

HEALTHCARE REFORM

Position Statement

NASW, Iowa Chapter supports the Affordable Care Act, and affirms its implementation in a manner that maximizes benefits for uninsured Iowans, makes strategic use of limited federal and state resources, and strengthens the healthcare system for all.

Recommendations

NASW-Iowa chapter supports the following recommendations, designed to support strategic implementation of the Affordable Care Act.

- The state should work with the federal government to develop strategies for funding health management activities under ACOs, and adopt a “team approach” in which healthcare and social service providers collaborate in managing the social determinants of care. States such as Oregon and Minnesota have developed best practice approaches that could serve as models for Iowa.
- State policymakers should collect data to assess the impact of outcome-based hospital reimbursements to small rural hospitals that serve high numbers of Medicare recipients; the state needs to assess whether such hospitals are able to achieve a balance between providing quality care to frail elders while themselves remaining financially viable.
- State policymakers should appropriate funds and develop state-run procedures to support consumer enrollment, outreach and education to maximize enrollment on the insurance exchange. Younger enrollees, age 18-34, especially should be targeted.
- The state should explore legislation requiring carriers in Iowa with a certain level of market share to offer qualified health plans on the exchange.
- The state should work with the federal government to monitor compliance with the individual- and employer-mandated coverage, and assess its affect on the workforce patterns and healthcare access.
- The state should monitor the costs of, and expand the number of providers in IHAWP to ensure that the program is able to meet beneficiary needs and provide quality healthcare for the long term.
- State legislators will need to provide a supplemental appropriation for SFY15 and expand funding for SFY16 and beyond to address the expected shortfall in funding for the CHIP/*hawk-i* programs. As required by the ACA, the state should continue its current coverage of children whose families earn less than 300% FPL.
- The state should participate in the *Community First Choice Option* as a way to offer home-care services to beneficiaries who otherwise would require more costly services in intermediate- or long-term care facilities.
- The state should continue opportunities to strengthen its health care workforce, including increasing the number of physicians, nurses, psychiatrists, psychologists, social workers, and other health and mental health care providers. Support should be directed to evidence-based education and training programs, and focused on the delivery of culturally and linguistically competent care in both primary and preventative health care fields. Financial aid should be targeted toward those who make a commitment to work in underserved areas and/or with underserved populations.
- The state should continue to emphasize population-based health outcomes that bridge personal and public health concerns. Such strategies, already underway in some settings, emphasize environmentally-based health issues, public safety, alcohol and tobacco cessation, personal health and wellness, and quality of life and longevity issues.

The full version of this statement with references can be found at <https://nasw-heartland.site-ym.com/?183>