

Member Call Summary

June 6, 2025

Federal Policy Update

Budget Reconciliation Process:

On June 4, the non-partisan Congressional Budget Office (CBO) released an updated score for the House-passed budget reconciliation package, the One Big Beautiful Bill (OBBB) Act. The score updates the total fiscal impact by adding analysis of some previously unscored provisions and amendments to the bill made immediately prior to its May 22 passage in the House. These changes include sooner implementation of work requirements and more frequent eligibility determinations. Overall, the CBO score estimates that 10.9 million people will lose their health insurance coverage because of the bill including almost eight million in Medicaid coverage and the remainder including the American Care Act Marketplace coverage.

In addition to the 10.9 million, CBO provided a separate June 4 [estimate](#) on additional coverage loss changes in its baseline if the Trump administration's Marketplace rule, which would be codified by the OBBB, is implemented and if the enhanced premium tax credits, which expire at the end of 2025, are not extended. In combination, the Marketplace rule and the loss of the enhanced premium tax credits would cause 5.1 million people to lose health insurance, according to CBO. Across the reconciliation bill and the expiration of enhanced premium tax credits, the total coverage loss estimates add up to 16 million people. As anticipated, CBO noted higher savings from changes made in the House Rules Committee before final passage that moved the implementation dates for community engagement/work requirements and enhanced eligibility checks. Overall, CBO estimates that \$1 trillion dollars will be cut from federal healthcare spending over the next 10 years, including over \$800 billion from federal Medicaid funding. The full score can be downloaded [here](#).

The One Big Beautiful Bill act moved to the Senate with the goal to have the budget reconciliation process completed by July 4. LeadingAge reported that they did not anticipate a lot of changes on large ticket items from the Senate. LeadingAge issued an [Action Alert](#) to urge Congress to oppose the Budget Reconciliation Bill.

Additionally, LeadingAge is pushing for a separate bill that eliminates the Medicare PAYGO as this cannot be part of the OBBB. If it is not eliminated, it is projected to cut 4% in Medicare payments over the next 10 years.

Finally, there is a proposed rule published on May 15 in the Federal Register related to Provider Tax. The rule strengthens criteria that the provider tax must be generally

redistributive and that the tax rates must be broad based and uniform across everyone in a similar class.

Department of Homeland Security Officially Terminates Temporary Protected Status for Cameroon

On June 4, the Department of Homeland Security (DHS) posted [notice](#) that it is terminating the Temporary Protected Status (TPS) designation for Cameroon. The Department had signaled its intention to do so in public statements made in April, but no official notice was posted until June 4. According to the Department, after reviewing country conditions and consulting with appropriate U.S. Government agencies, DHS Secretary Kristi Noem determined that Cameroon no longer continues to meet the conditions for designation for TPS. The current designation is set to expire June 7, but law requires the Secretary to make public notice of a decision to terminate at least 60 days before the designation ends. Therefore, the notice notes termination will be effective August 4 and recognizes that Cameroonian TPS beneficiaries may continue to be employment-authorized during the 60-day transition period. Along with the [termination](#) of Afghanistan's TPS designation, this action is being [challenged](#) in the U.S. District Court for the District of Maryland.

Supreme Court Allows for Termination of Humanitarian Parole Program

On May 30, the U.S. Supreme Court issued a ruling permitting the Trump Administration to terminate the CHNV humanitarian parole program, which had granted temporary legal status to over 530,000 migrants from Cuba, Haiti, Nicaragua, and Venezuela. The decision overturned a previous district court injunction that blocked the administration's efforts to end the program without individualized reviews.

Initiated in 2022 under President Biden, the CHNV program allowed vetted migrants from the specified countries to enter the U.S. legally, provided they had domestic sponsors. Participants were granted temporary legal status for a period of two years and could apply for work authorization. The program aimed to provide a lawful pathway for migrants fleeing political instability and economic hardship. The Supreme Court's order, issued without a written opinion, lifted the injunction imposed by U.S. District Judge Indira Talwani, which had required the Department of Homeland Security to conduct case-by-case reviews before terminating parole status.

The administration, which casts the program as a national security threat and rife with fraud, can now proceed with plans to revoke the legal status of CHNV program participants, placing them at risk of deportation. The underlying legal challenge to the termination of the CHNV program will continue in the First Circuit Court of Appeals.

