



Serving the Iowa Legislature

IOWA LEGISLATIVE INTERIM CALENDAR AND BRIEFING

December 4, 2013 2013 Interim No. 13

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December 2013

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Tuesday, December 10, 2013

Administrative Rules Review Committee

9:30 a.m., Room 116, Statehouse

Iowa Rivers and Waterways Study Committee

10:00 a.m., Room 103, Supreme Court Chamber, Statehouse

Wednesday, December 11, 2013

Public Retirement Systems Committee

9:30 a.m., Room 103, Supreme Court Chamber, Statehouse

Thursday, December 12, 2013

Revenue Estimating Conference

2:00 p.m., Room 116, Statehouse

Friday, December 13, 2013

Legislative Fiscal Committee

Time to be announced, Room 116, Statehouse

Tuesday, December 17, 2013

Mental Health and Disability Services Redesign Fiscal Viability Study Committee

10:00 a.m., Room 103, Supreme Court Chamber, Statehouse

Monday, January 13, 2014

Eighty-fifth General Assembly, 2014 Regular Session Convenes

10:00 a.m., Senate and House of Representatives Chambers, Statehouse

Iowa Legislative Interim Calendar and Briefing is published by the Legal Services Division of the Legislative Services Agency (LSA). For additional information, contact: LSA at (515) 281-3566.

Administrative Rules Review Committee

Chairperson: Representative Dawn Pettengill

Vice Chairperson: Senator Wally Horn

Location: Room 116, Statehouse

Date & Time: Tuesday, December 10, 2013, 9:30 a.m.

Contact Persons: Joe Royce, LSA Counsel, (515) 281-3084; Jack Ewing, LSA Counsel, (515) 281-6048.

Agenda: Published in the Iowa Administrative Bulletin:

<https://www.legis.iowa.gov/iowaLaw/AdminCode/bulletinSupplementListing.aspx>

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=53>

Iowa Rivers and Waterways Study Committee

Temporary Co-chairperson: Senator Dick Dearden

Temporary Co-chairperson: Representative Lee Hein

Location: Room 103, Supreme Court Chamber, Statehouse

Date & Time: Tuesday, December 10, 2013, 10:00 a.m.

Contact Persons: Tim McDermott, Legal Services, (515) 281-8090; Doug Adkisson, Legal Services, (515) 281-3884; Ann Ver Heul, Legal Services, (515) 281-3837.

Tentative Agenda: Presentations regarding river restoration.

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=926>

Public Retirement Systems Committee

Co-chairperson: Senator Thomas Courtney

Co-chairperson: Representative Dawn Pettengill

Location: Room 103, Supreme Court Chamber, Statehouse

Date & Time: Wednesday, December 11, 2013, 9:30 a.m.

Contact Persons: Ed Cook, Legal Services, (515) 281-3994; Andrew Ward, Legal Services, (515) 725-2251; Rick Nelson, Legal Services, (515) 242-5822.

Tentative Agenda: Presentations on the Iowa Public Employees' Retirement System (IPERS), Public Safety Peace Officers' Retirement, Accident, and Disability System (PORS), Judicial Retirement System, and other related issues.

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=57>

Legislative Fiscal Committee

Co-chairperson: Senator Robert E. Dvorsky

Co-chairperson: Representative Chuck Soderberg

Location: Room 116, Statehouse

Date & Time: Friday, December 13, 2013, Time to be announced.

Contact Persons: Dave Reynolds, Fiscal Services, (515) 281-6934; Mary Shipman, Fiscal Services, (515) 281-4617; Tim McDermott, Legal Services, (515) 281-8090.

Tentative Agenda: Presentations regarding State of Iowa cash management and defeasance of Iowa debt; the Iowa Health and Wellness Plan; disaster recovery; IPERS; the Revenue Estimating Conference; General Fund budget projections; tax increment financing; and the Road Use Tax Fund.

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=46>

Mental Health and Disability Services Redesign Fiscal Viability Study Committee

Co-chairperson: Senator Joe Bolkcom

Co-chairperson: Representative David Heaton

Location: Room 103, Supreme Court Chamber, Statehouse

Date & Time: Tuesday, December 17, 2013, 10:00 a.m.

Contact Persons: John Pollak, Legal Services, (515) 281-3818; Patty Funaro, Legal Services, (515) 281-3040; Amber DeSmet, Legal Services, (515) 281-3745.

Agenda: To be announced.

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=849>

ELDER ABUSE PREVENTION AND INTERVENTION STUDY COMMITTEE

November 14, 2013

Co-chairperson: Senator Mary Jo Wilhelm

Co-chairperson: Representative Julian Garrett

Background. The Legislative Council approved the Elder Abuse Prevention and Intervention Study Committee on July 18, 2013, and granted one meeting date to monitor the progress of and provide direction to the Task Force on Elder Abuse Prevention and Intervention created for the 2012 Legislative Interim and continued during the 2013 Legislative Interim. The committee is tasked with reviewing the 2013 task force's progress report, approving its final report, and making recommendations to the General Assembly.

Overview of Elder Abuse Prevention and Intervention in the State. The committee received information from a panel regarding what the current system looks like and where there are gaps in the system. The panel also discussed additional background and prior reports and recommendations, including those made by the 2012 task force.

