

State Rep. Chuck Isenhart...



...putting Iowa back to work



**PHASE FIVE: PRIORITIZING ESSENTIAL HEALTH CARE WORKERS,
BRAIN HEALTH and SUBSTANCE USE RECOVERY**

The Biden Administration's American Rescue Plan offers unprecedented opportunities for states, cities and counties to provide pandemic response, relief and recovery to our citizens, including via \$1.48 billion in funds to be channeled through the office of the Iowa governor. Help is here!

In recent months, I have offered suggestions to strengthen our public health infrastructure, to help our travel and tourism economy "build back better," to invest in environmental health through clean water, clean energy and climate solutions and to grow a resilient food system that serves everyone.

Phase Five of an "Iowa Rescue Plan" focuses on innovative use of pandemic relief funding to help people hit hard by the Covid-19 public health disaster, including essential workers and those facing greater health challenges affecting their cognitive and other abilities to cope and to function successfully at home, in the workplace and in the community.

The recommendations include funding for the Department of Human Services:

- 1) \$200 million for disbursement through Iowa employers to provide premium pay to essential care workers involved directly in COVID-19 health care response in Iowa during the public health emergency, in amounts up to 10 percent of an individual's annual base wages or salary, as established by the department by rule;
- 2) \$50 million for the region incentive fund established in code section 225C.7A to provide additional quality brain health core or non-core services by mental health regions that support outcomes improving the lives and/or living conditions of individuals disproportionately impacted by the public health disaster;
- 3) \$900,000 to employ three staff members for three years to work with mental health regions to ensure strategic integration with member county public health boards through the community health needs assessment/health improvement planning process;
- 4) \$5 million to provide matching assistance to mental health regions for recruitment, education and provision of expanded peer support and substance use disorder recovery services;
- 5) \$150,000 to engage stakeholders to create a model public health benefit plan designed to incentivize or otherwise promote the effective, evidence-based prescription and use of opioids and other addictive pharmaceuticals to Iowans receiving benefits through Medicaid, to document the current use of benefits for substance use disorders, to identify gaps or unnecessary restrictions in coverage, and to expand access to evidence-based treatments and therapies, including nonpharmacological treatments, in cooperation with managed care organizations and health care providers offering such services to Medicaid plan members;
- 6) \$5 million to develop and administer pilot substance abuse treatment programming in the jails of five counties of various size to ensure inmates receive appropriate substance abuse treatment, including medication-assisted treatment, which may include a jail diversion program as an alternative to incarceration, in consultation with local stakeholders;
- 7) \$500,000 to plan and move toward implementation of a strategy to conform Iowa with the Americans with Disabilities Act by providing services that integrate people with developmental and intellectual disabilities into their communities, in consultation with the Iowa Developmental Disabilities Council, Disability Rights Iowa and other stakeholders.

The recommendations include funding for the Department of Education:

- 8) \$93 million to be distributed on a per-student basis to local school districts to provide for school-based brain health and related social services for K-12 students and families, in collaboration with mental health regions, with a minimum goal of providing a school nurse or other health care professional in every school, every day;
- 9) \$150,000 to engage stakeholders and make recommendations regarding the establishment of one or more recovery high schools designed for the education of students in recovery from substance use disorders or dependency and any co-occurring brain health diseases, in collaboration with the Department of Public Health and the Department of Human Services.

The recommendations include funding for the Department of Public Health:

- 10) \$10 million for the establishment and equipment of mobile medication-assisted treatment clinics.
- 11) \$16.8 million for the creation, recruitment of personnel, training and initial salaries and expenses associated with a peer outreach system to ensure the provision of essential services and public benefits to veterans, in coordination with the Department of Human Resources, the Department of Veterans Affairs and the Veterans Administration;

- 12) \$150,000 to develop addiction, addiction treatment, overdose, and overdose death surveillance metrics, standards, and requirements for data collected through county boards of health, in consultation with the Iowa Poison Control Center and Iowa Healthcare Collaborative;
- 13) \$200,000 to contract with the Iowa Healthcare Collaborative to develop and pilot protocols for the treatment of emergency room patients experiencing drug overdoses, to the extent that funding is matched on a dollar-for-dollar basis from private or public sources secured by the Iowa Healthcare Collaborative;
- 14) \$900,000 to support syringe service pilot programs in collaboration with three county boards of public health.

The recommendations include funding for the Department of Human Rights:

- 15) \$500,000 to lead the collaborative development of a system of data collection and reporting of measures to monitor and assess equity in the availability, access to, delivery and outcomes of preventive health and acute health care services in Iowa.

The recommendations include funding for the Department of Commerce:

- 16) \$150,000 for the Insurance Division of the Department of Commerce to prepare a comprehensive report on insurance coverage and payment policies for services related to brain health and the treatment of substance use disorders by commercial insurance companies and self-funded plans, as well as data on current utilization and expenditures associated with such benefit plans.

The recommendations include funding for the Department of Administrative Services:

- 17) \$150,000 to engage stakeholders to create a model benefit plan designed to incentivize or otherwise promote the effective, evidence-based prescription and use of opioids and other addictive pharmaceuticals to members receiving benefits through state plans, to document the current use of benefits for substance use disorders, to identify gaps or unnecessary restrictions in coverage, and to expand access to evidence-based treatments and therapies, including nonpharmacological treatments, in cooperation with any health insurance plans or health plan administrators of benefits extended to state employees.

The recommendations include funding for the Iowa Finance Authority:

- 18) \$25 million to finance the development of recovery housing by private or public entities to provide safe, healthy, and substance-free living environments to support individuals in recovery from addiction, including transitional housing for ex-offenders.

