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IHA LEGISLATIVE SUMMARY



IOWA HOSPITAL
ASSOCIATION

We care about Iowa's health

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MESSAGE FROM IHA'S PRESIDENT AND CEO

IHA's advocacy team, working in tandem with our valuable hospital advocates, diligently worked through this year's legislative session and prevailed with several wins on issues important to Iowa hospitals.

The 2022 legislative session was again affected by COVID-19 and lawmakers were faced with addressing issues related to the pandemic including a workforce shortage distressing all industries, especially hospitals.

The IHA advocacy team and hospital leaders successfully lobbied for workforce initiatives that will build a health care pipeline for Iowa hospitals and encourage clinicians to plant roots in Iowa. Hospital advocates also fought successfully against harmful policies including bills to weaken Iowa's certificate-of-need program.

It was invigorating, in my first year at the helm of IHA, to see the dedication and hard work of our hospital advocates. Their active participation at legislative committee hearings, responses to IHA VoterVoice Action Alerts and outreach to their local lawmakers made a difference in ensuring legislation supported hospitals' ability to provide high-quality health care for patients and communities.

In this Legislative Summary, the IHA advocacy team reviews health care legislation introduced in 2022, the effects on Iowa hospitals and what to prepare for in the future. On behalf of IHA's Board of Officers and Trustees and staff, thank you for your efforts in support of IHA's advocacy. Working together, we can best ensure health care in Iowa thrives and continues to meet the needs of patients and communities.

Sincerely,

Chris Mitchell
 President and CEO
 Iowa Hospital Association

MISSION

The Iowa Hospital Association represents Iowa hospitals and supports them in achieving their missions and goals.

VISION

The Iowa Hospital Association will 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

2022 LEGISLATIVE SESSION OVERVIEW

The IHA advocacy team is grateful to represent Iowa hospitals at the Statehouse to ensure Iowans have access to quality health care. During the 2022 legislative session, IHA tracked more than 100 bills that affected hospitals. The 87th General Assembly gaveled in Monday, Jan. 10, and ended in the late night hours of Wednesday, May 25.

Session ended one month past the scheduled adjournment as legislators finally agreed on education issues and the \$8.2 billion budget.

Defending Iowa's certificate-of-need program was a priority this legislative session. Thanks to the strong grassroots efforts of hospital advocates, several bills weakening or eliminating CON were defeated. Iowa hospitals also secured legislative wins that will have positive implications for years to come.

As always, the IHA advocacy team extends its sincere thanks to the many tireless hospital advocates who continue to work to pass health care policies while caring for their communities. Thank you for all you do.

2022 LEGISLATIVE SESSION SUMMARY CERTIFICATE OF NEED – FAILED

IHA continues to advocate for the efficient and thoughtful planning of health care delivery the certificate-of-need program protects. Defending CON was a priority this session with three bill versions introduced throughout the legislative session.

- The first version, [Senate File 2255](#), would have eliminated CON entirely for every health care provider except long-term care facilities.
- A proposed amendment to SF 2255 would have changed the equipment thresholds, triggering a CON from \$1.5 million to \$10 million. The amendment included eliminating the CON process for any building under 40,000 square feet.
- After the first bill and amended version were defeated, CON language was proposed as an amendment in an ambulatory surgery center licensure bill, [House File 2388](#). The proposed Senate floor amendment would have changed facility thresholds from \$1.5 million to \$5 million and equipment thresholds from \$1.5 million to \$3 million. The amendment also would have eliminated CON for birth centers and behavioral health facilities.

All versions of the bill failed because of the efforts of our hospital members and the advocacy team. Not a single email, action alert, phone call or committee meeting attendance went unnoticed. It took every effort to educate legislators about the importance of CON and defeat these bills. IHA extends a special thank you to key senators who were strong in their support to maintain the CON process as is. This support raised enough doubt in the Senate chamber to table the discussions.

CON is vital to maintaining Iowa's high-quality, low-cost health care system. This issue will stay relevant in future sessions. IHA encourages hospital leaders to continue conversations with their legislators about the importance of CON. Additionally, IHA will work with hospital stakeholders during the interim to convene a work group to assess CON and its relation to access, quality and affordability of health care in Iowa.

Email questions about the certificate-of-need program to IHA lobbyist leads [Erin Cubit](#), [Jamie Horbach](#) or [Jenny Klein](#).



MEDICAL MALPRACTICE REFORM – FAILED

Despite a continued push for medical malpractice reform, the tort reform bill did not cross the finish line this legislative session. Gov. Kim Reynolds named the issue as a legislative priority in her Condition of the State address. The Governors' bill, [House File 2279](#), combined three issues – unemployment benefits, medical malpractice tort reform and reform for civil torts in trucking businesses.

Current medical malpractice law provides a soft cap of \$250,000 for noneconomic damages in a civil action brought by a patient against a health care provider. HF2279 would have made two changes to the law:

- The bill established that the definition of noneconomic damages does not include the loss of dependent care because of the death or severe injury to a spouse or parent who is the primary caregiver of a child or disabled adult. Instead, such damage would be considered economic.
- The bill provided a \$1 million hard cap on noneconomic damages when the jury finds there is substantial permanent loss or impairment of a bodily function, substantial disfigurement or death that warrants exceeding the \$250,000 soft cap.

The bill moved through subcommittee and committee quickly but stalled before a House floor vote. Ultimately, the bill did not have the votes in the House and failed this session.

Email questions about medical malpractice reform to IHA lobbyist lead [Jenny Klein](#).

HEALTH CARE WORKFORCE

Coming into the 2022 legislative session, workforce was a major concern across all sectors. Hospitals continue to face health care workforce shortages in critical areas, and IHA supported efforts to improve recruitment and retention for health care workers. There were several wins this session in workforce policy, but there is still work to do in coming years.

Gov. Reynolds' **workforce bill** ([Senate File 2383](#)) **SIGNED** – The workforce bill includes several provisions to support health care workforce recruitment:

- **Rural Iowa Primary Care Loan Repayment Program.** Adds neurology to the list of specialties eligible for loan repayment under the program and allows loan repayment for all eligible specialists who will practice part-time in the state if other conditions are met. The bill expands the program from 20 to 40 agreements if funds are available. The education budget appropriated \$4 million for this program, an increase from \$1.7 million in 2021.
- **Healthcare Loan Repayment Program.** Allows part-time nurse educators who also practice as registered nurses or advanced registered nurse practitioners to qualify under the health care award program. The bill changes the health care loan repayment program to an award program with a maximum amount of \$6,000 for no more than five consecutive years. The education budget appropriated \$1 million for this program, an increase from \$250,000 in 2021.
- **Healthcare Professional Recruitment Program.** Modifies the program to include advanced registered nurse practitioners under the definition of health care professional.

Last-Dollar Scholarship Program ([House File 2165](#)) **SIGNED** – Allows someone who enrolls part time at a community college to be eligible for the Future Ready Iowa Skilled Workforce Last-Dollar Scholarship Program. This will allow people enrolled in part-time schooling for several health care occupations to qualify for the scholarship.

Mental Health Professional Loan Repayment Program ([House File 2549](#)) **SIGNED** – Establishes a mental health professional loan repayment program in the College Student Aid Commission. To receive loan payments under the new program, a mental health professional must agree to practice in an eligible practice area full time for five years or part time for seven years. An eligible practice area is an Iowa city in a federal mental health shortage area, as designated by the U.S. Department of Health and Human Services. Mental health professionals may receive \$8,000 annually, with a lifetime maximum of \$40,000. The Education Appropriations bill set \$1.5 million for this new program.

Provisional Licensing of Psychology Interns ([House File 2246](#)) **SIGNED** – Allows someone enrolled in a doctoral degree program in psychology to apply for a provisional license during their internship program. This allows students with provisional licenses to practice psychology under supervision.

Staffing Agencies ([House File 2521](#)) **SIGNED** – Requires health care employment agencies to register with the Iowa Department of Inspections and Appeals. It prohibits health care employment agencies from contracting with health care workers or facilities that contain noncompete clauses or employment fees.

