

F I N A L R E P O R T

INDIGENT HEALTH CARE STUDY COMMITTEE

January, 1987

The Indigent Health Care Interim Study Committee was established by the Legislative Council to collect information on health care programs for low income persons and other persons who do not qualify for any health care programs, and develop recommendations to improve delivery of health care services to persons who are financially unable to afford health services. The following members were appointed:

Senator Wally Horn, Cedar Rapids, Co-chairperson
Representative Jane Teaford, Cedar Falls, Co-chairperson
Senator Joy Corning, Cedar Falls
Senator Beverly Hannon, Anamosa
Senator Lee Holt, Spencer
Senator Larry Murphy, Oelwein
Representative Florence Buhr, Des Moines
Representative Dorothy Carpenter, Des Moines
Representative Johnnie Hammond, Ames
Representative Sue Mullins, Corwith

MEETING DAYS

The Interim Study Committee was authorized three meeting days and held the meetings on September 30, November 11, and December 9.

CHARGE BY LEGISLATIVE COUNCIL

The Legislative Council specified that the Interim Study Committee was to:

1. Collect information and determine the amounts of the funds appropriated to the University of Iowa Hospitals and Clinics that have been expended for nonquota obstetrics and newborn care, for nonquota orthopedic care, and for care of county quota patients.
2. Formulate legislative recommendations as to the formula for allocation of funds to counties in connection with decentralization of obstetrics and newborn care under the indigent patient fund.
3. Formulate recommendations with respect to the three year phase-in of decentralization of the obstetrical and newborn component of the indigent care program.

The Legislative Council permitted the Interim Study Committee to:

1. Formulate legislative recommendations as to the feasibility and desirability of decentralizing other components of the indigent care program.
2. Examine and make recommendations as to the financial eligibility for care under the indigent patient care program.
3. Make recommendations as to reimbursement methodology and levels of care under the indigent patient care program.

PRESENTATIONS

The following individuals made presentations to the Interim Study Committee concerning indigent health care in Iowa:

1. Mr. Glen Dickinson, Legislative Fiscal Bureau. Mr. Dickinson provided the Committee members with financial information regarding the indigent health care program at the University of Iowa Hospitals and Clinics.
2. Ms. Anne Rhodes, University of Iowa Hospitals and Clinics. Ms. Rhodes responded to questions regarding the expenditure of indigent health care funds at the University of Iowa Hospitals and Clinics.
3. Dr. Ron Eckoff, Iowa Department of Public Health. Dr. Eckoff reviewed the actions taken by the Department since the enactment of the partial decentralization of obstetric and newborn indigent health care with House File 2484 during the 1986 General Assembly.
4. Ms. Joyce Borgmeyer, Iowa Department of Public Health. Ms. Borgmeyer explained the relationship of the maternal and child health clinics with the decentralization of the obstetric and newborn indigent health care program.
5. Dr. Ted Scurletis, Iowa Department of Public Health. Dr. Scurletis discussed the statistics regarding pregnancy and insurance coverage for the indigent population in the United States.
6. Ms. Linda Goeldner, Iowa Hospital Association. Ms. Goeldner provided information relating to the position of the Iowa Hospital Association regarding the decentralization of indigent health care.

7. Mr. Ed Maahs, Stewart Memorial Hospital Administrator. Mr. Maahs expressed his opinion regarding the decentralization of obstetric indigent care.

8. Mr. Ron Kemp, Peoples Health Clinic Project Director. Mr. Kemp provided information regarding the decentralization of indigent health care in the northeast Iowa geographic area.

9. Mr. Larry Pugh, Allen Memorial Hospital Administrator. Mr. Pugh provided information regarding the concept of total decentralization of all obstetrical indigent health care.

10. Ms. Martha Willits, Polk County Board of Supervisors. Ms. Willits explained the usage of the partial decentralization of obstetrical indigent care in Polk County.

11. Ms. Virginia Peterson, Polk County Relief Director. Ms. Peterson explained the certification process for qualification of local obstetrical indigent care as it occurs in Polk County.

12. Ms. Irene Howard, County Relief Directors Association. Ms. Howard explained the position of many county relief directors regarding the decentralization of obstetric indigent care and the responsibilities of the county relief directors.

13. Ms. Peg Anderson, Member of the State Board of Regents. Ms. Anderson expressed the opinion of the State Board of Regents regarding the decentralization of indigent care.

14. Dr. Susan Johnson, Assistant Professor in the Department of Obstetrics and Gynecology at the University of Iowa College of Medicine. Dr. Johnson reviewed the residency training program for doctors specializing in obstetrics and gynecology at the University of Iowa Hospitals and Clinics.

15. Dr. Carol Aschenbrener, Associate Dean of the College of Medicine, University of Iowa. Dr. Aschenbrener provided statistics regarding the medical students at the University of Iowa College of Medicine.

16. Mr. Jack Fischer, Pocahontas County Board of Supervisors. Mr. Fischer provided testimony regarding the partial decentralization of obstetrical indigent health care at the local level.

17. Ms. Deb Spangler, consumer from Peterson, Iowa. Ms. Spangler provided personal experience testimony regarding care for mothers at the University of Iowa Hospitals and Clinics.

18. Ms. Ela Manwarren, consumer, Emmettsburg, Iowa. Ms. Manwarren provided testimony reflecting personal incidents regarding care for indigent obstetrical patients at the University of Iowa Hospitals and Clinics.

OTHER PRESENTATIONS

Ms. Martha King from the National Conference of State Legislatures in Denver, Colorado attended the third meeting of the Committee to offer technical assistance to the Committee regarding the indigent health care field. The National Conference of State Legislatures provided a consultant from Boulder, Colorado to provide expertise regarding the decentralization of indigent health care. Ms. Pat Butler reviewed six states' efforts towards decentralization of indigent health care. The comparison included financial assistance from the state, standards for eligibility to receive care, the level of government responsible for administration of such a program, and the general structure of each program.

PROPOSALS

The House members of the Study Committee submitted a proposed bill regarding the decentralization of indigent care. The proposal decentralized all obstetrical indigent care in the state under the administration of the Iowa Department of Public Health with intent language to decentralize all indigent health care by 1989. The proposal failed to receive the necessary votes to be recommended to the Legislative Council and the General Assembly.

Senator Holt offered a proposed bill draft relating to the decentralization of obstetrical indigent care. The proposal specified that the Department of Human Services would be responsible for the administration of the program and that individuals residing in the 11-county area specified in the proposal would receive indigent health care at the University of Iowa Hospitals and Clinics and individuals residing in the other 88 counties in the state would receive indigent health care at the local level. The proposal failed to receive the necessary votes to be recommended to the Legislative Council and the General Assembly.

Representative Mullins offered a proposed bill relating to the licensure of birthing centers. The bill was determined to be outside of the guidelines given to the Interim Study Committee by the Legislative Council.

CONCLUSION

The members of the Interim Study Committee noted that the members would be appreciative of any questions members of the General Assembly may have regarding the subject of decentralization of indigent health care and other health-related issues which may appear before the 1987 General Assembly.