

## **End of Session Report for IMCHA – Final**

June 18, 2021

Despite an extended session due to gridlock, the session turned into being a great year for mental health policy and funding. The HHS budget has more money in it across the board that it has in previous years. In the tax bill, mental health will now be funded by the state instead on the backs of property taxes, the regions will be able to contract with the state using performance-based contracts, and telehealth funding parity for behavioral health was included. There were several other pieces of legislation that move the mental health system forward. Despite going overtime, IMHCA Iowa had a banner year!

**Many of the IMHCA priorities have moved forward this session.**

**The appropriations bill, [HF 891](#) passed the legislature and was signed by the Governor. Included in this bill are items IMHCA prioritized including:**

- Rural psychiatric residencies \$600,000 (increase of \$200K from last year)
- Iowa Children’s Behavioral Health 24-hour Crisis Line \$306,000
- Rural psychologist program \$48,000
- Medical Residency Training \$2.1M
- DMU/NAMI Iowa Provider \$250,000
- Rural psychiatric residencies \$600,000
- Psychiatric training for Physician Assistants and Nurse Practitioners \$150,00
- Implement reductions in the CMH waiver \$1M
- Admin to implement Children’s MH health home project – 1 FTE
- Increased oversight of MCOs with increased FTEs \$200,000
- 1 FTE for support of children’s behavioral health board \$300,000
- Increases for acute mental health hospitals.
- Increases for PMIC within \$3.9M
- Home based habilitation services increased \$7.1M

**Also included in [HF 891](#) was language changing in person supervision requirements for MH professionals.**

- Supervision not required in person for LMHCs or LMFTs.
- LMHCs, LMFTs and LISWs can supervise each other.
- Board of social work and board of behavioral science create joint rules.

The omnibus tax bill, [SF 619](#) including Mental health funding change and telehealth parity. There are many pieces to this legislation, this report will outline the main mental health pieces.

### **Division VIII Telehealth parity**

- Telehealth defined as the use of real-time interactive audio and video, or other real-time interactive electronic media, regardless of where the healthcare professional or covered person are each located.
- Telehealth does not include the delivery of health care services delivered solely through an audio-only telephone, electronic mail message, or facsimile transmission.

- Health carrier shall reimburse a health care professional and a facility for health care services at the same rate as if provided in person.
- Effective date 6/16/21, retroactive to January 1,2021

### **Division XXV Mental Health Funding**

#### Regional Incentive Fund

- Separate from general fund, not counted in general fund balance.
- Performance Based Contracts
  - Authority for DHS to approve, revise or deny MHDS regions service plans and budgets.
  - Requirement that regions provide all core services in 331.397.
  - Requirement to use federal funds, Medicaid, 3<sup>rd</sup> party payor prior to using regional funding.
  - Annual review of regional admin costs by DHS
  - DHS create outcome improvement goals.

#### Regional Service Growth Factor - Per capita

- \$15.86 for FY 2022.
- \$38.00 for FY 2023.
- \$40.00 for FY 2024.
- \$42.00 for FY 2025.
- Regional service growth factor is equal to the per capita of previous year multiplied by percent increase, if any, in the sales tax deposited into the general fund, not to exceed one and one-half percent

#### Fund balance

- FY 2022 40%
- FY2023 20%
- FY 2024 and beyond 05%

#### MH Regional Incentive Fund

- \$3 Million FY 2021 and beyond
- FY 2025 and beyond includes the incentive growth factor - the percent increase, if any, in the amount of sales tax revenue deposited into the general fund, minus one and one-half percent and shall not exceed three- and one-half percent.

#### Quarterly reports

- To legislators about implementation of core services

#### Sunset MH Levy July 1, 2022

##### Polk county

- in kind transfer repealed July 1, 2022.
- transfer from county hospital for FY beginning July 1, 2022, and FY beginning July 1, 2023.

MHDS regions study to include.

- Implementation of core services
- Uniformity of core between regions.
- Independent contractor to conduct the study.
  - To Gen assembly and Gov by Dec 15,2022

**Individual pieces of legislation of interest to IMHCA also passed the legislature:**

**Bed Tracking Bill [SF 524](#):**

The Bill creates an in-patient Psychiatric Bed Tracking System interim study committee. The Bill includes the requirements for membership, areas to be examined, and all reporting requirements due by December of this year.

**Health Care recruitment [HF 196](#)**

House File 196 expands the Iowa Health Care Professional Recruitment Program to include health care professionals who graduate from and are recruited by “eligible institutions” to practice in an eligible rural community in this state that matches state funds for educational loan repayment for the health care professional. Prior to this legislation, only health care professionals who graduated from Des Moines University were eligible for the program; the bill expands the types of institutions to include a regent’s university or accredited private institutions.

**Education Appropriations [HF 868](#)**

The Bill adds mental health professionals who holds a statement of recognition issued by the board of educational examiners to the list of professionals that can be employed using shared operational function education funding.

**Applied Behavioral Analysis [SF 532](#)**

The Bill creates a professional recognition for licensed behavior analysts and mental health professionals by the Board of Educational Examiners.

**Bills of Interest to IMHCA that did not move forward this session:**

- **[SSB 1164/HSB 169](#)**: Both bills failed to advance far, which was one of our team’s defensive wins. These companion bills would have required Medicaid managed care organizations (MCO’s) to hit certain targets for payments.
- **[HF 205](#)**: This bill was assigned a subcommittee but did not make it out of the first funnel deadline. It would have required the Department of Human Services to treat an integrated provider network provider for Medicaid services in the same way as community mental health providers.
- **[SF 487](#)**: The Bill was placed on the unfinished business calendar in the House. The bill’s intent was to reorganize licensing boards and agencies to create state efficiencies. And the bill reviewed boards on a schedule to ensure their usefulness and viability.

- [HF 431](#): The Bill was placed on the unfinished business calendar. The bill allowed audio only telehealth. The bill required any licensing board to amend or adopt rules to allow health-related professionals to utilize telehealth or telemedicine to deliver services using audio-only devices.