



Iowa Mental Health Counselors Association

A Legislative Update on Mental Health Initiatives and Priorities in Iowa

Presented by:

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Kacey Peterson, MS, LMHC

Government Relations Committee Chair

Kacey has worked as a licensed mental health counselor (LMHC) since earning her Master's from Drake University in 2010. She served as a school-based counselor and eventually as Clinical Director for an accredited mental health and substance abuse agency until 2014 when she opened Enlightened Endeavors, LLC. Throughout her career, Kacey has provided services to children, adolescents, and families in both urban and rural settings across many of Iowa's "frontier counties". Her involvement on multiple nonprofit boards and her position as IMHCA's Government Relations Chair has given her the opportunity to advocate on behalf of underserved Iowans and the providers that strive to support them. Since 2011 she has worked to identify legislation and government policy that could significantly improve Iowa's mental health delivery system and is dedicated to continuing those efforts as she works to educate our Senators and Representatives on the concerns and barriers facing counselors today. Kacey recently accepted the position of President Elect with IMHCA.

Kenneth Cameron, MA, LMHC

Government Relations Committee Co-Chair

Kenneth earned his Bachelor of Science degree in Human Services from Upper Iowa University in 2003 and successfully completed his Masters of Arts in Counseling at Seton Hall University in 2009. While earning his degree and after expanding his professional experiences through his work with various agencies in the Greater Des Moines area, he developed a vision for helping young people lead productive and independent lives. In June of 2008, his vision became reality when he and his wife, Elizabeth, started A New Beginning: Mentor, Counseling and Resource Center. In 2012, Kenneth decided to make an even greater impact in the community by pursuing his dream of providing counseling and therapy services to those in need. After becoming a Licensed Mental Health Counselor in 2013, Kenneth started his private practice at Aspire Counseling Center, LLC and has been providing those services to folks in the Greater Des Moines area since that time.

Ashlee Cummings Government Relations Committee Volunteer

Ashlee Cummings is a student in Drake University's Masters of Science for Counseling program with an emphasis on rehabilitation and mental health. She began the program in the fall of 2014 after receiving her bachelors degree in psychology from the University of Iowa. Following graduation, Ashlee entered the field of human services and is currently employed through Drake University's Head Start program where she works as a Family Engagement Specialist. Hoping to become and advocate and create positive change in her community and in the field of mental health, Ashlee joined the IMHCA Government Relations Committee in April of 2015 and has served as lead volunteer since that time. She has lobbied at the state capitol on multiple occasions in support of IMHCA efforts.

Learning Objectives

- ✓ Familiarity with the legislative process including the steps involved before a bill becomes law, committee roles, the lobbyist's role, and the role of AMHCA.
- ✓ Understanding and appreciation for state and federal lobbying efforts.
- ✓ Knowledge of legislative goals and efforts:
- ✓ Understanding of how to get involved in current legislative efforts and become an advocate at the local, state, and federal level.

The Legislative Process

Bill Drafting

The process starts when someone decides current law needs revision. A bill is drafted, which is essentially a list of changes to the existing compiled state statutes and code that may add, strike, or amend the text to confer new purpose, restrictions, etc.

Introduction

The bill is introduced into the first chamber. This often entails the chamber Clerk and registering the official introductory draft of the legislation.

Read First / Read Second

The definition of "read" varies however. Rare is the instance that the bill is read verbatim on the chamber floor. At this stage a synopsis of the legislation is presented and any initial discussion or decisions on the merit of the bill may be decided and then the bill typically referred to one or more committees will continue the life process of the bill.

Committees

In most states committees do the bulk of the legislative debate, modification. They are specialized by area of oversight or expertise and will discuss and research the bill, potentially amending or substituting a new draft. The committee typically recommends to the Committee of the Whole, another way of saying the entire chamber, that the bill either Pass or Do Not Pass.

Passage Vote for Engrossment

After a bill has been 'read' a third time it is put to a vote for passage out of the originating house. If the vote passes the bill is then considered to be 'Engrossed' and it is sent to the other chamber of the legislative body.

Rinse and Repeat

The process then repeats itself from Introduction to Third reading in the second legislative chamber.

