



UnityPoint Health



2019 STATE LEGISLATIVE
AGENDA



Dear Policy Makers and Community Stakeholders,

Forbes recently published a list of healthcare predictions for 2019, including value-based care models, meaningful small data and innovation. The article challenged our mantra that “healthcare is local.” I still believe that mantra, but to take on upcoming healthcare challenges, we need to look beyond our own four walls. Collaboration with industry players and government is a necessity, not a nicety.

According to *Forbes*, 15 percent of global healthcare spending will be tied to value-based care models in 2019. Value-based purchasing in healthcare is a concept defined by the federal government and impacted by the private insurance industry – and UnityPoint Health® is no exception. Our 2019 goal is to facilitate discussions that lead to a common understanding by all stakeholders of what “value-based purchasing” means to our communities, healthcare providers and state governments. We ask that the Iowa Legislature formally establish a collaborative steering committee made up of healthcare providers, insurers and state leaders to guide Iowa’s Medicaid into a value-based program.

Second, analytics will shift from big data to meaningful small data used by providers in tailoring care for patients. By the end of 2019, 50 percent of all healthcare companies will have resources dedicated to accessing, sharing and analyzing real-world evidence for use across their organizations. Healthcare providers need real-time and comprehensive access to utilization and cost data for assigned patients; it is time to modernize state laws that govern data reporting and collection, storage, access and governance. That’s why we request the Legislature take a meaningful look at healthcare data this session.

Finally, 2018 was a breakout year for health innovation with major tech investments, advances in artificial intelligence and telemedicine – everything from vertical integration to virtual reality. This phenomenon will redefine provider roles, shift responsibility and help bring care from hospitals to communities. UnityPoint Health offers a newly established Innovation arm, seeking to partner with private and public entities to bring non-traditional solutions to our customers to make their lives healthier and happier.

We are, at least in my lifetime, experiencing the most challenging and fluid period for the healthcare industry. As you read through our agenda, you’ll see several ideas for how we can work collaboratively with our state leaders and others in the industry to meet community needs. Many of the problems we face today are so overwhelming and complex, no one organization or agency can solve them alone – but we can do it together. We look forward to a 2019 filled with challenges and wins for our communities.



A handwritten signature in black ink, appearing to read "Kevin Vermeer". The signature is fluid and cursive.

Kevin Vermeer
Chief Executive Officer, UnityPoint Health

Medicaid Managed Care

Medicaid serves one in five Iowans, and managed care companies are responsible for 90 percent of enrollees. The transition to Medicaid managed care has been difficult for some Medicaid enrollees and Iowa healthcare providers. Iowans who utilize the Medicaid program desire access and reliability, and Medicaid providers seek ease of operation and predictability. To promote a best practice approach, UnityPoint Health believes the next phase of Medicaid managed care should be a collaborative effort between the managed care companies, healthcare providers and the Iowa Department of Human Services.

Legislative Request: Create a Medicaid Managed Care Steering Committee.

Key features include:

- **Committee composition:** CEOs/designees of the managed care companies and the state’s largest health systems, the Deputy Director of the Department of Human Services and other stakeholders representing the healthcare community. The Committee shall not exceed 10 members to be appointed by the governor.
- **Meetings:** Quarterly basis, with the ability to hold meetings more frequently as needed.
- **Purpose:** To serve as a forum to discuss Medicaid program implementation, improvement and policy, and to identify system issues and offer collaborative approaches to solve problems.
- **Deliverables:** Biannual written recommendations to the Director of the Department of Human Services, the Chair of the Senate Health and Human Services Committee and the Governor’s Office regarding any recommended changes to be made to the Medicaid program through agency rulemaking, state plan amendment, executive order or legislation.





Payment Parity for Telehealth Services

Building upon legislation passed in previous legislative sessions for Medicaid members, in 2018 the Iowa Legislature unanimously passed – and Governor Reynolds signed into law – House File 2305, which expands coverage of telehealth services offered to commercially insured Iowans. This legislation recognizes the increasing need for

access to essential healthcare services for Iowans who reside in rural or underserved areas of the state. Increasingly, **UnityPoint Health patients utilize telehealth for primary and specialty care, and health plans now have sufficient claims data to demonstrate cost savings and patient satisfaction.**

Policy Recommendation: Extend payment parity for telehealth services to promote increased healthcare access and equitable reimbursement for providers.

