

## Session Highlights

Working under a shortened session, the Iowa Legislature moved at a vigorous pace in 2010. The Legislature finished their work on March 30, cutting nearly 20 days out of the usual 100 day session. Because of the shortened session, legislative “funnel” deadlines came weeks earlier than usual forcing bills to move quickly. Much of the session stayed focused on the budget, leaving little time for much else. But even with the quickened timeline, HPCAI was able to achieve all of its 2010 legislative priorities. Highlights for the year of interest to the Iowa hospice community include:

- The legislature made no cuts to eligibility, benefits or services within the Iowa Medicaid program preserving access for Medicaid members to a hospice benefit for another year.
- The legislature approved a 2-year extension and modest expansion of the physician order for scope of treatment (IPOST) pilot program in Linn County as supported by HPCAI.
- Pain Management: HPCAI resisted efforts to restrict access to pain management services through scope of practice changes.

Thanks to the hard work of hospice advocates across the state which contributed to another successful legislative session. Questions about legislative concerns should be directed to Shannon Strickler at HPCAI at [stricklers@ihaonline.org](mailto:stricklers@ihaonline.org) or 515/243-1046.

## HPCAI Legislative Agenda

### Medicaid

While the legislature anticipated more than a \$250 million shortfall in the Medicaid budget under consideration, the General Assembly included \$1 billion in the state budget in **House File 2526** to sustain the state’s Medicaid program for Fiscal Year 2011 without any additional cuts to eligibility or services. Importantly for hospices, this preserved access to the Medicaid hospice benefit for another year.

However, the legislature utilized approximately \$500 million in one-time funding for the Medicaid budget, meaning that next year’s Medicaid budget will be a challenge especially because the federal health reform legislation included strict maintenance of effort requirements for states substantially limiting the options for controlling or reducing costs to essentially cutting provider payment rates or finding the revenue from other parts of the state budget.

## **End-of-Life Decisions**

As supported by HPCAI, the general assembly approved in **House File 2526** a 2-year extension of the physician order for scope of treatment (IPOST) pilot program in Linn County and permits a modest expansion of the pilot to a contiguous rural county as supported by HPCAI. An IPOST allows a patient to discuss their wishes with their physician and have them executed with a medical order that travels with the patient. This order insures that the patient's wishes have been clearly communicated in medical terms so that medical providers in a nursing facility or a hospital emergency department understand and follow the patient's desires. These forms allow patients to select extraordinary and invasive measures or comfort care, or any combination thereof. Hospice members in Linn County have been very involved in the creation of this pilot program.

Consistent with HPCAI's vision to have Iowans seek end-of-life care appropriate for their needs and have access to quality hospice and palliative care consistent with their individual desires and values, HPCAI supports the IPOST movement in Iowa.

## **Pain Management**

HPCAI closely monitored **House File 2136** and **Senate Study Bill 3085**, which focused on the practice of pain management in the state. The legislation would have broadly defined chronic interventional pain medicine and limited the practice to physicians.

HPCAI tracked the legislation to insure that there would be no changes to Iowa law regarding the scope of practice that would impact pain management at the end-of-life. Ultimately, no legislation on the subject was approved by the legislature.

## **Other Legislation of Interest**

### **Insurance Legislation**

Senate File 2201, the Insurance Division omnibus bill, contains provisions designed to facilitate more oversight of the insurance industry in the state. The bill requires annual reports on methods to reduce costs of health insurance coverage and services and the cost and quality of health insurers in the state. Furthermore, the bill designates the application for rate increases and all information accompanying such applications as public records under Iowa law. SF 2201 also requires customer notification and a public hearing for any rate increase exceeding the average annual health spending growth rate.

SF 2201 was approved by the Iowa General Assembly, signed by the Governor, and will become effective July 1, 2010.

### **Nursing Workforce**

Aimed at providing better data on nurses and increasing the nursing workforce, **Senate File 2384** directs the Iowa Department of Workforce Development to create data

clearinghouse for available nursing data, including information from the Board of Nursing, Department of Public Health and the Department of Education.

In addition, the legislation creates accounts for grant dollars to support nurse training residency programs and infrastructure as well as nurse educator scholarships. These accounts may accept public or private funds for the programs.

While effective July 1, the legislation primarily creates the structure for these programs designed to increase the nursing workforce as implementation is subject to available funding. The governor has signed SF 2384.

## **Government Reorganization**

In an effort to find budget savings through government restructuring, the Legislature spent a great deal of time on **Senate File 2088** during first half of the legislative session. HPCAI initially registered “opposed” to the bill because it would have created a state False Claims Act that was much broader and aggressive than current federal law.

Ultimately, through the work of the house subcommittee process, the legislation was amended to amend the False Claims Act to mirror the federal law. After these changes, HPCAI took a neutral position on the legislation. SF 2088 passed the Legislature and was signed by the governor.

## **Labor Initiatives**

The abbreviated legislative schedule did not lend itself to significant public debate on labor initiatives in 2010. All of the labor bills from the 2009 were once again eligible for debate this year, including employee choice of physician for worker’s compensation (HF 795/SF 155), “fair share” (HF 555), collective bargaining (HF 821) and prevailing wage (HF 333).

None of the bills received floor debate in either chamber this session, primarily because House Democrats were unable to garner the necessary votes to pass the bills against the opposition of a block of moderate Democrats.

Because 2011 begins a new two-year legislative cycle, each of these bills will need to be reintroduced and start the legislative process over in order to be eligible for consideration. The outcome of the November elections will have a great impact on the future chances for each of these initiatives with the 84<sup>th</sup> Iowa General Assembly convening in January 2011.

