

HAWKEYE POLICY REPORT

2018-2019



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Legislative Research

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Section 1:

Policy Considerations: Potential Implementation of Sports Betting in Iowa

EXECUTIVE SUMMARY

With the elimination of the Professional and Amateur Sports Protection Act in 2018, states now have the choice to legalize and implement regulated sports betting. Sports betting is largely a new enterprise in the United States, and this paper aims to aid Iowa's policymakers who may be weighing the decision of legalization. Across the nation, state legislatures have already implemented a variety of measures to capitalize on this pastime through its myriad platforms. This paper looks to these states and details their regulatory systems. Additionally, this paper looks at existing literature on the socio-economic impacts of expanding sports wagering. The following are especially noteworthy general considerations for legislators in the state assembly:

- Legalization should, above all else, serve the public interest – to this end, consumer interests must be protected and, to that end, a degree of transparency on the part of gambling establishments, specifically in regard to player accounts, self-exclusion, and access to helplines for problem gambling.
- Given the prevalence of sports gambling on college campuses among students (athletes and non-athletes alike), as well as the documented vulnerability of student-athletes, some degree of protection for collegiate sports should be considered.
- Given the effects of advertising on vulnerable populations, restrictions on the promotion of sports gambling products should be explored.
- Due to the nascent nature of this endeavor, it is encouraged that the Department of Health continue its surveillance of gambling habits among the population.

- Regulation exists not without difficulties, particularly in regard to venues permitted. Legislators must take into account the feasibility of policing various platforms while ensuring the public trust is served.

INTRODUCTION

PROFESSIONAL AND AMATEUR SPORTS PROTECTION ACT:

In May of 2018, in *Murphy v. National Collegiate Athletic Association*, the United States Supreme Court ruled the Professional and Amateur Sports Protection Act (PASPA) unconstitutional, ultimately striking down the law. Passed in 1992, PASPA made it unlawful for states to establish any form of sports betting. Prior to its passage, Nevada, Delaware, Montana, and Oregon had already established sports lotteries. The four states were grandfathered out of the laws restrictions but were unable to expand or modify existing sports gambling structures past its implementation. Today, with PASPA's repeal, all states have the option to independently legalize sports betting and implement a formal regulatory structure.

SUPPORT AND OPPOSITION:

For those in favor of legalization, one pull is the additional tax revenue it can provide. From 2009 to 2017, sportsbooks in Delaware brought the state an annual share in tax revenue of \$2.1 million.¹ States that implemented sports betting after the Supreme Court's decision have reported first month returns between \$52,000 and \$1.1 million.² Additionally, proponents argue that legalization will help to shrink the current size of the illegal sports betting market. In September 2018, the American Gaming Association reported the illegal market to be worth roughly \$150 billion.³ State-regulated sports betting can guarantee safeguards and stability regarding odds, payouts, integrity, and safety. Acting largely as a consumer protection measure,

¹ Delaware Sports Lottery, 2018 Sportsbook Net Proceeds <https://www.delottery.com/Sports-Lottery/Sportsbooks/Monthly-Distribution/2018>

² Levy, Marc. "Sports betting weeks away from opening in Pennsylvania." *The Associated Press*. Oct. 3, 2018.

³ Slane, Sara, "Post-PASPA: AN Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018).

a regulated market would prove more appealing to consumers and draw them away from illegal markets.

Those opposed to legalization point to the social costs that it may incur such as increases in problem gambling and personal bankruptcies.⁴ Critics also question if states have the ability for proper regulation and oversight, specifically in regard to online forms of sports wagering which Nevada, New Jersey, Pennsylvania, and West Virginia have already allowed.⁵

The intent of this policy analysis is to provide recommendations the Iowa legislature can use should the state move forward on the issue of sports betting. The purview of this paper is that the state of Iowa should implement a structure that will protect the interests and health of Iowan citizens and be economically feasible and profitable for potential operators and the State. This paper uses the sports betting structures individual states have implemented since 2018 as case studies on possible regulatory models. Outside research on the health and social aspects associated with sports betting are presented as well. The goal of this policy paper is not to make a statement on whether the state of Iowa should or should not have regulated sports betting. Rather, we hope our research will serve as a detailed guide on sports betting for legislators.

⁴ Bernal, Les, "Post-PASPA: An Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018).

⁵ Bruning, Jon C. "Post-PASPA: An Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018).

GAMBLING IN IOWA

CURRENT GAMBLING FORMAT:

The Iowa casino industry is currently composed of 19 state regulated locations as reported by the Iowa Racing and Gaming Commission's (IRGC) 2018 fiscal YTD report. This report includes information regarding revenues for the most recent fiscal year (11/1/2017 – 10/31/2018). Of the 19 regulated casinos in the state of Iowa, all reported adjusted gross revenues (prior to the implementation of sports betting) upwards of \$10 million. The highest revenue generating casino is located in Des Moines with Prairie Meadows Racetrack & Casino earning \$85.0 million. The lowest revenue generating casino is located in Marquette with Casino Queen earning \$9.9 million in the past year.

Estimations as to how Iowa's sports betting revenue could potentially fit into the total revenue generated by the gaming industry are difficult to quantify as sportsbook winnings vary in initial stages of implementation. In Nevada, a state known for its' established gaming operations, sports pools generated \$273.8 million of the total \$11.8 billion in revenue for the most recent fiscal year. The percentage of sports betting revenue as a factor of total gaming revenue comes out to be around 2.3% for Nevada. Mississippi, a more comparable state to Iowa, happens to be young in the sports gambling industry and has seen fluctuating values for sports betting revenue as a percentage of total gaming revenue. In the first month of sportsbook operations, Mississippi saw sports betting revenue take a share of 0.60% of the state's total gaming revenue. In the second month of operation this value jumped to 5.28% before falling to 1.20% in the most recently reported month. While the long-term value of revenue from taxation is unknown, as more venues apply for licensing and the sports betting industry reaches a more mature state, revenues can be expected to serve as a more stable source of taxation for state and local governments.

IOWA GAMBLING FORMAT	
Land/Riverboat Casinos	17
Racetrack Casinos	2
Tribal Casinos	3
Population	3,145,711
State Size in Sq. Miles	55,875
# of Casinos per 100,000 residents	.70
# of Casinos per 1,000 sq. miles	.39
# of Potential Sportsbooks	19
Proposed Sports Betting Tax Rate	5% on "adjusted gross revenues" up to \$1,000,000, 10% on next \$2,000,000 AGR, 22% on AGR > \$3,000,000
Proposed Fees	Licensing Fee of \$25,000 with annual renewal fee of \$15,000. (\$5,000 of each value considered "repayment fee" with the remainder being deposited in the established rebuild Iowa infrastructure fund.)
Proposed Bond of Licensee	Licensee shall post a bond to the state of Iowa before the license is issued in a sum as the commission shall fix, used to guarantee that the licensee faithfully makes payments, keep records, make reports, and conducts sports betting within the conformity of the rules adopted by the commission.

COMPONENTS OF HOUSE FILE 2448:

Several states have already implemented sports betting since the Supreme Court's May 2018 decision, and many more have legislation pending for the 2019 legislative session. Legislation was introduced in both the Iowa House and Senate early in 2018. House File 2448 was approved by the House Ways and Means Committee and is expected to be picked up

again in 2019.⁶ File 2448 serves as a proposed amendment to the acts relating to the conduct of sports betting by gambling licensees, making penalties applicable with inclusions to date provisions. Important components of House File 2448 include:

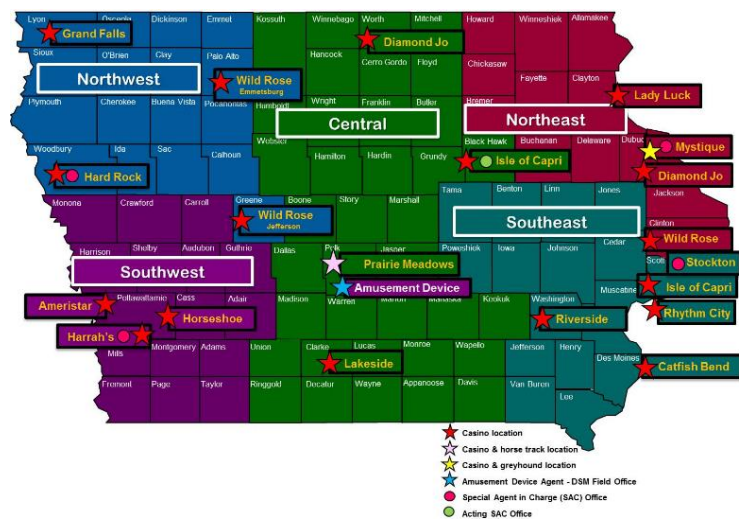
- “Sports betting” defined as the acceptance of wagers on collegiate or professional sporting events by a system of wagering as authorized by the commission. This definition does not associate wagering on races as a form of sports betting.
- Taxable “adjusted gross receipts” defined as the gross receipts of wagers less the winnings paid to those wagers on games. “Adjusted gross receipts” also includes an amount equal to one-third of sports betting net receipts, yet the definition excludes the value of promotional play receipts following the date within the fiscal year that wagering tax imposed on all licensees exceeds \$25,820,000.
- Included in this file are important details regarding the voluntary exclusion of an individual from wagering areas. This exclusion shall be for a period of five years or life, requiring that a person who requests exclusion be provided information compiled from the department of public health on gambling treatment options with the licensee disseminating information regarding persons voluntarily excluded to all licensees.
- Submission of application to the commission for a sports betting license to a licensee authorized to conduct gambling games under section 99F.4A or 99F.7 includes an initial licensing fee of \$25,000 with recurring annual renewal fees of \$15,000. Of these fees, \$5,000 shall serve as a repayment fee with the remainder being deposited in the rebuild Iowa infrastructure fund.
- Licensees issued a license to conduct sports betting shall employ commercially reasonable steps to prohibit coaches, athletic trainers, officials, players, and other who participate in a collegiate or professional sporting events that is the subject of sports betting from sports betting.
- Section 9 is amended to permit no form of wagering on sports betting except those events listed within the section. (Recommend no in-state wagers, provides less concern regarding integrity of sports)

⁶ Lynch, James Q. “Iowa lawmakers, casinos, lotter ‘all in’ for sports betting.” *The Gazette*. July 05, 2018.

- Section 10 amends the use of “advanced deposit sports betting wagering,” meaning an eligible individual may establish an account in person with a licensee, deposit moneys into the account, and use the account balance to pay for sports betting wagering whether it be in person, over the phone, or electronically. This act provides consumer protection from problem gambling issues associated with wagering through credit. Section 10 goes on to mention that the operation of an unlicensed sportsbook shall result in a class “D” felony, punishable to a fine (no less than \$750 and no more than \$7,500) along with confinement of no more than five years.
- Section 11 emphasizes that a person under the age of twenty-one years shall not be allowed to wager on sports.
- Section 12 introduces a proposed tax format at the rate of 5% on the first one million dollars of adjusted gross revenue and at the rate of 10% on the next two million dollars of adjusted gross receipts. Adjusted gross receipts on sports betting over three million dollars shall be taxed at a rate of 22% while maintaining the 24% tax rate on the adjusted gross receipts for gambling games at certain racetrack enclosures.

ABILITY OF IOWA CASINOS TO ENTER THE INDUSTRY:

By the guidelines of House File 2448, Iowa gambling operations will be able to enter the sports betting industry granted they are willing to pay the licensing fee and the annual renewal fees associated with such licensing fee, accept the implemented tax structure, and take the steps to ensure protection of the consumer. The ability to meet the proposed requirements of House File 2448 seems to be possible by each of the 19 state-regulated casino/racetrack operations in Iowa.



**Photo from the Iowa Department of Public Safety*

The decision of whether or not to apply for a sports betting license in the state of Iowa is set to be a question of profitability for each operator. The adjusted gross revenue for Iowa's lowest revenue generating casino less taxes is \$8.1 million for Casino Queen - located in Marquette, Iowa. The Iowa gaming revenue report shows other gaming operations in Iowa earned revenues less taxes with values in the tens of millions of dollars. The highest revenue generating casino reported in the past year was Prairie Meadows Racetrack & Casino showing a revenue less tax value of \$65.1 million. While these amounts are not an evaluation of each operation's net profit, (there are still a variety of operating costs associated with the operation of a casino) a value of \$8 million in revenue after taxes at the lowest revenue generating location seems to plead the case that the \$25,000 licensing fee and \$15,000 renewal fee amended for a sports betting license will be relatively affordable. The decision that each operation must make, granted approval of sports betting in Iowa, regards the structure of their sports betting operation. As for any business seeking expansion, decisions regarding implementing sports betting for each venue will be associated with a variety of financial evaluations. Meeting the requirements of the proposed bill will come with an assortment of costs for each operator. That being said, given the proposed bill is accepted, applications for licenses will soon follow.

MARKETS OF SPORTS BETTING

LEGAL AND ILLEGAL COEXISTENCE:

Since the 1992 initiation of the *Professional and Amateur Sports Protection Act* (PAPSA), which forbid states from legalizing any form of sports betting, the state of Nevada has largely held a monopolistic position on the legal sports gambling market. As the only state with legislation for single-game sports wagering prior to 1992, (Oregon, Delaware, and Montana also allowed sports gambling but in the pari-mutuel form) Nevada was grandfathered into PAPSA, allowing the state to keep their pre-existing structure of sports betting. This acceptance resulted in Nevada functioning as the only destination for gambling fanatics seeking to place single-game wagers for a period of a quarter century, resulting in the state's domination of the legal market.

While Nevada's \$5 billion legal sports gambling industry is substantial, to assume this number quantifies the mere size of the industry and that the only existence of sports betting is within Nevada state lines would seem to be farfetched. While it is difficult to estimate the size of the underground sports betting market, we are able to gain an understanding of the industry with the accounts of illegal book prosecutions in recent decades. Police and court recordings related to the prosecution of six neighborhood sports bookmakers in New Jersey in the late 1990s tell us a little more about the size of the illegal sports betting industry. Documents seized in one bust showed that a single book maker recorded an annual volume of wagers around \$200 million, more than the largest bookmaker in Vegas and about 10% of the entire volume of Nevada's legal market at the time.⁷ This sportsbook existed in one small corner of the nation, prior to the existence of online wagering, testifying heavily to the substantial size of underground sports wagering in America in recent decades.

With the introduction of the internet came a form of sports gambling never before imagined, with online betting becoming available to the majority of the American population. Despite legal restrictions on financial transactions between bettors and bookmakers based outside of the US, many Americans living in states still restricted by sports gambling prohibition find a way to place wagers in this way. Recent prosecutions of illegal American sports betting rings with bets being placed offshore have resulted in large cash seizures. A Texas sportsbook prosecuted in 2013 was found to have handled wagers totaling \$5 billion, a sum comparable to the entire Nevada sports gaming industry.⁸ This specific book was coordinated through a network of agents across the United States, filtering bets through unregulated operators based in Curacao.

STRUCTURE OF LOCAL ILLEGAL INDUSTRY:

With large-scale virtual sports books coming to fruition like the Texas operation, it might be thought that the local bookmaking sector would have dried up with the introduction of

⁷ Forrest, David, and Rick Parry. 2016. *The Key to Sports Integrity in the United States: Legalized, Regulated Sports Betting*. Washington, D.C.: American Gaming Association.

⁸ Ibid.

large-scale illegal operations. Instead, the illegal bookmaking sector has evolved to reach all corners of the nation due in large part to offshore firms outsourcing an effective service to local bookmakers and their clients. Sites such as “realbookies.com” offer a premium product for bookkeepers looking to take their illegal sports betting service to the web. By paying a small fee per client (\$7 per head with rates decreasing with more players), local bookies have been able to reduce the accounting workload and credit management associated with running an in-home service.

This common style of service allows for the basic local bookkeeper to share with their clients a log-in ID and password for an account where wagers can be placed online through the automated software. With many of these businesses, an offshore calling center associated with the website will answer phone calls 24/7 and allow clients to place their wagers in an over-the-phone manner. The online software makes life easier on the end of the bookkeeper, replacing the once time-consuming tasks associated with the role including hand-writing bet records, individually tallying of wagers, and crafting of game lines. With new software, local bookkeepers can offer expert-established betting lines and allow their clients to wager on a variety of single-game and season sports lines in a convenient fashion.

HEALTH ASSOCIATED WITH GAMBLING

WHO BETS ON SPORTS?

In 1997, the federal government established National Gambling Impact Study Commission (NGISC) to explore the socioeconomic effects of gambling and ways for states to regulate it. Of concern at the time was the prevalence of sports betting among college students on campuses across the nation – specifically the overlap between gambling and student athletics. A 1991 survey cited by the NGISC noted that in “six colleges in five states [...] 23 percent of students gambled at least once a week” and that 6 to 8 were “probable problem gamblers.”⁹

⁹ U.S. Congress. *National Gaming Impact Study Commission. National Gambling Impact Study Commission Report*. Washington: G.P.O. 1999.

The perceived prevalence of sports betting among college campuses in the 1999 study suggests that the primary demographic will be younger and more affluent. This sentiment is echoed in a qualitative study commissioned by the University of Tasmania. Conducted in 2013, preliminary study was a series of interviews with 17 individuals across the sports industry, from “sports wagering providers, financial counseling services and a community-based sporting club.”¹⁰ Though small in scope, the in-depth interviews provided insight into the demographic makeup of those most likely to engage in sports betting. Specifically, it was observed that younger, professional males of higher education and socioeconomic status, as well as those with access to the internet, were the dominant market for sports betting.¹¹ Like the NGISC, concerns were expressed about the prevalence of sports wagering among youths, as well as the threat it may pose to the integrity of the game, especially “at grass-roots and semi-professional levels.”¹²

In 2015, the Iowa Department of Public Health (DPH) conducted its own examination of the gambling habits in state. During the course of their study, it was estimated about 155,000 Iowans engaged in sports betting. The characteristics were mostly white (88%), male (79%), employed (80%), with some college education or a bachelor’s degree (64%). In terms of at-risk populations, 34% (or about 52,000 Iowans) were at-risk gamblers. Delving into fantasy sports, the DPH estimates that about 178,000 Iowans have engaged in fantasy sports in the past year. Like sports betting, they too are mostly white (95%), male (78%), employed (78%), with a bachelor’s degree or some college (66%). Of those that engaged in fantasy sports, 21% were considered at-risk gamblers.¹³ Most recently, the 2018 Hawkeye Poll, conducted by the University of Iowa, found that of the 15% of Iowans that expressed an interest in participating in sports betting, 23% of them were between the ages of 18 and 34.¹⁴

¹⁰ Palmer, Catherine. *Sports betting research*. Hobart, TAS: University of Tasmania, 2013.

¹¹ Ibid.

¹² Ibid.

¹³ Park, K, et al. *A 2015 Survey of Adult Iowans: Gambling Behavior*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa, 2015.

¹⁴ Boehmke, Frederick J., 2018, "Hawkeye Poll Fall 2018". University of Iowa

POTENTIAL CONSEQUENCES:

Frequently mentioned with sports betting is the issue of integrity and the subsequent pressures it puts on certain athletes. Though concerns about the exposure of sports wagering to semi-professional, amateur, and youth athletics and its participants were touched on during the qualitative study by the University of Tasmania, a survey by the University of Michigan cited by the NGISC provides some quantitative data: of those males that played basketball and football, over 45% had bet on sporting events and more than 5% of male athletes had engaged in what could be considered insider activity - specifically providing inside information for the purposes of gambling, participating in a game on which they had bet on, and the acceptance of money for poor performance.¹⁵ In its quadrennial study of gambling behavior among its athletes, the National Collegiate Athletics Association (NCAA) found that between 2004 and 2012 an average of 26% of male student athletes had bet on sports in the past year (compared to an average of 9.2% in the past month); 6.2% of female student athletes on average gambled on athletics in the previous year (just under a percent on average wagered on sports in the past month).¹⁶

The NGISC also expressed concerns that sports gambling “served as a gateway to other forms of gambling.”¹⁷ This reflects the findings of a Gallup Poll from the same year, specifically that teenagers were twice more likely than their adult counterparts (18% v. 9%, respectively) to gamble on college sports.¹⁸ Regarding student athletes, it is estimated that they are almost twice as likely to fall into problematic gambling habits than non-athletes.¹⁹

In terms of individual finance, problem gambling is associated with higher rates of monetary instability. A survey conducted by National Opinion Research Center (NORC) found that 19.2% of gamblers identified as “pathological” had filed for bankruptcy (compared

¹⁵ U.S. Congress. *National Gaming Impact Study Commission. National Gambling Impact Study Commission Report.* Washington: G.P.O. 1999.

¹⁶ Derevensky, Jeffery L., and Paskus, Tom. *Mind, Body and Sport: Gambling among student-athletes.* NCAA, 2015.

¹⁷ U.S. Congress. *National Gaming Impact Study Commission. National Gambling Impact Study Commission Report.* Washington: G.P.O. 1999.

¹⁸ Kindt, John Warren, and Asmar, Thomas. "College and Amateur Sports Gambling: Gambling Away Your Youth?" *Villanova Sports & Entertainment Law Journal* 8, no. 2 (2002): 221-252.

¹⁹ *Ibid.*

to 4.2% and 5.5% of non-gamblers and low-risk gamblers, respectively.²⁰ In another survey involving nearly 400 members of Gamblers anonymous, it was revealed that 22% of them had declared bankruptcy.²¹ Moreover, according to the NGISC:

Nineteen percent of Chapter 13 bankruptcies in the State of Iowa involved gambling-related debt. Bankruptcies in Iowa increased at a rate significantly above the national average in the years following the introduction of casinos. Nine of the 12 Iowa counties with the highest bankruptcy rates in the state had gambling facilities in or directly adjacent to them.²²

In terms of broader social costs, estimates vary. In taking account the annual average costs of variables such as job loss, benefits (unemployment and welfare), poor health (physical and mental), and treatment, NORC estimates that each pathological and problem gambler costs society \$1,915 per year.²³ Lifetime costs, such as “bankruptcy, arrests, imprisonment, legal fees for divorce,” etc., were estimated to be at \$15,680 per pathological and problem gambler per year.²⁴ Moreover, these costs were derived from “tangible consequences,” in that they did not encompass broader sociological problems.²⁵

Regarding the more intangible consequences of gambling, comorbidity between problem and pathological gambling and other addictive disorders has been noted. Specifically, pathological gamblers were four times more likely than non-gamblers to develop patterns of drug abuse and dependency.²⁶ Studies have also noted that those who gambled in the past year while intoxicated and “endorsed having an alcohol or drug problem” were also more likely to belong to “more severe gambling groups,” as well as trends that link problem gambling with prior instances of substance abuse and juvenile delinquency.²⁷

²⁰ U.S. Congress. *National Gaming Impact Study Commission. National Gambling Impact Study Commission Report.* Washington: G.P.O. 1999.

²¹ Ibid.

²² Ibid.

²³ Ibid.

\$1,200 per pathological gambler per year and approximately \$715 per problem gambler per year.

²⁴ Ibid.

NORC further estimated that lifetime costs at \$10,550 per pathological gambler and \$5,130 per problem gambler.

²⁵ Ibid.

²⁶ Martins, Silvia S., et al. "Sociodemographic and Substance Use Correlates of Gambling Behavior in the Canadian General Population." *Journal of Addictive Diseases* 29, no. 3 (2010): 338-51.

²⁷ Ibid.

About youths, also worth discussion is the potential effects of advertisement. In general, advertisement leads to a normalization of the behavior by creating the perception that the activity is harmless and acceptable. Youths appear especially receptive to advertising - 42% of them reported a desire to try gambling while 61% fantasized about the purchasing power they'd gain from winnings.²⁸ Also of note is the timing and placement of certain ads - it has been found that adolescents recall more about advertisements aired during sporting events (a prime slot for potential sports gambling promotions) than during late-night slots.²⁹ Other potentially problematic advertising formats could include celebrity endorsements, promotion over the internet, and mobile gaming.³⁰

COURSES OF ACTION:

Despite the prevalence of sports gambling within its ranks, the NCAA strictly prohibits wagering on athletic events. NCAA penalties, along with support from coaches and teammates were reported as the most effective deterrents to sports gambling among student athletes.³¹ Until 2001, Nevada had prohibited gambling on its own sports team and many a lawmaker has tried to pass legislation that prohibits gambling on collegiate events to protect the student athletes out of the concerns already mentioned.³² This reiterates the recommendation made by the NGISC.

