

**NINETY-FIRST GENERAL ASSEMBLY
2026 REGULAR SESSION
DAILY
SENATE CLIP SHEET**

March 5, 2026

Clip Sheet Summary

Displays all amendments, fiscal notes, and conference committee reports for previous day.

| Bill | Amendment | Action | Sponsor |
|-------------------------------|------------------------------|---------------|-------------------------|
| SF 176 | S-5056 | Filed | RECEIVED FROM THE HOUSE |
| SF 274 | S-5057 | Filed | RECEIVED FROM THE HOUSE |
| SF 2202 | S-5061 | Filed | KARA WARME |
| SF 2290 | S-5058 | Adopted | ADRIAN DICKEY |
| SF 2341 | S-5065 | Filed | SCOTT WEBSTER |
| SF 2367 | S-5062 | Filed | KARA WARME |
| SF 2394 | S-5064 | Filed | SCOTT WEBSTER |
| SF 2416 | S-5055 | Adopted | JEFF REICHMAN |
| SF 2421 | S-5060 | Adopted | KARA WARME |
| SF 2427 | S-5059 | Filed | TOM SHIPLEY |
| SF 2438 | S-5066 | Filed | MIKE BOUSSELOT |
| SF 2444 | S-5063 | Filed | SCOTT WEBSTER |
| HF 2635 | S-5067 | Adopted | KARA WARME |

Fiscal Notes

[SF 2421](#) — [Prior Authorizations, Cancer Screenings, Reviews, and Timelines \(LSB6750SV\)](#)

[HF 2546](#) — [Student Data Systems \(LSB5619HV\)](#)

HOUSE AMENDMENT TO
SENATE FILE 176

S-5056

- 1 Amend Senate File 176, as passed by the Senate, as follows:
2 1. Page 1, line 1, by striking <2025> and inserting <2026>
3 2. Page 1, line 15, by striking <during a school year> and
4 inserting <during a school year per academic term>

S-5056 FILED MARCH 4, 2026

HOUSE AMENDMENT TO
SENATE FILE 274

S-5057

1 Amend Senate File 274, as passed by the Senate, as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. NEW SECTION. 280.13H Extracurricular
5 interscholastic athletic contests or competitions — acceptance
6 of legal tender required.

7 1. For purposes of this section, "*organization*" means the
8 same as defined in section 280.13.

9 2. A public school shall accept legal tender as a form of
10 payment for entry into any extracurricular interscholastic
11 athletic contest or competition sponsored by an organization.
12 As a condition of registration with the department of education
13 under section 280.13, an organization shall accept legal
14 tender as a form of payment for entry into any extracurricular
15 interscholastic athletic contest or competition sponsored by
16 the organization.

17 3. This section shall not apply to extracurricular
18 interscholastic athletic contests or competitions that take
19 place at schools that are not members of an organization.>

S-5057 FILED MARCH 4, 2026

SENATE FILE 2202

S-5061

1 Amend Senate File 2202 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. Section 135G.1, Code 2026, is amended by adding
5 the following new subsection:

6 NEW SUBSECTION. 3A. "*Health carrier*" means the same as
7 defined in section 514J.102.

8 Sec. 2. Section 135G.1, subsection 12, paragraph c, Code
9 2026, is amended by striking the paragraph.

10 Sec. 3. Section 135G.3, Code 2026, is amended to read as
11 follows:

12 **135G.3 Nature of care — seclusion room — admissions —**
13 **discharge.**

14 1. a. A subacute care facility shall utilize a team of
15 professionals to direct an organized program of diagnostic
16 services, subacute mental health services, social services,
17 and rehabilitative services to meet the needs of residents
18 in accordance with a treatment care plan developed for each
19 resident under the supervision of a mental health professional.

20 b. The goal of a treatment care plan is to transition
21 residents to a less restrictive environment, including a
22 home-based community setting. ~~Social and rehabilitative~~
23 ~~services shall also be provided under the direction of a mental~~
24 ~~health professional.~~

25 c. Within twenty-four hours of a resident's admission to
26 a subacute care facility, the subacute care facility shall
27 develop a written treatment care plan with the resident.

28 2. a. Prior authorization shall not be required for an
29 individual's admission to a subacute care facility or for
30 the first fifteen consecutive calendar days of a resident's
31 treatment.

32 b. Starting from a resident's first day of treatment, on or
33 after a resident's forty-fifth consecutive day of treatment,
34 a managed care organization may review the medical necessity
35 of the resident's treatment. After the initial review of a

1 resident's treatment, a managed care organization may only
2 review the medical necessity of the resident's treatment a
3 maximum of one time within any consecutive thirty-calendar-day
4 period.

5 ~~2.~~ 3. The mental health professional providing supervision
6 of the subacute care facility's treatment care plans shall
7 evaluate the condition of each resident as medically necessary,
8 and shall be available to residents of the facility on an
9 on-call basis at all other times. Additional evaluation and
10 treatment may be provided by a mental health professional. The
11 subacute care facility may employ a seclusion room meeting the
12 conditions described in 42 C.F.R. §483.364(b) with approval
13 of a licensed psychiatrist, or by order of the resident's
14 physician, a physician assistant, or an advanced registered
15 nurse practitioner.

16 4. A managed care organization shall not require a resident
17 to be discharged from a subacute care facility until the mental
18 health professional providing supervision of the resident's
19 treatment care plan has determined that there are proper
20 supports in place prior to the resident's discharge to mitigate
21 the risk of self-harm by the resident, or harm to another
22 individual by the resident.

23 5. Pursuant to section 505.36, a health carrier shall
24 provide coverage for subacute mental health services provided
25 by a subacute care facility.

26 Sec. 4. NEW SECTION. 135H.9A **Bed tracking system.**

27 The department of health and human services shall establish
28 an electronic system to track the availability of beds at each
29 psychiatric medical institution for children.

30 Sec. 5. NEW SECTION. 505.36 **Health carriers — subacute**
31 **mental health care services.**

32 1. For purposes of this section:

33 a. "Health carrier" means the same as defined in section
34 514J.102.

35 b. "Subacute care facility" means the same as defined in

1 section 135G.1.

2 *c.* "*Subacute mental health services*" means the same as
3 defined in section 135G.1.

4 2. A health carrier shall provide coverage for subacute
5 mental health services provided by a subacute care facility. A
6 health carrier that violates this section shall be subject to
7 penalties pursuant to section 505.7A.

8 Sec. 6. DEPARTMENTS OF HEALTH AND HUMAN SERVICES AND
9 INSPECTIONS, APPEALS, AND LICENSING — ADMINISTRATIVE RULE
10 REVIEW. The department of health and human services and
11 the department of inspections, appeals, and licensing shall
12 collaborate to review each department's administrative rules
13 adopted pursuant to section 135G.10 and eliminate any rule
14 the departments determine impedes any of the following goals
15 without providing an equal or greater benefit:

16 1. Establishment of new subacute mental health care
17 facilities and services.

18 2. Expansion of existing subacute mental health care
19 facilities and services.

20 3. Ease of access to subacute mental health care facilities
21 and services.

22 Sec. 7. DEPARTMENT OF INSPECTIONS, APPEALS, AND LICENSING
23 — SUBACUTE MENTAL HEALTH CARE FACILITIES — BED CAPACITY
24 — FACILITY AND EMPLOYEE REQUIREMENTS. The department of
25 inspections, appeals, and licensing shall adopt rules pursuant
26 to chapter 17A to do the following:

27 1. Increase the maximum number of beds a subacute care
28 facility may have without the subacute care facility being
29 defined as a state mental health institute.

30 2. Provide that requirements applicable to a subacute
31 mental health care facility, and subacute mental health
32 care facility employees, are less stringent than comparable
33 requirements that apply to a state mental health institute or a
34 state mental health institute's employees.

35 Sec. 8. EMERGENCY RULES. The department of health and

S-5061 (Continued)

1 human services and the department of inspections, appeals,
2 and licensing may adopt emergency rules under section 17A.4,
3 subsection 3, and section 17A.5, subsection 2, paragraph "b",
4 to implement the provisions of this Act and shall submit
5 such rules to the administrative rules coordinator and
6 the administrative code editor pursuant to section 17A.5,
7 subsection 1, within the same period. The rules shall be
8 effective immediately upon filing unless a later date is
9 specified in the rules. Any rules adopted in accordance with
10 this section shall also be published as a notice of intended
11 action as provided in section 17A.4.

12 Sec. 9. EFFECTIVE DATE. This Act, being deemed of immediate
13 importance, takes effect upon enactment.>

14 2. Title page, by striking lines 1 and 2 and inserting <An
15 Act relating to mental health care, including subacute mental
16 health care facility requirements; admission to and discharge
17 from a subacute mental health care facility; employment
18 requirements at a subacute mental health care facility;
19 insurance coverage for subacute mental health care; and the
20 establishment of a psychiatric medical institution for children
21 bed tracking system, and providing penalties and including
22 effective date provisions.>

By KARA WARME

S-5061 FILED MARCH 4, 2026

SENATE FILE 2290

S-5058

1 Amend Senate File 2290 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. NEW SECTION. 537C.1 Short title.

5 This chapter shall be known and may be cited as the
6 "*Peer-to-Peer Car Sharing Program Act*".

7 Sec. 2. NEW SECTION. 537C.2 Definitions.

8 As used in this chapter, unless the context otherwise
9 requires:

10 1. "*Car sharing*" means the authorized use of a vehicle
11 by an individual other than the vehicle's owner through a
12 peer-to-peer car sharing program.

13 2. "*Car sharing delivery period*" means the time period in
14 which a shared vehicle is being delivered to the location of a
15 car sharing start time pursuant to a program agreement.

16 3. "*Car sharing period*" means the period of time commencing
17 with either the car sharing delivery period, or, if there is no
18 car sharing delivery period, the car sharing start time, and
19 ending at the car sharing termination time as established in a
20 program agreement.

21 4. "*Car sharing start time*" means the time at which a
22 shared vehicle becomes subject to the control of the shared
23 vehicle driver at or after a reservation of a shared vehicle is
24 scheduled to begin pursuant to a program agreement.

25 5. "*Car sharing termination time*" means the earliest of any
26 of the following events:

27 a. The expiration of the period of time established by the
28 program agreement for the use of a shared vehicle by a shared
29 vehicle driver, if the shared vehicle driver delivers the
30 shared vehicle at the time and to the location agreed upon in
31 the program agreement.

32 b. The time when the shared vehicle owner retakes possession
33 or control of the shared vehicle from a shared vehicle driver.

34 c. The time when the shared vehicle is returned to an
35 alternate location as agreed upon by the shared vehicle owner

1 and shared vehicle driver and incorporated into the program
2 agreement.

3 6. "*Peer-to-peer car sharing program*" or "*program*" means
4 a business platform that connects shared vehicle owners with
5 shared vehicle drivers for financial consideration pursuant
6 to a program agreement. "*Peer-to-peer car sharing program*" or
7 "*program*" does not include a rental car company as defined by
8 section 516D.3.

9 7. "*Program agreement*" means a contract executed by a shared
10 vehicle owner and a shared vehicle driver that contains the
11 terms and conditions for the use of a shared vehicle through a
12 peer-to-peer car sharing program. "*Program agreement*" does not
13 include a rental agreement as defined by section 516D.3.

14 8. "*Shared vehicle*" means a vehicle that is available for
15 sharing through a peer-to-peer car sharing program. "*Shared*
16 *vehicle*" does not include a rental vehicle as that term is
17 defined in section 516D.3.

18 9. "*Shared vehicle driver*" means an individual authorized to
19 drive a shared vehicle pursuant to a program agreement.

20 10. "*Shared vehicle owner*" means a registered owner, or the
21 registered owner's designee, of a vehicle made available for
22 car sharing.

23 11. "*Vehicle*" means any self-propelled motor vehicle subject
24 to registration under chapter 321, or under the laws of another
25 state, that is designed primarily for carrying no more than
26 nine passengers at any one time. "*Vehicle*" does not include a
27 motorcycle or motorized bicycle.

28 Sec. 3. NEW SECTION. 537C.3 Program — assumption of
29 liability.

30 1. Except as provided in subsection 2, a program shall
31 assume liability for a shared vehicle owner for all bodily
32 injuries or property damage to a third party during a car
33 sharing period involving the shared vehicle owner's vehicle
34 in the liability amount stated in the applicable program
35 agreement, but not less than the liability amounts under

1 section 321A.21. Notwithstanding the definition of "*car sharing*
2 *termination time*" in section 537C.2, the assumption of liability
3 shall apply to bodily injury and property damage losses by a
4 damaged third party as required under section 321A.21.

5 2. The assumption of liability by a program pursuant to
6 subsection 1 shall not apply to a shared vehicle owner if,
7 prior to or during a car sharing period described in subsection
8 1, the shared vehicle owner does any of the following:

9 a. Makes an intentional or fraudulent material
10 misrepresentation or omission to the program.

11 b. Acts in concert with the shared vehicle driver to have
12 the shared vehicle driver fail to return the shared vehicle
13 according to the terms of the program agreement.

14 3. Notwithstanding any other provision of law to the
15 contrary, a program and a shared vehicle owner shall not be
16 liable under any state or local law that imposes liability
17 based on vehicle ownership consistent with the provisions of
18 49 U.S.C. §30106.

19 **Sec. 4. NEW SECTION. 537C.4 Motor vehicle liability**
20 **insurance requirements — claims.**

21 1. a. A program shall ensure that, during a car sharing
22 period, a shared vehicle owner and a shared vehicle driver are
23 insured under a motor vehicle liability insurance policy that
24 provides insurance coverage in an amount not less than the
25 minimum amounts set forth in section 321A.21.

26 b. The liability policy under paragraph "a" must meet either
27 of the following requirements:

28 (1) The liability policy recognizes that the vehicle
29 covered by the liability policy is made available and used
30 through a peer-to-peer car sharing program.

31 (2) The liability policy does not expressly prohibit the
32 use of the vehicle covered by the liability policy as a shared
33 vehicle.

34 2. The liability insurance coverage requirements under
35 this section may be satisfied by any of the following, or a

1 combination of any of the following:

2 *a.* A liability policy maintained by the shared vehicle
3 owner.

4 *b.* A liability policy maintained by the shared vehicle
5 driver.

6 *c.* A liability policy maintained by the program.

7 3. The motor vehicle liability insurance policy under
8 subsection 1, paragraph "a", shall be primary during each
9 car sharing period and if during the car sharing period a
10 claim occurs in another state that requires minimum financial
11 responsibility limits higher than the minimum limits required
12 by subsection 1, paragraph "a", the coverage maintained under
13 this section shall satisfy the difference in the required
14 minimum coverage amounts, up to the applicable policy limit.

15 4. An insurer or program providing coverage under
16 subsection 2 shall assume primary liability for a claim under
17 the liability policy in all of the following circumstances:

18 *a.* There is a dispute as to the individual in control of
19 the shared vehicle at the time of an event giving rise to a
20 claim and the program is unable to comply with section 537C.12,
21 subsection 2.

22 *b.* There is a dispute as to whether the shared vehicle was
23 returned to the agreed location at the car sharing termination
24 time pursuant to section 537C.2, subsection 5, paragraph "c".

25 5. If, at the time of a claim, the liability policy
26 maintained by a shared vehicle owner or a shared vehicle driver
27 has lapsed or does not provide the required coverage, the
28 liability policy maintained by the program shall provide the
29 required coverage beginning with the first dollar of the claim
30 and the program shall defend such claim under the program's
31 liability policy, not including a claim under section 537C.3,
32 subsection 2.

33 6. Notwithstanding any other provision of law to the
34 contrary, a program shall have an insurable interest in a
35 shared vehicle during the car sharing period.

1 7. A program may own and maintain, as the named insured, one
2 or more motor vehicle liability policies that provide coverage
3 for any of the following:

4 a. Liabilities assumed by the program under a car sharing
5 agreement.

6 b. Liability of a shared vehicle owner or a shared vehicle
7 driver.

8 c. Any damage to, or loss of, a shared vehicle.

9 8. Coverage under a liability insurance policy maintained
10 by a program shall not be dependent on another insurer or
11 another liability insurance policy first denying a claim.

12 9. This section shall not be construed to create liability
13 on a program to maintain a liability insurance policy.

14 10. This section shall not be construed to limit the
15 liability of a program for an act or omission of the program
16 that results in injury to a person as a result of the use of a
17 shared vehicle through a program.

18 11. This section shall not be construed to limit the ability
19 of a program to contractually seek indemnification from a
20 shared vehicle owner or a shared vehicle driver for economic
21 loss sustained by the program resulting from a breach of the
22 terms and conditions of the program agreement.

23 Sec. 5. NEW SECTION. 537C.5 Liability policy — exclusions.

24 1. A motor vehicle liability policy may exclude coverage
25 for, and the duty to defend or indemnify, a shared vehicle
26 owner for any claims arising out of the shared vehicle owner's
27 participation in a program, including but not limited to the
28 following:

29 a. Liability coverage for bodily injury and property damage.

30 b. Personal accident coverage.

31 c. Uninsured and underinsured motorist coverage.

32 d. Medical payments coverage.

33 e. Comprehensive physical damage coverage.

34 f. Collision physical damage coverage.

35 2. This chapter shall not be construed to invalidate, limit,

1 or restrict an exclusion in a liability policy, including an
2 exclusion of coverage for vehicles made available for rent,
3 sharing, hire, or any business use.

4 3. This chapter shall not be construed to invalidate, limit,
5 or restrict an insurance carrier's ability to underwrite an
6 insurance policy, or to cancel or to not renew an insurance
7 policy.

8 Sec. 6. NEW SECTION. 537C.6 Contribution against
9 indemnification.

10 If an insurance carrier that issued a liability policy
11 defends or indemnifies a claim against a shared vehicle owner
12 or a shared vehicle driver for a loss or injury that occurs
13 during a car sharing period, and the claim is excluded under
14 the terms of the liability policy, the insurance carrier may
15 seek recovery against the program's liability policy.

16 Sec. 7. NEW SECTION. 537C.7 Responsibility for physical
17 equipment.

18 A program shall be exclusively responsible for any
19 equipment, including a global positioning system or other
20 special equipment, used to monitor or facilitate a car sharing
21 transaction. A program shall agree to indemnify, and shall not
22 hold responsible, a shared vehicle owner for any damage to,
23 or theft of, any equipment placed in or on a shared vehicle
24 during the car sharing period unless the damage to, or theft
25 of, the equipment is the fault of the shared vehicle owner.
26 The program may seek indemnity from the shared vehicle driver
27 for loss or damage to such equipment that occurs during the car
28 sharing period.

29 Sec. 8. NEW SECTION. 537C.8 Program agreements.

30 1. A program agreement shall disclose to a shared vehicle
31 owner and shared vehicle driver all of the following:

32 a. That a shared vehicle owner's or the shared vehicle
33 driver's motor vehicle liability insurance policy does not
34 provide a defense or indemnification for a claim asserted by
35 the program.

1 *b.* Any right the program has to seek indemnification from
2 the shared vehicle owner or the shared vehicle driver for any
3 economic losses incurred by the program as a result of a breach
4 of the terms and conditions of the program agreement by the
5 shared vehicle owner or the shared vehicle driver.

6 *c.* That the program's liability policy coverage for the
7 shared vehicle owner and the shared vehicle driver is only
8 in effect for the car sharing period and that the program's
9 liability policy coverage does not cover the shared vehicle
10 driver and the shared vehicle owner for any use of the shared
11 vehicle by the shared vehicle driver outside of the car sharing
12 period.

13 *d.* That the shared vehicle owner's motor vehicle liability
14 insurance policy may not provide coverage for a shared vehicle.

15 *e.* An emergency telephone number for personnel capable
16 of fielding roadside assistance, and a telephone number for
17 customer service inquiries.

18 *f.* The daily rate, fees, and, if applicable, any costs for
19 insurance or a protection package that is charged to the shared
20 vehicle owner or the shared vehicle driver.

