Iowa Department of Public Health Comments
"Comprehensive and Affordable Health Care to Families and Small Business Act"

January 2007

DIVISION I - Interim Commission on Affordable Health Care

1. Technical correction to Section 1, subsection 1. The subsection states that the commission will consist of 15 members. Based on the membership enumeration in subsection 1, paragraphs a, b, and c the commission will actually consist of 16 members.

DIVISION II - Medicaid, *hawk-i*, and Iowacare Wellness Initiatives

1. DPH recommends an additional subsection that directs the Department of Human Services to develop a waiver request that would provide for a carve-out for a dental only purchase plan under ***hawk-i*** expansion.

DIVISION III - Dental Home

1. Section 14 – Dental Home Program.
   This section appropriates funds to DHS for components of the dental home program. However, in accordance with the I-Smile initiative IDPH is responsible for subsections 1, 2, 3, 4, 7, 8, 9. The department recommends that funding related to these subsections be transferred from DHS to DPH to enable DPH to carry out the assigned components.

   Section 14 – 1. Purchasing of portable dental equipment
   IDPH recommends changing the language to read "Purchasing portable dental equipment for child health agencies to provide care in nontraditional settings."

   Section 14-3 DPH recommends deleting "through area education agencies" because DPH will be responsible for oral health education and promotion.

   Section 14 – 9. Lead oral health coordinator
   DPH recommends changing the language to read "Establishing a dental hygienist as the lead oral health care coordinator at all child health agencies as defined in Section 13-1."

2. Section 16 – Dentist Recruitment
The proposal suggests that a dentist who is eligible for the rural community loan repayment program be a graduate from the University of Iowa College of Dentistry. To increase the potential workforce pool, DPH suggests that willing graduates from other out-of-state accredited colleges of dentistry also be considered eligible for the loan repayment program, not to exceed the loan amount repayable to a University of Iowa graduate.

3. Sections 16 and 17 – Dentist Recruitment; Dental Hygienist Recruitment
DPH has an existing recruitment program called the Primary Care Recruitment and Retention Endeavor (PRIMECARRE). This program was authorized by the Iowa Legislature in 1994 to strengthen the primary health care infrastructure in Iowa and is supported with matching federal funds (currently, PRIMECARRE receives $ 1 for every $1 invested by the state). Dentists and hygienists are eligible for PRIMECARRE.

IDPH suggests that instead of creating duplicative loan repayment programs, more funding be provided to PRIMECARRE. This will provide an opportunity to leverage additional federal funds to support loan repayment for those who practice in a community health center or public health practice. PRIMECARRE could be expanded with the additional state funding to loan repayment for private practice models with a 35 percent Medicaid, Title V, or uninsured low income populations per total patient/practice volume to be eligible for the repayment program.

4. Section 18, subsection 1c. DPH recommends deleting “through area education agencies” and related language on lines 3 through 6 because DPH will be responsible for oral health education and promotion.

DIVISION IV - Prescription Drug Retail Price Disclosure

1. This section makes a requirement of IDPH (Chapter 135), but places the responsibility under the authority of the Iowa Board of Pharmacy (Chapter 155). The board is mainly a licensing and disciplinary agency and has no programmatic functions as would be required with the Internet site. Clarification on where the program will be placed is needed. DPH recommends using Iowa Code Chapter 135.

DPH would need a 0.5 FTE and funding for the position to manage the collection of the drug list, to provide education and awareness to pharmacies and pharmacists, and to provide oversight to the program.

2. The department currently does not have the appropriate information management staff to establish the Internet site and estimates the staffing level that would be needed to maintain the site would be more costly than contracting the project to a an appropriate technology vendor. DPH recommends that the language be added to allow the department to outsource for the establishment of the site. However, the department would need 1.0 FTE at $90,000 to support the application, make future enhancements and provide oversight for the contract to ensure contract goals are met.

