

## SF2422

I'm the parent of a medically complex child who relies on Medicaid, and I'm concerned about the provision in this bill requiring Iowa Medicaid to continue operating through managed care organizations.

Over the years, our family has experienced denials of services that physicians believed were medically appropriate, forcing us into the appeal process. Most recently, we began an appeal that we ultimately had to abandon when AJ required open heart surgery in the middle of the process. When a child is facing major surgery, families simply don't have the capacity to simultaneously fight an insurance appeal.

For families like ours, this is the practical reality of navigating the managed care system. When medically necessary services are denied, the only recourse is often a lengthy appeal process that requires time, stability, and energy that many families caring for medically fragile children simply don't have. State data has shown thousands of Medicaid service denials each year, while only a small fraction are ever appealed or resolved through the formal process.

In Iowa's managed care structure, those denials are issued by private managed care organizations that are responsible for both authorizing services and managing program costs. When the same entities responsible for approving care are also responsible for controlling expenditures, strong oversight and meaningful appeal pathways become especially important for families seeking medically necessary care.

Iowa's Medicaid managed care system has already been the subject of multiple audits and legislative discussions regarding oversight and transparency. The State Auditor has identified concerns about reporting accuracy and the state's ability to fully oversee the managed care organizations administering care. When oversight concerns already exist, permanently fixing the current structure in statute raises the stakes if the system fails to perform as expected.

My concern with this bill isn't whether managed care can play a role in Medicaid. The concern is placing a single delivery model into statute in a way that removes flexibility if the system proves inadequate or requires reform.

Programs as complex as Medicaid benefit from the ability to adapt when problems emerge. Locking a specific delivery model into statute makes it harder for future legislatures to respond if the system isn't serving patients, providers, or the state as intended. If changes are needed to improve oversight, accountability, or patient outcomes, statutory mandates could significantly limit the

Legislature's own ability to make those adjustments.

I would have preferred to share these concerns in person. Unfortunately, my family is currently in Boston while my child recovers from open heart surgery. Like many families caring for medically fragile children, our ability to engage in policy discussions is often limited by the immediate needs of our child's health.

Families navigating complex medical care need a system that works with them, not one they have to fight while their child is in the hospital.

For that reason, I respectfully ask lawmakers to preserve the flexibility to improve Medicaid when the system isn't working for the families who depend on it.

I would welcome the opportunity to share additional perspective from our family's experience navigating Medicaid if it would be helpful.

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