Passage Vote for Enrollment

Once the bill gets to third reading there is another vote for passage. Should it pass then the bill normally will be considered to be 'Enrolled'. This version of the bill text is what will be sent to the Governor and will be codified by the Secretary of State as part of the official Chapter and Acts.

Sent to Governor

In states where the Governor's approval is required, the Enrolled bill is sent to the Governor. This may be ceremonial, or the Governor may have the power to veto the bill, or if left unsigned for a fixed period of time is de facto approved. Iowa's Governor reserves the right to veto legislation.

IMHCA Leadership Roles

- Duties of the Chair
 - Connect IMHCA board and lobbyist
 - Promote IMHCA's mission through legislative advocacy and monitoring efforts
 - Seek input from the board prior to registering opposition or support of key legislation and various other "movements"
 - Field questions and concerns that need to be passed along to lobbyist
 - Ensure that information is distributed in a timely manner
 - Organize volunteer efforts and information for IMHCA's annual "Day on the Hill" event
 - Respond and/or write to legislators when warranted
 - Respond to AMHCA call to action requests and pass along to IMHCA members
 - Monitor legislation throughout the session and consider crucial alliances should IMHCA decide to begin drafting legislation of our own
 - Seek out legislative allies and collaboration opportunities with other provider groups
 - Provider Project (Data collection, compilation, and analysis)
 - Delegate duties as needed to co-chair and committee volunteers
- Duties of the Co-Chair
 - Participation in advocacy and lobbying events hosted by IMHCA and partner organizations
 - Act as a mentor and leader for committee volunteers
 - Familiarize self with duties of chair and act accordingly in case of chair's absence
- Committee Volunteers
 - Participation in advocacy and lobbying events hosted by IMHCA and partner organizations
 - Assist Chair and Co-Chair with duties as assigned

Public Policy Leadership Roles Continued

- **Lobbyist Role**

- Assist Chair in identifying potential legislative concerns as well as potential gains
- Legislation and public policy efforts
- Promote Awareness
- Foster relationships with key Senators and Representatives

- **AMHCA's Role at the National Level**

MEDICARE LEGISLATION ACTION ALERT

- CACREP and the development of Core standards
- New bills have been introduced in the House and Senate to extend Medicare provider status to mental health counselors and marriage and family therapists. On July 22, 2015 Senators John Barrasso (R-WY) and Debbie Stabenow (D-MI) introduced the "Seniors Mental Health Access Improvement Act" ([S. 1830](#)) and on June 12, 2015 Representatives Chris Gibson (R-NY) and Mike Thompson (D-CA) introduced the House version as ([HR. 2759](#)). The identical bills would allow Medicare beneficiaries access to mental health counselor services and marriage and family therapists (MFTs) through Medicare. By providing these mental health professionals the opportunity to participate in the Medicare program, the bills expand the number of mental health providers available to beneficiaries.
- Describing the need for the legislation, AMHCA notes that in the United States 20 percent of individuals aged 55 and older experience some type of mental health problem. According to the Health Resources and Services Administration, there are approximately 4,000 Mental Health Professionals Shortage Areas in the United States, and half of all counties in the U.S. have no practicing psychiatrists, psychologists or clinical social workers. Seniors in rural communities are the most adversely affected by these shortage areas. The time to promote Medicare recognition of mental health counselors and MFTs is now. Urge your two Senators and Representative to co-sponsor this vital legislation that would authorize MHCs and MFTs to be paid by Medicare for outpatient mental health services to beneficiaries.

IMHCA Public Policy Contributions and Legislative Achievements

IMHCA is committed in our efforts to closely monitor and when possible, to influence the legislative process. The legislation outlined below highlights only the most influential bills IMHCA has supported, opposed, and/or actively lobbied for.

More information can be found in the IMHCA
Legislative News Archives at
<http://www.imhca.net/legislative-news>.

