Background
Mental illness impacts a large and growing portion of Iowa’s population. Nearly 1 of 5 adult Iowans face mental illness. Of these adults, less than half receive treatment.

Hospitals see the need for assistance and treatment every day in communities across Iowa. Patients are often left in emergency rooms as a last resort and only hope for treatment. However, most community hospital emergency rooms are overloaded and not equipped to provide sufficient care for these patients in this setting. If a patient is ultimately admitted to an inpatient psychiatric unit, there are limited resources available to assist in transitioning back to the community or locating long-term care. Hospitals, jails and prisons are becoming the safety net for patients with nowhere to go. Iowa needs solutions.

Position: Iowa’s hospitals remain committed to finding solutions to improve the state’s mental health system. Iowa’s General Assembly must make behavioral health delivery reform and finance a top priority.

Patients must overcome significant barriers to access behavioral health services including fragmentation of services across agencies and providers, inconsistent or non-existent reimbursement for treatment and a severe shortage of providers.

Many vital services are simply unavailable.

Nearly 1 of 5 adult Iowans face mental illness.

Of these Iowans, ONLY HALF will receive treatment

This is nearly 424,000 Iowans

Iowa’s hospitals support a behavioral health system that enables individuals access to: Right Care + Right Place + Right Time
Action Needed

**Invest in Critical and Cost-Effective Services and Supports**

The General Assembly should ensure appropriate and adequate reimbursement for long-term and community-based mental health services to ensure the supply and growth of these services.

**Develop Long-Term Placement Options**
The closure of two of Iowa’s Mental Health Institutes and the downsizing of residential care facilities has created a significant service gap for patients with acute and long-term care needs. The development and growth of long-term care placement options must be supported and bolstered through statewide coordination efforts and adequate reimbursement.

**Increase Community-Based Services**
The availability of community-based behavioral health services should be consistently available across the state and reimbursement mechanisms should be explored to ensure adequate growth and funding of these services.

**Ensure Access to an Adequate Mental Health Workforce**

The General Assembly should pass legislation that ensures statewide access to a mental health workforce through the use of telehealth technology and support for recruiting and retaining mental health professionals.

**Develop Telehealth Technology**
In 2015, Iowa passed a law requiring Medicaid to pay for services provided via telehealth in the same way it pays for services provided in-person. Unfortunately, the same requirement was not applied to other payers. Increasing access to appropriate and timely services, particularly when combined with Iowa’s mental health professional workforce shortage, requires the use of telehealth. While the use of this technology will impact the entire State, rural areas in particular will benefit from the use of this technology.

The General Assembly should pass legislation that requires all insurers to reimburse providers of telehealth services.

**Support Educational Incentive Programs**
Loan repayment/forgiveness programs and funding for residency programs are tools hospitals and other providers use to incentivize medical professionals to practice in Iowa.

Iowa ranks 44th in the nation for mental health workforce availability.

Community-based services include:
- crisis stabilization
- mobile crisis units
- subacute services
- prescreening for commitments
These programs should be fully funded to help Iowa fill the workforce gaps in the mental health system. Additional retention programs should be explored to ensure innovative and cost-effective strategies are used to attract and retain an adequate workforce.

Support Existing Professions
There are specific categories of professionals that bolster a waning mental health workforce and are vital to help fill the gaps that exist within the mental health workforce.

These professionals include: peer support specialists, psychologists, ARNPs, physician assistants, certified medical assistants. The use of these professions should be supported and strengthened through administrative code and state laws.

Reduce Regulatory Burdens and Increase System Efficiency

Iowa Code Chapter 229 addresses voluntary, involuntary and emergency commitments for patients with mental illness. Iowa Code Chapter 125 addresses involuntary commitment for treatment of substance-related disorders. While there are several changes needed within these chapters, modernization and updates should include changes that allow medical professionals to make decisions regarding admissions, medical treatment, and discharge. These chapters should also be updated to require assessments in a least restrictive environment before requiring a full commitment procedure.

Address Iowa’s Growing Opioid Epidemic

Opioid use and addiction has grown to epidemic proportions across the United States. Hospitals across Iowa are experiencing this increase and are searching for ways to collaboratively address the epidemic within their hospitals and communities. Historically, this issue has been viewed as an issue that impacts urban areas and other states, but it is clear that opioid use and addiction has reached Iowa.