

Testimony before the HHS Appropriations Subcommittee
Remarks of Sabra Rosener
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Introduction:

Thank you for the opportunity to appear before the committee. I have spoken to a few of you about our desire to be involved in the policy making process of providing affordable healthcare to all Iowans, and have similar comments I would like to share with the full committee. We very much respect the challenge facing the committee and all Iowans as you consider the proposed legislation. We believe that the Iowa Health System can serve as a resource to the committee, based upon the knowledge and experience of our providers.

Iowa Health System Provides Healthcare Services Across Iowa:

- Iowa Health System is the parent organization to eleven urban hospitals and we employ approximately 18,000 employees across the state.
- These hospitals are Iowa Methodist, Iowa Lutheran, Blank Children's Hospital in Des Moines; St. Luke's in Cedar Rapids, Allen Memorial in Waterloo, St. Luke's in Sioux City, Trinity in Fort Dodge, Finley in Dubuque and Trinity in the Quad Cities (3 campuses).
- We are affiliated with rural hospitals in fourteen counties in Iowa.
- Iowa Health System has 125 physician clinics and employs 400 physicians in 68 communities in Iowa and has 2,600 physicians on our medical staffs.
- On an average day, approximately 6,500 Iowans are treated by an Iowa Health System provider and last year over 12,000 children were born in our hospitals.

Community Benefit:

- We have used our size and diversity to benefit our communities. Our providers, hospitals and community volunteers who serve on our many boards of directors oversee the community benefits we provide. Our responsibility to provide community benefit is reflected in our mission statement "to improve the health of the people and communities we serve," and is a very important part of our responsibility to our communities.
- For example, Blank Children's Hospital, is one of only two children's hospitals in Iowa training pediatric residents. During 2006, Blank admitted over 2300 children for inpatient care and provided over 153,000 services on an outpatient basis.

Annually, we provide over 100 million in community services, and we report these services to the communities every year.

These Community Services include

Community Education & Outreach	\$ 2,716,072
Other Public Programs	\$ 869,927
Health Screenings	\$ 178,855
Support Groups	\$ 455,182
Counseling	\$ 13,518
Self-Help	\$ 175,562
Immunization	\$ 62,667
Free/Reduced Fee Clinics	\$ 3,016,608
Other Community Programs	\$ 1,347,654
Cash or In-Kind Donations to the Community	\$ 2,228,878
Medical Education and Research	\$ 8,307,460
Other Community Benefit Programs	\$ 781,773
Total-Community Benefit Programs	\$ 20,144,156
Unreimbursed cost of Medicaid	\$ 50,786,288
Cost of Charity Care	\$ 25,518,739
Taxes Paid	\$ 8,139,274
Total	\$ 104,588,457

● The modifications to the current state reimbursement system proposed in the bill and the modification to the eligibility requirements of state programs have significant impact on providers-both hospitals and physicians. We have a responsibility to our communities to assure appropriate decisions are made regarding what healthcare services are most accessible to the community.

Iowa Health System can be a Resource to the Committee:

- We believe that, because we are providers—both hospitals and physicians—we can be a resource to the committee.
- The cost of health care services is a topic we know a lot about. We have experience from multiple constituents including health insurance companies with whom we directly negotiate reimbursement rates; to physicians who provide services at our hospitals or clinic sites; to pharmaceutical companies and medical device manufacturers whose products we purchase; and to state and federal government payers, like Medicaid and Medicare. We can provide the benefit of this experience and expertise to the committee as it considers the important aspects of healthcare delivery reform and financing.

We Support the Bill, Specifically:

- a substantial tobacco tax increase to fund health care programs for the uninsured and economically disadvantaged;

- expanded coverage of state programs to cover the parents of children who are eligible for state programs;

- expanded third party-payer and Medicaid coverage for mental health conditions, and are proposing an amendment on this issue

Conclusion:

We have a great amount of respect for the goals and purpose of the legislation that has been proposed. Again, I would like to thank you for the opportunity to testify here today, and offer our system as a resource to the committee.