Introduction. Ms. Donna Harvey, Director, Iowa Department on Aging (IDA), provided an overview of elder abuse law, noting that while there is a dependent adult abuse (DAA) law, there currently is no elder abuse law in Iowa; the development of an elder abuse system is at a similar stage in development as the child abuse system was 30 years ago; and since adults have the right to make their own decisions, the child abuse system cannot just be superimposed on an elder abuse system. Under the federal Older Americans Act, the state has an Elder Rights Division in IDA and federal law does define elder abuse. Ms. Harvey noted that prior to convening the 2013 task force, the public entities involved in addressing elder abuse including IDA, the Department of Human Services (DHS), the Department of Inspections and Appeals (DIA), the Office of the Attorney General (AG), the Office of Long-Term Care Ombudsman, Area Agencies on Aging, the Polk County Attorney's Office, and consumers, participated in a LEAN value stream mapping process to determine where there are areas of duplication, silos, and collaboration. State department directors agreed that the system should use a single point of contact to report elder abuse, and specifically the aging and disability resource centers (ADRCs); supported the continuation of the three-year guardianship and conservatorship project at the University of Iowa; supported the Office of Substitute Decision Maker (OSDM); and supported making mandatory reporter training more consistent across all disciplines.

Department of Human Services. Ms. Jone Staley, Dependent Adult Abuse Program Manager, DHS, described the process of intake and disposition of reports of DAA through DHS. Inconsistent training affects the disposition of reports. Any DAA report that is rejected is also referred to the respective county attorney or to DIA, as appropriate. If the report is criminal in nature, the report is also referred to law enforcement. The DHS supervisor makes the determination as to whether the report constitutes DAA. While a single point of contact such as the ADRC would be helpful, additional staffing resources would be needed to manage the additional individuals who might be reported under an expansion of the definition of elder abuse. Although reports are forwarded to county attorneys, county attorneys lack adequate resources and appropriate training.

Department of Inspections and Appeals. Ms. Wendy Dishman, Investigations Division Administrator, DIA, noted that DIA handles DAA reports in health facilities. DIA also addresses financial exploitation and fraud through its Medicaid Fraud and Divestiture units. Ms. Dishman identified delays in the placement of the names of perpetrators of founded abuse on the registry, the inability to share information among agencies, the lack of resources including at the county attorney level, a reluctance to prosecute what is sometimes perceived as a domestic situation, confusion about what statute to use as the basis for prosecution, and the limitations of the definition of DAA which requires the alleged perpetrator to be a "caretaker" as barriers to enforcing the DAA law. Another issue is the lack of oversight under Iowa's current powers of attorney law (Iowa Code chapter 633B). Without the OSDM, there is no longer a ready option to find an alternative substitute decision maker to replace an attorney-in-fact or other decision maker who is not complying with fiduciary duties.

Polk County Attorney's Office. Ms. Celene Gogerty, Assistant Polk County Attorney, noted that many county attorneys are employed part-time and do not have the resources or expertise to prosecute DAA cases. Even the Polk County Attorney's office does not have full-time staff working on elder abuse reports. These deficits also apply to law enforcement agencies that often do not have adequate training to work with elders, especially when dementia is involved. Ms. Gogerty described the current DAA system under Iowa Code chapter 235B as one which includes three purposes: administrative, which is mainly a process to place perpetrators of founded DAA on the registry for employment purposes; criminal, which provides for the initiation of criminal charges of DAA under Iowa Code §235B.20; and civil, which allows for the issuance of civil orders to initiate or enjoin certain activities. The use of the same definition of DAA for all three purposes is unusual and causes confusion. Defining DAA to require the alleged perpetrator to be a

(Elder Abuse Prevention and Intervention Study Committee continued from Page 3)

caretaker as a prerequisite to investigating a report results in the report being rejected before services can be provided or orders can be issued to investigate.

Confidentiality requirements are also a barrier especially if the report does not meet the definition of DAA and is rejected outright. Information from a rejected report cannot be shared, thereby prohibiting even a referral for services. Although financial exploitation is much more prevalent than other types of abuse, many times other types of abuse occur along with financial exploitation. The Uniform Power of Attorney Act proposed by the Iowa State Bar Association would help to address financial exploitation. Financial exploitation cases take a lot of time and expertise, and other states are hiring CPAs with the necessary expertise. Ninety percent of perpetrators of abuse are family members or trusted others. The 2013 task force discussed the definition of “elder abuse” and reviewed various options. Other states’ definitions were reviewed, but the variations made a determination of the best fit for Iowa’s law difficult.

