



2021 UNITYPOINT HEALTH CHILDREN'S LEGISLATIVE AGENDA

POLICY PRIORITIES

Medicaid and Hawki

Medicaid and Hawki provide a critical safety-net for the health and well-being of Iowa's children. Over half (54%) of the 679,000 Iowans enrolled in Medicaid and Hawki are children, yet children account for only 20% of the Medicaid spending. These two programs cover the essential health care needs for two in five children in Iowa. Under Iowa's current Medicaid eligibility structure, combined with employer-based health care plans, 21,000 children in Iowa still lack health care coverage (Kids Count, 2019).

In comparison to uninsured children, those covered by Medicaid and Hawki are more likely to have better health outcomes as adults; to have better school attendance and academic achievement; to graduate from high school and attend college; to achieve economic success as an adult such as increased wage earnings and contribution to the tax base.

POLICY RECOMMENDATION

Support innovative Medicaid policies which address the unique developmental needs of children and protect Medicaid coverage for children.

Children's Mental Health

Mental health is an important part of overall health for children as well as adults. One in five children have a mental health disorder. One-fourth of lifelong cases of mental illness start by age 14. For a young person with symptoms of a mental illness, the earlier treatment is started, the more effective it can be. Early treatment can help prevent more severe, lasting problems as a child grows up. Yet 80% of children who need mental health interventions never receive treatment. Barriers to access impacts all children in Iowa, but especially children living in rural communities and from marginalized populations.

POLICY RECOMMENDATION

Create an adequate, sustainable funding mechanism for Iowa's developing Children's Behavioral Health System, including expanded funding for programs which support prevention, early identification and early intervention services for children.

Maternal Health

Maternal mortality is higher in the United States compared to any other developed nation. Racial disparities persist as the maternal mortality rates for non-Hispanic Black women are 3 to 4 times higher than the rates for White women. The causes of maternal mortality and morbidity are multifaceted and complex. However, two-out-of-three pregnancy-related deaths are considered preventable. By addressing the upstream risk factors while also improving the quality of maternity and postpartum care, Iowa can dramatically improve maternal health outcomes.

In Iowa, 56% of all maternal deaths in the last year occurred postpartum. There is strong evidence that maternal stress and Adverse Childhood Experiences (ACE) can have a significant impact on maternal and infant health. Stressors Iowa mothers report include financial, domestic violence, substance use, depression, divorce, or incarceration of a partner or self.

- 24% of new mothers in Iowa report feeling depressed since giving birth.
- 15% of new mothers experience more severe and longer-lasting postpartum depression.
- 33% of non-Hispanic Black mothers in Iowa experienced three or more stressors the 12 months before delivery compared to 24% of the total population.

Iowa can improve the lifelong health outcomes of women, infants and children if maternal stress is identified and treated.

POLICY RECOMMENDATION

- Extend postpartum Medicaid coverage for mothers from 60 days to 12 months to reduce barriers to accessing health, mental health and substance use disorder treatment.
- Expand access to evidence-based home visiting programs, including prenatal support.



APPROPRIATION PRIORITIES

Iowa Poison Control Center (IPCC)

IPCC provides Iowans with poison information and treatment advice through a 24-hour helpline. Staffed by nurses, pharmacists and physicians, the IPCC manages approximately 26,000 cases a year involving medicines, household products, snake and spider bites, plants and chemicals in the home and workplace.

Calls to the IPCC regarding intentional overdoses have risen, along with accidental exposures to cleaning products and disinfectants during the COVID-19 pandemic. Self-poisoning is now the leading cause of suicide attempts among adolescents, especially girls. 86% of accidental pediatric poisoning cases are treated at home with poison center advice and follow-up. This results in an annual net savings of over \$15 million in avoided health care costs in Iowa and helps to reduce the burden on our health care systems responding to the pandemic.

APPROPRIATION REQUEST

Increase the state appropriation for the IPCC by \$100,000 for a total appropriation of \$600,000 to provide the increased expertise needed for poisoning and overdose cases in Iowa. The state appropriation leverages the necessary investment to draw down the maximum federal funding authorized under the Children's Health Insurance Program (CHIP).

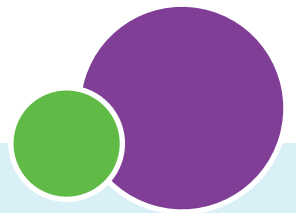
Child Protection Center Grant Program (CPC)

In 2019, 11,468 children were confirmed as being abused by a parent or caregiver in Iowa. Iowa's CPCs provide a nationally accredited service model to assess and treat the medical and emotional needs of abused children. The CPCs served 3,195 children in FY 2020, down only slightly from the previous year even though child abuse reports fell by nearly 60% during the first months of the pandemic. The isolation of children and their caregivers, associated with the financial and emotional stress of the pandemic, have a direct link to increased substance abuse, child abuse and family violence. Experts believe following the pandemic Iowa will experience a dramatic increase in child abuse as children return to their normal interactions with teachers, health care providers and youth leaders who are mandatory reporters.

Iowa's CPCs are nationally accredited, utilizing a multidisciplinary team model to coordinate efforts between the Iowa Department of Human Services, law enforcement agencies, prosecuting attorneys, victim advocates, medical and mental health professionals. Serving abused children in this manner has a proven savings of \$1,047 per case.

APPROPRIATION REQUEST

Increase the state appropriation by \$300,000 for a total of \$1.958 million to expand the CPC Grant Program to address the anticipated spike in need for child abuse evaluation and treatment services due to the pandemic.



For more Information

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