To mitigate the social costs of problematic gambling, the Iowa DPH uses the Problem Gambling Program. With a total annual budget of over 2.5 million, the program offers counseling, prevention and recovery services, training and professional development, and referral and education through a helpline (1-800-BETS OFF).³³ A variety of positive effects have been highlighted, most noteworthy that at the completion of treatment, 92% report fewer signs and symptoms of problematic behaviors regarding gambling.³⁴

²⁸ Monaghan, Sally, et al. "Impact of Gambling Advertisements and Marketing on Children and Adolescents: Policy Recommendations to Minimise Harm." *Journal of Gambling Issues* 22, no. 22 (2008): 252-74.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ Derevensky, Jeffery L., and Paskus, "Tom. Mind, Body and Sport: Gambling among student-athletes." NCAA, 2015.

³² Kindt, John Warren, and Asmar, Thomas. "College and Amateur Sports Gambling: Gambling Away Your Youth?" *Villanova Sports & Entertainment Law Journal* 8, no. 2 (2002): 221-252.

³³ Park, K., et al. *A 2015 Survey of Adult Iowans: Gambling Behavior*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa, 2015.

³⁴ *Ibid.*

The DPH also echoed concerns voiced by the National Council on Problem Gaming (NCPG) about sports betting.³⁵ The NCPG encourages states to meet any expansion of sports gambling with funds dedicated to the prevention and treatment of addiction; establish requirements for sports betting operators on the implementation of responsible gaming programs; survey the prevalence of addiction both before legalization and at regular periods afterwards; and to “establish a consistent minimum age for sports gambling and related fantasy games.”³⁶ To this end, four essential standards are set forth: consumer protection, age and identity verification, responsible play guidelines, and exclusion.³⁷

Concerning advertising, in the United Kingdom gambling products are prohibited from being advertised across “multiple forms of media,” while bookmakers and casinos can’t advertise before 9 P.M.³⁸ In Australia, the Totalisator Agency Board (the primary and publicly owned gaming agency) is restricted from any advertising on television “and other media.”³⁹ The UK also prohibits sponsorship of sporting events by gaming industries to a certain degree, specifically about promotional material on merchandise made for children.⁴⁰

³⁵ Iowa Department of Public Health. *NCPG Resolution on Sports Betting and CARE Responsible Play Amendment*. Des Moines: Iowa Department of Public Health, 2017.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ Monaghan, Sally, et al. "Impact of Gambling Advertisements and Marketing on Children and Adolescents: Policy Recommendations to Minimise Harm." *Journal of Gambling Issues* 22, no. 22 (2008): 252-74.

³⁹ *Ibid.*

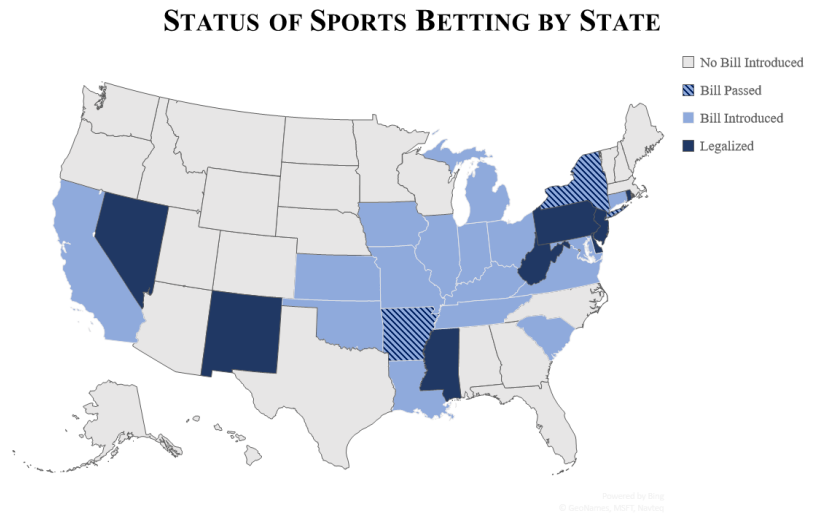
⁴⁰ *Ibid.*

NATIONAL SPORTS BETTING

VARIETY IN FORMAT:

In the months following the repeal of PAPSA, the introduction of bills regarding the implementation of a legal sports betting structure have been steady across the United States. There is no singular model in format that states have chosen to follow.

States vary in the number of operational sportsbooks opened, the format of offered sports betting (whether it be in person, online, or both), tax structure, and licensure. By evaluating the format of sports betting state by state, Iowa policy makers have the advantage of making more informed decisions than their predecessors.



GAMBLING MAKEUP OF STATES PARTAKING IN SPORTS BETTING						
	<i>Delaware</i>	<i>Mississippi</i>	<i>Nevada</i>	<i>New Jersey</i>	<i>Pennsylvania</i>	<i>West Virginia</i>
Land/Riverboat Casinos	0	28	271	8	6	1
Racetrack Casinos	3	0	0	0	6	4
Tribal Casinos	0	3	4	0	0	0
Operational Sportsbooks	3	27	190	9	1	2
Sports Lottery Retailers	102	N/A	N/A	N/A	N/A	N/A
Population	961,939	2,984,100	2,998,039	9,005,644	12,805,537	1,815,857
State Size in Sq. Miles	1,955	46,914	109,806	7,419	44,820	24,087
# of Casinos per 100,000 Residents	0.31	1.04	9.317	0.09	0.09	0.28
# of Casinos per 1,000 Sq. Miles	1.53	0.66	2.50	1.08	0.27	0.21

CURRENT SPORTS BETTING FORMAT BY STATE						
	<i>Delaware</i>	<i>Mississippi</i>	<i>Nevada</i>	<i>New Jersey</i>	<i>Pennsylvania</i>	<i>West Virginia</i>
Venue	Racetrack Sports Pool, Sports Lottery Operations	In-Casino, No Plans for Mobile Wagering	Casino Sports Pools, Online (Mobile Apps)	Online (Mobile Apps), Casino/Racetrack Sports Pool	Casino/Racetrack Sports Pool Only	Online (Mobile Apps), Casino/Racetrack Sports Pool
Tax Structure	50% of sports lottery proceeds are returned to the state	8% on gross revenue > \$134,000, 6% on gross revenue less than \$134,000 and over \$50,000, 4% on gross revenue over \$50,000	6.75%	8.5% of sports pool generated revenue, 13.0% of online generated revenue	34%, .25% fee on total handle, 2% local revenue share	10%
Fees	Any potential sports lottery agent who is already licensed as a Delaware State Video Lottery Agent is not	Any retailer equipped with a Mississippi gaming license is not required to pay additional fees for sports	Sports betting license is associated with overall gaming license offered by the state	Initial issuance fee of \$100,000, retainer of \$250,000, online partnership fee of \$5,000	Application Fee (\$5,000), License (\$10M, not applicable if an interactive gaming operator licensee has already remitted the fee), .25% fee on handle, 2% local tax	Application Fee (\$100,000 w/ requirement of gaming facility license)

	required to apply for a separate sports lottery license	betting license				
Renewal	N/A	Annual Recurring Fee of \$5,000	Not associated with sports betting in particular	<i>less than 5 years, operation's suitability for operation is reevaluated</i>	N/A	5 years (\$100,000)
First Bets	6/5/2018	8/1/2018	1931	6/3/2018	11/17/2018	9/1/2018
Total Revenue October 2018	Reported on annual basis	\$1,178,343	\$28,421,000	\$11,670,805	N/A	Reported on annual basis
Tax Revenue October 2018	Reported on annual basis	\$141,401	\$1,918,000	\$1,374,419	N/A	Reported on annual basis

TYPES OF VENUE:

Legal sports betting can occur through online websites, mobile-based apps, at casinos or racetracks, and through lottery retailers. There are risks and benefits with each venue type, particularly when it comes to regulation. Restricting sports betting to physical locations may allow the state a heavier hand in monitoring betting which may be particularly important at the onset of legalized sports betting within a state. Internet-based sports betting is more convenient for the user and presumably more appealing. Allowing internet-based sports betting

may be appealing for physical gambling locations, as well, as companies with online sportsbooks may establish contracts to provide services through their venues. However, monitoring internet sports betting may prove challenging for state regulators. Geolocation technology ensures that sports betting providers are only reaching individuals within a specified geographic bound, whether it is the grounds of a casino or an entire state.⁴¹ Identifying who is behind the screen may be more difficult, a consideration associated with the societal wellbeing concerns that are linked to sports betting.

Pennsylvania has allowed online, mobile app, and casino-based sports betting. Licensed casinos within the state may petition for a sports wagering certificate. Online websites and mobile apps, or interactive gaming, can be accessed throughout the Commonwealth. Outside sportsbook providers – such as DraftKings or FanDuel – may apply for an operator’s license and partner with sports betting certified casinos within Pennsylvania. They may act on behalf of the casinos to operate interactive gaming platforms or provide the data and gaming systems for physical locations. Consumers may only access these sportsbook operator’s online sites and mobile apps through the casino’s website or mobile-app.

Sports wagering is available at licensed Nevada casinos. Mobile-apps are only accessible while on casino properties, but online sports wagering is available statewide. Individuals can place wagers in person and over the phone through the use of wagering accounts. A licensed establishment must collect the individual’s name, date of birth, address, and Social Security number, and the account cannot be used until the individual presents a government issued photo identification in person at a licensed gambling establishment. After the wagering account is created, individuals receive a personal identification associated to it. More than one individual can be assigned to a wager account. The operator of an interactive gaming account is required to wager through mobile-app or online sites. To become an authorized user, individuals must register their date of birth, address, and social security number with the interactive gaming operator.

⁴¹ Harris, Becky. “Post-PASPA: An Examination of Sports Betting in America.” (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018).

New Jersey allows statewide online sports betting and restricts mobile gaming to casino locations. Individuals must disclose name, date of birth, last four digits of their social security number, address, telephone number, and if they are an employee of a sport's governing body or team to create an Internet or mobile sports gaming account. Wagers can be placed in-person at sportsbook lounges or kiosks.

Currently, Delaware allows sports wagering in casinos and parlay tickets can be purchased from lottery retailers. West Virginia passed legislation stating sports wagers may be placed at casinos and approved mobile or digital based platforms. Mississippi allows sports wagering in casinos and through mobile games that are only accessible while on casino property. Both in person and electronic wagering would require the use of a wagering account.

LICENSING:

Mississippi and Delaware only require that casino or lottery operators interested in offering sports wagering possess a gaming license and permission from the state. For technology providers, or companies that aim to work within casinos or lotteries to provide sports betting, they must apply for a separate license. In Mississippi, a company that plans to offer sports betting within a licensed gaming facility must receive approval from the state to do so. They must then apply for a manufacturer license (\$1,000 annually) and distributor license (\$500 annually) from the Gaming Commission. Delaware does not require licensed gaming facilities to apply for a separate sports wagering license but do require interested lottery retailers to submit an application to the Lottery Director. The application is evaluated based on the background of the operations employees and owners, if there are financial interests or influences, the ability of the business to conduct a sports lottery, and whether a sports lottery would be suitable at the businesses' location. Technology providers that may work with licensed gaming sites must apply for separate licensure.

In New Jersey, the Gaming Division requires casinos possess a sports wagering license (\$100,000). As of now, the initial application, along with the license fee, must include a retainer (\$250,000). The retainer is to cover the initial costs of the Gaming Divisions regulation of sports betting, and remaining funds are to be returned to licensees within the initial licensing

period of five years. Online sportsbook providers must acquire licensing as a casino service industry enterprise to partner with venues with the sports wagering license (\$5,000). This license does not require renewal, but licensee must file a re-submission every five years to ensure they still meet qualifications. Sports wagering licensees may only provide three websites, with accompanying mobile-app, under their branding.

Pennsylvania allows licensed gaming facilities to petition for a sports wagering certificate. Facilities must submit information including the economic benefits expected, the necessary financing that would be required, site plans, and external and internal security measures. Sports wagering providers planning to work for or in partnership with certificate holders must apply for a sports wagering operator license (\$50,000 renewable every five years). Companies that intend to sell, lease, or service sports wagering devices or provide integrity monitoring services must apply for a sports wagering supplier license (\$10,000 renewable every five years). Companies that manufacture sports wagering devices for use in Pennsylvania must apply for a sports wagering manufacturer license (\$10,000 renewable every five years).

West Virginia has similar requirements to those of Pennsylvania. Licensed gaming facilities may apply for a sports wagering license (\$100,000 renewable every five years). A total of five sports wagering licenses will be granted. A surety bond in an amount to be determined by the Lottery Commission will be required from licensees. Companies contracted by licensed gaming facilities to conduct sports wagering must apply for a management services license (\$1,000 annually). The Commission may grant a supplier license (\$1,000 annually) to entities to sell or lease necessary sports wagering equipment to licensees. All employees dealing directly with sports wagering activities must have an occupational license (\$100 annually).

CONCLUSION

As a relatively new issue in the United States, sports betting policy will undoubtedly evolve in the coming years as more information is amassed. However, the state of Iowa is currently in an advantaged position. Policymakers have the opportunity to look to other states' sports betting regulatory structures, along with the economic trajectories of their industries, and apply this information in any consideration on the future of sports betting here in Iowa.

Before grasping onto the potential revenues associated with the industry and deciding on tax and licensing structure, we must consider the social costs and health concerns of parties involved. A regulated industry should work to best serve public interest. To protect the consumer, a degree of transparency is essential, specifically in regard to player accounts, self-exclusion, and access to problem gambling treatment for individuals. Steps must be taken to ensure the integrity of sports are withheld, and the vulnerability of consumers is met with precaution. Continued surveillance of gambling habits can result in officials better identifying those at risk of the potential long-term consequences associated with problem sports betting and gambling in general. Before implementation, policy makers must consider the feasibility of policing the new industry in a manner that ensures the public trust is best preserved. With proper implementation of a legal industry and prosecutions of illegal sports betting operations, the illegal sports betting industry can be diminished proactively. From an economic perspective, policymakers should ensure that any sports betting system established should not act as a hinderance to the existing competitive makeup of the gaming industry.

RECOMMENDATIONS:

Tentative recommendations we encourage legislators to consider include:

- The exclusion of Iowa university and collegiate sporting events from any legislative definition of sports betting. This could address issues surrounding youth gambling and sports integrity.
- Create guidelines for sports book operators regarding what information can be posted within and outside of businesses. Guidelines may include specifications such as;
 - Information on gambling addiction resources must be available and visible within sports book locations.
 - Sports betting advertisements must be restricted to sports book locations.
- Consider modifying or expanding state efforts that address youth gambling.
- Create a temporary commission to study the social and economic effects of any legislation that is passed which is to be presented to the State Assembly within a specified time.

REFERENCES

- American Gaming Association. 2018. *State of the States 2018*. Washington D.C.: American Gaming Association.
- Bernal, Les, "Post-PASPA: An Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018).
- Bruning, Jon C. "Post-PASPA: An Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018). <https://judiciary.house.gov/wp-content/uploads/2018/06/Bruning-Testimony.pdf>.
- Boehmke, Frederick J., 2018, "Hawkeye Poll Fall 2018". University of Iowa
- Derevensky, Jeffery L., and Paskus, Tom. Mind, Body and Sport: Gambling among student-athletes. NCAA, 2015. <http://www.ncaa.org/sport-science-institute/mind-body-and-sport-gambling-among-student-athletes>.
- Forrest, David, and Rick Parry. 2016. *The Key to Sports Integrity in the United States: Legalized, Regulated Sports Betting*. Washington, D.C.: American Gaming Association.
- Garcia, Nicholas. "Choctaw Tribe Goes with IGT As Its Mississippi Sports Betting Operator." *Legal Sports Report*. <https://www.legalsportsreport.com/24059/choctaw-igt-mississippi-sports-betting/>.
- Garcia, Nicholas. "PA Sports Betting Is Finally Here: Hollywood Casino is Taking First Wagers Today." *Legal Sports Report*. <https://www.legalsportsreport.com/25946/first-pennsylvania-casino-ready-for-sports-betting/>.
- Harris, Becky. "Post-PASPA: An Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018). <https://judiciary.house.gov/wp-content/uploads/2018/06/Chairwoman-Becky-Harris.pdf>.
- Iowa Department of Public Health. *NCPG Resolution on Sports Betting and CARE Responsible Play Amendment*. Des Moines: Iowa Department of Public Health, 2017.
- Iowa Department of Public Safety. 2018. *iowa.gov*. <http://www.dps.state.ia.us/DCI/DCIContacts.shtml>.

- Iowa Racing and Gaming Commission. 2018. "FYTF 2019." *iowa.gov*. Dec. 6, 2018. <https://irgc.iowa.gov/document/fytd-2019>.
- Kindt, John Warren, and Asmar, Thomas. "College and Amateur Sports Gambling: Gambling Away Your Youth?" *Villanova Sports & Entertainment Law Journal* 8, no. 2 (2002): 221-252.
- Levy, Marc. "Sports betting weeks away from opening in Pennsylvania." *The Associated Press*. Oct. 3, 2018. <https://apnews.com/f41bffddf4a64a17a562fd616b4d816f>.
- Lynch, James Q. "Iowa lawmakers, casinos, lotter 'all in' for sports betting." *The Gazette*. July 05, 2018. <https://www.thegazette.com/subject/news/government/iowa-lawmakers-casinos-lottery-all-in-for-sports-betting-20180705>.
- Martins, Silvia S., Lilian A. Ghandour, Grace P. Lee, and Carla L. Storr. "Sociodemographic and Substance Use Correlates of Gambling Behavior in the Canadian General Population." *Journal of Addictive Diseases* 29, no. 3 (2010): 338-51.
- Maykuth, Andrew. "Pa.'s sports betting taxes so high legal bookmakers may shun state." *The Inquirer*. <http://www2.philly.com/philly/business/pa-legal-sports-bookmakers-taxes-new-jersey-casinos-20180716.html>.
- Monaghan, Sally, Jeffrey Derevensky, and Alyssa Sklar. "Impact of Gambling Advertisements and Marketing on Children and Adolescents: Policy Recommendations to Minimise Harm." *Journal of Gambling Issues* 22, no. 22 (2008): 252-74.
- Nevada Gaming Control Board Gaming Commission. 2018. "Gaming Revenue Information." *Nevada Gaming*. November. Accessed November 2018. <https://gaming.nv.gov/index.aspx?page=149>.
- Palmer, Catherine. *Sports betting research*. Hobart, TAS: University of Tasmania, 2013. [https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/170771/Sports Betting Research Report.pdf](https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/170771/Sports_Betting_Research_Report.pdf).
- Park, K., Avery, M., Pollock, N., & Losch, M. *A 2015 Survey of Adult Iowans: Gambling Behavior*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa, 2015. <http://idph.iowa.gov/igtp/reports>.
- Park, K., Losch, M., & Muilenburg. *Iowa Gambling Treatment Outcomes System: 2014*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Iowa, 2015. <http://idph.iowa.gov/Portals/1/userfiles/83/Reports%20and%20Studies/IGTO-2015-Outcome-Report-Final.pdf>.

Slane, Sara, "Post-PASPA: AN Examination of Sports Betting in America." (Statement, Cong. House. Judiciary Subcommittee on Crime, Terrorism, Homeland Security, & Investigations, 115th Cong. 2nd sess. D.C., Sept. 27, 2018). <https://judiciary.house.gov/wp-content/uploads/2018/06/Sara-Slane-AGA-Congressional-Testimony.pdf>.

U.S. Congress. *National Gaming Impact Study Commission. National Gambling Impact Study Commission Report*. Washington: G.P.O. 1999. <https://govinfo.library.unt.edu/ngisc/reports/fullrpt.html>.

United States Census Bureau. 2018. *QuickFacts: United States*. <https://www.census.gov/quickfacts/fact/table/US/PST045217>.

Wood, Joss. "Parx and Hollywood Casinos Get Green Light for PA Sports Betting." *Legal Sports Report*. <https://www.legalsportsreport.com/24667/parx-hollywood-casinos-pa-sports-betting-approval/>.

Section 2:

Revenue Generation for Iowa Water Quality Improvement

Executive Summary

In recent years, water quality has become a salient issue. Runoff from farmland is sending nitrogen and phosphorous into Iowa's waterways and, ultimately, into the Gulf of Mexico. The current water quality legislation was put in place when Governor Reynolds signed SF 512, which allocates \$282 million dollars to water quality improvements over 12 years. Our research shows that this amount does not effectively meet Iowa's water quality improvement goals as outlined by the Iowa Nutrient Reduction Strategy. Additionally, there is already the policy infrastructure in place to implement our policy recommendation: to increase the state sales tax by $\frac{3}{8}$ of a cent. Our report examines two policy alternatives and the current legislation. The alternatives we examine are increasing the sales tax by $\frac{3}{8}$ of a percent and cutting corporate tax loopholes.

Policy Alternatives:

$\frac{3}{8}$ Sales Tax Increase

November 2010, the people of Iowa chose to amend Iowa's constitution and create the Natural Resources and Outdoor Recreation Trust Fund. This passage activated Senate File 2310 into law on January 1, 2011. It provides the framework for the use and distribution of the Natural Resources and Outdoor Recreation Trust Fund. The constitutional amendment pledges that funds from the first $\frac{3}{8}$ percent of a sales tax increase will be dedicated annually to a water quality trust fund.

Decreasing Corporate Taxes:

We found that Iowa provides \$611 million in corporate tax breaks. These tax breaks retract from the tax revenue which could go towards education, infrastructure, or environmental initiatives. As seen by the increased revenues that Kansas experienced after repealing many of its corporate tax breaks, Iowa could generate large amounts of revenue through this policy.

Effectiveness Findings

Status Quo	Keeping the current legislation is not effective because the funds do not sufficiently meet the Iowa nutrient reduction strategies outlined costs.
¾ Cent Tax increase	We found this to be more effective than keeping current legislation, but not as effective as potential revenues from cutting corporate tax breaks. The legislation does not completely fund the projected costs of the annual scenarios outlined by the nutrient reduction strategy. Despite this, it still puts forth enough to cover most annual costs within a ten year period.
Cut Corporate Tax Breaks	In fiscal year 2017 Iowa granted \$611 million in corporate tax breaks. Reducing corporate breaks could greatly increase revenue generation. Though the revenue generated by reducing corporate tax breaks will not necessarily go toward water quality initiatives, reducing these breaks could provide much needed funds to programs in Iowa.

Equity Findings

Status Quo	The status quo is most equitable due to the avoidance of a regressive tax increase.
¾ Cent Tax Increase	This may appear inequitable due to the regressive nature of the tax. However, the amount of sales tax exemptions decrease undue burden on the consumers of lower socioeconomic classes.
Cutting Corporate Tax Breaks	Reducing corporate tax breaks would not directly hurt the vast majority of Iowans. Indirect pains could result if the increased tax rates lead to the exodus of businesses.

Feasibility Findings

Status Quo	Because this is the current course of action, it is most feasible.
¾ Cent Tax Increase	The ¾ cent tax increase is highly feasible because public opinion polls show that the majority of citizens favor it.
Cut Corporate Tax Breaks	Based on the current posturing of the Iowa legislature, it seems unlikely that this would become a reality. However, actions by the Kansas legislature, where corporate tax breaks were reduced, provide optimism that such measures can be passed in Iowa.

Our recommendation: it is in Iowa's best interest to implement the ¾ cent sales tax increase to fund water quality improvement needs.

Introduction

In 2016 the Des Moines Water Works Company sued three Iowa counties for runoff that amounted to \$1.5 million in filtration spending. While the water company ultimately ended up losing the case, the issue of increasingly poor water quality in Iowa has been brought even further into the light.¹ Voluntary conservation measures have been ineffective in making nutrient-reduction progress. This was exemplified by the Environmental Quality Incentives Program, which cost \$235 million dollars between 1997 and 2015, a period in which there has been little to no water quality improvement.⁴²

Beyond the issues Iowa water quality is causing within the state, there are serious side-effects occurring downstream. The largest hypoxic zone, or "dead zone," in the world is located in the Gulf of Mexico, the last stop for water flowing through the Mississippi River Basin. This area of water, averaging 5,000 square acres in size, contains little to no oxygen for organisms to survive.⁴³ The runoff from Iowa farms and fields, contaminated with fertilizers, herbicides, and other chemicals, has caused approximately 33% of this damage.

