

infoNET

A publication of the Governor's DD Council & ID Action

IOWA BEGINS PLANNING FOR HEALTH REFORM

The Legislative Health Care Coverage Commission has begun working on the state's response to health care reform.

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Health Care Reform's Impact on Persons with Disabilities

Health care reform is one of the most hotly debated issues this year. Congress included many things in the bill that will impact people with disabilities and give states some much needed help in rebalancing their long term care systems.

President Obama signed the Patient Protection and Affordable Care Act of 2010 into law in March. The new law expands health insurance coverage to 32 million uninsured Americans and strengthens existing insurance coverage.

But there is so much more in this nearly 2,000-page law. For instance, the bill makes significant changes that encourage home and community based services so that people with disabilities do not have to choose between living at home and getting the services they need. Since many of these changes require states to take quick action in order to qualify for additional federal dollars, we thought it might be a good idea to highlight some of the important impacts this bill has on persons with disabilities.

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“Do what you can, with what you have, where you are.”

President Theodore Roosevelt

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It is important to remember that these changes are now law, and the advice you give your elected officials should be about making these laws work for people with disabilities. Arguing over whether the law should have passed in the first place is not helpful to those who have the responsibility of putting it into place.

The following was developed from an excellent summary prepared jointly by National Spinal Cord Injury Association and American Association of People with Disabilities. You can see the entire review at <http://www.spinalcordadvocates.org/impact-of-health-care-reform-on-people-with-disabilities/>.


HOME & COMMUNITY BASED SERVICES

Health care reform made many changes to expand home and community based services to make it easier for people with disabilities to live at home & participate in their communities.


- **Community First Choice Option** – States have always had to pay for institutional levels of care, and were given the “option” of providing home and community based services. Health Care Reform allows states to make home and community based services the “rule” rather than the “exception” for Medicaid-eligible individuals with disabilities with incomes up to 150% of the federal poverty level, if they would otherwise require institutional care. States that opt for this change will get an extra 6% added to their federal match. Effective 10/1/2011.

 *This is optional for states, so if you want Iowa to do this, contact your State Senator, State Representative, and the Governor.*


- **Money Follows the Person** - Extends this popular demonstration grant program until September 2016. This program helps move people living in institutions to smaller settings in their communities or into their own homes. This is good news for Iowa, if we apply for the extension, as many of the people moved from institutions were to transition from grant-funded services to the resource-strapped county system in the coming years.

 *This is optional for states, so if you want Iowa to do this, contact your State Senator, State Representative, and the Governor.*

- **Medicaid Home & Community Based Services** - Changes make it easier for state Medicaid programs to offer home and community based services by allowing states to amend their state plans, rather than go through the long Medicaid waiver process. This means changes that expand Medicaid home and community based services options may go into effect more quickly.

 *Iowa can now change/expand its HCBS waiver program quicker and more easily than before, so if you have changes to suggest, talk to your State Senator, State Representative and the Governor.*

- **Community-Living Assistance Services & Supports (CLASS)** - establishes a national voluntary insurance program allowing people with functional limitations to receive benefits of not less than \$50/day to pay for services and supports of their choice to help with daily living activities. To qualify, people will have had to pay premiums for at least five years. This voluntary long term care insurance program will help people remain independent, employed, and in their communities. Unlike Medicaid, CLASS does not require people to be impoverished to qualify for the program.

 *The federal government will be developing this, so contact your US Senators, US Representative, or the US Department of Health & Human Services.*



PRIVATE INSURANCE CHANGES

- **Pre-Existing Conditions** - Ends insurance discrimination against people due to disability or other pre-existing condition. Insurers can no longer deny coverage, charge higher premiums or exclude benefits because of pre-existing conditions or disability. This is effective for children in September 2010, and adults by 2014.


