

2020 LEGISLATIVE SUMMARY



IOWA HOSPITAL
ASSOCIATION

We care about Iowa's health

table of contents

Message from IHA's president/CEO	3
2020 Legislative Session Overview	4
COVID-19 Response	4
2020 Legislative Session Bill Summaries	5
Telehealth	5
Emergency medical services	6
Tort reform: Medical malpractice caps and COVID-19 immunity.....	8
Certificate of need	8
Workforce	9
Construction alternatives	10
Elections.....	11
Appropriations legislation.....	11
Other relevant legislation	12
Interim Advocacy Activities	13
2020 Election Cycle	14
House of Representatives	14
Senate	14
Open seats	14
IHA PAC.....	17
Advocacy 101: Staying connected	17
Grassroots advocacy website	17
Hospital Day on the Hill.....	17
Iowa Hospital Action Network.....	18
Legislative dashboard	18
Legislative videos and podcasts.....	18
Publications	18
Social media	18
Government Relations Staff.....	19
Bill Tracker	20



We care about Iowa's health

Message from IHA's president/CEO



Each year, patients and health care providers face a multitude of complex challenges. From issues affecting access to care and safety in the workplace to infection control and economic sustainability, the issues in health care are vast and constantly evolving.

As challenging as previous years may have been, the COVID-19 pandemic has created historic pressures for hospitals and health systems in 2020. Iowa Hospital Association (IHA) members have met these challenges and remained steadfast in their commitment to patient outcomes and the well-being of the communities they serve.

As the pandemic unfolded in March, IHA's government relations team worked with state legislators in understanding and quickly addressing the immediate effects the pandemic was having on Iowa hospitals and health care workers. Soon after, attention shifted to the short- and long-term impacts of the virus on our members. Although action on a fiscal relief package for Iowa hospitals was not forthcoming during the abbreviated legislative session, groundwork was laid to address COVID-19's financial ramifications and other priorities as we look to 2021.

This Legislative Summary details the health care issues addressed by the 2020 Iowa General Assembly, and specifically examines how Iowa hospitals will be affected.

IHA relies on our advocates to be the voices of Iowa's hospitals at the Statehouse. On behalf of the IHA Board of Officers and Trustees and staff, thank you for your continued advocacy efforts and support of Iowa's hospitals and the communities they serve. Together, we can work to successfully navigate through this complex and challenging time.

Sincerely,

Kirk Norris
President and CEO
Iowa Hospital Association

Mission: The Iowa Hospital Association is the organization that represents Iowa hospitals and supports them in achieving their missions and goals.

Vision: To be Iowa's most trusted, respected and influential leader in health policy and advocacy, and a valued resource for information and education.

Values: Integrity — Leadership — Innovation — Engagement

2020 Legislative Session Overview

The 2020 session of the Iowa General Assembly began like any other session. The House and Senate gavelled in on the second Monday in January with the usual pomp and circumstance. The session advanced with its routine march and moved past the first funnel and toward the second. Just before the second funnel, an event causing an unprecedented pause to the session monumentally affected Iowa's hospitals and the communities they serve. Sunday, March 8, Iowa confirmed its first cases of COVID-19. Gov. Kim Reynolds issued an initial disaster proclamation the next day. Saturday, March 14, Gov. Reynolds announced Iowa was experiencing community spread of COVID-19. Three days later, the governor officially declared a State of Public Health Disaster Emergency, the first of her many declarations that would follow.

On that same day, the Legislature passed a series of resolutions to suspend the session and appropriate supplemental funding to ensure the state could continue to operate. A suspension of this nature was unprecedented for Iowa's legislature. Many wondered how the session would proceed, whether there would be a chance to move policy on the Legislature's return and how the Legislature would fulfill its constitutional duties.

Since March, all eyes have been on Iowa's selfless hospital heroes taking care of patients while lacking medical supplies and testing kits and watching hospitals struggle through financial challenges.

The financial repercussions of this pandemic are threatening the future of Iowa hospitals. Collectively, Iowa hospitals could lose more than \$1.4 billion through September, according to financial modeling by CliftonLarsonAllen, a well-known audit and consulting firm.

Although Congress has provided stimulus and relief funding, it will not be enough to close the fiscal gap many are facing because of COVID-19. Iowa hospitals on average lost half of their gross revenue in the pandemic's first six weeks. As a group, it's an estimated \$12 million net loss per day from mid-March to late April.

The legislative session reconvened Wednesday, June 3, after several continuances. The session was brief, with only a few days to pass policy legislation before focusing on the budget. The Legislature officially adjourned Sunday, June 14. All procedures and budget work typically performed according to traditional and routine processes were done quickly and through an unprecedented system.

This document summarizes legislation passed in the short time frame allotted for policy work, the state budget and a legislative response to COVID-19. Regardless of the legislative outcomes during this session, legislators recognized the outstanding and tireless work performed by hospitals to keep Iowans healthy and safe.

COVID-19 Response

Federal and state governments worked tirelessly to provide financial and regulatory relief for hospitals. Hospital associations nationwide are assessing this relief and developing creative solutions to ensure the viability of our country's health care system. In Iowa, hospitals face unprecedented financial distress. IHA predicts by the end of 2020, Iowa's hospitals could collectively lose up to \$2 billion because of the pandemic.

Although the federal government provided most of our association members with some financial assistance, many Iowa hospitals are still struggling financially from not providing elective procedures for an extended period. IHA asked the Legislature to provide additional support to hospitals to ensure they had the cash flow to survive through the pandemic.



Besides dealing with financial issues caused by the pandemic, association members needed help navigating the regulatory maze that became more complex because of the pandemic. IHA collaborated with White House staff, Iowa's congressional delegation, and federal and state agencies, including the Department of Human Services, the Department of Public Health and the Iowa Department of Inspections and Appeals to request waivers of regulations that were difficult for association members to follow because of the pandemic. IHA appreciates the relief that various levels and arms of the federal and state government provided to our members.

Additionally, IHA's Vice President of Clinical Services, Jen Nutt, DNP, was assigned to the State Emergency Operations Center. Dr. Nutt had direct access to the governor's office and quickly relayed information to all branches of state government.

This is a summary of the financial requests that IHA made of the Iowa Legislature. Although the association did not receive these requests, our advocacy efforts educated legislators about the issues our members are facing.

Financial requests:

- **Critical access hospitals reimbursement** – Requested the Iowa Legislature to increase funding for the cost-adjustment factor for critical access hospitals from \$1.5 million to \$13 million.
- **Long-term funding** – Requested the Iowa Legislature to create a \$150 million Emergency Relief Trust Fund for distressed hospitals.
- **Medicaid program relief** – Requested the Legislature to make several adjustments to the state Medicaid program by passing legislation to:
 - Increase Medicaid rates by 5% using the Federal Medicaid Assistance Package funds provided by the federal government.
 - Require Medicaid fee-for-service and managed-care organizations to make accelerated payments to hospitals for a six-month period.
 - Require Medicaid managed-care organizations to immediately pay hospitals outstanding accounts receivable.
 - Suspend the Hospital Health Care Access Assessment program, or “provider tax.”
- **Telehealth payment parity** – Telehealth payment parity was an issue through the final days of the 2020 Legislative Session largely because regulatory relief required commercial payers to provide payment parity under all plans during the pandemic. Although the Legislature did not pass telehealth legislation, several developments favored hospitals. The telehealth payment-parity debate will continue next session.

2020 Legislative Session Bill Summaries

TELEHEALTH

Payment parity for telehealth services remains a priority for IHA. Although telehealth may save costs for hospitals over time, they will not realize those savings overnight. Without payment parity, hospitals cannot cover their costs to build the infrastructure to facilitate telehealth statewide. Ultimately, telehealth payment parity is a health access issue.

House File 2192, Telehealth Payment Parity, FAILED – Although HF 2192 did not advance this session, after rigorous discussion, Wellmark BlueCross BlueShield agreed to provide payment parity through February 2021 in exchange for the Senate and the House to pull the amendment and bill. Although Wellmark agreed to this, other payers have not explicitly agreed to do the same. IHA will continue to advocate that those payers provide telehealth payment parity through February 2021. HF 2192 would have required commercial insurance carriers to pay providers for telehealth services at the same rate as in-person services under Non-ERISA commercial insurance plans.

HF 2192 was amended in January to require patients to be at a health facility for the provider to receive payment parity. The bill passed the House unanimously in March and was referred to the Senate Human Resources Committee before the legislature's recess. After resuming session, the House attempted to address telehealth payment parity by introducing an amendment to House File 2627, which addresses professional licensing. Section 49 of the amendment (H-8250) would have created temporary provisions for telehealth payment parity. Besides including audio-only telephone services in the telehealth definition, the amendment required commercial insurance carriers to pay providers the same rate for telehealth as they pay providers for in-person services. The amendment required the state's three largest private health care systems, the University of Iowa Hospitals and Clinics, and the associations representing carriers and health care providers to submit reports about the provision of telehealth in Iowa to the general assembly by March 15, 2021. The amendment outlined seven areas the reports must cover, and the amendment required each report to present data separately based on whether patients received telehealth services in a health care facility or another location.

The Senate Human Resources Committee voted along party lines to amend HF 2192 to require commercial insurance carriers for non-security act plans to:

- Pay 65% of in-person rates for non-facility non-behavioral health telehealth visits.
- Pay 95% of in-person rates for non-facility behavioral health telehealth visits.
- Provide payment parity for facility telehealth visits.

