



Volume 13, Issue 7 | April 5, 2013

The link to policy affecting older lowans

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Quiet Under the Golden Dome

From the perspective of the aging world, the Golden Dome has been a quiet place during the last few weeks.

Health and Human Services Budget - No Movement

As AgingWatch reported in the last published edition, budget targets had been released, the Senate spreadsheet for health and human services appropriations had been presented, and it appeared that a health and human services budget bill was imminent. It has been three weeks since and still no health and human services budget bill.

Second Funnel Strikes

Today marks the end of the second funnel and leaves one month for the General Assembly to finish all business before per diem ends. A list of bills that have survived the second funnel are included in this edition.

In order for a bill to move forward in the process to become a law, a bill must survive second funnel. Second funnel is a deadline set by the General Assembly by which time a bill must clear one chamber and a committee in the opposite chamber. For example, a bill introduced in the Senate must pass through the Senate with an affirmative vote and pass through one committee in the House. A bill that does not meet this procedural hurdle is considered dead.



Tornado Season in Iowa: Second Funnel Touches Down

Aging Watch

Continued from page 1

Readers are reminded that the death of a bill does not equate to the death of an issue, even after the second funnel. For example, an issue can reappear later in a budget bill as budget discussions progress. The Alzheimer's Program bill (<u>SF 269</u>) is a current example of a bill that did not survive second funnel but may survive in the health and human services budget bill. (See the notes regarding <u>SF 269</u> on <u>page 3</u>.) In addition, some bills are automatically safe from funnel based on committee assignment. A bill that has been assigned to Ways and Means or Appropriations is automatically safe from funnel.

The chart on <u>page 3</u> provides information on bills that did not survive second funnel and the chart that begins on <u>page 4</u> tracks those bills that have survived.

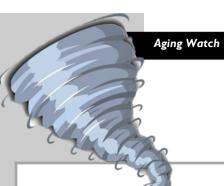
Health Insurance

One issue that did see significant movement at the close of second funnel was health insurance. The Medicaid Expansion bill (SF 296) passed out of House Appropriations Committee yesterday with a significant amendment. The amendment, H-1253, strikes SF 296 in its entirety and replaces it with the following language: "It is the intent of the general assembly that health care delivery in the state result in improved patient health outcomes, improved patient care, and reduced cost. It is the intent of the general assembly that such health care delivery provide for the replacement of the IowaCare program."

On the same day, the Office of the Governor introduced the Healthy Iowa Plan (HSB 232). The bill creates a new code chapter titled, "Healthy Iowa Plan." The explanation of the bill states, "The bill provides that the purpose of the healthy Iowa plan is to promote increased access to health care, quality health care outcomes, and the use of personal responsibility mechanisms that encourage individuals with incomes below 100 percent of the federal poverty level (FPL) to be cost-conscious consumers of health care and to exhibit healthy behaviors."

Did you know?

A per diem is an allowance paid to legislators for expenses pursuant to lowa Code Section 2.10(1).



Funnel Fatalities:

Bills Tracked by the Department That Have Met Their Demise

Bill#	Issue of Bill	Notes:
<u>SF 198</u>	Violent Elderly Placements	This bill passed the Senate and was assigned to Human Resources in the House. The bill did not pass out of a House committee.
SF 269	Alzheimer's Programs	This bill passed the Senate and was assigned to Human Resources in the House. The bill did not pass out of a House committee. Note: This bill is likely alive as it is identified with funding as a program within the Department of Public Health in the Senate HHS Spreadsheet.
SF 350	Dependent Adult Reporters	This bill passed the Senate and was assigned to Human Resources in the House. The bill did not pass out of a House committee.
<u>SF 401</u>	Gas Pump Accessibility	This bill did not pass out of the Senate.
HF 552	Sex Offenders in Facilities	This bill did not pass out of the House.
HF 554	HCBS Waiver	Withdrawn. Similar to SF 351, which passed both chambers and has been sent to the Governor.
HF 570	Informal Conferences	Withdrawn. Similar to SF 394, which passed both chambers and has been sent to the Governor.

House Bill Watch

Bill Watch

Funnel week brought about a significant reduction in the number of bills being tracked by the Department but these bills are still alive and potentially impactful to older and disabled lowans. Bill Watch includes a brief summary but you may find comprehensive information including the entire bill, committee assignments, amendments and bill history by clicking on the bill number. Each bill is linked to the legislative website where up-to-date information is recorded.