 *This will automatically go into effect in 2010 and 2014, and is a federal issue that you should discuss with your US Senators and US Representative.*

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- **Lifetime Limits & Annual Caps** - Eliminates lifetime caps on insurance immediately. Most insurance plans have a lifetime cap of \$1 million, and people with disabilities or chronic conditions often exhaust these caps quickly. Annual caps are eliminated by 2014.
 -  *This will automatically go into effect in 2010 and 2014, and is a federal issue that you should discuss with your US Senators and US Representative.*
- **High Risk Pools** - Makes high-risk pools available temporarily to cover persons with pre-existing conditions that have been without insurance for at least six months. This is a temporary option to help people with pre-existing conditions get coverage immediately, until all insurance reforms are in place in 2014. These temporary pools will still be an expensive option for many Iowans. Iowa has chosen to expand its existing pool, but state officials say there is probably only funding for about 1,200 people to be added between now and 2014.
 -  *Iowa's Insurance Commissioner is working on this now, so contact your State Senator, State Representative, the Governor, and the Insurance Commissioner if you have suggestions.*
- **Essential Benefits** - Establishes a basic level of coverage that all insurance plans will have to pay for by 2014. These benefits include ambulatory patient services, emergency services, hospitalization, maternity and newborn care, **mental health and substance use disorder services (including behavioral health treatment)**, prescription drugs, **rehabilitative and habilitative services and devices**, laboratory services, preventive and wellness services and chronic disease management, and pediatric services including dental and vision care. The addition of the two highlighted benefits is a big benefit to people with disabilities. Many people with disabilities consider these options to be essential services, but pre-health care reform insurance policies did not cover them or severely limited the number of treatments and the types of

disability/illness covered. Rehabilitative and habilitative services often are needed to maintain muscle strength and flexibility, as well as eliminate or lower the number of spasms. Full mental health parity has been a challenge in many states, including Iowa. This change will make sure that all insurance plans cover treatment for the full range of mental health and substance use disorders. "Devices" are meant to include all durable medical equipment (including wheelchairs), prosthetics, orthotics and supplies (DMEPOS). Many disability groups are advocating for the Department of Health and Human Services to explicitly state that DMEPOS will be covered, to take out any misunderstanding the insurance industry might have in implementing this reform.

 *The US Department of Health & Human Services (HHS) can add to this list before everything goes into effect, and they were asked to specifically take into account the health care needs of people with disabilities when developing the final minimum benefits list. Contact your US Senators, US Representative, and the HHS if you have suggestions.*

- **Cost Sharing Limits** - Limits what people will have to pay out-of-pocket to those placed on health savings accounts. Small employer plans cannot have deductibles greater than \$2,000 for individuals and \$4,000 for families.

 *This will automatically go into effect and is a federal issue that you should discuss with your US Senators and US Representative.*


MEDICARE & MEDICAID CHANGES

- **Expansion of People Eligible for Medicaid** - Increases the number of people who are eligible for Medicaid. Since many people with disabilities have low or very modest incomes, this Medicaid expansion will give many more people with disabilities the right to health care coverage. In 2014, adults with incomes up to 133% of the federal poverty level will be eligible for Medicaid (right now you have to either have a disability or a child in order to be eligible for Medicaid). Families with incomes up to 133% of the federal poverty level are


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also eligible for Medicaid, and the Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) will be extended to all children on Medicaid, including those in managed care. EPSDT services address developmental disabilities and delays, and states will receive increased federal match for a few years. In 2009, the federal poverty level was \$14,404 for individuals and \$29,327 for a family of four. Between now and 2014, states have the option of expanding this coverage. In 2014, it becomes a requirement. States are required to maintain their current Medicaid services, and develop incentives to cover preventive services and immunizations without cost sharing to adults under Medicaid.


 *If you want Iowa to expand Medicaid to these groups sooner than 2014, contact your State Senator, State Representative, and the Governor.*

- **Medicare Two-Year Waiting Period** - Under existing law, people found eligible to receive disability benefits under Social Security's SSDI and other Title II programs must wait two years before they can receive Medicare benefits. In the meantime, many people with disabilities go without needed health care, which often makes the disability worse and in some cases leads to death. While health care reform does not directly address this problem, some people may find temporary coverage with the high-risk pool or through the health insurance exchanges once they go into effect (which cannot discriminate on the basis of pre-existing conditions) or they may qualify for Medicaid under its extended eligibility standards.


