Health Care Legislative Mandates

Iowa has one of the highest-quality, lowest-cost health care systems in the United States, as was highlighted by the U.S. News & World Report naming Iowa #1 for health care affordability and #5 in health care in their 2017 “Best States” ranking. Hospitals are reporting on a number of quality measures at both the state and federal level; despite this, various interests continue to seek clinical and reporting mandates on the health care community, especially hospitals, driving adverse impacts on health care quality and cost. While these mandates are well intentioned, the accumulative red-tape and impact on operations cannot be overlooked.

Position: Hospitals and health systems are already among the most regulated organizations in the nation and Iowa hospitals oppose unnecessary regulatory restrictions and mandates that only add cost to the overall health care system.

Data Mandates

IHA opposes any new mandatory data requirements on hospitals and supports a thorough review of all currently mandated registries.

Currently there are 13 mandated registries in Iowa to which hospitals report health care information. These are in addition to extensive federal reporting requirements. Unfunded reporting mandates take clinical expertise to facilitate chart reviews, which take clinicians away from direct patient care. Unfortunately, the data is often collected from hospitals with no specific goal and the data is never used. Additionally, reporting data just for the sake of reporting doesn’t result in improved quality outcomes.

Clinical Standards of Practice

IHA opposes any new mandatory data requirements on hospitals and supports a thorough review of all currently mandated registries.

Health care mandates are also legislated by codifying clinical standards of practice. Examples of this include legislation passed in 2017 to require breast density notification and cytomegalovirus testing and education. In many instances, clinical mandates are legislated before the medical community has a clear scientific consensus on the proposal. Medical standards of practice should be determined by health care professionals through a peer reviewed process, which is quickly updated as science is constantly evolving, rather than the long legislative process that can be subject to the whims of the day.

The goal of every Iowa hospital is to provide the highest quality care to every patient and to minimize potential risk factors. This is best accomplished through collaborative efforts, such as through the Iowa Healthcare Collaborative’s work between hospitals and physicians.
Action Needed

Advanced Practice Registered Nurse (APRN) Licensure Compact

The General Assembly should support efforts by the Board of Nursing to join the APRN Compact.

APRNs provide direct patient care in hospitals across Iowa. As Iowa faces an increased shortage of primary care physicians, the importance of attracting and retaining APRNs in the state is essential to maintain staffing requirements necessary to provide an adequate level of care. APRNs are also essential to ensuring access to mental health care to rural Iowans, which is often provided by psychiatric ARNPs through telehealth.

In 2015, members of the National Council of State Boards of Nursing began a reinvigorated effort to form an APRN licensure compact. Because Iowa already allows APRNs to have an independent practice and prescribing authority, implementation of the compact would be an easy transition between the current use of the ARNP title in Iowa to the title of APRN. Joining the APRN Compact will make it easier for APRNs to move to and provide care in Iowa.

Certificate of Need (CON)

IHA urges the Legislature to oppose any changes to Iowa’s CON statute.

Iowa maintains state oversight of institutional health care services (hospitals, nursing homes, ambulatory surgical centers, etc.) under Iowa’s Certificate of Need (CON) process. Thirty-five states including Iowa have some form of operational CON laws.

The CON process requires health care providers to demonstrate that a true community need exists prior to establishing certain new facilities, new services, or purchasing high dollar equipment. In states that have abandoned CON laws, experience demonstrates that an abundance of for-profit health care enterprises have subsequently occurred. These organizations rarely provide 24-hour emergency care and charity care services, instead focusing on only those procedures that contain the highest profit, leaving all other care to the local community hospital.

Removal of CON would put Iowa’s existing hospitals and community services at risk, jeopardizing their continued existence and the thousands of jobs they provide in their communities, especially rural communities.
Hospital Renovations and Construction

Iowa should allow not-for-profit hospitals to have a similar sales tax exemption as Illinois’ hospitals.

Hospitals must invest in capital infrastructure projects to meet current and future patient needs, respond to advancements in medical equipment and technology, and comply with government regulations. While these improvements are necessary for all hospitals, the Iowa General Assembly has only allowed for sales tax exemptions on specific hospital construction projects in the past. Illinois exempts all not-for-profit hospitals from sales tax liability.