

## IDPH Legislative Update – Second Budget Edition – May 13, 2016

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### 2016 End of Session Update

The second session of the 86<sup>th</sup> General Assembly came to a close on Friday, April 29. The Governor is currently completing his actions on all the enrolled bills sent to him by the legislature. This includes the Health and Human Services Appropriations Bill that houses the IDPH budget. A final *IDPH Legislative Update* will be published once his final actions are completed.

### Thank You

To my colleagues at IDPH, I greatly appreciate your dedication to session. I sincerely thank you for helping us through yet another one filled with successes. It takes a great deal of teamwork to navigate the session waters and it would be impossible to do without your hard work, subject matter expertise, flexibility and patience. It’s an honor to represent the Iowa Department of Public Health. Thank you so much for the opportunity to do so.

To our valued stakeholders, thank you also for your support of the department’s policy and budget package. We would not have been able to achieve the successes we had this year without your help. Our partners are too numerous to name here but please know that we value our relationships with each of you and look forward to continuing our collective work to promote and protect the health of Iowans.

### Governor’s Actions

The following is an excerpt from the Legislative Services Agency’s “How a Bill Becomes a Law.” It provides a brief explanation of the Governor’s veto powers. The full document is located [here](#):

Bills passed by the Legislature must be reviewed by the Governor. The Governor takes final action on all bills passed by the Iowa General Assembly. The Governor has three options: sign the bill, veto the bill (or item veto an appropriations bill), or take no action. In the case of a veto, the Legislature may override the veto with two-thirds of the members of each chamber voting to reconsider and pass the bill a second time. If, during session, the Governor does not sign or veto a bill, it becomes law after three calendar days (except Sundays). Bills received by the Governor during the last three calendar days of session (except Sundays) must be signed or vetoed within 30 calendar days.

The Governor has the option to use three types of vetoes: the veto, item veto, and pocket veto. The veto indicates the Governor's disapproval of an entire bill. The item veto may be used only for bills which appropriate funds. It strikes a specific item of an appropriations bill. A pocket veto occurs when the Governor fails to take action within 30 calendar days on a bill received within the last three calendar days of session (except Sundays). The entire bill fails to become law. When the Governor vetoes or item vetoes a bill, a veto message explaining why the veto was made is delivered to the chamber of origin with the bill and is filed with the Secretary of State. The Governor's veto messages can be accessed on the Iowa General Assembly web site in the "Enrolled Bills" section.

## **IDPH Policy and Budget Package Recap**

This year brought many successes for IDPH. Among them was the passage of our policy bill, [SF 2159](#), which focuses on public health flexibility. It was signed by the Governor on Thursday, March 24. The Governor held a formal bill signing to highlight the importance of its passage. Thank you to everyone who made its passage possible!

IDPH's General Fund appropriations are provided for in the Health and Human Services Appropriations Bill ([HF2460](#)). Due to disagreements between the House and the Senate, a Conference Committee was formed. Senate members of the Conference Committee included Senators Amanda Ragan, Joe Bolkcom, Mark Costello, Robert Dvorsky and David Johnson. House Members of the Conference Committee included Representatives David Heaton, Linda Miller, Joel Fry, Beth Wessel-Kroeschell and Lisa Heddens. We achieved our General Fund budget goals for FY 2017 that included reallocations to increase funding to the PRIMECARRE and Certificate of Need programs, as well as the Office of Minority and Multicultural Health. For more information, please find the attached IDPH FY 2017 budget memo. Other significant changes in funding and policy are highlighted in the second attached document. The bill is currently being reviewed by the Governor who has the option of item vetoes before signature.

We also achieved our Technology Reinvestment Fund request for FY 2017. The request is honored in the Conference Committee report for [SF 2324](#), the Rebuild Iowa Infrastructure Fund Appropriations Bill. The bill was enrolled on Friday, April 29 and may now be signed by the Governor. The bill appropriates \$500,000 for the second year of requested funding for the Maternal and Child Health database integration project.

