

Legislative Update, Feb. 7, 2011

IAHSA introduces ALP Consumer Protection Bill; hosts Senior Services Day on the Hill

February's first week was a very busy one for IAHSA's Public Policy team, as we hosted Senior Services Day on the Hill, introduced our Assisted Living Consumer Protection bill (HSB 54) and met with new Department of Inspections and Appeals (DIA) Director Rod Roberts. The week ended with Friday's bi-weekly Public Policy Committee.

Senior Services Day on the Hill

IAHSA hosted a Senior Services Day on the Hill Jan. 31st in the Capitol Rotunda. Representatives from 18 IAHSA facilities and IAHSA staff spent the morning meeting with legislators over coffee and desserts. The group discussed important issues such as the SFY 2012 Medicaid budget, an IAHSA bill (HSB 54) that would strengthen consumer protection for tenants in assisted living programs that decertify, and the need for a Demand Study to help providers better prepare for an increased need for HCBS services and a rapidly-growing aging population.

IAHSA's Senior Services Day on the Hill proved an excellent forum for IAHSA members to meet a number of important legislators, and for the General Assembly as a whole to see the impact IAHSA's not-for-profit providers have on their communities and on Iowa's economy.



Craig Johnsen, Executive Director at Wesley Acres; Velda Phillips, Administrator at Friendship Village; Rob Roberts, Director of DIA and Dana Petrowsky, President/CEO IAHSA at IAHSA's Senior Services Day on the Hill Jan. 31. IAHSA met the following day with Director Roberts and his staff to discuss forging a more collaborative relationship between the department and the long term care profession. Roberts replaced Gov. Culver-appointed Dean Lerner.

The Governor's Budget Proposal

Governor Branstad has introduced his budget recommendations for SFY 2012. Included is a proposal to raise the provider tax to the maximum six percent as part of a larger plan to fill a \$571 million Medicaid budget shortfall for SFY 2012, due to the loss of federal stimulus funding. The Governor also proposes to fund rebasing with provider tax funds, rather than through the general fund.

IAHSA meets Feb. 11 with DHS and other stakeholders to determine how much of an increase is needed in the current provider tax rate of three percent to cover the projected \$13.7 million needed for rebasing.

Priority bills--Update

HSB 54 Assisted Living Program Consumer Protection

IAHSA's bill to strengthen consumer protections for tenants in assisted living programs that decertify has been introduced. Its provisions include a 90 day notice of decertification, require that the provider hold a meeting to include tenants, the ombudsman, DHS, DIA, insurance division, etc. The bill would also require the provider to notify the tenant of their right to choose another home health agency besides that affiliated with the housing provider, and provide a list of the home health providers. IAHSA's lobbyist John Pederson is working to arrange bill sponsors.

HF 110 has been introduced by Reps. Isenhardt and Hunter. It's also an assisted living bill addressing programs that decertify, and where the house provider remains the sole provider of services. This bill is onerous as it would prevent programs from discharging tenants on the basis of third-party payor arrangements (Medicaid). **Oppose.**

HSB 55 Aging in place.

Bill by the Assisted Living Federation of America (ALFA), would allow tenants of assisted living programs to "age in place" if they, their family members, legal representatives, physicians and other affected parties agree to allow the tenant to remain in an assisted living program if the program has the appropriate staff and resources to care for the tenant. The bill has been introduced and is scheduled for subcommittee action. **Support.**

Adult Day in underserved areas.

A proposal by IAHSA to allow assisted living programs and nursing facilities in underserved areas to offer adult day care without the mandated separate staff and space has been put on hold for a year by the Public Policy Committee. Committee members felt the proposal needed further consideration as part of a larger plan to expand HCBS services. **Delayed**

SF 58 Healthcare professionals in underserved areas. Creates Area Health Education Centers (\$1 million appropriation). Purpose is to recruit and train healthcare professionals to work in underserved areas. **Support.**

SF 126 HCBS reimbursement recalculation. Would require reimbursement for HCBS Elderly Waiver to be recalculated annually using the skilled nursing facility market basket index.

