OPERATION! MAKE HIM BETTER OR GET THE BUZZER: OVERHAULING IOWA'S WORKERS' COMPENSATION SYSTEM TO ADDRESS RISING MEDICAL COSTS

ABSTRACT

Accidents happen. When they happen at work, injured employees can count on prompt medical care and wage replacement at no cost to them. In return, they agree not to sue their employer. This is the grand bargain of workers' compensation, codified in Iowa since 1911. Because of skyrocketing medical costs, it is in Trouble.

The rapid increase in the price of healthcare is prompting legislatures across the country to scramble to control costs in workers' compensation. Absent nation- and industry-wide change, this is necessary to protect the existing workers' compensation system from being stretched too thin. Iowa has taken little action in this regard, and now Iowa employers find themselves paying far above the national average for everything from office visits to arthroscopies. The grand bargain requires a quid pro quo that is increasingly absent in Iowa's workers' compensation system, to the benefit of medical providers and the detriment of everyone else. This Note advocates legislative and judicial reforms that will ensure the workers' compensation system has continued vitality, while protecting the rights of the employees who depend on its existence.

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I. RISK: THE GAME OF WORKERS' COMPENSATION (INSURANCE)

It is 2010, and Steve Meyer is a 56-year-old high school graduate working for Heartland Asphalt, Inc. in Mason City, Iowa.[1] A laborer with over 30 years of experience in the asphalt industry, he is working 60–70 hour weeks at Heartland's sand plant as a foreperson, earning approximately $1,346 a week, before taxes.[2] On September 22, 2010, he bends over to measure something in the work area while a coworker drives a skid loader nearby.[3] The coworker accidentally backs over Mr. Meyer's right foot, knocking him to the ground.[4] Trying to get the skid loader off Mr. Meyer, the coworker drives over his foot again.[5] Mr. Meyer's injury, like so many others that happen every day across the country, arose out of and in the course of his employment, bringing him into the workers' compensation system.[6]

Mr. Meyer received medical care on site from paramedics.[7] (Treatment of Tibia Fracture: $538.35).[8] He was taken to the emergency room, where he

1. Meyer v. Heartland Asphalt, Inc., No. 5039461, 2013 WL 311048, at *1 (Iowa Workers' Comp. Comm'n Jan. 22, 2013) (Gerrish-Lampe, Arb.).

2. *See id.* Indemnity, or wage replacement, benefits are awarded as a percentage of an employee's take-home earnings. *See* IOWA CODE § 85.37 (2015). Injured employees are paid this rate when they are unable to return to work following an injury (known as temporary disability) or as compensation for their loss of earning capacity following an injury (known as permanent disability). *Id.* §§ 85.33, 85.34. The arbitration decision notes the defendants volunteered permanent partial disability payments at a rate of $768.34 per week. *Meyer*, 2013 WL 311048, at *1. Assuming Mr. Meyer was a single person with no dependents, he would have had to earn around $1,346 a week, before taxes, to yield this rate. *See* DIV. OF WORKERS' COMP., IOWA WORKFORCE DEV., *Disability Compensation Rates by Income and Tax Status*, *in* IOWA WORKERS' COMPENSATION MANUAL 1, 122 (2010–2011 ed. 2010), http://www.iowaworkcomp.gov/sites/authoring.iowadivisionofworkcomp.gov/files/10ratebbook.pdf.

3. *Meyer*, 2013 WL 311048, at *2, *7.

4. *Id.* at *7.

5. *Id.*

6. *Id.* at *7–8.

7. *Id.* at *2.

8. WPS MEDICARE, 2015 MEDICARE PHYSICIAN FEE SCHEDULE FOR IOWA 143 (2015) [hereinafter 2015 MEDICARE PHYSICIAN FEE SCHEDULE], http://www.wpsmedicare.com/j5macpartb/fees/current-year-fee-schedules/_files/01-15_ia.pdf (listing procedure code number 27756 and its corresponding par amount). Unless otherwise noted, the prices used in this introductory section are the par amounts taken from the 2015 Medicare Fee Schedule for Iowa. *Id. passim*. The corresponding coding can be found at *Physician Fee Schedule Search*, CENTERS FOR MEDICARE & MEDICAID SERVICES, https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

was diagnosed with "an open fracture of the right tibia, along with malrotation on the right foot."[9] (Emergency Department Visit: $166.59).[10] He underwent surgery and was released from the hospital.[11] (Repair of Tibia Fracture: $819.08).[12] Mr. Meyer followed up with an orthopedic specialist for his post-surgical care.[13] (Office Visit, Established Patient: $68.10).[14] Two months later, he was able to ambulate with the help of a walker.[15] (Drive Medical Four Wheel Walker: $58.74).[16] He then underwent physical therapy. (Manual Therapy: $28.37 per procedure).[17]

Unfortunately, the therapy led to problems in his back and hip.[18] This prompted his post-surgical care provider to refer him to a nerve specialist.[19] (Office Visit, New Patient: $100.83).[20] Mr. Meyer, unhappy with his care so

(last visited Aug. 6, 2016). As will become clear later in this Note, these figures are very low estimates of the actual charge. *See* United Fire & Cas., No. 5048485, 2014 WL 7139325, at *3–5 (Dec. 2014) (reporting expert opinion that by using Medicare fee schedule the total charge of 131-day inpatient hospitalization with 23 surgeries would be $846,370.44, but using California workers' compensation fee schedule, the total charge would be $3,894,576.10); Steven Brill, *Bitter Pill: Why Medical Bills Are Killing Us*, TIME (Apr. 4, 2013), http://time.com/198/bitter-pill-why-medical-bills-are-killing-us/ (describing huge markups from Medicare, "[t]he only constant is sticker shock"); *see also infra* Part II. Furthermore, these figures represent only one billing code per service, which ignores the reality that each treatment will likely involve many different billable procedures, including the administration of medicine, the medicine itself, evaluation of results, use of multiple physicians, etc.