Email questions about health care workforce policy to IHA lobbyist lead [Jenny Klein](#).

MEDICAID POLICY

This session, legislators focused on reducing the complexities in the Medicaid program and less time addressing Medicaid reimbursement rates. IHA was pleased to see bills signed into law that help Medicaid providers navigate the program's eligibility and prior-authorization requirements. Unfortunately, several bills increasing reimbursement rates did not advance in the legislative process.

Medicaid Overpayments ([House File 736](#)) SIGNED – HF 736 was introduced in the 2021 legislative session. The original bill set the timeline limitations on the recoupment of Medicaid claim overpayments from five years to two years. Based on discussions after the 2021 legislative session and early in the 2022 legislative session, an amendment was introduced replacing the original language. The new language states if a provider can document a patient appeared to be eligible for Medicaid before a service was provided, and a managed care organization recoups the reimbursement, the provider could submit the documentation to the Iowa Medicaid Enterprise for reimbursement from the state. The new language also does not change the timeline for overpayment recoupment.

Prior Authorizations ([House File 2399](#)) SIGNED – HF 2399 prohibits a utilization review organization from revoking, limiting or restricting a prior authorization after the health care service was provided. It requires a health carrier to reimburse a health care provider for a service provided according to a prior authorization. Additionally, the bill was amended to specify a prior authorization for a specific health care service is valid for that specific service for a minimum of 90 days from the date the health care provider receives the prior authorization from the utilization review organization.

Medicaid Reimbursements ([House File 2033](#), [Senate File 2067](#), [Senate File 2065](#), [Senate File 2146](#), [House File 2101](#), [House File 2003](#) and [Senate File 2116](#)) FAILED – These bills all sought to improve the Medicaid managed care system by addressing concerns with reimbursements. The improvements included increasing rates for all Medicaid services, requiring a study about administrative days (days awaiting placement) and increasing reimbursement rates for substance abuse treatment.

Finally, legislators continued work this year on efforts ensuring participants in public assistance programs are eligible. During the 2021 legislative session, a single, more-comprehensive bill was introduced and ultimately did not pass. The legislature could not agree on all the provisions. During the 2022 legislative session, legislators in the House attempted to work on this issue again by dividing the 2021 bill into several bills to work on the issues individually and join them in another comprehensive bill.

Welfare Checks ([House File 2438](#)) FAILED – The bill would require the Iowa Department of Human Services to use an identity authentication process that requires a public assistance applicant to complete a knowledge-based questionnaire about financial matters. The bill ultimately failed and will likely be reviewed next legislative session.

Email questions about Medicaid to IHA lobbyist lead [Erin Cubit](#).

BEHAVIORAL HEALTH

Legislators continued to increase access and the quality of behavioral health care by addressing the workforce shortage and psychiatric reimbursement shortfalls.

Tiered Psychiatric Reimbursements ([House File 2546](#)) SIGNED – Requires the Iowa Department of Human Services to develop and implement a tiered reimbursement methodology for psychiatric intensive care beds at Iowa hospitals. The bill was passed with an appropriation in the Health and Human Services appropriations bill, discussed below, of \$1.5 million in additional Medicaid funds. The IHA advocacy team will work with DHS to establish rules and guidelines in the interim.

Mental Health Loan Repayment Program ([House File 2549](#)) SIGNED – The bill creates the program through the College Student Aid Commission. To be eligible, the applicant must hold at least a master's degree in a mental health field from an eligible institution including psychology, counseling, guidance, social work, marriage and family therapy or mental health counseling.

Intensive Psychiatric Beds ([Senate File 2216](#)) FAILED – The bill establishes 12 psychiatric intensive care beds at each mental health institution.

Nonmedical Switching ([House File 2199](#)) FAILED – Prohibits plans from limiting coverage of a prescription drug for a covered person if the person is stable.

Email questions about behavioral health to IHA lobbyist lead [Jamie Horbach](#).





COVID-19 RESPONSE AND VACCINATIONS

In response to the pandemic and federal COVID-19 vaccine mandates, several bills about vaccines and COVID-19 treatments were introduced.

Off-Label Drug Treatment ([House File 2203](#)) **FAILED** – The bill included mechanical ventilation as an eligible condition under the right-to-try statutes. Off-label drug treatments also are included under the definition of investigational drug, biological product or device. The bill allows a provider to prescribe off-label drugs like ivermectin to a patient with COVID-19 on a ventilator. The bill provides some protections for hospitals and providers. The bill passed the House, but did not move in the Senate. The language from the bill also was included in the House Health and Human Services budget, but the final bill the Senate agreed to did not include the language.

COVID-19 Vaccines and Tests ([Senate File 2012](#)) **FAILED** – Prohibited the labor commissioner from implementing or enforcing federal OSHA standards requiring an employer to verify an employee's COVID-19 vaccination status, determine testing status or conduct a test to determine if an employee has COVID-19.

Vaccine Status of Death Certificates ([Senate File 2032](#)) **FAILED** – Required the Department of Public Health to amend the death certificate form to include data about the deceased's most-recent COVID-19 vaccination status.

COVID-19 and Hospitals ([Senate Study Bill 3035](#)) **FAILED** – Excluded from the certificate-of-need process new hospitals requiring COVID-19 vaccination as a condition of employment.

Medical Standing Order ([House File 2266](#)) **FAILED** – Required the medical director of the Department of Public Health to establish a standing order authorizing the distribution of hydroxychloroquine and ivermectin by a pharmacist to any patient 18 years and older who requests it.

Vaccine Incentives ([Senate Study Bill 3037](#)) **FAILED** – Prohibited an insurance carrier from creating incentives or imposing penalties based on a certain vaccine status.

Medical Creed Discrimination ([Senate File 2052](#)) **FAILED** – Prohibited discriminatory practices based on medical creed, defined as someone's vaccination or disease immunity status, decision to disclose or not disclose private medical records and sincerely held beliefs about medical interventions.

Vaccine Requirements ([House File 2067](#)) **FAILED** – Prohibited an employer from requiring an employee to receive a vaccine that does not have an approved biologics license application from the FDA.

Vaccine Information ([Senate File 2269](#)) **FAILED** – Required a health care provider to give vaccine information to a patient or the patient's parent about the existence of the Vaccine Adverse Event Reporting System and the national vaccine injury compensation program before receiving the vaccine.

Vaccine Consent ([Senate File 2335](#)) **FAILED** – Required documented consent by a parent or legal guardian before vaccination of a minor patient.

COVID-19 Immunity Proof ([Senate File 2030](#)) **FAILED** – Required proof of COVID-19 immunity to be accepted instead of proof of vaccination.

Medical Freedom ([House Files 2545](#)) **FAILED** – Prohibited the required disclosure of discrimination based on someone's medical treatment status or the furnishing of an immunity passport.

Email questions about COVID-19 response and vaccinations to IHA lobbyist lead [Jenny Klein](#).



PHARMACY BENEFIT MANAGERS – SIGNED

One of the last bills considered by the legislature was about pharmacy benefit managers. [House File 2384](#) establishes fiduciary duties for pharmacy benefit managers. It also requires benefit managers to allow an Iowa pharmacy to participate in its network with the same terms, conditions and reimbursements as other pharmacies and prohibits charges to pharmacies in the network. The bill included calculations to limit cost-sharing for patients.

During the final minutes of session, an amendment was passed significantly scaling back the bill. The amendment removed the provisions prohibiting discrimination against Iowa pharmacies for network participation and the appeals process. But the amendment kept provisions about clawbacks on clean claims.

Both chambers passed the bill unanimously and it was signed into law.

Email questions about pharmacy benefit managers to IHA lobbyist lead [Erin Cubitt](#).

CONSTRUCTION ALTERNATIVES – SIGNED

Public hospitals in Iowa now have access to an alternate process for competitive construction bids, allowing more flexibility in the building process.