- Project goals:
  - Integrate 5 program data collection systems across 8 programs in the Bureaus of Family Health and Oral and Health Delivery Systems.
  - To better support our stakeholders and to improve the outcomes of the families they work with.
  - All 8 programs impacted operate in all 99 counties and serve all children and pregnant women enrolled in Medicaid as well as low-income and uninsured or underinsured Iowans.
  - Currently the 5 systems function independently of each other, are not web-based, and cannot share data among users or with the public. The systems are aging and are costly to repair and present data security issues.

- Features of the new system will include case management, referral management, risk assessment, billing, and client and population-level reporting.

The bill also appropriates \$75,000 for the Iowa Prescription Drug Corporation that administers several programs designed to increase access to affordable medications for the safety net population.

### **Bills Sent to the Governor**

- **[SF 2188](#) Rx Authority for Psychologists.** This bill was enrolled on Friday, April 29. It can now be sent to the Governor.
- **[HF 2449](#) Rulemaking Timeline Requirements.** This bill was sent to the Governor on Thursday, May 5.
- **[HF 2446](#) OSME/Auditor Billings.** This bill was sent to the Governor on Wednesday, May 4.

### **Other Information**

- To review any report filed with the General Assembly by executive branch agencies, including IDPH, please click [here](#).
- The [Iowa General Assembly](#) website is a great source of legislative information. Take a few minutes to check out the wealth of resources available.
- The [Legislative Update](#) is also posted on the IDPH website.
- To subscribe to the IDPH Legislative Update, please send a blank email to [join-IDPHLEGUPDATE@lists.ia.gov](mailto:join-IDPHLEGUPDATE@lists.ia.gov).

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**General Fund Reallocation Requests (No new funding is requested.)**

The Iowa Department of Public Health (IDPH) is requesting that the following programs be supported by reallocations in the existing General Fund budget for the department:

- **Increase of \$74,059 to the PRIMECARRE Program.** (<http://idph.iowa.gov/ohds/rural-health-primary-care/primecarre>)  
**Issue:** The number of applicants exceeds the existing funding for this popular program. The state funding is used to draw down federal funding at a rate of \$1:\$1. A reallocation of existing state funds is needed to draw down additional federal funds to increase the number of awards made.  
**Background:** PRIMECARRE for use in repayment of education loans offers two-year grants to primary care medical, dental, and mental health practitioners. It requires a two-year practice commitment in a public or non-profit site located in a health professional shortage area (HPSA).
- **Increase of \$60,000 for the Certificate of Need (CON) Program.** (<http://idph.iowa.gov/cert-of-need>)  
**Issue:** Additional funding is needed to support the administration of this Iowa Code-required program. The Program currently receives General Fund appropriations of \$79,052. Historically, another funding source has been used to fill current the budgetary gap of approximately \$60,000. However due to staff retirement, the alternative funding source is no longer an option. A budget gap has been created and a reallocation of existing funding is requested to fill it.  
**Background:** For 23 years, the program benefitted from the institutional knowledge and expertise of one staff person who was able to serve dual roles as the department's administrative rules coordinator. The staff person retired in 2014. Since then, it has been clear that the job duties must be split into two positions. The administrative rules coordinator position and work will be fully funded using the department's indirect funds. A reallocation of existing General Funds is needed to fully fund the CON Program.
- **New allocation of \$47,000 to the Child Vision Screening Program.** (<http://idph.iowa.gov/family-health/child-health/vision-screening>)  
**Issue:** A vision screening requirement for school-aged children was authorized in Iowa Code 135.39D and implemented during the 2015-2016 school year and a sustainable funding source is needed for the ongoing costs for the Program. Ongoing costs include staff time for data entry, reporting, and general oversight/compliance as well as hosting and maintenance costs for the IT software. Without a reallocation of existing General Funds, the future of the Program is in question.  
**Background:** The Child Vision Screening Program was established in 2013 by Iowa Code Chapter 135.39(d). Funding was not provided for implementation or ongoing expenses. One-time funding sources have supported the build of the data collection software system and enrollment and training of providers, however, the department is unable to use these one-time funds for ongoing costs.
- **New allocation of \$74,389 for the Office of Minority and Multicultural Health (OMMH).** (<http://idph.iowa.gov/mh>)  
**Issue:** The OMMH was established in 2006 by Iowa Code Section 135.12. Funding was not provided for this mandated Office. Several different federal funding streams have been used over the years to support the assigned staffing position. However, federal funding has been reduced in recent years and it has become increasingly difficult to find resources to support the Office. The future of the Office is in question without a reallocation of existing General Funds.  
**Background:** A recent evaluation of the department identified gaps in the areas of health equity, policies and procedures, development and documentation of culturally competent initiatives, and cultural competency training across the department. This is due to the unfocused approach to funding this work. A reallocation is necessary to fully dedicate the work of the OMMH in addressing these gaps. Currently, whatever funding stream used to cover the costs dictates the type of work that is done. This is not a strategic way address health disparities.
- **New allocation of \$150,000 to fund the Office of the Chief Information Officer (OCIO) service charges (utility billings).**  
**Issue:** A reallocation of existing General Funds is needed in order to fully execute the requirements of Executive Order 20 and the directives of the 2010 Government Reorganization and Efficiencies Act (2010 Iowa Acts Chapter 1031-SF 2088).  
**Background:** IDPH has moved its data center to the OCIO in the Hoover Building, effective in 2015. This consolidation effort is in compliance with Executive Order 20 that ordered implementation of recommendations outlined in the Iowa Efficiency Review Report as well as requirements located in the 2010 Government Reorganization and Efficiencies Act. A dedicated funding source is needed to pay for the ongoing, monthly expenses charged by the OCIO under this new business model. This can be accomplished by a reallocation of existing General Funds.

