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State Representative Jeff Kaufmann (District 79)
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State Representative Jarad Klein (District 89)
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January 2012

Our Mission

Mercy Iowa City heals and comforts the sick and works to improve the health of the community in the spirit of Jesus Christ and the Catholic tradition of the Sisters of Mercy.

Our Values

Respect ■ Excellence ■ Compassion
■ Stewardship ■ Collaboration

For more information about Mercy's legislative agenda, please contact:

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Legislative Agenda 2012

Develop a Health Benefit Exchange



*Redesign the Behavioral Health
Delivery System*



*Protect and Reform
Medicare Payments*



*Exceptional Medicine.
Extraordinary Care.*

As a member of the Catholic health ministry, Mercy Iowa City grounds its advocacy in its mission, values, and commitment to a health care future that works for all. With input from the Catholic Health Association, American Hospital Association, and Iowa Hospital Association, Mercy will focus on three significant legislative issues for 2012. You are invited to become informed and advocate for these positions with elected officials.

For more information:

Catholic Health Association (CHA):

www.chausa.org

Iowa Hospital Association (IHA):

www.ihonline.org

American Hospital Association

(AHA): www.aha.org

Develop A Health Benefit Exchange

The Patient Protection and Affordable Care Act requires the creation of Health Benefit Exchanges to enable individuals and small businesses to obtain health insurance information via online resources

States have been given wide latitude in developing these exchanges and the federal government has now issued initial rules for exchange development.

If states fail to implement exchanges by 2014, the federal government will develop and impose its version upon those states.

Mercy's position: Iowa should create its own state exchange built on these core principles:

- Focus on "information only" exchange
- Be consumer friendly
- There should be no subsidies for insurance carriers or brokers
- The exchange should be housed in state government
- There should be an oversight board of industry experts
- Financial stability should be ensured through plan assessments

Redesign the Behavioral Health System

Hospitals view behavioral health in Iowa as a system in dire need of reform. Patients wait too long for appointments or beds in treatment facilities, and patients typically access services through hospital ERs.

Iowa's current county-driven system will sunset in 2013.

Iowa's General Assembly has created work groups, including health care providers, to determine how to best care for these patients.

Mercy's position: The following priorities could transform the system to more effectively deliver care and reduce costs:

- Pilot project sub-acute services at a state mental health institution
- Update Iowa Code Chapter 229 to recognize the role of psychiatric ARNPs
- Develop a more uniform, standardized system as the county system sunsets
- Include transportation as a core benefit

- Expand telemedicine opportunities (payment and supervision of mid-level providers)
- Reimburse substance abuse treatment
- Medicaid should improve coordination of payments for behavioral and physical health services

Protect and Reform Medicare Payments

Hospitals have already committed to \$155 billion in reduced Medicare payments as a means to help finance health reform legislation. These cuts have put significant pressure on hospitals' ability to continue to provide high quality, accessible care.

Many hospitals and health systems employ providers—physicians, physician assistants, and nurse practitioners. In Iowa, more than 60 percent of providers are employed. Professional fees face a 27.4 percent payment cut unless the formula for determining payment rates is revised.

The Medicare payment system still predominantly rewards quantity over quality care.

Mercy's position:

- Oppose any further attempts by Congress to cut the Medicare program as a means of deficit reductions
- Fix the flawed formula for physician payments, but not at the expense of hospitals
- Support efforts underway to transform Medicare payment from a system that pays for volume to a system that rewards value. A key variable in calculating value is measuring efficiency. Mercy supports efforts to increase the role efficiency measures play in value-based purchasing methodologies.