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To: Iowa Academy of Family Physicians
 From: David Adelman, Matt Hinch, Sara Allen & Frank Chiodo - Cornerstone Government Affairs
 Date: June 2020
 Re: 2020 Legislative Session

This memorandum will highlight key legislative victories and changes from the 2020 Iowa legislative session.

Introduction

Like other states across the nation, this session will go down in history as one of the most unique and “original” sessions the state has ever seen. What started out as a normal second session to the 88th General Assembly, ended abruptly on March 15 due to the outbreak of COVID-19 in the United States. The Legislature, in consultation with the Governor, initially suspended session for a month to mitigate the spread of COVID-19 in Iowa. Over the course of the next two months, Iowans saw several closures across the state including retail establishments, restaurants, large gatherings, churches, etc. These closures necessitated a continuance of multiple legislative session delays. Beginning in May, the Governor started to slowly “re-open” Iowa, and the Legislative Council voted to come back to finish its legislative work after the Iowa Primaries concluded on June 2nd.

Governor’s Priorities Prior to COVID-19 Session Suspension

Prior to the abrupt suspension of the session, the Governor had rolled out an extensive priority package in her State of the State address. The most comprehensive plan was a new tax proposal called the “Invest In Iowa Act”. The proposal would cut income taxes, sustain mental health services, decrease property taxes and implement the Iowa Water and Land Legacy program via a penny sales tax increase. The governor noted that the IWILL formula would need to be changed to address the challenges of today, rather than the challenges of the times when the formula was adopted. She noted that there should be increases to water quality and conservation, with 58% going towards water quality (this represents a 31% in current funding) and \$52M in other conservation programs.

Along with the changes discussed above, the Governor was clear that this plan would equate to no tax increase. The income tax reductions laid out was a 10% cut for almost every Iowan, with lower income Iowans receiving a 25% cut and the top bracket individual tax liability percentage lowering to 5.5% by 2023.

Other highlights of her speech included:

- Increased flood relief funding



- \$2M for renewable fuels infrastructure, as well as expansion of E-15 promotion tax credits
- Constitutional amendment for the unborn
- Maternal care expansion by the creation of four OB fellowships for family practice physicians
- Increased funding for telemedicine
- Increased funding for Empower Rural Iowa to improve broadband connectedness across the state
- \$103M appropriation for K-12 funding
- Expanding Future Ready Iowa so more Iowans can benefit and gain licenses/skills for middle class employment
- Improving access and affordability of childcare by:
 - Expansion of the early childhood tax credit from \$45k to 90k
 - Elimination of the childcare cliff effect by implementing a tiered system of benefits.
- Restore voting rights for felons in Iowa
- Licensing Overhaul by adopting reciprocity for certain licenses, review of current license structure in the state and eliminating licensure fees for certain low income professions.

The state budget looked to be in great shape as the Legislature convened in January. Revenue growth was trending well and the Legislature was ready to be proactive addressing the Governor's priorities as well as their own, which included tax reform, growing Iowa's workforce, child care and increasing broadband connectivity.

Post COVID-19 Session Summary

On June 3rd, the Legislature reconvened the session. The plan from House and Senate Republican leadership was laid out a couple weeks in advance. The Capitol would be open to the public and the week would start on Wednesday, June 3rd and act as the "second funnel" week. This second funnel would act as normal—essentially funnel out priority bills that had successfully moved through one full chamber and the corresponding chamber's full committee. If the bill failed to clear this hurdle, it would be dead for the year.

The hope by both sides was to complete its work in two to three weeks, ending by mid to late June. They accomplished this goal by adjourning on Sunday afternoon, June 14th. Added to an already unique return to the Capitol, was the multiple protests that Des Moines was experiencing due to the killing of George Floyd by Minneapolis police officers. Iowa saw many protests and riots over the weeks the session met, prompting a discussion on certain police reforms the Legislature would pass to address the issues brought forward by the protesters.

Prior to the session gaveling in, the Legislature and the Governor called for an additional Revenue Estimating Conference meeting to set new revenue numbers that the Legislature would use to set its budget. The REC met at the end of May to adjust its revenue forecast to account for changes due to the impact of COVID-19 on Iowa's economy. The changes to the fiscal year revenue projections were as follows:

- For FY 2020: the March estimate of \$8.090B was downgraded to \$7.926B (reduction of \$150M). This represents positive revenue growth of 0.9%, or a \$82.4M increase for FY20 from FY19.
- For FY 2021: The March estimate was at \$8.236B. They downgraded this projection to \$7.876B. This number represents a \$360M downgrade from the March estimate. This number represented the cap that the legislature was able to spend.