9. *Meyer*, 2013 WL 311048, at *2.

10. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 639 (listing procedure code 99285 and its corresponding par amount).

11. *Meyer*, 2013 WL 311048, at *2.

12. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 142 (listing procedure code 27720 and its corresponding par amount).

13. *Meyer*, 2013 WL 311048, at *2.

14. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 637 (listing procedure code 99213 and its corresponding par amount).

15. *Meyer*, 2013 WL 311048, at *2.

16. *Drive Medical Four Wheel Walker Rollator with Fold Up Removable Back Support, Red*, WALMART, http://www.walmart.com/ip/28647754?wmlspartner=wlpa&selectedSellerId=0&adid=22222222227019105038&wl0=&wl1=g&wl2=c&wl3=40753322192&wl4=&wl5=pla&wl6=78606399992&veh=sem (last visited Mar. 18, 2015).

17. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 632 (listing procedure code 97140 and its corresponding par amount).

18. *Meyer*, 2013 WL 311048, at *2.

19. *Id.*

20. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 636 (listing procedure code 99203 and its corresponding par amount).

far, also presented to his family doctor, who, in turn, referred him to the Mayo Clinic.[21] (Round Trip Mileage from Mason City, Iowa, to Rochester, Minnesota: $100.91).[22] Mayo Clinic recommended a bone stimulator.[23] (Electrical Bone Stimulation: $166.14).[24]

By August 11, Mr. Meyer's symptoms had only gotten worse.[25] The numbness and tingling were spreading.[26] His family doctor recommended an MRI.[27] (MRI, Spine: $293.68).[28] He was given an epidural to help with the pain.[29] (Injection, Epidural: $204.02).[30] Two and a half years after his initial injury, the case went before the deputy commissioner to determine what portions of Mr. Meyer's medical expenses were causally connected to his initial injury.[31] Mr. Meyer underwent an independent medical examination (IME) for the purposes of this hearing.[32] (IME: $972.00).[33]

The deputy commissioner ruled for Mr. Meyer.[34] An injury that began in the right foot had spread to the whole body. In a world of $190,000

21. *Meyer*, 2013 WL 311048, at *2.

22. IOWA ADMIN. CODE r. 876-8.1(85) (2016) (authorizing compensation for transportation expense); Div. of Workers' Comp., *Workers' Compensation Law for Injured Workers – Questions and Answers*, IOWA WORKFORCE DEV., http://www.iowaworkcomp.gov/sites/authoring.iowadivisionofworkcomp.gov/files/qa14-15.pdf (last visited Sept. 2, 2016) (citing IOWA CODE § 85.27 (2013)) (mileage reimbursement is $0.56 per mile); GOOGLE MAPS, https://www.google.com/maps (last visited Aug. 6, 2016) (search Mason City, IA to Rochester, MN) (distance from Mason City, Iowa to Rochester, Minnesota is 90.1 miles via I-90).

23. *Meyer*, 2013 WL 311048, at *3.

24. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 62 (listing procedure code 20975 and its corresponding par amount).

25. *Meyer*, 2013 WL 311048, at *3.

26. *Id.*

27. *Id.*

28. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 456 (listing procedure code 72147 and its corresponding par amount).

29. *Meyer*, 2013 WL 311048, at *4.

30. 2015 MEDICARE PHYSICIAN FEE SCHEDULE, *supra* note 8, at 395 (listing procedure code 64483 and its corresponding par amount).

31. *Meyer*, 2013 WL 311048, at *1.

32. *Id.* at *4.

33. *See* John Deere Dubuque Works v. Caven, 804 N.W.2d 297, 298, 301 (Iowa Ct. App. 2011) (affirming the commissioner's award of $972 IME charge as reasonable).

34. *Meyer*, 2013 WL 311048, at *11.

surgeries,[35] the total bill was likely staggering.[36] Mr. Meyer's treatment—all of it—was paid for by his employer's workers' compensation insurer, and he was still being treated.[37] The treatment, but not the size of the bill, is the intended result of legislatures in all 50 states; it is the "grand bargain" of workers' compensation struck in the industrial revolution between labor and business.[38] In exchange for foregoing their right to sue, even when their

35. *See* Steven Brill, *What I Learned from My $190,000 Surgery*, TIME, Jan. 19, 2015, at 34, 34.

36. As is typically true in contested workers' compensation claims, the deputy commissioner did not discuss the total medical costs. *See generally Meyer*, 2013 WL 311048. This is because, to the claimant, the total cost is irrelevant; the employer is obligated to provide all reasonable medical treatments. *See* IOWA CODE § 85.27(1) (2015). Claimants are not parties to disputes over medical billing costs; these disputes are between the provider and the employer or the employer's workers' compensation insurance carrier. Disputes over medical costs are handled privately or through informal dispute resolution proceedings. *See* Vaughn, No. 5035002, 2013 WL 1741644, at *2 (Iowa Workers' Comp. Comm'n Apr. 12, 2013) ("Defendants further assert that the costs of claimant's medical care costs are abominable. Defendants' argument that it should not be required to pay unreasonable medical care costs or fees is legitimate and the University of Iowa Hospitals and Clinics should work with defendants to determine the reasonable charges for the services which have been provided in this case. However, any dispute between defendants and the medical care providers shall be handled privately or through use of the informal dispute resolution procedures in Chapter 10 of this division's administrative rules."). For a case representative of extreme medical charges, see *United Fire & Casualty*, No. 5048485, 2014 WL 7139325, at *3 (Iowa Workers' Comp. Comm'n Apr. 12, 2014) (131 day hospitalization with 23 surgical procedures: $5,314,001.96).

