

Iowa Nurses Association

2016 LEGISLATIVE SESSION SUMMARY OF LEGISLATION IMPACTING NURSING AND HEALTH CARE IN IOWA

The Iowa Nurses Association devotes substantial resources to public policy and legislative advocacy which is a priority focus of our organization. Proactive policy development is essential. Many INA members contribute nursing input while serving on local and state committees and boards. Additionally, our Public Policy Committee is highly engaged in the legislative session. The Public Policy Committee responded and reacted to over 50 bills during 2016 this session. The following is a description of legislation organized under each of INA's public policy priorities.

INA PRIORITY #1: Participate in the redesign of the Iowa healthcare system to insure a patient centered approach.

A. Bills that promoted health care affordability while ensuring accessibility and promoted and funds a full range of services across health care settings.

SF 2260 MEDICAID MANAGED CARE. (Human Resources; Successor to SF 2091) House Committee: Forristall (C), Best, Heddens. Requires the DHS to contract with a 3rd-party CPA to verify various information submitted by Medicaid managed care organizations. Does not require such verification of ownership and control of a non-profit if the organization is certified under the Medicaid program.

INA advocated for patient access to health care by educating legislators about the risks association with the implementation of Medicaid Privatization and the introduction of Managed Care Organizations. INA emphasized the need for oversight to protect consumers. SF 2260 was created by legislators who listened to the information provided by various advocacy groups:

- Included a Legislative Health Policy Oversight Committee that meets twice during the interim; hears concerns and makes recommendations.
- Clarified the authority and duties of the Long Term Care Ombudsman to advocate for Medicaid members.
- Expanded and clarified the duties and authority of MAAC consumers to have a stronger vote on the MAAC. A consumer will co-chair with the Director of the Dept. of Public Health and there will be more public input sessions across the state.
- Required data reporting and public posting of data including provider network access and key gaps.
- Stated that MCO's cannot change practice parameters as defined by state law.

B. Bills that supported the need for stable mental health services.

HF 2456 MH LEVY. Extends current provisions on how counties calculate the MH property tax levy *for only a year*. The bill essentially extends the 1996 cap on counties another year having the effect of restricting the taxing capacity of prosperous growing counties to increase funding to meet increased population needs for mental health services and reducing the MH per capita levy for 73 counties that are losing population.

SF 2259 MH TREATMENT. Requires the provider of outpatient services for someone under a court order to get MH services to notify the judge if the patient fails to undergo treatment and as a result, is dangerous. Requires the judge who orders the original committal to order the patient into protective custody. Requires the patient to be given the choice of treatment or being hospitalized. Requires MH/DS regions to contract with outpatient treatment providers for appropriate treatment in these cases. Includes notice requirements.

SF 2144 MH DISCLOSURES. Establishes exceptions to MH disclosure prohibitions for care coordination. Establishes a non-profit for the governance of the Iowa Health Information Network. Requires DPH to pick the entity through a competitive process. Includes transition provisions and other conditional provisions. Establishes exceptions to MH disclosure prohibitions for care coordination. Establishes a non-profit for the governance of the Iowa Health Information Network. Requires DPH to pick the entity through a competitive process. Includes transition provisions and other conditional provisions.

SF 2188 PSYCHOLOGIST PRESCRIPTIONS. (Successor to SF 2075). Grants certain psychologists prescriptive authority. Establishes requirements for collaborative agreements. Allows a psychologist with a certificate to write prescriptions for psychotropic drugs under the supervision of a doctor. Makes such a certificate good for four years. Requires two years of training, and additional requirements if the psychologist deals with certain populations. Allows a psychologist with a conditional certificate to write prescriptions under the supervision of a licensed physician. L Miller introduced an amendment H 8283 that requires the BOM & the BOP to adopt joint rules on education, training, certification, collaboration agreements and related matters. Includes the UI School of Medicine in training, and adds to the training requirements. Excludes narcotics from the definition of psychotropic drugs. Adds a definition of physician. Makes corrections.

HF 2264 BULLYING TRANSFER. Allows a student who transfers schools due to bullying to immediately compete in high school sports and extracurricular activities.