21 Sec. 9. NEW SECTION. 537C.9 Program agreement — approved
22 parties.

23 A program shall only enter into a program agreement with the
24 following persons:

25 1. A resident of this state who holds a driver's license
26 issued in this state that authorizes the person to operate a
27 vehicle of the class of the shared vehicle that is the subject
28 of the program agreement.

29 2. A nonresident of this state who holds a driver's license
30 issued by the state or country of the person's residence that
31 authorizes the person to operate a vehicle of the class of the
32 shared vehicle that is the subject of the program agreement,
33 and is at least the minimum age required by this state to
34 operate a vehicle of that class.

35 3. A person who is specifically authorized by this state to

1 operate a vehicle of the class of the shared vehicle that is
2 the subject of the program agreement.

3 4. A program shall keep permanent records of all of the
4 following:

5 a. The names and address of each shared vehicle driver.

6 b. The driver's license number and place of issuance of each
7 shared vehicle driver, and any other person who may operate a
8 shared vehicle under a program agreement.

9 Sec. 10. NEW SECTION. 537C.10 Shared vehicles — safety
10 recalls.

11 1. On the date a person registers as a shared vehicle owner,
12 and prior to the time a shared vehicle owner makes a shared
13 vehicle available for car sharing, the program shall do all of
14 the following:

15 a. Verify that a safety recall has not been issued for the
16 shared vehicle for which repairs have not been made.

17 b. Notify the shared vehicle owner of the requirements under
18 subsection 2.

19 2. a. If a shared vehicle owner receives actual notice of a
20 safety recall before the vehicle is made available as a shared
21 vehicle, the person shall not make the vehicle available for
22 car sharing until the safety repair has been made.

23 b. If a shared vehicle owner receives actual notice of a
24 safety recall while the shared vehicle is available for car
25 sharing, the shared vehicle owner shall remove the shared
26 vehicle from the program as soon as practicably possible, and
27 shall not make the vehicle available for car sharing until
28 after the safety recall repair has been made.

29 c. If a shared vehicle owner receives actual notice of a
30 safety recall on a shared vehicle while the shared vehicle is
31 being used by, or is in the possession of, a shared vehicle
32 driver, the shared vehicle owner shall, as soon as practicable,
33 notify the program about the safety recall and the shared
34 vehicle owner shall address the safety recall repair.

35 Sec. 11. NEW SECTION. 537C.11 Shared vehicles — liens.

1 If there is a lien on a shared vehicle, the program shall
2 notify the shared vehicle owner when the vehicle owner
3 registers as a shared vehicle owner, and again immediately
4 prior to the time the vehicle is made available for car
5 sharing, that the vehicle's use as a shared vehicle may violate
6 the terms of the contract with the lienholder.

7 Sec. 12. NEW SECTION. 537C.12 Recordkeeping.

8 1. A program shall collect and verify records relating to
9 the use of each shared vehicle, including all of the following:

10 a. All dates and times that the shared vehicle is the
11 subject of a program agreement.

12 b. The location of each car sharing start time and each car
13 sharing termination time.

14 c. All fees paid by each shared vehicle driver.

15 d. All revenue received by the shared vehicle owner.

16 2. Upon request, a program shall provide the information
17 collected pursuant to subsection 1 to the shared vehicle owner,
18 the insurance carrier for the shared vehicle owner's liability
19 policy, or the insurance carrier for the shared vehicle
20 driver's liability policy, for purposes of a claim coverage
21 investigation, settlement, negotiation, or litigation related
22 to a claim incurred during a car sharing period.

23 3. A program shall retain the records under subsection 1 for
24 the period required under section 614.1, subsection 2.>

By ADRIAN DICKEY

S-5058 FILED MARCH 4, 2026

ADOPTED

SENATE FILE 2341

S-5065

1 Amend the amendment, S-5037, to Senate File 2341, as
2 follows:

3 1. Page 1, by striking line 8 and inserting:

4 <___. Page 1, after line 15 by inserting:>

5 2. Page 1, after line 12 by inserting:

6 <___. Page 1, by striking lines 16 through 21 and inserting:

7 <<Sec. ___. Section 349.18, subsection 3, paragraph a, Code
8 2026, is amended to read as follows:

9 a. The county auditor shall furnish a copy of the
10 proceedings to be published, within one week following the
11 ~~adjournment~~ approval of the board. The county auditor shall
12 include either a summary of all resolutions or the complete
13 text of resolutions adopted by the board in the furnished copy
14 of the proceedings. As used in this subsection, "*summary*"
15 means a narrative description of the resolution setting forth
16 the main points of the resolution in a manner calculated to
17 inform the public in a clear and understandable manner the
18 meaning of the resolution and to provide the public with
19 sufficient notice of the policy stated or action to be taken,
20 as resolved by the board in the resolution. The narrative
21 description shall include the title of the resolution, an
22 accurate and intelligible synopsis of the essential elements
23 of the resolution, a statement that the description is a
24 summary, the location and the normal business hours of the
25 office where the full text of the resolution may be inspected,
26 and the effective date of the resolution. Legal descriptions
27 of property set forth in a resolution shall be described in
28 full. The narrative description shall be written in a clear
29 and coherent manner and shall, to the extent possible, avoid
30 the use of technical or legal terms not generally familiar to
31 the public. When necessary to use technical or legal terms not
32 generally familiar to the public, the narrative description
33 shall include definitions of those terms.>>

34 3. By renumbering as necessary.

S-5065 (Continued)

By SCOTT WEBSTER

S-5065 FILED MARCH 4, 2026

SENATE FILE 2367

S-5062

1 Amend Senate File 2367 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <DIVISION I

5 CONTINUING EDUCATION REQUIREMENTS — NUTRITION AND METABOLIC
6 HEALTH

7 Section 1. Section 148.3, Code 2026, is amended by adding
8 the following new subsection:

9 NEW SUBSECTION. 5. The board shall adopt rules pursuant to
10 chapter 17A requiring a licensee practicing family medicine,
11 internal medicine, pediatrics, psychiatry, endocrinology,
12 gastroenterology, cardiology, oncology, rheumatology,
13 neurology, nephrology, dermatology, pulmonology, surgery,
14 immunology, hematology, obstetrics, or gynecology to complete a
15 minimum of one hour of continuing education on nutrition and
16 metabolic health every four years as a condition of license
17 renewal.

18 Sec. 2. Section 148C.3, subsection 1, paragraph c, Code
19 2026, is amended to read as follows:

20 *c.* Hours of continuing medical education necessary to become
21 or remain licensed. The board shall adopt rules pursuant to
22 chapter 17A requiring a licensee practicing family medicine,
23 internal medicine, pediatrics, psychiatry, endocrinology,
24 gastroenterology, cardiology, oncology, rheumatology,
25 neurology, nephrology, dermatology, pulmonology, surgery,
26 immunology, hematology, obstetrics, or gynecology to complete a
27 minimum of one hour of continuing education on nutrition and
28 metabolic health every four years as a condition of license
29 renewal.

30 DIVISION II

31 MEDICAL SCHOOL GRADUATION REQUIREMENT — NUTRITION

32 Sec. 3. NEW SECTION. 148.15 Medical school graduation
33 requirement — nutrition.

34 Beginning July 1, 2028, a medical school or college of
35 osteopathic medicine and surgery in this state shall require as

1 a condition of graduation that each student complete at least
2 forty hours of coursework on nutrition and metabolic health.

3 DIVISION III

4 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM — SUMMER ELECTRONIC
5 BENEFITS TRANSFER FOR CHILDREN PROGRAM

6 Sec. 4. Section 234.1, Code 2026, is amended by adding the
7 following new subsection:

8 NEW SUBSECTION. 4A. *“Summer electronic benefits transfer*
9 *for children program”* or *“summer EBT program”* means the summer
10 electronic benefits transfer for children program established
11 in 42 U.S.C. §1762.

12 Sec. 5. NEW SECTION. 234.12B Supplemental nutrition
13 assistance program — summer electronic benefits transfer for
14 children program.

15 The department shall continuously request that the United
16 States department of agriculture, food and nutrition service,
17 provide approval, for purposes of state administration of the
18 supplemental food and nutrition program and the summer EBT
19 program, if the state participates in the summer EBT program,
20 for a modification to the list of eligible foods in 7 C.F.R.
21 §271.2 to only include foods that are eligible as of January
22 1, 2026. The department may seek approval for additional
23 foods to be excluded based on healthy food standards if the
24 state provides all authorized SNAP retailers with a list of
25 ineligible foods identified by universal product code, and
26 instructions for point-of-sale compliance. The department
27 shall implement each modification upon receipt of approval.

28 DIVISION IV

29 IVERMECTIN — OVER-THE-COUNTER AVAILABILITY

30 Sec. 6. NEW SECTION. 126.24 Ivermectin — prescription drug
31 order not required.

32 1. A pharmacist or pharmacy may distribute ivermectin for
33 human consumption as an over-the-counter medicine.

34 2. A pharmacist or pharmacy shall not be subject to
35 professional discipline or civil or criminal penalties for the

1 distribution of ivermectin pursuant to this section.

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DIVISION V

3

SCHOOL FOODS AND BEVERAGES

4 Sec. 7. Section 256E.7, subsection 2, Code 2026, is amended
5 by adding the following new paragraph:

6 NEW PARAGRAPH. *0t.* Be subject to and comply with the
7 requirements of section 283A.6 relating to the preparation
8 of meals provided to students, and prohibited ingredients in
9 meals provided to students, in the same manner as a school
10 district, if the charter school provides a breakfast or lunch
11 program through the national school lunch program or the school
12 breakfast program administered by the food and nutrition
13 service of the United States department of agriculture.

14 Sec. 8. Section 256F.4, subsection 2, Code 2026, is amended
15 by adding the following new paragraph:

16 NEW PARAGRAPH. *v.* Be subject to and comply with the
17 requirements of section 283A.6 relating to the preparation of
18 meals provided to students, and prohibited ingredients in meals
19 provided to students, in the same manner as a school district,
20 if the charter school or innovation zone school provides a
21 breakfast or lunch program.

22 Sec. 9. NEW SECTION. **283A.6 School district breakfast and**
23 **lunch programs — food and beverages provided to students —**
24 **prohibited ingredients.**

25 1. *a.* A school district shall not serve a meal to students
26 as part of the school district's breakfast or lunch program
27 that contains any of the following ingredients:

- 28 (1) Blue dye 1.
29 (2) Blue dye 2.
30 (3) Green dye 3.
31 (4) Potassium bromate.
32 (5) Propylparaben.
33 (6) Red dye 40.
34 (7) Yellow dye 5.
35 (8) Yellow dye 6.

1 *b.* Paragraph "a" does not apply to food and beverages
2 received as part of a direct delivery from the foods in schools
3 program of the United States department of agriculture.

4 2. An employee or contracted vendor of a school district
5 shall not provide any food or beverages that contain an
6 ingredient described in subsection 1 to a student enrolled in
7 the school district during the school day.

8 3. A school district shall not permit the sale to students
9 of any foods or beverages that contain an ingredient described
10 in subsection 1 on the school campus, as school campus is
11 defined in 7 C.F.R. §210.11 as of January 1, 2026, unless the
12 sale takes place outside of the school day, as school day is
13 defined in 7 C.F.R. §210.11 as of January 1, 2026.

14 Sec. 10. Section 283A.10, Code 2026, is amended to read as
15 follows:

16 **283A.10 School breakfast or lunch in nonpublic schools.**

17 The authorities in charge of nonpublic schools may operate
18 or provide for the operation of school breakfast or lunch
19 programs in schools under their jurisdiction and may use funds
20 appropriated to them by the general assembly, gifts, funds
21 received from sale of school breakfasts or lunches under such
22 programs, and any other funds available to the nonpublic
23 school. However, school breakfast or lunch programs shall not
24 be required in nonpublic schools. The department of education
25 shall direct the disbursement of state funds to nonpublic
26 schools for school breakfast or lunch programs in the same
27 manner as state funds are disbursed to public schools. If
28 a nonpublic school receives state funds for the operation of
29 a school breakfast or lunch program, meals served under the
30 program shall be nutritionally adequate meals, as defined in
31 section 283A.1, and shall comply with the requirements of
32 section 283A.6.

33 Sec. 11. APPLICABILITY. This division of this Act applies
34 to school years beginning on or after July 1, 2027.

EDUCATIONAL STANDARDS

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Sec. 12. Section 256.11, subsection 2, Code 2026, is amended to read as follows:

2. a. The kindergarten program shall include experiences designed to develop healthy emotional and social habits and growth in the language arts and communication skills, as well as a capacity for the completion of individual tasks, and protect and increase physical well-being with attention given to experiences relating to the development of life skills and, subject to section 279.80, age-appropriate and research-based human growth and development. The kindergarten program shall also include instruction related to nutrition that emphasizes all of the following:

- (1) The importance of animal-based protein, dairy, vegetables, and fruit.
- (2) The nutritional benefits of animal-based protein, dairy, vegetables, and fruit.
- (3) The role that animal-based protein, dairy, vegetables, and fruit play in a balanced diet.

b. A kindergarten teacher shall be licensed to teach in kindergarten.

c. An accredited nonpublic school must meet the requirements of this subsection only if the nonpublic school offers a kindergarten program; provided, however, that section 279.80 shall not apply to a nonpublic school.

Sec. 13. Section 256.11, subsection 3, paragraph a, subparagraph (5), Code 2026, is amended to read as follows:

(5) Health. The health curriculum shall include ~~the~~ all of the following:

- (a) The characteristics of communicable diseases.
- (b) Instruction related to nutrition that emphasizes all of the following:
 - (i) The importance of animal-based protein, dairy, vegetables, and fruit.
 - (ii) The nutritional benefits of animal-based protein,

1 dairy, vegetables, and fruit.

2 (iii) The role that animal-based protein, dairy,
3 vegetables, and fruit play in a balanced diet.

4 Sec. 14. Section 256.11, subsection 4, paragraph a,
5 subparagraphs (5) and (7), Code 2026, are amended to read as
6 follows:

7 (5) Health. The health curriculum shall include
8 ~~age-appropriate~~ all of the following:

9 (a) Age-appropriate and research-based information
10 regarding the characteristics of sexually transmitted diseases.

11 (b) Instruction related to nutrition that emphasizes all of
12 the following:

13 (i) The importance of animal-based protein, dairy,
14 vegetables, and fruit.

15 (ii) The nutritional benefits of animal-based protein,
16 dairy, vegetables, and fruit.

17 (iii) The role that animal-based protein, dairy,
18 vegetables, and fruit play in a balanced diet.

19 (7) Career instruction, exploration, and development, which
20 shall include career investigation, career connections, and
21 career intentions. Career exploration and development shall
22 be designed so that students are appropriately prepared to
23 create an individualized career and academic plan pursuant to
24 section 279.61, incorporate foundational career and technical
25 education concepts aligned with the six career and technical
26 education service areas as defined in subsection 5, paragraph
27 "h", incorporate relevant twenty-first century skills to
28 facilitate career readiness, and introduce students to career
29 opportunities within the local community and across this state.
30 This subparagraph shall not apply to the teaching of career
31 exploration and development in nonpublic schools.

32 Sec. 15. Section 256.11, subsection 4, paragraph b, Code
33 2026, is amended to read as follows:

34 *b.* Computer science instruction incorporating the standards
35 established under section 256.7, subsection 26, paragraph "a",

1 subparagraph (4), shall be offered in at least one grade level
2 commencing with the school year beginning July 1, 2023. ~~Career~~
3 ~~exploration and development shall be designed so that students~~
4 ~~are appropriately prepared to create an individual career~~
5 ~~and academic plan pursuant to section 279.61, incorporate~~
6 ~~foundational career and technical education concepts aligned~~
7 ~~with the six career and technical education service areas as~~
8 ~~defined in subsection 5, paragraph "h", incorporate relevant~~
9 ~~twenty-first century skills to facilitate career readiness, and~~
10 ~~introduce students to career opportunities within the local~~
11 ~~community and across this state.~~

12 Sec. 16. Section 256.11, subsection 5, paragraph h,
13 subparagraph (1), subparagraph division (a), Code 2026, is
14 amended to read as follows:

15 (a) Agriculture, food, and natural resources, which
16 shall include instruction relating to food production and the
17 benefits of local sourcing.

18 Sec. 17. Section 256.11, subsection 5, paragraph j,
19 subparagraph (1), Code 2026, is amended to read as follows:

20 (1) One unit of health education which may include
21 personal health; food and nutrition; environmental health;
22 safety and survival skills; consumer health; family life;
23 age-appropriate and research-based human growth and development
24 that incorporates the standards established under section
25 279.50, subsection 3, paragraph "b"; substance use disorder
26 and nonuse; emotional and social health; health resources;
27 cardiopulmonary resuscitation; and prevention and control
28 of disease, including age-appropriate and research-based
29 information regarding sexually transmitted diseases. The one
30 unit of health education shall include instruction related to
31 nutrition that emphasizes all of the following:

32 (a) The importance of animal-based protein, dairy,
33 vegetables, and fruit.

34 (b) The nutritional benefits of animal-based protein,
35 dairy, vegetables, and fruit.

1 (c) The role that animal-based protein, dairy, vegetables,
2 and fruit play in a balanced diet.

3 Sec. 18. Section 256E.7, subsection 2, paragraph h, Code
4 2026, is amended by adding the following new subparagraphs:

5 NEW SUBPARAGRAPH. (01) The educational standards
6 established in section 256.11, subsections 2, 3, and 4, and
7 section 256.11, subsection 5, paragraph "j", subparagraph (1),
8 related to instruction on nutrition.

9 NEW SUBPARAGRAPH. (3) The educational standards
10 established in section 256.11, subsection 5, paragraph "h",
11 subparagraph (1), subparagraph division (a), related to
12 instruction relating to food production and the benefits of
13 local sourcing.

14 Sec. 19. Section 256F.4, subsection 2, Code 2026, is amended
15 by adding the following new paragraphs:

16 NEW PARAGRAPH. *Op.* Be subject to and comply with the
17 requirements of section 256.11, subsections 2, 3, and 4, and
18 section 256.11, subsection 5, paragraph "j", subparagraph (1),
19 related to instruction on nutrition in the same manner as a
20 school district.

21 NEW PARAGRAPH. *w.* Be subject to and comply with the
22 requirements of section 256.11, subsection 5, paragraph
23 "h", subparagraph (1), subparagraph division (a), related to
24 instruction relating to food production and the benefits of
25 local sourcing in the same manner as a school district.

26 Sec. 20. NEW SECTION. **283A.14 Application for waiver —**
27 **updated nutritional guidelines — joint committee.**

28 1. The general assembly finds and declares all of the
29 following:

30 *a.* The nutritional needs and cultural preferences of
31 the students in Iowa might be better served by localizing
32 nutritional standards.

33 *b.* Unique regional food sources, including corn, pork, and
34 dairy, are not adequately addressed by federal guidelines.

35 *c.* Flexibility in nutritional standards can enhance the

1 ability of schools to provide meals that are both nutritious
2 and appealing to students, which may increase student
3 participation in school breakfast and lunch programs.

4 2. Within ninety days after the effective date of this Act,
5 the department of education shall apply for a waiver under the
6 provisions of the federal National School Lunch Act of 1966, 42
7 U.S.C. §1751 et seq., and the federal Child Nutrition Act of
8 1966, 42 U.S.C. §1771 et seq., to request all of the following:

9 a. An exemption from sodium limits, whole grain
10 requirements, and fruit and vegetable variety stipulations in
11 school breakfast and lunch programs.

12 b. Permission to substitute or modify federal requirements
13 with state-specific nutritional guidelines that align with
14 Iowa's dietary recommendations or cultural food practices.