 *If you want to eliminate this two-year waiting period, contact your US Senators and US Representative.*

- **Medicare Part D Gap in Prescription Drug Coverage** - Phases out the famous "donut hole" (gap) in prescription drug coverage under Medicare by 2020. Currently, when Medicare enrollees are in the donut hole (after they reach a certain limit on prescription drug coverage and before additional coverage kicks in), they must pay for prescription drugs at full price. Health care reform provides a one-time \$250 rebate for prescription drugs after enrollees enter the donut hole in

2010. Beginning January 1, 2011, it provides a 50% discount on brand name drugs and other generic drug discounts for those in the donut hole.

 *This will automatically go into effect and is a federal issue that you should discuss with your US Senators and US Representative.*

- **Medicare Outpatient Therapy Caps** - Extends some exceptions to caps on Medicare Outpatient Part B Therapy Services, thus allowing Medicare enrollees to get medically necessary therapy services beyond the \$1,860 cap for occupational therapy, and \$1,860 cap for physical therapy and speech-language pathology services. This extension goes until December 31, 2010.

 *If you want these exceptions extended for a longer period of time, you should discuss this with your US Senators and US Representative.*

- **Elimination of Medicare First-Month Purchase Option for Power Wheelchairs** - Medicare beneficiaries currently can buy their power wheelchairs, rather than rent them. This allows the person with long-term need of a wheelchair to have it adjusted to his/her size and unique needs. Under health care reform, Medicare will only pay for rental, rather than purchase, of certain power wheelchairs for the first thirteen months (with exceptions for certain classes of complex rehab power wheelchairs). During the 13-month rental period Medicare will pay 80% and the beneficiary will pay 20% of the rental cost. Many disability groups are concerned with this change because wheelchairs require many adjustments to meet the individual user's size and needs. With purchased wheelchairs, suppliers are likely to cover this cost, but they are not likely to do so for a rental that can be easily returned. Without these changes, users frequently see conditions get worse or develop additional conditions that require treatment and often hospitalization, thus offsetting any cost savings to Medicare.

 *This is a federal issue that you should discuss with your US Senators and US Representative.*


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- **Medicare Durable Medical Equipment Competitive Bidding Program** - Existing law requires the US Department of Health & Human Services to implement a competitive bidding program for suppliers of wheelchairs and other durable medical equipment, under Medicare, as a cost-savings measure. Wherever competitive bidding goes into effect, Medicare will only pay suppliers selected by the department. Under current law, it is likely that there will be far fewer suppliers to choose from for both purchase and repairs of wheelchairs and other durable medical equipment and that the quality of products and repairs may go down. People who use wheelchairs may well have to give up their existing suppliers and find it difficult to get to the new suppliers for repairs. Health care reform speeds up the pace of expanding competitive bidding to and requires coverage of all areas by 2016.

 *This is a federal issue that you should discuss with your US Senators and US Representative.*

- **Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Plan** - Requires Medicare Part B coverage, with no co-payment or deductible, for personalized prevention plan services. Personalized prevention plan services means the creation of a plan for an individual that includes a health risk assessment and may include other elements, such as updating family history, listing providers that regularly provide medical care to the individuals, body-mass index measurement, etc.

 *This will automatically go into effect and is a federal issue that you should discuss with your US Senators and US Representative.*

- **Medicare Coverage of Anti-seizure, Anti-spasm, and Smoking Cessation Medications** - Requires coverage of barbiturates, benzodiazepines, and tobacco cessation products under Medicare Part D. Barbiturates include phenobarbital and other medications that treat seizures. Benzodiazepines include sedatives, anti-anxiety medications, and anti-spasm medications. Both of these categories of medications were excluded from coverage under Medicare Part D.

 *This will automatically go into effect and is a federal issue that you should discuss with your US Senators and US Representative.*

OTHER IMPORTANT CHANGES

- **Community Health Center Funding** - Adds \$11 billion of funding for community health centers around the country (there are 20 locations in Iowa). Community health centers are major providers of health care to people who are uninsured or underinsured, and are required to serve people regardless of their ability to pay.