Office of the Attorney General. Ms. Chantelle Smith, Assistant Iowa Attorney General, noted that by the time someone contacts the AG to report abuse, it is a last-ditch effort. The AG can contact the appropriate county attorney or law enforcement; however, if a person initially contacts DHS or DIA to report DAA and the case is rejected, the alleged victim is then “trapped” in the system because the information cannot be shared with the AG or IDA. Only the county attorney is specified in the Code for referral of reports. Confidentiality restrictions also prohibit sharing of information for those who need support and services. Information should only be shared on a need-to-know basis within the agencies to ensure respect and dignity. The defunding of the OSDM was a huge loss for people who do not have anyone available to intervene for them. There are crimes that can be charged when a person is assaulted or abused, but these crimes are difficult to prove and many times the victim feels the results are their fault, they are humiliated, or they do not want a family member charged with a crime. Additionally, for a criminal charge of DAA, the alleged perpetrator has to be a caretaker and the alleged victim has to be dependent. It is also difficult to prove the exercise of undue influence. While bankers are not mandatory reporters, they do want to be part of the elder abuse prevention system once a functioning elder abuse system is in place. Banks are able to report suspicious activity and their reports can be used in an investigation through a subpoena. If the definition of DAA is changed to broaden the population of individuals to whom the definition may apply, and the definition of alleged perpetrator is broadened beyond “caretaker,” there will be more cases to address and additional resources will be needed.

Elder Abuse Initiative. Ms. Linda Hildreth, Elder Abuse Program Director, IDA, reviewed the history of the Elder Abuse Initiative (EAI) Demonstration Projects, which were implemented in 22 counties from 2001-2011. Funding through the Senior Living Trust Fund for the projects ended June 30, 2011. The EAI established local partnerships to focus on prevention, intervention, detection, and reporting of elder abuse, neglect, and exploitation by presenting elders with options to enhance their lifestyle choices. Elder abuse is defined under the federal Older Americans Act as abuse, neglect, or exploitation of an individual 60 years of age or older. The clients of the projects were individuals age 60 and over, dependent or independent, not living in health care facilities, and at risk of or experiencing abuse, neglect, or exploitation. Project data was collected from 2007-2011 and during that time there were 12,000 referrals, 66 percent of which involved mental health issues, 44.4 percent of which involved financial exploitation, and only 16 percent of which would have been considered DAA but for lack of involvement of a caretaker or lack of dependency. When abuse existed, it was usually more than one type. If the numbers are extrapolated statewide, there would have been roughly 42,000 referrals. The AG is in the process of reviewing all of the referrals to further explore how to provide assistance.

Office of Substitute Decision Maker. Ms. Deanna Clingan-Fischer, State Long-Term Care Ombudsman, provided an overview of the historical development of the OSDM and the data collected during the operation of the OSDM for which funding was eliminated in 2009. The OSDM provided a substitute decision maker as a last resort to individuals with no other option, and the least restrictive form of decision maker was used.

Recommendations of the Task Force. The 2013 task force formed three workgroups and each workgroup chairperson presented the recommendations of their respective workgroup:

Centralization Workgroup Recommendations:

- **Specialized Education and Training.** This workgroup recommended development of a single training module to increase knowledge and distinguish between elder abuse and dependent adult abuse. The module can be developed without a change in the law, but the law will need to be changed to require standardized usage of the module, to develop discipline-specific tracks, determine oversight for the curriculum, and require all trainers to be certified and establish core staffing requirements.
- **Single Entry Point of Contact.** The ADRC could be the single point of contact, but DHS would continue to re-

(Elder Abuse Prevention and Intervention Study Committee continued from Page 4)

ceive and investigate reports of abuse. A mandatory reporter could also contact DHS, but this would be a single point of contact. A single point of contact statewide telephone number could be added to the DHS notice that is sent out indicating if the report is accepted or rejected so that a person could at least get services. Legislative changes would be required to address confidentiality provisions that limit the sharing of information essential to providing intervention and protection.

Elder Abuse Law and Definition Workgroup Recommendations:

- **Defining Elder Abuse.** This workgroup recommended various options, and the majority of workgroup members when surveyed supported an expansion of the definition of DAA to include other situations that define abuse. The workgroup also recommended eliminating a caretaker role as a prerequisite for an accepted report of abuse; moving the criminal provisions in Iowa Code chapter 235B to the criminal statutes portion of the Code; amending Iowa Code chapter 235E to require DIA to inform both the county attorney and the AG of any reports of DAA; expanding the definition of abuse to include emotional and psychological abuse; and providing for the authorization of the use of protective orders.
- **Safeguards for Financial Exploitation.** This workgroup recommended expanding the definition of financial exploitation for the purposes of reporting abuse by mandatory and permissive reporters in long-term care facilities and assisted living programs; creating a petition for relief to obtain a protective order/restraining order to freeze assets in cases of financial exploitation; authorizing recovery of actual damages, punitive damages, attorney fees, and court costs in civil actions for financial exploitation; amending criminal provisions relating to theft and degree of theft to include new offenses or to enhance penalties when financial exploitation of an elder is involved; removing any requirement that the perpetrator act for their own profit when defining financial exploitation; addressing other definitions, statute of limitations provisions, and reports to law enforcement; and requiring financial institutions to act as mandatory reporters once an elder abuse system is in place.
- **Laws Relating to Powers of Attorney, Conservatorship Abuse, and OSDM.** This workgroup recommended the adoption of the Uniform Power of Attorney Act as modified by the Iowa State Bar Association; the creation of a registry for powers of attorney; implementation of background checks for prospective conservators; allowing a guardian ad litem to be appointed when an elder is the victim or witness in a criminal case; and continuation of funding of the guardianship/conservatorship monitoring and assistance pilot project at the University of Iowa.
- **Multidisciplinary Teams (MDTs).** This workgroup recommended reviewing MDTs to determine how prevalent they should be throughout the state to serve older Iowans better; researching the establishment of a state MDT to act in a consultative capacity to local MDTs; expanding MDT powers and functions to address abuse issues; and addressing confidentiality statutes to allow state and local governmental entities to collaborate and share essential confidential information as necessary to provide protection and intervention.
- **Single Point of Contact.** This workgroup also recommended the establishment of a single point of contact for reporting of elder abuse.