15 3. If the waiver applied for by the department of
16 education under subsection 2 is granted, the department of
17 education shall adopt updated guidelines for what constitutes
18 a nutritionally adequate meal. The department shall consult
19 with the department of agriculture and land stewardship,
20 experts in nutrition, educators, parents, local farmers, and
21 other stakeholders during the process of adopting updated
22 guidelines for what constitutes a nutritionally adequate meal.
23 The guidelines for what constitutes a nutritionally adequate
24 meal may reflect local preferences, regional food sources,
25 including corn, pork, and dairy, and cultural considerations.
26 The guidelines for what constitutes a nutritionally adequate
27 meal must satisfy all of the following requirements:

28 a. Be at least as stringent in promoting health and
29 preventing chronic diseases as the federal guidelines.

30 b. Maintain a commitment to nutritional health and student
31 well-being.

32 c. Prioritize the following food groups, in the order
33 listed:

34 (1) Animal-based protein, including but not limited to
35 beef, pork, poultry, fish, and eggs.

1 (2) Dairy products, including but not limited to milk,
2 cheese, and yogurt.

3 (3) Vegetables, including but not limited to local and
4 seasonal produce.

5 (4) Fresh fruit or dried or frozen fruit when fresh fruit is
6 not seasonally available.

7 4. If the waiver applied for by the department of education
8 under subsection 2 is granted, the department of education
9 and the department of agriculture and land stewardship shall
10 establish a joint committee to do all of the following:

11 a. Oversee the implementation of the guidelines for what
12 constitutes a nutritionally adequate meal.

13 b. Review the outcomes associated with the guidelines for
14 what constitutes a nutritionally adequate meal.

15 c. Study the nutritional science associated with the
16 guidelines for what constitutes a nutritionally adequate meal
17 and seek feedback from schools, parents, and agricultural
18 stakeholders related to the guidelines.

19 d. Provide recommendations to the department of education
20 related to changes that may need to be made to the guidelines
21 for what constitutes a nutritionally adequate meal.

22 5. If the waiver applied for by the department of
23 education under subsection 2 is granted, the department of
24 education shall submit to the general assembly an annual
25 report, beginning on or before the first June 30 after
26 the implementation of the new guidelines, which describes
27 the impact of the guidelines related to what constitutes a
28 nutritionally adequate meal, including information related
29 to school breakfast and lunch program participation, student
30 health outcomes, feedback from school districts, progress
31 in implementing the guidelines, challenges associated with
32 implementing the guidelines, and recommendations for further
33 enhancement of the guidelines.

34 6. If the waiver applied for by the department of education
35 under subsection 2 is granted, the department of education

1 shall conduct an evaluation to assess the effectiveness of the
2 guidelines for what constitutes a nutritionally adequate meal
3 compared to the comparable federal standards within five years
4 after the effective date of the waiver.

5 Sec. 21. EFFECTIVE DATE. The following, being deemed of
6 immediate importance, takes effect upon enactment:

7 The section of this division of this Act enacting section
8 283A.14.

9 Sec. 22. APPLICABILITY. The following apply to school years
10 beginning on or after July 1, 2027:

11 1. The section of this division of this Act amending section
12 256.11, subsections 2, 3, and 4.

13 2. The section of this division of this Act amending
14 section 256.11, subsection 5, paragraph "h", subparagraph (1),
15 subparagraph division (a).

16 3. The section of this division of this Act amending section
17 256.11, subsection 5, paragraph "j", subparagraph (1).

18 4. The section of this division of this Act amending section
19 256E.7, subsection 2, paragraph "h".

20 5. The section of this division of this Act amending section
21 256F.4, subsection 2.

22 DIVISION VII

23 STUDENT INSTRUCTIONAL TECHNOLOGY STANDARDS

24 Sec. 23. Section 256E.7, subsection 2, Code 2026, is amended
25 by adding the following new paragraph:

26 NEW PARAGRAPH. *Os.* Be subject to and comply with
27 the requirements of section 279.89 relating to student
28 instructional technology standards in the same manner as a
29 school district.

30 Sec. 24. Section 256F.4, subsection 2, Code 2026, is amended
31 by adding the following new paragraph:

32 NEW PARAGRAPH. *w.* Be subject to and comply with
33 the requirements of section 279.89 relating to student
34 instructional technology standards in the same manner as a
35 school district.

1 Sec. 25. NEW SECTION. **279.89 Student instructional**
2 **technology standards.**

3 1. As used in this section, unless the context otherwise
4 requires:

5 *a. "Digital instruction"* means lessons, assignments,
6 assessments, or instructional activities delivered through
7 instructional technology.

8 *b. "Instructional technology"* means a laptop, tablet,
9 computer, smart device, software platform, or other similar
10 device or platform used for student learning.

11 *c. "One-to-one digital device program"* means a program
12 through which a school district provides or assigns a digital
13 device to each student for instructional use.

14 2. *a.* For students enrolled in grades kindergarten through
15 five, digital instruction shall not exceed sixty minutes per
16 school day.

17 *b.* The following uses shall not count toward the daily
18 limit:

19 (1) Use required pursuant to an individualized education
20 program or a plan developed pursuant to section 504 of the
21 federal Rehabilitation Act of 1973.

22 (2) Assistive or adaptive technology necessary to provide a
23 student access to instruction.

24 (3) Teacher-directed demonstrations using a projector,
25 smartboard, or similar display device when students are not
26 individually operating a digital device.

27 (4) State assessments and progress monitoring that requires
28 the use of a one-to-one digital device.

29 (5) Dedicated computer science and technology curriculum.

30 3. *a.* The board of directors of each school district shall
31 adopt a written technology use policy applicable to grades
32 kindergarten through five.

33 *b.* The policy shall include all of the following:

34 (1) The district's daily digital instruction limits.

35 (2) A list of digital platforms and applications used for

1 instruction.

2 (3) Notice of a parent's or guardian's right to request
3 additional reductions in the parent's or guardian's child's
4 digital instruction.

5 (4) A statement that instructional technology shall
6 support, and not supplant, foundational learning.

7 (5) A prohibition on the use of digital devices during
8 recess.

9 c. The policy shall be published on each elementary school's
10 internet site.

11 4. a. Prior to adopting or renewing a one-to-one digital
12 device program for any grade level, the board of directors of a
13 school district shall complete a technology adoption checklist
14 that documents consideration of all of the following:

15 (1) The instructional purpose of the device.

16 (2) Age appropriateness of the device and associated
17 software.

18 (3) Content-filtering limitations and the district's
19 capacity to mitigate those limitations.

20 (4) Whether student data is collected, stored, or shared,
21 and the nature of such data practices.

22 b. The checklist shall be retained by the board and made
23 available to the department of education upon request for audit
24 or compliance purposes.

25 c. Each school district shall make publicly available on the
26 district's internet site a list of one-to-one digital device
27 programs in use, and information regarding opt-out options for
28 parents who decline participation in digital instruction.

29 5. This section shall not apply to students enrolled in an
30 online learning program operating pursuant to section 256.43.

31 DIVISION VIII

32 PSYCHOLOGY INTERJURISDICTIONAL COMPACT

33 Sec. 26. NEW SECTION. 147M.1 Psychology interjurisdictional
34 compact.

35 The psychology interjurisdictional compact is enacted into

1 law and entered into by this state with all states legally
2 joining in the compact in the form substantially as follows:

3 1. *Article I — Purpose.*

4 a. The party states find that:

5 (1) States license psychologists, in order to protect
6 the public through verification of education, training,
7 and experience, and ensure accountability for professional
8 practice.

9 (2) This compact is intended to regulate the day-to-day
10 practice of telepsychology, in which psychological services are
11 provided using telecommunication technologies, by psychologists
12 across state boundaries in the performance of their
13 psychological practice as assigned by an appropriate authority.

14 (3) This compact is intended to regulate the temporary
15 in-person, face-to-face practice of psychology by psychologists
16 across state boundaries for thirty days within a calendar year
17 in the performance of their psychological practice as assigned
18 by an appropriate authority.

19 (4) This compact is intended to authorize state psychology
20 regulatory authorities to afford legal recognition, in a manner
21 consistent with the terms of the compact, to psychologists
22 licensed in another state.

23 (5) This compact recognizes that states have a vested
24 interest in protecting the public's health and safety through
25 their licensing and regulation of psychologists and that such
26 state regulation will best protect public health and safety.

27 (6) This compact does not apply when a psychologist is
28 licensed in both the home and receiving states.

29 (7) This compact does not apply to permanent in-person,
30 face-to-face practice, but it does allow for authorization of
31 temporary psychological practice.

32 b. Consistent with these principles, this compact is
33 designed to achieve the following purposes and objectives:

34 (1) Increase public access to professional psychological
35 services by allowing for telepsychological practice across

1 state lines as well as temporary in-person, face-to-face
2 services into a state in which the psychologist is not licensed
3 to practice psychology.

4 (2) Enhance the states' ability to protect the public's
5 health and safety, especially client-patient safety.

6 (3) Encourage the cooperation of compact states in the areas
7 of psychology licensure and regulation.

8 (4) Facilitate the exchange of information between compact
9 states regarding psychologist licensure, adverse actions, and
10 disciplinary history.

11 (5) Promote compliance with the laws governing
12 psychological practice in each compact state.

13 (6) Invest all compact states with the authority to
14 hold licensed psychologists accountable through the mutual
15 recognition of compact state licenses.

16 2. *Article II — Definitions.*

17 a. "Adverse action" means any action taken by a state
18 psychology regulatory authority which finds a violation
19 of a statute or regulation that is identified by the state
20 psychology regulatory authority as discipline and is a matter
21 of public record.

22 b. "Association of state and provincial psychology boards"
23 means the recognized membership organization composed of state
24 and provincial psychology regulatory authorities responsible
25 for the licensure and registration of psychologists throughout
26 the United States and Canada.

27 c. "Authority to practice interjurisdictional telepsychology"
28 means a licensed psychologist's authority to practice
29 telepsychology, within the limits authorized under this
30 compact, in another compact state.

31 d. "Bylaws" means those bylaws established by the psychology
32 interjurisdictional compact commission pursuant to article
33 X for its governance, or for directing and controlling its
34 actions and conduct.

35 e. "Client-patient" means the recipient of psychological

1 services, whether psychological services are delivered in the
2 context of health care, corporate, supervision, or consulting
3 services.

4 *f. "Commissioner"* means the voting representative appointed
5 by each state psychology regulatory authority pursuant to
6 article X.

7 *g. "Compact state"* means a state, the District of Columbia,
8 or United States territory that has enacted this compact
9 legislation and which has not withdrawn pursuant to article
10 XIII, or been terminated pursuant to article XII.

11 *h. "Confidentiality"* means the principle that data or
12 information is not made available or disclosed to unauthorized
13 persons or processes.

14 *i. "Coordinated licensure information system" or "coordinated
15 database"* means an integrated process for collecting, storing,
16 and sharing information on psychologists' licensure and
17 enforcement activities related to psychology licensure laws,
18 which is administered by the recognized membership organization
19 composed of state and provincial psychology regulatory
20 authorities.

21 *j. "Day"* means any part of a day in which psychological work
22 is performed.

23 *k. "Distant state"* means the compact state where a
24 psychologist is physically present, not through the use
25 of telecommunications technologies, to provide temporary
26 in-person, face-to-face psychological services.

27 *l. "E.Passport"* means a certificate issued by the
28 association of state and provincial psychology boards
29 that promotes the standardization in the criteria of
30 interjurisdictional telepsychology practice and facilitates the
31 process for licensed psychologists to provide telepsychological
32 services across state lines.

33 *m. "Executive board"* means a group of directors elected or
34 appointed to act on behalf of, and within the powers granted to
35 them by, the commission.

1 *n.* "*Home state*" means a compact state where a psychologist
2 is licensed to practice psychology. If the psychologist is
3 licensed in more than one compact state and is practicing
4 under the authorization to practice interjurisdictional
5 telepsychology, the home state is the compact state where the
6 psychologist is physically present when the telepsychological
7 services are delivered. If the psychologist is licensed
8 in more than one compact state and is practicing under the
9 temporary authorization to practice, the home state is any
10 compact state where the psychologist is licensed.

11 *o.* "*Identity history summary*" means a summary of information
12 retained by the federal bureau of investigation (FBI), or other
13 designee with similar authority, in connection with arrests
14 and, in some instances, federal employment, naturalization, or
15 military service.

16 *p.* "*In-person, face-to-face*" means interactions in which the
17 psychologist and the client-patient are in the same physical
18 space and which does not include interactions that may occur
19 through the use of telecommunication technologies.

20 *q.* "*Interjurisdictional practice certificate*" or "*IPC*"
21 means a certificate issued by the association of state and
22 provincial psychology boards that grants temporary authority
23 to practice based on notification to the state psychology
24 regulatory authority of intention to practice temporarily, and
25 verification of one's qualifications for such practice.

26 *r.* "*License*" means authorization by a state psychology
27 regulatory authority to engage in the independent practice of
28 psychology, which would be unlawful without the authorization.

29 *s.* "*Noncompact state*" means any state which is not at the
30 time a compact state.

31 *t.* "*Psychologist*" means an individual licensed for the
32 independent practice of psychology.

33 *u.* "*Psychology interjurisdictional compact commission*" or
34 "*commission*" means the national administration of which all
35 compact states are members.

1 *v.* "*Receiving state*" means a compact state where the
2 client-patient is physically located when the telepsychological
3 services are delivered.

4 *w.* "*Rule*" means a written statement by the psychology
5 interjurisdictional compact commission promulgated pursuant
6 to article XI that is of general applicability, implements,
7 interprets, or prescribes a policy or provision of this
8 compact, or an organizational, procedural, or practice
9 requirement of the commission and has the force and effect of
10 statutory law in a compact state, and includes the amendment,
11 repeal, or suspension of an existing rule.

12 *x.* "*Significant investigatory information*" means any of the
13 following:

14 (1) Investigative information that a state psychology
15 regulatory authority, after a preliminary inquiry that includes
16 notification and an opportunity to respond if required by state
17 law, has reason to believe, if proven true, would indicate more
18 than a violation of state statute or ethics code that would be
19 considered more substantial than a minor infraction.

20 (2) Investigative information that indicates that the
21 psychologist represents an immediate threat to public health
22 and safety regardless of whether the psychologist has been
23 notified or had an opportunity to respond.

24 *y.* "*State*" means a state, commonwealth, territory, or
25 possession of the United States, or the District of Columbia.

26 *z.* "*State psychology regulatory authority*" means the board,
27 office, or other agency with the legislative mandate to license
28 and regulate the practice of psychology.

29 *aa.* "*Telepsychology*" means the provision of psychological
30 services using telecommunication technologies.

31 *ab.* "*Temporary authorization to practice*" means a licensed
32 psychologist's authority to conduct temporary in-person,
33 face-to-face practice, within the limits authorized under this
34 compact, in another compact state.

35 *ac.* "*Temporary in-person, face-to-face practice*" means where

1 a psychologist is physically present, not through the use
2 of telecommunications technologies, in the distant state to
3 provide for the practice of psychology for thirty days within a
4 calendar year and based on notification to the distant state.

5 3. *Article III — Home state licensure.*

6 a. The home state shall be a compact state where a
7 psychologist is licensed to practice psychology.

8 b. A psychologist may hold one or more compact state
9 licenses at a time. If the psychologist is licensed in more
10 than one compact state, the home state is the compact state
11 where the psychologist is physically present when the services
12 are delivered as authorized by the authority to practice
13 interjurisdictional telepsychology under the terms of this
14 compact.

15 c. Any compact state may require a psychologist not
16 previously licensed in a compact state to obtain and retain
17 a license to be authorized to practice in the compact state
18 under circumstances not authorized by the authority to practice
19 interjurisdictional telepsychology under the terms of this
20 compact.

21 d. Any compact state may require a psychologist to obtain
22 and retain a license to be authorized to practice in a
23 compact state under circumstances not authorized by temporary
24 authorization to practice under the terms of this compact.

25 e. A home state's license authorizes a psychologist to
26 practice in a receiving state under the authority to practice
27 interjurisdictional telepsychology only if the compact state
28 meets all of the following requirements:

29 (1) Currently requires the psychologist to hold an active
30 E.Passport.

31 (2) Has a mechanism in place for receiving and investigating
32 complaints about licensed individuals.

33 (3) Notifies the commission, in compliance with the terms
34 herein, of any adverse action or significant investigatory
35 information regarding a licensed individual.

1 (4) Requires an identity history summary of all applicants
2 at initial licensure, including the use of the results of
3 fingerprints or other biometric data checks compliant with the
4 requirements of the federal bureau of investigation (FBI), or
5 other designee with similar authority, no later than ten years
6 after activation of the this compact.

7 (5) Complies with the bylaws and rules of the commission.

8 f. A home state's license grants temporary authorization
9 to practice to a psychologist in a distant state only if the
10 compact state meets all of the following requirements:

11 (1) Currently requires the psychologist to hold an active
12 IPC.

13 (2) Has a mechanism in place for receiving and investigating
14 complaints about licensed individuals.

15 (3) Notifies the commission, in compliance with the terms
16 herein, of any adverse action or significant investigatory
17 information regarding a licensed individual.

18 (4) Requires an identity history summary of all applicants
19 at initial licensure, including the use of the results of
20 fingerprints or other biometric data checks compliant with the
21 requirements of the federal bureau of investigation (FBI), or
22 other designee with similar authority, no later than ten years
23 after activation of this compact.

24 (5) Complies with the bylaws and rules of the commission.

25 4. *Article IV — Compact privilege to practice*
26 *telepsychology.*

27 a. Compact states shall recognize the right of a
28 psychologist, licensed in a compact state in conformance with
29 article III, to practice telepsychology in receiving states in
30 which the psychologist is not licensed, under the authority to
31 practice interjurisdictional telepsychology as provided in this
32 compact.

33 b. To exercise the authority to practice interjurisdictional
34 telepsychology under the terms and provisions of this compact,
35 a psychologist licensed to practice in a compact state shall

1 meet all of the following requirements:

2 (1) Hold a graduate degree in psychology from an institution
3 of higher education that was either of the following, at the
4 time the degree was awarded:

5 (a) Regionally accredited by an accrediting body recognized
6 by the United States department of education to grant graduate
7 degrees, or authorized by provincial statute or royal charter
8 to grant doctoral degrees.

9 (b) A foreign college or university deemed to be equivalent
10 to subparagraph (1), subparagraph division (a), by a foreign
11 credential evaluation service that is a member of the national
12 association of credential evaluation services or by a
13 recognized foreign credential evaluation service.

14 (2) Hold a graduate degree in psychology that meets all of
15 the following criteria:

16 (a) The program, wherever it may be administratively
17 housed, must be clearly identified and labeled as a
18 psychology program. Such a program must specify in pertinent
19 institutional catalogues and brochures its intent to educate
20 and train professional psychologists.

21 (b) The psychology program must stand as a recognizable,
22 coherent, organizational entity within the institution.

23 (c) There must be a clear authority and primary
24 responsibility for the core and specialty areas whether or not
25 the program cuts across administrative lines.

26 (d) The program must consist of an integrated, organized
27 sequence of study.

28 (e) There must be an identifiable psychology
29 faculty sufficient in size and breadth to carry out its
30 responsibilities.

31 (f) The designated director of the program must be a
32 psychologist and a member of the core faculty.

33 (g) The program must have an identifiable body of students
34 who are matriculated in that program for a degree.

35 (h) The program must include supervised practicum,

1 internship, or field training appropriate to the practice of
2 psychology.

3 (i) The curriculum shall encompass a minimum of three
4 academic years of full-time graduate study for doctoral degrees
5 and a minimum of one academic year of full-time graduate study
6 for master's degrees.

7 (j) The program includes an acceptable residency as defined
8 by the rules of the commission.

9 (3) Possess a current, full, and unrestricted license to
10 practice psychology in a home state which is a compact state.

11 (4) Have no history of adverse action that violates the
12 rules of the commission.

13 (5) Have no criminal record history reported on an identity
14 history summary that violates the rules of the commission.