2011

- ▣ **SF 291:** Outlined a more balanced process for accessing mental health records of a victim in a criminal proceeding. It took effect immediately.
- ▣ **SF 259:** Required a pre-sentence investigation to include mental health and substance abuse history. IMHCA was successful in adding an amendment that allows the use of those records only upon an affirmative release of the prisoner.
- ▣ **SF 233:** Required IME and Magellan to include licensed mental health counselors. The bill became effective on July 1, 2011 and the department had to adopt rules to incorporate LMHCs into the plans. DHS moved quickly to amend its rules, and licensed mental health counselors and certified alcohol and drug counselors were allowed to enroll as Medicaid providers of behavioral health services.
- ▣ **SF 525:** Established workgroups charged with examining barriers to receiving care because of discriminatory insurance coverage. Designed to provide a forum for IMHCA and others to talk about equal treatment as mental health professionals.
- ▣ **SF 327:** Suspended adjudication of a juvenile while committed for mental health reasons until the child is released. IMHCA supported this bill.
- ▣ **Cashen Decision:** IMHCA was able to work with a coalition of other interested groups in revising language in the Iowa Code to impact an Iowa Supreme Court ruling known as the Cashen decision. The revised language prevents defense attorneys from going on fishing expeditions of victims mental health records by requiring a judge to review information to determine if it is relevant to the case and the court will balance the need to disclose information against the privacy interest of the person with mental health records.
- ▣ **Mental Health Redesign:** IMHCA monitored all legislation relating to the proposed reform of Iowa's mental health delivery system in both the House and the Senate. The code rewrites created a tiered PMIC system with reimbursement tied to services provided, as well as updated some terminology in Section 125 (substance abuse commitments) to be consistent with changes in the DSM. IMHCA provided Rep. Schulte with materials showing that there is minimal cost to policy holders from requiring coverage of the profession under the House proposed mental health reform bill. Rep. Renee Schulte drafted legislation that would ensure inclusion of LMFTs and LMHCs in the credentialing process for insurance plans that provide mental health coverage. While this legislation did not address the flaws within the credentialing process, it did ensure that the professions would be treated equitably and in the same manner as social workers. Ultimately, despite months of discussion and input, the provision to require insurers to include licensed mental health counselors, licensed marriage and family therapists and certified substance abuse counselors in the plan did not survive.

2012

- ▣ **SF 2243:** This bill would have established a loan forgiveness program for those entering the social work profession. This was a perennial bill from the social workers. The bill provided only the framework for establishing a program but no funding. The Senate approved SF 2243 on a 27-23 vote but no action was taken in the House Human Resources Committee. IAMFT was asked for assistance in getting the bill out of the House Human Resources Committee in exchange for agreeing to include marriage and family therapists and licensed mental health counselors in the program.
- ▣ **SF 2312:** This bill represented the work of the DHS – Courts workgroup on Chapter 229 (commitments). This bill was signed into law by Governor Branstad on April 12, 2012. It establishes a common definition of a mental health professional and clarifies in Iowa law that a physician may consult with, or use the services of, anyone who meets this new definition when evaluating and treating a person committed under Chapter 229. Prior to this change, certain professions, such as LMFTs and LMHCs were excluded from providing this assistance. In addition, this new, standardized definition is used extensively in the mental health redesign bill, ensuring equal treatment for all mental health providers within their scope of practice. IMHCA was registered in support of this bill and advocated heavily for its passage.
- ▣ **SF 2315:** A landmark legislation initiating the mental health system redesign that dramatically altered how mental health services are delivered and funded. The goal of the legislation was to regionalize service delivery in an attempt to provide more cost-effective care and a consistent level of services regardless of where an individual lives. Much of this legislation requires rulemaking by the Department of Human Services. LMFTs and LMHCs are treated equal to other mental health providers within their scope of practice. Issues that had the potential to exclude some providers or require a patchwork of credentialing and licensing standards were eliminated from the bill after opposition from IMHCA and IAMFT.

2013

This session was counted as one of the most successful in recent years as the Legislature reached agreement on Medicaid expansion, education reform and property tax reform.