   DPH estimates that it will cost more than the $500,000 appropriated to develop, establish and maintain the Internet site even by an outside vendor. It is possible that the initial funding will be enough to begin development of the site but additional funds in the future may be required to continue its operations.

   DPH estimate of costs for outsourced development:

   Outsourced Development

   Business Analyst - depending on the complexity of the business needs (8-12 months) $90,000
   Project Manager - This person would not start until business requirements are final (12 months) $90,000
   Development based on current rate of $125.00 per hour x three staff for 12 months $750,000
   Infrastructure needed to host this application (hardware, software, domain licenses) $22,000 ($2,000 per year on-going)

   Outsourced Development Total over two years plus time to issue RFP and contract with vendor $1,042,000

3. Comments from the Board of Pharmacy.
   First, the Board has no information regarding the most-prescribed drugs in Iowa and has no means of determining that information. A drug that is prescribed is not always dispensed and the only possible way to retrieve a record of a drug that is prescribed is from the prescriber. A prescriber usually maintains that information, if it is recorded at all, in a patient's record, which does not provide a readily retrievable record as it relates to the prescribed drug.

   Third-party payers may also be able to provide information regarding the most dispensed drugs for their patients but among third-party payers the top drugs identified by one reporter may not be the same drugs identified by another. The Board would not be able to certify drugs identified by one of these entities as the top 150 drugs prescribed in Iowa.

The board has further concerns relating to data compiled by any of these alternate sources is how they handled brand name drugs versus generic name drugs. Some studies treat a brand name drug as a totally different drug than its generic equivalent and other studies combine all drugs based on their generic equivalence. The way data on these products is compiled will make a huge difference in the determination of the top drugs.

4. The bill requires the board to approve price comparison Internet sites that compare prescription drug retail prices of online national and international pharmacies. First, there are no legal international pharmacies and drugs offered by an international pharmacy may not match drugs approved for use in Iowa. For example, some common U.S. drugs are marketed with a different drug name in Canada and Mexico. The generic base of the drugs is the same but the drugs are known by different names. Further, some drugs marketed in the U.S., Canada, and Mexico using the same name is not actually the same drug. In some instances the generic base differs, other active ingredients differ, or the strength or route of administration may vary.

   If the Board could identify another "price comparison internet site," what would be the basis for approving the site and including a linkage on the prescription drug retail price disclosure internet site? The Board would have no control over the information provided on the linked site nor could the Board ensure that the pricing information is periodically updated. It would not be fair to Iowa pharmacies or to Iowa consumers to link information that was not comparable.

5. Finally, the Board currently licenses 788 in-state general (retail) pharmacies. The Board also licenses more than 300 nonresident pharmacies. The bill does not either limit the requirements to in-state pharmacies or specifically include nonresident pharmacies. However, unless all Iowa-licensed pharmacies, regardless of location, are required to provide pricing information, the nonresident (mail order) pharmacies will have an advantage over Iowa pharmacies. Not only will the nonresident pharmacy be relieved of the need to weekly review and submit their pricing for the listed drugs but they will have access to competitor's pricing. Information posted on the Internet is available to anyone with access to the Internet -- including nonresident pharmacies.

DIVISION VI - Mental Health Coverage

1. (Sec. 27.2.b.(1)) The current proposal suggests that coverage of mental illness treatment be for "services provide by a licensed mental health professional, or services provided in a licensed hospital or health facility." DPH is concerned that this stipulation may exclude from eligibility for reimbursement primary care providers who demonstrate competence in care for individuals with mental illness. This consideration is especially important given Iowa's widely acknowledged shortage of licensed pediatric mental health providers

2. Sec. 27.2.b.(1) Delete on page 23, lines 25 and 26 the phrase "a substance abuse counselor approved by the department of human services or by". DHS does not approve substance abuse counselors.