Healthcare Data Collection, Maintenance and Dissemination

The State's current practice in collecting, maintaining, disseminating and sharing hospital inpatient, outpatient and ambulatory information is outdated in today's healthcare environment where providers practice population health and enter into value-based care arrangements.

UnityPoint Health has embraced a consumer focus, and government has moved towards value-based care. Delivering care in this environment requires providers to have increased population health management capabilities and access to accurate, actionable data. The value-based care models UnityPoint Health participates in require

tools that physician practices and hospitals can utilize to focus on prevention and improving health outcomes, quality and cost. They also require elevating the overall experience for our patients, physicians and care teams. By identifying chronic conditions and health challenges, geographic and environmental factors, as well as social and demographic uniqueness, UnityPoint Health is able to create clinical programs and services that address individuals' specific health needs as an extension of their physicians' care. **Access to timely and actionable data is foundational to this process and supports patients in achieving their best health.**

Policy Recommendation: Modernize the practices surrounding the State's collection, maintenance, dissemination and sharing of healthcare data in a manner that will best enable healthcare providers to operate in a value-based care environment and maximize population health management capabilities.

Prevention and Treatment of Opioid Misuse, Abuse and Addiction

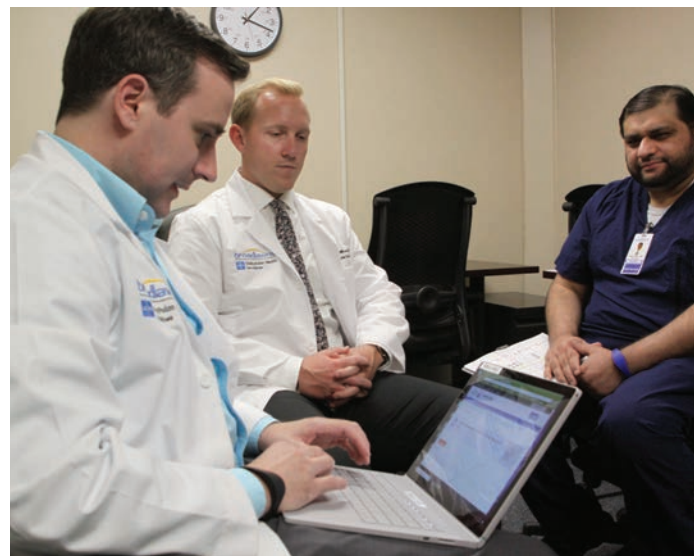
The State of Iowa, along with the rest of the nation, is experiencing increased and extreme challenges with opioids in every community. In 2017, Iowa had a record-high 206 opioid-related overdose deaths. In response, the State currently has a three-year effort, the Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA), and a two-year effort, the Iowa Opioid State Targeted Response (STR), to fight opioid abuse and addiction. The Department of Public Health is also establishing a statewide “Health Initiative for People Who Use Drugs”.

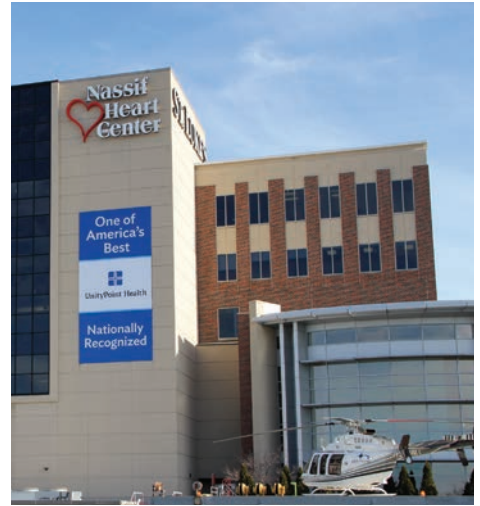
With the rise in opioid deaths and 20 percent of high school seniors reporting prescription drug misuse, **UnityPoint Health has joined the Prescription Drug Safety Network to provide prevention outreach.** Through the network, **UnityPoint Health is partnering with Iowa high schools to offer an evidence-based, interactive course on safe and appropriate use of prescription medications.** This initiative aligns with goals from the Iowa Drug Control Strategy, including reducing the number of drug-related deaths involving Iowans and reducing the number of Iowa 11th graders who are current users of alcohol, tobacco and other drugs.

