

Member Call Summary

September 26, 2025

Celebrating Members Named to Newsweek's "America's Best Nursing Homes 2026"

LeadingAge Iowa is proud to celebrate member organizations recognized in Newsweek and Statista's "[America's Best Nursing Homes 2026](#)" rankings. This national honor highlights organizations that excel in quality outcomes, resident satisfaction, and peer reputation.

Iowa members on the list include:

- Oaknoll Retirement Residence
- Calvin Community Health Center
- Halcyon House
- Wesley on Grand
- Wesley Life Heritage House
- Walnut Ridge
- Story Medical Senior Care

Earning this recognition is a testament to the dedication of staff and leadership who provide exceptional care for older Iowans. Congratulations to our members for this well-deserved achievement!

Gov. Reynolds announces Kelly Garcia will step down as Iowa HHS Director, Larry Johnson appointed to succeed her

On September 22, Governor Kim Reynolds announced that Kelly Garcia, Director of the Iowa Department of Health and Human Services (HHS), has resigned and will leave the agency next month after nearly six years of service. Governor Reynolds has appointed Larry Johnson, currently Director of the Iowa Department of Inspections, Appeals and Licensing (DIAL), to succeed Garcia at HHS.

Garcia joined the state in November 2019 after the governor appointed her to lead what was then the Iowa Department of Human Services. The following June, she was additionally appointed interim director of the Iowa Department of Public Health before assuming leadership of both agencies and, eventually, aligning them into one at the governor's direction.

Under Garcia's leadership, the agency was instrumental in managing Iowa's public health response to the COVID-19 pandemic, aligning agency operations to improve service to Iowans, and redesigning the state's behavioral health system. Through her commitment to alignment and innovation, Garcia created foundational capacity within

the agency and instilled a focus on measurable performance, leaving a blueprint for the next leader's success. Emphasizing transparency and communication, Garcia built trust by openly engaging with lowans to inform systems improvements.

Directors Garcia and Johnson will immediately begin a weeks-long transition plan, which will include engaging with HHS division leaders, staff, and key stakeholders across the state.

Director Johnson was critical to the successful alignment of DIAL. Under his leadership, 16 professional licensing boards, previously located across state agencies, were centralized into DIAL. Staff were cross trained to resolve a years-long backlog of cases across several boards and establish new workflows to better manage ongoing case volume. As a result, between October 2024 and August 2025, the team reduced a backlog of 503 pending investigations to 37. Similar results were achieved in the agency's administrative hearings division and other areas.

Johnson's 14-year career in state government also includes serving as State Public Defender, and Legal Counsel to Governor Terry Branstad and then Lt. Governor Reynolds. He practiced law in the private sector before joining the state. Johnson's tenure as Director of HHS will begin in mid-October. Aaron Baack, Deputy Director and Chief Operations Officer at DIAL, will serve as the agency's interim director.

New Fees Imposed on H-1B Visas

On September 19, President Trump issued a [proclamation](#) that will have the effect of imposing a new \$100,000 fee on H-1B visa applications. H-1B visas are non-immigrant visas that allows U.S. employers to temporarily employ qualified foreign workers in "specialty occupations," which are those that require highly specialized knowledge and the attainment of at least a bachelor's degree or its equivalent. Although limited compared to other industries, H-1B holders are found in the health sector.

In FY 2024, the government reported that 4.2% of total H-1B approved applications were for the "Medicine and Health" industry. Physicians, surgeons, psychologists, and some specialized nursing positions, to name a few, typically qualify for the visa. The administration's proclamation set off a momentary wave of panic and uncertainty because many U.S. employers were unclear on how it was meant to be implemented. In clarifying guidance announced on Saturday, the White House said the fee is a one-time application fee that will not be applied retroactively, but to all new applications starting on the date of its implementation, September 22.

Senate Bill Expands Advance Care Planning Access

A Senate bill reintroduced on September 18, 2025 aims to expand access to critical advance care planning (ACP) services in Medicare that allow people, especially those with serious illness, to plan for their care and have their choices honored.

Medicare Part B (Medical Insurance) covers voluntary advance care planning as part of the "Welcome to Medicare" and yearly "Wellness" visit. Advance care planning involves

discussing and preparing for care one would get in the future if they need help making decisions for themselves. As part of advance care planning, a person may choose to complete an advance directive. This important legal document records a person's wishes about medical treatment in the future, if they aren't able to make decisions about their care.

The "Improving Access to Advance Care Planning Act," reintroduced by Sens. Mark Warner (D-VA) and Susan Collins (R-ME), will:

- Codify and expand Medicare coverage of advance care planning (ACP) services. This bill would expand eligible providers that can bill for such services to include clinical social workers with experience in care planning.
- Remove beneficiary coinsurance and deductibles for ACP visits, including those that happen outside of an annual Medicare Annual Wellness Visit, to ensure that beneficiaries are not deterred from seeking these services, and providers are not deterred from offering them.
- Educate health care providers by directing the Centers for Medicare and Medicaid Services (CMS) to conduct an education campaign on the ACP billing options and report to Congress on such activities.
- Study areas of improvement by directing the Medicare Payment Advisory Commission (MedPAC) to study and report to Congress on (A) barriers to providing and receiving ACP services despite the ability to bill for them, and (B) barriers to billing the code itself.
- Make permanent the ability to provide advance care planning services over telehealth in Medicare.
- Align the definitions of advance care planning used in the statute to ensure consistency of this service.