37. *Meyer*, 2013 WL 311048, at *10–11. The ultimate resolution of this case was outside of reported decisions. Settlements must be approved by the workers' compensation commissioner and can generally be sorted into open-file or closed-file settlements. IOWA CODE § 86.27 (2015) ("[N]o party to a contested case . . . may settle a controversy without approval of the workers' compensation commissioner."); *see* R. Saffin Parrish-Sams & Coreen K. Sweeney, *Settlement Considerations for Workers' Compensation Cases*, *in* FIFTY-SECOND ANNUAL WORKERS' COMPENSATION SYMPOSIUM § X, 1–2 (2014) (citing IOWA CODE § 85.35 (2015)). In an open-file settlement, the claimant's entitlement to medical care continues into the future, despite having settled his or her entitlement to cash benefits. *See* IOWA CODE § 85.35(2); Parrish-Sams & Sweeney, *supra*.

38. *See* Howard Berkes & Michael Grabell, *Injured Workers Suffer as 'Reforms' Limit Workers' Compensation Benefits*, NPR (Mar. 4, 2015), http://www.npr.org/2015/03/04/390441655/injured-workers-suffer-as-reforms-limit-workers-compensation-benefits. For an in-depth history of workers' compensation, see generally Gregory P. Guyton, *A Brief History of Workers' Compensation*, 19 IOWA ORTHOPAEDIC J. 106 (1999), http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1888620/pdf/IowaOrthopJ-19-106.pdf (tracing workers' compensation from ancient Sumeria to Otto Bismark to Upton Sinclair to the present).

employer (or as in Mr. Meyer's case, his coworker) was negligent, injured workers are entitled to prompt compensation for injuries arising out of and in the course of their employment.[39] This compensation includes indemnity, or wage replacement benefits,[40] as well as medical care.[41] Medical care, which in the majority of cases is the only benefit the employee needs,[42] is provided at no cost to the employee.[43] For the first time since the grand bargain was struck, payments for medical care are exceeding payments made to injured workers.[44]

II. HUNGRY HUNGRY HIPPOS: RISING MEDICAL COSTS

In 1960, Americans spent $27.4 billion on health care.[45] In 2011, they spent $2.7 *trillion*.[46] Spending increased from $147 to $8,680 per capita.[47] Medical spending increased as a percentage of GDP by 12.7 percent.[48] One commentator suggests that these numbers are a conservative measure.[49] It is

39. *See* IOWA CODE §§ 85.20, 85.32 (establishing workers' compensation as the exclusive remedy against an employer for injuries covered under the statute; compensation begins on the fourth day of disability after the injury).

40. *See id.* § 85.27(7).

41. *Id.* § 85.27(1).

42. *See* Martha T. McCluskey, *The Illusion of Efficiency in Workers' Compensation "Reform*," 50 RUTGERS L. REV. 657, 671 (1998).

43. *See* IOWA CODE § 85.27.

44. Press Release, Nat'l Acad. of Soc. Ins., Workers' Compensation Payments for Medical Care Exceed Cash Benefits for The First Time 1 (Sept. 9, 2010) [hereinafter NASI, Medical Care Exceeds Cash Benefits], https://www.nasi.org/sites/default/files/press/Press%20Release_Workers'%20Comp%20Payment%20for%20Medical%20Care%20Exceed%20Cash%20Benefits.pdf.

45. NAT'L CTR. FOR HEALTH STATISTICS, U.S. DEP'T OF HEALTH & HUMAN SERVS., DHHS PUB. NO. 2014-1232, HEALTH, UNITED STATES, 2013: WITH SPECIAL FEATURE ON PRESCRIPTION DRUGS 327 (2014) [hereinafter NCHS], http://www.cdc.gov/nchs/data/hus/hus13.pdf. Adjusted for inflation, that is approximately $223.12 billion. *See CPI Inflation Calculator*, BUREAU LAB. STAT., http://www.bls.gov/data/inflation_calculator.htm (input 27.4; change drop down tab to 1960) (last visited Aug. 6, 2016).

46. NCHS, *supra* note 45. Estimates for 2014 are in excess of $3 trillion, which is "more than the next 10 biggest [spending countries] combined." Brill, *What I Learned from My $190,000 Surgery*, *supra* note 35, at 36.

47. NCHS, *supra* note 45.

48. *Id.*

49. *See* Dan Munro, *Annual U.S. Healthcare Spending Hits $3.8 Trillion*, FORBES (Feb. 2, 2014), http://www.forbes.com/sites/danmunro/2014/02/02/annual-u-s-healthcare-spending-hits-3-8-trillion/ (finding that $2.7 trillion does not take into account the Sustainable Growth Rate deficit, making the true cost near $3.8 trillion).

axiomatic to say that health care is getting more expensive.[50] A lesser known fact is that workers' compensation medical benefits account for approximately $30 billion to $40 billion of total annual medical expenditures.[51]

In 1962, employers and their insurance carriers paid $1,489,000 in workers' compensation benefits.[52] Medical benefits accounted for 33.2 percent.[53] In 2012, total benefits reached $61.86 billion, and medical benefits accounted for 49.9 percent.[54] Inflation, population growth, and other factors explain the overall increase but do not address the 16.7 percent increase in medical care as a percentage of total benefits.[55]

Stating that employers are paying "the lowest rates . . . since the 1970s"[56] or that their costs are only rising modestly and commensurate with gains in employment[57] is inaccurate and misleading. Focusing only on total benefits per $100 of covered wages[58] erroneously assumes that employees are working in substantially the same jobs under substantially the same

50. *See generally* Brill, *Bitter Pill: Why Medical Bills Are Killing Us*, *supra* note 8.

51. *See* ISHITA SENGUPTA ET AL., NAT'L ACAD. OF SOC. INS., WORKERS' COMPENSATION: BENEFITS, COVERAGE, AND COSTS, 2012, at 16 tbl.5 (2014) [hereinafter NASI, BENEFITS], https://www.nasi.org/sites/default/files/research/NASI_Work_Comp_Year_2014.pdf (reporting $30.8 billion in medical benefits paid in 2012); U.S. CENSUS BUREAU, STATISTICAL ABSTRACT OF THE UNITED STATES: 2012, at 102 tbl.135 (131st ed. 2011), https://www2.census.gov/library/publications/2011/compendia/statab/131ed/2012-statab.pdf (reporting workers' compensation was the source for $39.6 billion of $2,486.3 billion in national health expenditures total in 2009).