Policy Recommendation: Support collaborative efforts between state agencies, healthcare providers, payors and community-based organizations to combat the opioid crisis.

Legislative Request: Establish a permanently funded workgroup. **Key features include:**

- **Workgroup composition:** Representative members of the healthcare community, safety agencies, academia and local communities.
- **Purpose:** To coordinate opioid education, prevention and response efforts and raise awareness of overdose-related deaths.
- **Deliverables:** Annual written recommendations to the Department of Public Health. These recommendations should align with changes in the opioid crisis, emerging scientific evidence, new policies implemented by the Legislature and new activities supported by state and federal funding.





Certificate of Need (CON) Law

Iowa is a national leader in providing high-value healthcare:

- Iowa ranked 3rd in the nation in the “Best State for Healthcare” category by *U.S. News & World Report*.
- Iowa ranked 6th in the nation on the 2018 Scorecard on State Health System Performance by The Commonwealth Fund.
- Iowa ranked among the top 10 states for healthcare in both 2016 and 2017 by WalletHub, based on measures comparing cost, accessibility and outcomes.

These national rankings not only reflect Iowa’s providers and their delivery of high-quality care,

but may be attributed in part to Iowa’s Certificate of Need process. This process requires institutional medical providers to apply to a governor-appointed board, who then determines whether the community needs additional beds. Hospitals, ambulatory surgical centers and nursing homes must go through this process for any new facility or for any increase in beds to an existing facility. **UnityPoint Health believes Certificate of Need is an important safeguard to ensure communities maintain and support quality healthcare institutions, and prevents an oversaturation with unnecessary providers focused only on privately insured patients, which in turn may drive up overall healthcare costs.**

Policy Recommendation: Support the continuation of the Certificate of Need process as a tested means to keep healthcare costs down and to boost quality of care for Iowans.

Behavioral Health

One in five Iowans – approximately 600,000 – live with some form of a behavioral health condition. Of those, nearly 37,000 are living with a form of Serious Mental Illness (SMI) on a daily basis. In 2018, landmark legislation was unanimously passed by the Iowa Legislature, and signed into law by Governor Reynolds, representing significant progress in expanding vital community-based and related services to meet the needs of Iowans. While a significant achievement for the State, Iowa will continue to be challenged in serving the needs of patients and families dealing with a behavioral health diagnosis and will need collaborative efforts between the Legislature, providers and payors to continue to make progress in 2019.

The impact from untreated behavioral health diagnoses cuts across many segments of society, including healthcare providers and behavioral health professionals, law enforcement personnel, the judicial system, elected officials, public health infrastructure and many more. **One of the largest outstanding challenges in this area in Iowa is the inability for health professionals in hospitals and clinics to find long-term placement for patients with a long-term SMI.**

Based on experience as both the largest provider of healthcare and acute care behavioral services in Iowa, and recognizing the unique needs of patients and communities, UnityPoint Health knows it must work to enhance behavioral health treatment protocols and options for those with SMI. In addition to inpatient and outpatient services provided by UnityPoint Health hospitals and