"Planning ahead can bring clarity to the often nuanced and complicated issues that sometimes arrive in critical healthcare situations or at end-of-life. Improving access to cost-effective care planning that all Americans need, as this bill will do, will bring peace of mind to millions of older adults and their family members," said Katie Smith Sloan, president and CEO, LeadingAge, [in the press release](#) issued by Sen. Warner's office. "What's more, because our nonprofit and mission-driven members deliver care across all aging services settings, LeadingAge recognizes the importance of acknowledging the preferences and beliefs of people and their families to deliver quality care. We hope greater access to these conversations will improve serious illness care through the end-of-life and help providers meet unique patient needs."

New, Free Learning Hub Resource on HR 1 - the 2025 Budget Reconciliation Act

The [Understanding the 2025 Reconciliation Bill](#) resource is now live on the LeadingAge Learning Hub. This resource allows members to check out videos that walk through the details of different aspects of HR 1, covering topics such as: affordable housing, Medicaid, Rural Health Transformation Program, and tax policy provisions of the bill and potential impacts or considerations for LeadingAge members. Members are encouraged to check out our growing list of [Advocacy -related resources](#) on the Hub.

Discover More Value in Your Membership: Join Our Free Member Benefit Webinar

LeadingAge Iowa is excited to invite you to an upcoming *Member Benefit Webinar* designed to help you get the most out of your membership. This free, one-hour session will highlight the full range of benefits available to you to better support your organization and team.

During the webinar, you'll learn how LeadingAge Iowa can help you:

- Stay ahead of the latest regulatory and legislative updates affecting aging services in Iowa.
- Access complimentary webinars, networking opportunities, and professional development programs.
- Take advantage of valuable resources designed to save you time, strengthen your operations, and support your workforce.
- Connect with a statewide network of peers who share your challenges and goals.

Whether you're a long-time member or new to our association, this session is a great way to ensure you're tapping into all the tools, services, and advocacy support that come with your membership.

Don't miss this opportunity to strengthen your connection to the LeadingAge Iowa community and discover how we're working every day to expand the value of your membership.

Date: Monday, October 13

Time: 11:00

Location: Online via Zoom- [Register here](#)

ACIP Votes on COVID-19 Vaccine Recommendations

The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control & Prevention (CDC) met on Thursday, September 18 and Friday, September 19 to discuss and vote on recommendations for several vaccines. Notably, the committee voted on four COVID-19 vaccine recommendations including who should be eligible for the vaccine and how, and what should be included in informed consent discussions and materials. The committee voted to recommend individual-based decision making, or shared clinical decision-making, for individuals 6 months and older, and for individuals 6

months to 64 years shared clinical decision-making should include an emphasis that the risk-benefit of vaccination is most favorable for individuals in this age group who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

In a tie vote that was decided by the committee chair, the committee did not approve a recommendation that state and local jurisdictions should require a prescription for the administration of COVID-19 vaccination. Following the conclusion of the meeting, the CDC Director will need to approve the committee's recommendations before they become official recommendations.

OIG Investigation Finds Nursing Home Falls Significantly Underreported

The Health & Human Services (HHS) Office of Inspector General (OIG) released a [report](#) and [related data snapshot](#) on September 18 asserting significant underreporting of falls with major injury in nursing homes. The investigation compared hospital claims data to Minimum Data Set (MDS) assessments submitted for Medicare beneficiaries during a one-year period and found that 43% of falls with major injury reported through hospital Medicare claims data were not congruently coded on residents' discharge MDS assessments preceding the hospitalization. Noting that MDS data on falls with major injury are used to calculate quality measures on the consumer-facing Nursing Home Care Compare website, OIG recommended that the Centers for Medicare & Medicaid Services (CMS) take steps to ensure the completeness and accuracy of MDS data, and explore whether approaches to improve the quality measures related to falls could similarly be used to improve the accuracy of other quality measures.

A Technical Expert Panel (TEP) was previously convened on this topic and CMS recently made the [summary report](#) from the TEP publicly available. The TEP examined ways to improve the cross-setting quality measure by incorporating hospital claims data based on ICD-10 code diagnoses. While CMS has not yet announced any changes to the Falls with Major Injury quality measures, utilized for both nursing home and home health providers, LeadingAge notes that CMS has actively moved to incorporate the use of claims data to improve other quality measures. CMS announced in June 2025 that claims data would be incorporated in the long-stay antipsychotics measure used in nursing homes beginning in January 2026; however, incorporation of claims data in the antipsychotics measure coupled with OIGs recommendations related to the Falls with Major Injury measures could indicate a strong likelihood of CMS taking up this recommendation, as well as continuing to incorporate claims data into other measures.

Upcoming Events

Leadership Retreat (in-person)

September 29, 2025 from 9 a.m.-4:30 p.m. and September 30, 2025 from 8 a.m.-1 p.m.

Location: DeSoto House, 230 S. Main Street, Galena, IL 61036

Regional Networking Meeting (in-person)

October 7, 2025 from 1-3 p.m.

Location: Mill Pond Retirement Community, 1201 SE Mill Pond CT, Ankeny, IA 50021

Sponsored by: Key Rehab

Assisted Living Program Manager (in-person + on-demand)

October 9, 2025 from 8:30 a.m.-4:15 p.m.

Location: Aurora Training Center, 11159 Aurora Ave., Urbandale, IA

Assisted Living Nurse Delegation (in-person)

October 9, 2025 from 8:30 a.m.-4:15 p.m.

Location: Aurora Training Center, 11159 Aurora Ave., Urbandale, IA

AAPACN Director of Nursing Services - Certified (DNS-CT) Certification Workshop

(virtual)

October 14-15 & 20-21, 2025 from 9 a.m.-3:30 p.m.

No Communique or Member Call Next Week

LeadingAge Iowa staff will be in Galena, Illinois for the Leadership Retreat and Board Retreat next week. Therefore, there will not be a Communique on Thursday, October 2 or a Member Call on Friday, October 3. These will both resume the following week.