52. *See* NASI, BENEFITS, *supra* note 51, at 16.

53. *Id.*

54. *Id.*

55. *See id.* The National Academy of Social Insurance (NASI) asserts the most important reason for the increase in overall cost is simple: more workers earning higher wages (and thus increasing the total number of claims filed, as well as the indemnity costs of those claims). *See PRESS RELEASE: Workers' Compensation Benefits, Employer Costs Rise with Economic Recovery*, NAT'L ACAD. SOC. INS. (Aug. 20, 2013) [hereinafter NASI, *Employer Costs Rise*], https://www.nasi.org/press/releases/2013/08/press-release-workers-compensation-benefits-employer-cost. *But see* Kyle W. Morrison, *Returning to Work*, SAFETY+HEALTH, Oct. 2014, at 50, 53, http://viewer.zmags.com/publication/e8e5c42a#/e8e5c42a/50 (stating that NASI's attribution of rising costs to the economic recovery ignores other factors, like "growing medical costs").

56. Berkes & Grabell, *supra* note 38.

57. NASI, *Employer Costs Rise*, *supra* note 55 ("When benefits and costs are measured relative to total covered wages, then benefits remained unchanged, and costs to employers rose very modestly. . . .").

58. *See id.*

conditions. This is not the case, as the workplace is getting safer.[59] "Over the last two decades the annual number of fatal work-related injuries has declined by more than 25 percent, and the annual number of nonfatal work related injures has declined by more than 55 percent."[60] The number of workers' compensation claims per 100,000 insured workers declined by 58.2 percent from 1992 to 2009.[61] Further, whereas in 1980 wage replacement benefits per $100 in covered wages were far greater than medical benefits, by 2012 they were even.[62] In 2008, payments for medical benefits exceeded indemnity benefits for the first time in the history of workers' compensation.[63] As medical costs are showing few signs of decreasing,[64] addressing the effects is more important now than ever.

The Workers' Compensation Research Institute identifies 15 common medical cost-containment strategies.[65] Of these 15 strategies, Iowa only

59. *See* NASI, BENEFITS, *supra* note 51, at 40–42 (discussing and analyzing data showing the declining incidence of work-related fatalities and injuries).

60. *Id.* at 40.

61. *Id.* at 43 tbl.19.

62. *Id.* at 4 fig.2. In 1980, cash benefits accounted for $0.68 per $100 covered wages, whereas medical benefits accounted for $0.28. In 2012, cash and medical benefits accounted for $0.49 each.

63. NASI, Medical Care Exceeds Cash Benefits, *supra* note 44 (citing ISHITA SENGUPTA ET AL., NAT'L ACAD. OF SOC. INS., WORKERS' COMPENSATION: BENEFITS, COVERAGE, AND COSTS, 2008, at 17 (2010)).

64. *See* Brill, *Bitter Pill: Why Medical Bills Are Killing Us*, *supra* note 8. Further, some studies found that workers' compensation medical costs are increasing at a faster rate than non-workers' compensation medical costs. *See* Silvana Pozzebon, *Medical Cost Containment Under Workers' Compensation*, 48 INDUS. & LAB. REL. REV. 153, 153 (1994). This is likely due to two factors: (1) no deductibles or co-pay to deter claimants from over-utilizing care and (2) workers' compensation insurers' relative lack of bargaining power compared to primary health insurance carriers and Medicare or Medicaid. *See id.*; *see also* SCOTT D. SZYMENDERA, CONG. RESEARCH SERV., R44580, WORKERS' COMPENSATION: OVERVIEW AND ISSUES 9, 12 (2016), https://www.fas.org/sgp/crs/misc/R44580.pdf.

65. WORKERS' COMP. RESEARCH INST., WORKERS' COMPENSATION MEDICAL COST CONTAINMENT: A NATIONAL INVENTORY, 2011, at 15 tbl.1 (2011) [hereinafter WCRI, MEDICAL COST CONTAINMENT], https://www.wcrinet.org/studies/public/books/MCC_2011_book.html. These strategies are: Limited Initial Provider Choice; Limited Provider Change; Managed Care Regulations; Non-Facility Medical Provider Fee Regulation; Treatment Limitations; Co-Insurance on Palliative Treatment; Hospital Inpatient Fee Regulation; Hospital Outpatient Fee Regulation; Urgent Care Fee Regulation; Ambulatory Surgical Center Fee Regulation; Pre-Authorization for Non-Emergency Care; Utilization Review; Bill Review; Treatment Guidelines; and Pharmaceutical Fee Regulation.

utilizes two: "Limited Initial Provider Choice" and "Limited Provider Change."[66] Iowa is one of only six jurisdictions that does not incorporate some sort of fee schedule.[67] Iowa's price for professional services is slightly lower than the median for other states without fee schedules but noticeably higher than the states with fee schedules.[68] Out of the 25 states in which the majority of workers' compensation benefits are paid out, in 2013, Iowa paid the sixth most for professional services,[69] the fifth most for professional evaluation and management services,[70] and the fourth most for minor radiology services.[71]

In 2012, Iowa had 1,433,000 workers covered by workers' compensation.[72] Of the 51 jurisdictions involved in a National Academy of Social Insurance study, Iowa experienced the 12th largest increase from 2008 to 2012 in covered workers.[73] From 2008 to 2012, Iowa experienced the ninth largest increase in the nation in total benefits paid.[74] In 2012, 56.4 percent of these benefits were for medical services.[75] Iowa is ranked fifth in the nation

66. *Id.* Limited Provider Choice and Limited Provider Change refer, respectively, to the employer's ability to select an injured workers' physician and the restrictions on the employee's ability to change providers. *See id.* at 62 tbl.11; *see also infra* Part IV.