This version of the legislation did not reach the Senate floor.

Ultimately, the Legislature took no action on payment parity and asked stakeholders to return in January to advocate their positions. IHA will work with its members and other stakeholders to collect data and advocate for full payment parity during the interim. The association will work with legislators to introduce payment-parity legislation during the 2021 legislative session. Meanwhile, Sections 61 and 62 of the governor's June 25 proclamation extended the orders and waivers the governor issued for telehealth to Saturday, July 25. Sections 61 and 62 require commercial insurers to provide telehealth payment parity through July 25, under all plans.

Senate File 2261, Telehealth in Schools, SIGNED – SF 2261 allows telehealth behavioral health services in schools. Students who need behavioral health services may now receive them at the school. Parents no longer need to leave work to pick up their children from school and miss part of the school day to see health care providers. SF 2261 allows schools to arrange for a mental health professional to meet with a child with a parent or guardian's consent and requires schools to provide a private room for each appointment.

EMERGENCY MEDICAL SERVICES

Finding ways to expand access to emergency medical services, especially in rural Iowa, continued to be a priority for IHA during the 2020 legislative session. Last year, the association successfully advocated both chambers to introduce legislation that allowed county boards of supervisors to more easily declare emergency medical services as an essential service and levy taxes to pay for such services. Neither bill advanced. This year, IHA, Iowa Emergency Medical Services Association and Iowa State Association of Counties successfully lobbied the Iowa House of Representatives to pass an essential-services bill. Unfortunately, the Senate did not take up the bill during the final days of the 2020 legislative session. This is the furthest this legislation has advanced since IHA started working on this issue several years ago.

Essential-services legislation is important because rural hospital ambulance services are being stretched thin. Without providing county boards of supervisors with a streamlined approach for raising revenue to pay for emergency medical services and with no clear indication that the Legislature will provide funding to help parts of rural Iowa that need the resources the most, many Iowans will not have reliable emergency medical services where they live.

IHA also advanced legislation that would increase the number of training opportunities for those wanting to enter the emergency medical services profession. Although it is important to ensure counties have mechanisms to fund emergency medical services, the association also recognizes the need to bolster the emergency medical services workforce. In 2021, IHA will work with the Senate and House to reintroduce legislation to do both.

House File 2224, Sports Betting Revenues for Emergency Medical Services Funding, FAILED – HF 2224 would have allocated taxes collected through internet fantasy sports contests and sports wagering to an emergency medical services fund rather than the sports-wagering receipts fund between June 2020 and July 2021. This bill passed a House subcommittee but did not advance to a full committee vote.

House File 2602, Essential Services, FAILED – HF 2602 would have allowed county boards of supervisors to declare emergency medical services as an essential service without a countywide public vote and would have eliminated a five-year sunset on such declarations. By law, county boards use a process to declare emergency medical services as an essential service. But to impose a tax to raise revenue for the service, a board must hold a special election approving the tax. Current law also sunsets any such declaration after five years, requiring a board to go through this process again. Only three counties have used this process to declare emergency medical services as an essential service because the process is lengthy and expensive.

HF 2602, as amended because of suggestions from IHA, would have given a board the ability to impose the tax after:

1. Passing a resolution declaring emergency medical services as an essential service at two meetings.
2. Creating an advisory committee to assess the needs of the county.
3. Reviewing a report from the advisory committee.
4. Voting on the declaration at the next general election.

The bill also would have eliminated the five-year sunset.

Although the bill called for a vote of the county's residents, it did not require a board to administer an expensive special election. The substance of this bill was incorporated into Senate File 2283, which passed the House with only one nay vote. The Senate elected not to take up SF 2283, so the bill failed.

House File 658, Speeding Fine Revenues for Emergency Medical Services Funding, FAILED – HF 658 would have increased the penalties for speeding in public parks and alleys, state parks and preserves, and work zones, and required that additional money collected be transferred to the Department of Public Health's emergency medical services fund. The bill also required that the additional money support rural emergency medical services in the state's underserved areas. Although this bill passed both the State Government and Ways and Means committees, it did not receive a floor vote.



Senate File 2283, Emergency Medical Services Training, FAILED – SF 2283 would have allowed medical care ambulance services and non-transport services to start emergency medical technician training programs if the companies obtain authorization from the Iowa Department of Public Health. By law, only hospitals and community colleges can run these training programs. This bill would have expanded training opportunities for those seeking to enter the profession and reduced the cost of such training programs.

SF 2283 passed the Senate and was amended by the House to incorporate essential-services language from HF 2434. Unfortunately, this bill was not taken up by the Senate. Although IHA is disappointed this bipartisan bill did not advance, the association will continue to advocate for this legislation in 2021.

TORT REFORM: MEDICAL MALPRACTICE CAPS AND COVID-19 IMMUNITY

Tort reform has recently received much attention in Iowa. In 2017, Gov. Terry Branstad signed legislation that limited noneconomic damages to \$250,000 in medical malpractice cases, except when a jury determines the patient's care caused substantial or permanent loss or impairment of bodily function, or substantial disfigurement or death.

The 2017 legislation also:

- Allowed physicians to have frank discussions with patients and their families after care was provided that caused death or serious physical injury without fearing information from these discussions would be used in court.
- Established stronger expert-witness standards.
- Required the aggrieved party to submit a certificate of merit in medical malpractice lawsuits.

This year, IHA helped advance legislation to place a "hard cap" on all noneconomic damages, effectively removing exceptions to a cap on noneconomic damages. The association helped advance legislation in the Senate, which passed along party lines.

As IHA was working to advance the bill in the House, the Legislature recessed. Considering the pandemic, the Legislature's focus turned to obtaining immunity for health care workers and other businesses. House Republicans struggled to obtain full support in their caucus for a hard cap on noneconomic damages. As a result, a pandemic immunity bill was proposed in exchange for dropping the medical malpractice caps.

Senate File 2338, Immunity, SIGNED – SF 2338 originally placed a hard cap on noneconomic damages in medical malpractice cases. The bill also limited admissible evidence for damages to prove past medical expenses to amounts paid to satisfy bills and amounts necessary to satisfy unpaid bills. The bill originally capped noneconomic damages at \$250,000 and was later amended to \$750,000, which was the version the Senate passed along party lines.

As the House was determining the fate of SF 2338, the Legislature recessed because of the pandemic. On return, the House and Senate reached an agreement to turn SF 2338 into a COVID-19 immunity bill and drop the hard cap. The bill passed both chambers largely along party lines. SF 2338 provides immunity to health care workers for acts or omissions related to their care during the pandemic. The immunity applies to:

- Acts or omissions of health care workers while providing care to patients unrelated to COVID-19 when those acts or omissions support the state's response to COVID-19.
- Injury or death from screening, assessing, diagnosing, caring for and treating patients with suspected or confirmed cases of COVID-19.
- The prescription, administration and dispensing of medicines for off-label use to treat such patients.

SF 2338 also provides broad immunity to other industries affected by COVID-19.

CERTIFICATE OF NEED

Certificate of need continues to be an area IHA watches. This year was rather uneventful.

Senate File 2063, Certificate of Need, FAILED – There was only one piece of legislation pertaining to certificate of need introduced early in the session. This bill exempted birthing centers accredited by the American Association of Birthing Centers from having the required certificate of need application from the Iowa Department of Public Health. SF 2063 was assigned to a committee, but the bill did not survive the first funnel.

WORKFORCE

Iowa hospitals continue to face workforce shortages in critical areas. IHA supports efforts to ensure hospitals have the resources to pay competitive wages and attract high-quality candidates for employment. This can be done by:

- Bolstering telehealth opportunities in Iowa.
- Investing in workforce initiatives that provide incentives to Iowa health care professionals.
- Loosening restrictions that prohibit health care professionals from staying engaged in the workforce.

House File 2197, Medical Residency Training State Match Program Rural Rotation Requirement and University of Iowa Hospitals and Clinics Primary Care Residency Requirements, SIGNED – HF 2197 makes several amendments to the medical residency training state matching-grants program. First, it expands the definition of “primary care” to include psychiatry, obstetrics, gynecology, family medicine, internal medicine and emergency medicine. HF 2197 also requires primary care residency programs to provide rural rotations to residents who wish to participate in such rotations. HF 2197 also imposes two requirements on the University of Iowa Hospitals and Clinics. First, it requires the system to prioritize applicants for primary care residencies who are either Iowa residents, attended and earned an undergraduate degree from an Iowa college or university, or earned a medical degree from an Iowa medical school when awarding federal residency positions. Second, it requires the health system to offer primary care residents opportunities to participate in rural rotations to expose them to rural areas of the state.

Senate File 2251, Rural Loan Repayment, FAILED – SF 2251 would have added obstetrics and gynecology as an area of specialization that qualifies for loan repayment under the primary care loan repayment program and would have required those receiving loan forgiveness to practice at least 70% of a 40-hour work week. Finally, the bill would have modified the eligibility criteria for an Iowa city contributing to the rural Iowa primary care trust fund. The bill passed out of subcommittee but did not advance out of the full committee.

