

# IMS Legislative Session Overview



The first session of the 91st General Assembly is already being discussed as a **historic success for Iowa physicians** despite great uncertainty throughout session due to many state and federal changes. These successes come as Governor Kim Reynolds and both chambers of the Iowa Legislature prioritized major initiatives to combat Iowa's physician workforce shortage crisis.

The Republican Party of Iowa controlled the 100-seat House of Representatives with a 67-33 supermajority, and the 50-seat Senate with a 34-16 supermajority. Republicans held trifecta control of state government with Republican Kim Reynolds remaining as Governor. The Iowa Legislature operates part-time in 2-year legislative sessions. The legislature schedules sessions to last 100 days during even numbered years and 110 days during odd numbered years. These scheduled end dates signify the last days legislators receive per diem payments for their work; however, they can, and did this year, work beyond these dates.

During the legislative interim leading up to the 2025 session, IMS met with members, policymakers, and other stakeholders to identify the top issues and legislative priorities impacting the House of Medicine in Iowa. These include meetings throughout the fall with the Governor's office and relevant agencies, as well as to deliver Iowa Medical Political Action Committee (IMPAC) to legislators. In September, IMS convened the Committee on Legislation (COL) to draft recommendations for legislative priorities ahead of the upcoming session. On December 6, IMS hosted Operation I.O.W.A.—a one-day summit of 60 physician leaders, health care executives, and community leaders to craft solutions to Iowa's physician workforce shortage both legislatively and non-legislatively. As a result, IMS provided 24 recommendations to policymakers. On December 13, the IMS Board of Directors voted to approve the COL's legislative priority recommendations and pursue opportunities to advance policy recommendations from the Operation I.O.W.A. report.

IMS's two priorities leading up to session, Expand the Physician Workforce and Reform Prior Authorization, both passed this session with broad bipartisan support. IMS's policy recommendations to the legislature prior to session included: Bolstering physician loan repayment programs, increasing funding for additional and existing residency programs, reducing administrative red tape associated with prior authorization, and increasing physician reimbursement rates for Iowa's most in-need specialties.

After conclusion of the session, highlights of the successfully passed measures include: increased funding of \$150 million for general medical education (GME) residency slots, doubled funding to \$8 million and streamlining Iowa's health care loan repayment programs, investing \$640,000 in unbundled Medicaid rates for maternal health reimbursement codes, investing \$1 million for cancer research, and advancing the most robust prior authorization reform package to pass the Iowa Legislature in recent memory.

## 2025 Legislative Session Timeline

### Operation I.O.W.A.

IMS convenes 60 physician leaders, health care executives, and community leaders for one-day summit to craft solutions to Iowa's Physician workforce shortage. As a result, 24 recommendations are provided to policymakers.

### House/Senate Caucuses

House and Senate leaders meet with party to decide legislative priorities for the upcoming session.

### First day of session

The first session of the 91st General Assembly convenes with a scheduled end date of May 2

### Condition of the State

Governor Reynolds announces major initiative to expand physician workforce.

### Funnel Week I

All bills must pass through committee in their chamber of origin. IMS engages grassroots advocacy to defeat two significant anti-vaccine measures.

### Funnel Week II

All bills must pass their chamber of origin and committee in the opposite chamber. IMS continues to advance priority bills and defeat problematic proposals.

### IMS Prior Auth Bill (HF 303) Passes

House of Representatives passes IMS Prior Auth Bill (HF 303) for final time,

### 110<sup>th</sup> Day of Session

The legislature continues to work past the last scheduled day of session as negotiations continue on budgets and some policy proposals.

### Rural Health Bill (HF 972) Passes

Senate passes Governor's Rural Health Bill (HF 972) for final time.

### End of Session

The House gavel out at 6:31 am after an all-night session to pass remaining bills and budgets.

### Prior Auth Bill (HF 303) becomes law

Gov. Reynolds signs IMS' Prior Authorization Bill into Iowa state law

### Rural Health Bill (HF 972) becomes law

Gov. Reynolds signs the Rural Health Bill into law.

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## IMS PRIORITIES

### IGOV Rural Health Bill — HF 972

Iowa lawmakers passed Governor Kim Reynolds' landmark proposal to bolster the physician workforce in alignment with IMS recommendations! HF 972 makes record-level investments of \$150 million in the physician workforce by increasing the number of general medical education (GME) residency slots, strengthening maternal health services by appropriating \$640,000 in unbundled Medicaid maternal health rates, and nearly doubling funding to \$8 million for healthcare loan repayment programs. This proposal sets Iowa apart from all other states in the country by taking bold action to meaningfully address Iowa's physician shortage.

**Key Policymakers** — IMS thanks **Governor Kim Reynolds**, **Representative Carter Nordman** (House Bill Sponsor, Floor Manager, HHS Committee Chair), and **Senator Mike Klimesh** (Senate Bill Sponsor, Floor Manager, HHS Committee Chair), for their support of HF 972 and the physician workforce.