- **HF 124 ELDERLY PROPERTY TAX CREDIT.** Makes the home of a low-income, elderly disabled person exempt from property tax. Includes conditions.
- HF 160 MH TRANSITION SUPPLEMENTAL II. Appropriates \$11.63 million in Fiscal Year 2013 from federal funds for children's health insurance for the Mental Health Disability Service Redesign Transition Fund.
- HF 198 REIMBURSMENT FOR TRAINING. Directs the adoption of rules regarding staff training costs for home and community based services under Medicaid reimbursable as direct costs.
- HSB232 HEALTHY IOWA PLAN. Appropriates \$23 million for the Healthy Iowa Account. States that the purpose of the plan is promote access to health care and to use mechanisms that promote personal responsibility. Prohibits DHS from spending for the plan unless federal matching funds are available. Makes Iowans between 19-64 with incomes no more than 100% of the FPL eligible for the plan. Excludes persons otherwise eligible for Medicaid or Medicare. Requires DHS to develop an accountable care provider network by regions and for members to select a primary care doctor. Requires that each region have an accountable care organization and makes Broadlawns the ACO for the region including Polk County. Establishes standards and reimbursements for ACOs. Requires members to make monthly payments but includes hardship exemptions. Establishes health rewards accounts to be used to improve the member's health. Includes incentives to be deposited in the accounts for certain wellness measures taken by the member. Establishes a formula for counties to levy for funds to be deposited in the Healthy Iowa Account. Directs Polk County to deposit \$42 million for the Healthy Iowa Account. Directs the UI Hospital to certify spending up to \$30 million in public expenditures for the non-federal share of expenditures. Delays the repeal of IowaCare until December 2013 and directs the DHS to seek waivers in order to begin implementing the bill in 2014. Makes certain provisions contingent on receiving waivers from the federal government.

- **SENIOR PROPERTY TAX.** Creates a freeze on the assessed value of the home of a person over the age of 65 and who has less than \$25,000 in household income. Establishes criminal penalties for filing a false affidavit. Similar to SF 39
- **SENIOR PROPERTY TAX FREEZE II.** Creates a freeze on the assessed value of the home of a person over the age of 65 if the assessed value of the house is under \$150,000. Establishes criminal penalties for filing a false affidavit. Similar to <u>SF 32</u>
- **SF 109 SENIOR PROGRAM FUNDING.** Appropriates \$13.85 million in Fiscal Year 2014 to the Department on Aging for programming for older individuals and the area agencies on aging. See <u>HF 115</u>.
- **SF 184 DEPARTMENT ON AGING TECHNICAL BILL.** See Volume 13, Issue 3 for additional detail. Successor to SSB 1056. See <u>HF 278</u>. Passed both chambers; sent to Governor.
- **SF 258 LONG-TERM CARE APPROPS.** Appropriates to the Dept on Aging \$13,000 for the certified volunteer ombudsman program and \$97,000 for an additional VOP to administer the program. Successor to <u>SF 36</u>. See HF 116. Referred to Senate Appropriations.
- SF 296 MEDICAID EXPANSION. Expands Medicaid coverage to adults with 133% of federal poverty level. Requirements regarding medical homes. Commission to review recommendations about integrated care models. Make recommendations by September 2013.
 Consumers interested in Medicaid expansion and the ACA should watch this bill closely.
- **SF347 RECORDS CHECKS.** Relates to the evaluation of criminal record checks of prospective health care employees by DHS. Allows for conditional employment of not more than 60 calendar days of the prospective employee who was convicted of specific simple misdemeanor offenses specified within the bill pending completion of the DHS evaluation. The bill does not apply to employment involving the operation of a motor vehicle or to persons with a record of founded child or dependent adult abuse. Passed both chambers; sent to Governor.
- **SF 351 HCBS WAIVER.** Creates an exemption to licensing as a health care facility to allow for coverage for more residential services under the Homeand-Community Based services (HCBS) waiver. See <u>HF 554.</u> Passed both chambers; sent to Governor.
- **SF 394 INFORMAL CONFERENCES.** Requires that informal conferences be utilized in regards to contested citations for a health facility or assisted living facility. Provides guidelines for how contested cases shall be conducted. Passed both chambers; sent to Governor.