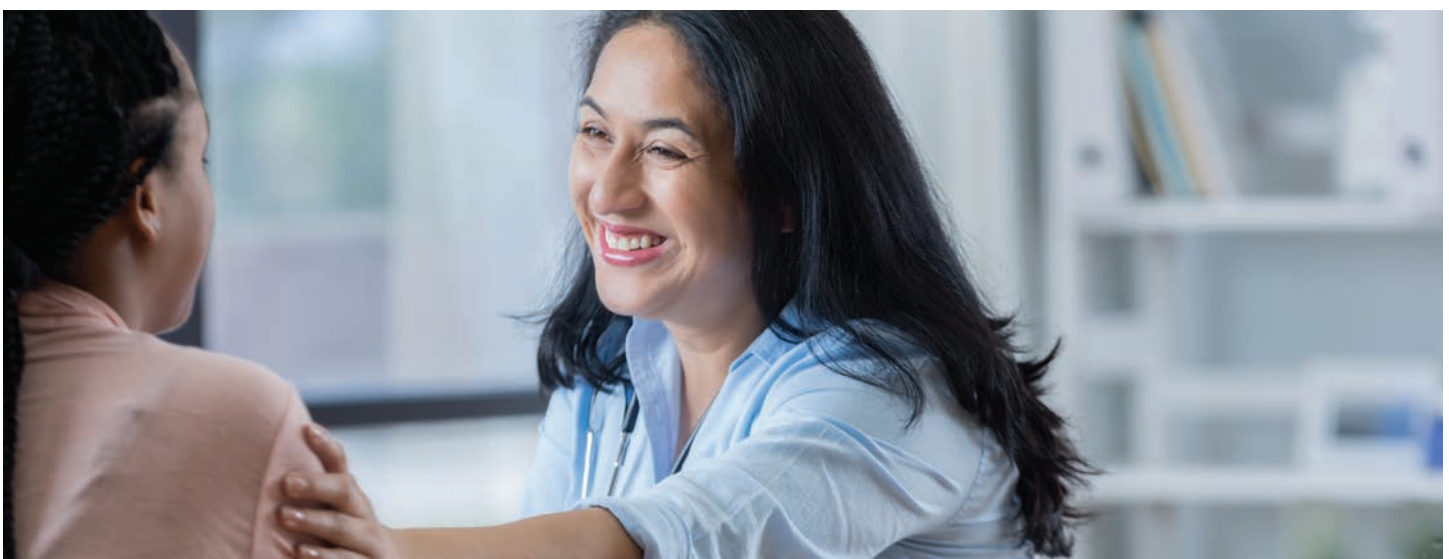
clinics, community-based services and treatment are provided to Iowans through five affiliated Community Mental Health Centers in the Cedar Rapids, Des Moines, Fort Dodge, Quad Cities and Waterloo regions. These centers serve a significant number of the state's Medicaid behavioral health population, including one-quarter of the State's Integrated Health Home program.

Identifying workable policy solutions to patient behavioral health needs necessitates a collaborative approach that involves many stakeholders. **UnityPoint Health is dedicated to working with industry stakeholders to formulate a bipartisan solution during the 2019 legislative session.**

Legislative Request: Update the State's commitment laws to streamline court-ordered commitment processes that best meet the care delivery and treatment needs for Iowans.

Legislative Request: Direct the Iowa Department of Human Services to continue to convene the Health Homes Stakeholders Workgroup on a bimonthly basis in 2019 to further evaluate the State's Iowa Medicaid Health Homes program and related State Plan Amendments, with a workgroup report to be submitted to the governor and Legislature by December 15, 2019.

Legislative Request: Enact appropriate and sustainable funding for programs and services identified in House File 2456, which was passed in the 2018 Iowa Legislative Session.





Emergency Medical Services (EMS)

Emergency Medical Services (EMS) is a longstanding system that provides lifesaving care for individuals suffering from injuries due to motor vehicle collisions, natural disasters, physical trauma and violence, and illnesses and emergent medical conditions such as heart attacks, strokes and seizures. The National Association of Emergency Medical Technicians (NAEMT) has reported that, nationally, EMS systems respond to 37 million calls for emergency medical assistance each year. Yet, different from law enforcement and fire protection, EMS does not receive recognition and support as an essential service. State statutes implementing EMS as an essential service offer the advantages of ensuring a minimum capability across the state, providing the flexibility to tailor the provision of EMS systems to local circumstances, and supporting voluntary

improvement and appropriate funding streams over time.