Construction Manager At-risk ([Senate File 183](#)) **SIGNED** – Allows the use of construction manager at-risk project delivery by public entities in the state and prohibits the use of single-contract design-build delivery for public entities including the Iowa Board of Regents. The Iowa Board of Regents could previously use design-build.

Read more at the [Public Owners' Guide to Legal Issues on the Bidding and Award of Construction Contracts in Iowa](#).

Email questions about construction manager at-risk to IHA lobbyist lead [Jamie Horbach](#).

CYBERSECURITY

As data breaches and ransomware attacks become more of a threat to Iowa businesses and organizations, the Iowa legislature began talking about cyberthreats and created legislation about data privacy and cybersecurity. None of the bills were approved. IHA will add cybersecurity to its legislative priorities and play a more-active role in these conversations moving forward. Protecting consumer privacy is essential to keeping hospital operations strong.

Cybersecurity Defenses ([House Study Bill 555](#)) **FAILED** – The bill created affirmative defenses for entities using cybersecurity programs and electronic transactions recorded by blockchain technology.

Ransomware Attacks ([House File 2461](#)) **FAILED** – The bill categorized the malicious use of ransomware as a criminal offense with charges ranging from an aggravated misdemeanor to a Class C felony, based on the amount of damage. The bill defines ransomware and other related terms and allows the use of ransomware for research purposes. It deems where the attacker lives, where the attacker performed the attack and the location of the attacked computer as suitable venues for criminal charges.

Email questions about cybersecurity legislation to IHA lobbyist lead [Jamie Horbach](#).

HEALTH AND HUMAN SERVICES APPROPRIATIONS AND STANDING LEGISLATION

When legislators consider budget bills and the final standing appropriations bill, it is a sign session is coming to a close. This year, the House passed eight of the nine state budget bills by the first week of April. Following their passage from the House, the Senate paused session because of behind-the-scenes negotiations. The negotiations lasted until mid-May, when the ninth and final budget and standing bills were introduced.

Health and Human Services Appropriations ([House File 2578](#)) SIGNED – The HHS budget bill for state fiscal year 2023 was a status quo budget with a few Medicaid increases. The bill was drafted in the House and was updated in the Senate with a strike-after amendment. The final bill appropriated more than \$2 billion to the Department on Aging, the Department of Public Health, the Department of Veteran Affairs and the Department of Human Services. The fiscal components of the bill included:

- \$1.5 billion for Medicaid, an increase of \$6.2 million from 2021.
- \$1.5 million for tiered rates for psychiatric intensive care.
- \$800,000 for rural psychiatric residencies.
- \$1.5 million for the cost adjustment factor for critical access hospitals.
- A continuation of the provider tax.
- \$425,000 for the Center of Excellence program.
- \$500,000 for the More Options for Maternal Support program.

The HHS budget bill also included several policy provisions including:

- **Language from the state-funded psychiatric residency program legislation ([House File 2529](#))** requiring the University of Iowa Hospitals and Clinics to administer a psychiatric residency program at the Cherokee and Independence mental health institutes and the Oakdale Classification Center. It also creates 12 positions in the program and gives preference to lowans who attended college or medical school in Iowa.
- **Language from the out-of-state telehealth reimbursement legislation ([House File 2245](#))** requiring health insurance carriers to reimburse out-of-state mental health professionals for services provided through telehealth if the provider is licensed in Iowa.
- **Policy language from the More Options for Maternal Support program legislation ([Senate File 2381](#))** creating a program for maternal support using nonprofit organizations that offer pregnancy support programs and establishes requirements for participating in the program. The original bill, SF 2381, included language expanding Medicaid postpartum coverage from 60 days to 12 months, but the final language requires the Iowa Department of Human Services to study the topic and report to the Legislature about other states' action on the issue.

- **Language from a 2021 bill about health data privacy ([House File 488](#))** removing patient names in reportable disease reports provided to or maintained by the Iowa Department of Public Health.

One of the last bills sent to Gov. Reynolds is the standing appropriations bill. This legislation is a catch-all bill for last minute legislation or fixes to previous bills.

Standing Appropriations ([House File 2589](#)) SIGNED – The language from this year's standing legislation included two provisions affecting hospitals:

- **Language from an ambulatory surgical center transparency bill ([House File 2248](#))** requiring providers to give patients certain information about the ambulatory surgical center when referring the patient there for surgery.
- **Added language to the health care employment agencies bill ([House File 2521](#))** making the legislation retroactive to contracts starting Jan. 1, 2019.

Email questions about the HHS budget or the standing appropriations bill to IHA lobbyist leads [Erin Cubit](#), [Jamie Horbach](#) or [Jenny Klein](#).



OTHER RELEVANT LEGISLATION

- **Pharmacy Matters** ([House File 2169](#)) **SIGNED** – Allows registered nurses to give immunizations and vaccinations under the order of a pharmacist using state protocols without a registration from the Board of Pharmacy.
- **Physician Assistant Duties** ([House File 803](#)) **SIGNED** – Expands the duties performed by a physician assistant.
- **Ambulatory Surgical Center Referral** ([House File 2248](#)) **FAILED** – Required certain information be given to a patient when referred to an ambulatory surgical center. The bill failed but the language passed as part of the standing appropriations bill ([House File 2589](#)).
- **Ambulatory Surgical Center Licensure** ([House File 2584](#)) **FAILED** – Created a new code chapter for licensing and regulating ambulatory surgical centers. The Department of Inspections and Appeals enforces the regulations.
- **Iowa Health Information Network** ([House File 2544](#)) **FAILED** – Required hospitals to contract with the nonprofit designated by the Iowa Department of Public Health to handle the Iowa Health Information Network and comply with requirements for the network.
- **Midwife Licensing** ([House File 2547](#)) **FAILED** – Required practicing midwives, or lay midwives, to hold a license by July 2023. The bill makes exemptions for health care professionals, Native Americans, Mennonites and the Amish. It establishes proof of training and a board, and limits the liability of health care providers who accept patient transfers from midwives.
- **Emergency Medical Services Tax Credit** ([Senate File 2375](#)) **FAILED** – Allowed emergency medical services volunteers to request an abatement of property taxes of up to 10% on a home. Required the volunteer to have been a volunteer for at least five years and to have made less than \$5,000 annually.
- **Mental Health Crisis Procedures** ([Senate File 513](#)) **SIGNED** – Previously, hospital providers had to contact a magistrate “at once” upon the emergency detention of a person with a mental health crisis. Under this bill, the hospital may detain the person up to 12 hours and must contact the magistrate during that time period.

INTERIM ADVOCACY ACTIVITIES

Although the legislative session has ended, the interim is busy for the IHA advocacy team as we strategize our legislative positions for the 2023 session. IHA continues to focus on:

- **Hospital policy work groups.** IHA will host work groups about pharmacy issues, certificate of need, workforce and maternal health.
- **Administrative rules watch.** Policy will be introduced and implemented through administrative rules. IHA staff will monitor the administrative rules process and keep members informed about policy changes needing attention.
- **Federal funding.** IHA will monitor the status of eligible federal funds for hospitals.
- **Psychiatric intensive care reimbursement.** IHA will work with the Department of Human Services on the status of psychiatric intensive care reimbursements and reimbursement for days awaiting placement.

2022 ELECTION CYCLE

This year marks another election cycle with several state and federal races up for grabs. At the federal level, Iowa’s four House districts and one Senate seat are on the ballot. At the state level, every seat in the House of Representatives and half the seats in the Senate will be up for election. Statewide seats including governor, auditor, attorney general, secretary of state, treasurer and secretary of agriculture are up for election.

IHA is evaluating 40 state open seat races in the House and Senate. The number of open seats are because of redistricting. Several legislators decided to retire instead of facing a friend in the primary election, leaving an unprecedented number of open seat races. An open seat means there is no incumbent legislator running in the election. IHA works with hospitals in the open seat districts to interview new candidates and make recommendations to the IHA PAC. The IHA PAC supports candidates who are hospital champions and are willing to support our legislative priorities.