15 (6) Possess a current, active E.Passport.

16 (7) Provide attestations in regard to areas of intended
17 practice, conformity with standards of practice, competence in
18 telepsychology technology; criminal background; and knowledge
19 and adherence to legal requirements in the home and receiving
20 states, and provide a release of information to allow for
21 primary source verification in a manner specified by the
22 commission.

23 (8) Meet other criteria as defined by the rules of the
24 commission.

25 *c.* The home state maintains authority over the license of
26 any psychologist practicing into a receiving state under the
27 authority to practice interjurisdictional telepsychology.

28 *d.* A psychologist practicing into a receiving state under
29 the authority to practice interjurisdictional telepsychology
30 shall be subject to the receiving state's scope of practice.
31 A receiving state may, in accordance with that state's due
32 process law, limit or revoke a psychologist's authority to
33 practice interjurisdictional telepsychology in the receiving
34 state and may take any other necessary actions under the
35 receiving state's applicable law to protect the health and

1 safety of the receiving state's citizens. If a receiving state
2 takes action, the state shall promptly notify the home state
3 and the commission.

4 e. If a psychologist's license in any home state or another
5 compact state, or any authority to practice interjurisdictional
6 telepsychology in any receiving state, is restricted,
7 suspended, or otherwise limited, the E.Passport shall be
8 revoked and the psychologist shall not be eligible to practice
9 telepsychology in a compact state under the authority to
10 practice interjurisdictional telepsychology.

11 5. *Article V — Compact temporary authorization to practice.*

12 a. Compact states shall also recognize the right of a
13 psychologist, licensed in a compact state in conformance with
14 article III, to practice temporarily in distant states in which
15 the psychologist is not licensed, as provided in this compact.

16 b. To exercise the temporary authorization to practice
17 under the terms and provisions of this compact, a psychologist
18 licensed to practice in a compact state shall meet all of the
19 following requirements:

20 (1) Hold a graduate degree in psychology from an institution
21 of higher education that was either of the following, at the
22 time the degree was awarded:

23 (a) Regionally accredited by an accrediting body recognized
24 by the United States department of education to grant graduate
25 degrees, or authorized by provincial statute or royal charter
26 to grant doctoral degrees.

27 (b) A foreign college or university deemed to be equivalent
28 to subparagraph (1), subparagraph division (a), by a foreign
29 credential evaluation service that is a member of the national
30 association of credential evaluation services or by a
31 recognized foreign credential evaluation service.

32 (2) Hold a graduate degree in psychology that meets all of
33 the following criteria:

34 (a) The program, wherever it may be administratively
35 housed, must be clearly identified and labeled as a

1 psychology program. Such a program must specify in pertinent
2 institutional catalogues and brochures its intent to educate
3 and train professional psychologists.

4 (b) The psychology program must stand as a recognizable,
5 coherent, organizational entity within the institution.

6 (c) There must be a clear authority and primary
7 responsibility for the core and specialty areas whether or not
8 the program cuts across administrative lines.

9 (d) The program must consist of an integrated, organized
10 sequence of study.

11 (e) There must be an identifiable psychology
12 faculty sufficient in size and breadth to carry out its
13 responsibilities.

14 (f) The designated director of the program must be a
15 psychologist and a member of the core faculty.

16 (g) The program must have an identifiable body of students
17 who are matriculated in that program for a degree.

18 (h) The program must include supervised practicum,
19 internship, or field training appropriate to the practice of
20 psychology.

21 (i) The curriculum shall encompass a minimum of three
22 academic years of full-time graduate study for doctoral degrees
23 and a minimum of one academic year of full-time graduate study
24 for master's degrees.

25 (j) The program includes an acceptable residency as defined
26 by the rules of the commission.

27 (3) Possess a current, full, and unrestricted license to
28 practice psychology in a home state which is a compact state.

29 (4) Have no history of adverse action that violates the
30 rules of the commission.

31 (5) Have no criminal record history that violates the rules
32 of the commission.

33 (6) Possess a current, active IPC.

34 (7) Provide attestations in regard to areas of intended
35 practice and work experience and provide a release of

1 information to allow for primary source verification in a
2 manner specified by the commission.

3 (8) Meet other criteria as defined by the rules of the
4 commission.

5 c. A psychologist practicing into a distant state under the
6 temporary authorization to practice shall practice within the
7 scope of practice authorized by the distant state.

8 d. A psychologist practicing into a distant state under the
9 temporary authorization to practice shall be subject to the
10 distant state's authority and law. A distant state may, in
11 accordance with that state's due process law, limit or revoke
12 a psychologist's temporary authorization to practice in the
13 distant state and may take any other necessary actions under
14 the distant state's applicable law to protect the health and
15 safety of the distant state's citizens. If a distant state
16 takes action, the state shall promptly notify the home state
17 and the commission.

18 e. If a psychologist's license in any home state, another
19 compact state, or any temporary authorization to practice in
20 any distant state, is restricted, suspended, or otherwise
21 limited, the IPC shall be revoked and the psychologist shall
22 not be eligible to practice in a compact state under the
23 temporary authorization to practice.

24 6. *Article VI — Conditions of telepsychology practice in a*
25 *receiving state.* A psychologist may practice in a receiving
26 state under the authority to practice interjurisdictional
27 telepsychology only in the performance of the scope of
28 practice for psychology as assigned by an appropriate state
29 psychology regulatory authority, as defined in the rules of the
30 commission, and under the following circumstances:

31 a. The psychologist initiates a client-patient contact
32 in a home state via telecommunications technologies with a
33 client-patient in a receiving state.

34 b. Other conditions regarding telepsychology as determined
35 by rules promulgated by the commission.

1 7. *Article VII — Adverse actions.*

2 a. A home state shall have the power to impose adverse
3 action against a psychologist's license issued by the home
4 state. A distant state shall have the power to take adverse
5 action on a psychologist's temporary authorization to practice
6 within that distant state.

7 b. A receiving state may take adverse action on a
8 psychologist's authority to practice interjurisdictional
9 telepsychology within that receiving state. A home state may
10 take adverse action against a psychologist based on an adverse
11 action taken by a distant state regarding temporary in-person,
12 face-to-face practice.

13 c. If a home state takes adverse action against a
14 psychologist's license, that psychologist's authority to
15 practice interjurisdictional telepsychology is terminated and
16 the E.Passport is revoked. Furthermore, that psychologist's
17 temporary authorization to practice is terminated and the IPC
18 is revoked.

19 (1) All home state disciplinary orders which impose adverse
20 action shall be reported to the commission in accordance with
21 the rules promulgated by the commission. A compact state shall
22 report adverse actions in accordance with the rules of the
23 commission.

24 (2) In the event discipline is reported on a psychologist,
25 the psychologist shall not be eligible for telepsychology or
26 temporary in-person, face-to-face practice in accordance with
27 the rules of the commission.

28 (3) Other actions may be imposed as determined by the rules
29 promulgated by the commission.

30 d. A home state's psychology regulatory authority shall
31 investigate and take appropriate action with respect to
32 reported inappropriate conduct engaged in by a licensee which
33 occurred in a receiving state as it would if such conduct had
34 occurred by a licensee within the home state. In such cases,
35 the home state's law shall control in determining any adverse

1 action against a psychologist's license.

2 e. A distant state's psychology regulatory authority
3 shall investigate and take appropriate action with respect to
4 reported inappropriate conduct engaged in by a psychologist
5 practicing under temporary authorization to practice which
6 occurred in that distant state as it would if such conduct
7 had occurred by a licensee within the home state. In such
8 cases, the distant state's law shall control in determining any
9 adverse action against a psychologist's temporary authorization
10 to practice.

11 f. Nothing in this compact shall override a compact state's
12 decision that a psychologist's participation in an alternative
13 program may be used in lieu of adverse action and that such
14 participation shall remain nonpublic if required by the compact
15 state's law. Compact states shall require psychologists who
16 enter any alternative programs to not provide telepsychology
17 services under the authority to practice interjurisdictional
18 telepsychology or provide temporary psychological services
19 under the temporary authorization to practice in any other
20 compact state during the term of the alternative program.

21 g. No other judicial or administrative remedies shall
22 be available to a psychologist in the event a compact state
23 imposes an adverse action pursuant to paragraph "c".

24 8. *Article VIII — Additional authorities invested in a*
25 *compact state's psychology regulatory authority.* In addition
26 to any other powers granted under state law, a compact state's
27 psychology regulatory authority shall have the authority under
28 this compact to do all of the following:

29 a. Issue subpoenas, for both hearings and investigations,
30 which require the attendance and testimony of witnesses and
31 the production of evidence. Subpoenas issued by a compact
32 state's psychology regulatory authority for the attendance
33 and testimony of witnesses or the production of evidence from
34 another compact state shall be enforced in the latter state by
35 any court of competent jurisdiction, according to that court's

1 practice and procedure in considering subpoenas issued in its
2 own proceedings. The issuing state psychology regulatory
3 authority shall pay any witness fees, travel expenses, mileage,
4 and other fees required by the service statutes of the state
5 where the witnesses or evidence are located.

6 *b.* Issue cease and desist or injunctive relief
7 orders to revoke a psychologist's authority to practice
8 interjurisdictional telepsychology or temporary authorization
9 to practice.

10 *c.* During the course of any investigation, a psychologist
11 may not change the psychologist's home state licensure. A
12 home state psychology regulatory authority is authorized to
13 complete any pending investigations of a psychologist and
14 to take any actions appropriate under its law. The home
15 state psychology regulatory authority shall promptly report
16 the conclusions of such investigations to the commission.
17 Once an investigation has been completed, and pending the
18 outcome of said investigation, the psychologist may change the
19 psychologist's home state licensure. The commission shall
20 promptly notify the new home state of any such decisions as
21 provided in the rules of the commission. All information
22 provided to the commission or distributed by compact states
23 pursuant to the psychologist shall be confidential, filed under
24 seal, and used for investigatory or disciplinary matters.
25 The commission may create additional rules for mandated or
26 discretionary sharing of information by compact states.

27 9. *Article IX — Coordinated licensure information system.*

28 *a.* The commission shall provide for the development and
29 maintenance of a coordinated licensure information system and
30 reporting system containing licensure and disciplinary action
31 information on all psychologists individuals to whom this
32 compact is applicable in all compact states as defined by the
33 rules of the commission.

34 *b.* Notwithstanding any other provision of state law to the
35 contrary, a compact state shall submit a uniform data set to

1 the coordinated database on all licensees as required by the
2 rules of the commission, including all of the following:

3 (1) Identifying information.

4 (2) Licensure data.

5 (3) Significant investigatory information.

6 (4) Adverse actions against a psychologist's license.

7 (5) An indicator that a psychologist's authority to
8 practice interjurisdictional telepsychology or temporary
9 authorization to practice is revoked.

10 (6) Nonconfidential information related to alternative
11 program participation information.

12 (7) Any denial of application for licensure, and the reasons
13 for such denial.

14 (8) Other information which may facilitate the
15 administration of this compact, as determined by the rules of
16 the commission.

17 *c.* The coordinated database administrator shall promptly
18 notify all compact states of any adverse action taken against,
19 or significant investigative information on, any licensee in a
20 compact state.

21 *d.* Compact states reporting information to the coordinated
22 database may designate information that may not be shared with
23 the public without the express permission of the compact state
24 reporting the information.

25 *e.* Any information submitted to the coordinated database
26 that is subsequently required to be expunged by the law of the
27 compact state reporting the information shall be removed from
28 the coordinated database.

29 10. *Article X — Establishment of the psychology*
30 *interjurisdictional compact commission.*

31 *a.* The compact states hereby create and establish a joint
32 public agency known as the psychology interjurisdictional
33 compact commission.

34 (1) The commission is a body politic and an instrumentality
35 of the compact states.

1 (2) Venue is proper and judicial proceedings by or against
2 the commission shall be brought solely and exclusively in a
3 court of competent jurisdiction where the principal office of
4 the commission is located. The commission may waive venue and
5 jurisdictional defenses to the extent it adopts or consents to
6 participate in alternative dispute resolution proceedings.

7 (3) Nothing in this compact shall be construed to be a
8 waiver of sovereign immunity.

9 *b. Membership, voting, and meetings.*

10 (1) The commission shall consist of one voting
11 representative appointed by each compact state who shall serve
12 as that state's commissioner. The state psychology regulatory
13 authority shall appoint its delegate. This delegate shall be
14 empowered to act on behalf of the compact state. This delegate
15 shall be limited to one of the following:

16 (a) The executive director, executive secretary, or similar
17 executive.

18 (b) A current member of the state psychology regulatory
19 authority of a compact state.

20 (c) A designee empowered with the appropriate delegate
21 authority to act on behalf of the compact state.

22 (2) Any commissioner may be removed or suspended from office
23 as provided by the law of the state from which the commissioner
24 is appointed. Any vacancy occurring in the commission shall
25 be filled in accordance with the laws of the compact state in
26 which the vacancy exists.

27 (3) Each commissioner shall be entitled to one vote with
28 regard to the promulgation of rules and creation of bylaws
29 and shall otherwise have an opportunity to participate in
30 the business and affairs of the commission. A commissioner
31 shall vote in person or by such other means as provided
32 in the bylaws. The bylaws may provide for commissioners'
33 participation in meetings by telephone or other means of
34 communication.

35 (4) The commission shall meet at least once during each

1 calendar year. Additional meetings shall be held as set forth
2 in the bylaws.

3 (5) All meetings shall be open to the public, and public
4 notice of meetings shall be given in the same manner as
5 required under the rulemaking provisions in article XI.

6 (6) The commission may convene in a closed, nonpublic
7 meeting if the commission must discuss any of the following:

8 (a) Noncompliance of a compact state with its obligations
9 under this compact.

10 (b) The employment, compensation, discipline, or other
11 personnel matters, practices, or procedures related to specific
12 employees or other matters related to the commission's internal
13 personnel practices and procedures.

14 (c) Current, threatened, or reasonably anticipated
15 litigation against the commission.

16 (d) Negotiation of contracts for the purchase or sale of
17 goods, services, or real estate.

18 (e) Accusation against any person of a crime or formal
19 censure of any person.

20 (f) Disclosure of trade secrets or commercial or financial
21 information which is privileged or confidential.

22 (g) Disclosure of information of a personal nature where
23 disclosure would constitute a clearly unwarranted invasion of
24 personal privacy.

25 (h) Disclosure of investigatory records compiled for law
26 enforcement purposes.

27 (i) Disclosure of information related to any investigatory
28 reports prepared by or on behalf of or for use of the
29 commission or other committee charged with responsibility for
30 investigation or determination of compliance issues pursuant
31 to the compact.

32 (j) Matters specifically exempted from disclosure by
33 federal and state statute.

34 (7) If a meeting, or portion of a meeting, is closed
35 pursuant to subparagraph (6), the commission's legal counsel or

1 designee shall certify that the meeting may be closed and shall
2 reference each relevant exempting provision. The commission
3 shall keep minutes which fully and clearly describe all matters
4 discussed in a meeting and shall provide a full and accurate
5 summary of actions taken, of any person participating in the
6 meeting, and the reasons therefore, including a description of
7 the views expressed. All documents considered in connection
8 with an action shall be identified in such minutes. All
9 minutes and documents of a closed meeting shall remain under
10 seal, subject to release only by a majority vote of the
11 commission or order of a court of competent jurisdiction.

12 c. The commission shall, by a majority vote of the
13 commissioners, prescribe bylaws or rules to govern its conduct
14 as may be necessary or appropriate to carry out the purposes
15 and exercise the powers of this compact, including but not
16 limited to or providing for all of the following:

17 (1) Establishing the fiscal year of the commission.

18 (2) Providing reasonable standards and procedures for all
19 of the following:

20 (a) The establishment and meetings of other committees.

21 (b) Governing any general or specific delegation of any
22 authority or function of the commission.

23 (3) Providing reasonable procedures for calling and
24 conducting meetings of the commission, ensuring reasonable
25 advance notice of all meetings and providing an opportunity
26 for attendance of such meetings by interested parties,
27 with enumerated exceptions designed to protect the public's
28 interest, the privacy of individuals of such proceedings,
29 and proprietary information, including trade secrets. The
30 commission may meet in closed session only after a majority
31 of the commissioners vote to close a meeting to the public in
32 whole or in part. As soon as practicable, the commission shall
33 make public a copy of the vote to close the meeting revealing
34 the vote of each commissioner with no proxy votes allowed.

35 (4) Establishing the titles, duties, and authority and

1 reasonable procedures for the election of the officers of the
2 commission.

3 (5) Providing reasonable standards and procedures for the
4 establishment of the personnel policies and programs of the
5 commission. Notwithstanding any civil service or other similar
6 law of any compact state, the bylaws shall exclusively govern
7 the personnel policies and programs of the commission.

8 (6) Promulgating a code of ethics to address permissible and
9 prohibited activities of commission members and employees.

10 (7) Providing a mechanism for concluding the operations of
11 the commission and the equitable disposition of any surplus
12 funds that may exist after the termination of the compact after
13 the payment or reserving of all of its debts and obligations.

14 (8) The commission shall publish its bylaws in a convenient
15 form and file a copy thereof and a copy of any amendment
16 thereto, with the appropriate agency or officer in each of the
17 compact states.

18 (9) The commission shall maintain its financial records in
19 accordance with the bylaws.

20 (10) The commission shall meet and take such actions as are
21 consistent with the provisions of this compact and the bylaws.

22 *d.* The commission shall have all of the following powers:

23 (1) The authority to promulgate uniform rules to facilitate
24 and coordinate implementation and administration of this
25 compact. The rules shall have the force and effect of law and
26 shall be binding in all compact states.

27 (2) To bring and prosecute legal proceedings or actions in
28 the name of the commission, provided that the standing of any
29 state psychology regulatory authority or other regulatory body
30 responsible for psychology licensure to sue or be sued under
31 applicable law shall not be affected.

32 (3) To purchase and maintain insurance and bonds.

33 (4) To borrow, accept, or contract for services of
34 personnel, including but not limited to employees of a compact
35 state.

1 (5) To hire employees, elect or appoint officers, fix
2 compensation, define duties, grant such individuals appropriate
3 authority to carry out the purposes of the compact, and to
4 establish the commission's personnel policies and programs
5 relating to conflicts of interest, qualifications of personnel,
6 and other related personnel matters.

7 (6) To accept any and all appropriate donations and grants
8 of money, equipment, supplies, materials and services, and to
9 receive, utilize, and dispose of the same; provided that at all
10 times the commission shall strive to avoid any appearance of
11 impropriety or conflict of interest.

12 (7) To lease, purchase, accept appropriate gifts or
13 donations of, or otherwise to own, hold, improve, or use,
14 any property, real, personal, or mixed; provided that at all
15 times the commission shall strive to avoid any appearance of
16 impropriety.

17 (8) To sell, convey, mortgage, pledge, lease, exchange,
18 abandon, or otherwise dispose of any property real, personal,
19 or mixed.

20 (9) To establish a budget and make expenditures.

21 (10) To borrow money.

22 (11) To appoint committees, including advisory committees
23 comprised of members, state regulators, state legislators or
24 their representatives, and consumer representatives, and such
25 other interested persons as may be designated in this compact
26 and the bylaws.

27 (12) To provide and receive information from, and to
28 cooperate with, law enforcement agencies.

29 (13) To adopt and use an official seal.

30 (14) To perform such other functions as may be necessary or
31 appropriate to achieve the purposes of this compact consistent
32 with the state regulation of psychology licensure, temporary
33 in-person, face-to-face practice, and telepsychology practice.

34 e. The executive board.

35 (1) The elected officers shall serve as the executive board,

1 which shall have the power to act on behalf of the commission
2 according to the terms of this compact.

3 (2) The executive board shall be comprised of the following
4 six members:

5 (a) Five voting members who are elected from the current
6 membership of the commission by the commission.

