

The Iowa Health Sovereignty Act (IHSA)

Restoring Medical Authority to Iowans

The IHSA is a paradigm shift designed to eliminate the "profit-by-denial" motive of out-of-state Managed Care Organizations (MCOs). By transforming Iowa's \$7 billion Medicaid expenditure into a **Circular Health Economy**, we ensure that Iowa tax dollars stay in Iowa communities to care for Iowa children.

I. Structural Foundation: District-Led Sovereignty

We are replacing top-down, out-of-state management with **7 self-governing Health Districts** based on the 2025 Behavioral Health map.

- **The District ACO:** Each district is managed by an Iowa-domiciled, non-profit, or provider-owned cooperative (e.g., a coalition of local hospitals, clinics, law enforcement, foster/adoptive parents, community leaders).
- **The 93/7 Direct-Care Mandate:** By law, **93%** of Medicaid funds must be spent on direct clinical care. Administrative overhead is strictly capped at **7%**.
- **The Ghost Network Registry:** A public "Truth in Mapping" portal. If a provider is listed but has a 2-year waitlist or a disconnected line, the providers is cited for Network Fraud, and the district must take corrective action.

II. The "Nathan Rule": Accountability & Family Rights

- **The Provider Accountability Officer (PAO):** An independent "Internal Affairs" officer for each district.
- **The 30-Day Record Mandate:** HIPAA or educational records must be delivered in 30 days. On Day 31, the PAO levies a **\$5,000 daily fine** until produced.
- **The "No-Reject" Mandate:** Providers receiving District funds cannot "cherry-pick." They cannot reject a child for being "too complex" or "too expensive." Rejection is only allowed under narrow clinical safety criteria.

III. Eliminating Administrative Bloat

- **The 3-Person Meeting Cap:** State-mandated meetings (CINA/IEP) are capped at three state employees. Though requester may request additional presences if wanted.
- **The Lead Seat Rule:** One attendee must be an **Authorized Decision Maker (ADM)**. They must provide a binding "Yes" or "No" within 48 hours.
- **"Silence is Consent":** If the ADM fails to respond in 48 hours, the service is **automatically approved** and funded.
- **Frontline Conversion:** For every 5 "auditor" roles cut in Des Moines, the state must hire **8 District System Navigators**—local staff who help parents move their kids through the system.

IV. Access to Specialized Care (The Mayo Clinic Provision)

- **Clinical Supremacy:** The decision to refer a child to specialists (Mayo, UNMC, etc.) rests solely with the **local clinician**, not an insurance adjuster.
- **In-Region Tertiary Partners (IRTP):** Elite facilities within 300 miles of Iowa are automatically "In-Network," ending the months of red tape known as "Single Case Agreements."
- **The 72-Hour "Emergency Clear":** If a referral is delayed for non-clinical reasons, the PAO can cite "Clinical Obstruction" and levy a **\$10,000 fine** to the family to cover travel and lost wages.

V. The "Sioux City Impact" (District 1 Example)

By reclaiming the ~\$60M currently lost to MCO profit and bloat in our region, we can fund:

- **300 additional "System Navigators"** at \$70k/year.
- A **15-25% rate increase** for all local therapists to end the workforce shortage.
- **Expanded local crisis beds** using funds that used to go to out-of-state shareholders.