⁴² Schechinger, "Lawsuit Dismissal Spells Bad News for Iowa Water Quality."

⁴³ Smith, Casey. "New Jersey-Size 'Dead Zone' Is Largest Ever in Gulf of Mexico."

where they live and how able they are to adapt to a changing environment. Lastly, feasibility had to be analyzed due to the nature of introducing new tax policy.

Effectiveness	The relative effectiveness of each policy alternative will be measured by comparing generated revenues to the average costs to reach the goals outlined in the Iowa Nutrient Reduction Strategy.
Equity	The ways in which our policy alternatives apply to different concerns of justice and fairness. This portion will focus on the estimated impact on individuals of different socioeconomic statuses.
Feasibility	The likelihood that the legislation can be passed by focusing on public opinion and past legislation.

Section 1. Effectiveness

Policy alternative 1: Status Quo

Under current legislation, \$282 million has been put forth over a 12 year period to fund the initiatives proposed in the Iowa Nutrient Reduction Strategy. Around \$156 million is designated for farmers to use cover crops, bioreactors, and buffer zones to filter nutrient-saturated water before it flows into nearby waterways. The other \$126 million will be available to municipalities for improving drinking and wastewater facilities.⁴⁶ Looking at the potential plans outlined in the Nutrient Reduction Strategy, it is clear \$282 million is nowhere near what is necessary to achieve any of the plans. As shown in Table 1, the 12 year annual revenue gained by the current legislation will be enough to cover about 3.7% of the 12 year average annual cost that the nutrient reduction strategy has outlined for meeting its goals. With the cheapest option requiring \$4.041 billion in upfront costs with \$77 million in annual costs (totaling \$924 million over 12 years), the money allocated by SF 512 is simply a drop in the bucket.

Policy alternative 2: Implement a 3/8 Cent Tax

We estimate that the revenue gained from a 3/8 cent sales tax increase will generate \$170.65 million annually and \$2.047 billion over 12 years. The revenue generated from this policy alternative brings the state much closer to reaching the goals outlined by the Iowa Nutrient Reduction Strategy than current legislation. As shown in Table 1, the 12 year annual revenue gained by the 3/8 cent tax will be enough to cover 26.7% of the 12 year average annual cost that the nutrient reduction strategy has outlined for meeting its goals. Although this does not cover a huge portion of the projected costs, it is much more effective than current

⁴⁶ Pfannenstiel. "Key Achievement or Drop in Bucket? What \$282 Million Water Quality Bill Means for Iowans."

legislation. Turning to current legislation, we find that the revenue a $\frac{3}{8}$ cent tax increase will generate is 7.26 times greater than the \$23.5 million annual revenue put forth in SF 512.

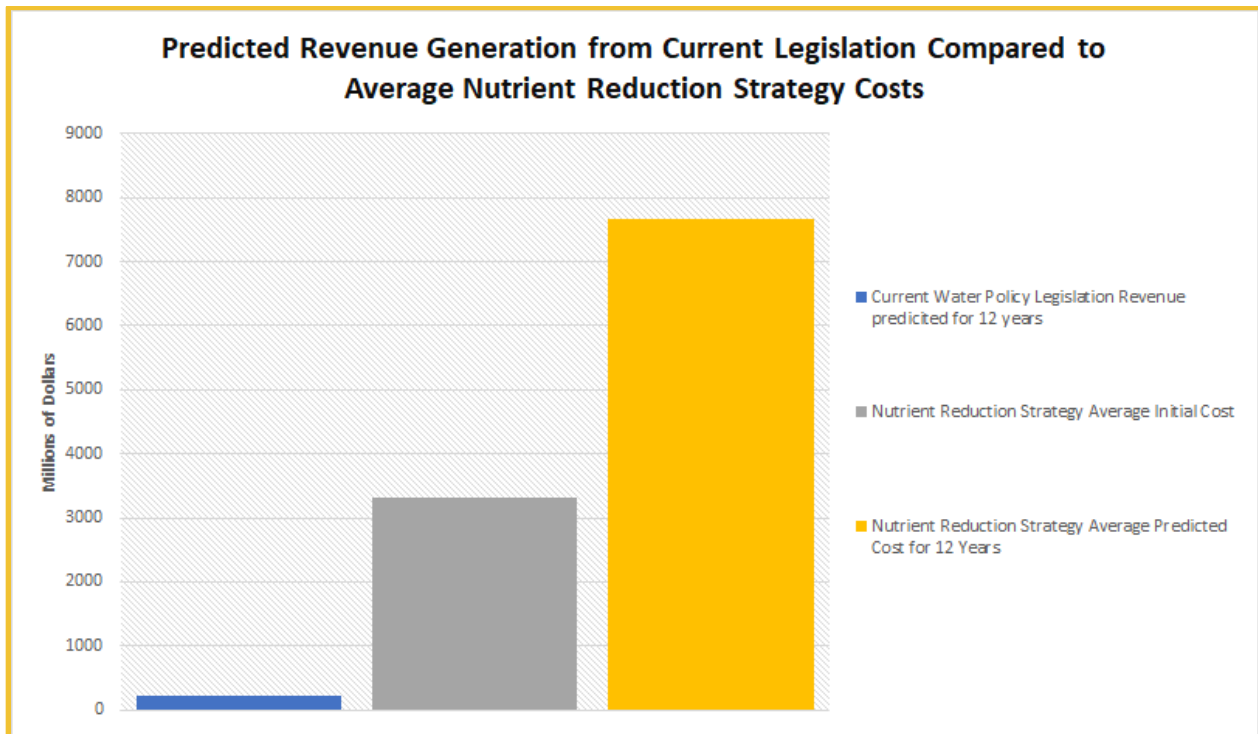


Table 1. Predicted Revenue Generation from Current Legislation Compared to Average Nutrient Reduction Strategy Costs

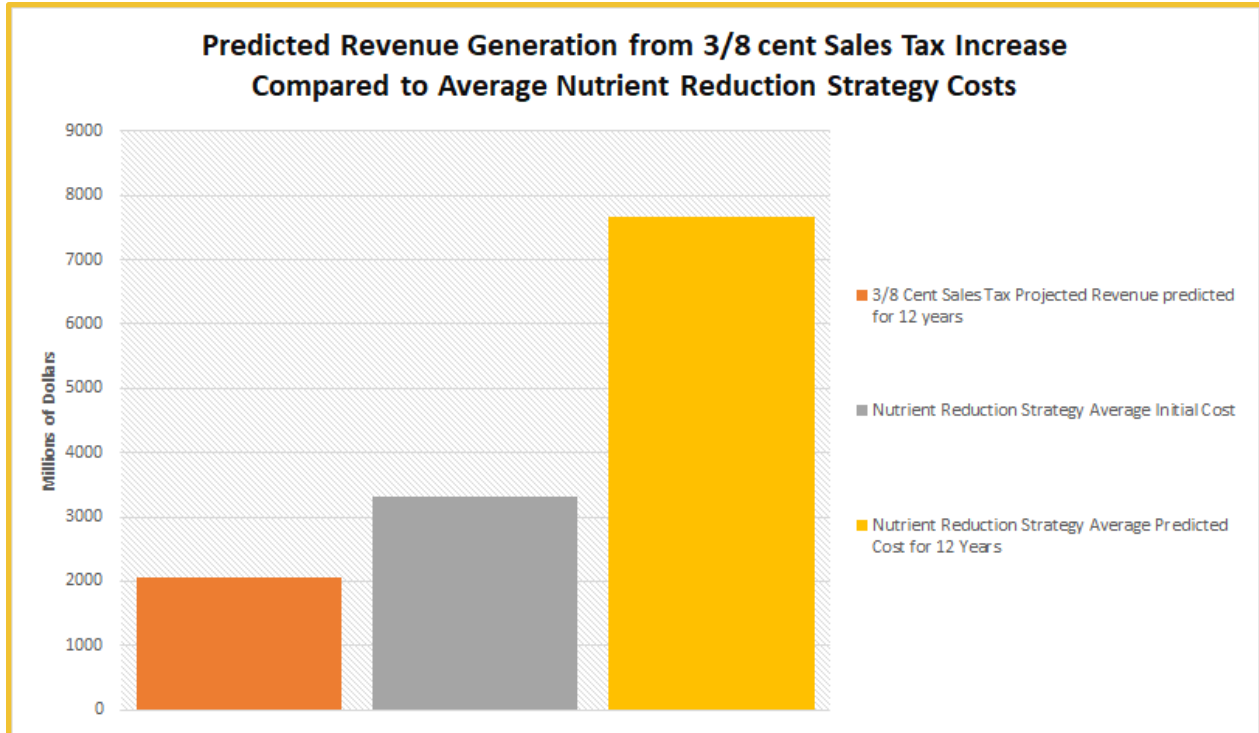


Table 2. Predicted Revenue Generation from 3/8 cent Sales Tax Increase Compared to Average Nutrient Reduction Strategy Costs

Policy alternative 3: Decrease Corporate Tax Breaks

In fiscal year 2016, Iowa lost \$540 million in corporate tax breaks with tax breaks for fiscal year 2017 projected to increase to \$611 million.⁴⁷ These 2016 tax breaks are broken down into two parts: commercial and industrial property tax cuts, accounting for \$268 million, and business tax credits, which amounted to \$272 million. These tax breaks are designed to increase business in the state of Iowa to promote business growth and help Iowans, though state and local taxes only account for 2% of the costs businesses incur.

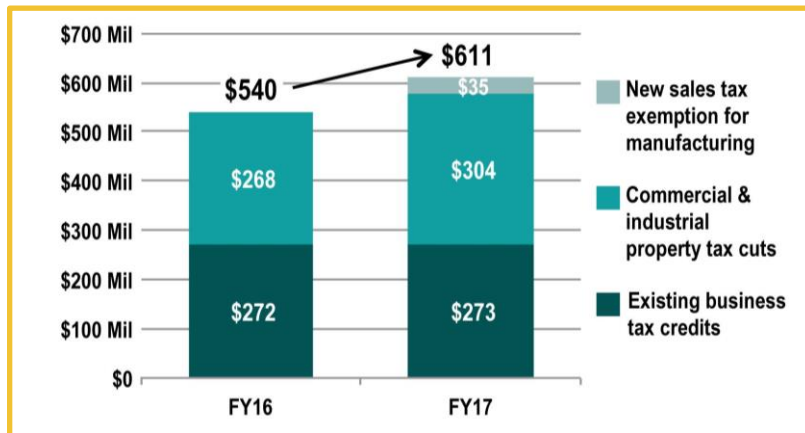


Figure 2. Iowa business tax breaks will grow \$71 million more next year⁴⁸

Kansas implemented large corporate tax breaks in 2012 that decreased tax revenues by 9.2% in the 4th quarter of 2012.⁴⁹ This revenue decrease did not substantially improve the standing of businesses in Kansas. Some of these tax break policies, like those targeting LLCs, were repealed in 2017 resulting in a tax revenue increase by \$300 million.⁵⁰

Iowa currently has tax break policies similar to those that Kansas had in 2012. Reducing these tax breaks could increase revenues that the state currently is generating. These revenues could be used by the state government to address the lack of funding for water quality initiatives. The amount of money that Iowa could generate from reduced corporate tax breaks would be much greater than any other policy alternative to generate revenue. Depending on how much money would be generated by these tax break reductions, this proposal could provide over three times the amount of revenue generated by the implementation of a ¾ cent sales tax increase.

⁴⁷ Fisher, "Here a Tax Break, There a Tax Break, Everywhere a Tax Break."

⁴⁸ Fisher, "Here a Tax Break, There a Tax Break, Everywhere a Tax Break."

⁴⁹ Leachman, "Lessons for Other States from Kansas' Massive Tax Cuts."

⁵⁰ Carpenter, "Kansas Analysts Reveal \$300 Million Surge in Tax Revenue Estimate."

Section 2. Equity

Policy alternative 1: Status Quo

Avoiding any increase in tax may be considered more equitable. However, 48% of sales under \$500 are exempt from the Iowa state sales tax.⁵¹ These exemptions benefit individuals of lower socioeconomic status, placing the brunt of revenue generation on purchases of higher-income consumers. Sticking with the status quo requires diverting money from the general fund to use for water quality improvement efforts. The general fund is used for programs like school aid, Medicaid, and the Department of Corrections.⁵² In March, 2018, Governor Reynolds signed a bill that approved \$35.5 million in budget cuts from groups including the Department of Human Services, the Department of Corrections, and community colleges.⁵³ It may not be more equitable to avoid increasing the sales tax when funds are simply being diverted from programs that serve the state.

The dangerous long-term effect of sticking with the status quo is that the water quality issue in Iowa will not be solved. Drinking water in Iowa often does not meet standards set by the Environmental Protection Agency.⁵⁴ Failing to meet these standards puts consumers at a higher risk for cancer, complications during pregnancy, and damage to the liver, kidneys, and central nervous system.⁵⁵ While avoiding an increase in sales tax may seem like a win for people of lower socioeconomic status, the reality is that those who can afford pricey water filtration systems, bottled water from the store, and routine water quality checks will not be the people who are negatively affected. Iowans who cannot afford these luxuries will be the ones who suffer from the status quo.

Policy alternative 2: Implement a 3/8 Cent Tax

One issue associated with the equity of increasing the sales tax by 3/8 of a cent is that the regressive nature of a sales tax has disproportionately negative impacts on the poorest groups. This can be seen when accounting for the shares of income these groups pay towards sales tax.

⁵¹ “Retail Sales and Use Taxes Annual Report Fiscal Year 2017.”

⁵² “State of Iowa FY 2018 Year-End Report on General Fund Revenues and Appropriations.”

⁵³ “An Act...”

⁵⁴ Eller, “Is Your Drinking Water Safe? Environmental Group Says the Answer May Be 'No'.”

⁵⁵ “Potential Well Water Contaminants and Their Impacts.”

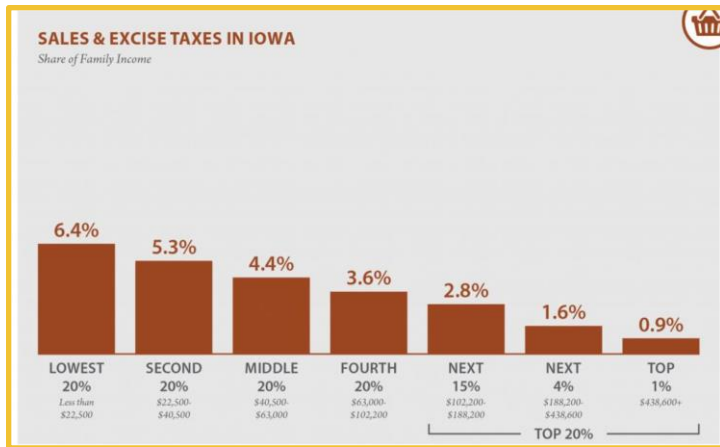


Figure 3. Sales & Excise Taxes in Iowa⁵⁶

Increasing the sales tax would increase the regressive nature of sales taxes. However, this problem can be easily addressed by excluding purchases under \$500 from the sales tax increase. Purchases of under \$500 make up only 0.01% of the revenue generated by Iowa's current sales tax. Excluding these purchases would have little impact on the revenue generated by the new sales tax, and it will decrease the potential negative impacts that an increased sales tax would have on lower income earners in the state of Iowa. Furthermore, it is important to note that many goods, such as unprepared food, are not included in the Iowa Sales tax. This decreases many of the potential adverse effects that the poorest groups face under regressive tax systems.

Policy alternative 3: Decrease Corporate Tax Breaks

Decreasing corporate tax breaks would have no direct negative impact on the citizens of Iowa. Indirect negative impacts could come from decreased business activity due to increased business operating costs. This increased costs can lead to negative impacts on the general population of Iowa. However, the situation in Kansas shows little evidence to suggest that the tax cuts will lead to an improved economic environment.⁵⁷

The positive impacts of increasing revenue by decreasing corporate tax breaks could benefit the people of Iowa. Revenue gained could be used to fund schools, improve infrastructure, or increase water quality. Possible uses for the money are far reaching and beneficial to nearly every citizen of Iowa. When Kansas eliminated some of its corporate tax breaks it saw an increase in revenue of \$306 million.⁵⁸ This money will be used to fund education, expand medicaid, and balance their budget. If Iowa cut its corporate tax breaks, similar policies could be implemented and provide widespread benefits to the people of Iowa.

⁵⁶ "Iowa: Who Pays? 6th Edition."

⁵⁷ Leachman, "Lessons for Other States from Kansas' Massive Tax Cuts."

⁵⁸ Carpenter, "Kansas Analysts Reveal \$300 Million Surge in Tax Revenue Estimate."

Section 3. Feasibility

Policy alternative 1: Status Quo

The political feasibility of keeping with the status quo is high. Since the legislation has already been signed by Governor Reynolds, the plan outlined in SF 512 just needs to be followed-through with until completion. The status quo is unfeasible, however, in the long-term. As Iowa water quality issues persist and the dead zone in the Gulf of Mexico grows larger,⁵⁹ the demand for Iowa to clean up its water will only continue to grow. With a sum of money that is simply inadequate to achieve the goals outlined in the Nutrient Reduction Strategy, Iowa will not make progress significant enough to be sustainable.

Policy alternative 2: Implement a 3/8 Cent Tax

We found the implementation of the 3/8 cent tax to have high political feasibility. Our basis for this finding is in opinion polls, which show overwhelming support for the enactment of a 3/8 cent tax increase. In the Hawkeye Poll conducted by the University of Iowa, it was found that an overwhelming amount of Iowans support an increase in the sales tax to fund water quality efforts. The findings showed that 72% of Iowans favor a tax increase to support water quality efforts, while just 28% favor no tax increase at all. Additionally, a 2010 constitutional amendment to fund water quality initiatives through the Natural Resource and Outdoor Recreation Trust Fund, allocates funds generated from any potential 3/8 cent tax increase.⁶⁰ Because of the preexisting amendment, only a sales tax increase would be needed to generate revenue for water quality initiatives.

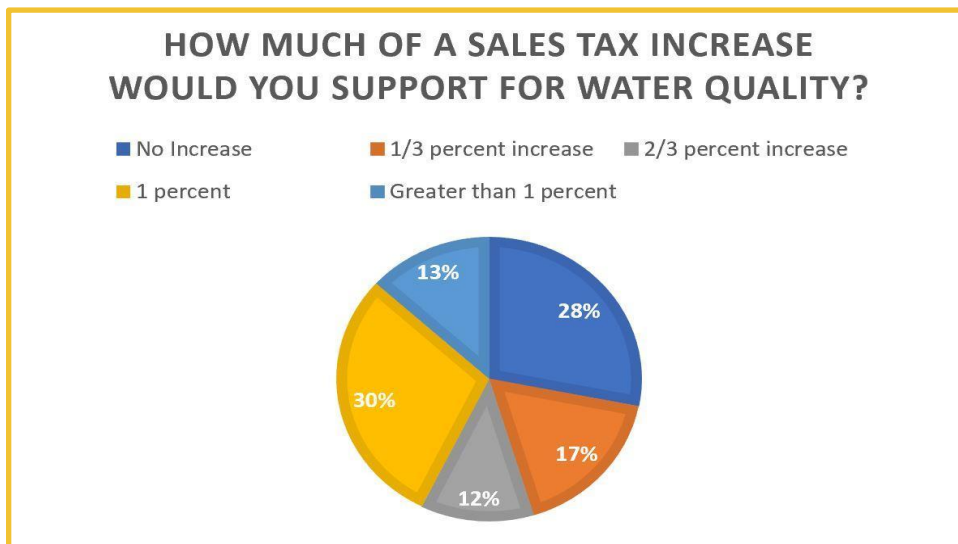


Figure 4. How Much of a Sales Tax Increase Would You Support for Water Quality?
Note: Data taken from the 2018 Hawkeye Poll, performed by the University of Iowa.

⁵⁹ Smith, "New Jersey-Size 'Dead Zone' Is Largest Ever in Gulf of Mexico."

⁶⁰ "Iowa's Natural Resources and Outdoor Recreation Trust Fund."

Policy alternative 3: Decrease Corporate Tax Breaks:

For years, Iowa’s legislature has been a proponent of increasing corporate tax breaks to promote business growth in the state. Because of this, the proposition to decrease corporate tax breaks will encounter resistance in the legislature, both from hard line GOP members and the Governor. In Kansas, it was a GOP majority house and senate that repealed corporate tax breaks, breaking from the Governor’s position that the tax breaks were beneficial.⁶¹ Iowa’s legislature can retract some of the corporate tax breaks that it has implemented, but at this time it seems unlikely.

Policy Proposal	Effectiveness	Equity	Feasibility
Status Quo	3	2	1
Increase Sales tax by ⅜ of a cent	2	3	2
Decrease Corporate Tax Breaks	1*	1	3

*revenue allocation toward water quality initiatives is uncertain (see section under effectiveness for more details)

Policy Recommendation: increase sales tax by ⅜ of a cent

In terms of effectiveness, we find cutting corporate tax loopholes to have the greatest potential revenue, with the ⅜ cent sales tax increase coming in as the second best solution. Current legislation is rated as the lowest as the revenue generated is a drop in the bucket in terms of achieving meaningful progress. In terms of feasibility, we found that keeping the current legislation and raising the sales tax by ⅜ are the most realistically achievable, while decreasing corporate tax breaks is more of a long-shot.

We believe raising the sales tax may be less equitable than keeping the current legislation, but it also may be more equitable because the current legislation diverts money from the general fund to pay for water quality improvement efforts. Since the general fund is used for programs like Medicaid, K-12 education, and other programs targeted at helping people from lower socioeconomic statuses, it is likely more more equitable to increase the sales tax, especially considering the vast amount of exemptions to this tax. The most equitable, of course, would be to decrease corporate tax breaks, but the low feasibility prevented us from recommending this option.

Additionally, a 2010 constitutional amendment, voted for by 63% of Iowa voters,⁶² requires the first ⅜ of a cent of any sales tax increase to fund the Natural Resource and Outdoor Recreation Trust Fund. This fund is largely used to fund water quality initiatives in the state of Iowa. This amendment justifies a tax increase at this amount and for this purpose, especially given the ineffectiveness of current allocations to the issue.

⁶¹ Carpenter, “Kansas Analysts Reveal \$300 Million Surge in Tax Revenue Estimate.”

⁶² “Iowa’s Natural Resources and Outdoor Recreation Trust Fund.”

Ultimately, due to high effectiveness and feasibility, we consider increasing the sales tax by $\frac{3}{8}$ of a cent to be the best solution. We come to the conclusion that, although the $\frac{3}{8}$ cent tax is not the most effective nor the most equitable solution when compared to cutting corporate tax loopholes and not increasing taxes, it achieves meaningful effectiveness without being incredibly improbable. Therefore, we find this to be the most practical and logical solution to achieving state water quality goals.