DIVISION VIII - Iowa Collaborative Safety Net Provider Network

1. Section 36 - Iowa Collaborative Safety Net Provider Network
   1 a. – Advisory Group
   IDPH recommends changes as follows:
   "An Iowa safety net provider advisory group consisting of representatives of community health centers, rural health clinics, free clinics, maternal and child health centers, Iowa family planning network agencies, Child Health Specialty Clinics, the expansion population provider network as described in chapter 249J, local boards of health, other safety net providers, patients, and other interested parties."

   NOTE: The group should also include hospitals that provide safety net services via uncompensated care. Hospitals by law cannot turn patients away and are included in the federal definition of a safety net provider.

2. 1 c. – Database
   DPH recommends changes to the first sentence:
   "A database of all community health centers, rural health clinics, free clinics, maternal and child health centers, Iowa family planning network agencies, Child Health Specialty Clinics, the expansion population provider network as described in chapter 249J, local public health agencies providing direct services and other safety net providers."

3. 2 c. – Governing Group
   DPH recommends changes as follows:
   "The network shall form a governing group which includes two individuals each representing community health centers, rural health clinics, free clinics, maternal and child health centers, Iowa family planning network agencies, Child Health Specialty Clinics, the expansion population

provider network as described in chapter 249J, and other safety net providers. In addition, the governing group should include one individual each representing local boards of health and the state board of health."

4. 3 – Evaluation
The IDPH currently contracts out for the evaluation of the existing safety network program. The department would need an additional .5 FTE to continue to support the collaborative network and evaluation process in addition to monitoring and providing oversight for the evaluation contract. Evaluation by a qualified evaluator has been essential in identifying strengths of the network and areas for improvement.

5. Section 38 – Pharmaceutical Infrastructure for Safety Net Providers
IDPH recommends that deliverables identified in Division IV be included with deliverables outlined in Division VIII- Section 38 (Pharmaceutical Infrastructure for Safety Net Providers)

6. Section 41 and 42 – Recruitment Efforts
The DPH is charged with establishing a statewide integrated recruitment of primary care providers in conjunction with the Iowa Collaborative Safety Net Provider Network. The department will need 1.0 FTE position to coordinate existing related DPH services from the Center For Health Workforce Planning, PRIMECARRE and other DPH recruitment and retention efforts to provide contract management and oversight, coordination and collaboration of services, avoid duplication within state programs and assure support for technical assistance and liaison with the federal Bureaus of Health Professions and the Bureau of Primary Health Care within the Federal Department of Health and Human Services.

7. Section 44-4. – Awards/Appropriations to local boards of health
IDPH recommends changing language as follows:
"For distribution to local boards of health for necessary infrastructure to increase access to programs and services for children, adults and families."

Note: This language is tailored to fit the role and responsibility of local boards of health pursuant to Chapter 137.

8. Further, the department requests consideration of additional funds as the $100,000 allocated to all 99 counties, would provide limited ability to address needs. Local public health infrastructure has been chronically under funded. The department estimates $1.5 million would be needed to ensure local boards of health have the capacity to provide access to care.

9. Section 44-5 – Awards/Appropriations for family planning agencies
IDPH recommends changing language as follows:

"For distribution to Iowa family planning network agencies for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in determining an appropriate medical home."

10. Section 45 – Community Health Center Incubator Grant Funding
This is another ongoing contract that must be managed by IDPH and that requires technical assistance and knowledge of the Public Health Services Act Section 330 funding for Community Health Centers. No appropriations are mentioned for the contract administration of this service. This could be incorporated into an FTE through the Center for Health Workforce Planning in coordination with the Primary Care Office staff (see Section 41 and 42).

11. ADDITIONAL RECOMMENDATION: ORAL HEALTH SAFETY NET

Recommend the addition of a funding appropriation, $1 million, to the Iowa Department of Public Health to create an oral health delivery system for Iowans who have difficulty in accessing oral health services; older Iowans living in rural Iowa. Funds would be used for the purchase of mobile dental equipment and transportation vans. This system will utilize the state's safety net system of community and rural health centers as centers of operations and will field equipment in low access rural communities.