The number of open seat races leaves IHA in a unique position to leverage relations with new legislators as we work in the interim to brief candidates about hospital priorities.

STAY CONNECTED

IHA appreciates the efforts of advocates and legislators to stay connected. The past three years of a pandemic have brought new definition to effective, flexible and creative communication. The IHA Advocacy team works with legislators, stakeholders and partner organizations through the year, not just during legislative session.

Information and policy can change in minutes, so it is important to keep up to date about these important conversations. The advocacy team works hard to keep member hospitals updated with information as it happens. IHA publishes information across several platforms to help hospital leaders and advocates stay informed when speaking to legislators during and after session.

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

IHA WEBSITE

The Advocacy tab on IHA's website provides information designed to increase support of Iowa hospitals while informing the public about the issues and challenges they face. This area of the website focuses on health care issues and legislation and serves as an information source and advocacy portal. It also is home to the Legislative dashboard, which provides an interactive map to help hospital advocates find and connect with their representatives at the state and federal levels. It also allows legislators to find hospitals in their districts.

LEGISLATIVE VIDEOS AND PODCASTS

Throughout the session, IHA lobbyists provide podcasts and videos updating members about legislation and where IHA stands on various issues. These offerings can be found in the Digital on Demand library on IHA's website.

PUBLICATIONS

IHA provides two e-newsletters to help hospital advocates stay engaged throughout the session. IHA Today features breaking news stories on state and federal levels and highlights education sessions that may be of interest to hospitals as well as notable information from the American Hospital Association. The 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 about 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:

Facebook: [/lowahospital](https://www.facebook.com/lowahospital)

LinkedIn: [@lowahospitals](https://www.linkedin.com/company/lowahospitals)

Twitter: [@lowahospital](https://twitter.com/lowahospital)

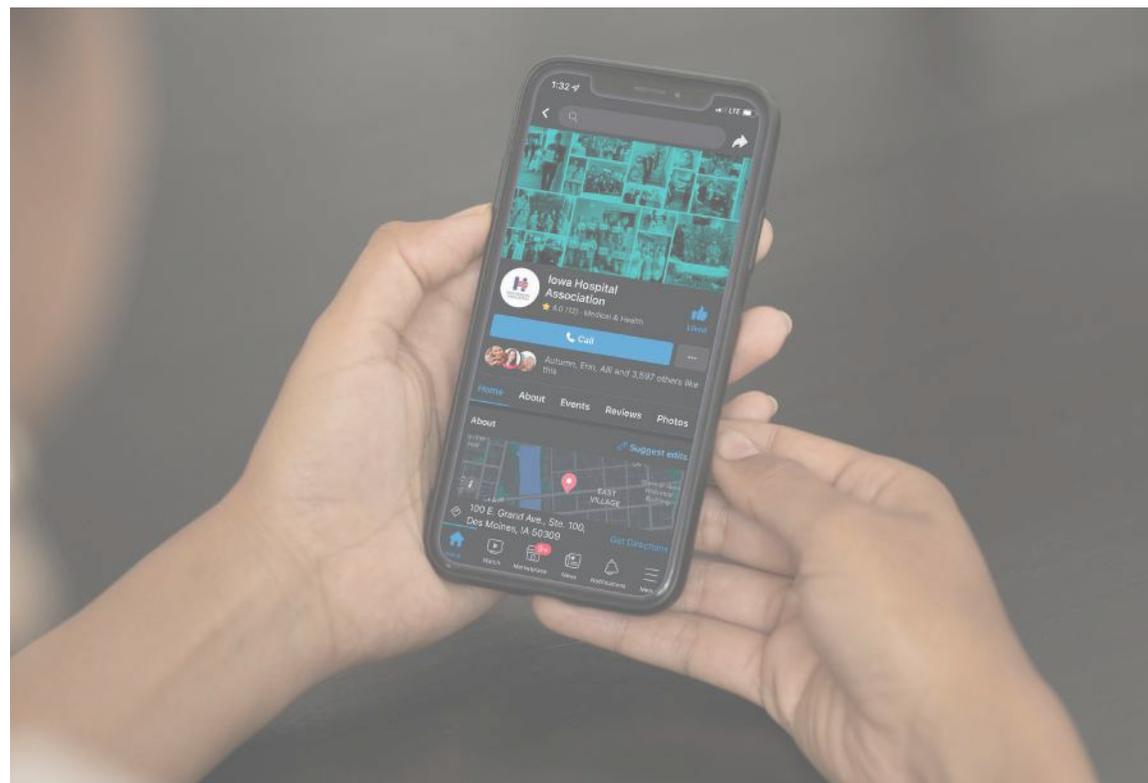
YouTube: [/lowahospital](https://www.youtube.com/lowahospital)

VoterVoice Action Alerts

Hospital advocates help keep health care a priority with state and federal legislators and stay involved in IHA's advocacy efforts through IHA's VoterVoice Action Alerts, which send important legislative emails to advocates. The emails include easy and effective ways to contact legislators. Through the alerts, hospital advocates can better represent Iowa's hospitals by interacting with Iowa's legislators on policy issues and keeping health care a legislative priority among leaders in the Statehouse.

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, a review of 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 the IHA Conference Center. This is an opportunity for hospital advocates to discuss issues with their legislators in a more-casual environment.





Advocacy 101

Health care policy is complicated, and Iowa's Legislature is filled with citizen legislators who may not have the time or resources to understand all the issues affecting providers and patients. Iowa legislators rely on information provided by their local hospital representatives to ensure the retention of high-quality, efficient health care in the state while maintaining hospitals' fiscal sustainability.

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. Three important ways to get involved are:

- **Build relationships with legislators in the interim** – 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. Also, there is no better time to contact legislators than during the break from legislative session. Legislators want to make a difference in their districts and having relationships with hospital leaders is a valuable resource for them.
- **Contribute to the IHA Political Action Committee** – By donating to the 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.
- **Make your voice heard during legislative session** – Legislators also recognize and appreciate when advocates care enough to reach out during session. IHA's Advocacy team is available to help advocates understand the issues and are ready to brief advocates so they feel confident and comfortable with the experience. IHA is grateful for the many hospital advocates who share information with legislators for subcommittee hearings and floor votes.

ADVOCACY TEAM



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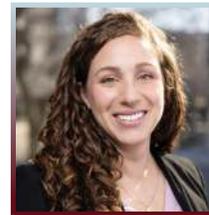
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2022 LEGISLATIVE SESSION