References

- “An Act relating to public funding and regulatory matters and making, reducing, transferring, and supplementing appropriations for expenditures in the fiscal year beginning July 1, 2017, and including effective date provisions,” SF 2117, 87th Cong. (2018).
- “Differences in Phosphorus and Nitrogen Delivery to the Gulf of Mexico from the Mississippi River Basin.” *USGS*, United States Geological Survey, 4 Mar. 2014, water.usgs.gov/nawqa/sparrow/gulf_findings/by_state.html.
- Carpenter, Tim. “Kansas Analysts Reveal \$300 Million Surge in Tax Revenue Estimate.” *The Topeka Capital*, The Topeka Capital-Journal, 10 Nov. 2018, www.cjonline.com/news/20181109/kansas-analysts-reveal-300-million-surge-in-tax-revenue-estimate.
- Eller, Donnelle. “Is Your Drinking Water Safe? Environmental Group Says the Answer May Be 'No'.” *Des Moines Register*, The Des Moines Register, 27 July 2017, www.desmoinesregister.com/story/news/2017/07/26/your-drinking-water-safe-environmental-group-says-answer-may-no/507859001/.
- Fisher, Peter. “Here a Tax Break, There a Tax Break, Everywhere a Tax Break.” *Iowa Fiscal Partnership*, Iowa Fiscal Partnership, 1 Aug. 2016, www.iowafiscal.org/here-a-tax-break-there-a-tax-break-everywhere-a-tax-break/.
- Iowa Nutrient Reduction Strategy*. Iowa State University, 2017, *Iowa Nutrient Reduction Strategy*.
- “Iowa: Who Pays? 6th Edition.” *ITEP*, Institute on Taxation and Economic Policy, 17 Oct. 2018, itep.org/iowa/.
- “Iowa’s Natural Resources and Outdoor Recreation Trust Fund.” *Iowa's Water and Land Legacy*, Iowa's Water and Land Legacy, www.iowaswaterandlandlegacy.org/wp-content/uploads/2016/12/IWILL-handout-2017.pdf.
- Leachman, Michael, and Chris Mai. “Lessons for Other States from Kansas' Massive Tax Cuts.” *Center on Budget and Policy Priorities*, Center on Budget and Policy Priorities, 11 Oct. 2017, www.cbpp.org/research/lessons-for-other-states-from-kansas-massive-tax-cuts.
- Pfannenstiel, Brianne, and Donnelle Eller. “Key Achievement or Drop in Bucket? What \$282 Million Water Quality Bill Means for Iowans.” *Des Moines Register*, The Des Moines Register, 28 Jan. 2018, www.desmoinesregister.com/story/news/politics/2018/01/27/iowa-water-quality-what-282-million-bill-means-iowans/1068634001/.

“Potential Well Water Contaminants and Their Impacts.” *EPA*, United States Environmental Protection Agency, 23 Feb. 2018, www.epa.gov/privatewells/potential-well-water-contaminants-and-their-impacts.

“Retail Sales and Use Taxes Annual Report Fiscal Year 2017.” Iowa Department of Revenue, Tax Research and Program Analysis Section, Dec. 2017.

Schechinger, Anne Weir. “Lawsuit Dismissal Spells Bad News for Iowa Water Quality.” *Ag Mag*, Environmental Working Group, 21 Mar. 2017, www.ewg.org/agmag/2017/03/lawsuit-dismissal-spells-bad-news-iowa-water-quality.

Smith, Casey. “New Jersey-Size 'Dead Zone' Is Largest Ever in Gulf of Mexico.” *National Geographic*, National Geographic Society, 2 Aug. 2017, news.nationalgeographic.com/2017/08/gulf-mexico-hypoxia-water-quality-dead-zone/.

“State of Iowa FY 2018 Year-End Report on General Fund Revenues and Appropriations.” Legislative Services Agency, Fiscal Services Division, Dec. 2018.

Section 3:

Felon Disenfranchisement in Iowa

Executive Summary:

Voting sits at the cornerstone of every democracy, especially in the United States. Following Florida's policy reform to allow certain ex-felons to vote, Iowa has become one of the two remaining states to hold one of the strictest felon disenfranchisement policies. The purpose of this policy paper is to provide a historical and comparative framework to encourage the Iowa legislature to consider bringing the discussion of Iowa's current felon and ex-felon disenfranchisement policies back to the forefront of debate. This paper strives to provide policymakers with the necessary information to make an informed decision on the changes that could be made to Iowa's felon voting rights policy. After an overview of the general arguments provided in support and negation of felon disenfranchisement and discussing Iowa's own felon policy against the background of other state policies, we will evaluate the effectiveness of Iowa's current disenfranchisement policy against Iowa's previous automatic enfranchisement policy that restored rights after completion of all correctional sentences (prison, parole, and probation). Iowa's two disenfranchisement policies will be evaluated based on the criteria of civic reintegration and recidivism, equity, and political feasibility.

Based on our research of felon disenfranchisement policy, we have found that:

- Iowa is one of two states that holds the strictest felon disenfranchisement policy in the country, which has directly resulted in the disenfranchisement of more than 52,000 Iowans.
- Felon disenfranchisement laws disproportionately affect African-Americans citizens. It is estimated that 1 out of every 13 African Americans has lost their right to vote compared to 1 out of every 56 non-black voters.⁶³
- The restoration of voting rights is crucial in the civic reintegration and recidivism of ex-felons.

⁶³ Chung, Jean. "Felon Disenfranchisement: A Primer." The Sentencing Project, 17 July 2018, www.sentencingproject.org/publications/felony-disenfranchisement-a-primer/.

- According to the Hawkeye Poll data, roughly 85% of Iowans believe that the state needs criminal justice reform.
- With the current policy, there is a lack of communication between the state and ex-felons about the restoration of voting rights.

Ultimately, we will recommend that the Iowa legislature opt for a less stringent disenfranchisement policy over its current policy. Through our analysis we will advocate that Iowa should consider and adopt the Prison, Parole, and Probation model as it is the most politically feasible option and best meets the outlined criteria compared to its current policy.

Central Questions:

Why should Iowa revisit its voting laws as they relate to current, former and future felons? Which disenfranchisement policy, if any, ought Iowa adapt?

Introduction:

One cannot talk about voting rights without first acknowledging the importance of voting in citizenship and identity, and thus in politics. Throughout the history of the United States local, state, and federal governments have used voting disenfranchisement as a way to indicate who was not considered a citizen and an outsider of society. Currently, the only remaining group in the United States who remains ineligible to vote are felons. Felons are defined as individuals who commit a crime punishable by more than a year in prison or by death. Current estimates from the U.S. Department of Justice⁶⁴ indicate that approximately 1,506,800 prisoners were under the jurisdiction of state and federal correctional authorities at the end of 2016. Of the total number of prisoners in the same year, nearly half (47%) of federal prisoners had been sentenced for drug offenses.

A felon or ex-felon's right to vote vary from state to state due to the outcome of *Richardson v. Ramirez (1974)*, where the Supreme Court ruled that the revocation of a felon's right to vote was constitutional under Section II of the 14th Amendment. The right to decide how felons may be disenfranchised, if at all, has been left to the states, giving way to the immense variation in felon disenfranchisement policy. However, while constitutionality can most certainly reflect the thoughts and values of a certain era or political climate, constitutionality is not necessarily indicative of neither a policy's moral value nor its effectiveness. The debate over which disenfranchisement policies, if any, provides the best outcome, considering a variety of factors such as rehabilitation, equity and impacts on democracy, remains vast.

On one hand, there are those that assert that felon disenfranchisement constructs a barrier for the reintegration of ex-felons into society. These barriers thereby increase the likelihood of a felon returning to prison after they have been released. The phenomena in which a felon re-enters prison soon after leaving it is known as recidivism. One argument proposed in support of this recidivism theory is that disenfranchisement policies eliminate one

⁶⁴ United States, Congress, Bureau of Justice Statistics, and E. Ann Carson. "Prisoners in 2016." Prisoners in 2016, 2018, p. 3.

of the most symbolic actions of democratic citizenship. Disenfranchisement therefore reinforces the notion that ex-felons are outsiders of societies despite fulfilling their sentence, eliminating a prosocial manner to abide by the law. Moreover, those who oppose felon disenfranchisement assert that the disenfranchisement policies are another vector for racism in the United States because of their disproportionate effect on citizens of color. Of the recorded total prisoners in 2016, approximately 41.3% were indicated to be black while 39% were indicated as white.⁶⁵

On the other side of the debate, others argue that felon disenfranchisement is a way of punishing those who have harmed society in a reasonable manner, far below the level of cruel and unusual punishment. These people assert that citizens and their state are engaged in a social contract where the state offers protections for its collective of citizens. In return, citizens must give up some of their individual rights to the state in order to create an orderly society. Because felons have harmed society in some manner, the contract between the state and the individual is violated, thus giving the state right to limit the participation of those who have disregarded the laws instituted by the state. More specifically to voting, an individual who cannot abide by the basic tenets and values of society should not be entrusted with selecting our nation's leaders or voting on policy initiatives.

National Voting Policy History:

According to reports from public opinion surveys, 80% of U.S. residents support voting rights for citizens who have completed their sentence and roughly 66% support voting rights for those on probation or parole.⁶⁶ Despite this seemingly bipartisan support, approximately 6.1 million individuals are still barred from voting in the United States, due to a felony conviction.⁶⁷ This is the result of a myriad of differing state felon disenfranchisement policies across the country. These policies range from the automatic restoration of voting rights to permanent lifetime disenfranchisement, including a multitude of alternatives in between. Voting disenfranchisement policies can be categorized into six groups: (I) no voting restrictions, (II) voting rights restored automatically after completion of sentence, (III) voting rights restored after completion of prison sentence and parole, (IV) voting rights restored after completion of prison, parole, and probation, (V) permanent disenfranchisement for select criminal convictions, and (VI) permanent lifetime disenfranchisement for all felons. **Figure 1**⁶⁸ depicts a map created by the Brennan Center, nonpartisan law and policy institute at New York University School of Law. Last updated in November of 2018, Figure 1 indicates the varying disenfranchisement policies each state holds in different colors.

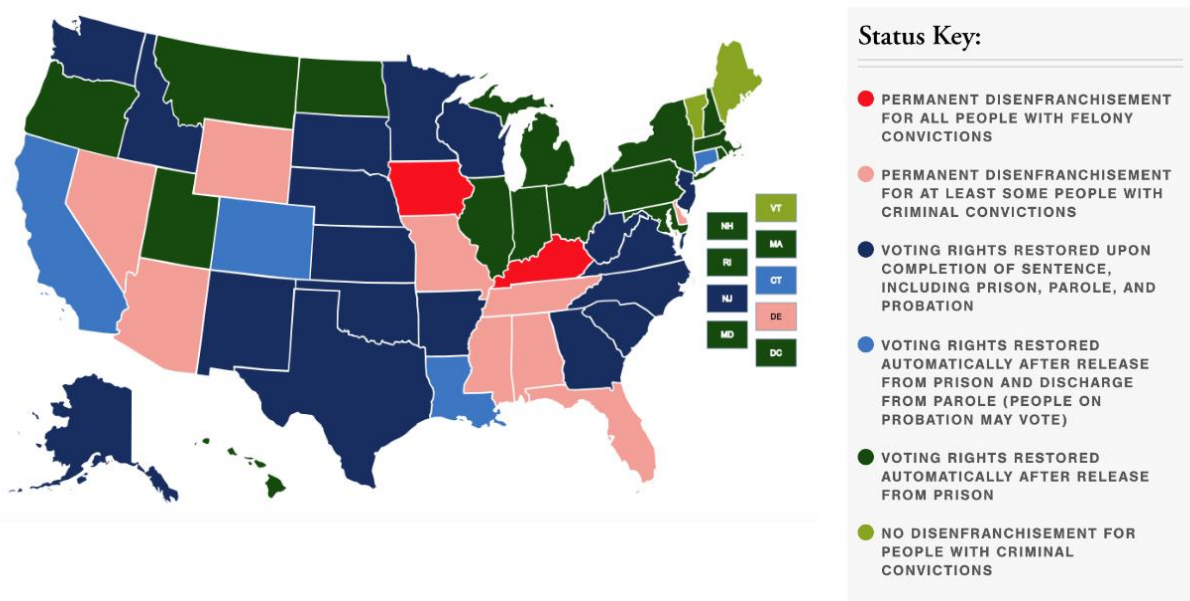
⁶⁵ Ibid, 7.

⁶⁶ Chung, Jean. "Felony Disenfranchisement: A Primer." The Sentencing Project, 17 July 2018, www.sentencingproject.org/publications/felony-disenfranchisement-a-primer/.

⁶⁷ "6 Million Lost Voters: State-Level Estimates of Felony Disenfranchisement, 2016." The Sentencing Project, 6 Oct. 2016, www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felony-disenfranchisement-2016/.

⁶⁸ "Criminal Disenfranchisement Laws Across the United States." Improving Judicial Diversity | Brennan Center for Justice, 7 Dec. 2018, www.brennancenter.org/criminal-disenfranchisement-laws-across-united-states.

Figure 1: Breneman Center Map



Since 2000, over 20 states have modified their felony disenfranchisement policies with provisions such as, repealing or reducing waiting periods after the completion of a sentence, expanding voting rights to individuals on probation and/or parole, improving the restoration of voting rights notification process, and entirely eliminating lifetime disenfranchisement.⁶⁹ The combination of these policy changes has resulted in the enfranchisement of more than 800,000 citizens across the United States.⁷⁰

The discussion of felon voting rights has resurfaced in light of Florida's enactment of a new felon voting policy. As of November 6, 2018, Florida approved a new constitutional amendment regarding felon disenfranchisement and has thus removed itself from standing alongside Iowa and Kentucky in holding the strictest felony disenfranchisement policies in the United States. Florida's previous policy permanently disenfranchised all felons, only returning an ex-felon's right to vote after an application to the office of the Governor had been reviewed and accepted. Florida's new constitutional amendment automatically returns the right to vote to ex-felons upon completion of sentencing, barring felons who have committed murder or sexual assault. While the new policy on felon voting in Florida is attention grabbing in its own right, its course to implementation is just as noteworthy. Florida's felon voting policy was a ballot initiative necessitating a supermajority, or 60% of the public's vote, to pass. The felon voting initiative turned into policy with 64% of the public's vote, revealing the policy's popularity.

⁶⁹ For more detailed information on the recent state policy changes, refer to Table 2 in the Appendix.

⁷⁰ Chung, Jean. "Felony Disenfranchisement: A Primer." The Sentencing Project, 17 July 2018, www.sentencingproject.org/publications/felony-disenfranchisement-a-primer/.

Iowa's Voting Policy History:

In the state of Iowa, voting rights for felons has transitioned and changed in the last two and a half decades. In the years prior to 2005, ex-felons needed to file to an application for the restoration of citizenship rights along with their criminal history record and any applicable court costs, fines or restitution. This process was held until July 4, 2005, when acting governor at the time, Tom Vilsack, issued Executive Order 42 restoring voting rights back to ex-felons. This executive order led to an 81% reduction in the number of people disenfranchised in Iowa and an estimated 100,000 individuals regained the right to vote.⁷¹ The reasoning behind the executive order came from Governor Vilsack, stating that felon disenfranchisement disproportionately affected racial minorities, disenfranchised Iowans who, after the completion of their sentences, would return to work and pay taxes as citizens, and increased the likelihood of recidivism after sentence completion. Vilsack also noted the consuming process of reapplication that is not utilized by all eligible ex-felons⁷².

Executive order 42 stayed in place until 2011 when Terry Branstad issued executive Order 70. Branstad issued Executive Order 70 which was later upheld by the Iowa Supreme Court in *Griffin v. Pate* on a split 4-3 decision. Executive order 70 barred all felons from voting unless otherwise approved by the Office of the Governor after application, for felons who were to be released after December 31, 2010. Executive Order 70 itself includes Branstad's primary rationale for rescinding Executive Order 42, stating that the payment of restitution owed by offenders is an important aspect in deciding whether one's voting rights are returned. In forcing offenders to apply for their right to vote, offenders can also be forced into having all relevant fines paid before receiving their voting rights. Two years after Executive Order 70 had been implemented, more than 8,000 individuals had completed their sentences since Governor Branstad took office, but less than a dozen had successfully regained their voting rights.⁷³

Relevance to the State of Iowa:

Felon disenfranchisement, as explained by the previous sections, impacts a large number of individuals in the state of Iowa. Considering the rate of which other states are moving with their policies in relation to felon disenfranchisement, Iowa lags behind many of its geographic and demographic peers by still maintaining the strictest felon voting rights policy. This policy, as it will be described in our analysis as the "Status Quo" is one that does not maintain a level of equity for former felons due to the cost of reapplication that comes from potentially paying for assistance in retrieving criminal records, paying off court fees, and other

⁷¹"Democracy Imprisoned: The Prevalence and Impact of Felony Disenfranchisement Laws in the United States." The Sentencing Project, 30 Sept. 2016, www.sentencingproject.org/publications/democracy-imprisoned-a-review-of-the-prevalence-and-impact-of-felony-disenfranchisement-laws-in-the-united-states/.

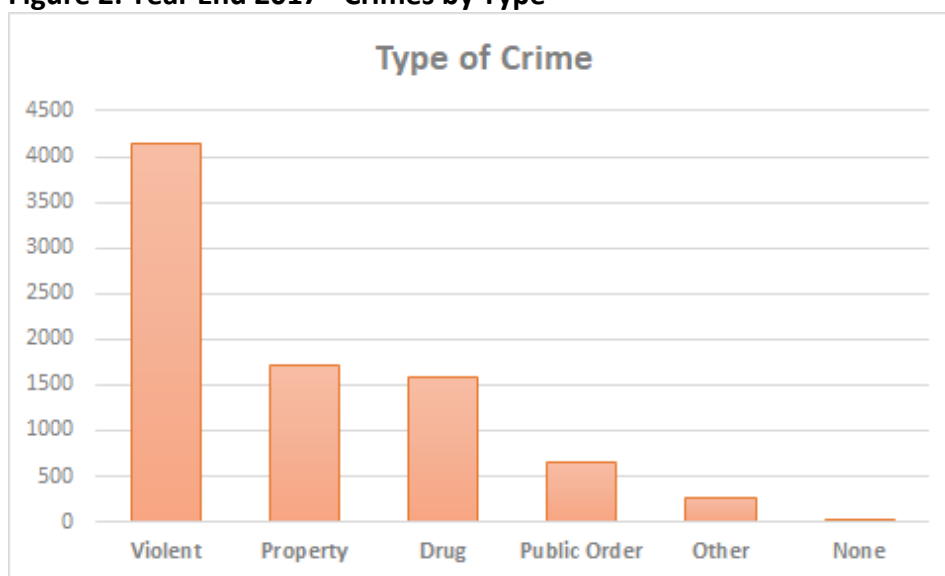
⁷²Executive Order. No. 42, 2005.

⁷³"Democracy Imprisoned: The Prevalence and Impact of Felony Disenfranchisement Laws in the United States." The Sentencing Project, 30 Sept. 2016, www.sentencingproject.org/publications/democracy-imprisoned-a-review-of-the-prevalence-and-impact-of-felony-disenfranchisement-laws-in-the-united-states/.

financial factors that may delay or prevent felons from attempting to apply for the restoration of their voting rights.

Another key fact is that according to the State of Iowa data on year end prison population and statistics, the total number of individuals convicted is 8,350. Of those 8,350, only 4,141 of them were violent crimes while the other 4,209 were non-violent (property, drug, public order, other, etc.) crimes as noted in **Figure 2**. For other states such as Florida and Alabama where after completion of sentences, those with violent crimes may not have their rights restored. However, if Iowa were to adopt such a policy or less restrictive policy, there would be potentially 4,209 ex-felons who could have their voting rights back and potentially faced lesser chances of recidivism after release and completion of subsequent parole and probation. This would be beneficial to the state because the less individuals that recede back into the prison system the less money will be spent and the more those individuals will be able to contribute back into Iowa's economy.

Figure 2: Year End 2017 - Crimes by Type



Sources: *Data.Iowa.Gov - Year End Prison Population for Iowa*

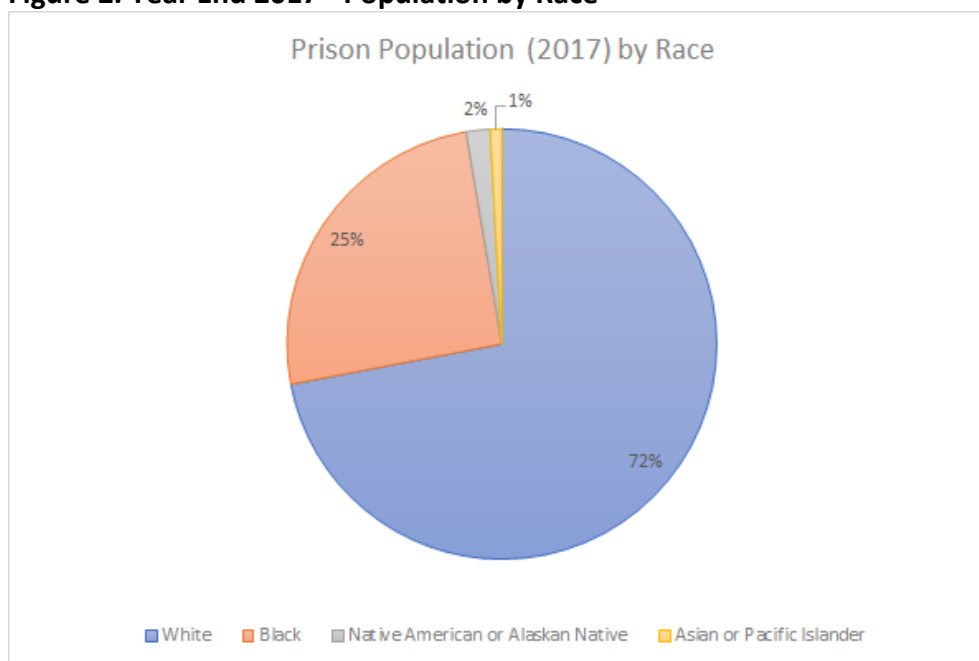
Another aspect of Iowa's current policy is that it currently does not notify individuals of their eligibility to apply for restoration of their voting rights. Additionally, ex-felons are not notified that they are also purged from the voter registration once they are convicted so individuals. This means eligible ex-felons who attempt to vote may not know they are registered, however, in the state of Iowa there is same day registration where individuals can register and vote on election day. There is, however, according to Meredith and Morse (2014)⁷⁴ there are current problems that exist with the current policy. They state that Executive Order 70 decreased voter registration and voter turnout for ex-felons which heightens the risk of recidivism and threatens reintegration. Additionally, they state based off of historical evidence

⁷⁴ Marc, Meredith & Michael, Morse, 2015. "The Politics of the Restoration of Ex-Felon Voting Rights: The Case of Iowa," *Quarterly Journal of Political Science*, now publishers, vol. 10(1), pages 41-100, May.

from Iowa voting records that Executive Order 42 (the Prison, Parole, and Probation Model), when compared to the Status Quo, increased voter registration meaning notification can make a difference during that time period. This means Iowa's current policy is not as equitable and does not foster political involvement.

A noticeable trend in the year end prison population for the state of Iowa in 2017 was that out of 8,350 individuals, 2,112 of them were identified as Black compared to the 6,005 individuals that were white. Overall, a total of 6,228 identified as non-Black. The yearend ratio in for 2017 showed that 25% of the prison population was Black against the 72% that were white as presented in **Figure 2**. This paints an interesting image when looking at Iowa's demographic makeup where, according to the U.S. Census Bureau, where Black individuals make up 3.8%, or 119,526 individuals, of the state's population versus the white population which 91.1%, or 2,865,743 individuals. Given these rates, the current policy disenfranchises Black or African American individuals at a disproportionately higher rate than white individuals meaning this presents an equity problem especially in terms of political participation.

Figure 2. Year End 2017 - Population by Race



Source: *Data.Iowa.Gov - Year End Prison Population for Iowa*

All of these factors combined with others surrounding the current policy, there must also be consideration given to how much the state spends on corrections. According to National Association of State Budget Officers⁷⁵, their report on fiscal years 2016-2018 shows that Iowa spent 1.9% of its budget during fiscal year 2017. This equals to \$445 million of Iowa's total

⁷⁵2018 State Expenditure Report Fiscal Years 2016-2018. National Association of State Budget Officers, 2018, 2018 State Expenditure Report Fiscal Years 2016-2018.

https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/SER%20Archive/2018_State_Expenditure_Report_S.pdf

\$22,687 million. Reducing the number individuals who might face reentry due to isolation from political processes like voting rights would reduce, even though small, the spending costs associated with imprisonment of individuals.

Establishing the Criteria of Evaluation:

Introduction to the Criteria

The three criteria we will be using to analyze policy options are Civic Reintegration, Equity, Political Feasibility. These criteria were apparent across different pieces of literature and many legal studies that were discussed previously. Civic Reintegration, or reintegration, lies as a core part of one's ability to reintegrate back into society after serving a sentence. Equity addresses the implications that more lenient or restrictive policy options hold for groups and populations. Finally, the political feasibility criteria addresses how feasible such policy options would be given Iowa's current political state.

