

# **Iowa Academy of Family Physicians 2026 Bills of Interest**

## **SSB 3118: Utilization Review Organizations: AI, Prior Authorization, Cancer Screening Exemptions, and Prepayment Audit Reform.**

The bill prohibits utilization review organizations from using AI algorithms as the sole basis for denying, delaying, or downgrading prior authorization requests based on medical necessity. It also requires that only qualified reviewers or clinical peers may deny or downgrade a request, with written explanations, attestations, and appeal rights provided to health care providers. Cancer-related screenings and preventive services recommended by a provider per current national guidelines are exempted from prior authorization. The bill also sets strict timelines and procedures for prepayment audits, including automatic approval and payment of claims if the URO fails to comply with process deadlines. Applicability is phased in by January 1, 2027.

## **HF 2171: Elimination of Immunization Requirements for Elementary and Secondary Students.**

The bill strikes state requirements for elementary and secondary students to be immunized against diseases such as diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, varicella, hepatitis B, and meningococcal disease as a condition for school enrollment. It also removes associated reporting, exemption, and communication requirements for schools and parents regarding these immunizations. Child care center immunization requirements remain in place.

## **SF 2190: Title Change from Physician Assistant to Physician Associate**

The bill changes the official title of 'physician assistant' to 'physician associate' throughout the Iowa Code and Administrative Code. It ensures that the change in title does not affect the legal rights, responsibilities, employment, or scope of practice of current licensees. Agencies are required to update documents and forms to reflect the new title by January 1, 2027. During the transition, both titles may be used, and discrimination based on the new title is prohibited. Editorial changes to administrative rules are also authorized.

## **HF 2269: Change of Title from Physician Assistant to Physician Associate**

The legislation mandates that all references to 'physician assistant' in the Iowa Code and Iowa Administrative Code be revised to 'physician associate.' Both titles, along with 'P.A.,' are deemed synonymous, and the change does not affect practice rights, responsibilities, or scope. Relationships between employers, payors, and others with physician assistants must continue unchanged. Agencies are required to update documents and forms by January 1, 2027, and the Code editor is directed to make comprehensive terminology changes. During the transition, either title may be used. No appropriations are included in the bill.

## **HSB 654: Prohibition of Location-Based Practice Restrictions for Health Care Providers**

The legislation prohibits employers from enforcing contractual clauses that restrict health care providers from practicing at rural hospitals or facilities, or at hospitals designated as critical access hospitals, after leaving employment. The bill applies to all such agreements regardless of when they were made. However, it does not affect provisions that limit a provider's ability to solicit former or current patients.

#### **SF 2184: Changes to Medical and Administrative Medicine Licensing Procedures**

The bill allows applicants for medical and administrative medicine licenses to designate a representative to submit application materials. It sets minimum renewal terms, caps required annual continuing education credits, and standardizes license expiration dates. It also establishes strict timelines for the board to make licensing decisions and applies these provisions to both traditional and administrative medicine licenses.

#### **HF 2254: Prohibition of Noncompete Clauses for University of Iowa Hospitals and Clinic Physicians**

The bill amends Iowa Code to require the Board of Regents to create a policy banning noncompete clauses in employment contracts between physicians and the University of Iowa Hospitals and Clinics. These clauses, which restrict a physician's right to practice after leaving employment, will be prohibited in new, renewed, or extended contracts from the bill's effective date onward. The law takes effect immediately upon passage.

#### **HF 2205: Limits on Restrictions to Pharmacist and Practitioner Prescribing Authority**

This bill creates a new section (155A.49) to prevent licensing boards and employers from imposing restrictions that deter pharmacists or practitioners from prescribing, ordering, dispensing, or administering medications or treatments within their lawful scope of practice and best professional judgment. Any such employer restriction—whether in contracts, handbooks, or otherwise—is unenforceable and cannot be grounds for disciplinary action. Pharmacists or practitioners acting within these parameters are protected from licensee discipline.