- ▣ **Iowa Health and Wellness Plan (Medicaid expansion):** Bi-partisan legislation that included characteristics of proposals by Governor Branstad and Senate Democrats to create Iowa's version of Medicaid expansion. The plan included incentives to lead healthier lifestyles and to reduce emergency room care. It included two tiers of coverage targeted to low income Iowans based on their percent of household income as compared to the federal poverty level. Under the current version of the plan, coverage is established for adults age 19-64 with an income up to 133 percent of the Federal Poverty Level (\$15,521 per year in 2014). The plan began on January 1, 2014, and currently serves more than 100,000 Iowans. The two tiers are:
- ▣ **Iowa Wellness Plan:** The Iowa Wellness Plan is an Iowa Medicaid program that covers adults ages 19 to 64. Eligible member income is at or below 100 percent of the Federal Poverty Level (\$11,490 for individuals or \$15,510 for a family of two). Members can choose a provider from the statewide provider network and are able to get care from local providers.
- ▣ **Iowa Marketplace Choice Plan:** The Iowa Marketplace Choice Plan covers adults age 19 to 64 with income from 101 percent through 133 percent of the Federal Poverty Level (between \$11,491 and \$15,282 for individuals or \$15,511-\$20,628 for a family of two). The Marketplace Choice Plan allows members to get health care coverage through select insurers with plans on the Health Insurance Marketplace. Medicaid pays the premiums of the health plan for the member. Members get care from providers approved by the health plan.
- ▣ **SF 203:** The DHS Technical Correction Bill made changes to language approved in 2012 regarding oversight of the newly authorized sub-acute care system for mental health. Groups representing physician assistants and nurse practitioners made an effort to include their professions in those with authority to run those facilities. The final product allowed a non-physician to run a facility but maintains the role of physicians and other mental health professionals in providing treatment within their scope of practice.

2013

- SF 406: Involuntary Commitments legislation that implemented the recommendations of the judicial branch's DHS task force relating primarily to housing mental health advocate positions within the Department of Inspections and Appeals from the jurisdiction of the counties as it was. The legislation passed in the last weeks of the session after being bogged down with disputes over the appropriate agency to house the advocates and the cost to state government.
- SF 446: Medicaid Expansion/Health and Human Services Budget bill representing a combination of the budget for health and human services programs, the state's approach to Medicaid expansion and a potpourri of other policy issues that failed to advance as stand-alone bills. The legislation included the following:
 - A medical home approach for those with chronic mental illness who qualify for the medical assistance program;
 - \$900,000 to DHS to implement the recommendations of the work group on a children's mental health home system;
 - \$400,000 to DHS to implement the mental health redesign system;
 - \$3 million to DHS to design a standardized assessment for those with mental illness, intellectual disabilities, developmental disabilities and brain injury;
 - \$400,000 for an autism assistance program located at the University of Iowa;
 - \$110,656 to the University of Iowa to expand and improve development of a mental health workforce;
 - \$99,904 to the Cherokee Mental Health Institute to expand and improve development of a mental health workforce;
 - Increase of 1% for all non-institutional medical provider rates;
 - Increase of 1% for inpatient mental health services;
 - 100% of reasonable costs for community mental health centers and those providing services to county residents;
 - Psychiatric services at the medical assistance program fee-for-service rate;
 - Creation of an Autism Support Program to provide reimbursement for applied behavioral analysis (ABA). Became a standing appropriation going forward. Recommendations/Guidelines:
 - Maximum reimbursement of \$36,000 per year,
 - Coverage not to exceed 24 months;
 - Reimbursement for children up to age 9;
 - Graduated cost-sharing for those families at or above 200% of the federal poverty level;
 - Limited only to those children not eligible under medical assistance or private insurance for ABA coverage if household income does not exceed 400% of federal poverty level;
 - Appropriated \$2 million for FY 14

2013

- ▣ **HF 569:** Legislation establishing a licensure process for Addiction Counselors was presented to lawmakers outlining a licensure program for addiction counselors modeled after the licensure program for social workers. It would have created several levels of licensure based on the amount of education and training. The licensure program would have been incorporated into the Board of Behavioral Science which currently oversees marriage and family therapists and mental health counselors. Concerns with some of the language that blurred the lines between additional counseling and mental health providers were addressed by IMHCA during floor consideration of the bill in the House. This resulted in IMHCA meeting privately with one of the Representatives drafting the bill to assist in the editing of “problematic” language before the legislation was ultimately passed in both chambers only to be vetoed by the Governor. Governor Branstad’s veto message expressed concern with the expansion of the size of government and the potential cost to applicants and state government. Even after the language edits, IMHCA remained undecided on the bill.