The final revenue number agreed by the House and the Senate for a global budget was \$7.787B. This change was made due to declining revenues due to COVID-19 shutdown in Iowa and nationally. This revenue adjustment changed several priorities pushed by both chambers and the Governor. Priorities like “Invest In Iowa” Act, tax reform and water quality initiatives were abandoned as legislators moved to pass mostly a status-quo budget.

A smaller number of priority bills were addressed by the Legislature when they returned. These bills included: COVID-19 employer immunity, 24 hour waiting period for abortions, tax changes, and bipartisan police reform legislation.

State of Iowa Budget

Budget Overview

The budget setting process was much different this year as revenue forecasting was changed just weeks before the state passed its budget. However, what was normal was the negotiations that were required to take place between the House and Senate prior to the legislature adopting its final budget target. The House and Senate moved three budget bills—one omnibus appropriations bill, [HF 2643](#); the Rebuild Iowa Infrastructure Fund (RIIF) budget bill, [HF 2642](#); and the transportation budget bill, [HF 2644](#). Normally, there are almost a dozen budget bills, with each individual budget subcommittee putting forth its own budget.

Once targets were agreed to by both chambers, the legislature was quick to pass a mostly status quo budget and adjourned “sine die” promptly thereafter. The agreed upon FY21 budget plan spends \$7.778 billion. This number is approximately \$26M less than FY 20. The joint budget agreement is does not spend down any of the state’s reserve funds but does utilize some of the FY 20 ending balances that totaled \$500M. Individual budget targets were as follows:

Administration & Regulation	\$54,057,536
Ag & Natural Resources	\$43,250,777
Economic Development	\$41,595,830
Education	\$945,837,630
Health & Human Services	\$1,988,254,399
Justice Systems	\$768,576,150
State Aid to Schools & other standing appropriations	\$3,936,921,325
GENERAL FUND TOTAL	\$7,778,493,647

Budget Line Items of Interest

Unless otherwise noted, specific budget items of interest will be “status quo”. Meaning they will receive the exact same appropriation as FY 20 (no growth, no cuts). Specific budget appropriations of interest include:

- Rural Psychiatric Residencies - \$400k. Status quo funding. Allows unencumbered funds to be utilized for FY 21.



- Assertive Community Treatment teams – Status quo appropriation. Requires FY 21 reimbursement rates to stay the same as the rates in effect on June 30, 2020.
- Rural Loan Repayment Program - \$1.425M (status quo appropriation which keeps the FY 20 increase of \$300,000)
- Medical Residency Program – status quo funding that continues the program and appropriation. Increased reimbursement for HCBS tiered rates for SCL and Day Hab rates. Status quo appropriation that continues FY 20 increase of \$1 million.

Policy Language Included in Budget

The following policy language was included in the HHS budget bill (citation to Iowa House Republican Bill analysis):

- **Mental Health:**
 - Provides DHS with additional oversight authority over the MHDS Regions, including reviewing financial information, contracts, and other audits, and requiring MHDS Regions to submit 28E agreements to DHS for approval.
 - Provides that counties that leave one MHDS Region, to move to another, may retain their ending fund balances associated with that county.
 - Requires DHS to facilitate and all counties in the County Social Services MHDS Region to participate in discussions regarding the membership of CSS Region. This section allows a new MHDS Region to form if it meets the population and other requirements in the section.
 - Requires Polk County MHDS to draw down Medicaid funds when available.
 - Allows Polk County MHDS to collect up to \$5M from the Grow Iowa Values Fund due to their significant budget shortfall.
- *County Hospital funding.* Extends the county hospital funding provisions of the Governor’s proclamations through June 30, 2021. This includes the ability of county hospitals to borrow moneys secured solely by hospital revenues for the purposes of providing for working capital or general financing to sustain hospital operations. Additionally, the county hospital board may authorize noncurrent debt for the purpose of providing for working capital or general financing needs to sustain the operations of the hospital, in the form of the natural disaster loans from the state of federal government.

Bills of Interest

COVID-19 Employer Immunity

[SF 2338](#) was a bill brought forward by several groups, including UnityPoint Health, that essentially creates immunity from COVID-19 related lawsuits if the employer was following Federal and State guidelines that was in place at the time of the matter in question. The legislation retro dates back to January 1, 2020 and is in effect until COVID19 is eliminated. The bill provides for the following:

- Requires that individuals bringing suit meet minimum medical conditions, in this case hospitalization or death.