The following programs and dollar amounts have been identified as a result of historical reversions to the General Fund. IDPH requests that this funding be reallocated in order to fund the aforementioned initiatives.



- **\$275,000 from the Gambling Treatment and Prevention Program.** This amount can be reallocated without decreasing the number of clients receiving problem gambling treatment and without decreasing provider rates. The current General Fund appropriation for FY 2016 is \$3.1 million.
- **\$25,000 from the Cervical and Colorectal Cancer Screening Program.** Subcontractors have reported difficulty in spending their contracted funding amounts for various reasons such as decreased activity due to increased access to insurance coverage under the Affordable Care Act. The current General Fund appropriation for FY 2016 is \$126,450.
- **\$105,448 from the Mental Health Workforce Stipend Program.** Approximately \$246,000 has been reverted from this Program since FY 2013 despite efforts to make it more attractive. IDPH recommends using part of this funding to increase support for the PRIMECARRE Program as mentioned in the first section of this memo. The funding may be better leveraged for other activities that benefit the mental health workforce through the PRIMECARRE Program as several professions with prescribing authority are eligible (i.e. primary care physicians practicing in general psychiatry, psychiatrists, psychiatric nurse specialists, and primary care physician assistants). The current General Fund appropriation for FY 2016 is \$105,448.

**Historical Reversion for All Three Programs**

Program	FY 2013	FY 2014	FY 2015	Three Year Total
Gambling Treatment and Prevention	\$371,525	\$453,457	\$597,378	\$1,422,360
Cervical and Colorectal Cancer Screening Program	\$0	\$68,381	\$88,988	\$157,370
Mental Health Workforce Stipend Program	\$70,299	\$70,299	\$105,448	\$246,046

**Technology Reinvestment Fund**

IDPH is requesting the following from the Technology Reinvestment Fund that is under the purview of the Transportation, Infrastructure, and Capitals Joint Appropriations Subcommittee:

- **\$500,000 for the second year of requested funding for the Maternal and Child Health database integration project.**
  - Project goals:
    - Integrate 5 program data collection systems across 8 programs in the Bureaus of Family Health and Oral and Health Delivery Systems.
    - To better support our stakeholders and to improve the outcomes of the families they work with.
    - All 8 programs impacted operate in all 99 counties and serve all children and pregnant women enrolled in Medicaid as well as low-income and uninsured or underinsured Iowans.
    - Currently the 5 systems function independently of each other, are not web-based, and cannot share data among users or with the public. The systems are aging and are costly to repair and present data security issues.
    - Features of the new system will include case management, referral management, risk assessment, billing, and client and population-level reporting.
  - The Governor recommended and the General Assembly approved the first year of this two year request in FY 2016.