OSDM/Referrals/Services Workgroup Recommendations:

- **OSDM.** This workgroup recommended various alternatives for operationalizing the OSDM. The workgroup prioritized fully funding the OSDM and expressed concern that the option of eliminating the OSDM was not a viable option. Other options included a phase-in of the OSDM.
- **Elder Abuse Initiative System.** The elder abuse initiative previously implemented in 22 counties is the recommended system to implement statewide to focus on prevention, intervention, detection, and provision of services to maintain the health, welfare, safety, and resources of older Iowans.
- **Allocation of Service Dollars.** Funding for services is needed to ensure protection and safety. A fund should be established for emergency services.
- **Safe Havens.** Safe havens should be created in specific locations for older Iowans who need a safe place to stay.

Committee Recommendations. Each of the members of the committee voiced their specific priorities for moving forward, and their recommendations are recorded in the minutes of the meeting.

LSA Contacts: Patty Funaro, Legal Services, (515) 281-3040; Rachele Hjelmaas, Legal Services, (515) 281-8127.

Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=923>

IOWA SKILLED WORKER AND JOB CREATION FUND STUDY COMMITTEE

November 19, 2013

Co-chairperson: Senator William A. Dotzler, Jr.

Co-chairperson: Representative Mary Ann Hanusa

Background. The Legislative Council approved the Iowa Skilled Worker and Job Creation Fund Study Committee on July 18, 2013, and granted it one meeting date in which to examine the planning and implementation of programs and appropriations made from the Iowa Skilled Worker and Job Creation Fund; hear from relevant agencies that are charged with running each program and fund; and examine the goals of each agency with special emphasis on current Iowa Code language and legislation approved during the 2013 Legislative Session pertaining to metrics, reporting, and goals. The study committee was also directed to report its recommendations to the Economic Development and Education Appropriations subcommittees. The committee adjourned without making recommendations.

Skills2Compete Coalition. The committee received presentations from Ms. Elisabeth Buck, Chief Community Impact Officer, United Way of Central Iowa; Ms. Kerry Gumm, Director of Talent Acquisition and Diversity, The Principal Financial Group; and Dr. Matt Bruinekool, Education and Training Consultant representing Master Builders of Iowa. Ms. Buck described the Skills2Compete Coalition as the backbone for public/private partnerships that work to eliminate the skills gap. In January, the coalition asked the General Assembly to invest in adult basic education, pathway navigators, and supporting sector partnerships. She thanked legislators for responding to the coalition's request, in particular for the \$5.5 million for adult basic education and integrated learning programs, and the \$5 million for pathway navigators, sector strategies, and expansion of the Pathways for Academic Career and Employment programs. In the past 18 months, United Way of Central Iowa and other public and private entities have invested over \$1.47 million in helping increase central Iowans' skills.

Ms. Gumm observed that there are 12 million unemployed individuals nationally, while 3.8 million jobs nationally are unfilled, mainly because the unemployed do not possess the skills to fill those jobs. She stated that middle-skill jobs make up 56 percent of the jobs in the state's labor market, yet only 33 percent of today's working Iowans have the skills or credentials for those jobs. The skills gap creates a significant burden for companies like Principal, which on average recruits approximately 900 to 1,000 new employees each year. She and Dr. Bruinekool briefly described Central Iowa Works (CIW), a public/private partnership designed to strengthen and expand industry-specific sector workforce development efforts in central Iowa with a focus aimed at both employers and workers. Dr. Bruinekool also spoke about the educational requirements for STEM (science, technology, engineering, and mathematics) jobs, the impact impending retirements will have on shortage areas, the availability of apprenticeships, construction worker shortages, and out-of-state workers.

Discussion then focused on the implications of changes to the test of General Educational Development (GED); life or work-readiness and communication skills; wrap-around skills such as financial services; sector-based training; referrals to CIW and how unemployed people learn about CIW; whether everyone needs a baccalaureate degree in order to be gainfully employed; age- or generation-specific barriers; and how and when to reach out to middle and high school students and their parents with information regarding middle-skill-level jobs.

Community College/Skilled Worker Programs—Overview. Dr. Robert J. Denson, President of Des Moines Area Community College, spoke about the multiple efforts of community colleges, their business and community partners and the Iowa Department of Education, to implement the opportunities created with the appropriations enacted during the 2013 Legislative Session. Community colleges are working to develop benchmarks for the programs. He thanked members of the General Assembly for the flexibility provided by the legislation, which, among other results, has allowed community colleges to reduce their wait lists for skilled worker programs. Dr. Liang Chee Wee, President of Northeast Iowa Community College (NICC), described efforts to partner with incoming students to enable the students to stay with their programs and complete their studies in order to compete for jobs. He also described students' success facilitated by the work-based learning intermediary network. Dr. Barbara Crittenden, President of Southwestern Community College, provided information about three initiatives: GAP Tuition Assistance, the Iowa Skilled Workforce Shortage Tuition Grant (known as Kibbie grants), and the Education Outcomes Initiative.