2014

- ▣ **SF 2261:** The Suicide Prevention & Trauma Informed Care bill attempted to establish an office within the DE on suicide prevention and trauma informed care. The purpose of this office would be to guide districts in implementing training on suicide prevention, adoption of guidance or practices for trauma informed care and overseeing efforts statewide to address youth suicide. The bill languished in the Senate Appropriations Committee and was ultimately NOT approved by the Legislature. However, language that required the DE to develop training and protocols for suicide prevention and trauma informed care for school employees was included in the Senate-passed version of the health and human services budget bill (see below for more information). IMHCA lobbied in opposition to the bill because of concerns about the imposition of trauma informed care requirements on school personnel.

- ▣ **HF 2463:** The FY 2015 Health & Human Services Budget Bill contained a variety of provisions of interest to IMHCA members including:
 - DE and DPH development of recommendations to continue youth and young adult suicide prevention program once the federal grant expired on Dec. 15, 2014;
 - \$50,000 for survey of children with adverse childhood events (ACEs);
 - Medicaid funding at the bottom of the estimating group's range (approx. \$30 M below the group's midpoint);
 - Rebasing reimbursement rates for inpatient mental health services October 1, 2015. These were previously frozen at the June 30, 2014 rate;
 - \$250,000 to Department of Inspection and Appeals to create a mental health advocate division as outlined in 2013 legislation;
 - Granting community mental health centers the option to be reimbursed at 100% of reasonable costs of services (OR) be reimbursed at an alternative reimbursement rate methodology established by Magellan;
 - Requiring a study of community based service placement options for persons with serious mental illness

2015

- ▣ **HF 600:** Telemedicine parity legislation that died in the second funnel. Leadership in the House was reluctant to run the bill (there was no Senate companion) because of a pending court case on the use of telemedicine to distribute the abortion “day after” pill. IMHCA and the medical community pushed hard to overcome what was seen as a relatively “weak” argument, but in spite of those efforts the bill did not make it to the floor. It should be noted that the way in which the telemedicine bill was drafted allowed each board with oversight over a profession to individually determine their own rules about services and scope of practice with respect to telemedicine reimbursement.
- ▣ **Medicaid transformation oversight committee:** Legislation establishing a Medicaid transformation oversight committee died in the House. The Senate had previously passed the bill on a unanimous vote but the bill did not come out of the House Human Resources Committee. DHS was not necessarily opposed to the bill but raised strong concerns. So, the process moved forward without an oversight committee, although this matter was again addressed in the 2016 session. DHS indicated that they had concerns with the scope of involvement. IMHCA strongly supported this legislation.

Medicaid Modernization Initiative and Timeline

The Iowa Department of Human Services (DHS) announced winning bidders for Governor Branstad's Medicaid Modernization initiative on August 17, 2015. The RFP, titled the Iowa High Quality Health Care Initiative, asked for bids from potential vendors as the state moves toward a risk-based managed care approach for Iowa's Medicaid program. The initiative aims to: improve quality and access, promote accountability for outcomes, and create a more predictable and sustainable Medicaid budget.

<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>

January 2015: Governor Branstad announced his plan to move toward a managed care model in the state of Iowa.



February 2015: Request for RFP was sent out.



July 2015: Iowa officials [announced](#) they were abandoning their Medicaid demonstration waiver for a Medicaid Modernization Managed Care waiver instead ([39 states and DC](#) already have Medicaid managed care programs). [560,000](#) Medicaid beneficiaries were scheduled to transition to the Medicaid managed care system as of January 1, 2016.



August 17, 2015: DHS issued intent to award four MCOs contracts to administer the program.

Amerigroup Iowa, Inc. | AmeriHealth Caritas Iowa, Inc. | UnitedHealthcare Plan of the River Valley, Inc. | WellCare of Iowa



December 17, 2015: Federal administrators (CMS) order Iowa to delay the shift of its Medicaid program to private management by at least 60 days.



December 18, 2015: The selection of WellCare of Iowa was terminated following allegations of impropriety in the bidding process and an appeal, on the same day the Governor announces a new March 1st transition date.