<b>Estimated Budget Total is \$3,500,000</b>			
<u>State/Private Revenue Sources</u>		<u>Federal Match</u>	<u>Total Funds</u>
Total Requested State Appropriations	\$1,000,000	\$1,000,000	\$2,000,000
Title V Block Grant	755,000		755,000
MIECHV	250,000		250,000
State Dental Funding	35,000	35,000	70,000
1st Five Program	100,000	100,000	200,000
Oral Health CDC Grant	25,000		25,000
Delta Dental Foundation	100,000	100,000	200,000
<b>Total Funds</b>	<b>\$2,265,000</b>	<b>\$1,235,000</b>	<b>\$3,500,000</b>

For more information please contact **Deborah Thompson**, Policy Advisor for IDPH, at 515-240-0530 or [Deborah.Thompson@IDPH.iowa.gov](mailto:Deborah.Thompson@IDPH.iowa.gov).

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**NOTE: The location in the second column is based on the enrolled format of each bill.**

<u>Changes</u>	<u>Location</u>	<u>Additional Information</u>
Health and Human Services Appropriations Bill, HF 2460		
Increases flexibility of MOU agreement between IDPH Division of Tobacco Use Prevention and Control with the Alcoholic Beverages Division (ABD)	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Addictive Disorders Budget Unit</li> <li>• Page 6, Paragraph (2)(a)</li> </ul>	The valued collaboration with ABD will continue as it always has however the amount of funding will be negotiated based on projected activities.
Increased flexibility to substance use prevention and treatment and problem gambling treatment and prevention by removing 20 separate directives under 11 allocation paragraphs.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Addictive Disorders Budget Unit</li> <li>• Page 6, paragraph b through page 9, paragraph e</li> </ul>	This will increase flexibility to respond to changes in substance abuse treatment, problem gambling treatment, and youth prevention programming.
Increase of \$1,076,231 for the 1 <sup>st</sup> Five Program administered by IDPH. Total funding allocation of \$3,275,059.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Healthy Children and Families BU</li> <li>• Page 10, paragraph c</li> </ul>	<ul style="list-style-type: none"> <li>• Provide funding for full implementation for 65 counties with current programming.</li> <li>• Will add community planning efforts for 3 new areas that may cover approximately 3-27 counties.</li> <li>• No additional FTEs are needed.</li> <li>• There are two phases of contracted services. Phase I is community planning</li> </ul>
Increase of \$150,000 to the Brain Injury Services Program administered by IDPH. Total funding allocation of \$1,041,644.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Chronic Conditions Budget Unit</li> <li>• Page 11, paragraph b</li> </ul>	<ul style="list-style-type: none"> <li>• Part of the legislative agenda for the Brain Injury Alliance of Iowa.</li> <li>• Intent to fund resource facilitation services that IDPH subcontracts out to the Alliance.</li> </ul>
Removes the RFP directive for the Direct Care Professionals subcontract.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Community Capacity Budget Unit</li> <li>• Page 17, paragraph i</li> </ul>	<ul style="list-style-type: none"> <li>• Current awardee is the Iowa Caregivers.</li> <li>• Project period is October 15, 2015 to June 30, 2021 with an annual renewal contract.</li> </ul>
Directive to the Medical Residency Program to fund Mercy North's Internal Medicine Residency Program grant application. Funding remained status quo at \$2.0 million.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Community Capacity Budget Unit</li> <li>• Page 18, paragraph o</li> </ul>	<ul style="list-style-type: none"> <li>• Two grant applications were awarded but not funded in the last cycle because funds were exhausted in the first 3 awards.</li> <li>• The Mercy North application will use all available funding for FY 2017.</li> </ul>
Funding of \$100,000 for IDPH to conduct a workforce study by December 15, 2016.	<ul style="list-style-type: none"> <li>• Division III Public Health</li> <li>• Community Capacity Budget Unit</li> <li>• Page 19, paragraph Q</li> </ul>	<ul style="list-style-type: none"> <li>• IDPH discussed a lack of strategy around health and health care workforce funding this session. We requested additional flexibility in</li> </ul>