Discussion then focused on placement services; student/job tracking; holding expos, open houses, and job fairs for students and prospective employers; retention and dropout prevention; employer involvement in programs and in determining competencies for certificates; matching students with programs; internships and apprenticeships to provide students with on-the-job experience; communicating with parents and middle school students; externships for teachers; support for inner-city youth and students in crisis; articulation; navigator qualifications and training; and English-as-a-Second-Language services and outreach efforts.

(Iowa Skilled Worker and Job Creation Fund Study Committee continued from Page 6)

Community College Career and Technical Education Panel. Dr. Wendy Mihm-Herold, Vice President of Business and Community Solutions at NICC, stated that the job of the panel would be to give practical examples of how the Skilled Worker and Job Creation Fund moneys are used by community colleges. Representatives from the Bodine Electric Company and NICC provided an example of the partnerships formed by community colleges and businesses. Mr. Jeff Bodine, Executive Vice President of Bodine Electric Company, described how the company's largest manufacturing and assembly operations came to be located in Peosta, Iowa. Mr. Michael Billmeyer, an employee of the company, described his path to successful employment at the company. Mr. Randy Schofield, Tri State Director of Advanced Manufacturing Center for Excellence at NICC, described efforts to get students into advanced manufacturing jobs by focusing on skills that cannot be learned on the job. He also stated that community colleges, under the I-AM Consortium, are working to develop career pathways that allow students to enter, leave, and reenter programs. Mr. Robert Steinhauser, Career Coach for Advanced Manufacturing at NICC, stated that he works with community and charitable organizations, businesses, and high schools and their students to explain the programs available. He works with students to assess their skills and, when necessary, to develop soft skills.

Discussion then focused on strong mechanical skills exhibited by Bodine's Peosta employees, relatively low employee turnover levels at Bodine, and the good comparative value of a community college program certificate.

Regent University Economic Development Initiatives. Representatives from Board of Regents universities provided information regarding university programs supported by moneys allocated from the Skilled Worker and Job Creation Fund.

Iowa State University (ISU). Dr. Michael Crum, Senior Policy Adviser on Economic Development to the President at ISU, provided information about the assistance to companies provided by ISU under the Institute for Physical Research and Technology (IPRT) and the Iowa Small Business Development Centers. The scientific research centers that make up IPRT provide companies with access to world-class, materials-related research and technical expertise, which is especially helpful to small-to-medium-sized Iowa manufacturing firms where engineering staffs are small and resources limited. Dr. Lisa Lorenzen, Executive Director of the ISU Research Foundation, provided an overview of the current state of the ISU Research Park, the 2014 plans for the park's funding, and projections for what the ISU Research Park will look like 15-20 years from now. She thanked the General Assembly for providing consistency of funding which allows complementary programs to be established in other areas of the university, and allows the university to partner with more start-up and small companies that might otherwise fall through the cracks. Discussion focused on efforts to assist companies to reach global industry standards, promoting and marketing the services of the university, and efforts to keep administration lean.

University of Northern Iowa (UNI). Mr. Randy Pilkington, Director of Business and Community Services at UNI, provided an overview of the Metal Casting Center, and noted that metal casting, while little known, is used in 95 percent of durable goods. Mr. Pilkington described the center's 3-D printer, which is the largest of its type in North America. The printer produces molds for virtually any metal alloy, has invited the university's involvement in national research projects, and served as the basis for other companies to seek the services of the center. Mr. Jerry Thiel, Director of the Metal Casting Center, provided a status report on the businesses the center serves and the new technologies on which the center is working. Mr. Dan Beenken, Director of the Small Business Development Center and Manager of Advance Iowa, described Advance Iowa as Iowa's economic gardening program that focuses on growing companies and stage II growth companies that employ between 10 and 100 employees and have between \$500,000 and \$50 million in annual revenue. Advance Iowa provides companies with strategic information and strategic frameworks. He and Mr. Thiel described the clients served and the economic development impact of the Advance Iowa program.

University of Iowa (UI). Dr. Daniel A. Reed, UI Vice President for Research and Economic Development, described the university's entrepreneurship and economic growth initiative as an integrated economic development ecosystem comprised of university programs, regent university partnerships, state support and integration, and community and company engagement. Mr. David K. Hensley, UI Associate Vice President for Economic Development, stated that the entrepreneurship initiative is one of the largest programs of its kind in the nation. He described the initiative's FY 2013-2014 activities and accomplishments. He also described entrepreneurial business engagement with university students, and introduced a former UI student whose business venture was launched under an FY 2012-2013 innovation initiative, Mr. Alec Whitters, President and CEO of Higher Learning Technologies. In meeting with community leaders, community colleges, businesses, and economic development groups, Mr. Hensley stated that the clear message he has received is that there is a need for advanced entrepreneurship training, information technology and informatics skills training, and hands-on partnerships.

