- **Sec. 182 (1).** Establishes a legislative advisory council to guide the development of the design model and implementation plan for the [state innovation models initiative grant](#) awarded to Iowa by the federal Center for Medicare and Medicaid Services (CMS).
- **Sec. 182 (3)(b)(5).** Directs DHS to implement a stakeholder process to elicit input and feedback on the model design. This includes holding public, local listening sessions throughout the state, collaboration with consumer groups and provider groups, and partnering with other state agencies such as the Iowa Department on Aging (IDA) and IDPH.
- **Sec. 183.** Establishes a legislated interim committee on integrated care models. Provides for membership slots. The directors of DHS, IDPH, the Commissioner of Insurance, and the Attorney General’s Office may be appointed by the Legislative Council. Recommendations are due before the 2014 General Assembly.

- To track the process the bill has gone through, please click [here](#), for the bill's history.
- The HHS provides appropriations to IDPH, the Department of Human Services, the Department on Aging, the Department of Veterans Affairs, and the Iowa Veterans Home. For more information on the membership and work of this subcommittee, please click [here](#).

[Other Information](#)

- The Legislative Update is also posted on the IDPH website at 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

IOWA HEALTH AND WELLNESS PLAN SUMMARY

The information below is adopted from a summary provided to the public by the Iowa Department of Human Services. To view the document in its entirety, please click [here](#). To view the enabling legislation located in SF 446, please click [here](#) and scroll down to Division XXXIII.

Established:

- The Iowa Health and Wellness Plan (IHW) is established under the Iowa Medicaid Enterprise (IME). Current Medicaid programs are not impacted. The IHW is to be the payor of last resort.
- An IHW premium assistance program is also established under the IME. Members of the program will select a commercial health plan through the new Health Benefits Exchange (also known as the Marketplace).
 - Each state will establish a qualified Exchange by January 1, 2014.

Purpose:

- To promote increased access to health care through a patient-centered, integrated health care system.
- Improved quality health care outcomes.
- Incentives to encourage personal responsibility, cost-conscious utilization of health care, and adoption of preventive practices and healthy behaviors.
- Health care cost containment and minimizations of administrative costs.

Eligibility under the IHW:

- Adults ages 19-64
- Income below 100% of the Federal Poverty Level (FPL)
 - (Equivalent of \$11,490 annual income for a family of one; \$15,510 for a family of two according to the [2013 FPL guidelines](#)).
- Not otherwise eligible for Medicaid coverage

Eligibility under the IHW – Premium Assistance Program:

- Adults ages 19-64
- Income between 100% and 138% of the FPL
 - (Equivalent of \$11,491-\$15,856 annual income for a family of one; \$15,511-\$21,404 for a family of two according to the [2013 FPL guidelines](#)).
- Not otherwise eligible for Medicaid coverage

Benefits covered by each program are the same (equivalent to the State Employee Health Benefit Package) and include:

- Ambulatory patient services (e.g. physician services)
- Emergency services
- Hospitalization
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Laboratory services
- Prevention and wellness services
- Home and community based services for persons with chronic mental illness, equivalent to the Medicaid benefit
- Prescription drugs, equivalent to the Medicaid benefit
- Dental services

Provider networks:

- Under the IHW, participants will use the Medicaid Provider Network, including enrollment with a primary care medical home.
- Under the IHW – Premium Assistance Program, participants will use the statewide provider network that is available through their selected commercial health plan.

Out of pocket costs for each program are the same and include:

- No co-payments, except for \$10 for using the emergency room when it was not a medical emergency
- No monthly contributions or premiums in the first year
- No contributions after the first year if the member completes preventive services and/or wellness activities

- Monthly contributions only for adults with incomes greater than 50% of the FPL if preventative services/wellness activities are not completed
- Out of pocket costs can never exceed 5% of income

Health Care Innovations:

- Under the IHW, the program will include care coordination and management by Accountable Care Organizations (ACOs).
 - ACO's will be accountable under a contract for a set of quality and cost outcomes for the population attributed to them.
 - ACO's will assist members by coordinating care through medical homes, engaging in proactive health care, preventive services, and member outreach. This will in turn increase quality outcomes and lower costs.
 - If the ACO is successful in meeting the quality and cost measures, they can receive a share of the savings that was achieved.
 - To incentivize participation in health and wellness activities, members' monthly premiums will be waived if they meet the requirements.
- Under the IHW – Premium Assistance Program, the use of commercial health plans and selection through the Health Benefits Exchange will:
 - Allow individuals to stay on the same plan through the Exchange even if their income changes and they are no longer eligible for Medicaid.
 - Allow individuals to access coverage through the same plans that all lowans have access to on the private individual market, through the Health Benefits Exchange.