- Provides protections from liability lawsuits to persons in control of a facility unless that person recklessly disregards risks or acts with malice.
- Provides protection from lawsuits if the business was in substantial compliance with federal or state regulations, orders or guidance.
- Provides protection from lawsuits to health care providers as their industry transformed to respond to COVID-19.
- Provides protection from lawsuits to those involved in providing products like disinfectants and face shields needed to fight the virus unless the person disregarded a substantial or unnecessary risk or acted with malice.
- Is retroactive to cover the entire period of the presence, to the best of our knowledge, of the coronavirus COVID-19 in Iowa.
- The bill includes protection for police and fire for workers compensation claims essentially making the police or fire worker not have to prove their work comp claim. This particular protection was added via amendment on the House floor, and both republicans and democrats voted for its addition.

The bill was brought forward after the legislature returned from its suspension to ensure that businesses and health care providers would be protected from suit if they were acting in good faith to care for their patients, employees and consumers. The underlying bill was the medical malpractice hard cap bill that was amended (hard cap provisions taken out) in the House to include these employer immunity protections; the Senate then passed the language the House sent over. The bill passed on mostly party-line votes. The governor has thirty days to sign the legislation.

Section 6 of the bill deals specifically with health care providers. A summary of the protections can be found [here](#) (IA House Republican Bill analysis); pertinent excerpt below:

Liability of health care providers (686D.6) New code section- A health care provider shall not be liable for civil damages for causing or contributing, directly or indirectly to the death or injury of an individual as a result of the health care provider's act of omission while providing or arranging health care in support of the response to COVID-19 including:

- Injury or death resulting from screening, assessing, diagnosing, caring for, or treating individuals with suspected or confirmed cases of COVID-19
 - Prescribing, administering, or dispensing a pharmaceutical for off-label use to treat a patient with a suspected or confirmed cases of COVID-19
- Acts or omissions while providing health care unrelated to COVID-19 when those acts or omissions support the state's response to COVID-19 including:
 - Delaying or canceling nonurgent or elective dental, medical, or surgical procedures or altering diagnosis or treatment in response to federal or state statute, regulation, order or public health guidance
 - Diagnosing or treating patients outside the normal scope of the health care provider's license or practice
 - Using medical devices, equipment, or supplies outside of their normal use for the provision of health care, including using or modifying for an unapproved use



- Conducting tests or providing treatment outside the premises of a health care facility
- Acts or omissions undertaken by a health care facility because of lack attributable to COVID-19 that renders the health care provider unable to provide the level or manner of care otherwise required in the absence of COVID-19
- Acts or omissions undertaken by a health care provider relating to the use or nonuse of PPE
- This does not relieve liability for civil damages for any act or omission which constitutes recklessness or willful misconduct

Telehealth

Over the course of the session, several telehealth proposals were introduced and discussed. The main bill was [HF2192](#), which was amended by the House and the Senate several times. The House version evolved over time but towards the end of session included language for full parity for all types of telehealth services, regardless of the location of the provision of the services. The Senate introduced language that included tiers for parity that distinguished 100% payment parity when patient is located at the facility, 65% parity for medical services when person is not located at the facility, and then 95% for behavioral health services when the person is not located at the facility. The provider community was not supportive of this language as it would codify floors where providers would lose money in the provision of care if the floor was what was paid. Wellmark and insurance companies were supportive as this was very close to what their current contract arrangements laid out.

As it became clear that there was no pathway to find a middle ground between the House and Senate, we pushed for an agreement to be reached between the insurance companies and providers. Under pressure from the House, Wellmark agreed to 100% parity through February 1, 2021. Wellmark's initial offer had telehealth payment parity ending on December 31, 2020. This extension of parity will continue the conversation into next session, which is a positive. After some additional back and forth we agreed to remove all telehealth language from the legislation that remained alive in various bills.

Future Ready Iowa

One of the Governor's top priority bills—a bill making changes to Future Ready Iowa, [HF 2589](#), passed the House and Senate with a slight amendment compared to the Governor's original bill. The amendment took out the high school diploma program that would have been administered by a private company. All other provisions of the bill remained in place. Below are highlights of the bill. The Governor has thirty days to sign the bill into law.

