

increase access to services

THE STATE NEEDS TO INVEST IN ITS BEHAVIORAL HEALTH INFRASTRUCTURE TO MAKE SURE ALL IOWANS HAVE ACCESS TO COST-SAVING, HIGH-QUALITY BEHAVIORAL HEALTH SERVICES.

- ▶ **Increase state funding to the Department of Public Health for the Substance Abuse Block Grant.** Last year, state funding for substance use disorder education, prevention, and treatment helped X,XXX Iowans directly through treatment, and countless others indirectly through education and prevention. However, it has been X years since funding was last increased, and the demand for these services has quickly outpaced funding. Agencies continue to struggle with workforce recruitment and retention. An additional \$7 million would provide services to X,XXX more Iowans, including new funding for residential detox services and additional funds to provide services to women and children. While health care reform will provide more Iowans with health coverage, payment for behavioral health services remains very limited and will not cover many types of needed services, such as residential treatment.
- ▶ **Add and earmark \$700,000 to Iowa Department of Public Health loan repayment programs for behavioral health professionals** working in underserved areas or with underserved populations.
- ▶ **Dedicate \$X million of the state's ending fund balance and/or gaming funds to provide additional funds to help block grant agencies** address workforce recruitment and retention, help sign people up for new health care services, and pay for the infrastructure needed to provide care coordination services and track outcomes.
- ▶ **Increase Medicaid managed care provider rates (Magellan) by 7.5%.** Mental health and substance abuse services are carved out of Medicaid, and managed by Magellan. While Medicaid provider reimbursements have increased over the past several years, provider reimbursements paid by Magellan have not been increased in X years.
- ▶ **Allow Medicaid reimbursement for telehealth services.** Iowa is one of four states in the nation that does not reimburse for telehealth services, according to a report by the National Telehealth Policy Center. Access will continue to be an issue in the short term even if the state takes bold action to address provider shortages. Telehealth can help ease this pressure in the short term, while other workforce strategies are deployed.



focus on prevention & intervention

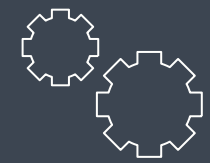
THE STATE NEEDS TO CONTINUE TO FOCUS EFFORTS ON PREVENTION, EDUCATION, AND INTERVENTION SO THAT PEOPLE GET PROMPT AND APPROPRIATE TREATMENT FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

- ▶ **Earmark \$750,000 of the Department of Corrections existing funding for drug courts.** Funding for drug courts was cut at the start of the new fiscal year, with very little warning and no affirmative legislative action. This funding should be allocated directly to substance abuse programs that participate in drug courts, so the funding goes directly into treatment.
- ▶ **Enforce Iowa Code 123.53 and direct all Sunday Alcohol Sales to prevention** and direct all Alcoholic Beverages Division (ABD) funds to treatment and prevention.
- ▶ **Provide safe haven to pregnant women who want to seek treatment without fear of prosecution.** Much like Iowa's infant safe haven laws, pregnant women would be able to seek treatment for addiction and access crucial prenatal care, improving outcomes for both mother and child.

enforce true parity in health services

FEDERAL LAW NOW REQUIRES HEALTH INSURERS TO APPLY THE SAME LIMITATIONS, TERMS, AND CONDITIONS TO MENTAL HEALTH AND ADDICTION TREATMENT SERVICES THAT THEY DO WITH OTHER MEDICAL AND SURGICAL SERVICES..

- ▶ **In Iowa, there is not parity of services between those with private insurance and those who are Medicaid eligible.** All individuals need to have access to standard set of services, regardless of their income level or demographics. Iowa Medicaid policies need to include the current, evidence-based services that have been developed in Iowa over the past 20 years, such as the residential substance abuse treatment programs in Sioux City, Des Moines and Cedar Rapids designed specifically for women and children. The system should include activities and services that go beyond traditional interventions such as the current acute care residential or outpatient services. Coordination, communication, and linkage with primary care can no longer be optional given the prevalence of co-morbid health, mental health and substance use disorders.



LICENSURE

Iowa needs to move its addiction workforce from certification to licensure. This is an important step to ensuring addiction counselors and prevention specialists continue their crucial role in the changing healthcare arena. Licensure creates a career ladder for Iowa's workforce while protecting Iowans.



HEALTH CARE REFORM

The Affordable Care Act helps to create a competitive private health insurance market through the creation of state Affordable Insurance Exchanges. Launching in 2014, Iowa's state insurance policies must include substance abuse disorder

The substance abuse disorder and treatment programs must be as good as or better than current state funded programs that have been developed over the past 20 years.

Coverage through the state Affordable Insurance Exchanges must be in parity with what is offered as part of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

