

## Member Call Summary

December 19, 2025

### DHS Announces Termination of TPS for Ethiopia and Ends Family Reunification Parole Programs

On December 12, the Department of Homeland Security (DHS) announced two immigration policy updates. First, DHS will [terminate](#) the Temporary Protected Status (TPS) designation for Ethiopia, effective February 13, 2026. The decision follows a review of country conditions, with DHS concluding that Ethiopia no longer meets the statutory requirements for TPS.

Current TPS beneficiaries from Ethiopia—estimated at about 5,000 individuals—will lose protection and work authorization after the effective date unless they secure another lawful status. Second, DHS is [ending](#) categorical Family Reunification Parole (FRP) programs for nationals of Colombia, Cuba, Ecuador, El Salvador, Guatemala, Haiti, and Honduras, along with their immediate family members. These programs allowed certain relatives of U.S. citizens or lawful permanent residents—who already had an approved immigration petition—to enter the U.S. temporarily while waiting for their immigrant visa to become available. These categorical programs will terminate on January 14, 2026, for all individuals whose parole has not already expired. Employment authorization tied to FRP will also be revoked.

Much like its [termination](#) of CHNV parole programs earlier in the year, DHS stated its intent for parole to be granted on a case-by-case basis, citing security and fraud concerns. Both actions reflect the administration's broader immigration agenda, which has been characterized by narrowing legal pathways and a concern with vetting and security measures.

### Cannabis EO Paves Way for Research, Access

On December 17, President Trump issued an executive order (EO) directing the Department of Justice to Reschedule Marijuana from Schedule 1 to Schedule 3 under the Controlled Substances Act. "The Federal Government's long delay in recognizing the medical use of marijuana does not serve the Americans who report health benefits from the medical use of marijuana to ease chronic pain and other various medically recognized ailments," the EO says. The EO does not decriminalize marijuana, which many states have done.

In 2023, the Department of Health and Human Services (HHS) recommended to the Department of Justice Drug Enforcement Agency (DEA) that marijuana be controlled under Schedule III of the CSA. In May 2024, the DEA initiated a formal rulemaking process to consider moving marijuana from a Schedule I to a Schedule III drug. The CSA regulates the distribution, use, possession, and manufacture of certain drugs and other substances. Substances become subject to the CSA through placement in one of five lists, known as Schedules I through V, and the DOJ is authorized to determine appropriate scheduling for a given substance. A lower schedule number carries greater restrictions under the law, with controlled substances in Schedule I subject to the most stringent controls, and Schedule V subject to less stringent controls. In response to a DEA proposed rule in 2024 to shift to Schedule III, LeadingAge voiced support for the proposed rescheduling because researchers would face less strict regulatory controls in researching marijuana as a Schedule III substance than under Schedule I. LeadingAge believes the rescheduling will promote further beneficial research on medical uses of marijuana, as well as potential risks of misuse.

We also noted in our comments that rescheduling to Schedule III. According to guidance from HUD, for example, the use of medical marijuana is illegal under federal law even if it is permitted under state law. This creates unnecessary housing access barriers for older adults with chronic medical conditions who may benefit from accessing medical marijuana through a state established program. The December 18 EO also eases restrictions on cannabidiol (CBD) and tetrahydrocannabinol (THC). LeadingAge will continue to assess the EO and will continue to advocate for additional research. Read LeadingAge's 2024 [comments](#) here. Read the EO, Increasing Medical Marijuana and Cannabidiol Research, [here](#). Stay abreast of federal policy developments on cannabis in this LeadingAge [serial post](#).

### **Upcoming PACE Training Opportunity – January 2026**

Iowa Medicaid has announced an upcoming no-cost training opportunity for providers and stakeholders interested in the Program of All-Inclusive Care for the Elderly (PACE). As part of the January 2026 Competency-Based Training (CBT) schedule, a virtual **PACE 101** session will be offered to help build understanding of the program and its role in supporting older adults in Iowa.

**PACE 101** will take place on **January 20, 2026, from 2:00- 3:00 p.m.** and will be held virtually via Zoom. The training will be presented by Tashina Hornaday, Medical Policy Program Manager with Iowa Medicaid. The session is designed for anyone interested in learning more about PACE in Iowa, including providers who work with older adults and those exploring how PACE may fit into care coordination and service delivery models

During the training, participants will:

- Learn about the purpose and key components of Iowa's PACE program
- Gain an overview of the interdisciplinary care team and its roles
- Review basic PACE processes, including enrollment, care coordination, and participant rights

LeadingAge Iowa encourages members who are interested in PACE, work with older adults, or want to better understand this model of care to consider attending. Registration details and additional CBT opportunities can be found on the Iowa Department of Health and Human Services website.

You can register [here](#).

### **Take Action: Protect Affordable Housing Programs**

Congress is currently determining fiscal year (FY) 2026 appropriations levels for the Department of Housing and Urban Development's (HUD) programs. This is our chance to fight for strong investment in American communities—including in proven solutions to address the housing crisis among older adults. HUD's affordable senior housing programs are effective, and they need to be protected and expanded.

While both chambers of Congress have rejected the steep cuts proposed in the President's budget request, the House has advanced a bill that would hurt older adults receiving federal rental assistance by cutting or eliminating funding for key HUD programs and allowing harmful changes to housing access rules.

The Senate, on the other hand, has advanced a bill that would boost funding for important HUD programs. Included in the bill's provisions are several LeadingAge priorities for expanding and preserving the affordable housing programs that older adults rely on, as well as the full renewal of rental assistance contracts with affordable housing communities and service coordinator grants. The Senate also funds rent increases needed to preserve Section 202 Project Rental Assistance Contracts (PRACs)

through the Rental Assistance Demonstration (RAD) program.