House File 2627, Professional Licensing, SIGNED – HF 2627 is the governor’s licensing bill introduced as a mechanism to relax state professional licensing laws. Also included as part of this bill is the elimination of the hospital licensing board. This six-member board consults with and advises the Iowa Department of Inspections and Appeals on policy affecting hospital administration. The board also reviews and approves rules and standards before their approval by the State Board of Health and adoption by the Department of Inspections and Appeals. The Department of Inspections and Appeals has ensured IHA that it will seek the association’s input on hospital-related matters after the board sunsets. Besides the changes made to the hospital licensing board, the bill limits the crimes used to disqualify someone from obtaining a professional license and requires licensing boards to develop lists of disqualifying crimes. It also allows a licensing board to grant a license to someone who holds an out-of-state license, is in good standing and meets other requirements. The bill reduces fees and provides other licensing relief.



House File 2629, Future Ready Iowa, SIGNED – This bill was a priority for Gov. Reynolds, and IHA strongly supported the bill and the components that will help hospital workers. The goal of the bill is to ensure that 70% of Iowans receive training or apprenticeships after high school. This bill expands registered apprenticeship opportunities for students and workers by providing financial assistance to businesses that offer apprenticeships in high-demand occupations as designated by the Iowa Workforce Development board. The board has designated many health care-related jobs as “high-demand and high-growth occupations,” including medical and health services managers, medical scientists (e.g., epidemiologists), chemists,

mental health counselors, rehabilitation counselors, mental health and substance abuse social workers, community health workers, medical assistants and surgical technicians. A full list of high-demand and high-growth occupations can be found [here](#). The bill also creates a workforce diploma program to help students who are beyond school age but wish to pursue a diploma while developing career and technical education skills.

HF 2629 also:

- Creates additional senior-year-plus provisions making it easier for students to enroll in senior-year-plus programming in their high schools. This will allow students to get college credits in high school.
- Establishes computer science educational standards for K-12 students that will expand learning opportunities for students beyond high school.
- Offers supplementary weighting to school districts for work-based learning coordinators.
- Provides child care assistance by adding funds to the Iowa Child Care Challenge Fund.

Senate File 2118, Physician Loan Repayment, SIGNED – SF 2118 makes several changes to refinanced loans under the Rural Physician Loan Repayment Program. First, the bill requires the program to forgive \$40,000 of an eligible student's loan if the student has more than \$200,000 in loans and complies with the program's requirements. The bill says the program's commission may forgive eligible students' loans if they have less than \$200,000 of loans, but the amount to be forgiven is equal to one-fifth of a student's loans. The bill also allows a recipient under the program to continue to receive loan repayments after refinancing an eligible federal loan with a private lender without the need to restructure the borrower's repayment plan and can eliminate any benefit to the borrower. The loan repayment amount cannot exceed the lesser of the loan repayment amount allowed under the program or the balance left on the loan repayment amount. The bill also prevents the commission from entering into more than 20 program agreements and requires the commission to evenly divide the agreements among the eligible universities while providing some flexibility to reassign unused agreements. SF 2118 also creates a health care professional recruitment fund for the commission to use under the program.

Senate File 2299, Alternative Mechanism for Background Checks, SIGNED – By law, hospitals must request the Iowa Department of Public Safety to perform criminal background checks and the Iowa Department of Human Services to perform child and dependent adult abuse record checks on applicants before they are hired. In recent years, human resources professionals have experienced significant delays in receiving the outcomes of such checks, often causing hospitals to lose applicants to other job opportunities. To help hospitals hire much-needed talent quickly, the Legislature passed SF 2299, which allows hospitals to access the single-contact repository to perform the required background checks. If a hospital elects to access the repository, it may use a third-party vendor to obtain preliminary background checks on applicants and provisionally employ them until it has received the results of the required background checks if the results of the preliminary background checks meet certain requirements.

CONSTRUCTION ALTERNATIVES

Iowa's public hospitals have long searched for alternatives to the competitive construction bidding process. This year, the Legislature considered two bills that would have allowed government entities to use alternative competitive bidding processes for construction projects.

Senate File 2364, Competitive Bid Alternatives – Construction Manager-at-risk, FAILED – SF 2364 would have prohibited public entities, including the state board of regents, from entering into design-build contracts, but it would have allowed public entities to enter into guaranteed maximum price contracts with construction managers-at-risk. SF 2364 would have further created processes for public entities to enter into such contracts, including following certain disclosure requirements. The Senate passed the bill along party lines, but the House did not advance the bill.

House File 2572, Competitive Bid Alternatives – Design Build, FAILED – Generally, HF 2572 was a companion bill to Senate File 2364. But House leadership chose to wait for the Senate version of the bill. After the SF 2364 advanced in the Senate, the House had concerns about some of the amended portions of SF 2364 and chose not to advance the bill.

ELECTIONS

Health care was not the only area affected by the pandemic. As the virus spread during a primary election cycle, the Secretary of State and county auditors struggled with how to safely conduct an election. The actions taken by election officials prompted a legislative response and the passage of the legislation outlined below.

House File 2486, Design and Use of County Seals, SIGNED – The original version of HF 2486 dealt only with changes to county seals. But the Senate later amended the bill to include changes to election and voting laws. Of note is a change to the filing timeframes for trustees of county hospitals.

IHA requested legislators add language to adjust the filing deadlines for the affidavit of candidacy for county hospital trustees in the 2020 election cycle. Legislation passed last year made a change to the filing timeframe by moving the deadline to March. Until last year, hospital trustees had generally filed in an August timeframe. Based on the request from IHA, the filing deadline for candidates for county hospital trustee was restored to 69 days before the general election – the deadline traditionally used. This amendment was passed and the bill has been signed, allowing hospital trustees who missed the deadline to proceed with filing.

The bill became very controversial in the elections process when the Senate added an amendment that would have made several changes to the elections process. The House responded with a bipartisan amendment that scaled back much of the Senate proposal. The Legislature settled on and passed a bill that would limit the emergency powers of the Secretary of State and county auditors. The Secretary of State must now seek approval from the Legislative Council before changing election procedures (such as mailing out absentee ballots during a pandemic), and county auditors cannot reduce the number of polling places by more than 35%.

The bill passed the House with a vote of 95-2. The Senate concurred with the House amendment and passed with a vote of 31-16.

APPROPRIATIONS LEGISLATION (HOUSE FILE 2643)

The legislative session was unprecedented in many ways, and the appropriations process was no exception. In a typical general assembly, there is a routine and standard approach to the budget process. Budget subcommittees are designated to determine a portion of the state budget based on a specific area, such as education, and are combined to form the full state budget.

This year, there were no subcommittees for appropriations specific to categorical portions of the state budget. Rather, the full budget process took one week, and the product was a single omnibus budget bill that comprised the full state budget.

There were no opportunities for additional budget items and the appropriations bill was largely status quo funding with no significant additional funding.

The rationale for a status quo budget in an omnibus bill was the state of the budget based on the impact of COVID-19 and recent revenue estimates. At the urging of the governor and leadership in both the House and the Senate, the Iowa Revenue Estimating Conference convened in May to determine estimates for the upcoming budget process. The conference estimated a reduction in revenue estimates for the current and upcoming fiscal years.

The conference reduced March estimates by \$149.5 million for FY2020 and by \$360.1 million for FY2021.

With these estimates as guides, the Legislature passed House File 2643. This bill contains basic appropriations to ensure the state budget continues to operate status quo. In an unprecedented move, the Legislature provided discretion to two state agencies to determine specific appropriations not otherwise outlined in the bill. Pursuant to the legislation, the general assembly requires the Department of Management, in consultation with the Legislative Services Agency, to determine the amount of state and federal appropriations in FY2020 and how those funds will be distributed.

Besides providing the basic funding for state government, other highlights from the bill are:

- **County-hospital borrowing** – Provides a continuation of the proclamation concerning the ability of county hospitals to borrow funds to sustain hospital operations during the pandemic and for the board of trustees to authorize noncurrent debt. This authority is granted until June 30, 2021.
- **Medicaid funding** – Fully funds the Iowa Medicaid program with a slight increase for the upcoming fiscal year.
- **Mental Health and Disability Services regions** – Makes changes to the governance and regional structure for Iowa's Mental Health and Disability Services regions, which are responsible for providing adult and child mental health services statewide.

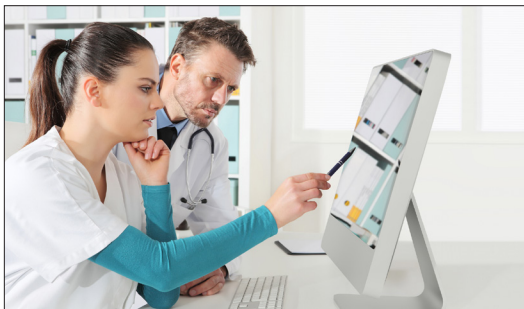
OTHER RELEVANT LEGISLATION

The Legislature passed several other bills relevant to hospitals that covered numerous issues including organ donations, prescription monitoring and raising the minimum tobacco age.

House File 2561, Organ Donation Protections, SIGNED – HF 2561 prohibits hospitals and physicians from deciding who should receive an anatomical gift based on the potential recipient's disability unless a physician has found that a recipient's disability is "medically significant to the provision of the anatomical gift." HF 2561 also says someone with a disability is not required to "demonstrate postoperative independent living abilities in order to be placed on the list of potential transplant recipients ... if there is evidence that the person will have sufficient, compensatory support and assistance."