#### **HSB 622: Alignment of Health and Human Services, Aging, Disability, and Volunteer Services**

The legislation revises and aligns the structure and administration of health and human services in Iowa by replacing 'behavioral health districts' with 'health and human services districts' as the basis for service delivery. It updates definitions, reassigns duties to administrative organizations, and consolidates planning and service areas for aging and disability services to match HHS districts. The bill also creates a new subunit for volunteerism within the Department of Health and Human Services and revises the administrative and liability structure for volunteer programs. It includes immediate effective dates and is contingent on federal approval for certain provisions.

### **HSB 650: Medical and Administrative Medicine License Reforms**

The bill allows applicants for medical and administrative medicine licenses to use a designee for application submissions, sets minimum license terms and expiration dates, limits continuing education requirements, and establishes timelines for license application decisions.

### **SSB 3082: Alignment of Health and Human Services, Aging, Disability, and Volunteer Services**

The bill realigns Iowa's health and human services system by designating 'health and human services districts' (HHS districts) for the statewide delivery of programs and services, replacing previous behavioral health districts. It updates terminology and structure throughout the code, consolidates planning and service areas for aging and disability services to match HHS district boundaries, and creates a new volunteerism subunit within HHS to support and coordinate volunteer activities and the Iowa commission on volunteer service. Other changes include clarifying advisory council composition and duties, and formalizing processes for designation, review, and modification of districts.

### **HF 606: Special Enrollment Period for Pregnant Women in Health Insurance**

This bill establishes a requirement for certain health insurance plans in Iowa to offer a special enrollment period specifically for pregnant women. Upon certification of pregnancy by a licensed health care professional, pregnant women must be allowed to enroll in eligible health insurance coverage at any time, regardless of regular enrollment periods. Coverage can begin retroactively to the first day of the month of pregnancy certification, or the following month if the enrollee chooses. The bill outlines which types of insurance plans are subject to or exempt from this requirement, and directs the commissioner of insurance to adopt necessary administrative rules.

### **SSB 3077: Comprehensive Overhaul of Licensed Professions and Boards Administration**

The bill reorganizes and standardizes the regulation of over 40 licensed professions in Iowa. Key changes include centralizing fee setting and licensing processes under the Department of Inspections, Appeals, and Licensing; updating terms, renewals, and reinstatement procedures for all licenses; modifying board compositions; expanding the department's enforcement powers; clarifying confidentiality, data, and disciplinary processes; and repealing many outdated or redundant statutory sections. The bill also expands reciprocity, temporary licensing, and voluntary surrender processes, and makes technical and conforming changes throughout related Code chapters.

### **SSB 3084: Reform to Iowa Certificate of Need (CON) Process**

The legislation revises the Certificate of Need process by increasing cost thresholds for review, eliminating certain categories of projects from review, modifying application and review procedures, and updating definitions related to institutional health facilities. The bill removes or raises financial thresholds for which projects require CON approval, clarifies exemptions, revises the refund policy for withdrawn applications, streamlines notification and hearing procedures, shortens allowable review deferral periods, and repeals the letter of intent requirement.

#### **HSB 506: Insurance Coverage for Out-of-Network Primary Care Provider Referrals**

This bill mandates that insurance carriers in Iowa cannot deny coverage for health care services solely because the referral was made by an out-of-network primary care provider (PCP). Additionally, insurers are prohibited from charging higher deductibles, coinsurance, or copayments for these referred services compared to referrals from in-network providers. The bill allows insurers to request proof of a direct primary care agreement between the PCP and the patient. These requirements apply to referrals made on or after July 1, 2026. The commissioner of insurance is authorized to adopt rules to implement the bill.