## **Wrongful Death**

**House File 758** would have added a new category of damages in wrongful death lawsuits to compensate for the “loss of enjoyment of life.” This new category of damages would require juries to place a value on the life the decedent, in addition to any economic or loss of consortium damages currently available under law.

This new category of damages could have a significant impact in medical liability cases, and some insurance companies estimated that medical liability insurance rates could increase 12-20 percent if the bill was adopted.

HF 758 passed the House in 2009 and the Senate Judiciary Committee in 2009 and 2010, but was never debated on the Senate floor. Although the issue remained a top priority for legislators, Senate Democrats could not garner enough support to pass the bill out of that chamber. The wrongful death bill will need to be re-introduced in 2011, though it is very doubtful that it could achieve enough votes to pass the House again in the current legislative environment.

## Appropriations Bills

### Administration and Regulation Appropriations

*(Senate File 2367)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Insurance Division</b>	\$4,928,244	\$4,881,216
Licenses and regulates companies that sell insurance in the state		
<b>Health Facilities Division</b>	\$4,030,108	\$2,235,383
Inspects hospitals, nursing facilities, hospices and home health agencies		

### Federal Block Grant Appropriations

*(House File 2519)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Substance Abuse</b>	\$13,524,616	\$13,477,961
For drug and alcohol abuse treatment and prevention programs		
<b>Community Mental Health Services</b>	\$3,368,868	\$3,500,167
For substance abuse and mental health care administration		
<b>Maternal and Child Health Services</b>	\$6,529,540	\$6,512,104
For children and expectant mothers, including regional and mobile health clinics		

### Federal Block Grant Appropriations (cont.)

*(House File 2519)*

<b>Preventive Health</b>	\$1,114,623	\$1,064,859
For risk education, health incentive programs, chronic disease services,		

emergency medical services, fluoridation monitoring and AIDS prevention

**Stop Violence Against Women** \$1,482,096 \$1,393,190

For grants to prevent violent crimes against women

### **Education Appropriations**

*(Senate File 2376)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Des Moines University</b>	\$349,699	\$404,489

Continuation of an initiative to direct osteopathic physicians to practitioner shortage areas in the state

### **University of Iowa Hospitals and Clinics**

Appropriations from this section include:	<b>FY 2011</b>	<b>FY 2010</b>
Family practice program	\$1,855,628	\$2,061,809
Child health care services	\$684,297	\$760,330
Statewide cancer registry	\$154,666	\$171,851
Substance abuse consortium	\$57,621	\$64,023

### **Human Services Appropriations**

*(House File 2526)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Medicaid</b>	\$785,707,522	\$745,188,790

For medical assistance to eligible low-income individuals for FY 2011. The Medicaid program is funded through many separate funds and bills. The figure above includes total appropriations from all funding sources.

**Children's Health Insurance** \$23,637,040 \$13,166,847

For maintenance of the Healthy and Well Kids in Iowa (*hawk-i*) programs to provide health insurance coverage to uninsured children

**Medical Contracts** \$9,683,668 \$12,286,353

**Child and Family Services** \$79,593,023 \$81,532,306

For non-federal costs of services reimbursed under medical assistance or for the Family Investment Program provided to children who would otherwise receive services paid under funds appropriated in this section

### **Human Services Appropriations**

*(House File 2526)*

**Mental Health Institutes**

Despite proposals near the beginning of session to close one of Iowa's four mental health institutes (MHIs), no action was taken to do so and all but one MHI will see an increase in general fund appropriations for FY 2011.

	<b>FY 2011</b>	<b>FY 2010</b>
Cherokee	\$5,221,979	\$4,892,468
Clarinda	\$6,139,698	\$5,604,601
Independence	\$9,590,653	\$8,553,210
Mount Pleasant	\$1,613,175	\$1,614,663

**State Resource Centers (Hospital Schools)**

Provides general funding for the state's two hospital schools, as follows:

Glenwood	\$14,982,839	\$15,808,438
Woodward	\$9,312,271	\$9,786,280

**Department on Aging**

*(House File 2526)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Department on Aging</b>	\$4,662,988	\$5,251,698

Provides services to citizens over 60 years of age, including case management for the frail elderly, Alzheimer's support, retired senior volunteer program, resident advocate committee coordination, employment, mental health outreach, adult day care, respite care, chore services, telephone reassurance and home repair services.

**Public Health Appropriations**

*(House File 2526)*

	<b>FY 2011</b>	<b>FY 2010</b>
<b>Addictive Disorders</b>	\$28,974,840	\$28,652,500

Supports programs to reduce use of tobacco, alcohol and other drugs and provide treatment for addictive disorders, including gambling

<b>Healthy Children and Families</b>	\$2,735,062	\$2,249,167
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Funds programs to improve the health of young people from birth to 21 years old (specific program appropriations are to be made at the department level)

**Public Health Appropriations (cont.)**

*(House File 2526)*

	<b>FY 2011</b>	<b>FY 2010</b>
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<b>Chronic Conditions</b>	\$3,597,313	\$2,756,236
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Serves those suffering from chronic health problems or special health care needs (specific program appropriations are to be made at the department level)

<b>Community Capacity</b>	\$5,503,037	\$4,116,847
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Provides for strengthening the health delivery system at the local level (specific program appropriations are to be made at the department level)

<b>Healthy Aging</b>	\$8,045,779	\$8,345,779
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Funds programs to improve the health of adults over 60 years old

<b>Infectious Diseases</b>	\$1,475,095	\$1,630,661
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Supports programs reducing the incidence and prevalence of communicable diseases