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		<p>managing our current programs to be more strategic but this is what was done instead.</p> <ul style="list-style-type: none"> <li>IDPH is generally supportive however it is a heavy lift and especially by December. However, this funding will enable IDPH to purchase facilitation and research services.</li> </ul>
<ul style="list-style-type: none"> <li>Reporting requirement for select subcontractors to provide additional information about their objectives and results since their funding began.</li> <li>Due by September 1, 2016 so that IDPH can use the information for recommendations due by December 15, 2016.</li> <li>IDPH's recs are to focus on realigning, bundling, and reallocating funding to meet program needs and improve services.</li> </ul>	<ul style="list-style-type: none"> <li>Division III Public Health</li> <li>Resource Management Budget Unit</li> <li>Page 19, paragraph b</li> </ul>	<ul style="list-style-type: none"> <li>IDPH will develop a uniform template that will be sent to subcontractors (primarily pass-through contracts not attached to IDPH programming) ahead of July 1 so they have time to work on their piece of the directive. It will be facilitated through <a href="http://lowaGrant.gov">lowaGrant.gov</a>.</li> <li>IDPH is generally supportive of the requirement. Legislators have been concerned about earmarks on auto-pilot. They are attempting to understand what they are buying and measuring outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>Similar reporting requirement for IDPH to essentially write our ideal appropriations bill by December 15, 2016. The improved bill would realign, bundle, and reallocate funding based on IDPH's priorities and goals.</li> <li>Directive includes the aforementioned workforce strategy reporting requirement and specifically calls for a K-12 pipeline for fields in health and health care. IDPH is to collaborate with DE's and the Governor's STEM Initiative.</li> </ul>	<ul style="list-style-type: none"> <li>Division III Public Health</li> <li>Resource Management Budget Unit</li> <li>Page 20, paragraph c</li> </ul>	<ul style="list-style-type: none"> <li>IDPH is supportive of this review of the HHS appropriations bill. There is work being done to understand the core functions of public health and state funding should align with core programming or at least be strategic in what it intends to accomplish.</li> <li>IDPH is supportive of developing a workforce strategy that involves other state agencies, like DE, the Student College Aid Commission, IWD, etc. This directive is coupled with funding to accomplish to goal of having a strategy sooner than later.</li> </ul>
<p>All recommended reallocations achieved. See IDPH Budget memo for more information.</p>		
<p><b>OTHER AREAS OF THE BUDGET</b></p>		
<p>IDPH receives a transfer of funding from DHS to administer the Child Protection Center Grant Program. \$50,000 is diverted to establish a satellite child protection center in Mason City.</p>	<ul style="list-style-type: none"> <li>Division V</li> <li>Child and Family Services BU</li> <li>Page 50, paragraph 11</li> </ul>	<ul style="list-style-type: none"> <li>This program will be a satellite office of the Waterloo CPC.</li> </ul>

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<p>Transfers \$727,500 from DHS to IDPH to take over administration of the Children At Home Program.</p>	<ul style="list-style-type: none"> <li>• Division V</li> <li>• Family Support Subsidy BU</li> <li>• Page 53, paragraph 2</li> </ul>	<ul style="list-style-type: none"> <li>• Part of the Governor's recommendations. IDPH has a statewide reach that should strengthen the Program.</li> </ul>
<ul style="list-style-type: none"> <li>• Makes changes to the IDPH board-certified behavior analyst grants program.</li> <li>• Expands eligibility to students in programs in other states but requires a commitment of practice in Iowa for a period of time not to exceed four years.</li> <li>• Creates a new annual reporting requirement in Section 58.</li> <li>• Makes changes to the programming in DE and to the Autism Support Fund.</li> </ul>	<ul style="list-style-type: none"> <li>• Division XII</li> <li>• Autism Support Program</li> <li>• Page 77, sections 57-63</li> </ul>	<ul style="list-style-type: none"> <li>• IDPH is generally supportive of the changes however, the reporting requirement in section 58 may not be necessary as this information can be made available upon request.</li> </ul>
<p>Directs DHS to collaborate with IDPH and DE on planning grants to two lead entities to develop a plan for children's mental health crisis services as specified in the bill.</p>	<ul style="list-style-type: none"> <li>• Division XIII</li> <li>• Children's Mental Health and Well-Being</li> <li>• Page 80, section 64</li> </ul>	<ul style="list-style-type: none"> <li>• IDPH is supportive and has collaborated with DHS on their Children's Mental Health and Well-Being Workgroup.</li> </ul>
<ul style="list-style-type: none"> <li>• Amends SF 2218, Opioid Antagonist Act that was signed by the Governor in April.</li> <li>• Adds provisions relating to pharmacists.</li> <li>• Adds prescribers of an opioid antagonist to the liability provision.</li> <li>• Decreases the regulatory burden by removing directives related to IDPH and making the administrative rules requirement permissive instead of mandatory.</li> <li>• Makes the enactment date retroactive and effective upon enactment of the Governor's signature in April.</li> </ul>	<ul style="list-style-type: none"> <li>• Division XIV</li> <li>• Opioid Antagonist Revision</li> <li>• Pages 83-84, sections 68-75</li> </ul>	<ul style="list-style-type: none"> <li>• IDPH is supportive of the changes made to alleviate the regulatory and administrative burden.</li> </ul>
<p>Removes the sunset date for the Nurse Residency State Matching Grants Program and the Iowa Needs Nurses Now Initiative.</p>	<ul style="list-style-type: none"> <li>• Division XV</li> <li>• Nursing Grant Programs</li> <li>• Pages 85-90, sections 76-79</li> </ul>	<ul style="list-style-type: none"> <li>• Neither program has ever received any funding. IDPH is responsible for the first program mentioned and the Iowa College Student Aid Commission is responsible for the latter if funding is ever provided.</li> <li>• The program language was put into code in 2009 but was never funded. The sunset date of June 30, 2014</li> </ul>