The recommendations include funding for the Department of Workforce Development:

- 19) \$10 million to establish and implement a system to provide tailored employment services for up to 12 months post-release for ex-offenders with a history of substance use or brain health disorders.

The recommendations include funding for the University of Iowa:

- 20) \$3 million to support psychiatric residency programs involved with coordinated, collaborative care at newly established, community-based behavioral health treatment facilities offering residential substance use disorder treatment for twenty-nine days or more;
- 21) \$500,000 for research on medication-assisted treatment for substance use disorders conducted at the College of Public Health to identify variability in outcomes, demonstrate efficacy of treatment, and refine evidence-based protocols;
- 22) \$2 million for research and education conducted at the Carver College of Medicine for the non-narcotic treatment of pain;
- 23) \$1,500,000 million for the College of Public Health to assist county boards of health in the development and implementation of community health needs assessments and health improvement planning related to brain health and substance use.

The recommendations include funding for Iowa State University:

- 24) \$5 million to create capacity within ISU Outreach and Extension to work with mental health regions to provide education about and promote access to core and non-core services in rural areas.

The recommendations include funding for the Governor’ Office of Drug Control Policy:

- 25) \$500,000 to engage stakeholders in developing recommendations to improve the justice system to effectively deal with offenders and others with substance use disorders who come into contact with law enforcement, in concert with the Council of State Governments Justice Center.

The recommendations include funding for the Alcoholic Beverages Division:

- 26) \$100,000 to engage potential stakeholders in the design of a distribution system for legalized and regulated cannabis products.

To foster state-local partnerships using federal money, Iowa should give preference to cities and counties that match the state’s contributions with their own American Rescue Plan dollars.

The Iowa Rescue Plan would use \$431.15 million for premium pay for essential workers and for brain health and substance use recovery over the next two years. This would account for about 29.1 percent of the federal monies allocated to Iowa. These projects would promote health care workforce and public health objectives, provide for economic recovery and address some of the negative impacts of the disaster emergency. Some of the proposals may also be eligible for other American Rescue Plan funding streams, CARES Act funding, Elementary and Secondary School Emergency Relief funding, federal Byrne Justice Assistance Grants, or national opioid lawsuit settlement proceeds administered by the Iowa Department of Justice.

Understanding the lessons learned from the COVID-19 emergency, we recognize the importance of involving employers in the response and providing protections for workers when public health disasters strike. This proposal calls on state agencies responsible for grant programs and contracting to give first preference to grant recipients and contractors that provide at least 56 hours of annual paid family sick leave to workers employed in their operations.

| Program | Department or Authority | Current budget | ARP funds proposed | Total |
|---------|-------------------------|----------------|--------------------|-------|
|---------|-------------------------|----------------|--------------------|-------|

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|--|-------------------------|-------------|---------------|---------------|
| Premium pay: Essential health care workers | Human Services | \$0 | \$200,000,000 | \$200,000,000 |
| Region incentive fund | Human Services | \$3,000,000 | \$50,000,000 | \$53,000,000 |
| Public health planning | Human Services | \$0 | \$900,000 | \$900,000 |
| Peer support/recovery | Human Services | \$0 | \$5,000,000 | \$5,000,000 |
| Model Medicaid insurance plan | Human Services | \$0 | \$150,000 | \$150,000 |
| County jail treatment pilots | Human Services | \$0 | \$5,000,000 | \$5,000,000 |
| Conforming with the Americans with Disabilities Act | Human Services | \$0 | \$500,000 | \$500,000 |
| School districts: Brain health services for students | Education/Public Health | \$2,000,000 | \$93,000,000 | \$95,000,000 |
| Recovery high schools | Education | \$0 | \$150,000 | \$150,000 |
| Mobile MAT clinics | Public Health | \$0 | \$10,000,000 | \$10,000,000 |
| Veterans outreach | Public Health | \$0 | \$16,800,000 | \$16,800,000 |
| Addiction and overdose metrics | Public Health | \$0 | \$150,000 | \$150,000 |
| Emergency room protocols | Public Health | \$0 | \$200,000 | \$200,000 |
| Syringe service pilots | Public Health | \$0 | \$900,000 | \$900,000 |
| Health equity metrics | Human Rights | \$0 | \$500,000 | \$500,000 |
| Insurance coverage analysis | Commerce | \$0 | \$150,000 | \$150,000 |
| Model employee insurance plans | Administrative Services | \$0 | \$150,000 | \$150,000 |
| Recovery housing | Finance Authority | \$0 | \$25,000,000 | \$25,000,000 |
| Re-entry support | Workforce Development | \$0 | \$10,000,000 | \$10,000,000 |
| Psychiatric residencies | University of Iowa | \$0 | \$3,000,000 | \$3,000,000 |
| Research: Outcomes of medication-assisted treatment | University of Iowa | \$0 | \$500,000 | \$500,000 |
| Research: Non-narcotic treatment of pain | University of Iowa | \$0 | \$2,000,000 | \$2,000,000 |
| County health needs assessments/health improvement plans | University of Iowa | \$0 | \$1,500,000 | \$1,500,000 |
| Outreach and Extension capacity | Iowa State University | \$0 | \$5,000,000 | \$5,000,000 |
| Justice system review | Drug Control Policy | \$0 | \$500,000 | \$500,000 |
| Study: Distribution of cannabis products | Alcoholic Beverages | \$0 | \$100,000 | \$100,000 |
| Total | | \$5,000,000 | \$431,150,000 | \$436,150,000 |

State Representative Chuck Isenhart of Dubuque is a member of the House Government Oversight Committee. These are not the only ideas. What are yours?

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