Senate Bill Watch

Aging Watch

SF 406 MH DUTIES. MH Advocate: Creates a Mental Health Advocate division in the DIA. Effective July 2013. Duties: Revises Code language on the duties of MH advocates. Effective July 2013. Involuntary commitments: Requires the clerk of courts to inform the person filing for involuntary commitments about pre-application screenings. Requires the State Court Administrator to establish procedures for pre-application screenings. Simplifies procedures for applying for involuntary commitments. Other: Requires DHS to study developing a bed tracking system and to report by December 2013.

SF 415 MH/DS SERVICES. Transfers approximately \$30 million from the General Fund to DHS for property tax relief. Codifies recommendations regarding the MH/DS redesign. Creates a Children's Cabinet.

Department Bill Signed Into Law

Governor Branstad signed 17 bills into law today, including the Department's technical bill, known as <u>SF 184</u>.

<u>SF 184</u> contains several technical changes that create alignment with federal law and clean up outdated sections of the Code. For a full summary of the bill, please see the <u>February 15 edition of AgingWatch</u>.

The Department wishes to express its appreciation to all those who made these changes possible.

lowa's ADRC: Expanding Statewide

The Iowa Department on Aging is pleased to announce an upcoming event titled, "Iowa's ADRC: Expanding Statewide". Details regarding the event can be found in the invitation on the following page.

ADRCs (Aging and Disability Resource Centers) are important because they function as the single-entry point system that provides information and support on all aspects of life related to community living for adults age 18 and older. As the title of the event suggests, the Iowa Department on Aging is hosting an event to discuss statewide development of ADRCs.

Individuals interested in attending can access the registration form on page 8.



Please join us

Iowa's ADRC: Expanding Statewide

April 25, 2013 | 8:30—3:00 Science Center of Iowa | Principal Hall

401 W. Martin Luther King Jr. Parkway | Des Moines, Iowa 50309

- **Funding opportunities** for further development of the Aging and Disability Resource Center (ADRC) in Iowa
- Guest speakers:
 - Krista Boston and Kelli Jo Greiner, Minnesota Board on Aging Overview of the structure and funding of the Minnesota ADRC, progress, challenges and lessons learned
 - Deb Johnson, Iowa Medicaid Enterprise
 Balancing Incentive Payment Program (BIPP) and
 State Innovation Model-Accountable Care Organizations (SIM-ACOS)
- Iowa's ADRC vision

\$25/person includes lunch and parking
For further information visit www.iowaaging.gov
Seating is limited. Advance registration is required.

Did you know?

Members of the **General Assembly** receive an annual salary of \$25,000. (Some members in leadership positions receive a slightly higher amount.) The amount is mandated by law and can be found in Iowa Code Section 2.10.

Iowa's ADRC: Expanding Statewide

April 25, 2013 – Doors open at 8:30 a.m. Science Center of Iowa, Principal Hall 401 W Martin Luther King Jr. Parkway | Des Moines, IA 50309

Registration Form

Registration fee of \$25 per attendee covers meal and parking costs. (non-refundable) Make check payable to: *Iowa Treasurer of State*

Name:					
Address:					
		Zip:			
Telephone:	E-mail:	·			
List any special dietary needs:					
Payment type:Check;Money order;Credit card (Visa, MasterCard, Discover)					
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Credit Card Payments may also be made by calling Pat Wyatt at 515.725.3240. When making payment by phone e-mail registration form to pat.wyatt@iowa.gov.

Space is limited to 200 attendees. Registration deadline: April 16. Please notify Pat Wyatt at 515.725.3240 or via e-mail pat.wyatt@iowa.gov for registrations and cancellations. There will be a waiting list for available seating.

Next AgingWatch:

- Updated Bill Watch
- Updated appropriations information
- Other goings-on under the golden dome
- President's Budget April 10 release date

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AgingWatch will be published regularly during the legislative session and monthly in the interim by the lowa Department on Aging. Recipients of the e-mail notice of publication are encouraged to share it with others.

The current issue may be found on the Department's website, <u>www.iowaaging.gov</u>. Past issues are archived in the "Publications/Information" section.



Like us on Facebook.

The Mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.