Civic Reintegration and Recidivism

One of the goals of the United States prison system is to rehabilitate offenders so as to provide a smooth transition back into society after successfully completing their sentence. Rehabilitation, as defined by Merriam Webster⁷⁶, is the process of restoring an offender to a useful and constructive place in society. Of course, there are a multitude of factors to consider when approaching the issue of reintegrating felons back into their communities. However, the main factor we shall be considering is civic reintegration, or the role policy makers play in easing offenders back into society after they have left the prison system. Felon's after all, are defined by their relationship with the state, and the state controls the basic rights and immunities of citizenship such as voting.⁷⁷

Jeff Manza, a Professor of Sociology at New York University, and Christopher Uggen, a distinguished McKnight Professor of Sociology at the University of Minnesota, put it simply: "People convicted of crimes do not have the same citizenship rights or opportunities as other citizens." Current Iowa policy disenfranchises all felons, leaving the only pathway for enfranchisement as an application Governor's office that must be accepted. While a path to enfranchisement exists under Executive Order 70, there are two main issues with the policy. The first issue is that some felons make the choice to avoid the application process. A portion of those who choose not to apply may be those who are not interested in engaging in politics, but it would be improper to disregard the possibility that another portion is made up of those who fear being rejected, may not understand how to receive their voting rights back, or may not have the resources to apply. Marc Meredith, in the Department of Political Science at the University of Pennsylvania and Michael Morse in the Department of Government at Harvard University, found that of the total 8,646 felons who were discharged in Iowa during the years of 2002 and 2003, only 4.23% applied to the office of the Governor. The second issue is that how an ex-felon is enfranchised can play a role in their likelihood to actually use their vote. Meredith

⁷⁶ Merriam Webster, <https://www.merriam-webster.com/dictionary/rehabilitation>

⁷⁷ Manza, Jeff, and Christopher Uggen. *Locked Out : Felon Disenfranchisement and American Democracy*, Oxford University Press USA - OSO, 2006. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/uiowa/detail.action?docID=281234>.

and Morse found that the application requirements in Iowa reduced ex-felon turnout by approximately 10%. It is clear that in Iowa, disenfranchisement stands as a barrier between offenders fully reintegrating into society even after completing their sentence.

Iowa's disenfranchisement policy effectively isolates and alienates felons so as to reinforces the notion that felons ought to remain outsiders of society. Thus, recidivism, or the likelihood of an offender committing another offense and returning back to prison, becomes an important factor to consider in determining the effectiveness of disenfranchisement policies. Manza and Uggen in 2006 organized data collected by the Youth Development Study (YDS). Collectively, the data revealed that, "Those who vote are less likely to be arrested and incarcerated, and less likely to report committing a range of property and violent offenses. Moreover, this relationship cannot be solely attributed to criminal history; voting is negatively related to subsequent crime among those with and without a prior criminal history."

Manza and Uggen however assert that the most one can conclude looking at the YDS data is that there maintains a correlation between not voting and the increased likelihood of committing a crime. However, Guy Padraic Hamilton-Smith and Matt Vogel in their report published Berkeley La Raza Law Journal in 2016, directly tie their finding of voting and decreased recidivism back to the states that permanently disenfranchised their felons in 1994. According to Hamilton-Smith & Vogel, using logistic regression models and data from the Department of Justice, individuals who were released in states that permanently disenfranchise are roughly nineteen percent more likely to be rearrested than those released in states that restore the franchise post-release (2012) Ultimately, when considering a policy based of the criteria of civic reintegration, one must be willing to assess the benefits of reducing a factor such as recidivism against the punitive nature of disenfranchisement. However, statistically it is shown that disenfranchisement does not disincentivize crime, but rather creates an incentive to disregard the rules of a society that seemingly no longer applies to ex-felons who have been disenfranchised.

Equity

In the state of Iowa, at least 52,000 former felons have been disenfranchised, and according to The Sentencing Project, the ratio of black to white incarceration is 11:1. This means that disenfranchisement overwhelmingly impacts black populations. This statistic also reflects the glaring inequity in the rates of imprisonment for black residents.

We define equity in terms applicability for Iowa's current policy due to various socioeconomic statuses of ex-felons This stems from the costs required for ex-felons to possibly pay restitution, court costs, and other financial expenses related to the application process and external associated costs. Another issue that is common among felon disenfranchisement is the disproportionate effect on African American men which will also be taken into account and considered in this analysis. Another component within this criteria is the notification of eligibility to apply restoration of voting rights.

Meredith and Morse (2014) explored a number of different topics related to ex-felon voter turnout during periods of time during prior to Executive Order 42, during Executive Order 42 (restoration of felon voting rights after completion of sentence, parole, and probation), and the establishment of Executive Order 70 (restoration of permanent voting rights ban and

application process). In order to vote, an individual must register to vote. When an individual in Iowa is convicted of felony, their voter registration is purged from the state database and this might not be transparent to ex-felons when they are released. This presents a communication problem between the state and individuals, or, a lack of notification to eligible ex-felons.

Additionally, a component, notable in former Governor Branstad's argument against Executive Order 42 and establishment of Executive Order 70, was the idea of a financial obligation to pay court costs and fines in addition to the restoration of voting rights to address unfulfilled costs. This along with the costs associated with retrieving criminal history records, legal assistance, and additional costs present a possibility of financial ability to apply for restoration of voting rights.

Political Feasibility

Political feasibility is the reality of a state being able to change its policy based on the state's current political climate. When first deciding if a policy ought to be considered or implemented, the state must first consider if it has the ability to enact the policy. In light of Florida's recent transition to a more inclusive disenfranchisement policy, where the right to vote is restored after sentences are served including probation and parole, newly elected governor of Iowa, Kim Reynolds, has raised the possibility of returning to a policy that automatically returns voting rights to ex-felons after sentence completion. While no specifics of the plan and its development have been released, automatic enfranchisement would affect approximately 52,000 Iowans. Iowa's own disenfranchisement policy history reveals that enacting and implementing a less restrictive disenfranchisement policy is possible.

Moreover, Hawkeye Poll data⁷⁸ reveals that roughly 85% of Iowans surveyed believe that criminal justice reform is important. However, Iowa does not allow for referendum voting. Due to this, criminal justice reform of any kind requires legislative support. Iowa Governor Kim Reynolds, a republican, was re-elected to serve another four years in 2018. Shortly after the election, Governor Reynolds shared in an interview that she is looking forward to giving recommendations about the future of criminal justice reform in Iowa, especially after the recent changes in Florida⁷⁹. This response was given after being asked if she was considering automatically restoring voting rights to felons. This statement from Governor Reynolds puts criminal justice reform in Iowa within arm's reach in the upcoming legislative session because there appears to be bipartisan support for the issue.

⁷⁸ See Appendix, Table 3A & Table 3B (original & recoded)

⁷⁹ <https://www.desmoinesregister.com/story/news/politics/2018/11/20/iowa-governor-kim-reynolds-automatically-restoring-voting-rights-felons-ia-legislature/2065872002/>

Application of the Criteria:**Table 4. Policy Analysis Overview Map**

Key: The "+" symbol in any category means that this option would score positively in the criteria, and either be a feasible policy option or be a benefit to the state of Iowa, while the "-" symbol means that the option would be rank negatively because it is either not politically feasible or would have bad impacts for the state of Iowa.

Status Quo	-	-	+
Adopt Prison, Parole, Probation Model	+/-	+	+
Adopt Prison Model	+	+	+/-
No Restrictions	+	+	-
	<i>Reintegration & Recidivism</i>	<i>Equity</i>	<i>Political Feasibility</i>

Policy Evaluation by Policy Recommendation:**Maintain Status Quo**

This policy continues to work from the current model we have in place for voting rights for felons in the state of Iowa. This policy maintains the current use of the application system for former felons seeking to restore their voting rights by going through appropriate offices and channels. Additionally, it remains one of the most politically feasible options considering this would require no changes to take part within the current government.

Reintegration & Recidivism -	Equity -	Political Feasibility +
Iowa's current policy maintains the least effective ability to integrate individuals back into society. Reintegration would not be improved, and the recidivism rate would stay consistent because there would be no increase in voters if the policy stays consistent.	The cost of applying to get voting rights back disproportionately affects low-income individuals. Iowa's current policy also unequally burdens black populations and therefore would continue to do so.	This model is favorable because it requires little to no policy changes or any political processing to alter since it is currently in place. However, if this is the policy chosen it should be noticed that some administrative changes should be made to the notification and communication process for

		<p>this option (as with all of the options to be noted). Meredith and Morse (2014) note that with Iowa's current policy, the application reduces the desire for individuals politically participate in elections. Placing this on top of the other day-to-day barriers with registering and voting presents a significant challenge to ex-felon voters.</p>
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Adopt Prison, Parole, Probation Model

This policy recommendation adopts the model that is currently in place in states like South Carolina and Texas. In this policy recommendation, former felons would have their voting rights restored after completing prison, parole, and probation sentences. This recommendation remains one of the most politically feasible options in addition to the current one due the trend of other states comparable to Iowa using this option.

Reintegration & Recidivism +/-	Equity +	Political Feasibility +
<p>This policy maintains the least progressive change. Although this policy would be a step towards decreasing disenfranchisement, it still has more restrictions on voting than the prison model, but less than Iowa's current policy which means it would be a lesser increase in voter than the other policies.</p>	<p>This model improves the current levels of equity relating to the multiple factors that were considered previously. It would allow former felons who are supposed to be completely reintegrated into society to vote.</p>	<p>The political feasibility of this policy is higher than the prison model because it is the least distant change from our current policy.</p>

Adopt Prison Only Model

This policy recommendation adopts a prison only model where former felons receive their right to vote automatically after the completion of their prison sentence. This means prisoners may be able to vote during and through their parole and/or probation sentences. This option, while boasting a few positives, remains less plausible due to the amount of change required from the state government to make such a switch.

Reintegration & Recidivism +	Equity +	Political Feasibility +/-
This policy would increase the number of citizens that are eligible to vote and therefore would decrease recidivism and encourage reintegration into society.	The prison model would be a big step towards equity. It would allow more opportunity for citizens to regain their ability to vote.	Adopting the prison model (only current felons serving their sentence in prison can't vote) is politically feasible, but it is a greater change.

No Restrictions

This policy recommendation would allow for both felons serving their sentences currently and former felons, regardless of which sentence they are serving (parole, probation, etc.) the ability to vote. This policy is only currently in place for two states, Maine and Vermont. This model while increasing the likelihood of reintegration and making it a more equitable option, would be the farthest option in terms of political feasibility due to the amount of change from current system in place.

Reintegration & Recidivism +	Equity +	Political Feasibility -
The recidivism rate would ultimately go down because less people would be disenfranchised.	This option would certainly help decrease the statistics about the number of black citizens that are disenfranchised.	This is unfeasible because there are only 2 states that have no restrictions, and this policy would be the most drastic change from Iowa's current policy.

Overview of Policy Options:

Reintegration & Recidivism

Any of the policy recommendations listed above, except for the status quo, would improve former felon reintegration into society, as better address the issue of recidivism. The

more inclusive a policy is regarding disenfranchisement, the better it is for reintegration and recidivism because it allows for more citizens to feel like part of society. When citizens feel integrated into society, something that voting eligibility contributes to, they are less likely to commit a crime which ultimately decreases recidivism.

In order for high voter turnout in Iowa, there needs to be minimal barriers to entry. Citizens choose not to vote for a variety of reasons including: the weather is bad, they have to bring a form of ID or they do not think their vote will matter. If Iowa wants more voters to turn out for elections, then barriers to entry must be diminished as much as possible. One way to do this is to remove the application process for former felons, which is another reason why all recommended policies except the status quo are given a “+” rating.

Equity

Considering equity as criteria is essential considering that the process of applying to regain the right to vote unequally impacts both black and low-income citizens. Any change in Iowa policy that allows for more citizens to vote would create a pathway for more black and low-income voters to participate in the democratic process. The best policy under the equity criterion is to adopt no restrictions for felon voters, however, adopting the prison, or prison, parole and probation model would both advance Iowa’s policies to be more equitable.

Political Feasibility

The most politically feasible policy option is the status quo because it requires no action to implement. However, there are several other options that are attainable under our current legislature. The two most seemingly feasible options are for either Iowa’s governor or state legislature to adopt the prison model or the prison, parole or probation model. While we advocate that all felons are returned their right to vote despite their crime, there remains the option that the governor and legislature can choose whether or not they would like to exclude certain crimes such as murder or sexual assault. Overall, both of these options would put Iowa in line with a majority of other U.S. states, and address the other criterion outlined above.

In addition to any of the policy recommendations listed, Iowa can also choose to improve the communication and notification process. This change would increase the transparency of any changes, or at the least, inform voters of the current policies regarding their eligibility to vote. This change is politically feasible because it is a simple addition to either Iowa’s current policy, or any of the other options listed.

Policy Recommendation:

Throughout this paper, we have outlined the historical and comparative frameworks necessary for the Iowa Legislature to initiate discussion about Iowa’s current felon disenfranchisement policy and possible criteria to evaluate future alternatives policies. When evaluating a voting rights policy, we suggest the Iowa Legislature consider the following criteria: civic reintegration and recidivism, equity, and political feasibility.

Specifically, when addressing the previously mentioned criteria and looking research on the subject of felon disenfranchisement, one option presented in our analysis presents itself as a viable option: The Prison, Parole and Probation Model. We recommend this policy specifically

because it matches a majority of the criteria being utilized and has political relevance with Florida's recent switch to such a model. In terms of equity, this model advances equity by automatic restoration to those who might not financially be able to invest in or commit to the costs or fees related to applying for restoration of voting rights giving it a positive score (+). For its reintegration and recidivism score, it does not fully do as much as other states with less strict policies might, resulting in the negative score (-), it still furthers the mission of the criminal justice system in reintegration as it is stated ex-felons who have their rights restored are less likely to reenter the criminal justice system resulting in a mixed score (+/-). Ultimately, a switch from Iowa's status quo policy to the Prison, Parole and Probation Model would remove Iowa from the stigma of being one of the total two states remaining with the strictest disenfranchisement policy. The policy change has been an open topic for discussion according to Kim Reynolds and many advocates in the state are pushing for work on this resulting in the political feasibility being marked as a positive score (+).

The Status Quo option received negative scores for both reintegration & recidivism, and equity. For equity, as mentioned in the analysis of each policy, it does not change restoration status or advocate for increased restoration. This maintenance of the application continues to present some economic and financial barriers to low socioeconomic status individuals. Additionally, with the current incarceration rate of 11:1, this option disenfranchises African American individuals at a disproportionate rate.

The Prison-only model, while the second highest for equity, is not politically as feasible as the recommended policy. For this option there is a greater chance of reintegration because individuals are provided the opportunity to vote upon release from prison sentence while still being on parole and/or probation. This is also more equitable as it further removes barriers and "waiting time" for individuals to register and vote. However, the political change required for this option lays potentially out of reach compared to the recommended policy which was previously instituted via Executive Order 42.

The Full Restoration option, while the most positive in terms of reintegration & recidivism, and equity comes with a very low likelihood of being politically feasible. It may tackle the issue of full equity allowing those who are in prison and other correctional terms to vote. It may additionally, allow for lower rates of recidivism which would mean more reintegrated individuals in Iowa. Yet, the biggest point of contention is that it is not politically feasible compared to what other states are doing. There are only two states that follow this model of no restrictions on voting for felons, Maine and Vermont, two states that differ from Iowa dramatically.

References

- 2018 State Expenditure Report Fiscal Years 2016-2018. National Association of State Budget Officers. https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1c943-4f1bb750-0fca152d64c2/UploadedImages/SER%20Archive/2018_State_Expenditure_Report_S.pdf
- “6 Million Lost Voters: State Level Estimates of Felony Disenfranchisement, 2016.” The Sentencing Project, 6 Oct. 2016, www.sentencingproject.org/publications/6millionlostvotersstatelevelestimatesfelonydisenfranchisement2016/ .
- Chung, Jean. “Felony Disenfranchisement: A Primer.” The Sentencing Project, 17 July 2018, www.sentencingproject.org/publications/felonydisenfranchisementaprimer/.
- “Criminal Disenfranchisement Laws Across the United States.” Improving Judicial Diversity Brennan Center for Justice, 7 Dec. 2018, www.brennancenter.org/criminaldisenfranchisementlawsacrossunitedstates.
- Democracy Imprisoned: The Prevalence and Impact of Felony Disenfranchisement Laws in the United States.” The Sentencing Project, 30 Sept. 2016, www.sentencingproject.org/publications/democracyimprisonedareviewoftheprevalenceandimpactoffelonydisenfranchisementlawsintheunitedstates/.
- Manza, Jeff, and Christopher Uggen. Locked Out : Felon Disenfranchisement and American Democracy, Oxford University Press USA OSO, 2006. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/uiowa/detail.action?docID=281234>.
- Marc, Meredith & Michael, Morse, 2015. "The Politics of the Restoration of ExFelon Voting Rights: The Case of Iowa," Quarterly Journal of Political Science, now publishers, vol. 10(1), pages 41-100, May.
- Porter, Nicole D. October 2010. Expanding the Vote: State Felony Disenfranchisement Reform, 1997-2010. The Sentencing Project. <https://www.sentencingproject.org/wp-content/uploads/2016/01/Expanding-the-Vote-State-Felony-Disenfranchisement-Reform-1997-2010.pdf>
- State of Iowa, Executive Order. No. 42, 2005.
- United States, Congress, Bureau of Justice Statistics, and E. Ann Carson. “Prisoners in 2016.” Prisoners in 2016, 2018, p. 3.

Appendix**Table 1. Disenfranchised Groups By State: Who Can't Vote**

Disenfranchised Groups By State: Who Can't Vote?					
No voting restrictions	Inmates	Inmates and Parolees	Inmates, Parolees, & Probationers	Inmates Parolees, Probationers, & Ex-felons (Select Crime)	All Inmates Parolees, Probationers, & Ex-felons
Maine Vermont	Utah Oregon Montana North Dakota Illinois Indiana Michigan Ohio Pennsylvania New York Maryland New Hampshire Rhode Island Massachusetts District of Columbia	California Colorado Connecticut Louisiana	Alaska Arkansas Georgia Idaho Kansas Nebraska New Jersey New Mexico North Carolina Oklahoma South Carolina South Dakota Texas Virginia Washington West Virginia Wisconsin	Alabama Arizona Delaware Florida Mississippi Missouri Nevada Tennessee Wyoming	Iowa Kentucky

Table 2. Felony Disenfranchisement Policy Changes from 2000-2018

Year	State Policy Change
2000	<p>Virginia-required notification of rights and restoration process by Department of Corrections</p> <p>Delaware-repealed lifetime disenfranchisement, replaced with five-year waiting period for persons convicted of most offenses</p>
2001	<p>Connecticut-restored voting rights to persons on probation</p> <p>Nevada-repealed five-year waiting period</p> <p>New Mexico-repealed lifetime disenfranchisement</p>
2002	---
2003	<p>Alabama-streamlined restoration for most persons upon completion of sentence</p> <p>Wyoming-restored voting rights to persons convicted of first-time non-violent offenses</p> <p>Nevada-restored voting rights to persons convicted of first-time non-violent offenses</p>
2004	Kentucky -restricted restoration process (amended in 2008)
2005	<p>Iowa-restored voting rights post-sentence (Executive Order 42)</p> <p>Nebraska-repealed lifetime disenfranchisement, replaced with two-year waiting period</p>
2006	<p>Florida-adopted requirement for county jail officials to assist with restoration</p> <p>Hawaii-codified data sharing procedures for removal and restoration process</p> <p>Rhode Island-restored voting rights to persons on probation and parole</p> <p>Connecticut-repealed requirement to present proof of restoration in order to register</p> <p>Tennessee-streamlined restoration process for most persons upon completion of sentence</p>
2007	<p>Maryland-repealed lifetime disenfranchisement</p> <p>North Carolina-required state agencies to establish a process whereby individuals will be notified of their rights</p>

2008	Louisiana -required Department of Public Safety and Corrections to provide notification of rights restoration process
2009	Washington -restored voting rights for persons who exit the criminal justice system but still have outstanding financial obligations
2010	New Jersey -required state criminal justice agencies to notify persons of their voting rights when released Virginia -decreased waiting period for non-violent offenses and established a 60-day deadline to process voting rights restoration applications New York -required criminal justice agencies to provide voting rights information to persons who are again eligible to vote after a felony conviction South Dakota -established procedures to provide training and develop voter education curriculum to protect the voting rights of citizens with certain felony convictions
2011	Florida -reversed modification in clemency process Iowa -rescinded executive order 42; executive order 70 issued
2012	Iowa -simplified application process South Dakota -revoked voting rights for persons on felony probation
2013	Delaware -repealed five-year waiting period for most offenses Virginia -eliminated waiting period and application for non-violent offenses
2014	---
2015	Kentucky -restored voting rights post-sentence for non-violent felony convictions (executive order) Kentucky -rescinded executive order Wyoming -authorized automatic rights restoration for persons convicted of first-time non-violent felony offenses who apply and receive a certificate of voting rights restoration
2016	California -restored voting rights to people convicted of a felony offense housed in jail, but not in prison Virginia -restored voting rights post-sentence via executive order Maryland -restored voting rights to persons on probation and parole
2017	Alabama -codified list of felony offenses that result in disenfranchisement Wyoming -removed application process and automatically restored voting rights to persons convicted of first-time non-violent felony offenses who have completed their community supervision

2018	<p>New York-restored voting rights to persons on parole via executive order</p> <p>Louisiana-authorized voting for residents who have not been incarcerated for five years including persons on felony probation or parole</p> <p>Florida-restored voting rights to felons after completion of prison, parole, and probation sentences to all ex-felons excluding those convicted of murder and sexual offenses</p>
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Table 3 & Question

IAIPRO2 – “How important is the need for criminal justice reform in the state of Iowa?”

Table 3A - Hawkeye Poll Data (Original)

N=445	
Very Important	.3691 (37%)
Important	.4845 (48%)
Slightly Important	.0641 (6%)
Not Important	.0822 (8%)
<i>Total (%)</i> :	1 (100%)

Table 3B - Hawkeye Poll Data (Recoded)

N=445	
Important	.8536 (85%)
Not Important	.1463 (15%)
<i>Total (%)</i> :	1 (100%)

Section 4:

Year One of the Iowa Family Planning Program: Evaluation and Recommendations

Executive Summary

This report evaluates the Iowa Family Planning Program (FPP) after its first full year of implementation. This program replaced the Iowa Family Planning Network (IFPN), which was a federally funded Medicaid program that operated from 2006-2017. FPP has similar goals to the IFPN, but it is exclusively state funded. The program hopes to increase spacing between births, improve future birth outcomes, and reduce the number of unintended pregnancies for families within 300% of the poverty line. The criteria used to evaluate this program includes effectiveness and equal access, cost, and ease of use. All three of these areas need improvements, namely in providing more equitable access, improving effectiveness of care, utilizing program funding more effectively, and streamlining the program. From these identified areas of improvement, there are four recommendations made. The first recommendation is to increase awareness of the program for eligible participants. The second recommendation is to simplify the website, as well as specify the goals and measurement criteria for future success. The third recommendation is to increase educational and outreach services, in order to expand access while also providing better care. The fourth recommendation is to reinstate abortion-affiliated clinics in order to better serve the needs of Iowan families. Each of these recommendations should be considered independently by the legislature, but all four could be implemented together in order to best serve the needs of family planning services in Iowa.

Introduction

Reproductive health has been a national hot topic over recent years, and Iowa has been at the center of debate. Namely, the transition from Iowa Family Planning Network to the Iowa Family Planning Program has initiated many changes in Iowa's reproductive healthcare system in the past two years. This policy report will provide background, an evaluation of the effectiveness, access, cost, and ease of use of the new Iowa Family Planning Program, and conclude with recommendations which will provide Iowans with the best reproductive care possible. These recommendations can be utilized and implemented individually or simultaneously.

Research Question: How has the Family Planning Program performed in its first year of operation, and what should the Iowa Legislature modify in order ensure receive lowans the best reproductive health services?