Support

SF 127 case management frail elderly. Appropriates \$2.7 million to the Department on Aging to meet the needs of frail elders, including adult day care, assisted transportation, caregiver support, chore services, etc. **Support**

New bills IAHSa is monitoring

HF 82 Medicaid recipient co-pay. Would prohibit nursing facilities, hospitals, etc., from applying co-pay if the person is required, as a condition of receiving services, to spend for costs of necessary medical care all but a minimal amount of income for personal needs.

SSB 1071 IDPH health workforce center. Would create an Iowa health workforce center to coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce. Develop a biennial strategic plan for health care delivery infrastructure and health care workforce resources in this state. Provide for the continuous collection of data to provide a basis for health care strategic planning and health care policymaking. Make recommendations regarding the health care delivery infrastructure and the health care workforce that assist in monitoring current needs, predicting future trends, and informing policymaking. Leverage federal, state, and local resources to support programs under the purview of the center. Also promotes health aging efforts.

SSB 1060 creation of a statewide health information exchange. Establishes Iowa e-health as a public-private, multi-stakeholder collaborative to develop, administer, and sustain an exclusive statewide health information exchange; provides principles and goals of Iowa e-health; and describes the five domains that provide for the structuring of Iowa e-health. Provides for the governance of Iowa e-health, establishes a board of directors representing consumers, business, health care provider associations and providers, payers, and state government. The bill provides for appointment of members, terms of service, restrictions for membership, powers of the board, board meetings, and provisions relating to ethics and conflicts of interest. Directs the board to appoint an advisory council, specifies the membership of the advisory council, and allows the board to change the number and composition of the members of the advisory council by rule based upon the changes in and evolution of health information technology, the health information exchange, and the services provided.

SSB 1077 MI/MR/DD reorganization. Designates IDPH as the state's authority on mental health and substance abuse. Provides legislative findings, legislative intent, and a planning process to reorganize state and county responsibilities for provision and funding of services for adults with mental illness, mental retardation, and developmental disabilities.

SF 117 Creates division of health policy within IDPH to fulfill the duties of the department in integrating public and private efforts in formulating and implementing a state health policy

agenda that addresses the health care infrastructure and workforce, cultural transformation to emphasize health and wellness across all sectors, and the collection, analysis, and use of cost and quality data. Specifies the duties of the division relating to development of a strategic plan, collection of data, and development of a blueprint to make Iowa one of the healthiest states by the year 2014. Creates strategic plan.

SF 119 HCBS trust fund. The money in the home and community-based services trust fund are appropriated (\$8.5 million) to the department to be used for distribution through the area agencies on aging to provide home and community-based services for older individuals designed to promote the independence of and to delay the use of institutional care by older individuals with low and moderate incomes.

HF 90 Scope of practice impact statement. Administrative rules adopted by health-related licensing boards. Would require that a health-related licensing board analyze impact of a rule on duties, functions of licensed health professionals. Requires a cost-benefit analysis of the rule.

HSB 26 Notice of claim and certification of merit requirements in malpractice claims. Within 60 days of filing claim for personal injury or wrongful death, plaintiff shall serve notice including statement of theory of liability of healthcare provider. Increases notification and service from plaintiff to health care provider.

SF 94, HF 111 Repeal of mandated health care coverage. Would not allow imposition of penalty on those choosing not to purchase healthcare coverage.

SF 103 Board of Pharmacy Civil Penalties. Increases allowable civil penalties from \$25,000 to \$250,000.

HF 130 Increase in state minimum wage to \$8.

SF 116 Wage garnishment. Limit liquidated damages to twice the amount of unpaid wages rather than the amount of unpaid wages. Provide that the employer has the burden to establish that a deduction from employees' wages is lawful and must obtain written authorization for the deduction from the employee in advance.