- Apprenticeships: Creates an expanded Apprenticeship Opportunities Program to encourage the sponsors of programs with fewer than 20 apprenticeships to maintain the program.
- Childcare: Creates the Iowa Child Care Challenge Fund under the Department of Workforce Development to encourage businesses and to increase the availability of childcare. Includes requirements for matching grants. Uses money from the Employer Innovation Fund for the challenge fund, in amounts determined by the Department of Workforce Development.
- Workforce Diplomas: Requires the Department of Workforce Development to develop a pilot program to assist older students in obtaining a high school diploma while developing technical skills. Includes program requirements. Computer Science: Establishes requirements for K-12 computer science education,



including instruction standards. Weighting: Makes a work-based learning coordinator eligible for supplementary weighting for shared operational funding.

- Future Ready Iowa Skilled Workforce Last-Dollar Scholarships: Expands the definition of eligible students and requires the adoption of rules on the approval of educational and training programs. Includes provisions on expansion. Senior Year Plus Program and Postsecondary Enrollment Options: Eliminates part-time student references.

Noneconomic Damages Cap Bill

Over the last two years, the health care provider community has worked on legislation that would set a hard cap on noneconomic damages in medical malpractice suits at \$750,000 ([SF 2338](#)). Each year the bill proved difficult to move in the Republican controlled House, who has a slim majority over democrats (53-47), as a group of Republican attorney legislators locked up in opposition to the bill due to concerns with the concept of a cap in all cases for this type of damage calculation. This year was no exception and the bill failed to clear the House of Representatives. The topic may be revisited in future sessions if the Iowa House Republicans pick up additional seats. However, if the House flips to democratic control, the bill would be a nonstarter with democrats.

Medical Cannabis

The House and Senate passed [HF 2589](#) this year. The bill adds conditions that qualify for the use of the Iowa approved medical cannabis program—severe, intractable autism with self-injurious or aggressive behaviors and post traumatic stress disorder. Gives more types of providers the authority to write prescriptions and by increasing the cap to 4.5 grams for a 90-day period; the bill eliminates the 3% cap all together. The bill also allows for terminally ill patients to exceed the cap for THC laid out in the bill. There are also employer protections in the bill that allows employers to regulate the use of marijuana. Once enrolled, the governor will have thirty days to take action on the bill.

Background Check for Health Care Employers

[SF 2299](#) passed the House and Senate unanimously and allows for health care employers to have access to more rapid hiring of prospective employees. The bill was successfully pushed by several provider groups and essentially allows an employer to conditionally hire a prospective employee if they have started the process of the state background check (SING check) and have results back on a third party vendor background check. The bill language defines what constitutes a comprehensive background check by a third party and directs various provider association to vet and approve companies offering these services. The Governor signed the bill on June 1st.

Loan Repayment Program: Private Consolidation

[SF 2118](#) is a bill that makes changes to the loan repayment programs under the rural physician loan repayment program, the health care professional recruitment program, or the health care loan repayment program. The Governor signed the bill in March and it is in effect. Once a person is designated as an individual who is a recipient under one of these programs, their eligibility does not get disqualified if they refinance their loans through a private lender, or consolidate with a different lender. Prior to this bill, individuals who had refinanced their loans were being disallowed to benefit via these programs.



School Based Telehealth

[SF 2261](#) is a bill that deals with school based telehealth. The bill lays out how a school can go about implementing voluntary behavioral health screenings, covering topics like parental consent, notification to the students primary care provider. The bill requires private insurance and Medicaid to provide coverage/reimbursement for the use of these services by the student to the medical professional (however, not full 100% parity for private payers—Medicaid would be 100% parity). The bill describes how a student can establish a provider-patient relationships via telemedicine in school setting. This relationship is established when the student, with consent of parent/guardian seeks assistance from a mental health professional, the mental health professional agrees to undertake diagnosis and treatment and the relationship is established through an initial in-person consultation with the mental health professional.

The bill also establishes the responsibilities of the school district and the professional. The public and nonpublic schools/AEAs can provide this option under these parameters:

1. Provide a secure, confidential, and private room and the technology necessary to deliver such services,
2. Maintain consent forms for each academic year in which the student receives services,
3. Maintain scheduling requests and provide access to the room by an appropriately trained school employee or school nurse,
4. Ensure that no school employee is present in the room at the time of the student's appointment,
5. Provide information to the student about how and to whom to report inappropriate behavior by the mental health professional,
6. Provide access to the student's parent/guardian to participate in the session,
7. Ensure that the school does not have access to or handle any of the student's medical records related to the provision of telehealth mental health services, and
8. Ensure that the school is not responsible for billing for the services provided.