Support for addition consideration:

- Iowa has an increasing number of people aged 60 and over, and seniors that are 80 and over are increasing more rapidly that any other age group. In fact, Iowa' proportion of older adults in the population exceeds that of the United States as a whole.

- A 2001 University of Iowa study found that older Iowans may be leading the nation in the number of natural teeth retained.

- Oral problems experienced by the elderly are usually preventable and not the direct result of aging.

- If left untreated, dental health problems can lead to serious and costly health problems for older adults.

- In Iowa, transportation to care, cost of care, and a rapidly declining dental workforce make dental services difficult to attain for the elderly. This is especially critical in rural counties.

Division IX – Children's Healthy Development Initiative

1. IDPH recommends renaming this division "1st Five" with a tag line - "Healthy Mental Development". Grantees from the pilot say the current name is too burdensome and we have permission from California to use their label.

2. Section 46 – Commission established
   IDPH supports the establishing of a commission; however the department will need administrative funding to "provide administrative support to the commission" since it may require the reassignment of staff.

3. In the explanation section of the bill, page 54, line 21, there is mention that the bill provides funding to the Access to Baby Child Dentistry program, but there is no such corresponding funding in this division. DPH assumes this was a drafting error.

Division X – Health Care Provider Access

This division requires that the Voluntary Health Care Provider Program expedite the registration of health care provider volunteers and clinics. However, legislative changes the past few years have significantly increased the number of professions that need to be registered and the coverage provided to clinics. The Bureau of Local Public Health Services staffs the program without any dedicated funding. The bureau participated in the ZOOM process this fall and invested a significant amount of staff time to this effort. The results have resulted in reduced paperwork for the application process. Currently, the rules are being revised to further reduce the burden associated with administration of the program. External partners have gained a greater appreciation for the efforts that go into making this program available to health care professionals who want to volunteer at clinics providing services to Iowans.

Despite the streamlining efforts, the growth of the program requires that a dedicated staff (1.0 FTE) in addition to continued support of bureau staff, at an estimated cost of $60,000, to meet the 15 day requirement.

ADDITIONAL COMMENTS

1. Correction: In the explanations section of the bill, on page 53, there is mention that the bill provides funding to the Access to Baby Child Dentistry (ABCD) program. IDPH assumes this is a mix up with the children's healthy mental development program.

2. Chronic Disease Management: There is no division or section of this bill dedicated to "Chronic Disease Management." This should be an important component of any statewide comprehensive, affordable health care plan. A high proportion of health care dollars are spent on a small proportion of the pediatric and adult population, namely those experiencing chronic illness.

   Within a new division or section of the bill dedicated to chronic disease management, the following topics could be covered: development of an overall statewide strategy for the delivery of high quality comprehensive care to Iowans with chronic physical or mental illness; promotion of innovative reimbursement mechanisms for practitioners using effective chronic disease management strategies; and spread of individual practice and system-wide quality improvement strategies to enhance the cost-effectiveness of chronic disease management, such as: care coordination between health care service providers and other community-based services to optimize child and family outcomes; and "medical home models" of care to assure services that are family-centered, culturally competent, comprehensive, continuous, compassionate, and coordinated.

3. DPH believes that access to health care is central to the proposed legislation. This includes a commitment to meet the health care needs of our most vulnerable populations, including Iowans living in counties that are medically underserved, older Iowans, and expanding populations of minorities, immigrants and refugees. Our vision is one of 100 percent healthcare access and zero percent health disparity.

4. Even though the bill increases the cigarette tax there is no provision for cessation services for smokers. DPH recommends that funds should be provided to support smoking cessation services and nicotine replacement therapy. More 411,000 Iowa adults are smokers. More than 40 percent of Iowa smokers attempt to quit for at least one day each year. A $1 increase in the tax will prompt at least another 20,000 smokers to attempt to quit. To help more smokers be successful in quitting DPH recommends $5.5 million for supportive cessation services and nicotine replacement therapy.