

## Agenda for the common good Promoting the health of Iowans

Affordable, comprehensive health care is critical for the well-being of Iowa’s families and communities. The state has broad authority to regulate and shape the health care system. A primary lever is Medicaid, which insures low-income children and adults, people with disabilities and seniors in nursing care. Over its life, Medicaid has filled gaps the private insurance market didn’t or couldn’t. Iowa has traditionally had high rates of insurance, and our comprehensive Medicaid program, operating hand-in-hand with Hawki, is a big reason why.

**Iowa should protect and strategically expand health services. Here are some priorities:**

### Reevaluate tax cuts that threaten health care

Medicaid and Hawki cover critical care for Iowans whom our private, employer-based insurance system has failed to serve, or serve fully. Medicaid will cover about 741,000 Iowans over the current fiscal year; Hawki, about 82,000.<sup>1</sup> Together they cover about half of all births and all children. In both cases, the federal government sets parameters and pays a share of costs (63% of Medicaid and 74% of CHIP in FY 23).<sup>2</sup> States administer the programs and fund the remaining share.

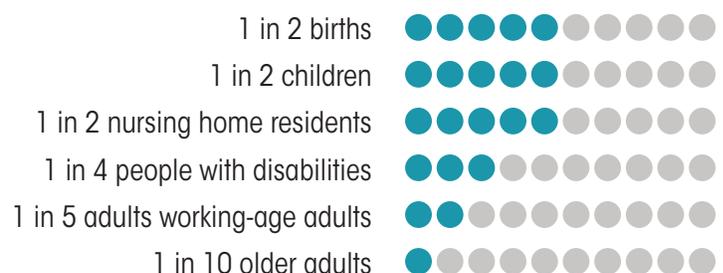
We saw in the early days of Medicaid managed care in our state the harms that happen when Iowans are deprived of essential health care. Tax cuts passed last session are sure to lead to budget cuts that will, in turn, put similar pressures on a program that represents about a quarter of the state’s general fund.

- **Claw back scheduled tax cuts as necessary** to assure that Medicaid and Hawki can provide the health care Iowans need.

### What voters & lawmakers need to know

- ▶ **Among lawmakers’ biggest health-related responsibilities is overseeing Medicaid and Hawki.** These insurance programs make it possible for thousands of Iowans — including about half of all children — to stay healthy, go to school and work and contribute to our communities.
- ▶ **Draconian tax cuts passed last session represent a major threat to Medicaid and Hawki,** which would likely be a target of budget cuts as tax cuts phase in over the next handful of years.
- ▶ **Iowa is facing a crisis of maternal mortality, especially for Black women.** Black women in the U.S. are three times more likely than white women to die from pregnancy-related causes.<sup>3</sup> A state review panel found that 100 percent of postpartum pregnancy-related deaths in Iowa from July 2018 through December 2019 were preventable.<sup>4</sup>
- ▶ **Mental health challenges, especially among children, are at record levels.** In recent surveys, 13% of Iowa children ages 3-17 experienced anxiety or depression, and nearly 1 in 4 11th graders reported having had suicidal thoughts in the previous year.<sup>5</sup> This comes as our children’s mental health system remains underdeveloped.

### Today in Iowa, Medicaid covers:



## Protect and expand health care for children

Insurance is the key that opens the door to health care. Iowa remains a leader among states in covering kids — just 3 percent are uninsured<sup>6</sup> — and Medicaid and CHIP are big reasons why. Research shows that compared to uninsured peers, kids with health insurance are more likely to graduate high school and go on to college.

Once insured, kids need access to quality health services in their communities. Adequately reimbursing providers for the care they give is critical. Services like oral health are difficult to find because many providers won't accept the low reimbursement rates provided to contracted Medicaid providers.

Iowa provides 12-month continuous eligibility for coverage. A number of states are exploring offering continuous eligibility coverage for children ages birth through 5 to ensure coverage for infants, toddlers and preschoolers during critical developmental stages. Continuous insurance prevents harmful gaps in coverage, increases access to care, reduces expensive ER visits, and helps parents focus on getting their kids to the doctor without worrying about whether visits will be covered from one month to the next.

Lawmakers should:

- ▶ **Extend Medicaid continuous eligibility for children** through age 5, following the lead of other states prioritizing the healthy development of young children.
- ▶ **Regularly review and adjust provider reimbursement rates** to support a robust provider network and access to care no matter where in the state one lives.

## Take concrete steps on maternal health

Health care coverage before, during and after pregnancy improves health outcomes for mothers and children. The Iowa Maternal Mortality Review Committee, which reviews all pregnancy-associated deaths occurring within one year of pregnancy,

reported 100 percent of postpartum deaths from July 2018 through December 2019 were preventable. The most common factors were preeclampsia/eclampsia, hemorrhage and suicide.<sup>7</sup>

Due to disparities in care, underlying chronic conditions and racism, Black women in the U.S. are three times more likely than white women to die from pregnancy-related causes.<sup>8</sup> The state committee found structural racism and/or discrimination were contributing factors in 40% of all pregnancy-related deaths in Iowa.

Lawmakers should:

- ▶ **Extend Medicaid eligibility for pregnant women** from 60-days postpartum to 12-months postpartum, Already 23 states, including Kansas, Florida, Kentucky and Louisiana, have taken this option, and an additional 11 plan to do so.<sup>9</sup>
- ▶ **Include doulas as a covered Medicaid service.** Doulas are trained, non-medical professionals offering support and information to mothers before, during and after childbirth. Doulas, who act as a liaison between the mother and her doctor, can serve an important role in improving health outcomes for Black mothers.

## Keep building children's mental health system

In 2019, lawmakers established a mental health and disability services delivery system for children, with services to be administered through the existing adult regional mental health system. The goal was to provide quality mental health services for children, no matter where they live. The legislation included language to identify performance measures and analyze outcomes for children. However, those metrics and data have been slow to come.

Lawmakers should:

- ▶ **Require universal reporting from the regional mental health systems** so we understand how to structure services and funding to best meet children's mental health needs.



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