



Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care

The background of the entire page is a grayscale photograph of the Iowa State Capitol building, showing its iconic dome and classical architectural details. Overlaid on the left side of the image are several large, overlapping triangles in various shades of teal and dark blue, creating a modern, geometric design.

2024
LEGISLATIVE
SESSION
REPORT

2024 IHCA LEGISLATIVE SESSION REPORT

On Jan. 8, 2024, the Iowa Legislature gaveled in to begin the second session of the 90th Iowa General Assembly. The legislature adjourned sine die on April 20, 2024, following a successful 104-day session for the long-term care profession, which included a multitude of policy improvements to support access to long-term care for Iowans and positive results for Iowa Health Care Association (IHCA) members, their employees and the residents, tenants and patients they serve.

The following report provides a summary of what IHCA assesses to be final legislative outcomes of the legislative priorities set forth by IHCA, Iowa Center for Assisted Living (ICAL) and Iowa Center for Home Care (IHC) boards and the legislative committee for the 2024 session. Many of the bills still await Governor Reynolds' signature, but IHCA assesses a high probability that she will sign the bills into law. IHCA will provide final outcomes in the coming weeks.

2024 LEGISLATIVE AGENDA GOALS AND OUTCOMES

Low Utilization Payment Adjustment (LUPA) Funding

GOAL: Secure funding for LUPA commensurate with a 100% budget neutrality factor for urban areas and 110% for rural areas.

OUTCOME: An increase of \$3.0 million for a home health provider rate adjustment in the Health and Human Services budget bill. IHCA estimates LUPA urban rates will go from 85.51% of LUPA to 90%; LUPA rural rates will go from 103.47% of LUPA to 108%. [HF2698](#): (Pg. 16, Lines 20-27)

Home- and Community-Based Services (HCBS) Funding

GOAL: Secure an increase to HCBS funding in collaboration with the Iowa Department of Health and Human Services (DHHS) funding targets to improve access to HCBS services across Iowa. Secure backfill dollars from the 2021 one-time American Rescue Plan Act (ARPA) funding.

OUTCOME: An increase of \$14.6 million to increase access to community-based providers, resulting in an estimated 4.1% increase to all HCBS waivers, including the Elderly Waiver. [HF2698](#): (Pg. 15, Lines 28-32)

An increase of \$16.5 million to the HCBS program to offset federal ARPA funding that expired. Included in the \$1.5 billion overall value. An increase of \$5.0 million for enhanced case management to coordinate care for vulnerable populations. Included in the \$1.5 billion overall value.

Assisted Living (AL) Payment Modification Structure Study

GOAL: Secure a study on best approaches toward modification of current billing processes through a departure from a service-based structure to billing for daily rates, to include one daily rate for tenants of Alzheimer’s units/advanced care needs and one for tenants in the general AL population.

OUTCOME: AL payment modification study included in Health and Human Services budget bill. [HF2698](#): (Pg. 43, Line 32-35, Pg. 44, Line 1-7)

Improved Department of Inspections, Appeals and Licensing (DIAL) Collaboration

GOAL: Improve communication and collaboration between nursing home providers and DIAL, promote consistency in regulatory expectations and identify trending areas of concern to enable providers to better equip their staff to proactively review quality improvement efforts and protocols to ensure ongoing compliance.

OUTCOME: Inclusion of language in the budget bill that requires DIAL to semiannually provide joint training sessions for inspectors and nursing facilities to review at least three of the ten most frequently issued federal citations in the State during the immediately preceding calendar year. Requires DIAL to develop a protocol to identify regional citation patterns relating to complaints, standards and outcomes in the nursing facility inspection process. Requires DIAL to include the State Long-Term Care Ombudsman, or designee, and representatives of each nursing facility provider association in the State in the planning process for the joint training sessions. Requires DIAL establish and maintain a process to review each citation for immediate jeopardy or substandard quality of care prior to issuance of final findings of an investigation or inspection. Allows representatives of nursing facilities issued a citation to participate in the review. [HF2698](#): (Page 61, Line 11)

Health Care Employment Agency Accountability: Requirements, Registration, Liability and Penalties

GOAL: Require health care technology platforms to register with the Department of Inspections, Appeals and Licensing (DIAL) and abide by regulations similar to registered staffing agencies (pay annual registration fees, prohibit from contracting if they fail to comply, authorized SING access).