(Iowa Skilled Worker and Job Creation Fund Study Committee continued from Page 7)

Iowa Economic Development Authority (IEDA). Ms. Debi Durham, Director of IEDA, and Mr. Tim Whipple, General Counsel for IEDA, provided members with an overview of the allocations provided to IEDA under HF 604; the authority's work with the Battelle Memorial Institute; the IEDA's focus on creating new wealth, permanent jobs, and return on investment; the High Quality Jobs Program; the activities of the Innovation Corporation Board; the authority's marketing strategy for the state, including rebranding the state; company interviews to identify barriers to expansion; direct marketing; innovation support programs; investments in innovation; manufacturing resources; efforts to increase the state's international presence and to assist Iowa companies with international trade; small business resources; workforce challenges; education and workforce training initiatives; certified site programs; challenge grants; the Mainstreet Iowa Program; and the results of IEDA efforts. Discussion focused on efforts to encourage Iowa pride in companies that manufacture in the state; moving to a competitive application selection process for the Brownfields/Grayfields Tax Credit Program, rather than first-come, first-served; and growth restrictions created by the inadequate broadband coverage in the state.

Iowa Workforce Development (IWD) – RFP and Timelines for Iowa Acts, Chapter 141(30)(5) Program. HF 604 appropriated \$100,000 to develop a long-term sustained program to train unemployed and underemployed central Iowans with skills necessary to advance to higher-paying jobs with full benefits. Ms. Kerry Koonce, Division Administrator of IWD's Labor Market and Workforce Information Division, stated that because the amount appropriated exceeded \$50,000, a request for proposals (RFP) had to be issued before the moneys could be awarded. IWD issued the RFP in November, and by November 19 had received only one application. The application period closes on November 27, and Ms. Koonce stated that IWD expects to award a contract by mid-December.

Discussion. Co-chairperson Dotzler stated that the day's presentations make it apparent that the investments made by HF 604 are appropriate to move Iowa forward. Co-chairperson Hanusa agreed, and said to call the programs described in the day's presentations impressive would be an understatement. She stated that the moneys appropriated in HF 604 are being well spent toward efforts to move economic development forward and improve the living conditions for Iowans who are looking for good jobs. Senator Chelgren asked the day's presenters to measure the efficacy of the resources implemented and provide the members of the Economic Development and Education Appropriations subcommittees with their results so that the resources may be readjusted as necessary.

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Internet Page: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=928>.

INTEGRATED HEALTH CARE MODELS AND MULTI-PAYER DELIVERY SYSTEMS STUDY COMMITTEE

November 19 & 20, 2013

Co-chairperson: Senator Amanda Ragan

Co-chairperson: Representative Linda J. Miller

Background. The Legislative Council approved the Integrated Health Care Models and Multi-payer Delivery Systems Study Committee and authorized two meeting days. The study committee was tasked to: review and make recommendations for the formation and operation of integrated care models in Iowa; review integrated care models adopted in other states that integrate both clinical services and nonclinical community and social supports utilizing patient-centered medical homes and community care teams; recommend the best means of incorporating into integrated care models nonprofit and public providers that care for vulnerable populations; review and make recommendations regarding development and implementation of a statewide medical home infrastructure to act as the foundation for integrated care models; review opportunities under the federal Affordable Care Act for development of integrated care models; address consumer protection, governance, performance standards, data reporting, health information exchange, patient attribution, and regulation issues relative to integrated care models; and perform other duties specified in the legislation. In addition, the committee is to serve as a legislative advisory council on multi-payer health care delivery systems to guide the development by the Department of Human Services (DHS) of Iowa's design model and implementation plan for the State Innovation Models Initiative grant awarded by the Centers for Medicare and Medicaid of the United States Department of Health and Human Services. The committee may request that legislative leaders authorize supplementing the study committee membership to ensure there is a comprehensive review process and adequate stakeholder participation. The committee held its two meeting days on November 19 and 20, 2013.

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Evolution of the Health Care Delivery System. Ms. Mary Takach, Senior Program Director, National Academy for State Health Policy (NASHP), provided an overview of pathways to integrated health care delivery systems utilizing patient-centered medical homes, team-based care, accountable care organizations (ACOs) and accountable communities, and focusing on population health and multi-payer financing. Mr. Peter Damiano, DDS, Director, Public Policy Center; Director, Health Policy Research Program; and Professor, Preventive and Community Dentistry, University of Iowa, discussed the drivers of health care reform, which are cost, access to care, and quality, and the evolution of the health care system from an acute care system to a community integrated system that focuses on population health and social determinants of health. Mr. Christopher Atchison, Clinical Professor, Department of Health Management and Policy; Director, University of Iowa Hygienic Lab; and Associate Dean for Public Health Practice, University of Iowa, College of Public Health, discussed health reforms in Iowa over the decades, all focusing on cost, quality, and access, and the goal of promoting optimal health status of both individuals and populations.