House File 594, Withdrawal of Life-sustaining Procedures From Minor Child and 24-hour Waiting Period for Abortions, SIGNED – HF 594 prevents a court from exercising its jurisdiction to require the withdrawal of life-sustaining procedures from a minor child over the objection of the minor child's parent or guardian unless conclusive medical evidence shows that the minor child has died and any electronic brain-, heart- or respiratory-monitoring activity exhibited to the contrary is a false artifact. HF 594 defines "minor" as anyone below age 18 unless married (the Legislature defined "minor" as it is defined in Iowa Code section 599.1).

HF 594 also includes a 24-hour waiting period for abortions. Under that section of the bill, a physician performing an abortion must obtain written certification from the pregnant woman at least 24 hours before the abortion that she has met several requirements under Iowa Code section 146A.1 before the abortion is performed. The Iowa District Court in and for Johnson County entered an order preventing the 24-hour waiting period portion of the bill from taking effect. That ruling is likely to be appealed to the Iowa Supreme Court.



Senate File 2120, Prescription Monitoring Program, SIGNED – SF 2120 made changes to the state's prescription monitoring program in several ways. The bill expands reporting requirements to schedule III and IV controlled substances and to schedule V controlled substances except for sales of pseudoephedrine, which are reported to the real-time electronic repository. SF 2120 also gives the board of pharmacy and the program's advisory council the power to determine whether other addictive or fatal prescription drugs should be reported to the program if such drugs are not taken with proper care and direction of the prescriber. The bill allows veterinarians to access the program.

Senate File 2191, Prisoner Pay, SIGNED – SF 2191, a long-standing priority for IHA, creates a sustainable method for hospitals to be reimbursed for the care they provide to those being held in jails. SF 2191 requires the jail to obtain the prisoner's health insurance information, if available, at the time of intake. If the prisoner is taken to a hospital to receive care, the hospital must request available sources of health insurance or other benefits from the prisoner. If the prisoner's health insurance or other benefits do not reimburse a hospital, the hospital must submit the bill or denial letter to the governmental entity that was holding the prisoner in custody within 60 days of treatment or within 60 days of receiving the denial letter, whichever occurs earlier. SF 2191 requires the governmental entity holding the prisoner in custody to pay the hospital at the rate negotiated between the parties. If a rate has not been negotiated, the hospital must be reimbursed at the Medicaid rate.

Senate File 2268, Tobacco Minimum Age, SIGNED – SF 2268 raises the minimum age to buy tobacco products, including vapor products, from 18 to 21.

Senate File 2284, Candor Laws, SIGNED – This bill primarily makes changes to code sections governing the Iowa Board of Regents. Within this bill is a change to Iowa's Candor laws. The legislation makes two changes to existing laws:

- Allows the designation of a class of people, as opposed to a person, to provide notification of an adverse health care incident.
- Extends the time frame for notice. Previously, notice was required within 180 days after the date on which the health care provider knew or should have known of the adverse health care incident. The new law has extended the notice time frame to one year.

Senate File 2301, Coverage for Pediatric Autoimmune Neuropsychiatric Disorders, FAILED – SF 2301 would have required commercial insurers to cover treatment for pediatric autoimmune neuropsychiatric syndrome and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections. The bill did not advance.

Senate File 2318, Pharmacy Collaboration, FAILED – SF 2318 would have allowed pharmacists to engage in collaborative pharmacy practice, allowing pharmacists to provide patient care and drug-therapy management services to a patient if the pharmacist enters into a collaborative pharmacy practice agreement with a prescriber. The bill required pharmacists to act within the scope of their practices and required the board of pharmacy to regulate practices. The bill did not advance.

Senate File 2357, Physician Assistant Duties, SIGNED – After years of negotiation, various stakeholders reached an agreement to slightly expand the role of physician assistants. SF 2357 allows physician assistants to prescribe and dispense prescription drugs, controlled substances and medical devices, and allows physicians to delegate such duties to physician assistants. SF 2357 also allows physician assistants to provide legal medical services for which they have been prepared for by their education, training or experience and are competent to perform.

Interim Advocacy Activities

Although the legislative session has ended, the interim will be busy. With session ending much later this year and a general election in November, there will be limitless political activity and discussion this interim. Policy issues that IHA will continue to focus on in the coming months include:

- **Administrative rules watch** – Policy will continue to be introduced and implemented through administrative rules. IHA staff will monitor the administrative rules process and keep members informed of agency policy changes that need attention.
- **Economic recovery** – Gov. Reynolds has signed an executive order establishing the Governor's Economic Recovery Advisory Board. This board will be led by business leaders and will be charged with identifying innovative ways to propel Iowa's economic recovery. IHA anticipates hospital collaboration as the recovery moves forward and will continue to track the progress of this important board and its outcomes.
- **Emergency medical services as an essential service** – Although IHA worked hard with other organizations to get HF 2602 through the House, it will continue to talk to lawmakers about this bill, especially Senators because the bill made it to that chamber but was ultimately stonewalled. The association will continue to advocate for this legislation to ensure all Iowans have access to emergency medical services.
- **Medicaid policy** – Medicaid-related issues IHA will continue to work on include:
 - Changes to prior authorizations.
 - Increased funds for cost-based reimbursement for critical access hospitals.
 - Provider tax placed on prospective payment system hospitals.
 - Reimbursement for days awaiting placement.

IHA also will continue to meet routinely with leaders from Iowa Medicaid Enterprise and the managed-care organizations to discuss managed care's impact on Iowa hospitals.

- **Telehealth payment parity** – Although Wellmark Blue Cross and Blue Shield has voluntarily agreed to provide payment parity through February 2021 under non-Employee Retirement Income Security Act plans, IHA will work with its members and other health care organizations to convince lawmakers to mandate all commercial payers to provide telehealth payment parity when they return in January.
- **Mental health** – IHA has prioritized mental health issues for the last several years and this interim will be no exception. As pieces of the adult mental health system continue to develop, with continued work to establish a children's mental health system, the association will remain vigilant in leading and contributing to this dialogue through the many coalitions and partnerships focused on improving Iowa's system for mental health.

2020 Election Cycle

This year marks another general election cycle with the president and several congressional representatives on the ballot. From a state perspective, the full House of Representatives and half of the Senate will be on the ballot for election.

HOUSE OF REPRESENTATIVES

IHA and other legislative analysts will closely watch the House this year because of the narrow margin of control and the possibility the chamber could change from Republican to Democratic control. The Republicans hold the chamber at 53-47. There has been a trend in Iowa and nationwide of urban and suburban areas becoming more Democratic. Several races in urban and suburban areas look to be close races.

SENATE

Analysts generally agree the Senate chamber will remain Republican-controlled. The Republicans control the Senate at 32-18. Like the House, there will be close races to watch in urban and suburban districts.

OPEN SEATS

There are 19 open seats during this election cycle. Open seats are legislative districts in which an incumbent legislator (currently elected and seated) is not running or has been eliminated in a primary election by a competitor of the same party.

When an open seat occurs, IHA works with hospitals in the districts to interview all open-seat candidates and make recommendations to the association's political action committee to support candidates willing to support Iowa hospitals.

IHA will contact hospital CEOs and advocates in districts with open seats about participating in candidate interviews. Hospital input is vital to fostering local relations with future legislators.

House open-seat races:

House district	Current legislator	Candidates
3	Dan Huseman (R)	Dennis Bush (R), Cleghorn
7	Tedd Gassman (R)	Henry Stone (R), Forest City Debra Jensen (D), Forest City
14	Tim Kacena (D)	Steve Hansen (D), Sioux City Robert Henderson (R), Sioux City
16	Mary Ann Hanusa (R)	Brent Siegrist (R), Council Bluffs Jen Pellant (D), Council Bluffs
19	Chris Hagenow (R)	Carter Nordman (R), Adel Nick Miller (D), Polk City
54	Linda Upmeyer (R)	Shannon Latham (R), Sheffield Karen Koenig (D), Hampton
64	Bruce Bearinger (D)	Chad Ingalls (R), Fayette
67	Ashley Hinson (R)	Sally Ann Abbott (R), Cedar Rapids Eric Gjerde (D), Cedar Rapids
71	Mark Smith (D)	Sue Cahill (D), Marshalltown Tony Reed (R), Marshalltown
85	Vicki Lensing (D)	Christina Bohanan (D), Iowa City
91	Gary Carlson (R)	Mark Cisneros (R), Muscatine Kelcey Brackett (D), Muscatine
95	Louis Zumbach (R)	Charlie McClintock (R), Alburnett Christian Andrews (D), Mount Vernon

Senate open-seat races:

Senate district	Current legislator	Candidates
2	Randy Feenstra (R)	Jeff Taylor (R), Sioux Center
6	Mark Segebart (R)	Craig Williams (R), Manning C.J. Petersen (D), Breda
22	Charles Schneider (R)	Scott Cirksema (R), Clive Sarah Garriott (D), Windsor Heights
24	Jerry Behn (R)	Jesse Green (R), Harcourt Cynthia Paschen (D), Ames
28	Michael Breitbach (R)	Mike Klimesh (R), Spillville Matt Tapscott (D), Decorah
38	Tim Kapucian (R)	Dawn Driscoll (R), Williamsburg Ivy Schuster (D), Searsboro
44	Thomas Greene (R)	Tim Goodwin (R), Burlington Tom Courtney (D), Burlington

IHA PAC

Whom we elect matters, and IHA PAC supports candidates for office who confirm the vital role hospitals play. By donating to IHA PAC, hospitals reinforce a unified voice and create opportunities for hospital leaders to build relationships with legislators. Hospital support of IHA PAC also helps support legislators who work on behalf of Iowa's hospitals.