Representatives and Senators need to hear from affordable senior housing providers, residents, and other aging services stakeholders: Invest in proven solutions for affordable senior housing. Waiting lists for federally assisted housing for older adults are years long and homelessness among the population age 65 and older continues to increase faster than among any other demographic group. Congress can help address these issues by protecting and expanding vital housing programs.

LeadingAge is asking members of Congress to support the Senate version of the FY 2026 HUD funding bill, which would:

- Ensure full funding to preserve Project Based Rental Assistance (PBRA) and Section 202 Project Rental Assistance Contracts, Service Coordinator grant renewals, and Rental Assistance Demonstration (RAD) conversions
- Reject the House proposal to allow work requirements, time limits, and resident rent changes in certain HUD programs.
- Include, in any additional continuing resolutions, funding increases necessary to keep HUD affordable senior housing programs fully funded.

[Take action today](#) to support the strong funding levels in the Senate's FY 2026 HUD funding bill to preserve our country's affordable housing programs.

### **CMS Reinforces CDC COVID Guidelines**

The Centers for Medicare & Medicaid Services (CMS) has confirmed that nursing home providers must continue to follow recommendations from the Centers for Disease Control & Prevention (CDC) for managing [residents](#) and [staff](#) following COVID-19 infection. LeadingAge has been advocating for a change to recommendations since the end of the public health emergency in 2023 and [most recently requested CMS](#) to allow nursing homes to follow state requirements and/or local public health guidelines due to the outdated nature of the CDC guidelines. CMS states that providers must continue to follow accepted national standards for infection prevention and control and, as CDC's guidelines are the only accepted national standards for COVID at this time, providers must continue to follow recommendations for nursing home residents to isolate for 10-20 days following COVID infection and for healthcare personnel to be restricted from work for 7-10 days following COVID infection. LeadingAge will continue to advocate for updated guidelines that optimize the health and wellbeing of older adults.

Back in September, Kellie Van Ree, Director of Clinical Services, sent a letter to the Iowa Department of Inspections, Appeals, and Licensing (DIAL) requesting that they consider establishing state COVID-19 guidance (as other states have done so). During the government shutdown and upon follow up, DIAL indicated they would review it once survey processes and staff returned to normal. On December 12, DIAL responded to the letter, indicating that they are not in favor of issuing state specific guidance, but provided the following information for providers to consider as they navigate this challenging time with residents:

*“At this time, I would direct providers from the survey and certification aspect, to follow the expectations under F880 Infection Control Program with a primary focus on what actions they take to mitigate or reduce the risk of spread of infections in nursing homes when infectious diseases pose a risk in their buildings. To involve their medical directors anytime they feel the guidance does not correlate with the MDs*

*recommendations and if they do something different than CDC has indicated, documentation of actions and rationales should be available for review by surveyors if needed.”*

### **CMS Releases Measures Under Consideration (MUC) List**

The Centers for Medicare & Medicaid Services (CMS) uploads a Measures Under Consideration (MUC) List to the Federal Register annually. The [2025 report](#) was distributed via email on December 15.

The one measure that impacts long-term care services is the advance care planning measure which includes the Home Health Quality Reporting Program, Skilled Nursing Facility Quality Reporting Program, and the Skilled Nursing Facility Value-Based Purchasing Program.

Additionally, there will be a special roundtable discussion convened at a later date to consider future measures. What is unclear about this is there may be some potential changes for current measures as discharge function score and percent of long-stay residents receiving antipsychotic medications are included. There are other measures that focus on nutrition, obesity, and well-being that will likely not impact long-term care providers.

Lastly, there are no measures included for the Hospice Quality Reporting Program (HQRP).

### **Changes to the Certified Medication Manager Program on January 1**

LeadingAge Iowa staff recently evaluated pricing for available programs. The Certified Medication Manager Program became available to all individuals in 2020 and remains very cost effective for all. In order to maintain member value, we have decided to increase the pricing for the Certified Medication Manager Program to \$245 effective January 1, 2026. However, LeadingAge Iowa members will be able to receive a \$100 off coupon code that will discount the registration fee back to the current rate of \$145. If you need this code, please email Kellie Van Ree, Director of Clinical Services or [info@leadingageiowa.org](mailto:info@leadingageiowa.org)

### **Introducing the Advanced Assessment Program – Launching January 1, 2026!**

LeadingAge Illinois and Iowa are excited to unveil a comprehensive, multi-system physical assessment education and competency program designed to elevate nursing practice and improve resident/patient outcomes.

Developed in collaboration with industry experts, this program features eight engaging modules led by Kellie Van Ree, Director of Clinical Services. Each module covers:

- Anatomy of the covered system.
- Normal vs. abnormal assessment findings.

- Common conditions in older adults.
- Etiologies of abnormal findings.
- When to notify a provider.

The program will be available on-demand whenever you or your staff need it! Additionally, we are pleased to offer special member pricing. The regular price is \$249, but LeadingAge Illinois and Iowa members will receive an exclusive \$200 discount code. That's right – thorough and comprehensive clinical education for only \$49! And, if you need another reason to participate, we are pleased to offer 4 CE hours upon completion.

To receive your exclusive discount code – email [info@leadingageil.org](mailto:info@leadingageil.org) or [info@leadingageiowa.org](mailto:info@leadingageiowa.org) – please keep this code confidential as it's a member-only benefit!

Who should enroll?

This program is ideal for all nurses, regardless of skill level. Licensed Practical Nurses may benefit from new assessment education, while Registered Nurses may benefit from refresher training. Additionally, this education is applicable to all care settings – whether you're practicing in skilled care or serving patients in the community, this information is still relevant!

Don't miss this opportunity to strengthen your clinical expertise and deliver exceptional care! We will share the website and registration codes as soon as they are available!