



Quick Reads

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Legislative outlook

This week marked the start of the first session of the 86th General Assembly. Tuesday, the Governor gave his [Condition of the State](#) address to the Legislature. IDPH's legislative package for the 2015 session will propose changes to the Medical Residency Training Grant Program, the Iowa Public Health Modernization Act, the process for merging into a District Board of Health, and a transition for the Iowa Health Information Network from a state-led governance model to a not-for-profit model of governance.

Our budgetary goals are heavily related to long-term and short-term planning efforts around the department's data collection systems, as well as a requested General Fund reallocation of \$200,000 in unobligated funds from the cervical cancer screening program to the Bureau of EMS and Trauma Systems. IDPH also supports the Governor's recommended increase of \$1.0 million to the Medical Residency Training Grant Program to address the state's physician shortage. I look forward to another session working with policy makers and our stakeholders to advance public health in Iowa. To stay in the loop, please subscribe to the [IDPH Legislative Update](#) by sending a blank email to join-IDPHLEGUPDATE@lists.ia.gov.

ACA impact

IDPH's initial actuarial study of the impact of the implementation of the Affordable Care Act (ACA) on IDPH-supported direct healthcare services is complete. The Milliman actuarial firm study focuses on three areas: covered populations, covered benefits, and provider networks. In summary, the final report projected the following:

- Overall demand for IDPH-funded [substance abuse treatment](#) is projected to initially decrease and then remain level through 2017, with IDPH responsible for a reduced percentage of outpatient treatment services and all residential treatment.
- Demand for [home care aide and nursing services](#) will not change, primarily because the covered population is generally aged 65 and older, and therefore not eligible for ACA enrollment.
- Demand for tobacco [Quitline](#) and [tobacco-related cessation services](#) is projected to increase as such services are not currently available in some new health plans.
- Demand for [cervical cancer screening](#) and other preventative services is projected to decrease as historically eligible women become enrolled in new health plans.

IDPH is now working with Milliman on a similar analysis of four more direct healthcare services programs: Chlamydia Testing and the Ryan White program, Oral Health Sealant Dental Services, Title V Home Visiting, and Title X Family Planning.

Life Course

Iowa is one of eight states participating in the Association of Maternal and Child Health Program's [Life Course Metrics](#) project. [Iowa's project](#) focuses on [life course](#) indicators specific to adolescents. The project is a collaborative effort to identify and promote a standardized set of indicators that can be used to measure progress using the life course approach to improve maternal and child health.

Influenza

By all indications, this flu season will be a severe one. The IDPH [Iowa Influenza Surveillance Network](#) continues to see outbreaks of influenza both among children and long-term care facilities. I continue to urge all Iowans 6 months of age and older to receive a flu vaccine and to observe the Three Cs: Cover coughs and sneezes; Clean hands frequently; and Contain germs by staying home when ill.

Congrats and kudos

Two IDPH bureau chiefs went into well-deserved retirement in the past few weeks. Congratulations to IDPH [Bureau of Health Statistics](#) Bureau Chief Jill France on her retirement. Melissa Bird has joined the department as the new bureau chief. Congratulations also to Barb Huey, who has retired as [Professional Licensure](#) Bureau Chief. Sarah Reisetter will take over Barb's duties.

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To everyone in public health and all our partners, keep up the great work!

— *Gerd*