

## **Member Call Summary**

**November 21, 2025**

### **Administration Seeks to Shift Immigration Policies on “Public Charge”**

The administration has taken two actions recently that signal a renewed focus on “public charge” considerations within the context of immigration law. This week the Department of Homeland Security issued a [rule](#) for public comment that would give immigration officers broad discretion to deny green cards to applicants who have used – or are deemed likely to use – public benefits, such as Medicaid, SNAP, and housing assistance. The proposed rule would overturn the Biden-era rule that had taken a much narrower view of public assistance. This could impact access to care for many immigrants who may choose to forgo benefits for which they are otherwise eligible out of fear of jeopardizing their immigration status or that of a family member.

Additionally, this could potentially contribute to more workforce instability as immigrant staff face heightened scrutiny. Separately, the Department of State issued new guidance earlier this month that gives consular officers wide latitude to deny immigrant visas on the basis of certain medical conditions. Sent via cable to all embassies and diplomatic posts, reporting on the cable suggested that it asked officers to weigh whether visa applicants with chronic or costly health issues – such as cardiovascular disease, diabetes, cancer, or obesity – have sufficient financial resources to cover care without relying on public benefits. The new guidance will apply to applicants for employment-based green cards such as the EB3 – which many LeadingAge members use to recruit nurses from abroad – although it is not expected to impose a significant obstacle to most of those candidates.

### **Join Us for the LeadingAge Iowa Public Policy Forum – December 17**

LeadingAge Iowa members are invited to join us for our Public Policy Forum on Tuesday, December 17, from 2:00–3:00 p.m. This virtual session will be an opportunity for members across the state to come together as we reflect on the past year and prepare for the work ahead.

As 2025 comes to a close, we’re proud of the advocacy momentum we’ve built together. During the forum, we will highlight key public policy accomplishments from the past year- wins that were made possible because of member engagement, collaboration, and your ongoing commitment to Iowa’s aging services providers.

We’ll also look ahead to the 2026 legislative session, discussing what we expect to see at the Capitol, emerging issues likely to impact the continuum of aging services, and the strategies LeadingAge Iowa will use to ensure our members’ voices remain strong and

influential. This is a chance to hear what's coming, ask questions, and provide your input as we refine our policy priorities for the year.

Your participation is vital as we continue advocating for meaningful change and supporting the needs of older adults and the providers who serve them.

[Click here to register](#). We hope you'll join us on December 17 from 2–3 p.m. for this important conversation.

### **Celebrate Excellence: Awards Celebration Returns in 2026 – Nominations Now Open**

We are pleased to announce that the LeadingAge Iowa Awards Celebration is returning in 2026. New for 2026, we will be honoring award recipients during the LeadingAge Iowa Annual Conference, taking place May 6–7, 2026 at The Meadows Events & Conference Center in Altoona.

Nominations are now open for the LeadingAge Iowa Awards, recognizing individuals, teams, and organizations who demonstrate exceptional commitment, leadership, and innovation in serving older adults across Iowa. These awards shine a well-deserved spotlight on those who elevate the standard of care, support, and service in our field every day.

The LeadingAge Iowa Awards categories include:

- [Award of Honor](#)
- [Excellence in Leadership](#)
- [Caregiver of the Year](#)
- [Support and Service Professional of the Year](#)
- [Volunteer of the Year](#)
- [Board Member of the Year](#)
- [Leading Life](#)
- [Excellence in the Workplace](#)
- [LeadingEdge Care and Services](#)
- [Public Trust](#)

We invite all LeadingAge Iowa organizational members to submit nominations and help us recognize the colleagues, partners, and programs whose contributions make a lasting impact.

**Nomination Deadline:** January 14, 2026

[Click here](#) to review award descriptions, eligibility criteria, and submit your nomination.

If you have questions or would like to serve on the Awards Committee, please contact Michelle Rybicki at [mrybicki@leadingageil.org](mailto:mrybicki@leadingageil.org)

### **Like Facility Memorandum of Understanding**

Join other LeadingAge Iowa members on a MOU for like-facility evacuation in the event of an emergency. Email Kellie Van Ree if you're interested in participating.

### **Clinical Best Practice – Oxygen Equipment Use, Care, and Maintenance**

Nursing home deficiencies are frequently cited under F695 related to the failure to appropriately change oxygen tubing or other respiratory equipment. This often leads to the question, what is the recommended frequency for changing oxygen tubing? Ultimately you should review the recommendations from the oxygen equipment manufacturer but if you need instructions please use this [resource from the University of Maryland Medical System](#).

#### Oxygen Mask, Cannulas, and Tubing

The nasal cannula and tubing should not be cleaned. If the oxygen supplier does not provide adequate supplies to routinely change the equipment, you should request extra supplies. Ideally, the tubing should be replaced every 1-2 weeks. While the resource document does not include this, it is important that the oxygen equipment that is placed on the patient's face does not touch the floor. You should have some type of storage such as a Ziplock bag or similar device that the equipment can be stored in when not in use.