#### **HSB 628: Reorganization and Modernization of Iowa Professional Licensing Laws**

This legislation overhauls the administration and regulation of licensed professions in Iowa. It centralizes licensing, renewal, fee setting, and disciplinary authority under the Department of Inspections, Appeals, and Licensing (DIAL), replaces detailed statutory provisions for numerous professions with uniform, department-driven procedures, and modernizes terms and requirements across many codes. The bill adds new processes for temporary and reciprocal licenses, expands definitions, removes outdated requirements, and repeals numerous sections to streamline governance. Appropriations and fee retention are consolidated into a single licensing and regulation fund.

#### **HF 2056: Pharmacist Dispensing of Hydroxychloroquine and Ivermectin via Standing Order**

This bill authorizes the medical director of the Iowa Department of Public Health to establish a standing order permitting pharmacists to dispense hydroxychloroquine and ivermectin to patients 18 years or older upon request, without the need for a separate prescription or prior appointment. Pharmacists must provide manufacturer's label instructions but are prohibited from requiring additional prescriptions or maintaining encounter records. The bill grants civil and criminal immunity to both the dispensing pharmacists and the medical director for actions taken under this standing order.

#### **SF 319: Health Care Services Cost Control and Patient Savings Act**

This bill, known as 'The Patient's Right to Save Act,' mandates that health care providers disclose discounted cash prices for services, and allows both insured and uninsured individuals

to access these prices. Health providers and carriers are prohibited from contractually barring discounted cash prices below negotiated network rates or from withholding disclosure of such prices. Covered persons who choose discounted cash prices below the average allowed amount receive cost-sharing credits, and health plans must provide transparency regarding average allowed amounts for services. The bill creates a direct savings incentive program for patients, with savings shared between the patient and the health plan. Pharmacies and pharmacists must have access to out-of-pocket pricing for prescription drugs at the point of sale. The bill requires the Department of Administrative Services to evaluate and potentially implement these programs for state employees. The measure includes provisions for appeals and enforcement, applies to most health plans issued or renewed after January 1, 2026, and sets reporting and notification requirements for carriers and providers.

### **HF 2096: Health Service Price Transparency Requirements for Providers and Hospitals**

This bill requires health care providers and hospitals in Iowa to publicly disclose the prices for their most common services. Providers must list the prices for their 25 most common services, while hospitals must list prices for their 75 most common inpatient and 75 most common outpatient services. The price lists must be updated regularly and include plain language descriptions and coding. All disclosed prices must carry a disclaimer stating they are estimates, not binding, and subject to change based on specific circumstances. The Department of Health and Human Services is tasked with implementing rules to ensure consistency with federal requirements.

### **HSB 502: Expansion of Health Insurer Credentialing Requirements to All Health Care Professionals**

The bill revises the credentialing process for health insurers by replacing references to specific provider types (physicians, ARNPs, physician assistants) with the broader term 'health care professional.' Health insurers must now apply credentialing timelines, retrospective payment rules, and denial notification requirements to all health care professionals, as defined by Iowa law. The bill also removes now-redundant definitions and adopts a cross-referenced statutory definition for 'health care professional.'

### **HF 2053: Standardization of Managed Care Claim Submission and Reimbursement Processes**

The bill defines 'managed care contract' and 'managed care organization' and directs the Department of Health and Human Services (HHS) to adopt rules establishing a standardized process for claim submission and reimbursement for medical assistance services effective July 1, 2027. All existing and future managed care contracts must be amended or written to require adherence to this process. The bill also updates the procedure for setting reimbursement

levels, prioritizing efficiency, federal compliance, appropriations, and actual provider costs, and clarifies terminology related to claims.

**SF 304: Exception to Minor's Consent for STD Vaccinations**

This bill amends Iowa Code section 139A.35 to specify that minors are no longer permitted to independently consent to the provision of vaccinations for sexually transmitted diseases or infections. While minors retain the right to consent to prevention, diagnosis, or treatment of STDs, they must now obtain consent from a parent, guardian, or other authorized adult to receive vaccinations for these conditions.