As the largest healthcare provider in Iowa, UnityPoint Health recognizes the importance of EMS services to the patients and communities across the state. Currently, seven of 15 UnityPoint Health Iowa-based rural affiliate (Critical Access) hospitals provide lifesaving EMS services, predominately in rural areas of the state.

Legislative Request: Enact legislation to designate EMS as an essential service under state law, which would ensure that communities are provided with appropriate emergent medical attention in the same manner as police and fire protection.

IllinoisCares - Medicaid “Public Option”

Medicaid currently serves approximately 3.2 million Illinois residents who qualify on the basis of income and/or disability. To provide more affordable health insurance for all Illinois residents, the Administration is exploring the potential for a “Public Option” that would allow every resident to buy into the state’s Medicaid program at cost. The Public Option represents a willingness by the Administration to re-envision Medicaid in Illinois and a desire to become a national leader in progressive healthcare policy. While the details of the Public Option are still to be determined, and an actuarial analysis is needed to set premiums and cost-sharing rates, its purpose is to grow the

Medicaid rolls without increasing the taxpayer burden, and its offerings will incorporate patient protections related to preexisting conditions.

Currently Medicaid provides Illinois’ most vulnerable individuals with vital access to healthcare services, and **UnityPoint Health strongly believes that the Public Option design should further fortify and not add strain or erode provider networks.** It is vital the Public Option allow downstate hospitals and clinics to remain financially stable and promote high quality care in Illinois communities. Until program parameters are defined, its impact on healthcare providers and access to services is unknown.

Policy Recommendations: Support “Public Option” design elements that:

- Strengthen access to healthcare services for Illinoisans that enhance value-based care and preserve vital healthcare providers.
- Include input from healthcare providers and specifically representatives from downstate Illinois.

Coverage Parity for Telehealth Services

In 2018, the Illinois Legislature passed several bills that meaningfully expanded the reimbursement of telehealth services delivered to Medicaid enrollees. Among the newly enacted laws is telehealth parity for behavioral health. Medicaid is now required to reimburse eligible behavioral and mental health providers at the same rate as for in-person care. Parity laws ensure patient access

to essential and specialized services and avoid the cost and burden of traveling. **While expanding Medicaid telehealth parity is a step in the right direction, Illinois is one of only 15 states that have not adopted any telehealth parity law for private insurers.** The patient convenience and access realized by Medicaid patients should be available to commercially insured patients as well.

Policy Recommendation: Extend coverage parity for telehealth services to private insurance companies to promote increased healthcare access.



ILLINOIS

Behavioral Health

Many individuals with behavioral health conditions reside outside Cook and the “collar” counties. According to the Illinois Department of Public Health, 17 counties in downstate Illinois claim higher percentages of adults reporting poor mental health days, including Peoria County (16.8 percent), than in the Chicago area. Since residents with behavioral health needs live across the state, innovative programs and services should be encouraged more broadly and made available through hospitals, Community Mental Health Centers and community support agencies.

In addition, the chronic nature and acuity level of behavioral health conditions distinguish this population. Medicaid enrollees with behavioral health needs represent 25 percent of all Illinois Medicaid enrollees but account for 56 percent of all Medicaid spending. In comparison to enrollees without a behavioral health need, individuals with behavioral health conditions are 3.5 times more likely to have a chronic medical condition. This elevates the importance of assuring that behavioral healthcare delivery must be stable and sustainable, and permit timely access to direct services and care coordination.