January 2016: [Questions arose](#) about the business practices of AmeriHealth and UnitedHealthcare in Medicaid managed care programs in other states, including neighboring Kansas. The carriers have allegedly been denying claims for Medicaid patients in an effort to curtail costs, and have had to pay tens of thousands of dollars in settlements with the states involved.



February 2016: Medicaid Modernization delayed by the federal government (CMS) 30 days. In response to Iowa Medicaid Director Mikki Stier's February 23rd letter CMS formally gave the green light to DHS and IME for an April 1st implementation date.

Goals for the 2017 session

- ▣ AMHCA federal lobbying efforts
 - Support of CACREP and CORE standards for licensure
 - Protection and provider reimbursement rights through Tricare and Medicare
 - **CONTACT YOUR LEGISLATORS TODAY!**
<http://www.amhca.org/>

- ▣ IMHCA Government Committee Goals
 - Provider Project (2 parts)
 - Mental Health Advocacy and Awareness Calendar
 - Monitor privatization progress and road blocks
 - Possible legislation to expand supervision opportunities for students
 - Lobby for funding to support loan forgiveness bill for mental health counselors and marriage and family therapists
 - Attendance to the 2016 AMHCA Leadership Conference

Additional State and Federal Legislative Resources

- ▣ **The American Mental Health Counselors Association (AMHCA):** The leading national organization for licensed clinical mental health counselors. AMHCA strives to be the go-to organization for LCMHCs for education, advocacy, leadership and collaboration. <http://www.amhca.org/>
- ▣ **The Iowa Mental Health Counselors Association (IMHCA):** The Iowa Mental Health Counselors Association is a chapter of the [American Mental Health Counselors Association](http://www.amhca.org/). IMHCA is the only organization dedicated exclusively to meeting the professional needs of mental health counselors in Iowa. Its sole purpose is to promote the profession of mental health counseling and the needs of our clients. <http://www.imhca.net/> (**Legislative News** -- Track important developments to Iowa legislation and receive updates to current bills affecting mental health counselors in Iowa. <http://www.imhca.net/legislative-news>).
- ▣ **The Iowa Legislature:** <https://www.legis.iowa.gov/>
- ▣ **Find Your Legislator:** <https://www.legis.iowa.gov/legislators>
- ▣ **Committee Assignments and Agenda pages:** <https://www.legis.iowa.gov/committees>
- ▣ **Legislative Document Research Page:** <https://www.legis.iowa.gov/publications/search>
- ▣ **The Bureau of Professional Licensure:** Bureau within the Iowa Department of Public Health with 19 licensure boards regulating 39 professions. The mission of the professional boards is to protect the public health, safety and welfare by licensing qualified individuals and enforcing Iowa's statutes and administrative rules fairly and consistently. <https://ibplicense.iowa.gov>
- ▣ **Centers for Medicare and Medicaid Services:** <https://www.cms.gov/>
- ▣ **2015-2016 Guide to the Iowa Legislature:** Contains a colorful guide (including pictures of Iowa's legislators and information on what someone could expect during a trip to the Capitol for advocacy purposes) that was created to give advocates with disabilities the tools, information, and opportunities they need to take action. [http://www.infonetiowa.org/documents/cms/docs/2016 Legislative Guide Website Revised 1.8.15.pdf](http://www.infonetiowa.org/documents/cms/docs/2016%20Legislative%20Guide%20Website%20Revised%201.8.15.pdf)
- ▣ **USA.gov:** Online guide to government information and services. <https://www.usa.gov/laws-and-regulations>

Ready to start talking?

To find out more about getting involved with any of the projects/events mentioned throughout the presentation contact:

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641-247-8114

Panel Rules

- ❑ Raise your hand and one of the volunteers will call on you to ask your question
- ❑ Members on the panel will have an opportunity to consider the question and each member will weigh in when appropriate
- ❑ If your question is for one member of the panel specifically, please indicate this before asking your question.
- ❑ Student volunteers will walk around at the end to collect opinions about what the committee goals for next session should or should not be and/or potential goals for future sessions. You may remain anonymous.