 *This is a federal issue that you should discuss with your US Senators and US Representative.*

- **Accessible Medical Diagnostic Equipment** - Requires the U.S. Access Board, in consultation with the Food and Drug Administration, to establish regulatory standards setting the minimum technical criteria for medical diagnostic equipment for people with disabilities. While existing law requires medical equipment to be accessible, these standards are intended to clarify how to comply with this requirement. These standards, to be completed in two years, will clarify minimum technical criteria for medical equipment in doctors' offices and other medical facilities to be considered accessible for people with disabilities including people who use wheelchairs. The standards must make sure the equipment is accessible to, and usable by, individuals with accessibility needs, and must allow independent entry to, use of, and exit from the equipment by such individuals to the maximum extent possible. At a minimum medical diagnostic equipment covered by the new standards will include: examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

 *If you would like to weigh in on this discussion, contact the FDA, US Access Board, and your US Senators and US Representatives.*


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- **Durable Medical Equipment Excise Tax** - A new excise tax (\$20 billion over 10 years) on medical devices will be imposed on manufacturers of medical equipment. It is intended to help offset the costs of health reform. Although the tax is imposed on manufacturers, the consumer will ultimately bear the cost because manufacturers are likely to pass these costs on to consumers through increased prices.

 *This will automatically go into effect and is a federal issue to discuss with your US Senators and US Representative.*

- **Training of Future Health Practitioners** - Requires medical professionals to receive disability awareness training to help reduce the health disparities that exist for people with disabilities. Grants and other incentives are available to develop programs and model curricula to train health professionals and increase the number of health professionals (including dentists) trained to meet the health care needs of individuals with disabilities.


 *The US Department of Health & Human Services will be working on rules, so contact them and your US Senators and US Representative if you have suggestions.*

- **Nondiscrimination** - Prohibits discrimination based on disability under any health program or activity which receives federal assistance, including credits, subsidies, or contracts of insurance. Look for the US Department of Health & Human Services to put out rules on this sometime in the coming months and years.


 *The US Department of Health & Human Services will be working on rules for this training, so contact them and your US Senators and US Representative if you have comments or suggestions.*

- **Comprehensive Workplace Wellness Programs** - Makes grants available to small businesses that give their employees access to comprehensive workplace wellness programs that meet criteria to be developed by the US Department on Health & Human Services. Employee wellness programs can be a good way to encourage better health. However, this provision could inadvertently have a negative impact on people with disabilities. For example, a person with a disability may be unable to participate in an exercise program or another benchmark of the wellness program. If

employees who do participate receive a reduced deductible under the employer-sponsored health plan (or another financial incentive), the person with a disability who is unable to participate would end up paying a higher deductible (or would not be eligible for other financial incentive). To avoid inadvertent negative impacts on people with disabilities and chronic conditions, many disability organizations are working with the federal department to address this issue.

 *Contact your US Senators and US Representative, and the Department of Health & Human Services, if you have comments or suggestions.*

- **Data Collection and Analysis to Understand and Address Health Disparities** - Requires the federal government to collect health survey data from people with disabilities to enable better understanding of the health of people with disabilities compared to other minority groups. The government is also required to collect survey data from health care providers in order to learn where people with disabilities receive their care, the number of providers with accessible facilities and equipment, and the number of health care professionals trained in meeting the health care needs of patients with disabilities. The new law also requires the development of recommendations for quality measures to improve health care for individuals with disabilities.

 *Contact your US Senators and US Representative, and the Department of Health & Human Services, if you have comments or suggestions.*

The enactment of national health care reform is only the beginning. Advocates with disabilities and others will need to stay involved and offer their opinions and ideas as these changes are implemented and rules are changed. Iowans with disabilities need to work hard to make their voices heard, because the business and insurance communities are working just as hard to make theirs heard.

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If you want to know more about health reform, here are a few resources. These are all very simple and easy to use, and provide you with excellent non-partisan and unbiased information.