Moreover, the provider must meet the following conditions:

1. May not prescribe any new medication (if prescriptive authority is within their scope of practice)
2. May alter or discontinue use of an existing prescription (if within their scope of practice) after consultation with the student's parent/guardian
3. Consult with the student's primary care provider prior to the initiation of telehealth services in a school for the purpose of coordinating the student's medical care
4. Plan shall ensure regular contact between the two providers
5. If the student does not have a primary care provider, shall provide a list of local providers to the student's parent/guardian
6. Notification of the student's parent/guardian of the time, place of the telehealth visit, and the means for them to participate in each session
7. Shall not share any protected health information with school employees unless there is a serious and imminent threat to the student or others

Elderly Waiver Cap Removal Bill

[SF 2345](#) eliminates the elderly waiver cap for Medicaid services provided to someone on the elderly waiver. This cap was in place before managed care was implemented in Iowa and essentially created a cap within a capitated system. Assisted living services are paid by Medicaid for those who are on the elderly waiver in Iowa. This bill removes administrative

burden for providers offering AL services to EW individuals. The bill was signed by the Governor in June and passed both chambers unanimously.

Emergency Medical Services

There was no movement on emergency medical services this year, although there were many bills that were introduced and considered by the House and Senate. The bills that were introduced were as follows:

- [HF 2602](#). A bill for an act relating to county emergency medical services by modifying provisions relating to optional taxes for emergency medical services.(Formerly HF 2434, HSB 631.)
- [HF 658](#). A bill for an act increasing certain penalties for speeding in a motor vehicle, providing for the use of the additional moneys, and including applicability provisions. (Formerly HSB 191.)
- [SF 2283](#). A bill for an act relating to authorized training programs for certain emergency medical care providers and including effective date provisions. (Formerly SSB 3139.)
- [HF 2224](#). A bill for an act appropriating certain tax receipts concerning internet fantasy sports contests and sports wagering to the emergency medical services fund.(Formerly HSB 508.)

Disagreement between the House and the Senate on what they were willing to pass negated the passage of all of these bills. Towards the last days of session, the House amended the training centers bill to include the contents of HF 2602, which was a nonstarter in the Senate. At the end of the day, due to disagreement between the House and Senate negated any movement.

Prisoner Medical Expenses

[SF 2191](#) is a bill that has final resolution after years of disagreement between hospitals, law enforcement, and cities and counties, on who is responsible for the payment of prisoner's medical expenses. The bill provides that a prisoner has the primary responsibility to pay for their medical expenses while in jail. The jail must request available sources of health insurance or other benefits at the time the prisoner is taken into custody. If identified, the jail is supposed to deliver the information to the hospital or medical provider at the time the prisoner presents to the medical setting. The hospital/medical provider is required to request from the jail this same information when the prisoner is brought in. If health insurance is denied or other benefits are not available to pay for medical aid provided to a prisoner, a hospital or medical provider shall submit any bill for reimbursement to the jail within 60 days of treatment or shall submit any written denial of coverage to the jail within 60 days of receipt of the denial, whichever is applicable. The jail shall submit the bill for reimbursement within 30 days of receipt of the bill and shall remit payment to the hospital or medical provider in the jail's next billing cycle. The rate the jail pays the hospital will be whatever contracted rate between the two organizations, or if no contract exists, the Medicare rate.

Tax Omnibus Bill

The final agreed-upon tax omnibus bill, [HF 2641](#), contained dozens of provisions related to taxes in Iowa, along with other items. Some of the high level provisions of the bill that may be of interest include:

- *Paycheck Protection Program*: Division XIV excludes the forgiven loan proceeds a business receives through the federal Paycheck Protection Program (PPP) from taxable income for Iowa income tax purposes.
- *Personal Stimulus Payments*: Division XVI exempts the income taxpayers receive through the federal CARES Act in the form of stimulus tax refund payments from the State income tax. The CARES Act payments equal a maximum of \$1,200 per taxpayer and \$500 per dependent.