67. *See infra* Part III.

68. *See* RUI YANG & OLESYA FOMENKO, WORKERS' COMP. RESEARCH INST., WCRI MEDICAL PRICE INDEX FOR WORKERS' COMPENSATION, SIXTH EDITION (MPI-WC) 24 fig.A.8 (2014) [hereinafter YANG & FOMENKO, PRICE INDEX], https://www.wcrinet.org/studies/public/books/wcri861.pdf.

69. *Id.* at 5, 122 fig.E.1 (looking at 25 states that together "represent nearly 80 percent of the workers' compensation benefits paid in the U.S." and reporting that "[p]rofessional services . . . refer to . . . services billed by physicians, physical therapists, and chiropractors"). For example, Iowa employers paid an average of $4,921 per claim for physician services. *Interstate Comparison: Medical Claim Costs and Utilization by Provide Type, 2011/2012 Claims with More than 7 Days of Lost Time, Adjusted for Injury and Industry Mix*, WORKERS' COMPENSATION RES. INST., http://www.wcrinet.org/benchmarks/benchmarks_14/benchmarks_14_tbl-B.html (last visited Aug. 7, 2015). Pennsylvania, a fee schedule state which pays near the median of all states, paid only $3,403 per claim, a difference of $1,518 per claim. *See id.*

70. YANG & FOMENKO, PRICE INDEX, *supra* note 68, at 124 fig.E.3 (comparing "professional evaluation and management services," including "new and established patient office visits").

71. *Id.* at 128 fig.E.7 (x-rays and ultrasounds).

72. NASI, BENEFITS, *supra* note 51, at 12 tbl.3.

73. *Id.* at 12–13.

74. *Id.* at 24 tbl.9.

75. *Id.* at 20–21 tbl.8. This is 6.5 percent higher than the national average. Iowa is ranked 26th for percentage of benefits paid as medical. *Id*. This is despite having some

for increases in medical benefits paid[76] but only 15th for increases in cash benefits.[77] The cost to employers in Iowa per $100 of covered wages increased over five years by $0.14—the fifth largest increase in the nation.[78]

In sum, workers' compensation costs are increasing in Iowa at a faster rate than in the majority of jurisdictions, driven in large part by the increase in medical benefit costs. Workers' compensation, the grand bargain between employer and employee, must strike a crucial balance between providing effective care and requiring only reasonable cost. Without reform, this balance will continue to shift, endangering the system for the future. This Note recommends that the legislature adopt a fee schedule and maintain employer provider choice, and that the judiciary better define reasonable medical care. This Note does not recommend arbitrary limits or getting rid of workers' compensation entirely. Each of these moves requires careful strategy and thought, and as little as possible should be left to chance.

III. MONOPOLY: CONTROLLING COSTS BY SETTING A FEE SCHEDULE

A fee schedule is a list of maximum reimbursement rates for professional services and supplies.[79] For the purpose of this Note, we presume legislative intervention and setting of the fee schedule, like is done in a majority of states' workers' compensation laws.[80] As noted above, Iowa is not part of the majority.[81] A properly set fee schedule will achieve two primary goals: (1) reducing short-term costs and (2) controlling increases in

of the most generous cash benefits in the country. *See id.* at 6, 66 tbl.C (In 2012—the most recent year for which data is available—Iowa had the highest maximum temporary total disability benefit (also known as healing period benefits, which is wage replacement while the worker is unable to work due to the injury) in the country, at 80 percent of the employee's spendable earnings, up to $1,457 weekly); *see also* IOWA CODE § 85.37 (2015).

76. NASI, BENEFITS, *supra* note 51, at 26 tbl.10 (finding a five-year percent change of 19.5 percent).

77. *Id.* at 28 tbl.11.

78. *Id.* at 34 tbl.14.

79. *Fee Schedules – General Information*, CENTERS FOR MEDICARE & MEDICAID SERVICES, http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo (last modified May 19, 2015).

80. *See* WCRI, MEDICAL COST CONTAINMENT, *supra* note 65, at 20–25. An insurance carrier could adopt its own fee schedule and then proceed to dispute charges using the procedures described in note 86, *infra*. As described in note 86, this is likely not a realistic option because of insurers' relative lack of bargaining power: They usually cannot refuse the care provided. *See* IOWA CODE § 85.27(3).

81. *See* WCRI, MEDICAL COST CONTAINMENT, *supra* note 65, at 21 tbl.3.

costs over time.[82] Faced with already high medical bills that are increasing at a faster rate than in most jurisdictions,[83] the Iowa Legislature should adopt a fee schedule for workers' compensation medical benefits.

To illustrate, consider prescription medication. The use, as well as the cost, of medications has greatly increased.[84] This is partly attributable to pain management programs that include regular medications and treatment for an indefinite period of time.[85] Because the injured worker has no co-pay, and because employers are obligated to provide all reasonable care, there is no market force to keep costs in check.[86] Thus, states impose limits, in the form of fee schedules, on the prices providers are allowed to charge for the medication.[87] Iowa, with no such limits,[88] pays for it with an additional 98 percent on the average cost for pain management injections.[89] While fee schedules can be diverse and complex, their wide adoption[90] is a testament to their efficacy, and a fairly set fee schedule will not harm employees'

82. *See* Pozzebon, *supra* note 64, at 155–56.

83. *See supra* Part II.

84. Sheena Harrison, *Rising Use and Cost of Compounded Medications in Workers Comp Sparks Concern*, BUS. INS. (July 6, 2014), http://www.businessinsurance.com/article/20140706/NEWS08/140709914/rising-use-and-cost-of-compounded-medications-in-workers-comp-sparks.

85. *See id.*; *e.g.*, Pella Corp. v. Fogle, No. 02-1481, 2003 WL 22697647, at *1–2 (Iowa Ct. App. Nov. 17, 2003) (use of prolonged pain medication treatment).

