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# **ACA ruling impact**

In late June, the Supreme Court of the United States (SCOTUS) ruled the Affordable Care Act (ACA) constitutional on a <u>5-4 decision</u>, based on Congress's authority to tax. At same time however, the ruling significantly restricted the expansion of Medicaid. The ruling gives states some flexibility not to expand their Medicaid programs, without paying the same financial penalties the law called for.

Some of you may support the ACA, some may not; however, it has generated both valid praise and criticism. The ACA does increase access to insurance, and theoretically will reduce the number of uninsured. The SCOTUS ruling, however, gives states a green light not to expand Medicaid. If Medicaid is not expanded, this resource for increasing insurance access is diminished.

A recent New York Times article reviewed the rules promulgated by the IRS for defining affordable premiums. The article found the potential cost borne by a family of four earning under \$40,000 a year would be so burdensome that these families would defer to pay the penalty, rather than premiums for insurance. This also would reduce insurance access.

The ACA's affordability has already been challenged by a recent Congressional Budget Office (CBO) report estimating its net cost will be \$1,168 billion over the first 10 years.

There are tremendous public health implications if and when the ACA is fully deployed. In upcoming issues of Quick Reads, I will dissect some of these issues as we engage in a conversation about the impact of the ACA.

#### **Internet Partner Services**

The STD Program will launch its <u>Internet Partner Services</u> (IPS) program this month. IPS will allow field staff to use social media sites to contact partners of persons who have tested positive for sexually transmitted diseases when the partners are known only by their Internet handles in specific social media sites. Protocols have been developed and approved and training will be provided by staff from the state of Maryland, which has been using IPS for two years.

#### **Oral health**

Each year, the <u>IDPH Oral Health Center</u> compiles the total number of services provided by dental hygienists under public health supervision, which allows oral health services to be provided in designated public health settings without the direct supervision of a dentist. The <u>2011 Public Health Supervision Services</u> report shows 76 dental hygienists provided over 160,500 preventive services last year. In addition, over 38,300 clients were referred to dentists for further follow up care and/or treatment.

### **Farm Progress Show**

Again this year, IDPH will highlight rural health and safety issues at the <a href="2012 Farm">2012 Farm</a>
<a href="Progress Show">Progress Show</a> in Boone, August 28th through 30th. More than 11,000 square feet of indoor and outdoor exhibits will focus on health issues ranging from grain bin rescues to skin cancer screening. Dozens of public and private partners, including the Department of Natural Resources, Iowa Workforce Development, Iowa Department of Transportation, the Governor's Traffic Safety Bureau, the State Hygienic Lab, Iowa Sports Foundation, the Healthiest State Initiative, and the Midwest Dairy Council will join IDPH for a variety of displays and demonstrations.

# **Quality Improvement update**

The IDPH <u>Neonatal Metabolic Screening Program</u> is working with the <u>Heartland Regional Genetics Collaborative</u> to address quality improvement. Following a QI summit in May, work began on a flow chart to identify gaps and duplication of processes. First and foremost on the list is the development of common terminology to be used in the three states participating in the collaborative (Iowa, North Dakota and South Dakota). The group is discussing the need to develop some educational plans and a <u>Gantt</u> chart to prioritize and determine future work plans. The group meets regularly to discuss quality improvement tools and to determine which best meet their needs.

## **Congrats and kudos**

IDPH <u>Health Promotion and Chronic Disease Prevention</u> Division Director Julie McMahon has accepted an invitation from U.S. DHHS Secretary Sebelius to serve on the Advisory Council on Alzheimer's Research, Care, and Services. The Advisory Council will advise

the Secretary on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with these conditions and their caregivers. Julie's term will begin immediately and end September 30, 2013.

Holly Hanson, IDPH Ryan White Part B Program Manager, has received the George C. Askew award for her group project in the Certified Public Manager program. The project focused on tailoring a tool from corporate America to state and county government to help elicit and improve an employee's workplace goals. The "Real Deal" is a deck of cards with a variety of values printed on each one. Participants choose their top five or six values and include a "deal breaker." The game helps to elicit employee's work and career values and then ties them to their yearly goals.

Mindy Uhle, Community Health Consultant with the IDPH <u>Bureau of Environmental Health Services</u>, has been accepted as a <u>Great Plains Public Health Leadership Institute</u> (GPPHLI) scholar for 2012-2013. GPPHLI is a year-long program designed to build and enhance the leadership skills of senior and emerging leaders in organizations whose primary mission is to improve the health and well-being of populations and communities. It is a regional institute focusing on public health leadership development in Nebraska, Iowa, and South Dakota.

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

— Dr. Miller-Meeks