BILL SUMMARIES

| BILL NO. | BILL TITLE | BILL DESCRIPTION | POSITION | BILL STATUS |
|---------------------------------|--------------------------------------|--|-----------|----------------|
| <u>SF 463</u> | Occupational Therapists | Adopts the Interstate Occupational Therapist Licensure Act. Takes effect on enactment by 10 states and creates a commission to regulate occupational therapists. The bill includes other provisions. See HSB 201 | Undecided | Signed |
| <u>HF 803</u> | Physician Assistant Duties | Adds a wide range of duties performed by physician assistants. Requires different boards and agencies to adopt rules authorizing physician assistants and prohibits amending the rules for at least three years. | Undecided | Signed |
| <u>SSB 3003</u> | Mental Health Loan Repayments | Creates a mental health professional loan repayment program in the College Student Aid Commission. The bill requires the professional to practice full time for five years or part time for seven years with priority given to lowans and Iowa National Guard members. Loan repayments are limited to \$8,000 annually and \$40,000 overall. It creates a fund, establishes reporting requirements and includes other implementing provisions. | Undecided | Part of Budget |
| <u>SF 2088</u> | Pharmacy Matters | Allows a registered nurse to give immunizations and vaccines under the order of a pharmacist using statewide protocols without a registration from the Board of Pharmacy. Strikes certain requirements for a non-resident pharmacy to show evidence of giving a toll-free number for prescriptions on its Board of Pharmacy licensing application. | Undecided | Signed |
| <u>SF 183</u> | Public Improvement Contracts | Prohibits the Iowa Board of Regents from selecting an architect, engineer or landscape architect based on fees and using design-build contracts . The bill allows government entities to use guaranteed maximum price contracts, deeming those contracts to be with a construction manager-at-risk, with a maximum price guaranteed. Prohibits the use of design-build contracts and guaranteed maximum price contracts for bridge and highway improvements. Includes other related provisions. | Undecided | Signed |
| <u>SF 2117</u> | Off-label Drug Treatments | Allows patients on mechanical ventilators to receive medicine for off-label purposes under the provisions for the use of experimental drugs to treat terminally ill patients. See HF 2010 | Against | Failed |
| <u>SF 2129</u> | Last Dollar Scholarships | Makes part-time students eligible for Future Ready Last Dollar scholarships through the Iowa Student Aid Commission. | For | Signed |
| <u>HF 2160</u> | Assisted Reproduction | Makes it 4th Degree Sexual Abuse for a doctor or health care worker to use their own sperm or ova in assisted reproduction procedures without written consent from the patient. | Undecided | Failed |
| <u>HF 2165</u> | Last Dollar Scholarships | Makes part-time students eligible for Future Ready Last Dollar scholarships. | For | Signed |
| <u>HF 2167</u> | Autism Definition | Defines autism spectrum disorder as a mental health disorder which meets various diagnostic criteria. Makes conforming changes. | Undecided | Signed |
| <u>HF 2169</u> | Pharmacy Matters | Allows a registered nurse to give immunizations and vaccines under the order of a pharmacist using statewide protocols without a registration from the Board of Pharmacy. Strikes certain requirements for a non-resident pharmacy to show evidence of giving a toll-free number for prescriptions on its Board of Pharmacy licensing application. See SSB 3006 | Undecided | Signed |
| <u>HF 2172</u> | Health Care Facility Violations | Updates Department of Inspectios and Appeals rule citations for self-reported violations by health care facilities. See SSB 3043 | Undecided | Signed |
| <u>HF 2279</u> | Tort Reform, Unemployment Reductions | Requires a one-week waiting period for unemployment benefits. Reduces the calculations for maximum benefits to 16 weeks. Defines misconduct and gives examples. Lowers the amount for suitable wages. Allows for any administrative law judge decision to be appealed to the district court, bypassing employment appeals boards. Makes decisions more broadly applicable rather than binding only the parties. Tort reform component limits the liability of employers for torts/ damages related to truck/commercial vehicle accidents. | For | Failed |
| <u>HF 2199</u> | Non-Medical Switching | Prohibits health plans from limiting coverage of a prescription drug for a covered person if the person is medically stable, as determined by medical professionals; was previously approved for the drug by the coverage plan, and the prescriber has issued a prescription for the drug in the last six months. Includes exceptions for equivalent generic drugs, for federal actions or the discontinuance of the drug. Requires the plan have an option for a covered person to seek a coverage exemption and for expedited procedures for decisions. Includes other provisions on coverage decisions. | For | Failed |
| <u>HF 2200</u> | Direct Care Providers | Makes more health care professionals eligible to enter into a direct health care agreement to offer health care services. Effective on enactment. | Undecided | Signed |

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| <u>HF 2201</u> | Controlled Substances | Controlled Substances: Makes changes to provisions on controlled substances. PMAC: Authorizes the BOP to appoint the members of the Prescription Monitoring Advisory Council and makes other changes to the powers and composition of the PMAC. Directs the BOP to adopt rules. (BOP) | Undecided | Signed |
| <u>SF 2168</u> | Health Care Facility Violations | Updates Department of Inspections and Appeals rule citations for self-reported violations by health care facilities. See HSB 543 | Undecided | Signed |
| <u>HF 2245</u> | Telehealth Reimbursements | Requires certain health carriers to reimburse out-of-state mental health professionals for telehealth services if the professional is licensed in Iowa and able to deliver appropriate services. Effective on enactment | Undecided | Part of Budget |
| <u>HF 2246</u> | Provisional Psychologists | Allows the Board of Psychology to give a doctoral psychology student a two-year provisional license during the student's internship. Authorizes the intern to practice under the supervision of a licensed psychologist. Includes provisions on reimbursement rates and fees. | Undecided | Signed |
| <u>SF 2195</u> | Mental Health Loan Repayments | Creates a mental health professional loan repayment program in the College Student Aid Commission. The bill requires the professional to practice full time for five years or part time for seven years with priority given to Iowans and Iowa National Guard members. Loan repayments are limited to \$8,000 annually and \$40,000 overall. It creates a fund, establishes reporting requirements and includes other implementing provisions. | For | Part of Budget |
| <u>HF 2279</u> | Tort Reform, Unemployment Reductions | Requires a one-week waiting period for unemployment benefits. Reduces the calculations for maximum benefits to 16 weeks. Defines misconduct and gives examples. Lowers the amount for suitable wages. Allows for any administrative law judge decision to be appealed to the district court, bypassing employment appeals boards. Makes decisions more broadly applicable rather than binding only the parties. Tort reform component limits the liability of employers for torts/damages related to truck/commercial vehicle accidents. | For | Failed |
| <u>HF 2297</u> | Medicaid Managed Care Organization Oversight | Deems contracted managed care organizations to administer Medicaid and HAWK-I are not subject to the Iowa Code requirements about insurance. Makes certain licensing and solvency standards apply to the managed care organizations. Deems a managed care organization administering HAWK-I as a participating insurer. | Undecided | Failed |
| <u>HF 2302</u> | Cybersecurity Defenses | Establishes affirmative defenses for the use of various cybersecurity defense measures, including the use of accepted standard. Makes definitions and includes other provisions. Includes blockchain technology in electronic records and signatures. See SF 2049 | Undecided | Failed |
| <u>SF 2210</u> | Staffing Agency | Requires health care employment agencies to register with the Department of Inspections and Appeals. Establishes fees and defines health care employment agencies. Requires the agency to make employees comply with the requirements and qualifications for health care workers. Prohibits non-compete clauses. Requires reports to the department. Allows a denial of registration for agencies that fail to meet the requirements. See HSB 638 | Undecided | Signed |
| <u>SF 2216</u> | Intensive Psychiatric Care | Requires the Department of Human Services to create intensive care psychiatric units at each state mental health institute for children and adults needing extensive services. Requires each unit have at least 12 beds. Requires the department to collect data about the units and report about the effectiveness of the units. | Undecided | Failed |
| <u>SF 2231</u> | Pharmacy Benefit Managers II | "Establishes fiduciary duties for pharmacy benefit managers." | For | Signed |
| <u>SF 2242</u> | Controlled Substances | Makes changes to provisions about controlled substances. Authorizes the Board of Pharmacy to appoint the members of the Prescription Monitoring Advisory Council and makes other changes to the council. Directs the Board of Pharmacy to adopt rules. See HSB 549 | Undecided | Signed |
| <u>HF 2384</u> | Pharmacy Benefit Managers II | "Establishes fiduciary duties for pharmacy benefit managers." | Undecided | Signed |
| <u>SF 2275</u> | Unemployment Reductions | Requires a one-week waiting period for unemployment benefits. Reduces the calculations for maximum benefits to 16 weeks. Defines misconduct and gives examples. Lowers the amount for suitable wages. Allows for any administrative law judge decision to be appealed to the district court, bypassing employment appeals boards. Makes decisions more broadly applicable rather than binding only the parties. Tort reform component limits the liability of employers for torts/damages related to truck/commercial vehicle accidents. See HSB 631 | For | Failed |
| <u>HF 2399</u> | Prior Authorization | Prohibits a utilization review committee from limiting or revoking a prior authorization after the health care service has been provided. Requires the provider to be reimbursed at the contracted rate. | For | Signed |
| <u>HF 2420</u> | Newborn Infants | Increases the age of a baby who is eligible to be dropped off under the Newborn Safe Act to 60 days. | Undecided | Signed |
| <u>HF 2428</u> | County Hospital Trustees | Allows the trustees of a county hospital to receive compensation for services performed as a trustee. | For | Failed |
| <u>SF 2314</u> | Mental Health / Disability Services Funding | Allows cash reserves for a mental health and disability services combined regional account to reach 10% before being disqualified from receiving funding from the mental health and disability services incentive fund. | Undecided | Failed |