CDC Updates Vaccination Schedules

Under the direction of Health & Human Services (HHS) Secretary Robert Kennedy Jr. the Centers for Disease Control & Prevention (CDC) issued [updated vaccination schedules](#) on May 28. Key changes include a recommendation for shared decision-

making for children and adolescents under the age of 18 and for pregnant individuals. Recommendations for adults over the age of 18 have not changed.

Providers should note that older adults aged 65 years and older are still recommended to receive two doses of the COVID-19 vaccine spaced six months apart and that pregnant individuals and minors should discuss vaccine options with their health care providers. Remember that nursing homes are required to educate residents and staff on vaccination and should advise residents and staff of these changes.

DOJ Submits Notice of Appeal in Staffing Mandate Lawsuit

On June 2, the Department of Justice (DOJ) submitted a notice of appeal in the United States District Court for the Northern District of Texas following the Court's April 7 ruling in favor of the LeadingAge lawsuit to vacate the Centers for Medicare & Medicaid Services (CMS) federal staffing mandate for nursing homes. The lawsuit was filed by American Health Care Association, LeadingAge, the Texas Health Care Association, and several Texas providers. LeadingAge is awaiting the next step in the appeal process, which will entail the Court establishing a briefing schedule. You can find updates on [LeadingAge's Nursing Home Staffing Mandates: What You Need to Know](#) serial post.

Reminder: Deregulation of the Medicare Program Comments Due June 10!

The Centers for Medicare & Medicaid funding, in accordance with the Trump Administration's Executive Order, is seeking feedback on deregulating the Medicare program. Comments are due on June 10 and LeadingAge Iowa developed a [toolkit](#) to help formulate your response.

Iowa CADE Warns of Increased Cases of Pertussis

The Iowa Health and Human Services [Epi Update](#) for May 30, 2025, warned of increased pertussis activity in the recent weeks. Pertussis (or whooping cough) is caused by *Bordetella pertussis*, a gram-negative bacillus and presents [clinically in three illness stages](#).

The catarrhal stage is the most contagious stage of pertussis and begins insidiously, similar to a common cold with coughing, sneezing, and/or a runny nose sometimes lasting up to two weeks.

The paroxysmal stage is when classic symptoms start with 5-15 consecutive coughs per single breath, followed by a high pitched whoop as the person deeply inhales. Another round of coughing occurs moments later, sometimes accompanied by gagging and vomiting. Between attacks, a person infected with pertussis can appear normal. This stage can last one to six weeks.

The convalescent stage can persist for three weeks to three months with an average duration of seven weeks. Even after recovery, classic coughing episodes may recur for months.

Complications of pertussis include pneumonia, seizures, encephalopathy, and death. [Treatment](#) is recommended within the first 1-2 weeks of symptoms for reducing symptom severity and consideration of treatment before test results return should be discussed with the physician. Pertussis is preventable by ensuring that individuals are [up to date with their vaccinations](#) including a Dtap or Ttap series.

Pertussis is transmitted by respiratory droplets infected with *Bordetella pertussis*. If you suspect someone has pertussis, they should be placed in droplet precautions and tested by contacting the [Iowa Center for Acute Disease and Epidemiology \(CADE\)](#).

Nursing Facility Infrastructure Funding Applications Due by June 30

Iowa Medicaid issued informational letter (IL) [2682-MC-FFS](#) related to applying for Nursing Facility Infrastructure Funding (NFIF). The NFIF is a source of funding for nursing facility infrastructure-related expenditures and to qualify, the provider must have completed one of the following major renovations:

- Undertaken a complete replacement of the building.
- Improved infection control by replacing or enhancing an HVAC system (Heating, Ventilation, and Air Conditioning).
- Began a new construction project.
- Undertaken a major renovation to improve Life Safety Code Requirements, or
- Developed Home and Community-Based Services (HCBS) waiver services.

There are two options for reimbursement of NFIF including capital cost per-diem instant relief add-on per patient day or enhancement of the non-direct care component (note, both may be requested).

No later than **June 30, 2025**, providers wishing to receive NFIF must submit a written request to Iowa Medicaid at ltssfacilities@hhs.iowa.gov with the following information:

- A detailed description of the reimbursement option they intend to apply for,
- A detailed description of the project, and
- A copy of the statistical page from the most recent submitted cost report.