Background

In April 2017, the Iowa Legislature approved the discontinuation of the federally funded Medicaid family planning network for the state, passed through the larger Health and Human Services appropriations bill in 2018.⁸⁰ This network, named the Iowa Family Planning Network (IFPN), offered reimbursement to clinics within the network (including Planned Parenthoods) for various services including family planning, reproductive health and general women’s health services. The federal Medicaid funding bypass allowed the state to spend \$3.3 million to recreate its own network of family planning services, named the Iowa Family Planning Program (FPP).⁸¹ Like the IFPN, the FPP assists in reimbursement funding for family planning services and limited reproductive services through a network of providers across the state, but eliminated any abortion-affiliated clinic, including Planned Parenthood, within the network. This program went into effect in July 2017 and has just ended its first full year in operation. The following three goals were established at the beginning of the newly adopted FPP⁸²:

1. Increase the spacing between births
2. Improve future birth outcomes
3. Reduce the number of unintended pregnancies and birth paid by Medicaid

FPP strives to achieve these goals by offering reimbursements of the following services to individuals 12-54 whose household incomes fall below 300% of the federal poverty line, seen at participating and eligible clinics⁸³:

- Birth Control Exams
- Birth Control Counseling
- Limited Testing and Treatment for Sexually Transmitted Diseases (STDs)
- Pelvic Exams
- Pap Tests
- Pregnancy Tests
- Birth Control Supplies
 - Birth Control Implants
 - Intrauterine Devices (IUDs)
 - Birth Control Pills
 - Depo Provera Shots
 - Vasectomies
 - Diaphragms, Cervical Caps, Vaginal Rings

⁸⁰ Petroski, William, “Iowa Legislature Gives Final OK to Bill Defunding Planned Parenthood; Heads to Branstad,” Des Moines Register, 2017.

⁸¹ Ibid

⁸² Iowa Department of Health and Human Services “Family Planning Program (FPP),” 2018.

⁸³ Ibid

- Condoms
- Spermicidal Suppositories
- Birth Control Foam/Jelly/Sponges
- Basal Thermometer
- Voluntary Sterilization
- Emergency Contraception
- Ultrasounds (if medically necessary and related to birth control services)
- Yeast Infection Treatment

Some believe that the new FPP is more effective with these goals, especially in serving more locations and increasing clinic access across Iowa, especially in rural areas, as compared to the previous IFPN. However, others disagree, arguing that ending the Medicaid funded IFPN eliminated providers and therefore decreased access, as well as increased the cost the state needs to unnecessarily fund. This report assesses FPP on three aspects – access and effectiveness, cost, and overall ease of use. Based off the data from the program’s first full year in effect, a comprehensive assessment of the program can be done, and recommendations can be given to improve the program. These recommendations include: 1.) increasing awareness, 2.) simplifying the system, 3.) increasing spending on outreach and education, and/or 4.) reconsidering the ban on abortion affiliated clinics in order to re-secure federal Medicaid funding.

Access & Effectiveness of the Family Planning Program

Access and effectiveness, in terms of assessing FPP, refer to those eligible for the program utilizing the services offered, ease of access to the services for those enrolled, and how effective those services are at achieving the program’s goals.

Access: Overall, FPP was not as effective at providing family planning services as the previous IFPN in terms of enrollment and reimbursement. In 2018, 970 unique family planning services were reimbursed by FPP from April through June – a 73% decrease from the roughly 3,600 unique services covered by IFPN during those same months in 2017.⁸⁴ In June 2017, the last month of IFPN, enrollment was 8,570 individuals, and by June 2018, enrollment dropped to 4,177 under the new program⁸⁵. This contrasts with the estimated 225,877 Iowans aged 12-54 who are living below the poverty line and are therefore eligible to enroll in this program⁸⁶. Furthermore, there are an estimated 730,611 households in Iowa that fall under 250% of the poverty line⁸⁷ and 300% of the poverty line is the cut off for eligibility for FPP. These numbers represent a large gap between those eligible for the program and those enrolled. This gap in utilization could demonstrate a lack of public knowledge about the program, eligibility

⁸⁴ Leys, Tony and Barbara Rodriguez, “State Family Planning Services Decline 73 Percent in Fiscal Year as \$2.5M Goes Unspent,” Des Moines Register, 2018.

⁸⁵ Ibid

⁸⁶ State Data Center, “Poverty Status by Sex and Age,” State Data Center, 2018.

⁸⁷ Bureau of the Census, 2018 Estimated # of Iowa Households w/Income Less than \$15,000-\$49,999, 2010 Census, 2018.

requirements, or services provided. This disparity could also be due to a lack of accessible/convenient clinic locations, as many clinics are no longer a part of the FPP.

The decrease in enrollment is part of a larger trend that has been occurring since the Affordable Care Act (ACA) was implemented. From 2013 to 2016, enrollment in the previous IFPN dropped steadily, likely due to individuals enrolling in other healthcare plans made available to them by the ACA⁸⁸. For example, from July 2013 to May 2014, women enrolled in IFPN dropped from just over 25,000 to approximately 20,000. Then, enrollment dropped by approximately 5,000 individuals from May 2014 to August 2015, and again by approximately 5,000 individuals between August 2015 and June 2016. In IFPN's final year of operation, from June 2016 to April 2017, enrollment hovered just below 10,000 individuals. (See Figure 1, below).

6

Figure 2. Women Enrolled in FPD by month
January 2006–June 2017

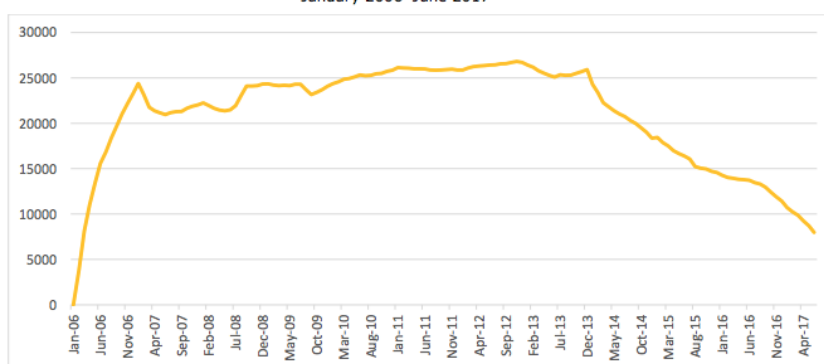


Figure 3. Men Enrolled in FPD by month
January 2006–June 2017

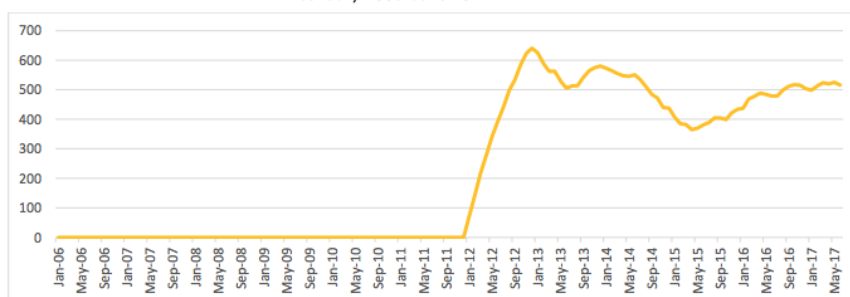


Figure 1 - Source:
Momany, Elizabeth
T. *Iowa Family
Planning
Demonstration
Evaluation Final
Report: February
2006-June 2017.*

For the first year of FPP, from July 2017 to July 2018, enrollment dropped from 8,570 to 4,177.⁸⁹ Therefore, some of the decrease in enrollment between 2017 and 2018 – the timeframe which represents the switch from IFPN to FPP – could be due to women finding

⁸⁸ Momany, Elizabeth T PhD, "Iowa Family Planning Demonstration Evaluation Final Report: February 2006-June 2017," University of Iowa Public Policy Center, 2018.

⁸⁹ Leys and Rodriguez, "State Family Planning Services Decline"

alternate sources of healthcare coverage from the ACA, following the trend from previous years.

However, the number of centers eligible for reimbursement through FPP dropped substantially. From July 2017 to July 2018, there was a drop from 950 centers to anywhere between 560-703 providers.⁹⁰ The variation in the numbers in 2018 is due to discrepancies between FPP's online list of providers and the actual number of clinics that provide services. Many of the providers listed by FPP are laboratories, pharmacies, and other affiliated entities that receive FPP reimbursements but are not locations that directly offer birth control, screenings, and other health services. In addition, many providers were listed multiple times in the FPP provider list but were classified in different ways. According to our data analysis at the time of publication, there were 585 unique FPP providers that were strictly healthcare providers (pharmacies, laboratories, and duplicate providers were excluded)⁹¹ (See Online Appendix 1).

The decrease in providers from 2017-2018 is due to a number of factors. First and foremost, many treatment centers that were previously eligible for reimbursement of services under the IFPN are now ineligible under FPP. For example, FPP does not allow services to be reimbursed from abortion affiliated clinics – a substantial change from the IFPN. This decision prevented Planned Parenthoods from receiving reimbursements, as well as other clinics that were previously included under the IFPN, such as the University of Iowa Hospitals and Clinics. To clarify, the IFPN never reimbursed abortion services, but still reimbursed abortion affiliated clinics who provided care, whereas FPP won't reimburse any care from a clinic that is abortion affiliated.

It should also be noted that the IFPN providers that remain in FPP vary widely in services offered. For example, some providers listed may only offer limited types of birth control options, while others may not offer STD testing or screenings at all. On the contrary, some providers offer more comprehensive services, such as pelvic exams, in addition to birth control prescriptions and screenings. Simply put, not all providers offer the same services, which can be confusing for individuals seeking comprehensive healthcare services.

We were especially interested in how access to clinics impacted specific populations, especially low-income populations and rural populations. These groups were used as justification for switching to FPP, as proponents claimed that FPP would help to increase access to providers better than IFPN. For analysis, the number of actual FPP providers per county was determined by examining the FPP provider list and excluding providers that were duplicated, laboratories, and pharmacies.

To analyze access for low-income households, the number of households eligible for the program was estimated by determining how many households in each county fell below 300% of the poverty line based on 2010 census data with 2018 estimates⁹². The average household size in Iowa is 3.01 individuals,⁹³ and the income estimates for a household of three at 300% of

⁹⁰ Ibid

⁹¹ Iowa Department of Human Services, "Family Planning Program"

⁹² Bureau of the Census, 2010 Census

⁹³ State Data Center, "Iowa Quick Facts," State Library of Iowa, 2017.

the poverty level were used, equaling \$62,340.⁹⁴ However, the most precise data available divided income levels into ranges with \$62,340 falling directly in the center of the \$50,000-\$74,999 level. Therefore, this income level was excluded completely in the analysis, thereby underestimating the number of households that are within 300% of the poverty line. For this reason, our analysis examines households making under \$50,000 as being eligible for FPP, which is approximately 250% of the poverty line.⁹⁵ From there, the rate of family planning providers in each county per 1,000 eligible was calculated. In general, 1 healthcare provider per 1,000 households is considered acceptable, which is the metric used in this report when assessing adequate rates of FPP providers per county.

Overall, it was found that there is an average of 0.901 FPP providers per 1,000 households eligible across the state of Iowa. 65 of 99 of Iowa counties, approximately 66%, had less than 1 provider per 1,000 households eligible. 12 counties had no providers in the county, while the highest number of providers per county was Polk County with 63 providers, followed by Woodbury with 42 providers. The highest rate of providers per households eligible was Wayne County with 4.09 providers per 1,000, followed by Page County with 4.03 providers per 1,000, while the lowest rates were Jasper County and Johnson County, both with 0.1 FPP providers per 1,000, excluding the counties with no providers. (See Figure 2, Appendices 2-3 for further detail).

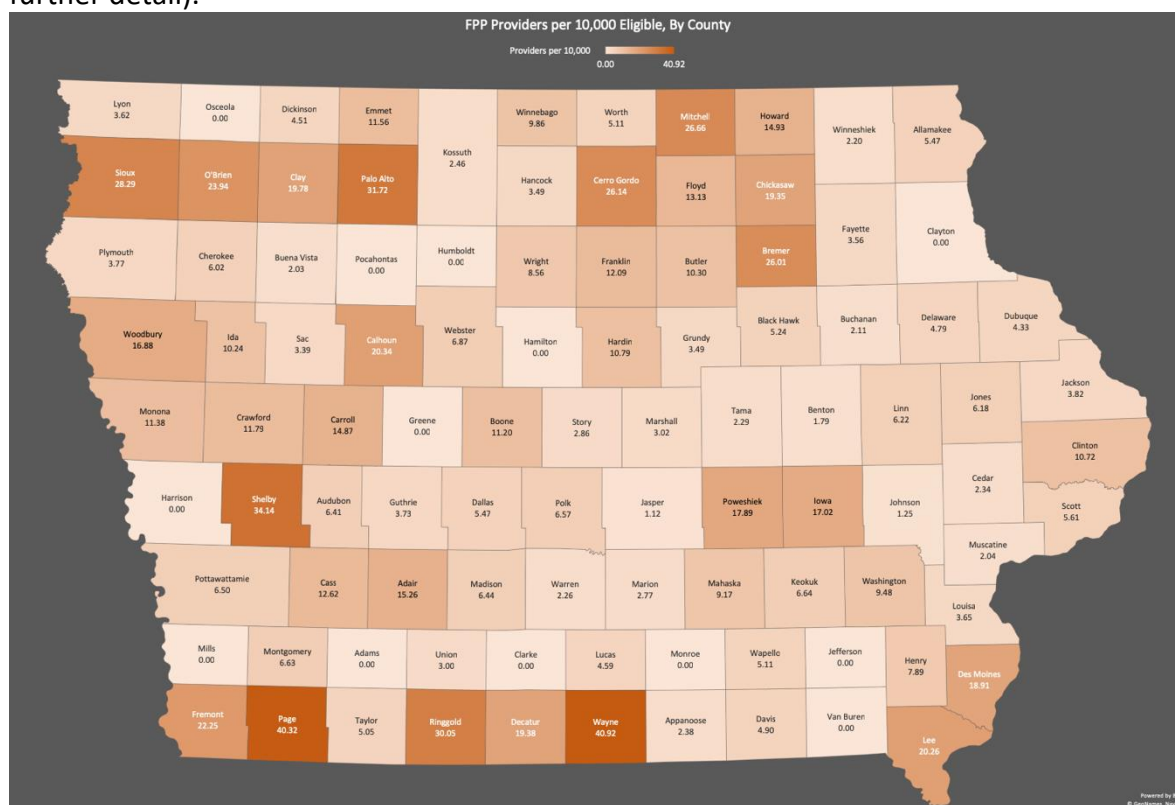


Figure 2

⁹⁴ Iowa Department of Health and Human Services, "Family Planning Program."

⁹⁵ Ibid

Low Income Access: Data on poverty rates for Iowa counties was taken from the 2010 census data and estimated⁹⁶. These percentages were compared against the number of FPP providers per 1,000 eligible. Of the 65 counties below the recommended rate, 33 had poverty rates of over 10.8%, thereby exceeding Iowa's average poverty rate of 10.7%. Additionally, 12 counties had no FPP providers in the county, and 6 of those 12 counties had poverty rates exceeding the state average. Counties with the highest poverty rates such as Story County (22.3%), Johnson County (17.9%), Davis County (18.7%), Appanoose County (16%), Clarke County (15.7%) and Jefferson County (15.6%) all had less than 0.5 providers per 1,000 eligible households. However, select counties with high poverty rates (Des Moines, Lee) had enough providers per 1,000 households – 1.89 per 1,000 and 2.025 per 1,000 respectively. In addition, there were many counties with less than 1 providers per 1,000 eligible that also had poverty rates well below the state average. (See Online Appendix 2).

Rural Access: To analyze access in rural communities, the Center for Rural Health Policy's classifications of rural counties was used to classify Iowa counties as rural or metropolitan⁹⁷. Of the 99 counties, 24 are considered metropolitan and 75 are considered rural. Of the 75 rural counties, 43 had less than 1 provider per 1,000 eligible households. Additionally, many counties with the lowest population densities, less than 25 people per square mile (the median population density for Iowa counties), had no providers within the county. Specifically, 10 of the 12 counties without providers were also counties with less than 25 people per square mile (See Online Appendix 3).

On the contrary, many urban counties also experienced discrepancies between the number of FPP providers and the eligible population. Metropolitan counties, such as Polk, Linn, Johnson, Story and Scott, all had a rate of less than 1 provider per 1,000 people, with many of these counties having an insufficient number of clinic locations in general. For example, in Johnson County, a county with a population of 130,882 and almost 32,000 households eligible for program enrollment, there are only 4 FPP providers throughout the entire county (a note – all University of Iowa Hospitals and Clinics providers are negated from this number, as they are abortion affiliated and are not reimbursed through FPP). It should also be noted that in counties with higher youth populations, such as Story, Johnson, and Polk, there are relatively low rates of providers per 1,000 eligible – from 0.6 providers per 1,000 for Polk County, to 0.2 and 0.1 providers per 1,000 eligible households for Story and Johnson County, respectively. Although the program is for all individuals within reproductive age, younger people are more likely to utilize the program to obtain birth control, and reduced access to providers may be a barrier to obtainment and could lead to substantial consequences.

In summary, the large drop in enrollment and services reimbursed between 2017 and 2018 correlates to the switch from the IFPN to FPP. Overall, there is a large gap between those eligible for the program and those enrolled. Strictly based off eligibility, it appears that there are not enough FPP providers across the state of Iowa – 0.7 providers per 1,000 people eligible, with 66% of counties having less than 1 provider per 1,000 households eligible for FPP. There

⁹⁶ State Data Center, "Iowa County Poverty Rates," State Library of Iowa, 2017.

⁹⁷ Health Resources & Services Administration, "List of Rural Counties And Designated Eligible Census Tracts in Metropolitan Counties," Health Resources & Services Administration, 2016.

does not appear to be a clear relationship between the rate of providers per those eligible and poverty rate or rural/metropolitan status, as it seems to vary county by county. Further studies examining additional variables will be needed to determine the true access level for these populations across the state of Iowa.

Effectiveness: In order to analyze policy effectiveness, specific goals and measurable criteria must be identified. As previously mentioned, FPP established the following three goals at its formation:

1. Increase the spacing between births
2. Improve future birth outcomes
3. Reduce the number of unintended pregnancies and birth paid by Medicaid

The program has not established measurement criteria for each of these goals to judge effectiveness. For the purposes of this report, the following criteria described will be used to assess each goal.

Goal 1: Increase the spacing between births

Assessment Criteria: Interpregnancy Intervals

Goal 1 is assessed through Medicaid interpregnancy interval data from the Iowa Department of Public Health. Interpregnancy intervals refer to the amount of time between each pregnancy, calculated by the date that the last pregnancy ended and the date of the woman's last menstrual period.⁹⁸ There is no official recommendation for the what is considered the best interpregnancy period, but 18-24 months is the suggested time to wait between pregnancies⁹⁹. Researchers have reported that interpregnancy intervals of less than 18 months put mothers at risk for anemia, delivering a baby with a low birth weight, or a preterm birth¹⁰⁰. Babies are also at a greater risk for maltreatment and lower cognitive functioning all together¹⁰¹. For example, in 2013, 32.9% of births reimbursed by Medicaid had interpregnancy intervals of less than 18 months¹⁰².

Unfortunately, the Iowa Department of Public Health has not put out any statistics on interpregnancy intervals since 2013. Therefore, there is no way to determine if the current (or previous program) was effective at achieving this goal.

Goal 2: Improve future birth outcomes

Assessment Criteria: Low Birth Weight

Goal 2 is assessed through the annual Iowa Vital Statistics report – specifically examining changes in low birth weight rates from year to year. Low birth weight is defined as weighing less

⁹⁸ Iowa Department of Public Health, "2013 Iowa Medicaid Birth Certificate Match Report: Interpregnancy Intervals," Iowa Department of Public Health, 2013.

⁹⁹ Ibid

¹⁰⁰ Ibid

¹⁰¹ Ibid

¹⁰² Ibid

than 2500 grams (5.5 lbs.) at birth. According to the March of Dimes, low birth weight is one of the leading causes of infant mortality in the United States, as babies born with a low birth weight have a higher risk of health complications throughout life, including brain development and respiratory issues.¹⁰³

Low birth weight for the years 2006-2017 was analyzed. Vital statistics for the previous year do not get released until fall of the following year, so vital statistics for 2018 (the first full year of data under FPP) will not be available until Fall 2019. Therefore, the most current data available is from 2017, which includes data under FPP for the latter half of the year. According to the 2016 Iowa Vital Statistics (the last full year of the IFPN), 59.1 infants per 1,000 births were of low birth weight¹⁰⁴. In 2017, 61.9 per 1,000 infants born were of low birth weight.¹⁰⁵ It is worth noting that FPP came into effect on July 1st. The low birth weight rate had been dropping since 2014, from 64.2 per 1,000 that year, to 63.8 in 2015 and 59.1 in 2016¹⁰⁶. The rate in 2016 was the lowest it had ever been over the course of the IFPN's existence (2006-2016). The slight uptick from 2016 to 2017 is a bit discouraging; however, it is generally in line with the overall fluctuation trend. The rate will increase by a point or two, then falls and repeats. (See Figure 3.)

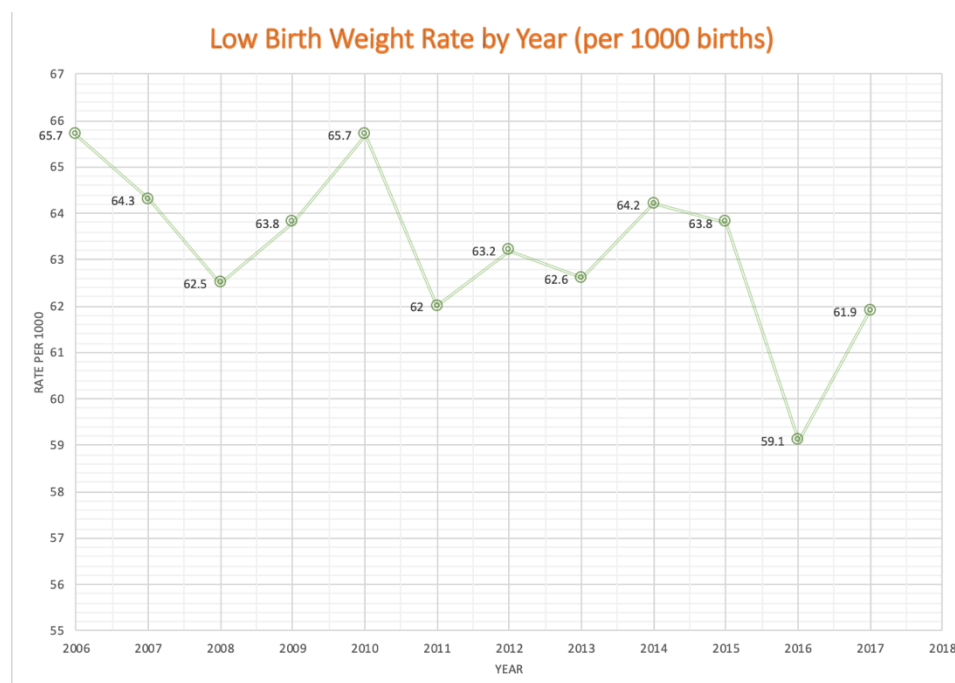


Figure 3 - Source: Iowa Department of Public Health, *Iowa Vital Statistics Report: 2006-2017*.

Data on future years of the program will be needed to determine if the upward trend continues. Additionally, specific data on the number of low birth weight births vs. overall births while on FPP would be helpful in evaluating this goal as well.

¹⁰³ March of Dimes, "Low Birthweight," March of Dimes, 2018.

¹⁰⁴ Iowa Department of Public Health, "Iowa Vital Statistics Reports: 2006-2017," Department of Health Statistics. 2006-2017.

¹⁰⁵ Ibid

¹⁰⁶ Ibid

Goal 3: Reduce the number of unintended pregnancies and birth paid by Medicaid
Assessment Criteria: Medicaid births averted

Goal 3 is assessed through estimated Medicaid births averted, put forth by the Iowa Public Policy Center annual reports, titled the *Iowa Family Planning Demonstration Evaluation*. Births averted is a common measurement to examine the effectiveness of family planning services – Medicaid births averted specifically refers to the amount of potential births that were avoided that would have otherwise been paid for by Medicaid if family planning services would not have been utilized.