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| SF 2322 | Copying Records Costs | Requires costs for copying official records be reasonable. Does not allow costs for legal counsel for the review or redaction of records to be included. | Undecided | Signed |
| SF 2331 | Tiered Psychiatric Reimbursements | Requires the Department of Human Services to implement a tiered reimbursement methodology for Medicaid psychiatric in-patient care, based on the patient's acuity by January 2023. Requires the use of recommendations from the in-patient bed tracking study to determine other factors used for the tiered reimbursements. Requires a provider to be compliant with the real-time in-patient psychiatric bed tracking system. Similar to HF 2125 approved by the House Human Resources Committee. | Undecided | Part of Budget |
| HF 2461 | Ransomware Attacks | Makes the malicious use of ransomware a criminal offense with charges ranging from an aggravated misdemeanor to a Class C felony, based on the amount of damage. Defines ransomware and other related terms. Allows the use of ransomware for research purposes. Deems where the attacker lives, where the attacker performed the attack and the location of the attacked computer as suitable venues for charges. | Undecided | Failed |
| SF 2345 | Newborn Screenings | Codifies rules about the Congenital & Inherited Disorders Advisory Committee. Requires the advisory committee to recommend to the Iowa Department of Public Health if new conditions identified by the federal government should be added to the current screening panel for newborns. Includes reporting requirements for the department about newborn screenings. | Undecided | Signed |
| HF 2529 | Psychiatric Residencies | Requires the University of Iowa Hospitals and Clinics to administer a psychiatric residency program at the Cherokee and Independence mental health institutes and at the Oakdale Classification Center. Creates 12 positions in the program and gives preference to Iowans who attended college or medical school in Iowa. Establishes a fund for the program. | For | Part of Budget |
| HF 2521 | Health Worker Employment Agencies | Requires health care employment agencies to register with the Department of Inspections and Appeals. Establishes fees and defines such agencies. Requires the agency to make employees comply with the requirements and qualifications for health care workers. Prohibits non-compete clauses. Requires reports to the department. Allows a denial of registration for agencies that fail to meet the requirements. | Undecided | Signed |
| HF 2544 | Iowa Health Network | Requires all hospitals contract with the nonprofit designated by the Department of Public Health to handle the Iowa Health Information Network and to comply with all the requirements for the network. | Undecided | Failed |
| HF 2546 | Tiered Psychiatric Reimbursements | Requires the Department of Human Services to implement a tiered reimbursement methodology for Medicaid psychiatric in-patient care, based on the patient's acuity by July 2022. Requires the use of inpatient bed tracking study to determine other factors used for the tiered reimbursements. | Undecided | Part of Budget |
| HF 2547 | Midwife Licensing | Requires practicing midwives to hold a license as of July 2022. Makes exemptions for health care professionals, Native American or Amish communities with traditional services and for others because of religious tenets, and in emergencies. Establishes requirements, including proof of training. Establishes a board. Limits the liability of health care providers who accept transfers of patients from midwives. | Against | Failed |
| HF 2549 | Mental Health Prescriber Loan Repayments | Establishes a prescribing mental health professional loan repayment program in the College Student Aid Commission, similar to other loan repayment programs for health care professionals. Requires the professional to practice for five years. Gives priority to Iowans and Iowa National Guard members. Limits loan repayments to \$40,000 annually and \$200,000 overall (psychiatrists); \$10,000 and \$50,000 (ANRP); \$8,000 and \$40,000 (prescribing psychologist). Appropriates \$1 million for the program to the College Student Aid Commission. | For | Part of Budget |
| HF 736 | Medicaid Overpayments | Does not allow the state or a Medicaid managed care organization to seek repayment of an overpayment to a provider if the overpayment happened more than 12 months previously. Effective on enactment. | For | Signed |
| SF 2375 | Volunteer EMS Tax Abatement | Allows a volunteer EMS technician to request an abatement of property taxes of up to 10% on a home. Requires the volunteer EMS technician to have been a volunteer for at least five years and to have made less than \$5,000 annually. Includes other requirements. | Undecided | Failed |
| HF 2569 | Governor Regulatory Proposals | Gov. Reynolds' workforce bill includes several provisions to support health care workforce recruitment. Rural Iowa Primary Care Loan Repayment Program. Adds neurology to the list of specialties eligible for loan repayment under the program and allows loan repayment for all eligible specialties who will practice part-time in the state if other conditions are met. The bill expands the program from 20 to 40 agreements if funds are available. The education budget appropriated \$4 million for this program, an increase from \$1.7 million in 2021. Healthcare Loan Repayment Program. Allows part-time nurse educators who also practice as registered nurses or advanced registered nurse practitioners to qualify under the health care award program. The bill changes the health care loan repayment program to an award program with a maximum amount of \$6,000 for no more than five consecutive years. The education budget appropriated \$1 million for this program, an increase from \$250,000 in 2021. Healthcare Professional Recruitment Program. Modifies the program to include advanced registered nurse practitioners under the definition of health care professional. | For | Signed |

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| SF 2381 | More Options for Maternal Support (MOMS) Program | Requires the Department of Human Services to create a program for maternal support (MOMS) using nonprofits that offer pregnancy support programs. Sets requirements for participating programs, including the program not refer a pregnant woman to an abortion provider, except for a medical necessity to save a woman's life. Requires Medicaid to request federal waivers for extended post-partum coverage. Appropriates \$2 million in FY 2022; \$3.1 million in FY 2023 and \$3.6 million in FY 2024. | Undecided | Part of Budget |
| HF 2584 | Ambulatory Surgical Centers | Requires ambulatory surgical centers to be licensed. Defines such centers and excludes certain outpatient facilities. Requires the Department of Inspections and Appeals to adopt rules and perform inspections. Makes complaints confidential and allows injunctions and judicial review. Establishes criminal penalties for violations. Includes related matters. See HF 117 | Undecided | Failed |
| SF 2384 | Standings | Makes the standing appropriations. Limits the standing appropriations for non-public school transportation, the instructional support state aid and for aid area education agencies. Authorizes the Department of Management to approve salary adjustments for departments from other appropriated funds. Includes corrections. | Undecided | Signed |
| HF 2013 | Apprentice Tax Credit | Creates the Growing Our Workforce tax credit of \$1,000 for employers who employ an apprentice or trainee for at least seven months in a calendar year. Prohibits the employer from benefitting for the same employee for more than four years. Requires the Iowa Economic Development Authority to adopt rules. | Undecided | Failed |
| SF 2030 | COVID-19 Proof of Immunity | Requires an entity that requires proof of a COVID-19 vaccination to accept proof of COVID-19 immunity as an alternative. | Undecided | Failed |
| SF 2079 | Required Immunizations | Pre-empts local ordinances about immunization requirements. Deems religious and medical exceptions apply to any immunization requirements from the State Board of Medicine. | Undecided | Failed |
| HF 2199 | Non-Medical Switching | Prohibits health plans from limiting coverage of a prescription drug for a covered person if: the person is medically stable, as determined by medical professional; the person was previously approved for the drug by the coverage plan, and the prescriber has issued a prescription for the drug in the last six months. Includes exceptions for equivalent generic drugs, for federal actions or the discontinuance of the drug. Requires that the plan have an option for a covered person to seek a coverage exemption and for expedited procedures for decisions. Includes other provisions about coverage decisions. | For | Failed |
| HF 2203 | Off-Label Drug Treatments | Allows patients on mechanical ventilators to receive medicines for off-label purposes under the provisions for the use of experimental drugs to treat terminally ill patients. | Against | Failed |
| SF 2165 | Metastatic Cancer Coverage | Requires health insurance to include coverage for prescription drugs used to treat metastatic cancer. Makes definitions. Requires the insurance commissioner to adopt rules. Effective for policies as of January 2023. See SF 116 | For | Failed |
| SF 2169 | Assisted Reproduction | Makes it a felony for a doctor or health care worker to give a patient false information about reproductive material in assisted reproduction procedures (Class D felony) or material other than the material the patient has consented to (Class C) felony. Deems that the fact the patient consented to an anonymous donor to not be a defense. Deems the offenses as 3rd Degree Sexual Abuse. Establishes a cause of action for civil cases, with damages and awards for attorney fees. Extends various statutes of limitation for bringing actions. Allows license discipline. Similar to HF 2160 (passed by the House Committee) and SF 529 (passed by the Senate). | Undecided | Failed |
| HF 2248 | Ambulatory Surgical Referral | Requires a health care provider who refers a patient to an ambulatory surgical centers to give the patient a written document about factors for the patient to consider. Specifies the factors. Makes a provider subject to license discipline for the failure to do so. | Undecided | Part of Standings Bill |
| HSB 663 | Government Meetings | Allows governmental bodies to conduct meetings electronically if certain requirements are met. | For | Failed |
| SF 2255 | Certificate of Need | Eliminates the requirements for a certificate of need for institutional health facilities, other than for nursing facilities. | Against | Failed |
| SF 2269 | Vaccine Information | Requires the Department of Public Health to work with health care providers ensuring the provider knows federal requirements, including giving the patient certain vaccine information, documenting adverse results and giving the patient a copy of the report. Establishes disciplinary fines. Similar to HF 769. | Undecided | Failed |
| SF 2276 | Direct Care Providers | Makes additional health care professionals eligible to enter into a direct health care agreement to offer health care services. See HF 625. | Undecided | Part of Standings Bill |
| HF 2438 | Welfare Checks | Requires the Department of Human Services to use an identity authentication process. | Undecided | Failed |
| SF 2292 | Assaults on Social Workers | Includes social workers under provisions protecting health care workers from assaults. See HF 2094 | Undecided | Failed |
| SF 2335 | Vaccine Consent | Requires the written consent of a parent or legal guardian in order for a minor to be vaccinated. | Undecided | Failed |