- <http://www.healthreform.gov/> - US Department on Health & Human Services' "official" clearinghouse of all information related to health care reform
- <http://www.familiesusa.org/assets/pdfs/health-reform/summary-of-the-health-reform-law.pdf> - Families USA detailed review of the law
- <http://www.familiesusa.org/assets/pdfs/health-reform/help-with-long-term-health-needs.pdf> - Families USA review of long-term care changes
- <http://www.familiesusa.org/assets/pdfs/health-reform/class-act.pdf> - Families USA outline of the new long term care insurance program
- <http://www.wid.org/affordable-care-act-aca-summary-and-updates> - World Institute on Disability
- <http://www.bazon.org/Where-We-Stand/Access-to-Services/Health-Care-Reform.aspx> - prepared by the Bazelon Center for Mental Health Law
- http://www.nami.org/Content/Microsites158/NAMI_Lexington/Home144/Resources77/A_Users_Guide_to_Health_Care_Reform/hcrguideaarp.pdf - AARP's "Users Guide to Health Care Reform"
- http://www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=100489 - National Alliance on Mental Illness' take on health care reform
- http://www.aapd.com/site/c.pvI1IkNWJqE/b.6039545/k.5BAB/Health_Reform_Explained.htm - by the American Association of People with Disabilities
- http://www.idph.state.ia.us/hcr_committees/commo_n/pdf/prevention_chronic_care_mgmt/062410_affordable_act.pdf - from Iowa's Prevention & Chronic Care Management Advisory Council

If you know of more resources, let other readers know by posting on our *infoNET* Facebook page: www.facebook.com (search "infonet").

HEALTH REFORM CONTACTS

US Department of Health & Human Services

- 200 Independence Avenue, S.W. Washington, D.C. 20201; Toll Free Phone: (877) 696-6775; Email: Healthreform@hhs.gov; Facebook: <http://www.facebook.com/WhiteHouse>; Sign-Up for Health Reform Updates: <http://www.healthreform.gov/contact/index.html>.

US Senator Tom Harkin

- 731 Hart Senate Office Building; Washington, DC 205100001; Phone: (202) 224-3254; Fax: (202) 224-9369; Email: <http://harkin.senate.gov/c/>; WebSite: <http://harkin.senate.gov/>. *You can also contact his local offices - they are listed on the website.*

US Senator Charles Grassley

- 135 Hart Senate Office Building, Washington, DC 20510-0001; Phone: (202) 224-3744; Fax: (202) 224-6020; Email: grassley.senate.gov/contact.cfm; Website: <http://grassley.senate.gov/>. *You can also contact his local offices - they are on his website.*

Governor Chet Culver

- State Capitol, Des Moines, Iowa 50319; Phone: (515) 281-5211; Website: www.governor.iowa.gov; Email: www.governor.iowa.gov/index.php/constituent_services/contact_us/.

Iowa Insurance Commissioner Susan Voss

- 330 Maple Street, Des Moines, Iowa 50319-0065; Phone: (515) 281-5705 or toll free at (877) 955-1212; Fax: (515) 281-3059; Website: <http://www.iid.state.ia.us/>; Email: www.iid.state.ia.us/contact_us/contactus.asp.

Contacts for your US Representative, State Senator, and State Representative are listed next to your mailing label. You can also find them online at:

<http://www.legis.state.ia.us/FindLeg/>.

Braille & Sight Saving School Interim Committee Meets

The Board of Regents Legislative Study Committee on Residential Services on the Campus of the Iowa Braille and Sight Saving School has met three times over the last two months, and has begun the process of developing recommendations. This year, the Iowa Legislature (SF 2385) directed the Board of Regents to examine possible changes to the current structure for providing residential services on the campus of the Braille and Sight Saving School. Providers, families, advocates and others with a stake in this discussion were included on the work group.

If you are interested in this discussion, you can find out more online:

Study Group Materials

www.regents.iowa.gov/IBSSS/ResidentialStudy.html

Background Information

www.regents.iowa.gov/Meetings/DocketMemos/10Memos/April/0410_ITEM06p.pdf

Iowa Plans for Health Reform

The Legislative Health Care Coverage Commission and its three work groups continue to meet monthly to coordinate Iowa's response to health care reform, and find ways to build on Iowa's own health reform initiatives. The three work groups include:

- [Workgroup 1 - Iowa Care Expansion, Medicaid Expansion Readiness & High Risk Pool](#)
- [Workgroup 2 - Value-based Health Care](#)
- [Workgroup 3 - Insurance Information Exchange](#)

There is much being discussed here, far too much to list in this issue. However, we do want to let you know where you can find out more information if you are interested in health care reform. All meetings are open to the public (although the public can only speak if invited to do so by the group).