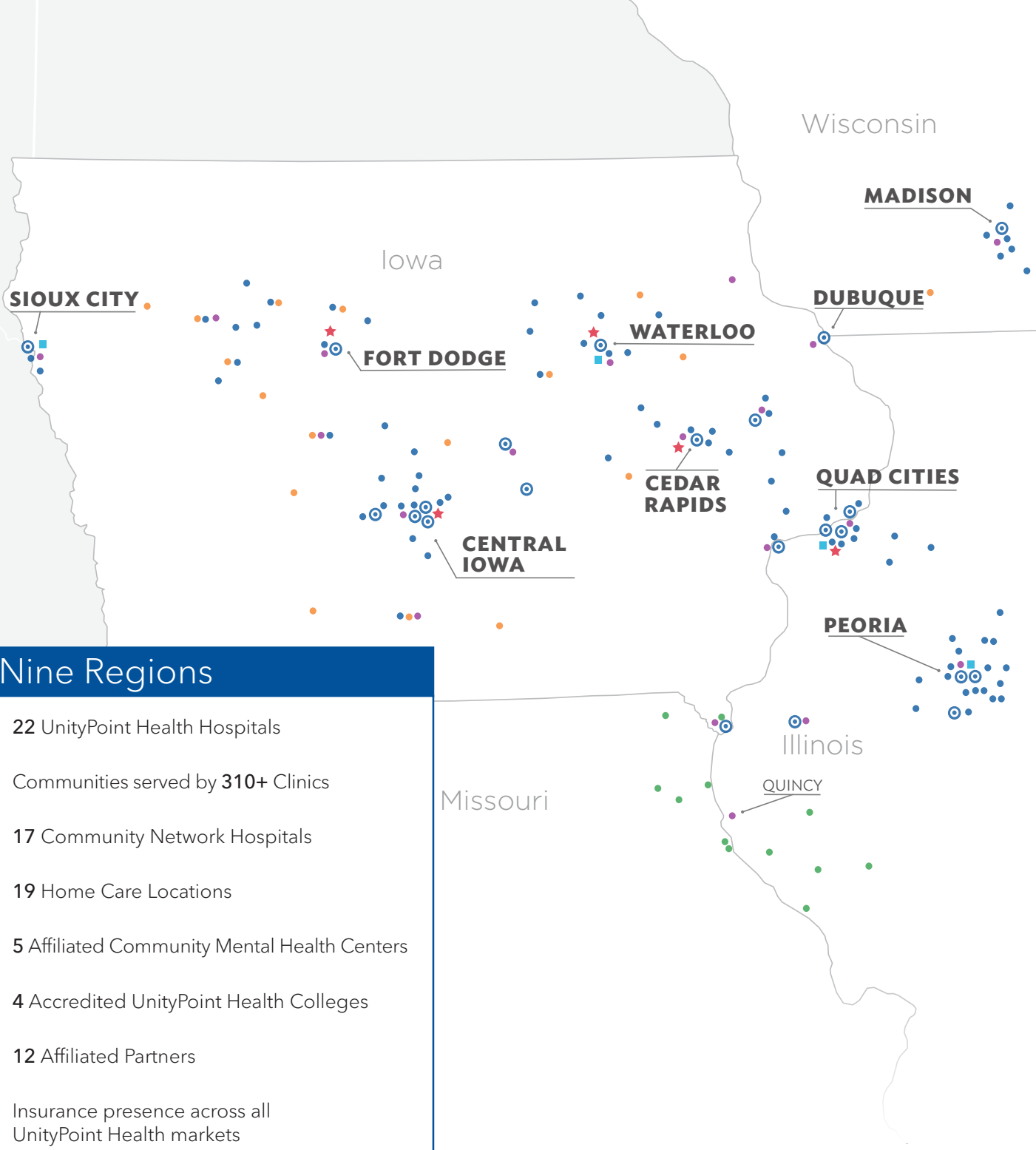
Policy Recommendations:

- Advance initiatives that enable providers to offer innovative outreach and programming.
- Vigilantly monitor the deployment of Integrated Health Homes as well as provider access to the Hospital Innovation Fund. Program monitoring should consider the need for further flexibility and accountability, long-term financial sustainability and the ability of downstate providers to meet community behavioral health needs.





UW Health Relationship: UnityPoint Health® - Meriter® is a senior affiliate of UnityPoint Health and provides high quality care to residents in Madison, Dane County and the surrounding communities. Additionally, UnityPoint Health - Meriter has a joint operating agreement with UW Health, the state's largest academic medical center. While the two remain separate entities, aligned strategy, finances and clinical operations create a unified system. UnityPoint Health -Meriter works closely with UW Health's government affairs team on state issues impacting communities collectively served.



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