Participation in IHA PAC is voluntary and has no impact on job status, performance review, compensation or employment. You have the right to refuse to contribute without being subject to coercion or reprisal. Only personal contributions are accepted. Corporate contributions are not accepted. Contributions to a PAC are not deductible for federal or state income tax purposes. For more information, email [Becky Anthony](mailto:Becky.Anthony@ihaonline.org) at IHA.

Advocacy 101: Staying connected

IHA always appreciates the effort demonstrated by advocates and legislators to stay connected. But the challenging COVID-19 pandemic and resulting legislative session brought new definition to effective, flexible and creative communication. From online meetings to physically distanced conversations, communication strategies were deployed almost overnight to give advocacy efforts a needed lifeline.

More than any other year, 2020 reminded us of how our legislators rely on information provided by their hospital representatives to ensure the retention of high-quality, efficient health care while maintaining the fiscal sustainability of hospitals.

The voices of hospitals and caregivers are loud and powerful, and much can come from working together to advocate for Iowa's hospitals and patients. Hospitals directly care for people in their communities, giving advocates a special perspective on the communities in each legislator's district. When legislators know their hospital leaders, they reach out and contact them to better understand the impact of legislative proposals. There is no better time to contact legislators than during the break from legislative session. Stay in contact with legislators in the interim and invite them to an in-person or virtual tour of the hospital. Legislators want to make differences in their districts and talking to hospital leaders is a valuable resource for them.

Legislators also recognize when advocates care enough to reach out during session. IHA's government relations staff is available to help advocates understand the issues and feel confident and comfortable. IHA is grateful for the many hospital advocates who share information with legislators for subcommittee hearings and floor votes.

Ways to stay connected with IHA's legislative efforts include:

Grassroots advocacy website

CareforIowa.org is IHA's grassroots advocacy website designed to increase support of Iowa hospitals while informing the public about the issues and challenges they face. The website focuses on health care issues and legislation. The website serves as both an information source and advocacy portal as IHA issues Advocacy Alerts.

Hospital Day on the Hill

To enhance the advocacy efforts of Iowa hospital leaders at the Statehouse, IHA hosts Hospital Day on the Hill. The day includes a speaker and a review IHA's legislative agenda and talking points before advocates meet with legislators at the Capitol. Following discussions at the Capitol, attendees are encouraged to attend the popular Legislative Reception at IHA Conference Center. This is an opportunity for hospital advocates to discuss issues with their legislators in a more casual environment.



Iowa Hospital Action Network

Hospital advocates help keep health care a priority with state and federal legislators and stay involved in IHA's advocacy efforts through [IHA's Iowa Hospital Action Network](#), which sends important legislative action alert emails to advocates. The emails include easy and effective ways to contact legislators.

Hospital advocates represent Iowa's hospitals by interacting with Iowa's legislators on policy issues, keeping health care a legislative priority among leaders in the Statehouse, and advocating on behalf of Iowa's hospitals and the patients and communities they serve.

Legislative dashboard

To help hospital advocates locate and connect with their representatives at the state and federal levels, IHA provides the [Hospital Legislative Dashboard](#). The dashboard displays a map of Iowa and can be filtered by legislative and congressional districts. This resource can be used by not only hospitals, but also the public. In addition, it allows legislators to find hospitals in their districts.



Legislative videos and podcasts

Throughout the session, IHA lobbyists provide podcasts and videos updating members of movement of legislation and where IHA stands on various issues. These offerings are provided during key times of the legislation session, including the start of session, and can be found on the [Advocacy Toolkit](#) webpage and the [IHA Multimedia Showcase Advocacy Channel](#).

Publications

To help hospital advocates stay engaged throughout the session, IHA provides two e-newsletters:

- **IHA Today** features breaking news stories on both state and federal levels and highlights any upcoming education that may be of interest to hospitals as well as notable information from the American Hospital Association.
- **Legislative Bulletin** is IHA's weekly roundup of Statehouse news and information during the session. This newsletter includes the status and movement of legislation affecting hospitals, complete summaries of bills IHA is monitoring and a schedule of legislative forums.

Social media

For the latest news on advocacy efforts, follow IHA on social media. Often, legislative action is posted to IHA's social media sites shortly after they happen. IHA's social media sites are:

- IHA blog: CareforIowa.org
- Instagram: [@lowahospitals](https://www.instagram.com/lowahospitals)
- Twitter: [@lowahospital](https://twitter.com/lowahospital)
- Facebook: [/lowahospital](https://www.facebook.com/lowahospital)
- YouTube: [/lowahospital](https://www.youtube.com/lowahospital)

Government Relations Staff



Maureen Keehnle
Senior Vice President and
General Counsel
keehnlem@ihaonline.org



Jennifer Nutt
Vice President Nursing and
Clinical Services
nuttj@ihaonline.org



Susan Horras
Vice President of
Finance Policy
horrasS@ihaonline.org



Nicole Proesch
Vice President, Government
Relations & Legal Counsel
proeschn@ihaonline.org



Kimberly Murphy
Vice President, Government
Relations and Assistant
General Counsel
murphyk@ihaonline.org



Erin Cubit
Director, Government
Relations
cubite@ihaonline.org



Abhay Nadipuram
Vice President, Government
Relations & Legal Counsel
nadipurama@ihaonline.org



Rachel Miller
Administrative Support,
Government Relations
millerr@ihaonline.org

2020 Legislative Bill Tracker

LEGISLATION SURVIVING BOTH FUNNELS				
Bill number	Bill title	Bill description	Position	Bill status
HF 2138 (formerly HSB 501)	Insulin Prescription Costs	Insurance coverage for prescription insulin drugs.	For	Passed House (98-1) Not voted on in Senate Did NOT Pass
HF 2192 (formerly HF 2001)	Telehealth Payments	Reimbursement rates for health care services provided to covered people by telehealth and including applicability provisions.	For	Passed House (99-0) Not voted on in Senate Did NOT Pass
HF 2197 (formerly HF 2052)	Medical Residency Rural Rotation	Medical residency training state matching-grants program rural rotation requirement.	For	Passed House (96-0) Passed Senate (49-0) Signed by Governor
HF 2221 (formerly HF 2031)	Local Boards of Health	Licensed health professional member of a local board of health.	Undecided	Passed House (96-0) Passed Senate (49-0) Signed by Governor
HF 2308 (formerly HSB 504)	Open Meetings Subjects	Definition of meeting under the open meetings law.	Undecided	Passed House Not voted on in Senate Did NOT Pass
HF 2416 (formerly HSB 622)	Complaint with IPIB	Filing complaints with the Iowa Public Information Board.	Undecided	Passed House (95-0) Not voted on in Senate

				Did NOT Pass
<u>HF 2486</u>	Elections Bill	Conduct of elections, including emergency powers, procedures concerning electors, and the use of a county seal on materials related to elections.	Undecided	Passed House with Senate Amendment (95-2) Passed Senate (31-16) Signed by Governor
<u>HF 2499</u> <u>(formerly HSB 582)</u>	Partially Dispensed Prescription Drugs	Dispensing fees and copayment for partially dispensed quantities of prescription drugs.	Undecided	Passed House (98-0) Not Voted on in Senate Did NOT pass
<u>HF 2502</u> <u>(formerly HSB 615)</u>	Firearms Bill	Firearms and weapons, including storage, carrying, possession, or transportation of weapons and the establishment, use and maintenance of shooting ranges.	Undecided	Passed House (52-44) Passed Senate (32-17) Signed by Governor
<u>HF 2561</u> <u>(formerly HF 2118)</u>	Organ Donation Protections	Protections for certain potential recipients of anatomical gifts.	Undecided	Passed House (99-0) Passed Senate (48-0) Signed by Governor
<u>HF 2627</u> <u>(formerly HF 2470 and HSB 647)</u>	Professional Licensure Qualifications	Qualifications for holding professional licensure in this state, including the granting of licenses to people licensed in other states and acquiring residence in Iowa, disqualification provisions for criminal convictions, the waiver of application fees and	Undecided	Passed House with amendment (62-35) Passed Senate (32-17) Signed by Governor

		licensee discipline and including effective date provisions.		
<u>HF 2629</u> <u>(formerly HF 2384 and HSB 607)</u>	Future Ready Iowa and Child Care	Future Ready Iowa Act and other efforts to strengthen Iowa's workforce, including a child care challenge program for working Iowans, a workforce diploma pilot program, computer science instruction, work-based learning coordinators, and the senior year plus program, and including applicability provisions.	For	Passed Senate with amendment (49-0) Passed House (97-0) Signed by Governor
<u>HF 2643</u>	Appropriations Budget Bill	State and local finances by making appropriations, providing for legal and regulatory responsibilities, providing for other properly related matters, and including effective date and retroactive applicability.	Undecided	Passed Senate with amendment (30-17) Passed House (51-41) Signed by Governor
<u>SF 2118</u> <u>(formerly SF 2011)</u>	Physician Loan Repayment	Loan repayment for refinanced eligible loans under the rural physician loan repayment program.	For	Passed Senate (49-0) Passed House (96-1) Signed by Governor
<u>SF 2119</u> <u>(formerly SSB 3050)</u>	Controlled Substances	Controlled substances, including amending the controlled substances schedules, removing certain references to marijuana, making penalties applicable and including effective date provisions.	Undecided	Passed Senate (48-0) Passed House with amendment (99-1) Signed by Governor
<u>SF 2120</u> <u>(formerly SSB 3051)</u>	Prescription Monitoring Program	Controlled substances, including information collection and reporting	Undecided	Passed Senate (48-0) Passed House (98-0)