- *IEDA Small Business Relief Grant Program*: Division XVIII exempts any financial assistance grant provided to a business by the Iowa Economic Development Authority under the Iowa Small Business Relief Grant Program from Iowa income tax. The change is effective upon enactment and applies retroactively to any tax year ending on or after March 23, 2020.
- “*Coupling*”: Division XIX changes how Iowa tax law couples with federal Internal Revenue Code references to depreciation schedules known as “Section 179 expensing.” The current coupling provision in the Iowa Code does not automatically couple with future changes to the federal tax code related to Section 179 expensing. With this change, Iowa will automatically couple with future federal tax law changes in this tax item.
- *529 Plans for Apprenticeships*: Division XX allows funds in an Iowa Educational Savings Plan Trust (529 Plan) to be used for participation in a certified apprenticeship program.

Bills that Died

Several bills died throughout the course of the session that we were monitoring or against. Those bills and their descriptions can be found below.

Midwifery Licensure. [HSB 522](#), a bill that deals with midwifery licensure, had a subcommittee scheduled and heard but did not advance in full committee. The bill is a perennial issue that is brought before the legislature and would allow “lay midwives” to be licensed by the state. There is significant public safety concerns with the allowance of this type of practice. Provider groups have stayed solid in their commitment to oppose this type of licensure bill in Iowa.

Anti-Vaccination Bills. Iowa saw a significant uptick in anti-vaccination activity at the statehouse this year due to a more formalized coalition of anti-vaccination supporters (Informed Choice Iowa). Several anti-vaccination bills were introduced and considered at the Capitol this session. Although there were no outright vaccination “bans” included in the bills, several of the bills dealt with additions to education reporting from the IDPH, or information to be included in a child’s death certificate, that would potentially raise vaccination effectiveness concerns amongst parents as a result. These bills all died and did not see floor debate. See [HF 2141](#), [SF 2302](#), [SF 2173](#), [SF 2171](#), [SF 2170](#), [SF 2172](#), [SF 2169](#), [HF 2139](#), and [SF 2174](#). The Physician community, provider community and public health advocates banded together in opposition to all of these bills due to concerns they eroded the integrity of Iowa’s vaccination programs and rates.

Surgical Smoke. [HSB 510](#) was introduced and considered by a subcommittee in the House. The bill would require hospitals and surgical centers to adopt policies to eliminate surgical smoke through the use of a smoke evacuation system for each procedure that generates surgical smoke by July 1, 2021. The bill was questioned by hospitals and providers who pointed out that not every hospital/surgery center provides the same types of surgeries and many are already implementing surgical smoke mitigation systems currently. The bill was introduced by Rep. Bobby Kauffman who introduced the bill for one of his constituents who was a nurse and requesting it.

Health Care Data. Rep. Joel Fry introduced a bill early in session that dealt with the health care data that the Iowa Hospital Association currently receives from the state via a memorandum of understanding. After a bill that was passed last year, the data was set to go out for an RFP to allow other groups to bid on the data and potentially

farm it out to providers. Over the course of the session, the bill was thrown overboard by the House, who was frustrated with the “moving target” by those advocating for the bill. The RFP was released in April; an awardee has yet to be announced at this time.

Legislative Retirements

After the March filing deadline, it became clear which legislators would not be returning to the capitol in 2021. Several elected officials in both the House and Senate have decided to “retire” and will not seek reelection. Additionally, some legislators like Bruce Bearinger, who intended to run have announced a change of plans due to personal or professional circumstances. The list below provides a comprehensive list of what now become “open seats” as we draw near to the 2020 November elections in Iowa. Throughout the course of the summer, Cornerstone will provide information on races and profiles on new candidates.

House members not seeking reelection:

1. Gary Carlson (R – Muscatine)
2. Ted Gassman (R – Ottumwa)
3. Chris Hagenow (R – West Des Moines)
4. Mary Ann Hanusa (R – Council Bluffs)
5. Dan Huseman (R – Aurelia)
6. Linda Upmeyer (R – Clear Lake)
7. Louie Zumbach (R – Cedar Rapids)
8. Ashley Hinson (R – Cedar Rapids)
9. Tim Kacena (D – Sioux City)
10. Mark Smith (D – Marshalltown)

11. Bruce Bearinger (D – Oelwein)

Senate members not seeking reelection:

1. Jerry Behn (R – Boone)
2. Mike Breitbart (R – Strawberry Point)
3. Randy Feenstra (R – Holt)
4. Tom Greene (R – Burlington)
5. Tim Kapucian (R – Keystone)
6. Mark Segebart (R – Vail)
7. Charles Schneider (R – West Des Moines)