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| HF 2545 | Medical Freedom Act | Strikes the current prohibitions against businesses requiring proof of COVID-19 immunizations and enacts a broad restriction against schools, businesses, employers and governments from asking about medical treatments, immunizations and other matters. Include immunization passports and prohibits offering incentives.. Prohibits businesses from requiring masks based on the medical history/immunization of a person. Establishes liability provisions. | Against | Failed |
| HF 852 | Graduate Medical Residents | Includes all graduate medical residents working at public or private hospitals as state employees under the State Medical Tort Claims Act. | For | Failed |
| HF 2003 | Substance Abuse Rates | Directs the Department of Human Services and the Department of Public Health to set Medicaid waiver reimbursement rates for substance abuse treatment. Requires the departments to agree on a projected cost report with the integrated provider network. Requires the departments to review the rates and to report to the governor and legislature about funding needed for rate changes. | Undecided | Failed |
| HSB 502 | Welfare Verification | Requires the Department of Human Services to redesign or establish a new system for verifying eligibility for public assistance. Allows the department to contract with a third-party. Establishes requirements for the system, including that it be finished by July 2023. Requires the department to seek federal approval as needed. | Undecided | Failed |
| HSB 503 | Welfare Fraud | Requires the Department of Human Services to redesign or establish a new system for verifying eligibility for public assistance. Allows DHS to contract with a third party. Establishes requirements for the system, including that it be finished by July 2023. Requires DHS to seek federal approval as needed. | Undecided | Failed |
| HSB 504 | Assistance Identification | Requires applicants for public assistance to complete a computerized identification process. Requires the Department of Human Services to establish rules. | Undecided | Failed |
| HSB 506 | Wellness Program Eligibility | Requires the Department of Human Services to seek federal approval to reinstate members of the Iowa Wellness plan who have been terminated from the program for non-payment of contributions imposed for the failure to complete required behaviors. Member would not have to pay outstanding balances if the member has not been terminated before because of non-payment. Does not apply to members who are deemed in substantial compliance with requirements to have a wellness exam if the exam is scheduled for no more than 90 days past the applicable enrollment period. | Undecided | Failed |
| HSB 507 | Public Assistance Eligibility | Requires the Department of Human Services to access various records for initial and on-going determinations of eligibility for applicants for public assistance. Requires DHS to adopt rules and includes reporting requirements. | Undecided | Failed |
| HSB 515 | Welfare Verification II | Requires the Department of Human Services to give written notice to an assistance recipient if DHS finds a discrepancy while verifying information from the recipient. Requires the notice to include procedures for the recipient to respond. Requires DHS to terminate the application or suspend enrollment for a failure to respond. Requires annual reports by DHS. Requires DHS to request any needed federal waivers and allows DHS to contract with third-party vendors to implement provisions not requiring federal approval by July 2023. | Undecided | Failed |
| HSB 531 | Inpatient Psychiatric Beds | Appropriates sufficient funds in FY 2023 to expand the capacity at the Cherokee mental health institute by 12 adult and six adolescent beds and the Independence mental health institute by 20 adult and eight adolescent beds. Effective immediately. | For | Failed |
| SF 2004 | Preproductive Health Policies | Requires hospitals to give the Department of Inspections and Appeals a copy of its policies about reproductive health. Requires DIA to post those policies on its internet site and requires a hospital to post the policies about its internet site. Requires the postings be updated if policies change. | Undecided | Failed |
| SF 2005 | Postpartum Coverage | Requires the Department of Human Services to submit an amendment to extend the period for postpartum coverage under Medicaid. | For | Failed |
| SF 2006 | Medicaid Maternity Coverage | Requires the Department of Human Services to increase Medicaid reimbursements and to add services for maternity and delivery, postpartum coverage, breast feeding and other services related to maternal health. Requires DHS to amend managed care organizations' contracts as needed and to seek federal waivers or amendments. | Undecided | Failed |
| SF 2007 | Maternity Support Services | Requires Department of Human Services to work with the Department of Educations and the Department of Public Health to identify home-based visiting services funding for women and children from pregnancy and beyond. Requires the home-visiting services be evidence-based. Allows DHS to do feasibility studies about funding sources. | Undecided | Failed |
| SF 2008 | Maternal Best Practices | Requires hospitals to adopt the best maternal practices/safety bundles from the national OB/GYN organizations | Undecided | Failed |
| SF 2012 | COVID-19 Tests | Prohibits the labor commissioner from enforcing federal OSHA standards requiring employers to determine if an employee has been vaccinated against COVID-19, had a COVID-19 test, test results and if the employee has COVID-19. | Undecided | Failed |
| SF 2013 | Doula Coverage | Requires the Department of Human Services to amend managed care contracts and submit any needed waivers or amendments to include coverage for doulas under Medicaid maternity care. | Undecided | Failed |