You can find additional requirements that must be met [here](#) and [here](#). Questions should be directed to Marlie Atwood at ltssfacilities@hhs.iowa.gov

DIAL Monthly Association Update

On June 2, the Department of Inspections, Appeals, and Licensing held their monthly association update call and provided the following updates.

LTC:

The current recertification average between nursing home recertification surveys is 11.72 months (note this is the average from recertification to recertification) which is

below the department's goal. The number of pending complaints remains consistent around 230 despite efforts to reduce the workload.

Surveyors are still training on the transition to iQIES which is expected in July. There is no date yet when Iowa will implement the electronic plan of correction (ePOC) process but the department will update associations when they know.

There were no identified trends in deficiencies recently and the unit managers were not aware of an increased number of deficiencies related to the revised surveyor guidance.

HHA/Hospice:

The home health and hospice unit reported that they are continuing to meet their workload requirements and there were no identified trends in deficiencies identified.

AL/ADS:

The assisted living unit is working diligently to get caught up on recertification surveys. Currently the unit is averaging 30 months on recertifications and hopes to reduce this even more in the coming months.

With the changes to the nurse scope of practice which allows for Licensed Practical Nurses (LPNs) to complete initial and significant change assessments, the department understands the urgency to have the rules revised to allow for this practice in assisted living programs. This unit is currently undergoing the red-tape rule review and will make the changes to the rules permanently, but in the interim, the department will not enforce the rules that limit the LPN scope of practice related to tenant evaluations ([see letter to the associations](#)).

Nurse Aide Testing:

The department is pleased to [announce](#) that virtual testing will be available as an option for the nurse aide written portion of the test as of June 2, 2025. Two vendors have been selected that will facilitate this testing and individuals choosing to use this option will go to the vendors website to register for the test. Each vendor will have their associated fee that will be due upon registering. In order to complete virtual testing individuals will need to follow security standards to ensure the integrity of the test and an online proctor will monitor the person testing. Any violations will result in the individual not passing the written portion of the competency evaluations. DIAL reported that they have tested the integrity and security of the online testing option and feel it is top notch. The fees associated with the vendors are \$50 for the [Headmaster](#) option and later this summer Credentia will also be available for \$70. (Note the \$50 and \$70 fees replace the \$65 fee paid to the community college for in-person testing.)

If the individual electing the online testing option does not have reliable internet access at their home or is concerned about meeting the security features, they are able to use a computer at the provider's location; however, they will still be required to meet the security standards.

Also, if you have an employee that completes the online testing please let us know how it goes! Email [Kellie Van Ree](#) with any feedback you have.

New LAI Resource Available – Physical Restraint Pathway

The [Physical Restraint Pathway](#) will aid members in determining if a piece of equipment, device, or material should be considered a physical restraint and if it is, provides the regulatory requirements to ensure compliance.

Now Available: Understanding the CMS 5-Star Program Webcast

The latest Driving Quality: Navigating Healthcare webcast covers the [Centers for Medicare & Medicaid 5-Star Program](#). Understanding the factors that drive each component of the program as well as how your overall star rating is calculated will help guide your quality improvement processes. Feel free to tell us your thoughts on these webcasts by completing this [survey](#).

Tackling the Complexities of Medicaid Eligibility Webinar

June 19, 2025 | 11 a.m. – 12:30 p.m.

[Learn More](#) | [Register Now](#)

Navigating Medicaid applications can be challenging—but this upcoming training will give you the tools and insights you need to handle the process with greater confidence.

Join us for a virtual session designed to help you better understand Medicaid eligibility requirements and avoid common application missteps.

Your Expert Presenters:

- **Avis Tripilas** – Iowa Department of Health and Human Services
- **Dawn Helm** – Iowa Department of Health and Human Services

They will guide you through:

1. Red flags to watch for in Medicaid eligibility
2. A step-by-step walkthrough of the application process
3. Common pitfalls and how to avoid them

LeadingAge Iowa members: This session is **FREE** as part of your membership benefits.

Don't miss this opportunity to strengthen your understanding and improve your outcomes.

[Click here](#) to learn more or to register.