OUTCOME: Inclusion of language that requires health care technology platforms to register annually with the DIAL and pay an annual registration fee of \$500, which is retained by the DIAL. Prohibits a platform from contracting with any health care entity in the State if the platform fails to register with the DIAL. Specifies that a platform is an authorized agency for purposes of access to the single contact repository if the platform allows independent nursing services professionals to utilize the platform to bid on shifts. Requires platforms to rerun background checks for an independent nursing services professional following two consecutive years of inactivity on the platform. [HF2698](#): (Pg. 45, Line 17 – Pg. 55, Line 18)

Appropriation for Nursing Facility Improvements

GOAL: Preserve the ongoing \$800,000 appropriation to nursing facilities in need of building upgrades to meet residents' needs and remain in regulatory compliance.

OUTCOME: Appropriation of \$800,000 toward renovation and construction of qualifying nursing facilities in the Health and Human Services budget bill. [HF2698](#): (Pg. 11, Lines 33-35)

Nursing Home Administrator Provisional License

GOAL: Extend the amount of time a nursing home administrator provisional license can be held.

OUTCOME: [HF2013](#) — A bill for an act relating to nursing home administrator provisional licenses grants a provisional license to an administrator appointed on a temporary basis by a nursing home in the event the regular administrator is unable to perform the administrator's duties, or the nursing home is without a licensed administrator. Extends that timeframe of a provisional license 12 to 24 total combined months.

Patient Driven Payment Model (PDPM) Case Freeze

GOAL: Create a process to allow for the transition from RUGs to PDPM for nursing facility case mix that is applied fairly across the sector.

OUTCOME: IHCA was able to work with the Department of Health and Human Services to secure language that freezes nursing facility rates to allow for a review and modeling of the transition to PDPM by understanding the impacts the change has on rates prior to implementation into the rate setting process. IHCA language included in the Health and Human Services budget bill. [HF2698](#): (Pg. 15, Line 4-18)

Quality Assurance Assessment Fee (QAAF) Payment Timelines

GOAL: Prevent Iowa Department of Health and Human Services (DHHS) from proposing legislation to recover QAAF payments from providers on a monthly instead of quarterly basis.

OUTCOME: IHCA was successful in working with DHHS to prevent the change in payment timeframe. [HF2698](#): (Pg. 42, Line 30-35)

Cameras: Electronic Monitoring in Nursing Homes

GOAL: Prevent advancement of harmful legislation on electronic monitoring in nursing facilities.

OUTCOME: IHCA was successful in working with the legislature to ensure common-sense protections were in place in the event electronic monitoring regulations in nursing facilities were proposed that would threaten the privacy and dignity of residents, as well as provider compliance with existing state and federal laws. The legislature did not move forward with the legislation, and the bill died in second funnel.

Modification of Continuing Care Retirement Community (CCRC) Definition

GOAL: Revise the existing definition of “continuing care retirement community” to account for the continuum of supportive services, home health services, nursing services, medical services or other health services, to increase provider participation.

OUTCOME: Passage of [HF2263](#): An act relating to the insurance commissioner's authority concerning insurance producers, business entity producers, and preneed sellers, continuing care retirement facilities, and continuing care retirement programs.

Social Worker Licensure Compact

GOAL: Establish an interstate license for social workers.

OUTCOME: [HF2512](#) establishes an interstate license for social workers after seven states have joined the compact. Two states currently have enacted this compact (Missouri and South Dakota). Twenty-six states have pending legislation. The compact is effective upon seven states joining.