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		was extended to June 30, 2016 in the hopes that funding would come but it has yet to materialize.
Prohibits IDPH from decreasing a level II hospital trauma program designation as long as it continues to meet requirements put into place on or before July 1, 2015.	<ul style="list-style-type: none"> <li>• Division XVII</li> <li>• Trauma Care System</li> <li>• Pages 94, sections 85-87</li> </ul>	<ul style="list-style-type: none"> <li>• This is a reaction to a set of recommendations made to IDPH by the Trauma System Advisory Council (TSAC).</li> <li>• IDPH's next steps will be to reach out to level II hospitals to understand the potential impact IF these recommendations were implemented by the department.</li> <li>• IDPH has some concerns about the precedent of this language and that it will be in code indefinitely. It prohibits any improvement of standards or requirements of any kind for Iowa verified level II trauma program designations.</li> </ul>
Prohibits enrollment in 7 <sup>th</sup> grade or 12 <sup>th</sup> grade in Iowa without a meningococcal immunization.	<ul style="list-style-type: none"> <li>• Division XXI</li> <li>• Meningococcal Immunization</li> <li>• Pages 97, sections 92</li> </ul>	<ul style="list-style-type: none"> <li>• IDPH is generally supportive of immunizations but did not introduce this legislation.</li> <li>• Iowa's meningococcal immunization rates (64.4% in 2014) are below the national average (79.3% in 2014).</li> <li>• Meningococcal vaccine is routinely covered by insurance companies and the Iowa Department of Public Health's Vaccines for Children Program.</li> </ul>
<b>OTHER BILLS</b>		
Infrastructure Budget Bill, SF 2324: <ul style="list-style-type: none"> <li>• \$500,000 for the Maternal and Child Health Data Integration IT project was achieved.</li> </ul>	Page 11, Paragraph 6(a)	Funded per the Governor's recommendation.
<ul style="list-style-type: none"> <li>• \$75,000 to the Iowa Prescription Drug Corporation for statewide safety net pharmacy activities</li> </ul>	Page 11, Paragraph 6(b)	This would be pass-through funding from IDPH to the corporation for use in their support of safety net pharmacy infrastructure.
Standings Bill, HF 2459: <ul style="list-style-type: none"> <li>• Natural Style Hair braiding Bill</li> </ul>	Division II, Section 12	<ul style="list-style-type: none"> <li>• Creates a lighter regulatory structure for persons who only do hair braiding.</li> <li>• Intent to discourage a pending lawsuit against the Cosmetology Board by the Institute of Justice.</li> <li>• Taxpayers will be required to pay an estimated range of \$500,000 to \$1.0 million in attorney's fees if the case</li> </ul>

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