Meetings Calendar

<http://www.legis.state.ia.us/index.html>

Commission Information

<http://www.legis.state.ia.us/asp/Committees/Committee.aspx?id=484>

Work Group 1


<http://www.legis.state.ia.us/asp/Committees/Committee.aspx?id=506>

Work Group 2

<http://www.legis.state.ia.us/asp/Committees/Committee.aspx?id=507>

Work Group 3

<http://www.legis.state.ia.us/asp/Committees/Committee.aspx?id=508>

 *Most materials reviewed by the groups can be found under "Additional Information" – which is listed at the end of each work group and commission webpage.*

Brain Injuries in Veterans Rising

Lawmakers have been hearing stories about veterans returning to Iowa with service-related traumatic brain injuries and psychological health conditions. These stories prompted the Iowa Legislature to expand the state's limited mental health parity law to require insurance coverage for any mental illness diagnosed in a veteran (not just those illnesses that are "biologically based"). The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury estimate that of the nearly 2 million Americans deployed to Iraq and Afghanistan, about 31% have experienced some psychological health condition or traumatic brain injury. If this issue is important to you, ask your legislators how they voted (and either thank them for their vote, or educate them on why they should have voted differently).

The Political Corner

There were a few surprises on Primary Election night (June 8). State Senator David Hartsuch, a Republican emergency room doctor representing the Davenport/Bettendorf area since 2007, lost to Davenport businessman Roby Smith by 174 votes.

You can read more about Roby Smith at:

<http://robysmith.com/>. He will face Democrat

Richard Clewell, a Davenport school board member and retired wildlife biologist, in the November General Election. Clewell beat Dave Thede, husband of State Representative Phyllis Thede, by 119 votes to become the Democratic candidate in this race. You can read more about Richard Clewell at:

<http://www.clewell4senate.com/>.

State Representative Kerry Burt of Waterloo dropped out of his re-election in April, after criminal charges had been filed against him for tampering with records that allowed his children to attend the state-run Price Laboratory School at the University of Northern Iowa (saving him about \$37,000 in tuition). Eight other families have also been charged.

Taking his place as the Democratic Candidate for House District 21 is Anesa Kajtazovic, a 23-year-old Bosnian immigrant whose family came to the Waterloo/Cedar Falls area in 1997. She is a UNI graduate and currently works as a mortgage analyst. You can find out more about Anesa at:

<http://www.anesaforiowahouse.com/>.

She will face off against 64-year-old Republican John Rooff, the former five-term Mayor of Waterloo. In an odd twist, Rooff is also from a family of Eastern European immigrants. His grandfather left his native Bulgaria at 17, where his great-grandfather was a mayor. Both Rooff and his father were Waterloo mayors. You can read more about Rooff at:

<http://www.johnrooff.com/>.

A handful of current State Representatives faced primary challenges (Ako Abdul-Samad, Mary Gaskill, Chuck Isenhardt, Dave Jacoby, Henry Rayhons & Jim Van Engelenhoven). All easily beat their opponents (but they still have to win the General Election on November 2 to continue serving their areas).

State Representative Paul Bell lost his fight with stomach cancer this month, dying at the age of 59. He was a retired police officer and represented the Marshalltown area since 1993, serving as the Chair of the House Natural Resources Committee. Rep. Bell, who had his stomach removed last year when the cancer first surfaced, didn't miss a single day at the State Capitol this year, despite having chemotherapy and radiation treatment.

Rep. Bell had planned to run again, and was unopposed. The Marshall County Democratic Central Committee will need to choose a new candidate for House District 41, and the Marshall County Republican Party may choose to do the same. Bell is survived by wife Niki and two children.

On a much lighter note, Iowa is on track to keep its first-in-the-nation presidential caucuses, to be held January/February 2012. The Republican National Committee and Democratic National Committee both agreed to keep the Iowa Caucuses at the top of the Presidential line-up, with New Hampshire's primary following in the days after.

Iowa is one of five states who have an Ex-Governor running for Governor again. Of course here in Iowa, former Governor Terry Branstad will challenge Governor Chet Culver in the November 3 election.