The estimated births averted is found by estimating the trend line of Medicaid births five years before FPP was initiated and the trend line of births after FPP's initiation. Subtracting the "after program" slope from the "before program" slope provides the number of averted births.¹⁰⁷

Theoretically, the more estimated births averted, the more effective family planning services are. From 2007-2016, the estimated midpoint of Medicaid births averted has been steadily increasing, from 304 in 2007 to 6,304 in 2016¹⁰⁸. Unfortunately, the estimates for 2017 only include estimates for the first half of the year, up until the IFPN ended on June 30. The estimated births averted for the first half of 2017 was 4,327¹⁰⁹. (See Figure 4). Currently, there are no estimates for Medicaid births averted from July 1, 2017 onward.

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Table 3. Estimation of averted births
January 2007-June 2017*

Year	Low estimate of averted births	Midpoint estimate of averted births	High estimate of averted births
2007	203	304	406
2008	593	889	1,186
2009	940	1,410	1,881
2010	1,263	1,894	2,527
2011	1,812	2,717	3,623
2012	2,260	3,390	4,520
2013	2,353	3,528	4,705
2014	3,463	5,195	6,927
2015	4,141	6,211	8,282
2016*	4,203	6,304	8,406
2017*	2,885	4,327	5,770
Total	24,116	36,169	48,233

*based on 2016 values with estimated births for the 2nd quarter of 2016.

Figure 4 - Source: Momany, Elizabeth T. *Iowa Family Planning Demonstration Evaluation Final Report: February 2006-June 2017*.

Therefore, we cannot analyze the effectiveness of FPP in achieving Goal 3. Further data on the rest of 2017 and 2018 is needed.

Overall, only the second of the 3 goals (low birth weight) had semi-current data available to determine effectiveness of the program. Data to evaluate goal 2 does not support

¹⁰⁷ Momany, "Iowa Family Planning Demonstration Final Report"

¹⁰⁸ Ibid

¹⁰⁹ Ibid

the program's effectiveness, although the uptick in low birth weight in 2017 is a small increase in the rate and future years of data are needed to determine if this is a concerning upward trend.

In order to judge a program's effectiveness, specific and measurable goals are needed. Currently, little to no data exists to evaluate FPP's effectiveness in meeting its goals. However, the one goal that is evaluable, low birth weight rate, does not meet the evaluation criteria. Hopefully, more current data on the first full year of FPP will become available in 2019, namely Medicaid interpregnancy intervals and Medicaid births averted, or the program should monitor these numbers itself from year to year to gauge its effectiveness and adjust as needed.

Cost of the Family Planning Program

In the transition from IFPN to FPP, one of the most notable differences is the source of funding. The previous IFPN operated on a fee-for-service basis, and providers would receive reimbursements from federal Medicaid funds for services rendered to eligible clients. However, by excluding abortion-affiliated providers in the new FPP, the program became ineligible to receive federal funding and had to resort to being entirely state-funded¹¹⁰.

In order to establish the new state-funded program, the 87th Assembly of the Iowa Legislature passed House File 653, which was signed by Governor Terry Branstad on May 12, 2017. The bill contained the FY 2017-2018 budget for the Department of Health and Human Services, in which \$1,691,940 was appropriated towards funding the new FPP¹¹¹. \$100,000 of the total funding was authorized to cover the Department's administrative costs in the first year of operations¹¹². Funding for FPP was increased in Senate File 2418, which finalized a Health and Human Services budget for FY 2018-2019¹¹³. The budget allocated \$3,383,880 to the Department of Health and Human Services to administer the new FPP. Additionally, Governor Kim Reynolds increased funding for administrative costs to \$200,000, with the rest of the funding going towards service reimbursements to providers¹¹⁴.

Program Utilization of Funds:

Of the \$3,383,880 allocated to FPP for its first full year of operation, only \$737,000 was spent¹¹⁵. This decrease in spending is not a result of bureaucratic efficiency, nor is it a reflection of a better-off healthcare market. Rather, it is a strong indication that the program was underutilized.

This is evidenced by the decrease in services covered by FPP in its first year of operation. April–June 2017 marked the final three months of the IFPN's operations, during which 3,637 services were reimbursed¹¹⁶. However, FPP only covered 970 services between April–June of the following year, a 73% decrease from the prior year¹¹⁷. As stated earlier in the report,

¹¹⁰ Leys and Rodriguez, "State Family Planning Services Decline"

¹¹¹ H.F. 653, 87th Assembly, *Iowa Acts (2017)*. <https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=HF653> (accessed December 9, 2018).

¹¹² Ibid

¹¹³ S.F. 2418, 87th Assembly, *Iowa Acts (2018)*. <https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=SF2418> (accessed December 10, 2018).

¹¹⁴ Ibid

¹¹⁵ Leys and Rodriguez, "State Family Planning Services Decline"

¹¹⁶ Ibid

¹¹⁷ Ibid

enrollment in FPP also decreased by over 50% during the first year of operation (July 2017–June 2018), dropping from 8,570 to 4,177¹¹⁸.

Program Spending Yields Beneficial Results:

Between its implementation in 2006 and its conclusion in 2017, the IFPN exhibited consistent positive effects on birth outcomes in the state. Although there was a steady decrease in enrollment following the passage of the Affordable Care Act¹¹⁹, the state saw a decrease in the percentage of low weight births as well as in the percentage of live births to teenage mothers¹²⁰. These improvements in birth outcomes indicate improvements in the state's reproductive healthcare and family planning system, evidenced by the declining trends in low birth weight and teenage birth rates.

It is also worth noting that there are substantial cost-savings associated with the improvements in births averted and birth outcomes. Birth and first year of life costs pose a large financial burden for all families but especially so for low-income parents. Consequently, a large portion of these births' costs are covered by Medicaid, thus putting the financial burden on taxpayers. For example, the IFPN helped avert 6,211 births in 2015¹²¹. The average delivery cost in 2015 was \$8,688, and when added to the average birth and first year of life costs, the total comes out to \$16,236¹²². By multiplying the number of births averted by the average delivery and first year of life costs, it can be inferred that the state saved over \$100,000,000 in potential Medicaid costs associated with those births¹²³.

These data further exemplify the financial and social benefits offered by adequate family planning programs. While the legislature allocated a seemingly sufficient amount of funding towards FPP for 2018 (\$3,383,880), the shortfalls of actual program spending in 2018 (\$737,000) are in stark contrast with program spending over the past decade. The amount of funding allocated to the program becomes irrelevant if the money is not being spent, and the beneficial results of spending on family planning further emphasize the need to increase FPP's financial efficiency (see table below).

¹¹⁸ Ibid

¹¹⁹ Momany, "Iowa Family Planning Demonstration Final Report

¹²⁰ Iowa Department of Public Health, "Iowa Vital Statistics Reports"

¹²¹ Momany, "Iowa Family Planning Demonstration Final Report"

¹²² Ibid

¹²³ Ibid

Year	Program Cost ¹²⁴	Enrollment ¹²⁵	Births Averted ¹²⁶	Low birth weight ¹²⁷	Live births to teenage mothers ¹²⁸
2010	\$9,206,530	25,000	1,894	7.9%	7.9%
2011	\$8,568,748	26,000	2,717	7.1%	7.1%
2012	\$9,717,669	27,000	3,390	6.7%	6.5%
2013	\$8,627,444	25,000	3,528	6.6%	5.9%
2014	\$5,674,214	22,000	5,195	6.8%	5.2%
2015	\$3,800,076	17,000	6,211	6.8%	4.1%
2016	\$4,908,673	13,000	6,304	6.8%	4.6%
2017	\$2,776,517	8,500	4,327	6.6%	4.4%
2018	\$3,383,880	4,177 ¹²⁹	NA	NA	NA

Enrollment numbers are approximate and based on the enrollment data for April, May, or June of the reported year.

The values for births averted is a midpoint estimate. There was no data available for 2018.

Low birth weight live births and live births to teenage mothers are reported as the percentage of total live births.

The Economic Benefits of Investing in Family Planning:

Aside from the social benefits provided by family planning services, FPP also has the potential to save the state hundreds of millions of dollars in the future. Between 2006-2016, the state spent \$81,855,571 on operating the IFPN¹³⁰. In that same period, it is estimated that the state averted \$558,335,452 in costs stemming from unintended pregnancies and other related healthcare costs, putting the IFPN's net savings at a whopping \$476,479,882¹³¹. This translates to a rate of return approximately \$4.82 for every \$1 spent on family planning services¹³², ultimately making family planning programs a bureaucratic goldmine.

The unparalleled rate of return on family planning expenditures further highlights the inherent problems in FPP's underspending in FY 2018. Applying the \$4.82 rate of return to the unspent \$2.5 million suggests that the state passed up on averting over \$10 million in potential future costs. An efficiently run FPP can do much more than offer family planning services and reproductive healthcare; it can also serve as a major step in decreasing state spending on Medicaid and other social welfare programs in the future.

It seems redundant to judge whether the \$3.3 million allocated to FPP was sufficient, considering that only \$737,000 was spent¹³³. However, it is worthwhile to emphasize that

¹²⁴ Idib

¹²⁵ Ibid

¹²⁶ Ibid

¹²⁷ Iowa Department of Public Health, "Iowa Vital Statistics Reports"

¹²⁸ Ibid

¹²⁹ Leys and Rodriguez, "State Family Planning Services Decline"

¹³⁰ Momany, "Iowa Family Planning Demonstration Final Report"

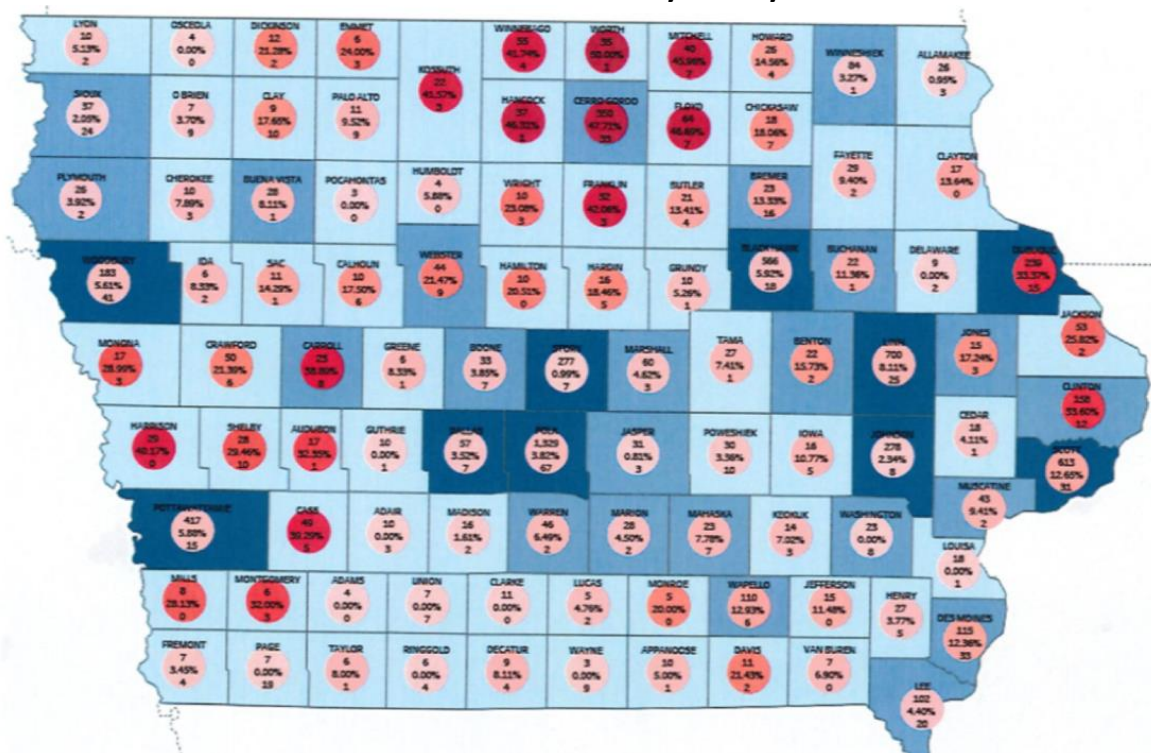
¹³¹ Ibid

¹³² Ibid

¹³³ Leys and Rodriguez, "State Family Planning Services Decline"

although the first year of FPP's operations was under budget, that is no indication that the program should receive less funding in the future. Rather, it signifies the need for systemic improvements to widen the current scope of FPP.

FPP Member Enrollment and Relative Utilization by County



KEY (top to bottom)

- county name
- total average enrolled members (FY 2018)
- average percentage of enrolled members receiving any service in a quarter
 - the darker the red shading of the circle, the higher the relative utilization
- number of enrolled FPP providers within the county
- light blue counties have a population under 20,000, medium blue have a population between 20,000-64,999, and dark blue have a population above 65,000.

Figure 5 – Source: Bentrott, Merea D. *FPP Member Enrollment and Relative Utilization*. Iowa Department of Human Services, 2018.

The map above examines variations in enrollment and service utilization for FPP in 2018. Trends in relative service utilization are emphasized with darker-shaded red circles, indicating a higher rate of relative service utilization in the county. There are three regions that exhibit high rates of utilization: northcentral, southwestern, and far eastern Iowa. On the contrary, northwestern, northeastern, southeastern, central Iowa, and the southern border have relatively low utilization rates.

This information can be helpful in developing strategies to enhance FPP's effectiveness by highlighting the regions in which the program is not as prevalent. Relative utilization rates offer some insight on how the ease of access to a provider influences the amount of services enrollees receive. Regions with lower utilization rates often have fewer providers than the high utilization regions do, which can make access to providers more difficult. To alleviate the disparities in service utilization, we recommend two potential courses of budgetary action to be taken by the state:

1. Increase spending on outreach and program promotion in areas with low utilization and enrollment.
2. Increase the number of providers in regions with low utilization and enrollment.

As mentioned in the previous section, family planning services help lowans avoid unplanned pregnancies and save the state substantial money by doing so. In fact, for every dollar spent on family planning services, there is \$4.82 rate of return due to future costs averted¹³⁴. FPP dramatically underspent its budget in FY 2018, leaving over \$2.5 million untouched. We recommend that the Legislature increases funding for administrative expenses from \$200,000 to \$500,000 in the FY 2019-2020 Department of Health and Human Services Appropriations Bill, in order to adequately increase marketing efforts for the program and allow the department to pursue expanding the provider array.

By increasing the amount of marketing and promotion for the program, FPP can increase lowans' awareness of the program and the services it offers. With high costs being one of the most preventative barriers in seeking healthcare, a marketing campaign that educates low-income citizens about the reduced-cost services offered by FPP would likely increase enrollment and service utilization. Aside from high costs, transportation to providers can be a deterrent to those seeking care. We recommend that FPP invests in further developing the array of providers, with a focus on counties with no current providers. Low-income individuals often have the hardest time in finding transportation, and by decreasing the difficulty of accessing clinics, service utilization can be expected to rise.

Ease of Use of the Family Planning Program

When researching the FPP, it became evident that both the website and database are not up to date, nor are they easy to navigate. The website's homepage explains how to search for available clinics to seek help at; however, when you search for a clinic, the clinics that were in IFPN but have since been defunded (e.g., Planned Parenthood) still show up. Various labs and clinics also show up, many of which do not offer personal healthcare services. Out of the 703 clinics that pop up, only 585 can be utilized (as shown in Appendix 1). Furthermore, there is no consistency between clinics and what services they offer. This is not noted on the website, there is only an overarching list of the services which are covered by the program. Without assurance or explanation that certain services are only offered at certain locations, there can be confusion for those seeking help. There is also a problem with updating the program's resources from the last program. The phone number given for FPP still has a voicemail box that says IFPN. Having all of this rectified, and ensuring a working knowledge of this program within

¹³⁴ Momany, "Iowa Family Planning Demonstration Final Report"

the Iowa Department of Human Services, would provide better chances of women getting the information and care they need.

Additionally, the website explains that there are 3 goals to determine the program's success. As mentioned above, these include increasing spacing between births, improving future birth outcomes, and reducing the number of unintended pregnancies and births paid by Medicaid. However, these goals are vague, as there is no further explanation on them. Furthermore, there is no elaboration on the research into or evaluation of these goals. The prior program released annual reports with research and explanations towards the successes and failures of the goals. There has not been a report since 2016, which makes it seem as though these goals are not currently being tracked, nor are they being evaluated. This highlights a larger problem, as a program's strengths and weaknesses must be identified in order to improve that program. Considering that FPP is not utilizing its full funding, it needs to better allocate its funding to develop a formal process of evaluation in order to accomplish its desired goals. The legislature needs to put specific guidelines in place to update, streamline, and regulate this system better, in order to ensure efficient work and utilization of tax dollars.

Recommendations

The FPP does not appear to be as accessible or effective as its predecessor, the IFPN. However, this program is only in its first year of existence, and logistical issues are to be expected in times of transition. Therefore, these recommendations are intended to assist the transitional period to incrementally improve the program. Each of these recommendations can be implemented individually, or together, in any combination. This is intended to allow for the betterment of the program despite where other political affiliations may lie. By evaluating and considering many routes of action, the legislature can work together to improve reproductive health outcomes for all of the eligible citizens in our state.

1) Increase Awareness:

One of the significant pieces of information this policy report found was the huge discrepancy between the estimated number of those eligible for FPP services, versus those utilizing the program. To add to the concern, utilization of the program has been dropping consistently. The decreases in enrollment and discrepancy between those eligible and enrolled can be partly attributed to the implementation of the Affordable Care Act, with individuals obtaining reproductive health services through private insurance providers. However, according to Gallup, Iowa's uninsured rate jumped to 7.2% in 2017, which was up from previous years.¹³⁵ That leaves thousands of Iowans uninsured, meaning there are more individuals than normal who could potentially utilize this program.

Obviously, for any program to be effective, the program and its resources need to be utilized by its target population. One of the reasons FPP may not be utilized to its full potential is the lack of awareness of the program. Especially considering the switch from IFPN to FPP, and the exclusion of abortion affiliated clinics, individuals may not use FPP if their primary provider was eliminated. It is reasonable to assume that more information and guidance about the availability of current providers would be helpful. For example, a list of FPP providers for each

¹³⁵ Tibbets, Ed, "Iowa's Uninsured Rate Up, Gallup Says," QC Times, 2017.

city, county, or surrounding area would be useful to help eligible and enrolled individuals find providers. Additionally, awareness of the program could be increased on a broader scale, from providing marketing and information at governmental agencies/offices to building health communication campaigns centered around this program. Building a social media presence could also be helpful in getting the word out about this program.

One of the simplest improvements that could be made to FPP is an increase in marketing and awareness of the program, specifically targeted towards impoverished and vulnerable communities within 300% of the poverty line. Increasing the administrative budget can increase FPP's marketing and outreach capabilities, and ultimately improve the program's effectiveness.

2) Simplification of Logistics:

As mentioned in the third category for criteria evaluation, the system has various areas of concern. The vague explanations of the goals lead to nonexistent evaluative methods for program success. Without being able to analyze the program for effectiveness, no evidence-based policy recommendations can be given. Therefore, a crucial step for FPP is to describe its goals in depth, as well as ensure annual evaluations of said goals. Having measurements of the goals will allow for a better reevaluation of the program, in order to maximize its future success.

A second step to simplifying logistics is ensuring an up-to-date database that only shows healthcare providers which can provide care to patients. This should be updated continuously, in order to ensure patients can access the services they need. In connection with this, the database should also strive to be more user-friendly. This could mean updating each clinic option with the services they provide. Another option would be to link each of these clinic options to their respective websites, specifically, to their available treatments and procedures. This should be recommended by the legislature, but not necessarily accomplished by them, as individuals in the healthcare profession will have a stronger working knowledge in how to explain this material. However, this will add to the long-term success of this program, as women will be better educated on where they can seek care, and what care they can expect to be given at each location. Making the process more clear and easier to access will significantly benefit the program's longevity.

The third step that could streamline these processes is to improve familiarity with FPP in the Iowa Department of Human Services. Having the IDPH on the same page as FPP is crucial in establishing a connection between FPP participants and the state government, ensuring that FPP clients have a resource to answer any questions they may have. To accomplish this, there needs to be a phone number and email on the website that individuals can reach out to. The old phone number has a voicemail box that still says Family Planning Network, which can lead to confusion. Having better support for FPP within the IDPH will benefit all FPP-eligible individuals who may have questions. Legislative support is crucial in ensuring the longevity and success of the FPP, especially as it relates to revising the program's budget to improve outreach efforts.

3) Increase Education & Outreach Services:

Allocating a portion of the budget towards increasing educational and outreach services would benefit individuals as they seek family planning assistance. Education is crucial in providing autonomy for women to make educated, important decisions about their reproductive actions, whether it be birth control or decisions concerning a pregnancy. Without consistency in the education that is being provided to FPP participants, the goals of the program are not being accomplished as efficiently as they should be. According to an article from the American Journal of Nursing Medicine, the most effective way to prevent unwanted pregnancies and STDs is to provide comprehensive education about sex and HIV, as well as to educate about contraceptives, condom use, and abstinence¹³⁶. This proves that educational services are effective and could help to accomplish the goals of FPP, as well as ensuring a more comprehensive understanding about reproductive health. Outreach is also a necessity for this to be effectively accomplished, as ensuring that women know they are eligible and that they can seek care nearby will lead to assisting more women. Considering the lack of equal access in our state to eligible family planning clinics, more needs to be done to include all eligible women.

The first element of this, educational services, is a broad area. The first step in this would be to reach out to the clinics which are a part of FPP to assess their educational services and outreach. If these programs already exist within clinics, then the legislature could simply allocate more funding to these clinics to increase their scope. This would take pressure off FPP to create their own educational outreach and would still benefit the individuals which they serve. If no educational services exist which can be expanded, then the legislature needs to encourage educational services to be created and implemented by FPP. This could take place at clinics as well as any high need areas in the form of lectures or open community dialogues.

FPP could also investigate the areas of their program which are lacking, namely the equal access of their program. Creating pop up clinics in these high need areas could help to alleviate the issues of inconsistent care. By increasing funding allocated towards pop up clinics in the areas with least access but most need, there can be more equitable access to care throughout Iowa. For example, there are 13 counties with 0 providers per 10,000 eligible households, of which 7 counties had above a 10.7% poverty rate, as shown in Appendix 2. Considering there is money which is not currently allocated, this utilization would prove effective. These areas with greater need also have higher poverty rates, and individuals presenting a higher poverty rate tend to be impacted more heavily by unwanted pregnancies and its consequences. According to the Guttmacher Institute, the unintended pregnancy rate among women with a family income lower than the federal poverty level is 112 per 1,000, more than five times the rate among women with an income greater than 200% of the poverty line.¹³⁷ Considering that anyone within 300% of the poverty line is eligible for FPP, this statistic is highly important in considering the relatively high unintended pregnancy rate. Taken into consideration with the fact that there are not enough clinics in these high need areas indicates a problem. This problem should be considered by both health experts and those who live in the affected communities, but the push to consider these problems should come from the

¹³⁶ David Carter, *Comprehensive Sex Education for Teens Is More Effective than Abstinence*, (2012), 15.

¹³⁷ Lawrence Finney & Mia Zolna, *Declines in Unintended Pregnancy in the United States*, (2016), 408.

legislature, as it is in the best interest for Iowa, both economically and socially, to assist these women before pregnancy occurs.

As mentioned in the cost section, for every \$1 invested, tax payers are saved \$4.82¹³⁸. Therefore, it makes economic sense to spend the funds allocated for FPP to provide the most benefit, both to the eligible participants and to Iowan taxpayers who fund the program. By increasing the access to FPP, through a variety of methods, more women will benefit. The goals of the program would also be more accomplishable, which would benefit the women receiving services as well as Iowa as a whole. Through either 1.) finding and expanding, or 2.) creating educational services, the ability for women in the program to make educated choices about their reproductive well-being would increase. Pairing this with increased outreach efforts to incorporate more eligible women into the program would lead to more needs being met as well as the goals of the program being accomplished. Creating or empowering free medical clinics or pop up clinics in areas of high need and low access would allow the program to spend more of its budget in order to accomplish these desired goals.