C. Bills that continued efforts to assure health care access in rural settings.

There were no bills specific to rural health but there was language within some bills that promoted access to health care in rural settings.

D. Bills that addressed older adult and long term health care needs

No bills impacting older adults were passed this year. Several bills pending from last year's session did not advance.

E. Bills that assured the reimbursement of ARNP's in all redesign efforts.

MCO policy manuals listed Stated that MCO's cannot change practice parameters as defined by state law.

INA PRIORITY #2: Promote a culture of patient safety in all practice settings.

SF 2218 OPIOID ANTAGONISTS. Authorizes EMS programs, law enforcement agencies and fire departments to have a supply of opioid antagonists for responses in overdose situations. Allows a licensed health care professional to write a prescription for such an agency. Includes other persons who

are able to assist in an emergency. Makes definitions and requires DPH to adopt rules on protocols for use and other matters. Makes the bill contingent on an appropriation.

SF 2219 CARBON MONOXIDE DETECTORS. Requires the installation of carbon monoxide detectors in apartments and homes that have a fuel-fired heater, a fireplace or an attached garage. Requires the alarms to be installed by bedrooms, or as determined by the Fire Marshal by rule. Makes the owner of a single-family home responsible for installing the alarm and certifying that the alarm has been installed when filing for a homestead credit. Requires the use of alarms with a light in rentals used by deaf tenants. Makes CO subject to similar rules for smoke detectors. Gives the State Fire Marshal enforcement duties and sets penalties. See HF 2310.

SF 2102 PRESCRIPTION MONITORING. Directs the BOP to take steps to improve secure electronic access to the prescription-monitoring program and to work with an institutional user on secure access for pharmacies. Allows the release of prescription monitoring information for statistical, educational and research purposes, if identifying information is removed. Makes changes to improve readability.

SF 2116 CONTROLLED SUBSTANCES. Makes changes to the controlled drugs schedules, including adding 10 synthetic cathinones, eight synthetic cannabinoids and acetyl fentanyl to Schedule I.

SF 2191 HUMAN TRAFFICKING OFFICE. Establishes an office to coordinate efforts on stopping human trafficking in the DPS. Makes the office the point of contact for human trafficking prevention in activity in Iowa and requires the office to work with other agencies and organizations with expertise in the area. Requires the office to develop strategies to collect criminal history data, to share inform, to assist other agencies and victims and to take other steps to fight human trafficking. Adds annual reporting requirements.

INA PRIORITY # 3: Support efforts to expand nursing workforce development, increase the proportion of nurses with higher education and address nursing faculty shortages.

INA educated legislators about the need for a strong health care workforce and advocated for nursing workforce development while educating legislators about future health care needs. INA gained support to maintain language that continues the Iowa needs nurses now and nurse residency programs. note: funding was not obtained.

HF 2377 NURSE LOAN REPAYMENTS. Limits the amount of repayment available to ARNP and Physicians Assistants to \$4,000 annually and \$40,000 in the aggregate. Strikes the limit on the College Student Aid Commission from entering into more than 15 ARNP or PA loan repayment programs annually.

APPROPRIATIONS BILL OF INTEREST:

SF 2323 EDUCATION APPROPRIATIONS

This bill funds the Department of Blind, College Student Aid Commission, Department of Education and the Board of Regents at \$1,009.8 million.

- The Rural Nurse and Physician Assistant Loan Repayment Program is decreased by \$200,000 to reflect lower than anticipated demand for the Program.

- The Health Care Professional program established in Iowa Code 261.115 is appropriated \$400,973 which is administered for Des Moines University for a “Health care professional” defined to mean a physician, physician assistant, podiatrist, or physical therapist.
- The Registered Nurse and Nurse Educator Loan Forgiveness program established by Iowa Code 261.116 is appropriated \$80,852.

INA Priority # 4: Support Public Health programs, functions and infrastructure to:

- Conduct public health surveillance of infectious diseases including efforts to reduce antibiotic resistance
- Develop and promote evidenced-based preventive health care strategies
- Provide chronic care management
- Promote healthy communities

SF 2359 PUBLIC HEALTH FLEXIBILITY. *(Formerly HF 2159 & HSB 591).* Makes changes to make it easier for local boards of health to voluntarily merge. Adds members to the Government Public Health Advisory Council with expertise in specific areas and makes changes to the duties of the council. Strikes outdated language and updates language and references.

