



Suzanne Hull <getitdonegirlia@gmail.com>

[ipamemberlist] State Legislative Update (Weeks 9 & 10)

1 message

Amy Campbell <ipamemberlist@iopa.memberclicks.net>

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Reply-To: amy@ialobby.com

To: ipa@iowapsychology.org

No Spring Break at Iowa Capitol

Legislators spent most of their Spring Break week in debate, although realistically most of their time was spent in private caucus meetings hashing out their plans for floor debate. Some of the debates were “spicy” and resulted in lots of points of order being called on members “impugning the integrity” of their colleagues. This was not an easy two weeks for legislators. Nearly all of the bills reigning in DEI at higher education institutions (including private colleges) passed the House after highly contentious debates, including a floor manager refusing to answer questions about the bill he was running (highly unusual).

In the last two weeks, the House sent 87 bills to the Senate; the Senate responded by sending 55 bills to the House. Thirteen bills are on their way to the Governor’s office for a signature, but most were inconsequential. By the looks of things, a lot of bills will die in the next legislative funnel deadline. While the House and Senate have been debating bills all week, it was not enough to get the bulk of surviving bills through this next hurdle. In two weeks (April 4), the only committees that will meet are those dealing with tax issues (Ways & Means) and budgets (Appropriations). If a bill did not get voted out of other committees before April 4, it will no longer be discussed and is effectively “dead” for the remainder of session.

We still have no word on opioid settlement spending, but we know the House and Senate are working on a plan. It will not include a committee to review options, at least at this point that seems to be the case. It sounds like there will be some line item appropriations and the balance will go to HHS for distribution in accordance with a needs assessment that would be performed by the behavioral health administrative services organization (ASO). At this point, it’s all rumor and nothing is on paper.

Recent Activity on Tracked Bills

The flow of new bills has all but stopped, but bills are getting new numbers as they progress through the process. You can stay up to date with the [IPA Bill Tracker](#), but here are a few updates on some of the bills we are watching:

- **Governor’s Rural Health Bill:** Subcommittees in both the House and Senate advanced the Governor’s bill to increase medical residencies in the state and combine and streamline health professional loan repayment and grant programs ([House File 754](#) & [Senate File 575](#)). Both are currently in their respective chambers’ Appropriations Committees but they should be getting a vote soon (and will likely be renumbered after emerging from committee). There are some clarifying amendments being discussed, but nothing that changes the substance of the bills. These bills will pass and HHS is in the process of hiring a health care economist to help with determine areas of need and distribution of loans and grants across the health professions. It is important to note that all health profession programs will have increased flexibility, giving options for full and part time work as well as the option to get a cash benefit or a loan repayment. While rural Iowa is the focus of this bill, it also moves certificate of need decision making to Iowa HHS and gives Iowa HHS the ability to decide what constitutes “rural” and “shortage area” and not necessarily tie it to an arbitrary national standard. It also allows HHS to continue to distinguish between location of the provider and location of the patient (i.e. like the MH Loan Repayment program, which requires 80% of patients seen be in a rural or underserved area). Most of these details will be outlined in rules, so that process will need to be watched closely to ensure MH professionals are not cast aside for other professions.

- **IHWP Work Requirements:** A Senate subcommittee approved [Senate File 599](#), which requires people with insurance through the **Iowa Health and Wellness Plan (IHWP)** to work. This does not impact regular Medicaid, only the expansion population. The newest development was Iowa HHS' registration in support of the bill, which makes sense since it is a Governor's priority. [Sen. Mike Bousset](#) (subcommittee chair) said the bill would be amended to match the House version ([House File 948](#)), but we are not sure if that meant in committee or on the floor. We have also heard there will be an amendment to add some exemptions, including for caring for a child under twelve (instead of six). There was a lot of discussion about episodic conditions that might cause someone to fall short one month, like mental health conditions or epilepsy, but it did not seem like the subcommittee was interested in addressing that in the bill (i.e. leave that up to HHS on a case-by-case basis). The [Senate Appropriations Committee](#) will vote on this next week (note that the bill will change numbers and become a new Senate File when it is voted out of committee). The House version is ready for debate now.
- **Commitment Processes:** We are not sure if any of the proposed involuntary commitment bills will pass in the Senate, but the House significantly amended and unanimously passed [House File 385](#) on Thursday. This is the bill that required those involuntarily committed to be discharged to the behavioral health ASO with 30 days of medication. It was amended to clarify that the ASO notification is for system navigation (not case management), adding language that allows a provider to request payment for these medications if not covered by Medicaid or insurance, and allows the ASO to delegate its post-discharge duties to an MCO. What was not fixed is the issue with 30 days of *all* medications (not just psych meds and including some that may not be appropriate for that length of time or prescriptions that are not relevant to the discharging professional's scope of practice) and a requirement that the ASO pay for the medication (it says you can request reimbursement - not that they *shall* reimburse). The other commitment bills have already passed out of a Senate HHS subcommittee: allowing PA/ARNP testimony in court for a commitment report performed by another professional ([HF 313](#)) and allowing involuntary commitment for psychiatric deterioration ([HF 312](#)). We are not at all sure these bills are going anywhere in the Senate, but all three bills are now in their hands.
- **Patient Right to Save:** On Wednesday, a House Commerce subcommittee approved [Senate File 319](#), the "Patient Right to Save Act." This adds "improper denial of claims" to the list of unfair methods of competition and unfair or deceptive acts in insurance law (but this does not apply to Medicaid). This requires all health care providers to post what their discounted cash price is for each health service they provide, including listing any circumstances that may cause that price to change. It also states that providers are deemed in compliance if they follow CMS hospital price transparency regulations. It also requires you let each patient know they have an option to pay at a discounted cash price. This bill will probably pass; only the physical therapists are opposed and only Americans for Prosperity are in support (and it passed the Senate 47-0).
- **Concussion Protocols:** IPA's bill ([House File 471](#)) is still stuck on the House calendar and we are trying to get it brought up for debate so we have time to get it through the Senate process in the next two weeks. Please contact [Rep. Tom Moore of Griswold](#) if you are interested in this bill and ask him to bring it up for debate. The bill adds psychologists with training in concussion management or neuropsychology to the youth sports concussion protocol professionals list. On Thursday, the House unanimously passed a bill ([House File 858](#)) requiring all youth coaches to have brain injury and concussion training every two year, so this would have been a good compliment to that bill.
- **SNAP/Double Up Food Bucks:** The [House Appropriations Committee](#) approved [House File 970](#), which limits what people can buy with their food assistance (SNAP) and adds \$1 million to expand the Double Up Food Bucks program (which doubles SNAP benefits when a person buys

