

Introductions/Approval of Minutes

Chairperson Fitzgerald called the meeting to order at 1:35PM. Present were Fitzgerald, Aschenbrenner, Gessow, Knaack-Esbeck, Laue, Griffin, Newton, Teeling, Branstad, Heddens, and Hatch. Brewer and Vilsack participated by telephone.

The minutes were amended to reflect the proper title of Tennessee's CoverTN program. Laue made a motion to approve the October 29, 2008 minutes. Teeling seconded the motion. The minutes were unanimously approved.

Discussion and Recommendations from the subgroups for the Council to decide

Covering All Kids. Governor Vilsack presented reasons for the recommendation which included putting children first; recognizing that children may be in the state due to no choice of their own, protection of all children and creating consistency between treatment of children in obtaining a public education and receiving health care. Recommendation: Cover all children in Iowa with Medicaid and SCHIP who are income eligible. Use state-only funds when necessary and use federal funding whenever it becomes available for any population of children. Discussion ensued as to the exact cost of extending coverage, extending all recommendations made during this meeting to all children, possible federal limitations on the ability of insurers to deliver these services that are unknown at this time, concerns of small businesses, concerns of taxpayers and illegality of extending coverage to those not legally in the country, concerns about extending coverage to undocumented aliens. The recommendation was amended: Cover all children in Iowa with Medicaid, SCHIP and any other health coverage program. Use state-only funds when necessary, and use federal funding whenever it becomes available for any population of children. It was moved and seconded to accept the recommendation with the written report to reflect the concerns regarding covering children who may be illegal immigrants. A roll call vote was taken. Vilsack, Griffin, Aschenbrenner, Fitzgerald, Brewer, and Laue voted for the recommendation. Branstad, Knaack-Esbeck, and Teeling voted against the recommendation. The motion carried.

Update on federal landscape

Fitzgerald reported that states may get federal dollars to cover immigrant children with the incoming administration's reauthorization of SCHIP. Reauthorization of SCHIP is expected to occur with the first 100 days of the new administration. Fitzgerald distributed a handout summarizing the federal discussion that took place last year about

reauthorization reflecting the Senate, House and compromise versions. One issue that has arisen is that the \$35 billion cost is no longer valid because the tobacco money will not cover the cost since it is now a year later in the proposal. Fifty billion dollars is the updated cost. Fitzgerald does not know where Congress will land. Senator Baucus released his description of health care reforms and suggested that SCHIP in each state should have a base of 250% FPL.

Coordination of Current Programs. Fitzgerald referenced the Summit held in September with Department of Human Services (DHS), national experts and stakeholders that examined current practices and areas for improvement. DHS is required to submit a report to the Governor on December 1st. The Advisory Council recommendations are aimed at supporting the recommendation that the department might propose. The recommendations focus on minimizing the procedural and policy differences between Medicaid and hawk-i; offer dental only coverage; use of technology to streamline enrollment, renewals and retention; and collect data regularly to identify successes and barriers. Discussion ensued regarding dental coverage. Gessow noted that the recommendation might be reworded to state “offer dental only coverage for all Medicaid, hawk-i and other covered children”. Otherwise, the program would pay higher rates to dental providers than currently paid to such providers under Medicaid, thereby, creating an access issue. The better solution might be to assure dental coverage for all children and examine the state’s reimbursement policy. Consensus on the recommendations as outlined (no roll call vote taken).

Maximization /Funding of SCHIP and Medicaid. Fitzgerald explained that currently Iowa’s SCHIP program eligibility goes to 200% FPL with an earned income disregard of 20%, essentially putting Iowa at 250% FPL. HF 2539 increases the eligibility to federal 300% FPL and goes into effect July 1, 2009. The recommendations of this subgroup focus on seeking matching federal dollars to up to 300%. The recommendations include filing a state plan amendment with the new administration to cover children in Iowa up to 300% FPL; upon SCHIP reauthorization, examining additional opportunities to maximize federal dollars and expand coverage for children as well as examining filing a waiver to expand the premium assistance program to include children who are eligible for SCHIP. Discussion followed regarding costs and the impact of moving to 300% FPL. Branstad supports the concept but finds the “consider all additional opportunities” language as too open-ended. The proposal might be reworded to consider opportunities in light of the fiscal impact, within the context of state priorities and available funds. Knaack-Esbeck expressed concern about people leaving employer sponsored insurance to move to hawk-i. Hatch explained that the intent is certainly to keep people in employer sponsored insurance coverage rather than encouraging them to move to

public plans. There was a consensus among the council to move forward with the recommendations (no roll call vote taken).

Covering Kids who aren't Currently Eligible. The subgroup met on November 10th. Aschenbrenner distributed an outline for review and discussion by the Council. The foundation for state policy decisions is that all children shall be covered under a satisfactory form of public or private health insurance and it is the responsibility of all parents to ensure their children are covered under a satisfactory form of public or private health insurance. Significant discussion followed regarding the state's responsibilities, parental responsibilities, encouraging private insurance, and controlling costs. Gessow pointed out that the recommendation concerning presumptive eligibility should include Medicaid in addition to hawk-i at all income levels. Knaack-Esbeck expressed concern about the big brother factor regarding parents ensuring children are covered under a satisfactory form of insurance and what constitutes satisfactory insurance. Knaack-Esbeck and Branstad both found the mandate for parents to be a slippery slope. A roll call vote was taken as to whether keep the recommendation addressing parental responsibilities as written or to accept the recommendation as modified. Item D was revised as follows: There would be no enforcement process or penalty for parents not enrolling their children. Item E was revised as follows: Annual thresholds requirements would be established for reducing the number of uninsured children. If these are not met, the appropriate state agency would be required to formulate plans for meeting the thresholds. Branstad, Griffin, Knaack-Esbeck, and Teeling voted to accept the modified version. Aschenbrenner and Fitzgerald voted to keep the recommendation as written. Laue abstained from the vote. Vilsack and Brewer were not present for the vote. The modified version was successful. The item addressing subsidies for private insurance below 400% FPL generated significant subgroup discussion on crowd out. It was suggested that subsidies be a consideration for this group as the goal is to keep people in private plans and not have children moved to hawk-i purely because the premiums are lower. The Council also discussed controlling costs to the state and overall healthcare costs that included utilizing deductibles, co-pays, co-insurance, cost sharing levels and preventive care. The grid reflecting the participation levels of the Illinois' All Kids program was also distributed. It was suggested that a similar grid be created for Iowa's program. With modifications, the Council will move forward with the recommendations of the subgroup.

Design of Report on Children-Discussion/Other Business

The meeting of November 26th was cancelled due to the upcoming holiday. Adult subgroup will meet before the Council's next meeting on December 10th. Fitzgerald sought input from others about the design and content of the report. A draft will be circulated the week of Thanksgiving. Fitzgerald reminded Council members of the Rebalancing Healthcare in the Heartland event.

Meeting adjourned at 4:38PM.