7 (b) One ex officio, nonvoting member from the recognized
8 membership organization composed of state and provincial
9 psychology regulatory authorities.

10 (3) The ex officio member must have served as staff or
11 member on a state psychology regulatory authority and shall be
12 selected by its respective organization.

13 (4) The commission may remove any member of the executive
14 board as provided in the bylaws.

15 (5) The executive board shall meet at least annually.

16 (6) The executive board shall have all of the following
17 duties and responsibilities:

18 (a) Recommend to the entire commission changes to the rules
19 or bylaws, changes to this compact legislation, fees paid by
20 compact states such as annual dues, and any other applicable
21 fees.

22 (b) Ensure compact administration services are
23 appropriately provided, contractual or otherwise.

24 (c) Prepare and recommend the budget.

25 (d) Maintain financial records on behalf of the commission.

26 (e) Monitor compact compliance of member states and provide
27 compliance reports to the commission.

28 (f) Establish additional committees as necessary.

29 (g) Other duties as provided in the rules or bylaws.

30 *f.* Financing of the commission.

31 (1) The commission shall pay, or provide for the payment of,
32 the reasonable expenses of its establishment, organization, and
33 ongoing activities.

34 (2) The commission may accept any and all appropriate
35 revenue sources, donations and grants of money, equipment,

1 supplies, materials, and services.

2 (3) The commission may levy on and collect an annual
3 assessment from each compact state or impose fees on other
4 parties to cover the cost of the operations and activities of
5 the commission and its staff which must be in a total amount
6 sufficient to cover its annual budget as approved each year
7 for which revenue is not provided by other sources. The
8 aggregate annual assessment amount shall be allocated based
9 upon a formula to be determined by the commission which shall
10 promulgate a rule binding upon all compact states.

11 (4) The commission shall not incur obligations of any kind
12 prior to securing the funds adequate to meet the same; nor
13 shall the commission pledge the credit of any of the compact
14 states, except by and with the authority of the compact state.

15 (5) The commission shall keep accurate accounts of all
16 receipts and disbursements. The receipts and disbursements of
17 the commission shall be subject to the audit and accounting
18 procedures established under its bylaws. However, all receipts
19 and disbursements of funds handled by the commission shall be
20 audited yearly by a certified or licensed public accountant and
21 the report of the audit shall be included in and become part of
22 the annual report of the commission.

23 *g. Qualified immunity, defense, and indemnification.*

24 (1) The members, officers, executive director, employees,
25 and representatives of the commission shall be immune from suit
26 and liability, either personally or in their official capacity,
27 for any claim for damage to or loss of property or personal
28 injury or other civil liability caused by or arising out of any
29 actual or alleged act, error, or omission that occurred, or
30 that the person against whom the claim is made had a reasonable
31 basis for believing occurred within the scope of commission
32 employment, duties, or responsibilities; provided that nothing
33 in this subparagraph shall be construed to protect any such
34 person from suit or liability for any damage, loss, injury,
35 or liability caused by the intentional or willful or wanton

1 misconduct of that person.

2 (2) The commission shall defend any member, officer,
3 executive director, employee, or representative of the
4 commission in any civil action seeking to impose liability
5 arising out of any actual or alleged act, error, or omission
6 that occurred within the scope of commission employment,
7 duties, or responsibilities, or that the person against
8 whom the claim is made had a reasonable basis for believing
9 occurred within the scope of commission employment, duties, or
10 responsibilities; provided that nothing in this subparagraph
11 shall be construed to prohibit that person from retaining the
12 person's own counsel; and provided further, that the actual
13 or alleged act, error, or omission did not result from that
14 person's intentional or willful or wanton misconduct.

15 (3) The commission shall indemnify and hold harmless
16 any member, officer, executive director, employee, or
17 representative of the commission for the amount of any
18 settlement or judgment obtained against that person arising
19 out of any actual or alleged act, error, or omission that
20 occurred within the scope of commission employment, duties,
21 or responsibilities, or that such person had a reasonable
22 basis for believing occurred within the scope of commission
23 employment, duties, or responsibilities, provided that the
24 actual or alleged act, error, or omission did not result from
25 the intentional or willful or wanton misconduct of that person.

26 11. *Article XI — Rulemaking.*

27 a. The commission shall exercise its rulemaking powers
28 pursuant to the criteria set forth in this article XI and the
29 rules adopted under this article XI. Rules and amendments
30 shall become binding as of the date specified in each rule or
31 amendment.

32 b. If a majority of the legislatures of the compact states
33 rejects a rule, by enactment of a statute or resolution in the
34 same manner used to adopt this compact, then such rule shall
35 have no further force and effect in any compact state.

1 *c.* Rules or amendments to the rules shall be adopted at a
2 regular or special meeting of the commission.

3 *d.* Prior to promulgation and adoption of a final rule or
4 rules by the commission, and at least sixty days in advance
5 of the meeting at which the rule will be considered and voted
6 upon, the commission shall file a notice of proposed rulemaking
7 on both of the following:

8 (1) On the internet site of the commission.

9 (2) On the internet site of each compact state's psychology
10 regulatory authority or the publication in which each state
11 would otherwise publish proposed rules.

12 *e.* The notice of proposed rulemaking shall include all of
13 the following:

14 (1) The proposed time, date, and location of the meeting in
15 which the rule will be considered and voted upon.

16 (2) The text of the proposed rule or amendment and the
17 reason for the proposed rule.

18 (3) A request for comments on the proposed rule from any
19 interested person.

20 (4) The manner in which interested persons may submit notice
21 to the commission of their intention to attend the public
22 hearing and any written comments.

23 *f.* Prior to adoption of a proposed rule, the commission
24 shall allow persons to submit written data, facts, opinions,
25 and arguments, which shall be made available to the public.

26 *g.* The commission shall grant an opportunity for a public
27 hearing before it adopts a rule or amendment if a hearing is
28 requested by any of the following:

29 (1) At least twenty-five persons who submit comments
30 independently of each other.

31 (2) A governmental subdivision or agency.

32 (3) A duly appointed person in an association that has at
33 least twenty-five members.

34 *h.* If a hearing is held on the proposed rule or amendment,
35 the commission shall publish the place, time, and date of the

1 scheduled public hearing.

2 (1) All persons wishing to be heard at the hearing shall
3 notify the executive director of the commission or other
4 designated member in writing of their desire to appear and
5 testify at the hearing not less than five business days before
6 the scheduled date of the hearing.

7 (2) Hearings shall be conducted in a manner providing each
8 person who wishes to comment a fair and reasonable opportunity
9 to comment orally or in writing.

10 (3) No transcript of the hearing is required, unless
11 a written request for a transcript is made, in which case
12 the person requesting the transcript shall bear the cost of
13 producing the transcript. A recording may be made in lieu of a
14 transcript under the same terms and conditions as a transcript.
15 This subparagraph shall not preclude the commission from making
16 a transcript or recording of the hearing if it so chooses.

17 (4) Nothing in this article shall be construed as requiring
18 a separate hearing on each rule. Rules may be grouped for the
19 convenience of the commission at hearings required by this
20 article.

21 *i.* Following the scheduled hearing date, or by the close
22 of business on the scheduled hearing date if the hearing was
23 not held, the commission shall consider all written and oral
24 comments received.

25 *j.* The commission shall, by majority vote of all members,
26 take final action on the proposed rule and shall determine the
27 effective date of the rule, if any, based on the rulemaking
28 record and the full text of the rule.

29 *k.* If no written notice of intent to attend the public
30 hearing by interested parties is received, the commission may
31 proceed with promulgation of the proposed rule without a public
32 hearing.

33 *l.* Upon determination that an emergency exists, the
34 commission may consider and adopt an emergency rule without
35 prior notice, opportunity for comment, or hearing, provided

1 that the usual rulemaking procedures provided in this compact
2 and in this article shall be retroactively applied to the rule
3 as soon as reasonably possible, in no event later than ninety
4 days after the effective date of the rule. For the purposes of
5 this paragraph, an emergency rule is one that must be adopted
6 immediately in order to address any of the following:

7 (1) Meet an imminent threat to public health, safety, or
8 welfare.

9 (2) Prevent a loss of commission or compact state funds.

10 (3) Meet a deadline for the promulgation of an
11 administrative rule that is established by federal law or rule.

12 (4) Protect public health and safety.

13 *m.* The commission or an authorized committee of the
14 commission may direct revisions to a previously adopted rule
15 or amendment for purposes of correcting typographical errors,
16 errors in format, errors in consistency, or grammatical errors.
17 Public notice of any revisions shall be posted on the website
18 of the commission. The revision shall be subject to challenge
19 by any person for a period of thirty days after posting. The
20 revision may be challenged only on grounds that the revision
21 results in a material change to a rule. A challenge shall be
22 made in writing, and delivered to the chair of the commission
23 prior to the end of the notice period. If no challenge is
24 made, the revision will take effect without further action. If
25 the revision is challenged, the revision shall not take effect
26 without the approval of the commission.

27 12. *Article XII — Oversight, dispute resolution, and*
28 *enforcement.*

29 *a. Oversight.*

30 (1) The executive, legislative, and judicial branches
31 of state government in each compact state shall enforce this
32 compact and take all actions necessary and appropriate to
33 effectuate this compact's purposes and intent. The provisions
34 of this compact and the rules promulgated under this compact
35 shall have standing as statutory law.

1 (2) All courts shall take judicial notice of this compact
2 and the rules in any judicial or administrative proceeding in a
3 compact state pertaining to the subject matter of this compact
4 which may affect the powers, responsibilities, or actions of
5 the commission.

6 (3) The commission shall be entitled to receive service
7 of process in any such proceeding, and shall have standing to
8 intervene in such a proceeding for all purposes. Failure to
9 provide service of process to the commission shall render a
10 judgment or order void as to the commission, this compact, or
11 promulgated rules.

12 *b. Default, technical assistance, and termination.*

13 (1) If the commission determines that a compact state
14 has defaulted in the performance of its obligations or
15 responsibilities under this compact or the promulgated rules,
16 the commission shall do all of the following:

17 (a) Provide written notice to the defaulting state and other
18 compact states of the nature of the default, the proposed means
19 of remedying the default, or any other action to be taken by
20 the commission.

21 (b) Provide remedial training and specific technical
22 assistance regarding the default.

23 (2) If a state in default fails to remedy the default, the
24 defaulting state may be terminated from this compact upon an
25 affirmative vote of a majority of the compact states, and all
26 rights, privileges, and benefits conferred by this compact
27 shall be terminated on the effective date of termination. A
28 remedy of the default does not relieve the offending state
29 of obligations or liabilities incurred during the period of
30 default.

31 (3) Termination of membership in this compact shall be
32 imposed only after all other means of securing compliance have
33 been exhausted. Notice of intent to suspend or terminate shall
34 be submitted by the commission to the governor, the majority
35 and minority leaders of the defaulting state's legislature, and

1 each of the compact states.

2 (4) A compact state which has been terminated is
3 responsible for all assessments, obligations, and liabilities
4 incurred through the effective date of termination, including
5 obligations which extend beyond the effective date of
6 termination.

7 (5) The commission shall not bear any costs incurred by
8 the state which is found to be in default or which has been
9 terminated from this compact, unless agreed upon in writing
10 between the commission and the defaulting state.

11 (6) The defaulting state may appeal the action of the
12 commission by petitioning the United States district court for
13 the state of Georgia or the federal district where the compact
14 has its principal offices. The prevailing member shall be
15 awarded all costs of such litigation, including reasonable
16 attorney fees.

17 *c. Dispute resolution.*

18 (1) Upon request by a compact state, the commission shall
19 attempt to resolve disputes related to this compact which arise
20 among compact states and between compact and noncompact states.

21 (2) The commission shall promulgate a rule providing for
22 both mediation and binding dispute resolution for disputes that
23 arise before the commission.

24 *d. Enforcement.*

25 (1) The commission, in the reasonable exercise of its
26 discretion, shall enforce the provisions and rules of this
27 compact.

28 (2) By majority vote, the commission may initiate legal
29 action in the United States district court for the state
30 of Georgia or the federal district where the compact has
31 its principal offices against a compact state in default to
32 enforce compliance with the provisions of the compact and its
33 promulgated rules and bylaws. The relief sought may include
34 both injunctive relief and damages. In the event judicial
35 enforcement is necessary, the prevailing member shall be

1 awarded all costs of such litigation, including reasonable
2 attorney's fees.

3 (3) The remedies in this article shall not be the exclusive
4 remedies of the commission. The commission may pursue any
5 other remedies available under federal or state law.

6 13. *Article XIII — Date of implementation of the psychology*
7 *interjurisdictional compact commission and associated rules,*
8 *withdrawal, and amendments.*

9 a. This compact shall come into effect on the date on which
10 the compact is enacted into law in the seventh compact state.
11 The provisions which become effective at that time shall be
12 limited to the powers granted to the commission relating to
13 assembly and the promulgation of rules. Thereafter, the
14 commission shall meet and exercise rulemaking powers necessary
15 to the implementation and administration of this compact.

16 b. Any state which joins the compact subsequent to the
17 commission's initial adoption of the rules shall be subject
18 to the rules as they exist on the date on which the compact
19 becomes law in that state. Any rule which has been previously
20 adopted by the commission shall have the full force and effect
21 of law on the day the compact becomes law in that state.

22 c. Any compact state may withdraw from this compact by
23 enacting a statute repealing the compact.

24 (1) A compact state's withdrawal shall not take effect until
25 six months after enactment of the repealing statute.

26 (2) Withdrawal shall not affect the continuing requirement
27 of the withdrawing state's psychology regulatory authority to
28 comply with the investigative and adverse action reporting
29 requirements of this compact prior to the effective date of
30 withdrawal.

31 d. Nothing contained in this compact shall be construed to
32 invalidate or prevent any psychology licensure agreement or
33 other cooperative arrangement between a compact state and a
34 noncompact state which does not conflict with the provisions of
35 this compact.

1 e. This compact may be amended by the compact states. No
2 amendment to this compact shall become effective and binding
3 upon any compact state until it is enacted into the law of all
4 compact states.

5 14. *Article XIV — Construction and severability.* This
6 compact shall be liberally construed so as to effectuate the
7 purposes thereof. If this compact shall be held contrary to
8 the constitution of any compact state, the compact shall remain
9 in full force and effect as to the remaining compact states.

10 DIVISION IX

11 EDUCATIONAL REQUIREMENTS

12 Sec. 27. LEGISLATIVE INTENT. It is the intent of the
13 general assembly to do all of the following:

14 1. Prioritize and expand children's participation in youth
15 sports and active play.

16 2. Promote the physical, mental, and civic benefits of daily
17 movement, exercise, and good nutrition.

18 Sec. 28. Section 256.9, Code 2026, is amended by adding the
19 following new subsection:

20 NEW SUBSECTION. 80. Develop and distribute to school
21 districts, charter schools, and innovation zone schools a model
22 cocurricular or extracurricular activity contract that, if
23 executed, would satisfy a school district's, charter school's,
24 or innovation zone school's responsibilities under section
25 279.89.

26 Sec. 29. Section 256.11, subsection 3, paragraph a,
27 subparagraph (6), Code 2026, is amended to read as follows:

28 (6) Physical education. Each student shall be required to
29 participate in physical education for at least thirty minutes
30 during each school day. The physical education curriculum
31 shall include an assessment of the physical fitness of students
32 who are physically able using the presidential physical fitness
33 test.

34 Sec. 30. Section 256.11, subsection 4, paragraph a,
35 subparagraph (8), Code 2026, is amended to read as follows:

1 (8) Physical education. Each student shall be required to
2 participate in physical education for at least thirty minutes
3 during each school day. The physical education curriculum
4 shall include an assessment of the physical fitness of students
5 who are physically able using the presidential physical fitness
6 test.

7 Sec. 31. Section 256.11, subsection 5, paragraph g, Code
8 2026, is amended to read as follows:

9 g. (1) All students physically able shall be required
10 to participate in a minimum of one-eighth unit of physical
11 education activities during each semester they are enrolled in
12 school except as otherwise provided in this paragraph. The
13 physical education activities must satisfy all of the following
14 requirements:

15 (a) Emphasize leisure time activities which will benefit
16 the student outside the school environment and after graduation
17 from high school.

18 (b) Include an assessment of the physical fitness of
19 students who are physically able using the presidential
20 physical fitness test.

21 (2) (a) A student who meets the requirements of this
22 ~~paragraph~~ subparagraph shall be excused from the physical
23 education activities requirement under subparagraph (1) by the
24 principal of the school in which the student is enrolled if
25 the parent or guardian of the student requests in writing that
26 the student be excused from the physical education activities
27 requirement. A student who wishes to be excused from the
28 physical education activities requirement must be seeking to be
29 excused in order to enroll in academic courses not otherwise
30 available to the student, or be enrolled or participating in
31 any of the following:

32 (a) (i) A work-based learning program or other educational
33 program authorized by the school which requires the student to
34 leave the school premises for specified periods of time during
35 the school day.

1 ~~(b)~~ (ii) An activity that is sponsored by the school in
2 which the student is enrolled which requires at least as much
3 physical activity per week as one-eighth unit of physical
4 education activities.

5 ~~(2)~~ (b) The principal of the school shall inform the
6 superintendent of the school district or nonpublic school that
7 the student has been excused. ~~Physical education activities~~
8 ~~shall emphasize leisure time activities which will benefit the~~
9 ~~student outside the school environment and after graduation~~
10 ~~from high school.~~

11 (3) A student who is enrolled in a junior reserve officers'
12 training corps shall not be required to participate in physical
13 education activities under subparagraph (1) or to meet the
14 physical activity requirements of subsection 6, paragraph
15 "b", subparagraph (2), but shall receive one-eighth unit of
16 physical education activities credit for each semester, or the
17 equivalent, of junior reserve officers' training corps the
18 student completes.

19 Sec. 32. Section 256.11, subsection 6, paragraph b,
20 subparagraph (1), Code 2026, is amended to read as follows:

21 (1) ~~All~~ In addition to the physical education curriculum
22 required under subsection 3, physically able students in
23 kindergarten through grade five shall be required to engage in
24 a physical activity for a minimum of ~~thirty~~ one hundred twenty
25 minutes per school-day week.

26 Sec. 33. Section 256.11, subsection 6, paragraph b, Code
27 2026, is amended by adding the following new subparagraph:

28 NEW SUBPARAGRAPH. (02) All physically able students in
29 grades six through eight shall be required to engage in a
30 physical activity for a a minimum of one hundred twenty minutes
31 per week.

32 Sec. 34. Section 256E.7, subsection 2, paragraph h, Code
33 2026, is amended by adding the following new subparagraph:

34 NEW SUBPARAGRAPH. (02) The educational standards of
35 section 256.11 relating to the physical education and physical

1 activity requirements for students enrolled in grades one
2 through twelve.

3 Sec. 35. Section 256E.7, subsection 2, Code 2026, is amended
4 by adding the following new paragraph:

5 NEW PARAGRAPH. *Os.* Be subject to and comply with
6 the requirements of section 279.89 relating to required
7 participation of students enrolled in grades nine through
8 twelve in at least one cocurricular or extracurricular activity
9 as a condition of graduation.

10 Sec. 36. Section 256F.4, subsection 2, Code 2026, is amended
11 by adding the following new paragraphs:

12 NEW PARAGRAPH. *Oq.* Be subject to and comply with the
13 requirements of section 256.11 relating to the physical
14 education and physical activity requirements for students
15 enrolled in grades one through twelve in the same manner as a
16 school district.

17 NEW PARAGRAPH. *Os.* Be subject to and comply with
18 the requirements of section 279.89 relating to required
19 participation of students enrolled in grades nine through
20 twelve in at least one cocurricular or extracurricular activity
21 as a condition of graduation.

22 Sec. 37. NEW SECTION. **279.89 Required participation in a**
23 **cocurricular or extracurricular activity.**

24 1. For purposes of this section:

25 *a.* "Cocurricular activity" means any school-supervised
26 activity that occurs outside of the traditional classroom
27 setting and that complements the regular curriculum.