*Governor Kim Reynolds signing the Rural Health Bill at Guthrie County Hospital*



*Governor Kim Reynolds signing the Prior Authorization Bill at the Iowa State Capitol*

### Prior Authorization Bill — HF 303

IMS's priority legislation the last two sessions passed the legislature in April before being sent to the Governor for her signature. This bill requires health insurance carriers to respond to a request for a prior authorization within 48 hours for urgent requests, 10 days for non-urgent requests, and requires the provider receive notice of the request within 24 hours. It also requires insurers to review required requests and eliminate prior authorization for procedures that are usually approved. Authorizes complaints to be made to the Insurance Division and provides various data metrics that must be reported to the Division and Legislature, providing much needed transparency.

**Key Policymakers** — IMS thanks **Representative Shannon Lundgren** (House Bill Sponsor, Commerce Committee Chair), **Representative Carter Nordman** (House Floor Manager), and **Senator Mike Klimesh** (Senate Bill Sponsor, Floor Manager, HHS Committee Chair), **Representative Megan Srinivas** (House Ranking Member), for their support on HF 303 and work to advance this critical reform.

## Other IMS Victories

### OPO Peer Review Committees

(Signed by Gov.) — HF 806

The IMS Policy Forum adopted policy during PF 24-2 to support legislation adding statewide organ procurement organizations as a peer review committee for confidentiality protection purposes. This bill passed both chambers unanimously and was signed by the Governor on 5/14/2025.

### Workplace Violence

(Signed by Gov.) — HF 310

This measure led by the Iowa Hospital Association (IHA) and supported by IMS adds all persons working or volunteering to offer education at a hospital or rural emergency hospital to the health care providers covered under enhanced assault protections. The bill passed both chambers unanimously and was signed into law by the Governor.

### Health Credentialing Requests

(Signed by Gov.) — HF 875

This bill requiring health insurers to respond to credentialing requests from health care professionals within 56 days and to give reasons for a denial passed the legislature.

### Cash For Care (Dead) — SF 319

Last session, the Senate amended this bill into IMS's Prior Authorization bill causing the House to not advance the measure. This session, the bill was not amended onto HF 303, and it failed to independently advance in the House prior to the second funnel deadline. The bill would have added significant administrative burdens to physician practices by requiring health care providers to establish and publicly post all discounted cash prices for services on an internet site and update any changes to the cash price within 10 days of the change.

### Pharmacy Benefit Managers

(Signed by Gov.) — HF 383

IMS supported this PBM reform effort led by the Iowa Pharmacy Association (IPA) to ensure access to affordable medications for our members' patients, in light of widespread pharmacy closures across the state. The bill passed both chambers with broad bipartisan support.

### Vaccine Immunity (Dead) — HF 712

HF 712 removed federal liability protections for vaccine manufacturers that sell vaccines in Iowa. This change would severely limit, if not remove, access to vaccines in the state. IMS issued an action alert to members resulting in overwhelming engagement and outreach to legislators. The bill did not advance.

### mRNA Vaccine Ban (Dead) — SF 360

SF 360 would have subjected physicians in Iowa who administer mRNA vaccines to a misdemeanor charge and \$500 fine. IMS engaged its grassroots advocacy network and successfully defeated this bill prior to the first funnel deadline.

### Minor Consent to Treatment

(Dead) — HF 384

This measure would eliminate minor patients' legal capacity to consent to a vaccination for a sexually transmitted infection. IMS and allied health professions worked to educate on the cancer-prevention benefits of these vaccines and this proposal's impact on public health. The bill passed the Senate but was not taken up by the House. IMS expects this bill to return next year.

### Refusing Medical Services

(Dead) — SF 180

SF 180 would allow individuals who refuse certain medical services ordered as a countermeasure under the PREP Act to sue health care providers for several listed actions. These actions include 'segregating' the individual, effectively prohibiting isolation and quarantine during public health emergencies. IMS worked to amend this provision; however, the bill ultimately did not come to a vote in the House prior to the conclusion of session. IMS expects this bill to return next year.

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### **Medication Abortion Reversal (Dead) — HF 775**

This proposal requires facilities where medication abortions are performed to post signs on the effectiveness and possibility of reversing a medication abortion using progesterone. It also requires doctors to get written consent statements from patients to the same effect, as well as provide certain verbal notification to patients receiving the medication. IMS worked with the bill sponsor to amend the bill, but it ultimately did not survive the second funnel deadline.

### **‘Unborn child’ Wrongful Death (Dead) — HF 106/HF 453**

Following similar measures introduced in other states, HF 106 and HF 453 would add the death of an “unborn child” in the causes of action that can be brought under a wrongful death lawsuit, subjecting physicians to criminal penalties for performing an abortion and jeopardizing access to IVF. This bill did not survive the first funnel.

### **Serious Reportable Events (Dead) — SF 48**

Legislation that would add some duplicative and other potentially harmful reporting requirements for medical facilities failed to advance in the Senate this session. SF 48 would require hospitals and other specified medical facilities to report “serious reportable events” to the Department of Inspections, Appeals, and Licensing (DIAL) within 15 days, and require the facility to do an extensive root cause analysis of the event for public disclosure.