		requirements under the Iowa prescription monitoring program.		Signed by Governor
<u>SF 2191</u> <u>(formerly SSB 3073)</u>	Prisoner Pay	Payment of required medical aid provided to prisoners.	For	Passed Senate (47-1) Passed House (96-0) Signed by Governor
<u>SF 2261</u> <u>(formerly SF 2100)</u>	Telemedicine in Schools	Provision of behavioral health services including via telemedicine in a school setting.	For	Passed House with amendment (92-4) Passed Senate (50-0) Signed by Governor
<u>SF 2268</u>	Tobacco Minimum Age	Establishing the minimum age relative to various activities concerning tobacco, tobacco products, alternative nicotine products, vapor products and cigarettes, making penalties applicable and including effective date provisions.	For	Passed Senate with amendment (43-6) Passed House (84-13) Signed by Governor
<u>SF 2299</u> <u>(formerly SSB 3179)</u>	Employee Background Checks	Background checks for employees and students of certain facilities, providers, programs and agencies.	Undecided	Passed Senate (50-0) Passed House (100-0) Signed by Governor
<u>SF 2301</u> <u>(formerly SF 2084)</u>	Autoimmune Neuropsychiatric Disorders	Health care benefits coverage for specified pediatric autoimmune neuropsychiatric disorders.	Undecided	Passed Senate with amendment (47-0) Not voted on by House Did NOT Pass

<u>SF 2327</u> <u>(formerly SSB 3111)</u>	Hospital Board Elimination	Elimination of the hospital licensing board and providing for repeals.	Against	Passed Senate (49-0) Not voted on by House Passed in HF2627
<u>SF 2338</u> <u>(formerly SSB 3150)</u>	Tort - Noneconomic Damages & Expenses	Civil actions, including the total amount recoverable as a noneconomic damages award against a health care provider and evidence offered to prove past medical expenses.	For	Passed Senate (30-20) Passed House with amendment (52-44) Passed Senate (31-18) Signed by Governor
<u>SF 2357</u> <u>(formerly SSB 3071)</u>	Physician Assistant Duties	Practice and licensure of physician assistants.	Undecided	Passed Senate (49-0) Passed House with amendment (98-0) Signed by Governor

INACTIVE LEGISLATION AFTER SECOND FUNNEL				
Bill number	Bill title	Bill description	Position	Bill status
HF 2026	Surgeon Admitting Privileges	Requirements for physicians providing services at ambulatory surgical center and providing penalties.	Undecided	Not Active
HF 2036	emergency medical services Carry Permits	Allowing certain emergency medical providers to obtain a professional permit to carry weapons.	Undecided	Not Active
HF 2051	HCBS Monthly Budget	Medicaid home and community-based services elderly waiver monthly budget maximum.	Undecided	Not Active
HF 2066	ASC Licensure	Licensure of ambulatory surgical centers, providing for fees to be considered repayment receipts and providing penalties.	Undecided	Not Active
HF 2080	Tobacco Tax	Cigarettes, tobacco products and vapor products, including the taxation of such products and making penalties.	Undecided	Not Active
HF 2230	Provider Income Tax Exemption	Exempting from the individual income tax the value of medical care provided by a medical care provider to a patient in this state and including applicability provisions.	Undecided	Not Active
HF 2280	Income Tax for emergency medical services	Individual income tax credits for volunteer firefighters, volunteer emergency medical services personnel members, and reserve peace officers by increasing the amounts of the credits and including retroactive applicability provisions.	For	Not Active

<u>HF 2380</u>	Sports Betting	Promotional play receipts, gambling games and sports wagering.	For	Not Active
<u>HF 2383</u> <u>(formerly HF 2115)</u>	Iowa Students at U of I College of Medicine	Percentage of students who are residents of Iowa or who attend postsecondary institutions in Iowa and are accepted to graduate and postgraduate studies at the state university of Iowa college of medicine or college of dentistry.	Undecided	Not Active
<u>HF 2405</u> <u>(formerly HF 2122)</u>	ASC Referral Information	Information to be disclosed by a health care provider as part of a referral of a patient to an ambulatory surgical center and providing penalties.	For	Not Active
<u>HF 2413</u> <u>(formerly HSB 609)</u>	Controlled Substances	Controlled substances, including amending the controlled substances schedules, removing certain references to marijuana, making penalties applicable and including effective date provisions.	Undecided	Withdrawn
<u>HF 2423</u> <u>(formerly HF 2089)</u>	Nonmedical Switching	Continuity of care and nonmedical switching by health carriers, health benefit plans and utilization review organizations, and including applicability provisions.	For	Not Active
<u>HF 2434</u> <u>(formerly HSB 631)</u>	Taxes for emergency medical services	County emergency medical services by modifying provisions concerning optional taxes for emergency medical services.	For	Not Active
<u>HF 2435</u> <u>(formerly HSB 570)</u>	Background Checks	Background checks for employees of certain facilities, providers, programs and agencies.	Undecided	Withdrawn

<u>HF 2438</u> <u>(formerly HF 2262)</u>	Hospital Data Collection	Health data including the collection and use of hospital data and including effective date and retroactive applicability provisions.	Against	Not Active
<u>HF 2461</u> <u>(formerly HSB 558)</u>	Physician Loan Repayment	Loan repayment for refinanced eligible loans under the rural physician loan repayment program.	For	Withdrawn
<u>HF 2463</u> <u>(formerly HF 2145)</u>	Health Care Professionals	Expanding the health care professional recruitment program.	For	Withdrawn
<u>HF 2487</u> <u>(formerly HSB 584)</u>	Length of Service Awards	Authorizing length of service award programs for volunteer firefighters and emergency medical care providers and making an appropriation.	Undecided	Not Active
<u>HF 2489</u> <u>(formerly HSB 678)</u>	Abortion Facilities Licensing	Licensing abortion facilities, including fees and providing penalties.	Not Registered	Not Active
<u>HF 2492</u> <u>(formerly HSB 581)</u>	Iowa Health and Wellness Plan Reenrollment	Reenrollment following a member's termination from the Iowa Health and Wellness plan or the Dental Wellness plan.	Undecided	Not Active
<u>HF 2507</u> <u>(formerly HSB 533)</u>	Board of Pharmacy Bill	Practice of pharmacy and providing for a repeal.	Undecided	Not Active
<u>HF 2515</u> <u>(formerly HSB 694)</u>	Sex Abuse Kit Tracking	Crime victims, including the collection of evidence in sexual abuse cases and the establishment of an automated tracking system involving sexual abuse evidence collection kits.	Undecided	Not Active
<u>HF 2519</u> <u>(formerly HF 2084)</u>	Curing Disease Compact	Adoption of the interstate disease compact.	Undecided	Not Active
<u>HF 2524</u> <u>(formerly HF 2283)</u>	Health Board Changes	Organization, composition, meeting and reporting requirements of health-related commissions, councils and	Undecided	Not Active

		boards and including transition provisions.		
<u>HF 2542</u> <u>(formerly HSB 702)</u>	PA Duties	Practice and licensure of physician assistants and including effective date provisions.	Undecided	Withdrawn
<u>HF 2547</u> <u>(formerly HSB 518)</u>	Prisoner Medical Aid	Payment of required medical aid provided to prisoners.	For	Not Active
<u>HF 2550</u> <u>(formerly HF 2217)</u>	Lobbyist Client Reports	Lobbyist's client reports, including verification of and the filing location for reports, and making penalties applicable.	Undecided	Not Active
<u>HF 2555</u> <u>(formerly HF 2151)</u>	MHDS Regions	Mental health and disability services regions.	Undecided	Not Active
<u>HF 2571</u> <u>(formerly HSB 610)</u>	County Medical Examiners Reporting Requirements	A death affecting the public interest and reporting requirements of county medical examiners	Undecided	Not Active
<u>HF 2572</u> <u>(formerly HSB 674)</u>	Construction Manager-at-risk	Construction manager-at-risk commercial construction alternative delivery method and prohibiting certain other alternative delivery methods in the public sector.	Undecided	Not Active
<u>HF 2578</u>	Revolving Loan Program	Establishing a small business revolving loan program and small business revolving loan fund in the economic development authority to award low-interest loans to eligible small businesses.	Undecided	Not Active
<u>HF 2602</u> <u>(formerly HF 2434 and HSB 631)</u>	Taxes for emergency medical services	County emergency medical services by modifying provisions concerning optional taxes for emergency medical services.	For	Not Active
<u>HF 2639</u> <u>(formerly HF</u>	Speeding Penalties	Increasing certain penalties for speeding in a motor vehicle, providing for the use of the	For	Not Active