28 "Cocurricular activity" includes but is not limited to all of
29 the following:

30 (1) Student government.

31 (2) Theater.

32 (3) Yearbook.

33 (4) Involvement with the national FFA organization.

34 (5) Competitive mathematics.

35 *b.* "Extracurricular activity" means any school-supervised

1 activity that occurs outside of the traditional classroom
2 setting and that does not directly complement the regular
3 curriculum. *“Extracurricular activity”* includes but is not
4 limited to all of the following:

- 5 (1) Athletic contests or competitions.
- 6 (2) Dance.
- 7 (3) Band.
- 8 (4) Show choir.
- 9 (5) Robotics.
- 10 (6) Debate.
- 11 (7) Scouting programs.
- 12 (8) Youth groups.

13 2. *a.* The board of directors of each school district
14 shall require that all students enrolled in grades nine
15 through twelve participate in at least one cocurricular or
16 extracurricular activity as a condition of graduation.

17 *b.* The board of directors of each school district shall
18 require all students participating in a cocurricular or
19 extracurricular activity pursuant to paragraph *“a”*, the
20 student’s parent or guardian, and the principal of the
21 attendance center that the student attends to enter into
22 a cocurricular or extracurricular activity contract that
23 describes the activity in which the student will participate,
24 an estimate of the amount of time the student will devote to
25 the activity each week, and when such activity takes place
26 during the school year.

27 3. The state board of education shall adopt rules pursuant
28 to chapter 17A to administer this section.

29 Sec. 38. STATE MANDATE FUNDING SPECIFIED. In accordance
30 with section 25B.2, subsection 3, the state cost of requiring
31 compliance with any state mandate included in this division
32 of this Act shall be paid by a school district from state
33 school foundation aid received by the school district under
34 section 257.16. This specification of the payment of the state
35 cost shall be deemed to meet all of the state funding-related

S-5062 (Continued)

1 requirements of section 25B.2, subsection 3, and no additional
2 state funding shall be necessary for the full implementation of
3 this division of this Act by and enforcement of this division
4 of this Act against all affected school districts.>

5 2. Title page, by striking lines 1 through 3 and inserting
6 <An Act relating to health-related matters, including
7 health-related professions, nutrition, medication, and
8 education, and including applicability provisions.>

By KARA WARME

[S-5062](#) FILED MARCH 4, 2026

SENATE FILE 2394

S-5064

- 1 Amend Senate File 2394 as follows:
- 2 1. Page 1, by striking lines 9 through 15 and inserting:
- 3 <1. The department shall coordinate with the institute
- 4 for transportation at the Iowa state university of science
- 5 and technology to oversee a statewide urban design and
- 6 specifications board that is responsible for developing the
- 7 statewide urban design standards and specifications. The board
- 8 shall publish a design manual and a specifications manual on
- 9 an internet site of the Iowa state university of science and
- 10 technology.>
- 11 2. Page 1, after line 19 by inserting:
- 12 <b. Two members appointed by the American council of
- 13 engineering companies.>
- 14 3. Page 1, line 20, by striking <b.> and inserting <c.>
- 15 4. Page 1, line 20, by striking <Two members> and inserting
- 16 <One member>
- 17 5. Page 1, line 22, by striking <c.> and inserting <d.>
- 18 6. Page 1, line 22, by striking <Two members> and inserting
- 19 <One member>
- 20 7. Page 1, line 23, by striking <d.> and inserting <e.>
- 21 8. Page 1, line 23, by striking <Two members> and inserting
- 22 <One member>
- 23 9. Page 1, line 25, by striking <e.> and inserting <f.>
- 24 10. Page 1, line 27, by striking <f.> and inserting <g.>
- 25 11. Page 1, line 28, by striking <g.> and inserting <h.>
- 26 12. Page 1, line 29, by striking <h.> and inserting <i.>
- 27 13. Page 1, line 31, by striking <i.> and inserting <j.>
- 28 14. Page 1, line 33, by striking <j.> and inserting <k.>
- 29 15. Page 1, after line 34 by inserting:
- 30 <l. One member appointed by the Iowa state building and
- 31 construction trades council.
- 32 3. Each member of the board appointed by the director,
- 33 the American council of engineering companies, the Iowa state
- 34 association of counties, or the Iowa league of cities must be a
- 35 professional engineer licensed under chapter 542B.>

S-5064 (Continued)

- 1 16. Page 1, line 35, by striking <3.> and inserting <4.>
2 17. Page 2, line 3, by striking <4.> and inserting <5.>
3 18. Page 2, line 9, by striking <5.> and inserting <6.>
4 19. Page 2, line 10, by striking <department's> and
5 inserting <Iowa state university of science and technology's>
6 20. Page 2, line 15, by striking <6.> and inserting <7.>
7 21. Page 2, by striking lines 16 through 26.
8 22. By striking page 2, line 29, through page 3, line 2, and
9 inserting:
10 <NEW SUBSECTION. 24. a. Prior to a city council approving
11 a city street project that does not match the department of
12 transportation's design standards and specifications, the
13 person responsible for managing the project shall submit
14 a report to the city council describing the costs for the
15 project that will be incurred as a result of the project not
16 matching the department of transportation's design standards
17 and specifications.
18 b. A city shall not modify the approved project design
19 standards and specifications after a project has begun.>
20 23. Title page, by striking lines 1 through 4 and
21 inserting <An Act relating to project design standards and
22 specifications, including by providing for a statewide urban
23 design and specifications board and requiring certain reports
24 to city councils regarding noncompliant projects.>
25 24. By renumbering as necessary.

By SCOTT WEBSTER

S-5064 FILED MARCH 4, 2026

SENATE FILE 2416

S-5055

1 Amend Senate File 2416 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. Section 232.68, subsection 3, paragraph a, Code
5 2026, is amended to read as follows:

6 a. (1) "Interview" means either of the following:

7 (a) A verbal exchange between the child protection worker
8 and the child for the purpose of developing information
9 necessary to protect the child.

10 (b) A verbal exchange between a forensic interviewer at
11 a child protection center or a child advocacy center and the
12 child for the purpose of developing information necessary to
13 protect the child.

14 (2) A child protection worker or a forensic interviewer at
15 a child protection center or a child advocacy center is not
16 precluded from recording visible evidence of abuse.

17 Sec. 2. Section 232.71B, subsection 3, paragraph b, Code
18 2026, is amended to read as follows:

19 b. If a report is determined not to constitute a child
20 abuse allegation or if the child abuse report is accepted
21 but assessed under the family assessment, but a criminal act
22 harming a child is alleged, the department shall immediately
23 refer the matter to the appropriate law enforcement agency. If
24 a child abuse allegation is referred to law enforcement and the
25 child's parent, legal guardian, or legal custodian does not
26 give permission to enter the child's home, to interview the
27 child, or to observe the child, the court or district court
28 upon a showing of probable cause may authorize entry into the
29 child's home, an interview with the child, or observation of
30 the child.>

By JEFF REICHMAN

S-5055 FILED MARCH 4, 2026

ADOPTED

SENATE FILE 2421

S-5060

1 Amend Senate File 2421 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <DIVISION I

5 HEALTH INSURANCE TRADE PRACTICES

6 Section 1. Section 514F.8, Code 2026, is amended by adding
7 the following new subsection:

8 NEW SUBSECTION. 2A. A utilization review organization may
9 use an artificial intelligence-based algorithm or system to
10 provide an initial review of a request for prior authorization,
11 except that, for a prior authorization request for a health
12 care service based on medical necessity, a utilization review
13 organization shall not use an artificial intelligence-based
14 algorithm or system as the sole basis for the utilization
15 review organization's decision to deny, delay, or downgrade the
16 prior authorization request.

17 Sec. 2. NEW SECTION. 514F.8C Utilization review
18 organizations — audits.

19 1. As used in this section, unless the context otherwise
20 requires:

21 a. "Audit" means a review, investigation, or request for
22 additional documentation by a utilization review organization
23 before or after issuing payment on a claim to a health care
24 provider.

25 b. "Commissioner" means the commissioner of insurance.

26 c. "Health care provider" means the same as defined in
27 section 514F.8.

28 d. "Health carrier" means the same as defined in Section
29 514F.8.

30 e. "Utilization review organization" means the same as
31 defined in section 514F.8.

32 2. a. A utilization review organization that conducts an
33 audit shall notify the health care provider that submitted
34 the claim of the initiation of the audit no later than
35 fifteen calendar days after the date the utilization review

1 organization selects the claim for audit.

2 *b.* A utilization review organization shall complete an audit
3 of a claim and issue a determination on the claim to the health
4 care provider that submitted the claim no later than forty-five
5 calendar days after the date that the utilization review
6 organization receives all requested documentation regarding the
7 claim from the health care provider.

8 *c.* A health care provider that submitted a claim that is
9 the subject of an audit by a utilization review organization
10 that receives an adverse determination regarding the claim may
11 appeal the adverse determination no later than thirty calendar
12 days after the date the health care provider receives the audit
13 determination.

14 *d.* A utilization review organization shall consider an
15 appeal under paragraph "*c*" and issue a final determination
16 on the claim that is the subject of the appeal no later than
17 thirty calendar days after the date the utilization review
18 organization receives notice of the appeal.

19 *e.* If, after a hearing, the commissioner finds that a
20 utilization review organization has violated this subsection,
21 the claim shall be approved by the utilization review
22 organization and promptly paid, including interest at the rate
23 of ten percent per annum.

24 3. *a.* This section applies to the following classes of
25 third-party payment provider contracts, policies, or plans
26 delivered, issued for delivery, continued, or renewed in this
27 state on or after January 1, 2027:

28 (1) Individual or group accident and sickness insurance
29 providing coverage on an expense-incurred basis.

30 (2) An individual or group hospital or medical service
31 contract issued pursuant to chapter 509, 514, or 514A.

32 (3) An individual or group health maintenance organization
33 contract regulated under chapter 514B.

34 (4) A plan established for public employees pursuant to
35 chapter 509A.

1 *b.* This section shall not apply to accident-only, specified
2 disease, short-term hospital or medical, hospital confinement
3 indemnity, credit, dental, vision, Medicare supplement,
4 long-term care, basic hospital and medical-surgical expense
5 coverage as defined by the commissioner of insurance,
6 disability income insurance coverage, coverage issued as a
7 supplement to liability insurance, workers' compensation or
8 similar insurance, or automobile medical payment insurance.

9 4. The commissioner may adopt rules pursuant to chapter 17A
10 to administer and enforce this section.

11 5. *a.* This section shall apply to an audit initiated on or
12 after January 1, 2027.

13 *b.* This section shall not apply to a claim that is under
14 active fraud investigation by a state or federal authority.

15 *c.* This section shall not apply to a federal program where
16 audits are mandated by federal law.

17 Sec. 3. NEW SECTION. 514F.8D **Health carriers — standards**
18 **of conduct.**

19 1. As used in this section, unless the context otherwise
20 requires:

21 *a.* "Health care provider" means the same as defined in
22 section 514J.102.

23 *b.* "Health carrier" means the same as defined in section
24 514F.8.

25 2. A health carrier shall not impose on a health care
26 provider, directly or indirectly, any financial penalty,
27 reimbursement reduction, or administrative fee, or terminate a
28 health care provider's participation in the health carrier's
29 network, based on the health care provider's referral to, or
30 affiliation with, an out-of-network health care provider.

31 3. A health carrier shall not interfere with, or participate
32 in any capacity in, a health care provider's decisions
33 regarding staffing and referrals, except as otherwise provided
34 by law.

35 4. A health carrier shall not offer, attempt to enforce,

1 or enforce an agreement, or an amendment to an agreement, with
2 a health care provider without providing an opportunity for
3 negotiation.

4 5. The commissioner may adopt rules pursuant to chapter 17A
5 to administer and enforce this section.

6 DIVISION II

7 PRIOR AUTHORIZATIONS

8 Sec. 4. NEW SECTION. 514F.8A Prior authorizations — peer
9 review.

10 1. For purposes of this section, unless the context
11 otherwise requires:

12 a. "*Clinical peer*" means a health care professional that
13 meets all of the following requirements:

14 (1) The health care professional practices in the same or
15 similar specialty as the health care provider that requested
16 a prior authorization.

17 (2) The health care professional has experience managing
18 the specific medical condition or administering the health care
19 service that is the subject of the prior authorization request.

20 (3) The health care professional is employed by or
21 contracted with the utilization review organization or health
22 carrier to which a health care provider submitted a request for
23 prior authorization.

24 b. "*Covered person*" means the same as defined in section
25 514F.8.

26 c. "*Downgrade*" means a decision by a utilization review
27 organization to change an expedited or urgent request for prior
28 authorization to a standard determination, or otherwise modify
29 a health care service that is the subject of a request for
30 prior authorization to a lower-level health care service.

31 d. "*Health care professional*" means the same as defined in
32 section 514J.102.

33 e. "*Health care provider*" means the same as defined in
34 section 514F.8.

35 f. "*Health care services*" means the same as defined in

1 section 514F.8.

2 *g.* "Health carrier" means the same as defined in section
3 514F.8.

4 *h.* "Physician" means a doctor of medicine and surgery, or
5 a doctor of osteopathic medicine and surgery, licensed under
6 chapter 148.

7 *i.* "Prior authorization" means the same as defined in
8 section 514F.8.

9 *j.* "Qualified reviewer" means a physician that meets all of
10 the following requirements:

11 (1) The physician practices in the same or a similar
12 specialty as the health care provider that requested a prior
13 authorization.

14 (2) The physician has the training and expertise to treat
15 the specific medical condition that is the subject of a
16 request for prior authorization, including sufficient knowledge
17 to determine whether the health care service that is the
18 subject of the request is medically necessary or clinically
19 appropriate.

20 (3) The physician is employed by or contracted with the
21 utilization review organization to which a health care provider
22 submitted a request for prior authorization.

23 *k.* "Utilization review organization" means the same as
24 defined in section 514F.8.

25 2. A utilization review organization shall not deny or
26 downgrade a request for prior authorization unless all of the
27 following requirements are met:

28 *a.* The decision to deny or downgrade the request is made by
29 either of the following:

30 (1) A qualified reviewer, if the health care provider
31 requesting prior authorization is a physician.

32 (2) A clinical peer, if the health care provider requesting
33 prior authorization is not a physician.

34 *b.* The utilization review organization provides the health
35 care provider that requested the prior authorization all of the

1 following:

2 (1) A written statement that cites the specific reasons
3 for the denial or downgrade, including any coverage criteria
4 or limits, or clinical criteria, that the utilization review
5 organization considered or that was the basis for the denial
6 or downgrade. The written statement must be signed by either
7 of the following:

8 (a) The qualified reviewer that made the denial or downgrade
9 determination if the health care provider that requested prior
10 authorization is a physician.

11 (b) The clinical peer that made the denial or downgrade
12 determination if the health care provider that requested prior
13 authorization is not a physician.

14 (2) A written explanation of the utilization review
15 organization's appeals process. The utilization review
16 organization shall also provide the written explanation to the
17 covered person for whom prior authorization was requested.

18 (3) A written attestation that is either of the following:

19 (a) If the health care provider that requested prior
20 authorization is a physician, a written attestation that
21 the qualified reviewer who made the denial or downgrade
22 determination practices in the same or a similar specialty as
23 the health care provider, and has the requisite training and
24 expertise to treat the medical condition that is the subject
25 of the request for prior authorization, including sufficient
26 knowledge to determine whether the health care service is
27 medically necessary or clinically appropriate. The attestation
28 shall include the qualified reviewer's name, national provider
29 identifier, state medical license number, board certifications,
30 specialty expertise, and educational background.

31 (b) If the health care provider that requested prior
32 authorization is not a physician, a written attestation
33 that the clinical peer who made the denial or downgrade
34 determination practices in the same or a similar specialty as
35 the health care provider, and the clinical peer has experience

1 managing the specific medical condition or administering
2 the health care service that is the subject of the request
3 for prior authorization. The attestation shall include the
4 clinical peer's name, national provider identifier, state
5 medical license number, board certifications, specialty
6 expertise, and educational background.

7 3. At the request of the requesting health care provider, a
8 utilization review organization that denies a request for prior
9 authorization shall, no later than seven business days after
10 the date that the utilization review organization notifies
11 the requesting health care provider of the denial, conduct a
12 consultation either in person or remotely, as follows:

13 a. Between the health care provider and a qualified reviewer
14 if the health care provider requesting prior authorization is a
15 physician.

16 b. Between the health care provider and a clinical peer if
17 the health care provider requesting prior authorization is not
18 a physician.

19 4. a. If a utilization review organization's decision to
20 deny or downgrade a request for prior authorization is appealed
21 by the requesting health care provider or covered person, the
22 appeal shall be conducted by either of the following:

23 (1) A qualified reviewer if the health care provider
24 requesting prior authorization is a physician.

25 (2) A clinical peer if the health care provider requesting
26 prior authorization is not a physician.

27 b. A qualified reviewer or clinical peer involved in the
28 initial denial or downgrade determination of a request for
29 prior authorization that is the subject of an appeal shall not
30 conduct the appeal.

31 c. When conducting an appeal of a request for prior
32 authorization, the qualified reviewer or clinical peer shall
33 consider the known clinical aspects of the health care services
34 under review, including but not limited to medical records
35 relevant to the covered person's medical condition who is

1 the subject of the health care services for which prior
2 authorization is requested, and any relevant medical literature
3 submitted by the health care provider as part of the appeal.

4 5. This section applies to requests for prior authorization
5 made on or after January 1, 2027.

6 6. *a.* This section applies to the following classes of
7 third-party payment provider contracts, policies, or plans
8 delivered, issued for delivery, continued, or renewed in this
9 state on or after January 1, 2027:

10 (1) Individual or group accident and sickness insurance
11 providing coverage on an expense-incurred basis.

12 (2) An individual or group hospital or medical service
13 contract issued pursuant to chapter 509, 514, or 514A.

14 (3) An individual or group health maintenance organization
15 contract regulated under chapter 514B.

16 (4) A plan established for public employees pursuant to
17 chapter 509A.

18 *b.* This section shall not apply to accident-only, specified
19 disease, short-term hospital or medical, hospital confinement
20 indemnity, credit, dental, vision, Medicare supplement,
21 long-term care, basic hospital and medical-surgical expense
22 coverage as defined by the commissioner of insurance,
23 disability income insurance coverage, coverage issued as a
24 supplement to liability insurance, workers' compensation or
25 similar insurance, or automobile medical payment insurance.

26 7. The commissioner of insurance may adopt rules pursuant to
27 chapter 17A to administer this section.

28 **Sec. 5. NEW SECTION. 514F.8B Prior authorizations —**
29 **exemptions.**

30 1. For purposes of this section:

31 *a.* "*Covered person*" means the same as defined in section
32 514F.8.

33 *b.* "*Health benefit plan*" means the same as defined in
34 section 514J.102.

35 *c.* "*Health care professional*" means the same as defined in

1 section 514J.102.

2 *d.* "Health carrier" means the same as defined in section
3 514F.8.

4 *e.* "Prior authorization" means the same as defined in
5 section 514F.8.

6 *f.* "Utilization review" means the same as defined in section
7 514F.4, subsection 3.

8 2. A health carrier shall not require prior authorization
9 for, or impose additional utilization review requirements on, a
10 covered person for any of the following:

11 *a.* A cancer-related screening if the cancer-related
12 screening is recommended by the covered person's health care
13 professional based on the most recently updated national
14 comprehensive cancer network clinical practice guidelines in
15 oncology which are designated as category 2A or lower.

16 *b.* Diagnosis and treatment of an emergency medical condition
17 that develops or becomes evident in a covered person while
18 the covered person is receiving inpatient care that meets
19 inpatient care standards, if the emergency medical condition
20 is reasonably determined by a health care professional to be a
21 life-threatening condition unless the covered person receives
22 immediate assessment and treatment.