86. If a responsible party (meaning, an employer or the employer's workers' compensation insurance carrier) disputes a medical provider's charge, the "relief" is found in IOWA ADMIN. CODE r. 876-10.3 (2016). This regulation mandates an informal dispute resolution proceeding, rather than bringing the dispute before the commissioner. *Id.* r. 876-10.3(3)(d) ("The person reviewing the dispute under this rule will not be the workers' compensation commissioner."). If the parties do not reach an agreement under the third party's recommendations, they can take the dispute to the commissioner. *Id.* r. 876-4.46(2). Besides being cumbersome, this process does little to foster a good working relationship between employer and medical provider and is unlikely to result in success for the responsible party. This Author only found two instances where a contested medical fee case was brought before the commissioner. *See* United Fire & Cas., No. 5048485, 2014 WL 7139325, at *1 (Iowa Workers' Comp. Comm'n Dec. 1, 2014); Metro Orthopaedic Surgery, P.C. v. Zmolek, No. 5028459, 2009 WL 3290835, at *1 (Iowa Workers' Comp. Comm'n Oct. 8, 2009).

87. *See* WCRI, MEDICAL COST CONTAINMENT, *supra* note 65, at 49–54 tbl.9.

88. *See id.* at 15 tbl.1.

89. *See* YANG & FOMENKO, PRICE INDEX, *supra* note 68, at 14 tbl.A (noting Iowa pays 198 percent above the average for pain management injections).

90. *See* WCRI, MEDICAL COST CONTAINMENT, *supra* note 65, at 15–17 tbl.1.

rights.[91]

Fee schedules reduce short-term costs because, assuming all other things stay constant, a reduction in the allowable price for service should produce an equal reduction in the actual price paid for the service.[92] Further, states with fee schedules are able to stem the rapid increase in medical costs.[93] From 2002 to 2012, while the price indices for states without fee schedules increased nearly 40 percent, in states with fee schedules the increase was only around 10 percent.[94] Therefore, the Iowa Legislature should immediately pursue a workers' compensation fee schedule that takes into consideration the need to reduce and control costs, as well as employees' access to care.

IV. DON'T BREAK THE ICE! A BIT OF THINKING WILL KEEP HIM FROM SINKING: OTHER REFORMS

A. *A Weighted Die: Employers Need to Maintain the Right to Direct the Care*

In Iowa, an employer has the right to choose the care provided.[95] While

91. *But see* OLESYA FOMENKO & TE-CHUN LIU, WORKERS' COMP. RESEARCH INST., DESIGNING WORKERS' COMPENSATION MEDICAL FEE SCHEDULES 7 (2012), http://www.wcrinet.org/studies/public/books/wcri_wc_med_fee_sched.pdf (a fee schedule set too low could actually discourage treatment, contrary to the goals of workers' compensation); Berkes & Grabell, *supra* note 38 ("The [fee schedules] help control costs, but, critics say, they also cause some doctors to stop taking workers' comp patients.").

92. *But see* RUI YANG & OLESYA FOMENKO, THE EFFECT OF REDUCING THE ILLINOIS FEE SCHEDULE 12–13 (2014) [hereinafter YANG & FOMENKO, REDUCING THE ILLINOIS FEE SCHEDULE]. In 2011, Illinois adopted a 30 percent reduction in its fee schedule and over the next two years this resulted in a 24 percent decline in overall average medical costs per claim; provider behavior in response to a reduction in fee schedule often results in cost declines at around half the expected change. *Id*. Provider behavior increasing costs includes contracting or adjustments to the fee schedule, as well as changes in billing habits. *See id.*; Pozzebon, *supra* note 64, at 155. For example, Illinois saw billings for complex office visits rise by 3.2 percent following an across the board reduction in fee schedule prices, compared to remaining constant for years prior to the change. *See* YANG & FOMENKO, REDUCING THE ILLINOIS FEE SCHEDULE, *supra*, at 9, 11 tbl.2. These complexities aside, a fee schedule should always result in an immediate reduction of costs, though potentially not to the extent envisioned by the legislature.

93. *See* Pozzebon, *supra* note 64, at 155; *see also supra* Part III.

94. *See* YANG & FOMENKO, PRICE INDEX, *supra* note 68, at 7 fig.1.

95. *See* IOWA CODE § 85.27(4) (2015).

contrary to a normal preference for patient choice,[96] this is the correct decision. In 2015, the Iowa House of Representatives' Labor Committee considered a bill that would provide the employee with the right to choose the medical care by predesignating a primary care provider.[97] Advocates of similar proposals assert there are advantages to employees that are gained from treating with "those they trust and whose interests . . . align with those of the worker."[98] However, studies on the issue have found that states that allow the employee to choose their own provider have, on average, greater costs and worse outcomes.[99]

Greater costs are realized by uninformed decisions. The majority of injuries leading to workers' compensation claims are orthopedic and not amenable to treatment by primary care physicians.[100] Thus, employees must choose a physician with whom they have not had personal experience.[101] This results in greater costs as the employees will likely base their decisions on limited information, compared to the insurance carrier who has developed a pre-existing relationship with a physician.[102] One article found a 10 to 21 percent increase in medical costs when the employee chose his or her provider.[103] The proposed legislation would have removed the only effective medical cost control system currently in place in Iowa. This was likely the

96. *See, e.g.*, *Patients' Choice Act*, U.S. REPRESENTATIVE PAUL RYAN, http://paulryan.house.gov/healthcare/pca.htm#.VQrlv47F9UU (last visited Sept. 17, 2016).

97. H.F. 21, 86th Gen. Assemb. (2015), https://www.legis.iowa.gov/docs/publications/LGI/86/HF21.pdf.

98. *See* David Neumark et al., *The Impact of Provider Choice on Workers' Compensation Costs and Outcomes*, 61 INDUS. & LAB. REL. REV. 121, 121 (2007) (citing James N. Ellenberger, *Labor's Perspective on Health Care Reform*, *in* WORKERS' COMPENSATION HEALTH CARE COST CONTAINMENT 245, 245–60 (Judith Greenwood & Alfred Taricco, eds. 1992)).