Medical Homes. Ms. Takach discussed the qualification standards for patient-centered medical homes and variations from state to state. Qualification standards provide assurance to payers and can be standardized to meet delivery system goals. Dr. Tom Evans, MD, President and CEO, Iowa Healthcare Collaborative, and chairperson of the Prevention and Chronic Care Management/Medical Home Advisory Council, discussed the progress and accomplishments of the advisory council and noted that the council has voted to change its name to the Patient-centered Health Advisory Council to more accurately reflect the work of the advisory council. Dr. Bery Engebretsen, MD, Primary Health Care, Inc., and Dr. David Carlyle, MD, McFarland Clinic, discussed how a medical home operates in practice in a federally qualified health center and in a private practice. Ms. Jennifer Vermeer, Iowa Medicaid Director, DHS, discussed the two types of medical homes being utilized by the Medicaid program: chronic condition health homes and integrated health homes.

Accountable Care Organizations. Ms. Takach provided an overview of state roles in supporting ACOs including utilization of a strong primary care foundation for any ACO, implementation of ACOs by various payers and the need for multi-payer ACOs, state-legislated certification of and accountability for ACOs, incorporation of public health and utilization of team-based care to provide linkages to community services, and the need for robust health information technology.

Representatives of commercial and Medicare Shared Savings Program ACOs provided overviews of their ACOs, including those established by UnityPoint Health and the University of Iowa Health Alliance including Mercy Health Network, University of Iowa Health Care, and Genesis Health System. Lessons learned include the need for change in the culture of health care delivery to focus on quality, the need for connections and integration with the community, and the importance of utilizing patient-centered primary care and care coordination as a basis for care delivery. A representative of the Trinity Pioneer ACO also provided an overview of the Pioneer ACO which is a model specified under the Affordable Care Act for health care organizations and providers that are already experienced in coordinating care for patients across settings and will move more quickly toward a population-based payment model.

Community Engagement. Mr. Chris Espersen, Director of Quality, Primary Health Care, Inc., discussed the importance of integrating social determinants of health into the health care system. Only 10 percent of health is determined by traditional medical services while the majority of health is determined by the environment and behaviors. Transformation of the health care system must consider social determinants of health to improve health care as well as to lower costs. Through recognition of the factors that influence an individual's health and provision of care coordination and appropriate supports, individuals can realize sustained improvements in health outcomes. Ms. Julie McMahon, Iowa Public Health Association, discussed why public health is an essential partner in an integrated health care delivery system. Public health focuses on population health and prevention which will result in shifting the cost curve by preventing more Iowans from developing chronic conditions in the first place. Public health brings a knowledge of the community and population, population-based services and the prevention of chronic disease, experience with care coordination, and knowledge of personal health services that prevent and delay hospitalization and long-term care. Ms. Peggy Stecklein, former community health coordinator, Dallas County Public Health, discussed their health navigator program which provides a resource for individuals to address social determinants of health through integration of existing community resources. Ms. Kala Shipley, Community Transformation Grant Project, described the project which is funded through a grant for the Centers for Disease Control and Prevention. The Iowa project focuses on tobacco-free living, active living, healthy eating, clinical and community preventive services, and safe and healthy physical environments. The project has been implemented in 25 counties, has established partnerships with local boards of health, and coordinates with state and local partners. Mr. Jon Durbin, Bureau of Communication and Planning, DPH, discussed the potential collaboration between public health and hospitals in utilizing community health needs assess-

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ments, community health improvement plans, and community health benefits planning in order to identify community needs and craft strategies and long-term partnerships in statewide health planning. Mr. Ted Boesen, CEO, and Ms. Sarah Dixon Gale, Senior Program Director of Emerging Programs, Iowa Primary Care Association, discussed the opportunities for integrating safety net providers and their patients into a comprehensive, community-based integrated health delivery system. They also discussed the community care coordination grant as an opportunity to develop regional community care coordination entities across Iowa to coordinate care for high-risk patients and to support primary care providers. Two communities were awarded grants on November 15, 2013.

Addressing Unique Populations in an Integrated System. Ms. Danielle Oswald-Thole and Ms. Mary Nelle Trefz, Child and Family Policy Center; Ms. Vickie Miene, Executive Director, Center for Child Health Improvement and Innovations, Division of Community and Child Health, Department of Pediatrics, University of Iowa Carver College of Medicine; and Mr. George Estle, CEO, Tanager Place, discussed the unique needs of children in an integrated system. Mr. Rick Shults, Division Administrator, Division of Mental Health and Disability Services, DHS; Ms. Donna Harvey, Director, Iowa Department on Aging; and Dr. Bob Russell, DDS, State Public Health Dental Director, Bureau Chief, Bureau of Oral and Health Delivery Systems, DPH; discussed the unique populations and conditions of behavioral health and older Iowans and dental health, respectively, in an integrated system. Dr. J.D. Polk, D.O., Dean, College of Osteopathic Medicine, Des Moines University, discussed workforce strategies in an integrated health system.