23 3. This section applies to all of the following:

24 *a.* Health benefit plans delivered, issued for delivery,
25 continued, or renewed in this state on or after January 1,
26 2027.

27 *b.* Requests for prior authorization for a cancer-related
28 screening, if the screening is recommended by the covered
29 person's health care professional based on the most recently
30 updated national comprehensive cancer network clinical practice
31 guidelines in oncology designated as category 2A or lower, and
32 is made on or after January 1, 2027.

33 *c.* Requests for prior authorization for the diagnosis and
34 treatment of an emergency medical condition that develops or
35 becomes evident in a covered person while the covered person is

1 receiving inpatient care that meets inpatient care standards,
2 if the emergency medical condition is reasonably determined by
3 a health care professional to be a life-threatening condition
4 unless the covered person receives immediate assessment and
5 treatment if the request is made on or after January 1, 2027.

6 4. a. This section applies to the following classes of
7 third-party payment provider contracts, policies, or plans
8 delivered, issued for delivery, continued, or renewed in this
9 state on or after January 1, 2027:

10 (1) Individual or group accident and sickness insurance
11 providing coverage on an expense-incurred basis.

12 (2) An individual or group hospital or medical service
13 contract issued pursuant to chapter 509, 514, or 514A.

14 (3) An individual or group health maintenance organization
15 contract regulated under chapter 514B.

16 (4) A plan established for public employees pursuant to
17 chapter 509A.

18 b. This section shall not apply to accident-only, specified
19 disease, short-term hospital or medical, hospital confinement
20 indemnity, credit, dental, vision, Medicare supplement,
21 long-term care, basic hospital and medical-surgical expense
22 coverage as defined by the commissioner of insurance,
23 disability income insurance coverage, coverage issued as a
24 supplement to liability insurance, workers' compensation or
25 similar insurance, or automobile medical payment insurance.

26 5. The commissioner of insurance may adopt rules pursuant to
27 chapter 17A to administer this section.

28 Sec. 6. NEW SECTION. 514F.8E Enforcement.

29 The remedy for noncompliance with section 514F.8, 514F.8A,
30 514F.8B, 514F.8C, or 514F.8D shall be those remedies authorized
31 by chapters 505 and 507B pursuant to the procedures set forth
32 in sections 507B.6, 507B.7, and 507B.8. Upon a finding of
33 a pattern or practice of noncompliance with sections 514F.8,
34 514F.8A, 514F.8B, 514F.8C, or 514F.8D, the commissioner of
35 insurance may also suspend a utilization review organization's

1 authority to conduct utilization review.

2 DIVISION III

3 PRIOR AUTHORIZATIONS — MEDICAL ASSISTANCE PROGRAM

4 Sec. 7. NEW SECTION. 249A.5 Prior authorization —
5 exemptions.

6 1. For purposes of this section, unless the context
7 otherwise requires:

8 a. "*Emergency medical condition*" means the same as defined
9 in 42 C.F.R. §438.114.

10 b. "*Managed care organization*" means an entity acting
11 pursuant to a contract with the department to administer the
12 medical assistance program.

13 c. "*Prior authorization*" means any process used by the
14 department or a managed care organization to determine if,
15 before a health care service is furnished to a recipient, the
16 service is covered or medically necessary.

17 d. "*Utilization review*" means a set of formal techniques
18 used to monitor or evaluate the medical necessity,
19 appropriateness, or efficiency of a health care service.

20 2. The department, or a managed care organization, shall
21 not require prior authorization for, or impose additional
22 utilization review requirements on, a recipient for any of the
23 following:

24 a. A cancer-related screening recommended for the recipient
25 by the recipient's provider in accordance with the most
26 recently updated national comprehensive cancer network clinical
27 practice guidelines in oncology which are designated as
28 category 2A or lower.

29 b. The diagnosis and treatment of an emergency medical
30 condition that develops or becomes evident in a recipient
31 while the recipient is receiving inpatient care that
32 meets inpatient care standards, if the emergency medical
33 condition is reasonably determined by a provider to present a
34 life-threatening risk unless the recipient receives immediate
35 assessment and treatment.

1 3. This section applies to all of the following:

2 a. All contracts between the department and a managed
3 care organization that are delivered, issued for delivery,
4 continued, extended, or renewed on or after January 1, 2027.

5 b. All requests for prior authorization made on or after
6 January 1, 2027.

7 4. The department may adopt rules pursuant to chapter 17A to
8 administer this section.

9 Sec. 8. NEW SECTION. 514I.13 Prior authorizations —
10 exemptions.

11 1. For purposes of this section:

12 a. "*Emergency medical condition*" means the same as defined
13 in 42 C.F.R. §438.114.

14 b. "*Health care professional*" means a person licensed or
15 certified under the laws of this state to provide health care
16 services to an eligible child.

17 c. "*Managed care organization*" means an entity acting
18 pursuant to a contract with the department to administer the
19 Hawki program.

20 d. "*Prior authorization*" means any process used by the
21 department or a managed care organization to determine if,
22 before a health care service is furnished to an eligible child,
23 the service is covered or medically necessary.

24 e. "*Utilization review*" means a set of formal techniques
25 used to monitor or evaluate the medical necessity,
26 appropriateness, or efficiency of a health care service.

27 2. The department, or a managed care organization, shall
28 not require prior authorization for, or impose additional
29 utilization review requirements on, an eligible child for any
30 of the following:

31 a. A cancer-related screening recommended for the eligible
32 child by the eligible child's health care professional
33 in accordance with the most recently updated national
34 comprehensive cancer network clinical practice guidelines in
35 oncology which are designated as category 2A or lower.

1 (2) If the new institutional health facility involves
2 the use of a leased building, the market value of the leased
3 building shall be used when calculating the value of completing
4 construction, development, or other establishment under
5 subparagraph (1).

6 *b.* Relocation of an institutional health facility.

7 *c.* ~~Any A~~ capital expenditure, lease, or donation by ~~or on~~
8 ~~behalf of~~ an institutional health facility in excess of ~~one~~
9 ~~million five hundred thousand dollars~~ the following amount
10 within a consecutive twelve-month period:

11 (1) Beginning on or after January 1, 2027, and before
12 December 31, 2031, four million dollars.

13 (2) Beginning on or after January 1, 2032, and before
14 December 31, 2036, four million five hundred thousand dollars.

15 (3) Beginning on or after January 1, 2037, five million
16 dollars.

17 *d.* A permanent change in the bed capacity, as determined
18 by the department, of an institutional health facility. For
19 purposes of this paragraph, a change is permanent if it is
20 intended to be effective for one year or more.

21 ~~*e.* Any expenditure in excess of five hundred thousand~~
22 ~~dollars by or on behalf of an institutional health facility for~~
23 ~~health services which are or will be offered in or through an~~
24 ~~institutional health facility at a specific time but which were~~
25 ~~not offered on a regular basis in or through that institutional~~
26 ~~health facility within the twelve-month period prior to that~~
27 ~~time.~~

28 ~~*f.* The deletion of one or more health services, previously~~
29 ~~offered on a regular basis by an institutional health facility~~
30 ~~or health maintenance organization or the relocation of one or~~
31 ~~more health services from one physical facility to another.~~

32 ~~*g.* Any acquisition by or on behalf of a health care provider~~
33 ~~or a group of health care providers of any piece of replacement~~
34 ~~equipment with a value in excess of one million five hundred~~
35 ~~thousand dollars, whether acquired by purchase, lease, or~~

1 ~~donation.~~

2 ~~*h. e.*~~ (1) Any acquisition by or on behalf of a health
3 care provider or group of health care providers of any piece of
4 equipment ~~with a value in excess of one million five hundred~~
5 ~~thousand dollars~~, whether acquired by purchase, lease, or
6 donation, which results in the offering or development of a
7 health service not previously provided that has a value in
8 excess of the following amount:

9 (a) Beginning on or after January 1, 2027, and before
10 December 31, 2031, four million dollars.

11 (b) Beginning on or after January 1, 2032, and before
12 December 31, 2036, four million five hundred thousand dollars.

13 (c) Beginning on or after January 1, 2037, five million
14 dollars.

15 (2) A mobile health service provided on a contract basis
16 is not considered to have been previously provided by a health
17 care provider or group of health care providers.

18 ~~*i.*~~ Any acquisition by or on behalf of an institutional
19 health facility or a health maintenance organization of any
20 piece of replacement equipment with a value in excess of one
21 million five hundred thousand dollars, whether acquired by
22 purchase, lease, or donation.

23 ~~*j. f.*~~ (1) Any acquisition by or on behalf of an
24 institutional health facility or health maintenance
25 organization of any piece of equipment ~~with a value in excess~~
26 ~~of one million five hundred thousand dollars~~, whether acquired
27 by purchase, lease, or donation, which results in the offering
28 or development of a health service not previously provided that
29 has a value in excess of the following amount:

30 (a) Beginning on or after January 1, 2027, and before
31 December 31, 2031, four million dollars.

32 (b) Beginning on or after January 1, 2032, and before
33 December 31, 2036, four million five hundred thousand dollars.

34 (c) Beginning on or after January 1, 2037, five million
35 dollars.

1 (2) A mobile health service provided on a contract basis
2 is not considered to have been previously provided by an
3 institutional health facility.

4 ~~k. Any air transportation service for transportation of~~
5 ~~patients or medical personnel offered through an institutional~~
6 ~~health facility at a specific time but which was not offered~~
7 ~~on a regular basis in or through that institutional health~~
8 ~~facility within the twelve-month period prior to the specific~~
9 ~~time.~~

10 ~~i. g.~~ Any A mobile health service with a value in excess of
11 one four million five hundred thousand dollars.

12 ~~m.~~ Any of the following:

13 ~~(1) Cardiac catheterization service.~~

14 ~~(2) Open heart surgical service.~~

15 ~~(3) Organ transplantation service.~~

16 ~~(4) Radiation therapy service applying ionizing radiation~~
17 ~~for the treatment of malignant disease using megavoltage~~
18 ~~external beam equipment.~~

19 Sec. 12. Section 135.62, subsection 1, Code 2026, is amended
20 to read as follows:

21 1. a. A new institutional health service or changed
22 institutional health service shall not be offered or developed
23 in this state without prior application to the department
24 for, and receipt of, a certificate of need, pursuant to this
25 subchapter.

26 b. The application shall be made ~~upon~~ on forms furnished or
27 prescribed by the department and shall contain ~~such~~ information
28 as required by the department ~~may require under this subchapter~~
29 by rule adopted pursuant to chapter 17A.

30 c. (1) The application shall be accompanied by a fee
31 equivalent to three-tenths of one percent of the anticipated
32 cost of the project with a minimum fee of six hundred dollars
33 and a maximum fee of twenty-one thousand dollars. The fee
34 shall be remitted by the department to the treasurer of state,
35 ~~who shall place it~~ for deposit in the general fund of the

1 state. An applicant for a new institutional health service or
2 a changed institutional health service offered or developed by
3 an intermediate care facility for persons with an intellectual
4 disability or an intermediate care facility for persons with
5 mental illness, as each of those terms are defined in section
6 135C.1, shall not be required to pay the application fee.

7 (2) If an application is voluntarily withdrawn within
8 thirty calendar days after submission, seventy-five percent
9 of the application fee shall be refunded; ~~if the application~~
10 ~~is voluntarily withdrawn more than thirty but within sixty~~
11 ~~days after submission, fifty percent of the application fee~~
12 ~~shall be refunded; if the application is withdrawn voluntarily~~
13 ~~more than sixty days after submission, twenty-five percent of~~
14 ~~the application fee shall be refunded. Notwithstanding the~~
15 ~~required payment of an application fee under this subsection,~~
16 ~~an applicant for a new institutional health service or a~~
17 ~~changed institutional health service offered or developed by~~
18 ~~an intermediate care facility for persons with an intellectual~~
19 ~~disability or an intermediate care facility for persons with~~
20 ~~mental illness as defined pursuant to section 135C.1 is exempt~~
21 ~~from payment of the application fee.~~

22 Sec. 13. Section 135.62, subsection 2, paragraphs a and e,
23 Code 2026, are amended to read as follows:

24 a. Private offices and private clinics of an individual
25 physician, dentist, or other practitioner or group of
26 health care providers, except as provided by section 135.61,
27 subsection 16, paragraphs "g", "h", and "m" paragraph "e", and
28 section 135.61, subsections 2 and 18.

29 e. A health maintenance organization or combination of
30 health maintenance organizations or an institutional health
31 facility controlled directly or indirectly by a health
32 maintenance organization or combination of health maintenance
33 organizations, except when the health maintenance organization
34 or combination of health maintenance organizations does any of
35 the following:

1 (1) Constructs, develops, renovates, relocates, or
2 otherwise establishes an institutional health facility.

3 (2) Acquires major medical equipment as provided by section
4 135.61, subsection 16, ~~paragraphs "i" and "j"~~ paragraph "f".

5 Sec. 14. Section 135.62, subsection 2, paragraph h,
6 subparagraph (2), Code 2026, is amended to read as follows:

7 (2) If these conditions are not met, the institutional
8 health facility or health maintenance organization is subject
9 to ~~review as a "new institutional health service" or "changed~~
10 ~~institutional health service"~~ under section 135.61, subsection
11 16, paragraph "f", and is subject to sanctions under section
12 135.72.

13 Sec. 15. Section 135.62, subsection 2, Code 2026, is amended
14 by adding the following new paragraphs:

15 NEW PARAGRAPH. r. An organized outpatient health
16 facility that provides behavioral health services as defined
17 by the department by rule, including but not limited to
18 substitution-based treatment centers for opiate addiction.

19 NEW PARAGRAPH. s. Open heart surgical services.

20 NEW PARAGRAPH. t. Organ transplantation services.

21 NEW PARAGRAPH. u. Radiation therapy services.

22 NEW PARAGRAPH. v. Cardiac catheterization services.

23 Sec. 16. Section 135.63, subsection 2, paragraph b, Code
24 2026, is amended by striking the paragraph.

25 Sec. 17. Section 135.65, subsections 1 and 2, Code 2026, are
26 amended to read as follows:

27 1. a. Within fifteen business days ~~after receipt of the~~
28 date the department receives an application for a certificate
29 of need, the department shall examine the application for form
30 and completeness and accept or reject it. An application
31 shall be rejected only if it fails to provide all information
32 required by the department pursuant to section 135.62,
33 subsection 1. The department shall ~~promptly return to the~~
34 ~~applicant any a~~ rejected application, to the applicant with an
35 explanation of the reasons for its rejection.

1 b. Within thirty calendar days of the date the department
2 sends a rejected application to an applicant, the applicant may
3 revise and resubmit the application once for review without
4 submitting another application fee under section 135.62.

5 2. Upon acceptance of an application for a certificate
6 of need, the department shall ~~promptly undertake to~~ notify
7 all affected persons ~~in writing~~ through electronic means
8 that formal review of the application has been initiated.
9 Notification to ~~those~~ affected persons who are consumers
10 ~~or third-party payers or other payers for health services~~
11 may be provided by electronic distribution of the pertinent
12 information ~~to the news media.~~

13 Sec. 18. Section 135.65, subsection 3, paragraph b, Code
14 2026, is amended to read as follows:

15 b. A period for the submission of written public hearing
16 comments from affected persons on the application, to be held
17 scheduled prior to completion of the evaluation required by
18 paragraph "a".

19 Sec. 19. Section 135.65, subsection 4, Code 2026, is amended
20 by striking the subsection.

21 Sec. 20. Section 135.66, subsection 1, Code 2026, is amended
22 to read as follows:

23 1. The department may ~~waive the letter of intent procedures~~
24 ~~prescribed by section 135.64 and substitute~~ conduct a summary
25 review procedure, ~~which shall be~~ established by rules of
26 adopted by the department, when ~~it~~ the department accepts an
27 application for a certificate of need for a project ~~which~~ that
28 meets any of the following criteria in paragraphs "a" through
29 "e":

30 a. A project which is limited to repair or replacement of a
31 facility or equipment damaged or destroyed by a disaster, and
32 which will not expand the facility nor increase the services
33 provided beyond the level existing prior to the disaster.

34 b. A project necessary to enable the facility or service to
35 achieve or maintain compliance with federal, state, or other

1 appropriate licensing, certification, or safety requirements.

2 c. A project which will not change the existing bed capacity
3 of the applicant's facility or service, as determined by the
4 department, by more than ten percent or ten beds, whichever is
5 less, over a two-year period.

6 ~~d. A project the total cost of which will not exceed one
7 hundred fifty thousand dollars.~~

8 e. d. Any other project for which the applicant proposes
9 and the department agrees to summary review.

10 Sec. 21. Section 135.70, subsection 2, Code 2026, is amended
11 to read as follows:

12 2. Upon expiration of a certificate of need, and prior to
13 extension of the certificate of need, any affected person shall
14 have the right to submit to the department information which
15 may be relevant to the question of granting an extension. ~~The
16 department may call a public hearing for this purpose.~~

17 Sec. 22. Section 135.71, subsection 4, Code 2026, is amended
18 to read as follows:

19 4. Criteria for determining when it is not feasible to
20 complete formal review of an application for a certificate of
21 need within the time ~~limits~~ limit specified in section 135.68.
22 The rules adopted under this subsection shall include criteria
23 for determining whether an application proposes introduction
24 of technologically innovative equipment, and if so, procedures
25 to be followed in reviewing the application. However, a rule
26 adopted under this subsection shall not permit a deferral of
27 more than ~~sixty~~ thirty calendar days beyond the time when a
28 decision is required under section 135.68, unless both the
29 applicant and the department agree to a longer deferment.

30 Sec. 23. Section 135P.1, subsection 3, Code 2026, is amended
31 to read as follows:

32 3. "*Health facility*" means an any of the following:

33 a. An institutional health facility ~~as defined in section
34 135.61, a.~~

35 b. A birth center as defined in section 135.131, ~~a.~~

- 1 c. A hospice licensed under chapter 135J,~~a.~~
2 d. A home health agency as defined in section 144D.1,~~an.~~
3 e. An assisted living program certified under chapter 231C,
4 ~~a.~~
5 f. A clinic,~~a.~~
6 g. A community health center,~~or the.~~
7 h. The university of Iowa hospitals and clinics,~~and~~
8 ~~includes any.~~
9 i. A corporation, professional corporation, partnership,
10 limited liability company, limited liability partnership, or
11 other entity comprised of ~~such~~ health facilities.

12 Sec. 24. Section 135P.1, Code 2026, is amended by adding the
13 following new subsection:

14 NEW SUBSECTION. 3A. "*Institutional health facility*" means
15 any of the following without regard to whether the facility is
16 publicly or privately owned, organized for profit, or is part
17 of or sponsored by a health maintenance organization:

- 18 a. A hospital as defined in section 135B.1.
19 b. A health care facility as defined in section 135C.1.
20 c. An organized outpatient health facility as defined in
21 section 135.61.
22 d. An ambulatory surgical center as defined in section
23 135.61.
24 e. A community mental health center as defined in section
25 225A.1.

26 Sec. 25. REPEAL. Section 135.64, Code 2026, is repealed.>

27 2. Title page, by striking lines 1 through 4 and inserting
28 <An Act relating to health carriers standards of conduct;
29 utilization review organizations, artificial intelligence,
30 audits, and prior authorizations; certificate of need
31 processes; and including applicability provisions.>

By KARA WARME

S-5060 (Continued)

ADOPTED

S-5059

1 Amend Senate File 2427 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. NEW SECTION. 673B.1 Definitions.

5 As used in this chapter, unless the context otherwise
6 requires:

7 1. "*Agricultural commodity*" means a farm animal or farm crop
8 as each is defined in section 673A.3.

9 2. a. "*Agricultural source*" means the location where an
10 agricultural commodity is produced, handled, housed, stored,
11 preserved, processed, distributed, or sold.

