



Iowa ACEs Policy Committee
Legislative Update: May 7, 2019

1st Five Healthy Mental Development Initiative: Expand 1st Five statewide to increase access to developmental health and family resources

- 1st Five received status quo funding but language in the HHS budget does provide an additional 1.0 FTE position to support program administration at the state level. While we were disappointed that the program did not receive the necessary funds to expand statewide (1st Five currently operates in 88 of Iowa's 99 counties), the additional staffing included in the HHS budget is a positive sign, reflecting legislators' desire to invest in the program.

Children's Mental Health: Develop a statewide Children's Behavioral Health System following the recommendations of the Children's System State Board.

- The Governor's children's mental health bill received strong bipartisan support in both chambers, a reflection of the Governor's leadership and the legislature's commitment to finally make children's mental health a priority for the state. This legislation codifies the Children's Behavioral Health System, outlines the regional governance structure of the children's system, and begins to spell out services and eligibility.
- The following appropriations were included in the HHS and Education budgets to support the creation of a children's mental health system:
 - \$1.2 million to eliminate children's mental health waiver waiting list
 - \$2.1m to AEAs for mental health training and support in schools
 - \$306,000 for statewide crisis hotline
 - \$300,000 for not more than 1.0 FTE at DHS to support the work of the Children's Board, and support the cost of establishing and implementing children's behavioral health services (of which \$32,000 to be transferred to IDPH).

Medicaid and Children's Health: create a Pediatric Advisory Board and extend EPSDT children covered in Iowa's separate CHIP program (hawk-i)

- The bulk of our efforts have been focused on pushing back against harmful proposals that would take Medicaid coverage away from those who cannot meet rigid work reporting requirements. We were relieved that the legislature decided NOT to implement harmful proposals (like work reporting requirements). This is an issue that will be sure to resurface next session, so we will be working hard of the interim to educate our policymakers on why these proposals don't make sense for Iowa.
- We are concerned about the implications of UnitedHealthCare's departure. UHC managed the health care services of nearly 2/3 of Iowa's Medicaid members. Their decision to exit the market brings more confusion and turmoil to Iowa's already fraught managed care

delivery system. This latest upheaval is also likely to set back any hopes of implementing any proactive measures to improve outcomes for kids in Medicaid (like creating a Pediatric Advisory Board or extending EPSDT to our separate CHIP program).

- We are excited that the legislature will be making it easier for pregnant women who are legal permanent residents (i.e. green card holders) to access prenatal care and maternity services. Currently these women must wait five-years before applying for Medicaid benefits which often means these women don't receive recommended prenatal care. This legislation would direct the state to waive the five-year waiting period, making it easier for women to access the care they need and increasing the probability of healthy birth outcomes.

Prenatal Home-Visitation: continue state investment and increase access to prenatal and maternal health home-visiting programs

- Sen. Bolkcom introduced a bill that would require the managed care organizations to provide one home visit to all newborns covered by Medicaid. This bill did not survive funnel, but ACEs Policy Coalition members have used this bill as a tool to educate key members of the Human Resources committees on the importance of home-visiting.

Trauma-Informed Child Welfare System: reduce caseloads, invest in new child welfare information system, and advance evidence-based practices.

- The HHS budget included increased funding for caseload relief by providing the funds to hire 29 FTEs (primarily social worker II and IIIs). This does not get the state to the recommended caseload ratio and funding for a new child welfare system but it is a good starting place.
- The Technology and Reinvestment Fund budget includes \$5.5 million in FY 2020 for the development of a child welfare information system.