Health Information Technology and Data Analytics. Ms. Kim Norby, State Health Information Technology (HIT) Coordinator and Executive Director, Iowa e-Health, discussed the three main services of the Iowa HIT which consist of directed exchange, query-based exchange, and state reporting exchange, and the importance of data exchange and quality measurement. Ms. Meghan Harris, Iowa Public Health Tracking Coordinator, DPH, provided an overview of the Iowa tracking program and the importance of the collection, integration, analysis, interpretation, and dissemination of population health data in an integrated health system. Mr. Herb Filmore, Vice President, Strategic Innovation, Treo Solutions, discussed the importance of reliable, risk-adjusted data in buying value-based care. Data and analytics that incorporate population health are a key part of a more efficient system and social determinants of health data is the next wave in data collection and analytics. Dr. Tom Evans discussed the use of data for research, comparison and accountability, and improvement. He noted that the health care community in Iowa is very engaged in collecting and utilizing data to make sense of individual and population health. Mr. Espersen provided an overview of the importance of health information technology and data analytics from a provider perspective. Data has helped Primary Health Care, Inc. to make substantial improvements in population health, and only data that is timely, accessible, actionable, comprehensive, and accurate can be used to improve population health and decrease the cost of care.

Role of Medicaid in the Integrated System. Ms. Vermeer, Iowa Medicaid Director, DHS, provided an overview of the Iowa Health and Wellness Plan, which is Iowa's version of expansion of the Medicaid program to Iowans age 19-64 with incomes through 133 percent of the federal poverty level (FPL). The Iowa Wellness Plan will cover those through 100 percent of the FPL and the Marketplace Choice Plan will cover those through 133 percent of the FPL. Ms. Vermeer, along with two of the State Innovation Models (SIM) Initiative workgroup chairpersons, Dr. Evans and Mr. Atchison, provided an overview of the SIM report including metrics and contracting, member health engagement, long-term care, and mental health and substance abuse. The state was awarded a SIM Design Award from the Centers for Medicare and Medicaid Services to develop a plan for lowering costs and improving quality of care for its Medicare, Medicaid, and Children's Health Insurance Program (CHIP) populations.

Investing in Quality. Ms. Takach provided an overview of utilizing payment to incentivize an integrated system. The basis of integrated care models begins with strong primary care. Practice training, data analytics, expanded care teams, patient engagement, and community linkages, including public health, are fundamental to success and provide great potential for meeting cost and quality targets in an integrated system. Ms. Vermeer noted the importance of a multi-payer integrated system that is being developed through the SIM. Mr. Nick Gerhart, Commissioner of Insurance, noted the opportunities under the Affordable Care Act to focus on prevention; the need to focus on patient-centered medical homes to address fragmentation in the system; the fact that there is no one definition of an ACO; that insurance companies are important partners in ACOs; that reimbursement is starting to align with outcomes even outside of ACO arrangements; that the Insurance Division regulates entities when performance risk crosses the line to insurance risk; and that some issues for legislators to consider relative to ACOs and similar types of arrangements are those of physician referral, antickback, and antitrust. Mr. Mike Fay, Vice President of Health Networks, Wellmark Blue Cross and Blue Shield, noted that insurers are not ACOs; they merely enable the provider organizations that constitute ACOs to function. Today's health delivery model is patient- and population-health focused. An important aspect to address is patient engagement in their own health care. Now that all of the major health systems in Iowa have formed ACOs, in

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the next couple of years there will be ACOs that are clinic driven and physician driven. Not every provider group has to constitute an ACO; there could be smaller-scale initiatives that focus on improving quality and managing cost without taking on risk. Mr. David Lyons, Founding Director and CEO, CoOpportunity Health, discussed the importance of measuring value through the consumer's eyes, noting that consumers want seamlessness between public and private payers. There are opportunities in increased coordination of care, the use of patient-centered medical homes, and payment alternatives, he stated.

Workforce and Delivery Strategies. Dr. Victoria Sharp, MD, Director, Carver (College of Medicine's) Rural Iowa Scholars Program (CRISP) provided information about CRISP, which is designed to attract, educate, and inspire future physicians to meet medical needs in rural areas of the state through mentorship, shadowing, field experience, clinical experience, electives, clerkships, and community orientation. In exchange for practicing in a rural area of Iowa for at least five years after completing residency in Iowa, the student receives \$20,000 in January of their intern year and \$16,000/year for five years of practice in Iowa. Currently there are eight mentors and 89 students in the program. Dr. Chris Cooper, MD, Associate Dean, Office of Student Affairs and Curriculum, University of Iowa Carver College of Medicine, discussed retaining medical students in Iowa and the need to focus on quality in training. Mr. Eric Tempelis, JD, MPA, Director of Government Relations, Gundersen Health System, and member, Iowa Rural Health Association Board of Directors, noted that ensuring that access is supported by the health care system includes moving from fee-for-service to value-based reimbursement through the Healthcare Quality Coalition, medical homes, and ACOs; promotion of interstate regulatory harmonization; inclusion of all clinics and hospitals in medical homes and ACOs; and improvement in telemedicine access. Ms. Kari Prescott, Executive Director, Webster County Health Department, presented information about the community care team project grant awarded to Webster County as a means of improving access to care and improving population health through collaborative efforts that coordinate and mobilize health care and community resources, fill gaps in services without duplicating efforts, and open channels of communication between service providers. The community care team concept uses a tri-navigation system to wrap around the patient and provide navigation between the primary care provider, behavioral health, and public health/community.

Discussion and Recommendations. The members discussed additional information needs and lessons learned during the meetings, which are included in the minutes of the meetings.

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