#### Maintaining Oxygen Concentrators

If you use humidification with the oxygen concentrator, determine whether the device is reusable or disposal. A reusable humidifier should:

- Be cleaned routinely with soap and warm water whenever it is refilled.
- Only filled with distilled water.
- Use a mixture of 3 parts white vinegar and 1 part water once a week. The bottle should soak in the mixture for 20 minutes, rinsed well, and then air dry.
- The bottle should be replaced monthly.

The oxygen concentrator should be maintained weekly including:

- Washing the air filters and allowing them to air dry. The medical equipment technician can demonstrate how to install and remove them.
- Wipe the unit with a damp cloth.
- Filters should be replaced monthly. \*Note if you use a company to provide oxygen concentrators you should likely check with them to identify if you should replace the filters or if that is something they will do as part of their service.

#### Portable Oxygen:

A portable oxygen concentrator is a small battery-operated machine that provides pulses of oxygen when the person takes a breath instead of continuous oxygen flow. These should be maintained by:

- Using a damp cloth to wipe down the portable oxygen concentrator weekly.
- Since it comes in many different styles, the equipment technician should demonstrate how to remove, clean, and reinstall the filter along with how and when to replace the filters.

If you're using metal oxygen tanks, they typically need to be returned to the supplier to be refilled. If the tank is refilled at the nursing home, the medical equipment technician should demonstrate how to care for and refill the tank.

#### Essential Rules for Oxygen Use:

- Tanks should always be maintained in a secure and upright position.
- Aerosols, oils, hairspray, oil-based lip balms or rubs, and alcohol-based hand sanitizer should be avoided when using oxygen.
- Ensure that your fire alarm system is functioning appropriately and follow the life safety code requirements:
  - Combustible materials should not be stored within 5 feet of oxygen cylinders.
  - Full oxygen cylinders should be stored separately from empty.
  - Oxygen concentrators should not be left on and unattended.
- Keep all oxygen equipment at least 10 feet away from heat or flames. This includes cigarettes, e-cigarettes, gas stoves, and handheld appliances that may heat up such as a blow dryer or electric razor.
- If there is a power outage ensure that you have backup power or emergency cylinders to ensure continuous oxygen use.

## **Regulatory Review - F572 – Information and Communication**

F572 is another regulation in the residents' rights category and focuses on the nursing home providing information on the residents' rights, rules, regulations, and the resident's conduct and responsibilities of the residents during their stay. The nursing home is also required to provide notice of the residents' rights prior to or upon admission and during the residents' stay. This includes:

- Informing the residents both orally and in writing in a language that they understand, of their rights and rules governing their conduct and responsibilities during their stay.
- A notice of Medicaid rights and obligations as applicable.

Finally, the residents or their responsible party must acknowledge receipt of these items in writing.

Compliance strategies may include but are not limited to:

- Many providers have a document that is provided to residents or their representatives at admission. Ensure that you have a process for the residents or their representative to sign that they received the document.
- To comply with the "during their stay" aspect, providers may review residents' rights in their newsletter or during their town hall/council meetings.
- Ensure that you have the rights available in all primary languages based on your resident population.

State specific requirements include:

Illinois rules indicate that the residents' advisory council must review procedures for implementing residents' rights and the nursing home responsibilities and make recommendations for changes and additions which will strengthen the policies and procedures. In addition to acknowledging in writing a copy of the residents' rights, nursing homes must also provide a copy of the policies implementing such rights.

Iowa rules state the residents' rights must be prominently posted in a location that is available to all residents. Note that this generally includes individuals in wheelchairs who must be able to access the posting.

## **AL Rule Review – Involuntary Transfer from the Program Based on a Department Finding**

According to [481-69.24\(2\)](#), if the Department of Inspections, Appeals, and Licensing (DIAL) conducts a monitoring visit and determines that a tenant exceeding criteria for admission or retention. The program must act accordingly based on the findings as outlined below:

- **If the program agrees with the finding**, they must initiate the involuntary transfer process along with the internal appeals process.
- **If the program disagrees with the department's finding**, they may appeal the finding as provided in [481-67.14](#). If the appeal is filed, the tenant may remain in the program until all appeals processes have been exhausted. Appeals filed for exceeding retention criteria shall be heard within 30 days of receipt of the appeal request and the program must ensure they are providing appropriate services to meet the tenant's needs during the appeal process(es).
- Finally, **if the tenant is on hospice**, the program can [request a waiver](#) within 10 business days of receipt of the report in accordance with [481-67.7](#).

Insufficiencies related to tenants exceeding admission and retention criteria are cited frequently for various reasons. These insufficiencies may include but are not limited to the amount of support necessary for ADL and hygiene support, and behavioral concerns.

### **New Resources:**

Beyond the Standard: Falls Quality Assurance [Guidance](#) and [Worksheet](#)

### **Upcoming Events**

[MDS Virtual Program](#) (virtual)

December 10-12, 2025 from 11 a.m.-3 p.m.