## **Other Notable Actions**

### **Medical School/Residency Preference (Signed by Gov.) — HF 516**

This bill requires the Board of Regents to adopt rules requiring that 80% of the admissions to the UI Carver College of Medicine be Iowa residents or have attended an Iowa college. Requires UIHC to give preference to Iowa residents who earned an undergraduate degree or medical degree in Iowa for residency positions. Requires UIHC to grant an interview to any applicant with an Iowa connection applying in residency specialties of OB/GYN, psychiatry, general surgery, emergency medicine, neurology, or primary care, or a fellowship specialty in cardiology. Requires UIHC to ask residency applicants specific questions in the interview process.

### **IHAWP Work Requirement (Signed by Gov.) — SF 615**

A priority announced by Republican leadership in each chamber and the Governor prior to session included work requirements for the Iowa Health and Wellness Plan. The plan provides health coverage to low-income adults in Iowa between the ages of 19 and 64 who are not otherwise eligible for Medicaid or Medicare. The bill requires Iowa HHS to seek a federal waiver to impose an 80-hour per week work requirement for participants in the Iowa Health & Wellness Plan, with several exceptions. Governor Reynolds independently petitioned HHS for a waiver prior to the bill’s passage.

### **Emeritus Physician Licenses (Debate Eligible) — SF 469**

One recommendation from IMS’s Operation I.O.W.A. report included additional licensure incentive pathways to encourage late-career physicians to continue practicing when they may otherwise consider retiring. IMS supported this proposal that establishes an emeritus license for physicians over the age of 60 whose primary duty is training and supervising residents. The bill sets the cost of licensure and renewal at half the regular cost, and waives all CME requirements. Despite passing the Senate with bipartisan support, the House did not take the bill up for a full floor vote prior to gaveling out. IMS will advocate for this bill’s passage next session.

### **Medical Conscience Protections (Dead) — HF 571/SF220**

This measure allows a medical professional or health care institution to refuse to perform a medical service for reasons of conscience, with certain exceptions, including emergency procedures. The bill prohibits retaliation against the person and institutions for such actions. The legislation passed the House but did not advance to a vote in the full Senate. IMS expects this bill to return next year.

### **Opioid Settlement Fund (Signed by Gov.) — HF 1038**

This session the legislature broke a three-year long stalemate between the House and the Senate on how to properly allocate over \$56 million for the state from national Opioid Settlement agreements. On the last overnight push of this session, the two chambers came to a late-night agreement to allocate the funds. The bill appropriates 75% of the funds to the Department of Health and Human Services and 25% of the funds to the AG’s Office. It also earmarks funds for specific nonprofits and ASOs providing substance abuse and related treatment services.

### **Gender Affirming Care Coverage (Signed by Gov.) — HF 1049**

A ban on Medicaid coverage for gender-affirming surgical or hormonal treatments passed as part of the Health and Human Services budget. The original budget proposals included language that would have banned coverage for any treatment related to gender dysphoria, jeopardizing coverage for mental health treatment for transgender patients. IMS advocated for changes to the original proposal.

### **Psilocybin Use (Vetoed) — HF 383**

A bill that would have allowed Iowa physicians to prescribe a synthetic version of psilocybin in Iowa upon future approval and rescheduling by the U.S. Food and Drug Administration (FDA) was vetoed by the Governor. This veto comes after unanimous passage of the bill by both chambers. The Governor said the following about the bill: “I recognize and respect the growing body of research into the potential therapeutic effects of psilocybin for mental health conditions such as depression and PTSD. However, this bill in its current form, moves ahead of where our public health systems, regulatory frameworks, and law enforcement infrastructure are prepared to go at this time.”

### **Board of Medicine Nomination — Victoria Sharp, MD (Confirmed)**

Governor Reynolds nominated and the Senate confirmed IMS Board member and former President, Victoria Sharp, MD, Delegate to the American Medical Association, for the Iowa Board of Medicine. IMS supported her nomination throughout the confirmation process.



## LOOKING AHEAD

IMS congratulates and thanks Governor Reynolds and state lawmakers for prioritizing action related to stemming the physician shortage crisis in Iowa this session. Now that the legislature has adjourned, our attention turns to implementing key proposals that passed and educating on measures that failed to advance but may return.

IMS is excited to work hand-in-hand with relevant state agencies to implement Prior Authorization

reform (HF 303), the Governor's Rural Health Care legislation (HF 972), and other key legislation. IMS will also work throughout the interim to educate lawmakers on the effect of proposals that limit access to vaccines, impose on the physician-patient relationship, or improperly expand scope of practice.

To do this, the Advocacy team and IMS members must work to expand our political capital and elevate our voice. The two most

effective ways to do this are: (1) Actively building relationships with legislators in the off season by inviting them to coffee or to visit your clinic; and (2) Growing the Iowa Medical Political Action Committee (IMPAC) to support pro-physician candidates in statewide elections.

Visit the IMS Advocacy page or email Seth Brown ([sbrown@iowamedical.org](mailto:sbrown@iowamedical.org)) for assistance or questions.