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| SF 2016 | Non-Medical Switching | Prohibits health plans from limiting coverage of a prescription drug for a covered person if the person is medically stable, as determined by medical professionals; the person was previously approved for the drug by the coverage plan, and the prescriber has issued a prescription for the drug in the last six months. Includes exceptions for equivalent generic drugs, for federal actions or the discontinuance of the drug. Requires that the plan have an option for a covered person to seek a coverage exemption and for expedited procedures for decisions. Includes other provisions on coverage decisions. Similar to HF 656 approved in committee last year. | For | Failed |
| SF 2031 | Ivermectin and Hydroxychloroquine | Deems a doctor who prescribes ivermectin or hydroxychloroquine for COVID-19 shall not be subject to license discipline. | Undecided | Failed |
| SF 2032 | Vaccination Status on Death Certificates | Requires the Department of Public Health to amend death certificate forms so the vaccination status of people who died of COVID-19 can be added to the death certificates. | Undecided | Failed |
| SF 2033 | Vaccine Information | Requires health care providers who are enrolled under the Centers for Disease Control and Prevention's COVID-19 vaccination program to give patients a COVID-19 fact sheet with the most recent information and to document the patient received the fact sheet. | Undecided | Failed |
| SF 2046 | Health Facility Billing | Requires a health care facility, or third-party biller, to give a patient an itemized bill on the request of the patient at no charge. | Undecided | Failed |
| SF 528 | Myocardial Infarction Patient Reports | Allows reports about the hospitalization of a patient with myocardial infarction to include medical information about the condition, prognosis and care of the patient. | For | Failed |
| HF 2032 | Public Health Commission | Establishes a Public Health Commission under the Department of Public Service to make annual reports and recommendations about improvements to the public health system. | Undecided | Failed |
| HF 2033 | Medicaid Reimbursements | Increases reimbursements for Medicaid providers by 15% as of July 2023. Requires the Department of Human Services to gain any necessary approval. | Undecided | Failed |
| HF 2034 | COVID-19 Proof of Immunity | Requires an entity that requires proof of a COVID-19 vaccination to accept proof of COVID-19 immunity as confirmed by testing within the last three months as an alternative. Similar to SF 2030 | Undecided | Failed |
| HF 2036 | COVID-19 Testing | Requires a business that requires COVID-19 testing as a vaccination alternative to pay all the costs for testing, including paying the employee for time away from work. Prohibits requiring an employee to undergo testing outside of normal work hours. Effective on enactment. | Undecided | Failed |
| SSB 3035 | COVID-19 and Hospitals | Exempts a health care facility from the certificate-of-need process if the facility will be developed in a county where the hospital requires employees to be vaccinated against COVID-19. | Undecided | Failed |
| SSB 3037 | COVID-19 Vaccination Incentives | Prohibits a health insurer or public employee health care plan from paying incentives to a provider for meeting COVID-19 vaccination goals or imposing penalties on a provider for failing to meet those vaccination goals. | Undecided | Failed |
| SF 2049 | Cybersecurity Defenses | Establishes affirmative defenses for the use of cybersecurity defense measures, including the use of accepted standard. Makes definitions and includes other provisions. Includes blockchain technology in electronic records and signatures. | Undecided | Failed |
| SF 2052 | Protecting Vaccination Disclosure | Protects medical creed under the Civil Rights Act against unfair or discriminatory practices. Defines medical creed to cover sincerely-held beliefs about the right to refuse disclosure of vaccination status or medical records. Prohibits the governor from suspending these provisions in a medical emergency. | Undecided | Failed |
| SF 2065 | Medicaid Payments | Requires the Department of Human Services to require Medicaid managed care organizations to pay interest on claims by providers that are incorrectly denied or underpaid. Increases the interest rate from 12% to 21%, depending on the amount of time the claim goes unpaid. | Undecided | Failed |
| SF 2066 | Medicaid Changes | Requires the Department of Human Services to adopt rules requiring case management and intensity scale assessments be done by independent providers and assessors. Requires DHS to require managed care organizations work with DHS and stakeholders about a recruitment/retention program for caregivers who deal with older populations. Requires reports. Establishes independent third-party review of adverse decisions by a managed care organization. Makes changes to disenrollment procedures. | Undecided | Failed |
| SF 2067 | Medicaid Reimbursements | Increases reimbursements for Medicaid providers by the inflation rate plus 1% as of July 2022. Requires the Department of Human Services to gain any necessary approval. Similar to HF 2033 | Undecided | Failed |
| HF 2067 | No Vaccination Requirements | Prohibits employers from requiring employers or applicants from receiving a vaccine that has not been approved by the Food and Drug Administration. Effective on enactment. | Undecided | Failed |

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| <u>HF 2101</u> | Substance Abuse Reimbursements | Requires Medicaid to reimburse critical access hospitals at 300% of the standard reimbursement for substance abuse treatment. | For | Failed |
| <u>HF 2134</u> | Non-Compete Agreements | Prohibits an employer from requiring an employee to enter into a non-compete contract, unless financial loss or trade secrets are at risk. Makes agreements entered into after the effective date of the bill unenforceable. Similar to SF 496. | Undecided | Failed |
| <u>SF 2116</u> | Substance Abuse Rates | Directs the Department of Human Services and the Department of Public Health to set Medicaid waiver reimbursement rates for substance abuse treatment. Requires the departments to agree about a projected cost report with the integrated provider network. Requires the departments to review the rates and to report to the governor and legislature about funding needed for rate changes. See HF 2003 | Undecided | Failed |
| <u>SF 2146</u> | Medicaid Reimbursements | Requires the Department of Human Services to study the feasibility of Medicaid reimbursements to hospitals for administrative days (days when a patient no longer qualifies for reimbursement for services and is waiting for transfer to another facility). Requires a report by December 2022. See SF 462 passed by the Senate last year. | For | Failed |
| <u>HF 2175</u> | Adverse Health Care Incidents | If a health care provider or facility offers to compensate a patient for an adverse health result, the provider or facility must disclose all applicable insurance coverage. | Against | Failed |
| <u>SF 2164</u> | Diagnostic Breast Exams | Requires health care plans to include coverage for diagnostic breast exams and prohibits cost-sharing greater than that for mammograms. Makes definitions. Includes exceptions for specialized plans. Requires the insurance commissioner to adopt rules. Covers plans starting in 2023. Similar to SF 136. | For | Failed |
| <u>HF 2233</u> | Medical Non-Competes | Makes a non-compete agreement between a prior employer and an medical doctor, doctor of osteopathic medicine or pharmacist that limits the locations the professional can practice or the contact that the professional can have with former patients unenforceable. | Undecided | Failed |
| <u>HF 2234</u> | Vaccination Discrimination | Includes vaccination status under unfair and discriminatory practices in employment, public accommodations, housing and other matters. Defines vaccination status. Prohibits maintaining a record of a person's vaccination status except under federal HIPAA rules. Effective immediately. Similar to HF 2141. | Undecided | Failed |
| <u>HF 2265</u> | Filling Drug Prescriptions | Makes it an aggravated misdemeanor for a pharmacist to refuse to fill a prescription for an approved drug, even for off-label use, in accordance with the prescription. | Undecided | Failed |
| <u>HF 2266</u> | Ivermectin and Hydroxychloroquine | Requires the Department of Public Health to establish a standing order allowing pharmacists to dispense hydroxychloroquine or ivermectin to patients aged 18 and older. Does not require a patient to have a prescription and prohibits recording the encounter with the patient. Establishes immunity for pharmacists who dispense drugs under these provisions. | Against | Failed |
| <u>SF 2218</u> | Rape Kit Deadlines | Requires a health care provider to notify a law enforcement agency about a rape kit within 24 hours of collecting the sample and requires the law enforcement agency to collect the kit within 72 hours. Requires the kit to be sent to a lab for analysis in seven days. The lab must analyze the kit in 30 days. Requires the lab to create a DNA profile if possible and submit to national databases. Requires law enforcement agencies to retain the kits for at least 50 years, or 50 years after a minor turns 18. | Undecided | Failed |
| <u>SSB 3128</u> | 340B Drug Program | Prohibits group health plans, other health insurers, third-party administrators and pharmacy benefits managers from discriminating against a contract pharmacy or to impose certain terms solely because a contract pharmacy participates in the 340B drug program. Makes definitions and authorizes civil penalties. | For | Failed |
| <u>HF 2041</u> | Hospital Protocols | Requires hospitals to adopt evidence-based protocols for controlling sepsis. Requires hospitals to submit the protocols to the Department of Inspections and Appeals. Requires the initial protocols to be submitted by October 2022. Requires hospitals to give parents a written copy of the rights of the parents of a child. Specifies information about care and other matters that must be given. | Against | Failed |
| <u>SF 513</u> | Mental Health Crisis Procedures | Previously, hospital providers had to contact a magistrate "at once" upon the emergency detention of a person with a mental health crisis. Under this bill, the hospital may detain the person up to 12 hours and must contact the magistrate during that time period. | Undecided | Signed |



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