



**Iowa ACEs Policy Committee**  
**Legislative Update: March 8, 2019**

**1<sup>st</sup> Five Healthy Mental Development Initiative:** Expand 1<sup>st</sup> Five statewide to increase access to developmental health and family resources

- Rep. Mascher (D) introduced a bill that would expand 1<sup>st</sup> Five statewide. This bill did not survive funnel.
- Now that the first funnel is completed and budget targets have been released, attention will begin to turn to appropriations. Members of the ACEs Policy Coalition will meet with Rep. Fry and Sen. Costello, co-chairs of the HHS Appropriations budget subcommittee, to advocate for an increase in funding for 1<sup>st</sup> Five.

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

- SF 479 and HF 690 (the Governor's children's mental health bills) both made it through funnel. 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 Senate bill passed without amendment. The House version included an amendment that would remove the requirement that a child have a serious emotional disturbance diagnosis to be eligible to receive crisis services (this diagnosis would be required for other services), adds timelines, classifies the crisis line as a core service, and clarifies membership of the governance and advisory boards. We are supportive of this amendment, though it does not address all of our concerns. Kids with ADHD disorders would also NOT be eligible for children's mental health services (e.g. children with ADHD as primary diagnoses). We also have concerns regarding the bills lack of focus on primary prevention services, but recognize this legislation as an important first step in addressing our current patchwork of children's mental health services.

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

- Both Medicaid priorities are currently being pursued outside of the legislative process (working with IME, the hawk-I board, and the Governor's office), but we will continue to monitor opportunities to include these asks into legislation, if necessary.
- 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. SF 538 which would require members of the Iowa Health and Wellness Plan (Iowa's Medicaid expansion population) to report at least 20 hours of week each week



(or prove that they qualify for an exemption) in order to keep their health coverage. This bill moved out of the Labor and Business Relations committee and will be eligible for debate on the Senate floor.

**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 Governor's budget included increased funding for caseload relief, though it does not get the state to the recommended caseload ratio and funding for a new child welfare system. Neither budget item is funded to meet the full need, but both are a good starting place.
- SF 545 (reinstatement of parental rights) advanced out of the first funnel. A possible amendment to this bill would add language that would support evidence-based practices.