



Legislature Acts Fast in First 30 Days

The House and Senate are off to a fast start this year. Dozens of subcommittee meetings have been held, and the Senate has already jumped started its work with floor debates on controversial issues.

Senators debated the bill that would end state funding to Planned Parenthood and other abortion providers, passing a bill that would replace the state Medicaid family planning waiver with a state-funded family planning program. Hundreds of supporters and opponents of the bill crowded the State Capitol - supporters in black, opponents in pink flooded committee rooms, stairwells, and galleries. It was loud, but as the crowd shouted, "this is what democracy looks like."

Not shying away from the controversy, the Senate also took up a drug testing bill that allows employers to test hair samples, but opponents argued it was less accurate and more expensive. The Senate closed out its work for the week by taking action on the "must do" legislation to set school spending for the next year. The Senate passed a bill to increase school funding by 1.1%. The Governor had recommended 2%, but schools say they need at least twice that much to get by next year. By law, legislators must set school funding in the first 30 days of session (February 7 is the 30th day).

It's good legislators are moving quickly this year, because they also passed a resolution to cut the 2017 session short. Instead of being paid for 110 days of work, Iowa's legislators will only get expense checks for 100 days. By cutting their salaries, legislators were able to save taxpayers \$600,000 in the deappropriation bill (which cuts state spending in the current fiscal year by \$117 million). That doesn't mean legislators will end at 100 days (April 18, 2017 - which also happens to be the day your taxes are due) - they just won't be paid expenses for staying in Des Moines to work.

Legislators did not change other deadlines:

- Last day for legislators to request bills is still Friday, February 10.
- Last day for bills to get out of their committee of origin is still Friday, March 3.

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- Last day for bills to get out of one chamber, then get out of committee in the other chamber is still Friday, March 31.

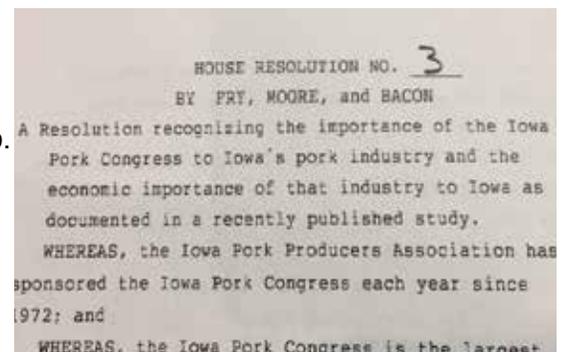
Another "must do" bill got the Governor's signature this week. Governor Branstad has signed Senate File 130, the deappropriations bill. This bill cuts \$117 million in appropriations to programs in this current fiscal year, which ends on June 30, 2017. State departments that thought they had a certain amount of money to spend this year will have to adjust, which means programs could be affected. Here is a quick review of the cuts:

- \$88 million in cuts to programs, including:
 - \$2 million from Iowa Department of Public Health
 - \$22 million from Iowa Department of Human Services
 - \$13.9 million from Medicaid
 - \$11.5 million in "state operations" (to be determined by Governor in consultation with departments)
- \$25 million in business tax credit transfers.
- \$4.5 million in unused property tax credits (so state doesn't need to reimburse local governments as much).

The cuts hit most of state government – except K-12 schools and a few other areas - with a 4.5% reduction this year. The Governor keeps these cuts in his next two years of budget proposals - so the cuts are here to stay if the Governor's budget is enacted for fiscal years 2018 and 2019. If you want to know more about the Deappropriation Bill, you can review an analysis by the non-partisan Legislative Services Agency at <http://bit.ly/2jR8rf6>.

On a lighter (and less controversial) note, legislators in the House enjoyed a brief retreat from the serious issues last week when Rep. Rob Bacon was able to get House colleagues Rep. Tom Moore and Rep. Joel Fry to collaborate on a resolution to honor Iowa's pork producers.

House Resolution 3 was introduced by "Fry, Moore, Bacon" and passed on a voice vote.