<u>658 and HSB 191</u>		additional moneys and including applicability provisions.		
<u>HSB 535</u>	Preapplication Screening Assessment	Modifying duties to prescribe practices and procedures for implementation of a preapplication screening assessment program concerning the involuntary commitment or treatment of a person with a substance-related disorder.	Undecided	Not Active
<u>HSB 536</u>	Behavioral Analyst Grants Program	Behavior analyst grants program.	Undecided	Not Active
<u>HSB 657</u>	Mental Health Funding	State and local revenue and finances including modifying individual income taxes, sales and use taxes, water service tax, and certain tax credits and provisions related to county juvenile court expenses and mental health region funding, making appropriations and including effective date and applicability provisions.	For	Not Active
<u>HSB 660</u>	Fetal Deaths	Fetal deaths including the disposition of bodily remains, and the filing of a fetal death certificate and providing penalties.	Undecided	Not Active
<u>HSB 672</u>	Medication Abortions	Informed consent for medication abortions and providing penalties.	Undecided	Not Active
<u>SF 2096 (formerly SF 2006)</u>	emergency medical services Carry Permits	Allowing certain emergency medical care providers to obtain a professional permit to carry weapons.	Undecided	Not Active
<u>SF 2177</u>	Medicaid Program Improvements	Medicaid program improvements, providing an appropriation and including effective date provisions.	Undecided	Not Active

<u>SF 2251</u> <u>(formerly SSB 3079)</u>	OB-GYN Medical Residencies	Specialty areas, service commitment area distance requirements, and practice-related requirements under the rural Iowa Primary Care Loan Repayment program.	For	Not Active
<u>SF 2262</u>	Broadband Service	Broadband service, including matters under the purview of the office of the chief information officer, the empower rural Iowa broadband grant fund, and certain broadband infrastructure tax exemptions and including effective data and retroactive applicability provisions.	Undecided	Not Active
<u>SF 2283</u> <u>(formerly SSB 3139)</u>	Emergency Medical Care Training	Authorized training programs for certain emergency medical care providers.	For	Not Active
<u>SF 2302</u> <u>(formerly SF 2172)</u>	Vaccination Records on Death Certificates	Immunization information requested on an infant certificate of death form.	Undecided	Not Active
<u>SF 2303</u> <u>(formerly SF 443)</u>	Occupational Therapists	Inclusion of occupational therapists as mental health professionals for the purposes of disclosure of mental health and psychological information.	Undecided	Not Active
<u>SF 2318</u> <u>(formerly SF 123)</u>	Pharmacy Collaboration	Collaborative pharmacy practice allowing pharmacists to provide patient care and drug therapy management services.	Undecided	Not Active
<u>SF 2342</u> <u>(formerly SSB 3162)</u>	Diagnostic Breast Exams	Insurance coverage for diagnostic breast cancer examinations and including applicability provisions.	Undecided	Not Active
<u>SF 2343</u> <u>(formerly SF 2019 and SSB 3164)</u>	Pharmacist Shots	Practice of pharmacy, including the prescription and administration of vaccines.	Undecided	Not Active

<u>SF 2346</u> <u>(formerly SF 2256)</u>	Medicaid Pilot Program	Pilot program to allow the Medicaid program to act as a third-party payor under direct primary care agreements.	Undecided	Not Active
<u>SF 2359</u> <u>(formerly SSB 3135)</u>	Proving Medical Expenses	Evidence offered to prove past medical expenses.	For	Not Active
<u>SF 2364</u> <u>(formerly SSB 3153)</u>	Public Improvement Contracts	Construction manager-at-risk commercial construction alternative delivery method and prohibiting certain other alternative delivery methods in the public sector.	Undecided	Not Active
<u>SF 2366</u> <u>(formerly SSB 3158)</u>	Work Requirements	Eligibility, work, and employment and training requirements for public assistance programs, including eligibility for child care assistance and community engagement activity requirements under the Iowa health and wellness plan, and including effective date and implementation provisions.	Against	Not Active
<u>SF 2376</u> <u>(formerly SSB 3184)</u>	Sex Abuse Kit Tracking	Crime victims, including the collection of evidence in sexual abuse cases and the establishment of an automated tracking system involving sexual abuse evidence collection kits.	Undecided	Not Active
<u>SF 2383</u> <u>(formerly SSB 3117)</u>	Nonmedical Switching	Continuity of care and nonmedical switching by health carriers, health benefit plans and utilization review organizations, and including applicability provisions.	Undecided	Not Active
<u>SF 2384</u> <u>(formerly SSB 3161)</u>	Cancer Drugs	Insurance coverage for prescription drugs used in the treatment of state IV cancer and including applicability provisions.	Undecided	Not Active

<u>SF 2392</u> <u>(formerly SSB 3142)</u>	Agency/Regulation Review	Operation of state government, including the review and sunset of state boards and agencies, the regulation of professions and occupations and investigations conducted by state boards and including effective date provisions.	Undecided	Not Active
<u>SF 2412</u> <u>(formerly SF 2197 and SSB 3047)</u>	Health Plan Waivers	Health insurance and the insurance division of the department of commerce and providing for fees.	Undecided	Not Active
<u>SF 2414</u> <u>(formerly SF 2313 and SSB 3077)</u>	Future Ready Iowa and Child Care	Future Ready Iowa Act and other efforts to strengthen Iowa's workforce, including a child care challenge program for working Iowans, a workforce diploma pilot program, computer science instruction, work-based learning coordinators, and the senior year plus program, and including applicability provisions.	For	Withdrawn
<u>SSB 3024</u>	Nonprofit Unemployment Appeals	Certain appeals by nonprofit organizations concerning reimbursement of the department of workforce development for the cost of unemployment benefits.	Undecided	Not Active
<u>SSB 3040</u>	Accident Death Testing	A death affecting the public interest and reporting requirements of county medical examiners.	Undecided	Not Active
<u>SSB 3068</u>	Public Assistance Program Oversight	Public assistance program oversight and including effective date provisions.	Undecided	Not Active
<u>SSB 3079</u>	Rural Iowa Primary Care Loan Repayment Program	Specialty areas, service commitment area distance requirements, and practice-related requirements under the	For	Not Active

		rural Iowa Primary Care Loan Repayment program.		
<u>SSB 3115</u>	Public Bidding	Public bidding.	Undecided	Not Active
<u>SSB 3116</u>	Mental Health Funding	State and local revenue and finances including modifying individual income taxes, sales and use taxes, water service tax, and certain tax credits and provisions related to county juvenile court expenses and mental health region funding, making appropriations and including effective date and applicability provisions.	For	Not Active
<u>SSB 3194</u>	Governor's Appropriations Bill	Appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, ad including effective date and other retroactive applicability date provisions.	Undecided	
<u>SSB 3197</u>	Hospital Tax Exemption	Exempting the sales of tangible personal property or specified digital products sold, or services furnished, to a nonprofit hospital, and including effective date and retroactive applicability provisions.	For	Not Active

INACTIVE LEGISLATION AFTER FIRST FUNNEL

Bill number	Bill title	Bill description	Position	Bill status
HF 2002	Briar Cliff Health Loan Repayments	Health care professional recruitment program.	Undecided	Not Active
HF 2008	Supervision of Master Social Workers	Supervision of a master social worker for the purposes of reimbursement for services under the Medicaid program and private insurance.	Undecided	Not Active
HF 2009	Emergency Service Payments	Reimbursement for services provided in an emergency department to Medicaid members.	For	Not Active
HF 2025	Health Licensing Requirements	Health professional practice requirements.	Undecided	Not Active
HF 2030	Public Assistance Verification	Public assistance program oversight and verification of income eligibility.	Undecided	Not Active
HF 2042	Information on Controlled Substances	Information provided to a patient before prescribing a controlled substance for acute or chronic pain.	Undecided	Not Active
HF 2053	Insulin Coverage	Limitations cost-sharing related to insurance coverage of insulin.	Undecided	Not Active
HF 2069	Township emergency medical services	Establishing a process for voter approval of a proposition to require a township to provide emergency medical service.	Undecided	Not Active
HF 2085	Newborn Screening	Newborn screening for tongue tie and lip tie.	Undecided	Not Active
HF 2094	Psychology Interjurisdictional Compact	Adopting the psychology interjurisdictional compact.	Undecided	Not Active
HF 2117	Direct Care Worker Database	Development of an implementation plan for a	Undecided	Not Active

		centralized direct care workforce database.		
<u>HF 2121</u>	Newborn Metabolic Screening	Expansion of the newborn metabolic screening panel.	Undecided	Not Active
<u>HF 2134</u>	Regulation and Taxation of Tobacco Products	Tobacco, tobacco products, alternative nicotine products, vapor products and cigarettes, including the regulation and taxation of such products, providing penalties and including effective date provisions.	Undecided	Not Active
<u>HF 2135</u> <u>(formerly HSB 557)</u>	Regulation and Taxation of Tobacco Products	Tobacco, tobacco products, alternative nicotine products, vapor products and cigarettes, including the regulation and taxation of such products, providing penalties and including effective date provisions.	Undecided	Not Active
<u>HF 2140</u>	Education on Opioids	Patient education before the prescription of an opioid.	Undecided	Not Active
<u>HF 2141</u>	Vaccine Information Provided by Department of Public Health	Information to be provided by the Department of Public Health about vaccines and information distributed through the Iowa Immunization Program.	Undecided	Not Active
<u>HF 2144</u>	Firework Sales	Providing for certain fees applicable to licensed consumer fireworks sellers, and providing funds to local fire protection providers, emergency medical service providers, and law enforcement agencies for the purchase of equipment and the training of volunteers and providing penalties.	Undecided	Not Active
<u>HF 2161</u>	Long Acting Reversible Contraceptives	Long-acting reversible contraceptive options under the Medicaid program.	Undecided	Not Active

