



Optimal Health for All Iowans



# Swatches

## Connecting Rural Iowa

February 2016

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### President's Message

Eric C. Tempelis

As the Iowa Rural Health Association enters 2016 a major focus will be on the importance of improving healthcare workforce development in our rural communities.

Healthcare plays a vital role in the economic development and sustainability of rural Iowa. Constituting roughly 20% of the nation's gross domestic product, hospitals, clinics and other healthcare organizations are commonly among the largest employers in cities, towns and villages alike. They are vested with helping to keep our workforce and families healthy including over 20% of Iowans who drive the state's internationally recognized farming industry.

Despite moving closer to full employment levels, Iowa continues to face looming healthcare provider shortages in rural areas according to federal statistics. The good news is Iowa Workforce Development reports the state's seasonally adjusted jobless rate dropped from 4.3% in December 2014 to 3.4% in December 2015 as the number of unemployed decreased. The bad news, at least nationally, is the U.S. Department of Agriculture reports a 4-year trend of population loss in nonmetropolitan areas and Iowa faced greater population loss than gain among nonmetropolitan areas. This trend helps illustrate the workforce recruitment challenge facing our rural communities.

The Iowa Rural Health Association will be holding conferences in Ottumwa on April 29th and in Harlan on May 3rd to explore challenges and opportunities around recruitment of healthcare providers and employees to rural communities. The conferences



Benefits of being an IRHA member:

1. Health advocacy with a rural perspective

2. Access to resources through the IRHA and NRHA websites and email distribution lists

3. Networking opportunities with professionals from diverse disciplines

4. Input opportunities for State and Federal Policy issues

5. Discounted rates for Annual Conference

6. Opportunities for leadership development

The IRHA membership year runs with the calendar year. Renewal notices will be sent via email in early December. Renewal is easy. Please take a few minutes to renew when you receive the notice.

**Thank you for your continued support of IRHA!**

**Registration is now open for Agricultural Medicine: Occupational & Environmental**

are made possible, in part, through grant funding from the National Rural Health Association and will be offered at no charge to participants. Representatives from rural communities and employers with successful recruitment programs will share their stories. In addition, experts in the field of workforce development will share an overview of policymakers' efforts to address the issue. The goal will be to promote dialogue and sharing best practices that can be replicated in other communities. We encourage you to join us for the conferences to contribute and learn more. More information will be sent soon.

We encourage you to become a member of the Iowa Rural Health Association to help address these challenges.

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## Legislative Update

Last week at the Capitol brought the first funnel - a self imposed deadline where all bills, with the exception of Appropriations bills and Ways and Means bills, must be reported out of committee to remain viable for the remainder of the legislative session. The deadline meant a flurry of sub-committee and full committee work on legislation. The second funnel is Friday, March 11th where bills must have been voted on in one legislative chamber and passed out of committee in the other chamber in order to remain eligible for consideration. The following is an update on some of the legislative issues of interest to rural health in Iowa.

SF 2144 would align Iowa mental health and substance abuse confidentiality requirements with the federal HIPPA law, improving care coordination, integrating behavioral health more fully with primary care and providing for more comprehensive patient safety. This legislation enjoys broad support from the provider and advocacy community and passed the Senate Human Resources Committee unanimously on February 9th. The bill then passed the full Senate on a vote of 47-1 on Monday, February 22nd.

This legislative session the Senate has focused a great deal of attention on the transition to Medicaid managed care. The Senate Human Resources Committee passed SSB 3081, which would terminate the Medicaid managed care contracts. The bill, renumbered SF 2125 moved to the floor of the Senate where they engaged in a robust debate of the highly political bill. In the end three members of the Senate Republican caucus voted with all of the Senate Democrats to pass the bill 29-19. Republican Senators Johnson, Shipley and Chapman supported the bill. The

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Senate Human Resources committee also acted on legislation that would provide greater oversight to the Medicaid managed care process. [SF 2107](#) is likely to be taken up by the full Senate next week. Both bills face an uncertain future in the House.

There were two bills that dealt with improved reimbursement for telehealth services that failed to clear the funnel deadline. [HF 600](#) and [HSB 502](#) each would have provided additional requirements for insurance to reimburse services provided utilizing telemedicine. Insurance companies raised concerns about the mandate and the bills failed to advance.

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**IRHA hosts *Living and Practicing in Rural Iowa*  
Event at Des Moines University**

On Wednesday, Feb. 24, the Iowa Rural Health Association partnered with Des Moines University to host a campus wide event held on the Des Moines University Campus titled *Living and Practicing in Rural Iowa: How to be Successful*. Forty students from a variety of programs participated in the event. What it is like to practice in a rural setting was uncovered and some common misconceptions about being a provider in a rural health setting were brought to the surface.

Cynthia Forsyth, Director for Physician Alignment for Mercy Health Network shared her enthusiasm with students about being a rural health provider and working with rural hospitals and clinics. She has firsthand knowledge of the reality of practicing medicine in a rural setting and stated that it is far more rewarding than most physicians outside of rural Iowa might expect. Joel Rand, PA-C, a provider who has lived in a rural area for the last 12 years and has practiced in numerous specialties within rural Iowa, shared his experience with students and professionals.





Joel Rand, MPAS, PA-C shares his experiences with students



Cynthia Forsyth speaks to students about rural practice opportunities



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### **Susan G. Komen Iowa - Grant Opportunities**

Susan G. Komen Iowa - along with those who generously support

us with their talent, time and resources - works to better the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world's largest and most progressive grassroots network fighting breast cancer. Up to 75 percent of net proceeds generated by Komen Iowa stays in our affiliate area. In the last 5 years, through events like the Komen Iowa Race for the Cure, we have invested more than \$4 million in local breast health and breast cancer awareness projects in our 91-county service area. The remaining proceeds are combined with funds from affiliates across the country to fund the Susan G. Komen Research Program in support of national grants and scientific partnerships to find the cure.

#### Funding Opportunities

Komen Iowa is currently offering grants up to \$5000 for projects within our 91-county service area to meet the following specific goals: breast health education, improving access to the continuum of care, and improving the quality of life for breast cancer patients and survivors. This program compliments our Community Grants program which solicits applications each fall.

For complete information on the Small Grant program including information on how to apply, visit <http://www.komeniowa.org/grants/how-to-apply-for-funding/small-grants-program.html>



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