Legislators Discuss CMV Bills

CMV is not just another acronym - it's a disease that few people know about, but is the leading cause of developmental disabilities. It's also a new issue for Iowa lawmakers, who have introduced three bills to bring more awareness and resources to the issue.

- **House File 120** is sponsored by a bi-partisan group of legislators, including Rep. Peter Cownie (R-West Des Moines), Rep. Art Staed (D-Cedar Rapids), Rep. Dave Heaton (R-Mount Pleasant), Rep. Ruth Ann Gaines (D-Des Moines), and Rep. Marti Anderson (D-Des Moines). This bill create a Congenital Cytomegalovirus (CMV) public health initiative to make sure every new parent receives information about the disease, make sure every newborn failing an initial hearing test gets tested for CMV, requiring the Department of Public Health to collect information on incidences of CMV, and providing \$100,000 to an organization to conduct public education on the disease. This bill is currently in the House Human Resources Committee.
- **Senate File 68** was introduced by Sen. Janet Petersen (D-Des Moines) and is the same as House File 120. It has been assigned to the Senate Human Resources Committee, and has been assigned a small subcommittee that will have the job of reviewing the bill. The bill must first pass out of this subcommittee in order to be considered by the full committee. The subcommittee includes Sen. Jake Chapman (R-Adel), Sen. Tom Shipley (R-Nodaway), and Sen. Pam Jochum (D-Dubuque).

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- **Senate File 51** is sponsored by Sen. Brad Zaun (R-Urbandale), and it is a bit different than the other two bills. This bill does not include funding for a public health initiative, but does require the Center for Congenital and Inherited Disorders to work with state and local health agencies and others to develop materials to educate and raise awareness of cytomegalovirus. The bill also requires newborn screening and directs health care providers to give pregnant women information about the disease, and public health agencies to give educational materials to child care providers, school nurses, and others. The bill has passed out of subcommittee; the full Senate Human Resources Committee plans to vote the bill out of committee on Monday (February 6). Those supporting passage out of subcommittee were Sen. Jake Chapman (R-Adel), Sen. Craig Johnson (R-Independence), and Sen. Pam Jochum (D-Dubuque).

You can learn more about this issue in our next article. If this issue is important to you - contact your legislators and the members of the House and Senate Human Resources Committees, and ask for their help to pass legislation addressing this issue. Go to <http://bit.ly/2jRdYC8> to use our Grassroots Action Center to email your legislator.

Guest Editorial: Understanding Cytomegalovirus (CMV)

By Kristine Dreckman



Cytomegalovirus, or CMV, is highly contagious. Almost everyone has come into contact with CMV. In fact, the United States Centers for Disease Control estimates that between 50 to 80 percent of our population have experienced a CMV infection by the age of 40. Yet few have heard of the virus. It causes symptoms similar to the common cold, such as sore throat, fatigue, and swollen glands. A common way for parents to contract CMV is through sharing cups and utensils with their young children.

While CMV is relatively harmless for an otherwise-healthy adult, it can have devastating effects for babies who contract the virus before birth. This is known as congenital CMV. Congenital CMV can cause hearing and/or vision impairment; microcephaly; problems with coordination; intellectual disability; speech impairment; feeding issues; sleep disorders; seizure disorders; and, in some cases, death. Congenital CMV is the leading cause of developmental disability.

Our family only recently learned about CMV. Nora Claire, our second child, was born in July 2013. There were some red flags during the pregnancy. Ultrasounds showed that Nora potentially had something called an “echogenic bowel”, enlarged ventricles in her brain, and that her head size was smaller than normal. We consulted with a number of obstetricians and perinatologists during the pregnancy. All assured us that there was most likely no reason to worry.

Nora was born small for her gestational age. She had petechiae, or a “blueberry muffin” skin rash, on her face. At about a day old, she briefly struggled with respiratory distress. However, pediatricians remained unconcerned about her health.