Political Corner (continued from page 9)

Other states with ex-Governors running again are: California (Jerry Brown), Georgia (Roy Barnes), Maryland (Robert Ehrlich), and Oregon (John Kitzhaber). Brown and Kitzhaber are Democrats, the rest are Republicans.

Finally, the news about the state's budget is improving. The Legislative Services Agency announced this month that the state's budget continues to improve, but tax receipts are still down about 4.6% (or \$211.6 million) from this time last year. That is a lot better than what was expected. Legislators built their budget around an 8.7% decline.

If the year continues like this, the state can expect to have an extra \$186.1 million at the end of the year. But don't get too excited - the state still must address the nearly \$500 million in one-time funds used to balance the budget this year, and uncertainty about cuts the federal government will pass on to states.

You can see details of the state's revenues at: www.legis.state.ia.us/lsadocs/MonMemo/2010/MM_SLS005.PDF

Mark Your Calendar

Advocating Change Day 2011 will be held on Wednesday, March 30, 2011. This is a fun filled day of advocacy for people with disabilities who want to advocate for change.

Mark your calendars and plan on joining the hundreds of others who want to make a difference!

Details will be available later in the year.

Primary Election Results

You can find out who won the primary elections in your area, and the names of the candidates at: <http://www.iowaelectionresults.gov/>.

If you do not know which district you live in, go to: <http://www.legis.state.ia.us/FindLeg/>.

You can find contact information for the candidates at: <http://www.sos.state.ia.us/pdfs/elections/2010/candlistprim.pdf>.

Help Us Go Green!

If you are receiving this by mail, please consider changing to e-mail delivery. Not only does it save the DD Council money - it saves the environment.

Call us toll-free at **866/432-2846** to make the switch. Just tell us your name, address, and that you would like to switch to *infoNET* email.



LAST CHANCE!

It's our annual reader survey time - let us know how we're doing and ways to help your advocacy efforts!

Our last issue of *infoNET* included a survey and postage paid envelop. Only about 10% of you responded. We do not have the money to mail another envelop and survey in this issue, but we still want to know what you think.

The survey takes only a few minutes, and those who respond are entered into a drawing for one of three \$25 gift cards.

You have until July 15 to complete your survey, and two ways to take it:

1. **Take the survey online** by going to our website (www.infonetiowa.com) and clicking on the survey link. You can also go here: www.surveymonkey.com/s/GVQ8JWM.
2. **Call us at 866/432-2846.** Choose option 3 and leave your full name, phone number, and the best day/time to reach you. Someone will call you back to do the survey by phone.

We're on Facebook!

Get breaking news, learn of opportunities to advocate over the summer, & talk to other advocates - friend us on Facebook.

Just search "infonet" at www.facebook.com

facebook

Board Training Available for Interested Women

Have you ever thought about volunteering your time to serve on a non-profit or government board or commission? If you are interested, are a woman, and need a little extra training before you are ready, consider this opportunity.

Women in the Boardroom is offering another round of training to assist women in preparing for board service, and connecting them to the right resources. This year's panelists include:

- o Ruth Harkin - *Iowa Board of Regents member and wife of US Senator Tom Harkin*
- o Dr. Sheila Riggs - *Director of the University of Minnesota's Office of Health Care Transformation*
- o Mary Kramer - *former President of the Iowa Senate and former Ambassador to Barbados*

The event is **Tuesday, October 26 (3:00 to 6:00 p.m.) in Des Moines** at the Embassy Suites, 101 E. Locust. The last hour of the event is a networking reception.

To find out more, go to <http://womenintheboardroom.com/>

To register online go to: www.DesMoinesWIB2010.eventbrite.com

The cost is \$75. If you are unable to pay, contact ID Action (grants may be available to cover the cost of registration). You can contact us at: 866/432-2846 or by email at idaction.bwbhosting.com/idaction/CONTA CTUS/tabid/275/Default.aspx.

Your US Representative is:
[US Representative]

Your State Representative is:
[Representative]
Home: [IAHouseHomePhone]
Email: [IAHouseEmail]

Your State Senator is:
[Senator]

Home: [IASenateHomePhone]
Email: [IASenateEmail]

[FirstName] [LastName] OR CURRENT RESIDENT
[ADDRESS]
[Address2]
[City], [State] [Zip]-[Zip4]

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