

Iowa

State and Local Health Equity Policy Checklist

APRIL 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		Iowa was the first state in the nation to require Racial Impact Statements for criminal justice legislation and for grant applications to the state. The Minority Impact Statement Bill was enacted after a report revealed that Iowa had the greatest racial disparity in prison populations among all states. ^{1,2} The statements analyze the impact of the proposed legislation on people of color, women and people with disabilities. ³
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Iowa has not conducted health impact assessments in many years. ⁴

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i>	As of April 2021, the Linn County Board of Health has declared racism a public health crisis but has not implemented steps to address it. ⁵
Develop a 'Health in All Policies' strategy at the state or local level.		Iowa does not use the Health in All Policies (HiAP) approach at the local or state level. The Iowa Public Health Association is advocating for a HiAP approach in Iowa. ⁶
Establish Health Equity Zones to better address social determinants of health.		

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>Iowa's 2017-2021 health improvement plan includes a section and plan on health equity goals and a strategy to achieve those goals.⁷ For example, some of the goals outlined in the plan include: decreasing the percentage of people below 100 percent of the federal poverty level, with specific targets for different racial and ethnic groups; increasing the percentage of public high school students who graduate in four years; and increasing the percentage of Black and Hispanic/Latino adults with health insurance.</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans</p>		<p>Iowa's 2017-2021 health improvement plan includes a section on health equity and social determinants of health.⁸ The plan highlights specific focuses for different counties in Iowa. For example, food security in Clayton and low-income access to healthcare providers in Clarke. Some of the broader goals articulated in the plan include: addressing health access and barriers in rural and agricultural communities; promoting and supporting efforts to address social determinants of health; ensuring that Federally Qualified Health Center patients receive an assessment that includes socioeconomic factors contributing to their health; and increasing health equity and quality of life for people with disabilities.</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>	 <p><i>The state utilizes funding from the Community Services Block Grant to reduce disparities and/or provide culturally competent health-related supports within the state.</i></p>	<p>Iowa's Community Services Block Grant (CSBG) program is working to eliminate economic, social and cultural barriers.⁹ Some of the programs funded by this program provide health and nutrition services.</p> <p>Additionally, cities across Iowa support community-based organizations (CBOs) that work to reduce health disparities. For example, the Free Clinic in Iowa City receives support from Iowa City, Coralville and North Liberty to provide affordable access to care.¹⁰</p>
<p>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</p>		<p>Iowa's 2017-2021 Health Improvement Plan outlines strategies to address infant mortality disparities among Black infants, reduce HIV-related disparities and to improve health outcomes among persons living with HIV.^{11,12}</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		The cities of Des Moines, Cedar Rapids and Iowa City participate in GARE . ¹³

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		The Iowa Department of Public Health's 2020 Healthy Iowans report describes state health disparities and equity goals. ¹⁴ Additionally, Iowa City creates an annual racial equity report that provides the yearly racial demographics for police charges against youth and adults, the racial demographics of city staff and inclusiveness as measured by the number of complaints of discrimination by race. ¹⁵
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		As of April 2021, Iowa does not require nonprofit hospitals to incorporate an equity component into their community benefits or community health needs assessments. Additionally, Iowa does not have a minimum community benefit requirement for investing in health disparities.
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		Iowa created data collection standards in order to identify health disparities. ¹⁶ Additionally, Iowa has standardized data collection for health equity data . ¹⁷
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Iowa does not have an APCD as of April 2021.

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Iowa expanded Medicaid in 2014. ¹⁸
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		
Provide one-year continuous eligibility for Medicaid and CHIP.		Iowa provides continuous eligibility for its Medicaid and CHIP programs. ¹⁹
Provide coverage options to undocumented and recent immigrants.		Iowa provides Medicaid and CHIP coverage to immigrant children without the 5-year waiting period. ²⁰

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		The state does not encourage or require ACOs or CCOs within its Medicaid program to take any of the actions listed.
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		Several of Iowa's 1915 waivers address social determinants of health. ²¹ For example, the state's IA HCBS Elderly Waiver provides "adult day health, case management, homemaker, respite, home health aide services, assisted living, chore services, home and vehicle modification and home delivered meals," among other services.