<u>HF 2218</u> <u>(formerly HSB 532)</u>	Controlled Substances Under the PMP	Controlled substances, including information collection and reporting requirements under the Iowa prescription monitoring program.	Undecided	Not Active
<u>HF 2222</u> <u>(formerly HF 2073)</u>	IMD Waiver	Medicaid institution for mental disease waiver and including effective date provisions.	For	Not Active
<u>HF 2224</u> <u>(formerly HSB 508)</u>	Internet Fantasy Sports	Appropriating certain tax receipts concerning internet fantasy sports contests and sports wagering to the emergency medical services fund.	For	Not Active
<u>HF 2275</u>	Behavior Analyst Grants	Behavior analyst grants program.	Undecided	Not Active
<u>HF 2315</u>	Sepsis Protocol	Hospital practices including those involving sepsis protocols and the rights of parents of a minor patient.	Against	Not Active
<u>HF 2316</u>	Medication Abortions	Medication abortions and providing penalties.	Undecided	Not Active
<u>HF 2327</u>	Preexisting Condition Protections	Preexisting condition protections ad including applicability provisions.	Undecided	Not Active
<u>HF 2330</u>	Health Professional Relationships	Authorized health professional relationships	Undecided	Not Active
<u>HF 2449</u>	Vaccination Policy	Information to be provided, recorded, and reported by health care providers relative to certain vaccinations and providing penalties.	Against	Not Active
<u>HSB 503</u>	Public Record Copying Charges	Determination of fees charged for examining and copying public records.	Undecided	Not Active
<u>HSB 505</u>	Meeting Notice	Public notice requirements under the open meetings law.	Undecided	Not Active
<u>HSB 506</u>	Open Meetings Bodies	Governmental bodies and advisory bodies under the open meetings law.	Undecided	Not Active

<u>HSB 509</u>	County Emergency Service Taxes	County emergency medical services by modifying provisions concerning the duration of authority for optional taxes for emergency medical services.	Undecided	Not Active
<u>HSB 510</u>	Surgical Smoke	Elimination of surgical smoke by hospitals and freestanding ambulatory surgical centers.	Undecided	Not Active
<u>HSB 522</u>	Midwife Licensure	Midwife licensure, providing for fees and making penalties applicable.	Undecided	Not Active
<u>HSB 561</u>	Hyperbaric Oxygen Treatment	Establishing a veteran's recovery pilot program and fund for the reimbursement of expenses related to providing hyperbaric oxygen treatment to eligible veterans.	Undecided	Not Active
<u>HSB 573</u>	Employer Administrative Appeals	Administrative appeals by employers under the Iowa Public Employees' Retirement System.	Undecided	Not Active
<u>HSB 583</u>	Practice of Pharmacy	Practice of pharmacy, including prescription and administration of vaccines.	Undecided	Not Active
<u>HSB 586</u>	Public Construction Bidding	Public construction bidding.	Undecided	Not Active
<u>HSB 596</u>	Noneconomic Damages Cap	Amount recoverable as a noneconomic damage award against a health care provider.	For	Not Active
<u>HSB 627</u>	Smoke free Air Act	Smoke-free Air Act and making penalties.	Undecided	Not Active
<u>HSB 702</u>	PA Licensure	Practice and licensure of physician assistants.	Undecided	Not Active
<u>SF 122</u>	Prior Authorizations	Prohibition against prior authorization for medication-assisted treatment under the Medicaid program.	For	Not Active
<u>SF 16</u>	Medicaid Coverage for Pregnant Women	Provision of Medicaid coverage to pregnant women lawfully residing in the United States.	Undecided	Not Active

<u>SF 19</u>	Health Care Costs	Disclosure of the prices charged for health services rendered by health care providers and hospitals.	Against	Not Active
<u>SF 195</u>	Family and Medical Leave Insurance Program	A family leave and medical leave insurance program that provides for paid, job-protected leave for certain family leave and medical leave reasons for eligible employees of specified employers.	Undecided	Not Active
<u>SF 2017</u>	Medicaid Database	Creation and maintenance of a database of Medicaid community choice options and consumer-directed attendant care providers.	Undecided	Not Active
<u>SF 2024</u>	Post-Partum Medicaid Coverage	Medicaid postpartum coverage.	Undecided	Not Active
<u>SF 2062</u>	Maternal and Child Health Coverage	Maternal and child health.	Undecided	Not Active
<u>SF 2063</u>	CON for Birth Centers	Exception to the application for and receipt of a certificate of need.	Undecided	Not Active
<u>SF 2064</u>	Preexisting Conditions	Preexisting conditions and including applicability provisions.	Undecided	Not Active
<u>SF 2111</u>	LARC Options	Long-acting reversible contraceptive options under the Medicaid program.	Undecided	Not Active
<u>SF 2113</u>	Coverage for Insulin Drugs	Insurance coverage for prescription insulin drugs.	For	Not Active
<u>SF 2125</u>	Aging Population Conference	Convening of a conference to address the state's increasing aging population.	For	Not Active
<u>SF 2163</u>	Occupational Licensing Advisory Council	Regulation of professions, including the granting of professional licenses, certificates, and registrations to people licensed in other states, the sunset of boards granting professional licenses, and the review of occupational licensing	Undecided	Not Active

		rules, and providing effective dates.		
<u>SF 2170</u>	Vaccines on the National Childhood Vaccine Injury Act	Information to be provided, recorded and reported by health care providers relative to certain vaccinations and providing penalties.	Against	Not Active
<u>SF 2171</u>	Hepatitis B Vaccines for Newborns	Administration of the hepatitis B vaccine to newborns.	Undecided	Not Active
<u>SF 2213</u>	Sex Affirming Surgery	Prohibiting the performance of certain practices on a minor concerning the minor's sex and providing penalties.	Undecided	Not Active
<u>SF 2215</u>	Ultrasound Requirement	Ultrasound prerequisites for abortion and making penalties applicable.	Undecided	Not Active
<u>SF 2216</u>	Coverage for Breast Exams	Insurance coverage for diagnostic breast cancer examinations and prescription drugs used in the treatment of state IV cancer and including applicability provisions.	Undecided	Not Active
<u>SF 2280</u>	Days Awaiting Placement	Reimbursement of hospitals for days awaiting placement through private insurance and the Medicaid program.	For	Not Active
<u>SF 345</u>	Jail Medical Costs	Payment of required medical aid provided to prisoners of county jails.	Undecided	Not Active
<u>SF 414</u>	Medicaid Coverage for Pregnant Women	Provisions of Medicaid coverage to pregnant women lawfully residing in the United States.	For	Not Active
<u>SF 420</u>	Processes Under Medicaid	Processes and assistance under the Medicaid program.	For	Not Active
<u>SF 490</u>	Tobacco Cessation Services	Tobacco-cessation services under the Medicaid program.	For	Not Active

<u>SF 573</u>	Lobbying by Governmental Entities	Prohibiting the appropriations and expenditure of funds for lobbying activities by governmental entities and providing a penalty.	Undecided	Not Active
<u>SF 575</u>	State and Local Elections	Conduct of state and local elections, providing penalties and including effective date provisions.	Undecided	Not Active
<u>SF 576</u>	Patient Information Under Department of Public Health	Protection of certain patient information and data under the purview of the department of public health.	Undecided	Not Active
<u>SSB 3033</u>	Preexisting Conditions	Preexisting-condition exclusions in certain coverage for health care services and including effective and applicability date provisions.	Undecided	Not Active
<u>SSB 3052</u>	Vaping Restrictions	Smoke-free Air Act and making penalties applicable.	Undecided	Not Active
<u>SSB 3085</u>	Noneconomic Damages	Amount recoverable as a noneconomic damage award against a health care provider.	For	Not Active
<u>SSB 3094</u>	Medicaid Processes	Medicaid processes, procedures and oversight.	For	Not Active
<u>SSB 3122</u>	Professional Licensure Qualifications	Qualifications for holding professional licensure in this state, including the granting of licenses to people licensed in other states and acquiring residence in Iowa, disqualification provisions for criminal convictions, the waiver of application fees and licensee discipline and including effective date provisions.	Undecided	Not Active
<u>SSB 3155</u>	Drug Pricing	Pharmaceutical drug manufacturers and prescription drug prices and including applicability provisions.	Undecided	Not Active

<u>SSB 3158</u>	Work Requirements	Eligibility, work, training requirements for public assistance programs and including effective date and implementation provisions.	Against	Not Active
<u>SSB 3159</u>	Noncompete Agreements with MHDS Contracts	Noncompetition agreements and mental health and disability services contracts with a state board of regent's institution.	Undecided	Not Active
<u>SSB 3189</u>	Pharmacist Network	Participating pharmacy and pharmacist network providers under Medicaid managed care.	Undecided	Not Active
<u>SSB 3190</u>	Direct Care Worker Database	Development of an implementation plan for a centralized direct care workforce database.	Undecided	Not Active