99. *See, e.g.*, *id.* at 139–40.

100. *See State Fund Claims – Accepted FY2015*, WASH. ST. DEP'T LAB. & INDUS., http://www.lni.wa.gov/ClaimsIns/Files/DataStatistics/DataAnalysis/inetsfclaimsmostfreqinjuriesallFY2007-15.xls (last visited Aug. 8, 2016) (listing data on the most frequent injuries in workers' compensation claims from 2007 to 2013); *see also* 5 ARTHUR LARSON & LEX K. LARSON, LARSON'S WORKERS' COMPENSATION LAW § 94.02[2] (2013) (opining that an employee with unlimited choice of provider may choose a provider based on personal relationship, not qualifications).

101. *See* Neumark et al., *supra* note 98, at 126 tbl.2 (finding when employees have the initial choice of provider, the majority of the time they will choose one with whom they have not previously been treated).

102. *See id.* at 139–41.

103. *Id.* at 131, 132 tbl.5. Note that Neumark, Barth, and Victor also found a 23 to 32 percent slower return to work with employee choice. *Id.* at 131.

reason the bill did not move past the Labor Committee to the floor for a vote.[104]

B. *Go Back Three Spaces: Arbitrary Limits and Reasonableness*

This Note advocates reforms to limit the costs of treatment. It does not advocate reforms to limit the treatment itself. In response to rising medical costs, many states enacted legislation imposing arbitrary limits on treatment.[105] States have imposed limits on services such as chiropractic care, physical and occupational therapy, prosthetic devices, and others.[106] This upsets the balance too far in favor of the employer, reducing trust in the system and potentially causing disastrous results for injured employees.[107]

For example, consider chiropractic care. Because chiropractic care is based on maintenance of a condition and can be indefinite,[108] many jurisdictions significantly restrict the amount of chiropractic treatment that can be provided.[109] Florida limits chiropractic care to 24 treatments or 12 weeks of care, whichever comes first.[110] Yet, from 2011 to 2012, Florida experienced a 30 percent increase in the number of chiropractic visits per claim.[111] In August 2014, a Florida circuit court judge found that the workers'

104. Lobbyist declarations for House File 21 showed overwhelming opposition to the bill. *See Bill Book*, IOWA LEGISLATURE, http://coolice.legis.iowa.gov/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=86&hbill=HF 21 (under Related Information, select Lobbyist Declarations for HF 21) (last visited Sept. 17, 2016).

105. *See* WCRI, MEDICAL COST CONTAINMENT, *supra* note 65, at 15 tbl.1, 55–59 tbl.10 (showing 21 states impose some limitation on medical services).

106. *See id.* at 29–35 tbl.5, 36–39 tbl.6, 55–59 tbl.10 (encompassing "prosthetic devices" within the umbrella term of "implants").

107. *See* Berkes & Grabell, *supra* note 38 ("The cutbacks have been so drastic in some places that they virtually guarantee injured workers will plummet into poverty.").

108. *See Philosophy of Some Chiropractors Can Lead to Increased Costs*, WORKERS' COMPENSATION L. BULL., Oct. 1, 1996, art. 12, 19 No. 10 QNLNWC 12.

109. *See* Michael Levin-Epstein, *Chiropractors Feel Backed Against Wall in Effort to Control Workers' Comp Costs*, WORKERS' COMP BOTTOM LINE (Quinlan Publ'g Co., Bos., Mass.), Oct. 2007, art. 8, 16 No. 10 QNLNWCBL 8.

110. *See* FLA. STAT. ANN. § 440.13(2)(a) (West 2016).

111. *View Interstate Comparison: Percentage Change in Selected Measures for Claims with More Than 7 Days of Lost Time for Claims from 2010/2011 to 2011/2012, Not Adjusted for Injury and Industry Mix*, WORKERS' COMPENSATION RES. INST., http://www.wcrinet.org/benchmarks/benchmarks_14/benchmarks_14_tbl-C.html (last visited Aug. 8, 2016). Not specifically addressed by available research, this Author opines that, when confronted with a limit, claimants are encouraged to utilize services up to that

compensation reforms, which included, among other things, these arbitrary limits on treatment, had gone so far as to render the entire system unconstitutional.[112] The arbitrary limit on service is thus not an effective cost-control measure and is a gross restriction of employee rights.[113]

Rather than impose arbitrary limits, Iowa uses a reasonableness standard.[114] While better than the alternative, this standard is in need of greater definition. Under Iowa Code section 85.27, the employer is liable for all "reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance and hospital services and supplies therefor."[115] However, Iowa law "paints a less than clear picture of exactly what expenses are the employer's responsibility."[116] This is a problem, as the line between treatment for the work injury and treatment for the natural aging process fades over time.

Disputes over reasonableness typically arise when employees seek their own care. An employee in Iowa can choose his or her own medical care in the event of an emergency, with the employer's consent, with a determination from the commissioner in an alternate medical care proceeding, or when the claim is denied.[117] In these cases, the employee has the burden of proving the care chosen by the employer was unreasonable.[118] If the employee simply obtains unauthorized treatment, the burden shifts to the employee to show that the care he or she chose was both reasonable and

limit.

112. *See* Cortes v. Velda Farms, No. 11-13661 CA 25, 2014 WL 6685226, at *9–10 (Fla. Cir. Ct. Aug. 13, 2014) ("[T]he Florida Workers' Compensation Act, as amended . . . , does not provide a reasonable alternative remedy to the tort remedy it supplanted. It therefore cannot be the exclusive remedy. [The Act] is constitutionally infirm and invalid."), *rev'd on other grounds*, State v. Fla. Workers' Advocates, 167 So. 3d 500 (Fla. Dist. Ct. App. 2015).