12 b. "*Agricultural source*" includes the location where an
13 agricultural retailer or agricultural service provider conducts
14 an activity.

15 3. "*Greenhouse gas*" means a gas derived from human activity
16 or a natural source that is any of the following:

17 a. Originating from any of the following:

18 (1) An agricultural source.

19 (2) A petroleum source.

20 (3) A renewable fuel source.

21 b. Any of the following gases:

22 (1) Carbon dioxide.

23 (2) Hydrofluorocarbons.

24 (3) Methane.

25 (4) Nitrogen trifluoride.

26 (5) Nitrous oxide.

27 (6) Sulfur hexafluoride.

28 (7) Perfluorocarbons.

29 4. "*Petroleum source*" means a location where petroleum or a
30 petroleum product is manufactured, stored, or dispensed.

31 5. "*Regulatory authority*" means the department of natural
32 resources or a federal agency regulating greenhouse gas
33 emissions, including the United States environmental protection
34 agency.

35 6. "*Renewable fuel source*" means a location where renewable

1 fuel, as defined in section 214A.1, is manufactured, stored,
2 or dispensed.

3 **Sec. 2. NEW SECTION. 673B.2 Action based on climate —**
4 **limitation on liability.**

5 1. Subject to section 673B.3, in any civil or criminal
6 action, a defendant is not liable, and is not subject to
7 any judicial remedy, under any principle of law or equity,
8 for damages or injury from any alleged actual or potential
9 effect on climate caused wholly or partly by a greenhouse gas
10 emission.

11 2. Subsection 1 applies regardless of the civil or criminal
12 action brought or type of relief sought, whether legal or
13 equitable.

14 3. A person bringing a civil or criminal action that alleges
15 damages or injury as described in subsection 1 must do all of
16 the following:

17 a. Specify each greenhouse gas emitted by the defendant that
18 as asserted gives rise to the civil or criminal action.

19 b. Show by clear and convincing evidence that unavoidable
20 and identifiable damage or injury has resulted or will
21 result as a direct cause of the defendant's violation of an
22 enforceable statutory limitation or restriction or a valid,
23 enforceable operating, air, or other permit issued to the
24 defendant by a regulatory authority.

25 **Sec. 3. NEW SECTION. 673B.3 Action based on climate —**
26 **applicability.**

27 Section 673B.2 applies unless the district court in the
28 civil or criminal case finds by clear and convincing evidence
29 that the defendant has violated any of the following:

30 1. An enforceable statutory limitation or restriction
31 governing the emission of a specific greenhouse gas originating
32 within this state.

33 2. An express term of a valid, enforceable operating,
34 air, or other permit issued to the defendant by a regulatory
35 authority that has jurisdiction over the defendant's greenhouse

S-5059 (Continued)

1 gas emissions.

2 Sec. 4. NEW SECTION. 673B.4 Statutory construction.

3 This chapter shall not be construed to create either a right
4 to bring any civil or criminal action, or a judicial remedy,
5 under any principle of law or equity, based on the potential
6 effect on climate caused wholly or partly by a greenhouse gas
7 emission.>

By TOM SHIPLEY

S-5059 FILED MARCH 4, 2026

SENATE FILE 2438

S-5066

- 1 Amend Senate File 2438 as follows:
- 2 1. Page 2, after line 25 by inserting:
- 3 <Sec. ____ . EFFECTIVE DATE. This Act takes effect January 1,
- 4 2027.>
- 5 2. Title page, line 2, after <notification> by inserting < ,
- 6 and including effective date provisions>
- 7 3. By renumbering as necessary.

By MIKE BOUSSELOT

S-5066 FILED MARCH 4, 2026

SENATE FILE 2444

S-5063

- 1 Amend Senate File 2444 as follows:
- 2 1. Page 2, after line 4 by inserting:
- 3 <*i.* Does not prepare food for consumption on the premises of
- 4 the place of business.>

By SCOTT WEBSTER

S-5063 FILED MARCH 4, 2026

HOUSE FILE 2635

S-5067

1 Amend House File 2635, as amended, passed, and reprinted by
2 the House, as follows:

3 1. Page 1, after line 2 by inserting:

4 <Sec. _____. Section 514F.8, subsection 1, Code 2026, is
5 amended by adding the following new paragraph:

6 NEW PARAGRAPH. *Ob.* "Downgrade" means a decision by
7 a utilization review organization to change an expedited
8 or urgent request for prior authorization to a standard
9 determination, or otherwise modify a health care service that
10 is the subject of a request for prior authorization to a
11 lower-level health care service.>

12 2. Page 2, after line 20 by inserting:

13 <3. A health care provider may opt-in to receive electronic
14 delivery of notices and audit determinations from a utilization
15 review organization. A utilization review organization may
16 determine the method by which a health care provider may
17 opt-in.>

18 3. Page 2, line 21, by striking <3.> and inserting <4.>

19 4. Page 3, line 6, by striking <4.> and inserting <5.>

20 5. Page 3, line 8, by striking <5.> and inserting <6.>

21 6. Page 3, by striking lines 12 and 13.

22 7. Page 4, after line 4 by inserting:

23 <Sec. _____. Section 514F.8, Code 2026, is amended by adding
24 the following new subsection:

25 NEW SUBSECTION. 6A. *a.* A health care provider shall
26 submit all requests for prior authorization to a health carrier
27 electronically using a standards-based application programming
28 interface, or another form of electronic submission,
29 supported by the health carrier that is compliant with federal
30 interoperability regulations.

31 *b.* This subsection applies to a request for prior
32 authorization made on or after July 1, 2027.>

33 8. Page 6, by striking lines 25 through 27 and inserting
34 <shall include the qualified reviewer's board certifications,
35 specialty expertise, and educational background, excluding any

1 personal identifiable information.>

2 9. Page 7, by striking lines 1 through 3 and inserting
3 <clinical peer's board certifications, specialty expertise, and
4 educational background, excluding any personal identifiable
5 information.>

6 10. Page 8, after line 29 by inserting:

7 <b. "Emergency medical condition" means the same as defined
8 in 42 C.F.R. §438.114.>

9 11. Page 8, line 30, by striking <b.> and inserting <c.>

10 12. Page 8, line 32, by striking <c.> and inserting <d.>

11 13. Page 8, line 34, by striking <d.> and inserting <e.>

12 14. Page 9, line 1, by striking <e.> and inserting <f.>

13 15. Page 9, line 3, by striking <f.> and inserting <g.>

14 16. Page 12, after line 5 by inserting:

15 <Sec. ____ . NEW SECTION. 249A.6 Prior authorization —
16 requests.

17 1. A health care provider submitting a request for prior
18 authorization to a managed care organization shall submit the
19 request electronically using a standards-based application
20 programming interface, or another form of electronic
21 submission, supported by the managed care organization, that is
22 compliant with federal interoperability regulations.

23 2. This section applies to a request for prior authorization
24 made on or after July 1, 2027.>

25 17. By renumbering as necessary.

By KARA WARME

S-5067 FILED MARCH 4, 2026

ADOPTED



Fiscal Note

Fiscal Services Division



[SF 2421](#) – Prior Authorizations, Cancer Screenings, Reviews, and Timelines (LSB6750SV)
Staff Contact: Xavier Leonard (515.725.0509) xavier.leonard@legis.iowa.gov
Fiscal Note Version – New

Description

[Senate File 2421](#) relates to utilization review organizations' (UROs') use of artificial intelligence, prior authorization determinations and exemptions, and audits and includes applicability provisions. The Bill has four divisions.

Division I — Prior Authorization — Use of Artificial Intelligence and Peer Review

Description

Division I of the Bill:

- Prohibits a URO from using an artificial intelligence-based algorithm as the sole basis for the decision to deny, delay, or downgrade a prior authorization request based on medical necessity.
- Provides the following requirements for a URO to deny or downgrade a request for prior authorization:
 - The decision must be made by a qualified reviewer or a clinical peer.
 - The health care provider must be given a statement signed by the qualified reviewer or clinical peer who made the decision and must include the specific reasons for the denial or downgrade.
 - The URO's appeal process, as well as identifying information for the individual who made the decision, must be disclosed.
- Requires a URO to conduct a consultation with a qualified reviewer or clinical peer within seven business days of notification of denial.
- Restricts a qualified reviewer or clinical peer who was involved in an original denial or downgrade from conducting the pursuing appeal.
- Authorizes the Commissioner of Insurance to adopt administrative rules to administer this Division.

Division I of the Bill is applicable to requests for prior authorization if the request is made before January 1, 2027, and the request has not been finally determined on or before that date. Division I is also applicable to requests for prior authorization made on or after January 1, 2027.

Background

“Prior authorization” is defined in Iowa Code section [514F.8](#) as a determination by a URO that a specific health care service proposed by a health care provider for a covered person is medically necessary or medically appropriate. The determination must be made prior to the provision of the health care service to the covered person. If applicable, a covered person or a health care provider must notify the URO prior to receiving or providing a specific health care service.

Insurance claim spend by plan is shown in **Figure 1**. The State of Iowa costs (2025) were provided by Wellmark, and the Board of Regents (BOR) universities' costs (2024) were provided by the BOR.

Figure 1 — Insurance Spend by Plan

| Insurance Plan | Annual Spend |
|-----------------------------|-----------------------|
| State University of Iowa | \$ 360,800,000 |
| Iowa State University | 138,500,000 |
| University of Northern Iowa | 27,100,000 |
| University Total | \$ 526,400,000 |
| State of Iowa | 395,700,000 |
| Total | \$ 922,100,000 |

Division I is estimated to affect approximately 25.6% of the population (829,000 people). This includes individual coverage, fully insured small and large employer groups, self-insured public employees, and the State of Iowa plan.

Of the individuals not covered by the mandate, approximately 42.9% are covered by government-sponsored health insurance; 26.7% are covered by employer coverage, which is governed by the federal [Employee Retirement Income Security Act of 1974 \(ERISA\)](#); and the remaining 4.8% are uninsured. Additional details are presented in **Figure 2**.

Figure 2 — Population Covered by Insurance Plans Regulated by Iowa Law

| Type of Coverage | Iowa Population | Percent of Population |
|----------------------------------------------------|------------------------|------------------------------|
| Total Population 2024 | 3,241,488 | 100.0% |
| Included in Mandate | | |
| Individual Coverage | 143,597 | 4.4% |
| Fully Insured Small Employer Group | 129,342 | 4.0% |
| Fully Insured Large Employer Group | 286,029 | 8.8% |
| Self-Insured Public Employees* | 215,000 | 6.6% |
| State of Iowa Plan | 55,000 | 1.7% |
| Total | 828,968 | 25.6% |
| Not Included in Mandate | | |
| Employer (self-insured + other types not listed) | 864,752 | 26.7% |
| Uninsured | 156,600 | 4.8% |
| Other Public (Military, Tricare, Veterans Affairs) | 24,100 | 0.7% |
| Medicare | 685,671 | 21.2% |
| Medicaid + Children's Health Insurance Plan | 681,397 | 21.0% |
| Total | 2,412,520 | 74.4% |

*Represents total population 2020.

Sources: Iowa Insurance Division and Wellmark

Assumptions

- Requiring a qualified reviewer or a clinical peer to make denial or downgrade determinations may increase administrative costs for health carriers.
 - According to Wellmark, some of these specialized positions may not currently be on staff, and there may be significant costs to hire or contract this work to individuals with the same qualifications and experience as the health care professional or physician requesting prior authorization. Potential costs are unknown but may be significant.
 - According to Wellmark, any reduction in prior authorization utilization is accompanied by a sentinel effect, which increases utilization and costs to a health insurance plan.
- Additional consultation pursuant to the Bill may increase administrative costs by an unknown amount, which may be significant.
- According to the BOR, any increase in the utilization of services may increase revenues or decrease costs to University of Iowa Health Care (UIHC) as a provider, but any such impact cannot be quantified at this time.

Fiscal Impact

Division I of the Bill may increase administrative costs to the State of Iowa and the BOR universities' plans by requiring denial and downgrade determinations for prior authorization requests to be performed by qualified reviewers and clinical peers. Administrative costs for each of the plans may also be increased in the appeal and consultation process outlined in Division I. Additionally, Division I may increase revenues to UIHC as a provider if increased utilization of services occurs. Any potential fiscal impact for Division I is unknown, but may be significant.

Division II — Prior Authorizations — Cancer-Related Exemptions

Description

Division II of the Bill relates to prior authorization requirements for cancer-related screenings and does the following:

- Prohibits prior authorization and additional utilization review requirements for cancer-related screenings if the screenings are recommended by the covered person's health care professional and meet other requirements of the Bill.
- Requires the Director of the Department of Health and Human Services (HHS) to adopt administrative rules to administer this Division.
- Authorizes the Commissioner of Insurance to adopt administrative rules to administer this Division.

Division II of the Bill is applicable to health benefit plans delivered, issued for delivery, continued, or renewed beginning January 1, 2027, and to requests for prior authorization for cancer-related screenings that meet additional requirements of the Bill.

Background

Division II is estimated to affect approximately 46.6% of the population (1.5 million people). This includes individual coverage, fully insured small and large employer groups, self-insured public employees, the State of Iowa plan, Medicaid, and the Children's Health Insurance Plan (CHIP).

Of the individuals not covered by the mandate, approximately 21.9% are covered by government-sponsored health insurance; 26.7% are covered by employer coverage, which is

governed by the federal [ERISA](#); and the remaining 4.8% are uninsured. Additional details are presented in **Figure 3**.

Figure 3 — Population Covered by Insurance Plans Regulated by Iowa Law

| Type of Coverage | Iowa Population | Percent of Population |
|----------------------------------------------------|------------------------|------------------------------|
| Total Population 2024 | 3,241,488 | 100.0% |
| Included in Mandate | | |
| Individual Coverage | 143,597 | 4.4% |
| Fully Insured Small Employer Group | 129,342 | 4.0% |
| Fully Insured Large Employer Group | 286,029 | 8.8% |
| Self-Insured Public Employees* | 215,000 | 6.6% |
| State of Iowa Plan | 55,000 | 1.7% |
| Medicaid + Children’s Health Insurance Plan | 681,397 | 21.0% |
| Total | 1,510,365 | 46.6% |
| Not Included in Mandate | | |
| Employer (self-insured + other types not listed) | 864,752 | 26.7% |
| Uninsured | 156,600 | 4.8% |
| Other Public (Military, Tricare, Veterans Affairs) | 24,100 | 0.7% |
| Medicare | 685,671 | 21.2% |
| Total | 1,731,123 | 53.4% |

*Represents total population 2020.

Sources: Iowa Insurance Division and Wellmark

Assumptions

- It is unknown how prohibiting prior authorization and additional utilization review requirements for cancer-related screenings as restricted by the Bill will impact the BOR universities’ health care plans.
- According to the BOR, any increase in the utilization of services may increase revenues or decrease costs to the UIHC as a provider, but any such impact cannot be quantified at this time.
- Medicaid provider rates and managed care capitation rates may increase due to the prior authorization changes in the Bill. These costs are currently indeterminable.
- According to Wellmark, prohibiting prior authorization and additional utilization review requirements for cancer-related screenings, as required by the Bill, is not expected to have a significant impact on costs to the State of Iowa plan.

Fiscal Impact

The fiscal impact for Division II cannot be determined. It is unknown whether Division II will increase costs to the BOR universities’ health care plans by prohibiting prior authorization and additional utilization review requirements for cancer-related screenings that meet the requirements of the Bill. Division II may impact Medicaid provider rates and managed care capitation rates due to the prior authorization changes in the Bill. Division II may increase revenues to the UIHC as a provider if increased utilization of services occurs.

Division III — Prior Authorizations — Life-Threatening Health Conditions

Description

Division III of the Bill relates to prior authorization requirements for life-threatening health conditions and does the following:

- Prohibits prior authorization and additional utilization review requirements for diagnosis and treatment of a life-threatening health condition while the covered person is receiving treatment at an inpatient facility and meets other requirements of the Bill.
- Authorizes the Commissioner of Insurance to adopt administrative rules to administer this Division.

Division III of the Bill is applicable to health benefit plans delivered, issued for delivery, continued, or renewed beginning January 1, 2027, and to requests for prior authorization for diagnosis and treatment of a life-threatening health condition that meet additional requirements of the Bill.

Background

Division III is estimated to affect approximately 25.6% of the population (829,000 people). Additional details are presented in **Figure 2**.

Assumption and Fiscal Impact

The fiscal impact for Division III cannot be determined. It is unknown how prohibiting prior authorization and additional utilization review requirements for the diagnosis and treatment of life-threatening health conditions, as required by Division III, will impact costs to the State of Iowa and BOR universities' plans.

Division IV — Utilization Review Organizations — Prepayment Audits

Description

Division IV of the Bill relates to URO requirements and does the following:

- Requires health carriers and UROs that conduct audits of health care provider claims to meet notification and determination timeline requirements.
- Requires adverse audit determination appeals by health care providers and the final determination on appealed claims by health carriers and UROs to meet timeline requirements.
- Requires health carriers and UROs that violate Division IV of the Bill to automatically approve and promptly pay the corresponding health care provider claim.
- Authorizes the Commissioner of Insurance to adopt administrative rules to administer this Division.

Division IV of the Bill is applicable to audits initiated on or after January 1, 2027.

Background

Iowa Code section [507B.4A](#) requires an insurer providing accident and sickness insurance under Iowa Code chapter [509](#), [514](#), or [514A](#); a health maintenance organization; or another entity providing health insurance or health benefits subject to State insurance regulation must either accept and pay or deny a clean claim. When an insurer or other entity that administers or processes claims fails to timely pay a claim, interest accrues at a rate of 10.0% per annum.

Assumptions and Fiscal Impact

The fiscal impact for Division IV cannot be determined. It is unknown how audits of health care provider claims may impact administrative costs to the State of Iowa and BOR universities' health care plans.

Fiscal Impact Summary

Senate File 2421 may increase costs to the health care plans of the State of Iowa, the BOR universities, and Medicaid. Any potential fiscal impact is unknown, but may be significant.

Sources

Board of Regents

Department of Administrative Services

Department of Health and Human Services

Department of Insurance and Financial Services, Iowa Insurance Division

Wellmark

/s/ Jennifer Acton

March 4, 2026

Doc ID 1602084

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.



Fiscal Note

Fiscal Services Division



[HF 2546](#) – Student Data Systems (LSB5619HV.1)

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Fiscal Note Version – As amended and passed by the House

Description

[House File 2546](#) requires the Director of the Iowa Department of Education (DE) to approve, coordinate, and supervise the use of electronic data and information processing by school districts, accredited nonpublic schools, Area Education Agencies (AEAs), postsecondary institutions, and community colleges. The Bill requires the Director to procure a comprehensive, statewide data collection system using a new request for proposal (RFP) process, which is required as soon as possible after the effective date of section 1 of the Bill. Section 1 of the Bill takes effect upon enactment.

The Bill also requires the DE to modernize its electronic systems for funding disbursement and system communication with other State agencies and with school districts, accredited nonpublic schools, charter schools, and innovation zone schools. The modernization of electronic systems must include the deployment of an online portal for information and data submission on or before July 1, 2027.

Background

Current law requires the DE to approve, coordinate, and supervise the use of electronic data processing by school districts, AEAs, and community colleges.

The DE currently maintains infrastructure supporting data collection and reporting. Over 400 school districts, charter schools, and nonpublic schools use the current DE system to collect information required by State and federal statutes.

The New Hampshire Department of Education recently contracted to deploy a [new student information system](#) at a total cost of \$2.5 million.

Assumptions

- It is unknown whether the DE would modernize existing systems or procure a new system.
- The DE currently spends an estimated \$900,000 annually to maintain its current system.
- The new system in New Hampshire is similar to the requirements specified in the Bill and was procured at a cost of approximately \$2.5 million. However, pricing for new systems can be driven by enrollment. New Hampshire's K-12 enrollment is approximately one-third of Iowa's enrollment.