4) Re-consider Ban on Abortion Affiliated Clinics:

Planned Parenthood of the Heartland serves thousands of Iowans every year, with many of them being low income and/or from areas with higher minority populations. It is important to note that federal Medicaid funding never has and never will go towards funding abortions taking place at Planned Parenthoods directly,¹³⁹ however Planned Parenthoods and other abortion affiliated clinics were excluded from FPP because their clinic was affiliated with performing abortions.

Many claim that the closing of four Planned Parenthood clinics and exclusion of other abortion affiliated clinics following the switch to FPP negatively affected vulnerable populations and the overall reproductive health of women, as nearly 15,000 Iowans were left to find new reproductive health providers after these closings.¹⁴⁰ Many of these claims resemble situations in other states where similar family planning programming switches (i.e. the decision to forego federal funding in order to establish a state-funded program and exclude abortion affiliated clinics) have occurred. Examining research and data from these states can help predict the future success of Iowa's FPP and overall reproductive health outcomes of Iowans.

Research shows that Planned Parenthood health centers are more capable of delivering high-quality and timely contraceptive care to more women than other types of publicly funded family planning providers¹⁴¹. More specifically, women obtain care quicker at Planned Parenthoods compared to other providers, and Planned Parenthoods are more accommodating to clients by offering extended hours and clinic times¹⁴². In addition, it has been found that Planned Parenthood centers are more effective at finding birth control options that work best for each specific client. And, nationally, Planned Parenthood is an important source of care for

¹³⁸ Momany, "Iowa Family Planning Demonstration Final Report"

¹³⁹ Berg, Miriam, "How Federal Funding Works at Planned Parenthood," Planned Parenthood Action Fund, 2018.

¹⁴⁰ Todd, Bridget, "Iowa Health Center Closures Show the Devastating Impact of Defunding Planned Parenthood," Planned Parenthood Action Fund, 2018.

¹⁴¹ Hasstedt, Kinsey, "Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net," Guttmacher Policy Review, 2018.

¹⁴² Ibid

many women¹⁴³. In 238 of the 415 counties with a Planned Parenthood health center in 2015, Planned Parenthood served at least half of the women obtaining publicly supported contraceptive services from a state funded center¹⁴⁴. One-quarter of all women in need of publicly funded contraceptive services lived in these 238 counties¹⁴⁵. By providing comprehensive care to patients while being accessible to individuals of all backgrounds, along with housing locations across the state, Planned Parenthood helps to provide care to individuals and areas that may not have had another comprehensive healthcare option nearby. Reports from the Congressional Budget Office have shown that when less comprehensive family planning services are available, such as Planned Parenthoods, unintended pregnancy rates increase¹⁴⁶. The consequential rise in unintended pregnancies can result in higher abortion rates, all of which can be avoided with sufficient access to preventative services. This chain of events is the opposite intention of Iowa's state-sponsored program. By excluding these options like Texas and Indiana have, a comprehensive and viable option for family planning services have been completely negated. Iowa is the next state to follow suit.

Texas: Texas established a program similar to Iowa's FPP in 2012, called Healthy Texas Women. The state opted to forego Medicaid funding for family planning services in order establish its own state funded program that excluded abortion affiliated clinics from reimbursement¹⁴⁷. Three years after this change, 25% of family planning clinics in Texas closed¹⁴⁸. In 2011, 71% of organizations offered long-acting reversible contraception, and by 2012–2013, only 46% of providers did so, while serving 54% fewer clients than they had in the previous year¹⁴⁹. Moreover, many primary care organizations in Texas initially lacked the capacity to provide evidence-based family planning services that women's health organizations already provided, and these groups exclusion from state funding also contributed to the drop in utilization¹⁵⁰. Additionally, researchers at Texas A&M University found that teen abortions increased 3.1% in the following three years after the program switch and Planned Parenthood exclusion, while teen births spiked by 3.4% in the following four years after the change¹⁵¹. Moreover, a study done by the National Bureau of Economic Research found that there were 3,000 additional births in Texas between 2011-2015, including 2,562 caused by abortion clinic restrictions and 668 linked to lack of funding for non-abortion reproductive resources such as providers that

¹⁴³ Ibid

¹⁴⁴ Ibid

¹⁴⁵ Ibid

¹⁴⁶ Tuma, Mary. "What Happens When Texas Blocks Planned Parenthood? Abortions Rise," The Austin Chronicle, 2017.

¹⁴⁷ Kliff, Sarah, "When Texas Defunded Planned Parenthood, Women Got Less Birth Control and Had More Babies," Vox.com, 2016.

¹⁴⁸ White, K, et al, "The Impact of Reproductive Health Legislation on Family Planning Clinic Services in Texas," Contraception, 2013.

¹⁴⁹ Ibid

¹⁵⁰ White, K, et al, "Providing Family Planning Services at Primary Care Organizations after the Exclusion of Planned Parenthood from Publically Funded Programs in Texas: Early Qualitative Evidence," Health Services Research, 2017.

¹⁵¹ Tuma, Mary, "What Happens When Texas Blocks Planned Parenthood? Abortions Rise," Austin Chronicle, 2017.

distribute birth control pills and condoms¹⁵². Lastly, in January 2018, after five years with the state funded program, Texas lawmakers applied for a Medicaid exemption that would allow the state to receive Medicaid funds for the Healthy Texas Women program again, and only distribute those funds to non-abortion affiliated clinics¹⁵³. This may suggest that the state-sponsored program may not be as successful or cost effective as initially hoped. Overall, it appears as though Texas Healthy Women may not be as effective as its previous program, which included Planned Parenthoods.

Indiana: Another example is Indiana. The state has cut funding to Planned Parenthoods on multiple occasions since 2011, which has forced the closures of many Planned Parenthoods over the past seven years. One closure in particular, in Scott County, IN in 2013, left 24,000 residents without a place to receive HIV testing in the county. Two years later, an HIV outbreak ensued, as residents sharing opioid needles did not have access to free and confidential HIV testing. At the outbreak's worst, over 200 cases were reported, while the normal rate for HIV cases in Scott County, IN is less than 5 per year.¹⁵⁴ Following Texas' trend, the abortion rate in Indiana has increased as more Planned Parenthoods close. In 2017, the number of abortions rose to 7,778, up from 7,280 in 2016¹⁵⁵. Although Indiana has not established a completely state funded program like Iowa and Texas have, the closing of their Planned Parenthood clinics through defunding has had negative and unintended consequences on their citizens.

These states exemplify the potential consequences of establishing state funded FPPs and the exclusion of abortion-affiliated clinics. Both states experienced drops in clinics and overall access to care, which correlated to increases in unintended pregnancies and abortions. Although these states are distinctly different from Iowa in various aspects, their experiences are valid for examining the future of Iowa's FPP and reproductive healthcare delivery and worth considering.

Conclusion

Based off our data, it is shown that FPP has a large possibility for growth. By working to increase the effectiveness and equal access of the program, more women will be able to take advantage of and benefit from the program. This will assist in accomplishing the 3 goals set by the program: increasing the spacing between births, improving future birth outcomes, and reducing the number of unintended pregnancies and birth paid by Medicaid.

The first recommended route of action is to increase awareness of the program. By improving promotional materials and pushing local clinics and the Iowa Dept of Public Health to reach out to all patients who are eligible, more women will seek the care they need and deserve. This does not necessitate legislation as much as verbal support for this promotional push. By being educated and willing to speak on these issues, legislators will be able to spread the message about this available program.

¹⁵² Paul, Kar, "What Happened to Birth Rates after Texas Restricted Access to Abortion," MarketWatch, 2017.

¹⁵³ Poppe, Ryan, "Abbott Requests Federal Medicaid Exemption for Texas Health Woman PProgram," Texas Public Radio, 2018.

¹⁵⁴ Gross, Lexy, "Ind. Could Have Avoided HIV Outbreak, Study Shows," The Courier Journal, 2016.

¹⁵⁵ Rudavsky, Shari, "Abortions Increase in Indiana for the First Time in 7 Years," Indianapolis Star, 2018.

The second recommended route of action is to minimize the confusion that the program and website create. By updating the database, website, and contact information, women will be able to access the program more easily. In addition, having more defined and measurable goals to be annually re-evaluated will allow for the success of the program to be more accurately tracked.

The third recommended route of action is to increase educational and outreach services. By either creating their own educational materials or encouraging clinics to expand theirs, more individuals will be educated in reproductive health care. This will increase the program's success, as less unintended pregnancies will result. Increasing outreach services to individuals who are eligible for this program will also help lessen the unmet needs in Iowa. Increasing access to the program, specifically in areas with high need and low access, will benefit the program in accomplishing its goals.

The fourth recommended route of action is to reconsider the ban on abortion affiliated clinics in Iowa. This would allow Iowa to use federal funding and allocate the \$3 million of state money elsewhere. Additionally, it would provide more access to care across Iowa for women, which is a large barrier in accomplishing the FPP's 3 goals. Having more clinics for individuals to access will lessen the stress of current clinics in the number of women they have to see and the amount of outreach that they need to do. The overall goal of this program is to benefit women in their ability to receive equitable reproductive health care, and allowing abortion-affiliated clinics back into FPP will help accomplish this goal.

In conclusion, FPP has only been in existence for one year. It has problems with effectiveness of services, equal access, ease of use, and underutilization of funding. By setting more specific and measurable goals and reevaluating them annually, the program will be able to justify its importance. We encourage the legislature to think through the 4 recommendations provided above, and in consideration of the problems identified, implement any combination of these recommendations. Doing so will benefit the longevity of FPP, the individuals who are eligible for the program, and Iowa as a whole.

References

- "2013 Iowa Medicaid Birth Certificate Match Report: Interpregnancy Intervals." Iowa Department of Public Health. 2013. Accessed December 9, 2018. https://idph.iowa.gov/Portals/1/Files/HealthStatistics/2013_medicaid_intervals.pdf.
- Berg, Miriam. "How Federal Funding Works at Planned Parenthood." Planned Parenthood Action Fund. Accessed December 9, 2018. <https://www.plannedparenthoodaction.org/blog/how-federal-funding-works-at-planned-parenthood>.
- Carter, David. "Comprehensive Sex Education for Teens Is More Effective than Abstinence." AJN, American Journal of Nursing 112, no. 3 (March 2012): 15. doi:10.1097/01.naj.0000412622.87884.a3.
- Dreweke, Joerg. "New Clarity for the U.S. Abortion Debate: A Steep Drop in Unintended Pregnancy Is Driving Recent Abortion Declines." Guttmacher Institute. September 21, 2018. Accessed December 9, 2018. <https://www.guttmacher.org/gpr/2016/03/new-clarity-us-abortion-debate-steep-drop-unintended-pregnancy-driving-recent-abortion>.
- "Effect of Removal of Planned Parenthood from the Texas Womens Health Program." New England Journal of Medicine 374, no. 13 (2016): 1298. doi:10.1056/nejmx160006.
- "Family Planning Program (FPP)." Department of Health and Human Services. 2018. Accessed December 9, 2018. <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/FPP>.
- Finer, Lawrence B., and Mia R. Zolna. "Declines in Unintended Pregnancy in the United States, 2008–2011." Obstetrical & Gynecological Survey 71, no. 7 (March 3, 2016): 408-09. doi:10.1097/ogx.0000000000000340.
- Gross, Lexy. "Ind. Could Have Avoided HIV Outbreak, Study Shows." The Courier Journal. July 29, 2016. Accessed December 9, 2018. <https://www.courier-journal.com/story/news/local/indiana/2016/07/27/ind-could-have-avoided-hiv-outbreak-study-says/87621720/>.
- Hasstedt, Kinsey. "Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net." Guttmacher Policy Review. October 02, 2018. Accessed December 9, 2018. <https://www.guttmacher.org/gpr/2017/01/understanding-planned-parenthoods-critical-role-nations-family-planning-safety-net>.
- "Iowa County Poverty Rates." State Data Center. December 7, 2017. Accessed December 10, 2018. <https://www.iowadatacenter.org/data/acs/econ/poverty/couty-poverty-map>.
- "Iowa Quick Facts." State Data Center. 2017. Accessed December 10, 2018. <https://www.iowadatacenter.org/quickfacts>.

- "Iowa Vital Statistics Reports 2006-2017." Iowa Department of Public Health. Accessed December 10, 2018. <https://idph.iowa.gov/health-statistics/data>.
- Kliff, Sarah. "When Texas Defunded Planned Parenthood, Women Got Less Birth Control and Had More Babies." Vox.com. February 03, 2016. Accessed December 10, 2018. <https://www.vox.com/2016/2/3/10908822/texas-defund-planned-parenthood>.
- Leys, Tony, and Barbara Rodriguez. "State Family Planning Services Decline 73 Percent in Fiscal Year as \$2.5M Goes Unspent." Des Moines Register. October 18, 2018. Accessed December 10, 2018. <https://www.desmoinesregister.com/story/news/health/2018/10/18/iowa-health-care-family-planning-contraception-services-planned-parenthood-abortion-medicaid/1660873002/>.
- "List of Rural Counties And Designated Eligible Census Tracts in Metropolitan Counties." Health Resources & Services Administration. December 31, 2016. Accessed December 9, 2018. Health Resources & Services Administration.
- "Low Birthweight." March of Dimes. March 2018. Accessed December 10, 2018. <https://www.marchofdimes.org/complications/low-birthweight.aspx>.
- Momany, Elizabeth T., PhD. Iowa Family Planning Demonstration Evaluation Final Report: February 2006-June 2017. Report. Public Policy Center, University of Iowa. 1-17.
- Paul, Kari. "What Happened to Birth Rates after Texas Restricted Access to Abortion." MarketWatch. August 01, 2017. Accessed December 10, 2018. <https://www.marketwatch.com/story/what-happened-to-birth-rates-after-texas-restricted-access-to-abortion-2017-08-01>.
- Petroski, William. "Iowa Legislature Gives Final OK to Bill Defunding Planned Parenthood; Heads to Branstad." Des Moines Register. April 21, 2017. Accessed December 10, 2018. <https://www.desmoinesregister.com/story/news/politics/2017/04/20/iowa-legislature-gives-final-ok-bill-defunding-planned-parenthood-heads-branstad/100718452/>.
- Poppe, Ryan. "Abbott Requests Federal Medicaid Exemption For Texas Healthy Women Program." Texas Public Radio. January 24, 2018. Accessed December 10, 2018. <http://www.tpr.org/post/abbott-requests-federal-medicaid-exemption-texas-healthy-women-program>.
- "Poverty Status by Sex and Age." State Data Center. December 7, 2017. Accessed December 10, 2018. <https://www.iowadatecenter.org/data/acs/econ/poverty/poverty-age>.
- Rodriguez, Barbara. "Enrollment down in Iowa Family Planning Program." Des Moines Register. May 03, 2018. Accessed December 10, 2018. <https://www.desmoinesregister.com/story/news/2018/05/03/enrollment-down-iowa-family-planning-program-planned-parenthood-medicaid-gop-legislature-abortion/578080002/>.
- Rudavsky, Shari. "Abortions Increase in Indiana for the First Time in 7 Years." Indianapolis Star.

August 17, 2018. Accessed December 10, 2018.

<https://www.indystar.com/story/news/2018/07/06/abortions-indiana-increase-first-time-7-years-right-life-planned-parenthood/755908002/>.

Tibbetts, Ed. "Iowa's Uninsured Rate Up, Gallup Says." The Quad-City Times. May 09, 2018.

Accessed December 10, 2018. https://qctimes.com/news/local/government-and-politics/iowa-s-uninsured-rate-up-gallup-says/article_424e55d1-1a7f-538b-9f10-e7f623920f22.html.

Todd, Bridget. "Iowa Health Center Closures Show the Devastating Impact of Defunding

Planned Parenthood." Planned Parenthood Action Fund. Accessed December 10, 2018.

<https://www.plannedparenthoodaction.org/blog/iowa-health-center-closures-show-the-devastating-impact-of-defunding-planned-parenthood>.

Tuma, Mary. "What Happens When Texas Blocks Planned Parenthood? Abortions Rise." The

Austin Chronicle. July 12, 2017. Accessed December 10, 2018.

<https://www.austinchronicle.com/daily/news/2017-07-12/what-happens-when-texas-blocks-planned-parenthood-abortion-rise/>.

United States of America. Bureau of the Census. 2010 Census - 2018 Estimated # of Iowa

Households W/Income Less than \$15,000-\$49,999. Accessed December 8, 2018. Simply Analytics.

White, K., K. Hopkins, A. Aiken, A. Stevenson, C. Hubert Lopez, D. Grossman, and J.e. Potter.

"The Impact of Reproductive Health Legislation on Family Planning Clinic Services in Texas."

Contraception88, no. 3 (2013): 445. Accessed December 10, 2018.

doi:10.1016/j.contraception.2013.05.059.

White, Kari, Kristine Hopkins, Daniel Grossman, and Joseph E. Potter. "Providing Family

Planning Services at Primary Care Organizations after the Exclusion of Planned Parenthood from

Publicly Funded Programs in Texas: Early Qualitative Evidence." Health Services Research53

(2017): 2770-786. doi:10.1111/1475-6773.12783.

Section 5: About IPRO

IPRO consists of two entities.

First, students enroll in the legislative research seminar in the Fall of 2018. In this class, students learn about policy analysis and begin researching topics that are important to the state of Iowa. This is facilitated primarily using three to four person research teams. These teams are comprised of students with common research interests. For the next three months, each research team analyzes and discusses their chosen topic, ultimately producing a 20-30 page white paper.

After completing the legislative research seminar, students who wish can enroll in a separate course to serve as our Des Moines delegation. This course is taken the following Spring in order to put together the Hawkeye Policy Report and ultimately present it to the state legislature during the Hawkeye Caucus Day.

Below is a listing of the 2018/2018 Legislative Research Seminar team and Des Moines Delegation.

2018-2019 IPRO Membership

Legislative Policy Seminar (Fall 2018)

Sports Betting

William Montague

Sam Nelson

Rita Tewolde

Water Quality

Conrad Beech

Noel Mills

Ben Soll

Voter Disenfranchisement

Andrea Lynch

Hira Mustafa

Serena Qamhieh

Tristan Schmidt

Iowa Family Planning Program

Tommy Duffy

Allex Mahanna

Erin Taber

Medicaid Managed Care in Iowa

Gabriela Escoto

Ally McKenoe

Parker Nissen

Des Moines Delegation (Spring 2019)

Sports Betting

William Montague

Sam Nelson

Rita Tewolde

Water Quality

Conrad Beech

Noel Mills

Voter Disenfranchisement

Serena Qamhieh

Tristan Schmidt

Iowa Family Planning Program

Tommy Duffy

Allex Mahanna

Des Moines Delegation Member Information

Sports Betting

William Montague

William Montague is from Norway, Iowa. He obtained a Bachelor of Arts degree from the University of Iowa with majors in Political Science ('08) and Film ('17). Recently, William completed a Certificate in Social Science Analytics ('18) and is currently participating in an internship with Vote Smart, a non-profit voter education organization. He is interested in pursuing a terminal masters degree, preferably in public policy or international relations.

Sam Nelson

Sam Nelson is a sophomore from Sutherland, Iowa studying finance as well as ethics & public policy. At the University of Iowa, he is involved in Hawkinson Institute of Finance, Financial Management Association where he serves as the Recruitment Chair, and Special Olympics Iowa. Sam also enjoys serving as a Peer Mentor within the University of Iowa's Tippie College of Business, where he is able to assist first-year business students as they transition to life on campus. After finishing his undergraduate studies, Sam plans to pursue a career in investment banking with the hopes of serving as a financial analyst at a Chicago-based firm. He was motivated to join IPRO as a way to gain experience with the fundamentals of policy research while also developing a better understanding of controversial policy topics affecting Iowa citizens.

Rita Tewolde

Rita Tewolde is from Cedar Falls, IA. She is in her second year at the University of Iowa and is double majoring in economics and political science. Rita has been involved with the Hillary for Iowa and Fred Hubbell for Governor political campaigns. She is Director of Membership for the Undergraduate Political Science Association and is a member of University of Iowa Democrats and Phi Alpha Delta Pre-Law Fraternity. After graduating, Rita plans to attend law school.

Water Quality

Conrad Beech

Conrad Beech is a Sophomore from Algonquin, Illinois studying Ethics and Public Policy, and Economics. He is interested in the ways that public opinions shape the way that economic policy is created. His research focused on providing clear, nonpartisan solutions to fund sustainability efforts in Iowa. Conrad participates on campus through the Roosevelt Network, where he serves as the club's treasurer, and the Celi-Yaks club, working to increase awareness about Celiac disease at the University of Iowa and in the Iowa City community. Conrad also volunteers with Big Brothers Big Sisters of Johnson County, and works as a telephone research interviewer at the Iowa Social Science Research Center.

Noel Mills

Noel Mills is from Waterloo, IA and is a third-year studying Environmental Policy & Planning and Engaged Social Innovation. Through both in-class and extracurricular experiences, she became increasingly concerned about Iowa's water quality and interested in how policy might be able to affect positive change. Her work as the Sustainability Student Dining Ambassador, the Program Director of the Johnson County Global Food Project, and the Fraternity & Sorority Life Sustainability Director has opened doors into grassroots efforts in this area. Joining IPRO gave her the opportunity to take her work to the next level through water quality policy research, analysis, and advocacy. She currently serves as the Director of Finance for the undergraduate student government and is an active member of Delta Zeta sorority. She hopes to use the skills she gained through IPRO to ignite meaningful, effective environmental policy in the future.

Voter Disenfranchisement*Serena Qamhie*

Serena Qamhie is a junior and honors student at the University of Iowa. She is majoring in both political science and philosophy. After graduation, Serena intends to further her education and attend law school. The Iowa Policy Research Organization was a perfect opportunity for Serena to enhance her writing, argumentation and presentation skills, all while researching the important impacts of felon disenfranchisement in Iowa. Serena is the vice-president of the University of Iowa Mock Trial team. In her free time, Serena travels and competes with her mock trial team and plays the saxophone.

Tristan Schmidt

Tristan Schmidt is a senior from Floyd, Iowa studying African American Studies with a minor in human relations and a certificate in critical cultural competence. Tristan plans to attend graduate school and pursue a Master's in Sociology of Education. Tristan is currently working on honors in the major for African American Studies. His honors thesis is titled Understanding the Impact: the Iowa Edge Program & African American Students in Higher Education. The paper highlights University of Iowa programming and its effect on African American students through interviews and qualitative data analysis. Tristan also works within the University of Iowa Student Government, the University of Iowa Public Policy Center, and the Office of Academic Support & Retention.

Iowa Family Planning Program*Tommy Duffy*

Tommy Duffy was raised in Iowa City, IA and discovered his interest in politics while he was a student at Iowa City West High School. Tommy is now in his junior year, double majoring in political science and ethics and public policy on the pre-law track. He is especially interested in criminal justice, human rights, and international relations, and he would like to pursue a profession in one of those fields. Tommy enjoyed working as an intern in the Department of Equity and Engagement for the Iowa City Community School District this past summer, and he would like to intern in a representative's office before law school. On campus, Tommy is an active member of the Pi Kappa Alpha Fraternity, and he served as the Scholarship Chair for four semesters and as the Continuing Education Chair for one semester. In his free time, he enjoys spending time with friends, watching sports, and cooking.

Alex Mahanna

Alexis Mahanna is a third-year undergraduate student at the University of Iowa pursuing a double major in Global Health Studies and Ethics & Public Policy, a Spanish minor, and a Human Rights Certificate on the Pre-Law track. She is passionate about social justice, especially concerning sustainability and refugees. She is the president of the Iowa Students for Refugees organization, and the secretary of the University of Iowa Student Government (UISG). She is an intern at the Human Rights Center, is working on a research project concerning mental healthcare for refugees, and is an ambassador with the Iowa Center for Research by Undergraduates (ICRU). She also is a director of the LENA Project, which is a local nonprofit aiming to reduce single use plastic waste in the Iowa City area. In her free time, she enjoys reading, running, and drinking chai lattes at various Iowa City coffee shops.