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>Iowa's Medicaid managed care plan aims to increase the utilization of a health risk screening tool that collects standardized social determinants of health (SDOH) data and measures patient confidence, then ties those results to value-based purchasing agreements.²²</p> <p>Providers are eligible for a \$25.00 payment for each member who completes the health risk assessment (HRA) with the assistance of the provider.²³ The HRA includes questions about members' health and experience obtaining health services, including questions related to social determinants of health. The use of any other HRA tool is not reimbursed by Iowa Medicaid.</p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>Iowa's ACH-like program, Coordinated Care Coalition (C3), focused on population health and social determinants of health and was in place for several years.²⁴ The program is no longer active.</p>
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>The state has provided millions of dollars in funding through several grants to improve broadband access in rural areas.²⁵ In 2021, legislators proposed a bill (House Study Bill 133) to fund projects increasing access to broadband internet.²⁶ As of April 2021, the bill has not passed.</p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		
<p>Expand coverage for telehealth services.</p>		<p>Iowa has established coverage parity for telehealth services.²⁷ Additionally, for the duration of the public health emergency, audio-only telephone calls are included in the definition of telehealth, and thus eligible for coverage and reimbursement.²⁸</p>
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>	 <p><i>The state has temporary telehealth payment parity laws that expire after the current public health emergency.</i></p>	<p>Iowa has established reimbursement parity during the COVID-19 public health emergency period.²⁹ In 2021, legislators introduced a bill (House File 294) to make reimbursement parity permanent.³⁰ As of April 2021, the bill has not passed.</p>
<p>Waive/limit cost-sharing for telehealth services.</p>		<p>Iowa encourages all businesses to remove any cost-sharing or other financial barriers during the public health emergency, but does not require it.³¹</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		The state reports positive cases by race and ethnicity . ³²
Implement changes to Medicaid and Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Iowa has expanded presumptive eligibility and eliminated copays and premiums in its Medicaid program. ³³
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Testing and treatment is covered under Emergency Medicaid, given that one meets the financial requirements and is experiencing a medical emergency. ³⁴
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		The state has not taken action to waive or limit cost-sharing for COVID-19 testing and treatment by private insurers. However, four of the major health insurance carriers in Iowa have all committed to waive cost-sharing for COVID-19 testing. ³⁵ The Iowa Farm Bureau Health Plan has also agreed to waive cost-sharing related to testing.
Provide COVID-19 testing to residents free of charge.		Iowa provides free tests for up to 3,000 people per day in certain locations across the state. ³⁶ In order to obtain a test, people must complete an assessment and make an appointment. Residents' limited ability to obtain a free COVID-19 test earns the state a check-minus, rather than a full check.

Notes

1. 2008 Iowa Statutes (House File 2393), Providing Requirements for Minority Impact Statements in Relation to State Grant Applications and Correctional Impact Statements for Legislation, and Providing Effective and Applicability Dates, Accessed at <https://www.legis.iowa.gov/legislation/BillBook?ga=82&ba=HF%202393>
2. Mauer, Marc, and Ryan S. King, *Uneven Justice: State Rates of Incarceration by Race and Ethnicity*, The Sentencing Project, Washington, D.C. (July 2007).
3. Research on the statements shows similar passage rates for proposed legislation, despite the impact statement's category. From 2009 to 2019, legislation with a positive minority impact statement has had a 36 percent passage rate, while legislation with a negative minority impact statement has had a 22 percent passage rate. However, the Black-to-white incarceration rate in Iowa has decreased to 11 to 1 in 2016, from 13.6 to 1 in 2007. National Juvenile Justice Network, *The Promise of Racial Impact Statements: Findings From a Case Study of Minority Impact Statements in Iowa*, Washington, D.C (2020).
4. Pathak, Shweta, David M. Low, and John M. Swint, "Trends in the Implementation of Health Impact Assessments in the United States: Exploring the Role of Educational Attainment, Poverty, and Government Ideology," *Journal of Public Health*, Vol. 29 (2019).
5. Linn County Board of Health, *Linn County Board of Health Position Statement: Racism as a Public Health Crisis*, Statement (July 2020).
6. Iowa Public Health Association, *Advance Health in All Policies*, Statement (2019).
7. Iowa Department of Public Health, *Healthy Iowans 2017-2021: Iowa's Health Improvement Plan*, Des Moines, I.A. (Revised August 2019).
8. Iowa Department of Public Health (Revised August 2019).
9. Iowa Department of Human Rights, *FFY 2020-2021 Community Services Block Grant State Plan and Application*, Des Moines, I.A. (2020).
10. Iowa City Free Medical and Dental Clinic, *Funding*, <https://freemedicalclinic.org/funding/> (accessed on April 20, 2021).
11. Iowa Department of Public Health (Revised August 2019).
12. In 2018, the infant mortality rate for Black infants was approximately three times greater than that for white infants. In 2019, Black Iowans represented 31 percent of HIV diagnoses, despite making up 4 percent of the population. Kaiser Family Foundation, *Infant Mortality Rate by Race/Ethnicity*, <https://www.kff.org/other/state-indicator/infant-mortality-rate-by-race-ethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (accessed on April, 20, 2021); Iowa Department of Public Health, *State of Iowa HIV Disease End-of-Year 2019 Surveillance Report* (June 2020).
13. Government Alliance on Race & Equity, *Where We Work*, <https://www.racialequityalliance.org/where-we-work/jurisdictions/> (accessed on April 20, 2021).
14. Iowa Department of Public Health, *Healthy Iowans: Iowa's Health Improvement Plan 2017-2021: 2020 Progress Report*, Des Moines, I.A. (June 2020).
15. City of Iowa City, *Racial Equity Report Card 2015-2019*, Iowa City, I.A. (Nov. 10, 2020).
16. Iowa Department of Public Health, *Iowa Department of Public Health Data Standards*, Des Moines, I.A. (June 2018).
17. Iowa Department of Public Health, *Health Equity Policy # AD 10-17-005*, Des Moines, I.A. (October 2017).
18. Kaiser Family Foundation, *Status of State Action on the Medicaid Expansion Decision*, <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (accessed on April 20, 2021).
19. Centers for Medicare & Medicaid Services, *Continuous Eligibility for Medicaid and CHIP Coverage*, <https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html> (accessed on April 20, 2021).
20. Kaiser Family Foundation, *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey* (March 26, 2020). <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey-medicaid-chip-eligibility/>

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