During her infancy, there were things that worried us. But it wasn’t until she reached 9 months that her pediatrician took our concerns seriously. Nora underwent an MRI that showed damage occurred to her brain before she was born. Shortly thereafter, we discovered that Nora lost hearing in her right ear.

Nevertheless, it wasn’t until she was two years old that a physician accurately diagnosed her with congenital CMV. As it turns out, what we had observed during the pregnancy and shortly after Nora’s birth were classic signs of congenital CMV. The physician also educated us about appropriately monitoring Nora for potential future complications known to be caused by the virus. Lastly, he informed us that it was not uncommon for physicians to miss the signs of congenital CMV during pregnancy and after the birth.

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Understanding CMV (continued from page 3)

Our family struggled for over two years to find an accurate diagnosis for Nora. If her signs and symptoms had been recognized, we could have ensured that there were proper supports in place for her right at birth. Regular vision and hearing screenings, early childhood intervention therapies, and parental education are critical tools to ensure infants affected by congenital CMV are as healthy and successful as possible.

The proposed legislation requiring education and screening for congenital CMV is very important for two reasons: 1) to help prevent future cases of congenital CMV; and 2) to identify babies affected by this virus and ensure they are properly supported. No one can change what happened to Nora and our family, but we can prevent it from happening to others.

ABOUT OUR GUEST EDITORIAL WRITER: Kristine Dreckman is a member of the DD Council and has served as an administrative law judge with the Iowa Department of Inspections and Appeals since November 2013. She received her undergraduate degree from the University of Iowa in 2002, and her law degree, with honors, from Drake University Law School in 2005. Prior to joining the Division, she was in private practice and worked for the Iowa Finance Authority.

Monica Kurth Wins Special Election



Monica Kurth won the Davenport special election on January 31, becoming the newest member of the Iowa House of Representatives. Rep. Kurth is a Democrat, so this does not change the makeup of the Iowa House (it remains 59 Republicans, 41 Democrats). Rep. Kurth, a Scott Community College educator and counselor, beat her opponent by a 3:1 margin (receiving 72% of the vote to her opponent's 27%).

If you live in this district (House District 89), you can contact Rep. Kurth at home (563.271.9332; 1933 North Marquette Street, Davenport, Iowa 52804; mkurth10@gmail.com) or using her legislative email (monica.kurth@legis.iowa.gov).

Advocating Change Day 2017 is April 5, 2017
Details at www.idaction.org

Bill Tracker

Use our online Bill Tracker to stay informed and follow bills introduced this legislative session (www.infonetiowa.org/news/bill-tracker/). It's updated daily! *The following bills were introduced in the last two weeks:*

Absentee Ballot Requests (HF 55): Allows registered voters to request absentee ballots through email or the county election commissioner's website. (House State Government Committee)

Permanent Absentee Voter (HF 78): Allows an absentee voter to receive absentee ballots for all general elections without having to reapply before each election. (House State Government Committee)

Voting Rights Restoration (HF 79): Restores voting rights of felons who have completed their sentence. (House State Government Committee)

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Bill Tracker (continued from page 4)

Cytomegalovirus (CMV) Public Health Initiative (HF 120 & SF 68): Creates CMV public health initiative including congenital cytomegalovirus (CMV) screening requirements and a \$100,000 public education and awareness program. Requires a birthing hospital, birth center, or attending health care provider to give the parent of every newborn information about congenital CMV, screen newborns for CMV as appropriate, and give screening results to parents prior to newborn discharge from the hospital. (House & Senate Human Resources Committees)

MH/SA Transportation (HF 125): Requires a county or MH/DS region to contract with private companies to provide transportation for individuals needing hospitalization for substance-related disorders or mental illnesses. (House Human Resources Committee)

Commission for the Blind Membership (HF 149): Adds two members to the Commission for the Blind, and requires at least three members be blind, at least one represent the Iowa Council of the United Blind, and at least one represent the National Federation of the Blind of Iowa. (House State Government Committee)

Same-Day Voter Registration (HF 150): Eliminates same-day voter registration. (House State Government Committee)