APPROPRIATIONS BILL OF INTEREST:

HF 2460 HEALTH & HUMAN SERVICES APPROPRIATIONS. Makes FY 2017 appropriations for HHS to the DVA, the IDA, the office of the Long-Term Care Ombudsman, the DPH, the IFA, the DHR, and the DHS. The bill appropriates a status quo budget of \$1,836,364,265 which is \$4 million over the FY 16 estimated budget and a 0.2% increase.

Key Features:

- Medicaid receives just over \$1.3 billion.
- Fully funds “First Five” (healthy mental development for children) in 13 additional counties.
- Funds efforts to determine the best programs and initiatives to address healthcare workforce shortages and develop a strategic plan \$100,000.
- Funds children’s mental health grants for crisis service development \$300,000.
- Funds \$3 million for county mental health regions (Polk and Scott) which could be avoided with a mental health levy bill fix. (SF 2236 which did not pass).
- Funds Department of Public Health in amount of \$215,263 for reform-related activities, including but not limited to facilitation of communication to stakeholders at the state and local level, administering the patient-centered health advisory council pursuant to section 135.159, and involvement in health care system innovation activities occurring across the state.
- Removed the sunset for Iowa Needs Nurses Now (INNN) (261.129) and Nurse Residency matching grant (135.78) programs so they continue, but are not funded.
- Provides Medicaid Privatization Oversight.
 1. Legislative Health Policy Oversight Committee to meet twice during the interim; hear concerns, make recommendations
 2. Clarifies the authority and duties of the Long Term Care Ombudsman to advocate for Medicaid members

3. Expands and clarifies the duties and authority of MAAC consumers to have a stronger vote on the MAAC. A consumer will co-chair with the Director of the Dept. of Public Health and there will be more public input sessions across the state
4. Requires data reporting and public posting of data including provider network access and key gaps.
5. *Governor stated in message: "I was proud to sign every Medicaid Modernization oversight item into law....because our Medicaid patients deserve an outcome-focused accountable Medicaid program. We now have nearly 1000 measureable results tracking the health outcomes of Medicaid patients; something the old Medicaid program never did."*
 - Included Children's Mental Health (SF 2297) for planning grants to compile system solutions for a children's mental health system.
 - Amended Opioid Antagonist Act (SF 2218) to clarify that a licensed health professional may prescribe an opioid antagonist and a pharmacist may provide under a standing order.
 - Included meningitis vaccine (SF 2136) requiring students enrolling in 7th and 12th grades to be immunized against meningococcal disease in accordance with the U.S. Public Health Services. Medical and religious exemptions apply. *Governor's message: "I have met with families who lost loved ones and medical experts and I am convinced this will save lives in Iowa. This immunization is covered by insurance. Also, there is an exception for individuals to opt out of the immunization for medical reasons or religious beliefs."*
 - Funds Behavioral Analysts program (135.181) with \$250,000.
 - Funds youth suicide prevention with \$50,000
 - Funds Direct Care Worker activities with \$213,400.
 - Funds medical residencies with \$2 million
 - Funds College Aid Commission with \$105,823 for Rural Primary Care (261.113-osteopathic physicians and surgeons in rural Iowa)
 - Funds the Medical Cannabidiol Act (124D) with \$25,000
 - Funds mental health workforce and treatment at University of Iowa \$110,656 and Cherokee Mental Health Institute \$99,904
 - Study the use of a new multi-purpose tablet medication to replace multiple pills.
 - VETOED: Prohibits recommendations by Governor on cost containment strategies that would have reduced payments to physicians, hospitals and nursing homes.
 - VETOED: Strikes prohibition for Department of Public Health to decrease a Level II certification.

INA Priority # 5: Support efforts that allow nurses to practice to the highest extent of their education and license.

INA responded to bill language that referenced nurses or language that omitted nursing or directly impacted nurses or nursing practice and asked legislators to modify language that was inconsistent and inaccurate.