fruits and vegetables at a grocery store or farmer's market). There was a lot of concern about "picky eaters" and unhealthy foods being cheaper, but legislators felt the expansion of the Double Up Food Bucks helps with that additional cost. The Senate likes the Double Up Food Bucks addition, but they did not have a similar bill with SNAP changes. Given the current messaging in the Senate, I would guess this is something they'll move if they have the funds to support the \$1 million increase.

- **Drug Testing Equipment:** Sheriffs and state troopers continue to oppose [House File 699](#), which legalizes possession and distribution of fentanyl test strips and other drug testing equipment and materials. Police officer associations support the bill, so there is progress being made with law enforcement. Legislators say they hear only from law enforcement, not treatment providers, so they only hear that this gives people a false sense of security. Despite studies affirming this, law enforcement is still not convinced that testing changes behavior. Most legislators do not really understand harm reduction strategies, so the messaging of law enforcement has been successful. [Rep. Brian Lohse](#) is hoping to bring this up in caucus on Monday, so any connections supporters of this have to Republican Representatives is much appreciated.

BUDGET UPDATE

Three times a year three top economists in the state take a look at Iowa's budget situation, economic condition, and revenue collections. They then predict how much money the state will collect in a year, and legislators use that estimate to develop their budgets for the next year. The group (called the **Revenue Estimating Conference, or REC**) met on Thursday, March 13 and verified the drop in revenue collections previous estimates had predicted. Here's a quick rundown:

- The Governor wants to spend **\$9.43 billion** for the next budget year (fiscal year 2026).
- Iowa will only collect **\$8.51 billion** next budget year (that's a 6.4% drop).
- Things start to rebound in fiscal year 2027, with estimates of \$8.96 billion in revenue collections.

You probably notice that the Governor is spending more than incoming revenues. She is able to do that because the Iowa Legislature has been spending much less than 99% of the revenues and has a lot of carry forward and a lot of money in our savings accounts (including the taxpayer relief fund that was created to offset these expected revenue drops). The Governor planned to use some of these savings to avoid budget cuts. Unfortunately, some legislators are much less motivated to do that and are expressing concern about an upcoming recession and impacts of tariffs on commodities. That's leading members in the Senate particularly to look at a status quo budget, or cuts to the current budget. Of note, a status quo budget is still \$500 billion more than the revenues available. Much of the increases in the Governor's budget are baked in (educational savings accounts and Medicaid match changes), so that presents a major challenge if cuts are foreseen.

The next step in the budget process is for legislative leaders to set a target. That is the total amount of money they want to spend next year. Then they divide that up and tell each subcommittee how much they have to spend. Usually the Senate sets its target below the Governor and the House sets theirs above the Governor. They usually end up pretty close to the Governor's budget. But again, with a lot of nervousness among Senate leaders, we may expect a much leaner budget than presented by the Governor.

Until budget subcommittee chairs get their targets from leaders, we are in a holding pattern. HHS budget leaders have said they are not interested in cutting Medicaid provider rates they worked hard to increase, but everything is on the table when targets come down. Never say never under the golden dome.

Curious about what they are doing each day? You can read the daily debate calendar to see what they could (not necessarily will) debate each day [here](#). You can check the "session daily" [here](#) to see what they did each day.

Amy Campbell | Craig Patterson | Partners, The Advocacy Cooperative & Campbell/Patterson Consulting LLP | PO Box 1403 | Johnston, Iowa 50131 | amy@ialobby.com | craig@ialobby.com | 515.554.5838 (Amy) | 515.554.7920 (Craig) | www.ialobby.com

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