Right to Try Act (HF 156 & SF 40): Allows patients with terminal illnesses to try experimental treatments. Does not require government programs pay for them, but does protect physicians who recommend them. (House & Senate Human Resources Committees)

Voter Registration Age (HF 167, HF 201, SF 61): Allows 17-year-olds to vote in a primary election if they will be 18 by the time of the general election. (House & Senate State Government Committees)

HCBS Waiver Waiting Lists (HF 172): Appropriates \$7.1 million to Medicaid Home and Community-Based Services (HCBS) waivers. (House Human Resources Committee)

DPH Department Bill (HSB 25 & SSB 1031): Makes changes to several programs administered by the Department of Public Health, including: program funding flexibility and reporting; medical home and the patient-centered health advisory council; workforce programming; unfunded or outdated program provisions; Iowa health information network; and organized delivery systems. (House & Senate Human Resources Committee)

Biological Products (HSB 38): Adopts federal definition of "biological product" and "interchangeable biological product." Allows pharmacists to distribute interchangeable biological products when an authorized prescriber prescribes a biological product. Requires the board of pharmacy to maintain a link on its website to the current list of all biological products that the FDA has determined to be interchangeable biological products. (House Human Resources Committee)

Autism Treatment Coverage (HSB 41 & SSB 1043): Requires health insurance policies cover applied behavior analysis for the treatment of autism spectrum disorder beginning January 1, 2018. (Passed House Commerce Committee, 21-1; SSB 1043 is in Senate Commerce Committee)

Nurse Aid Training (HSB 72): Requires nurse aide training and testing programs provided by or in a nursing facility include: (1) online course curricula to meet the required minimum of 30 hours of classroom instruction and the required minimum of 15 hours of laboratory experience; and (2) the definition of clock hours for the purposes of meeting the required minimum of 75 clock hours of training to include classroom instruction, prior equivalent experience, or both. (House Human Resources Committee)

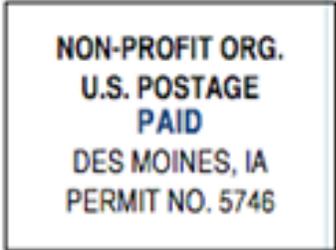
Medicaid Coverage (SF 140): Requires DHS to transition Medicaid recipients who lose coverage through the health insurance premium payment program to Medicaid fee-for-service instead of Medicaid managed care. (Senate Human Resources Committee)

HCBS Waivers/Meals (SF 169): Includes home delivered meals as a service available under all Medicaid home and community-based services waivers. (Senate Human Resources Committee)

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[FIRST] [LAST] OR CURRENT RESIDENT
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Representing you in Congress:
Sen. Charles Grassley
Sen. Joni Ernst
Rep. [Representative]

Representing you @ State Capitol:
Sen. [Name-Senate]
Rep. [Name-House]

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Bill Tracker (continued from page 5)

Education Expenses (SF 181): Requires a school district to pay for the tutoring or mentoring costs of a child who lives in the district, but who is receiving medical treatment outside the district. (Senate Education Committee)

Caregiver Income Tax Exemption (SF 191): Exempts from income taxes all income earned by individuals who work for a nonprofit, tax-exempt business that provides services to disabled individuals. (Senate Ways & Means Committee)

Behavior Analyst Licensure (SF 192): Establishes a licensing process for behavior analysts and assistant behavior analysts. Adds two licensed behavior analysts and one licensed assistant behavior analyst to the board of behavioral science. Exempts certain persons from licensure requirements. (Senate State Government Committee)

Nursing Facility/Sex Offenders (SSB 1030 & SR 4): Requests an interim legislative committee to study the creation of a facility to care for geriatric persons who are on the sex offender registry or who are sexually aggressive. (Senate Human Resources Committee)

Public Forums
Local legislative forums and town hall meetings are the best way to communicate with your elected officials. You can find details about these and others at www.infonetiowa.org/calendar/events/.