113. Berkes & Grabell, *supra* note 38 ("The only interest that's being protected here is industry." (quoting Judge John C. Gutierrez, workers' compensation jurist)).

114. IOWA CODE § 85.27 (2015).

115. *Id.* § 85.27(a).

116. *See* Paulino v. Chartis Claims, Inc., 985 F. Supp. 2d 1051, 1064 (S.D. Iowa 2013) (discussing "whether an employer could be responsible for an injured employee's living expenses"), *aff'd*, 774 F.3d 1161 (8th Cir. 2014).

117. *See* Bell Bros. Heating & Air Conditioning v. Gwinn, 779 N.W.2d 193, 203–04 (Iowa 2010).

118. *See* Pirelli-Armstrong Tire Co. v. Reynolds, 562 N.W.2d 433, 436 (Iowa 1997) (citing Long v. Roberts Dairy Co., 528 N.W.2d 122, 123 (Iowa 1995)).

beneficial.[119] This burden distinction is important because a claimant will likely choose expensive alternatives,[120] and in practice, whoever chooses first has the upper hand.[121]

If an employee obtains unauthorized care and the employer challenges reimbursement, the court will first compare the quality of the alternative care to the quality of the employer-provided care.[122] The court will also compare "the reasonableness of the employer-provided care, and the reasonableness of the decision to abandon the care furnished by the employer in the absence of an order from the commissioner authorizing alternative care."[123] However, these factors provide little help in the event the claimant obtains the care absent a discussion with an authorized physician, which is often the case.[124]

Iowa courts have most thoroughly examined the concept of reasonable medical care in the context of prosthetics.[125] Under Iowa Code section 85.27(1), an employer is not required "to furnish more than one set of permanent prosthetic devices."[126] The courts define prosthetics broadly and interpret the term to include anything designed to enhance mobility or

119. *See Gwinn*, 779 N.W.2d at 206.

120. *See* Chris J. Godfrey, *Managing Workers' Comp. Medical Care: Consider the Alternative*, IOWA EMP. L. LETTER, Aug. 2000, at 6, 7 No. 4 Iowa Emp. L. Letter 6 ("The cost of an employee's preferred course of treatment is likely to be an expensive alternative to providing prompt and reasonable medical care.").

121. *Gwinn*, 779 N.W.2d at 206, 207 (citing Myers v. F.C.A. Servs., Inc., 592 N.W.2d 354, 356 (Iowa 1999)) (allowing worker to recover the costs of unauthorized care upon showing care chosen was reasonable and beneficial is in line with policy of "interpret[ing] workers' compensation statutes liberally in favor of the worker"); Harned v. Farmland Foods, Inc., 331 N.W.2d 98, 101 (Iowa 1983) (en banc) (noting an employer's decision to refuse chiropractic care to an injured employee "did not become unreasonable simply because the employee disagreed"); Nathaniel R. Boulton, *Establishing Causation in Iowa Workers' Compensation Law: An Analysis of Common Disputes over the Compensability of Certain Injuries*, 59 DRAKE L. REV. 463, 513–14 (2011) (noting the burden on the employee to show the care obtained was reasonable "is not steep").

122. *See Gwinn*, 779 N.W.2d at 208.

123. *Id.*

124. *See* Mercy Hosp. Iowa City v. Goodner, No. 12-0186, 2013 WL 104888, at *17 (Iowa Ct. App. Jan. 9, 2013) ("[B]ecause neither [the claimant] nor the authorized treating physicians ever requested [the employer] provide treatment for the weight gain, we have no employer provided care to compare to the bariatric surgery.").

125. *See, e.g.*, Stone Container Corp. v. Castle, 657 N.W.2d 485, 490 (Iowa 2003).

126. IOWA CODE § 85.27(1) (2015). *But see* IOWA CODE § 85.27(5) (an employer is required to furnish another set if the original is damaged or not permanent).

replace a lost function.[127] Because "technology is the most important driver of healthcare spending increases over time,"[128] how courts address reasonableness in this context represents a key analysis of how to address the larger problem. For prosthetics, courts consider the end function lost by the employee as a result of his or her injury and then consider whether the appliance is reasonable and necessary to achieve that end function.[129] This avoids the inequitable results in other jurisdictions with harsher limits,[130] although it can have unexpected results.[131]

Reasonableness is a standard fraught with ambiguity. Yet, the alternative is a one-size-fits-all limitation that at best encourages an injured worker to utilize the service up to the limit, and at worst denies needed care to workers with severe injuries. The Iowa Legislature should not adopt an arbitrary limit, but Iowa courts do need to remain mindful of the proper test, seldom articulated outside of the prosthetics context: what has the injury caused, and what medical care is reasonable and necessary to alleviate it.

C. *Tip Over the Table and Walk Away: Getting Rid of Workers' Compensation*

Finally, there is the option of simply getting rid of workers' compensation. By rolling workers' compensation into existing employer-provided medical insurance plans, whether or not the injury arose out of and in the course of employment would cease to be an issue, thus creating savings in transactional and litigation costs. This solution, previously unthinkable, is becoming a possibility because of the passage of the Affordable Care Act.[132]

127. *See generally Castle*, 657 N.W.2d at 490 (laptop computer); Quaker Oats Co. v. Ciha, 552 N.W.2d 143, 154–56 (Iowa 1996) (vehicle conversion and home modifications); Manpower Temp. Servs. v. Sioson, 529 N.W.2d 259, 263–64 (Iowa 1995) (modified van).

128. Walker Ray & Tim Norbeck, *Who's to Blame for Our Rising Healthcare Costs?*, FORBES (Oct. 3, 2013), http:www.forbes.com/sites/physiciansfoundation/2013/10/03/whos-to-blame-for-our-rising-healthcare-costs/#5449a0365671.

129. *See Castle*, 657 N.W.2d at 491–92.

130. Berkes & Grabell, *supra* note 38 ("I lost a hand . . . I didn't lose a hook") (quoting Dennis Whedbee, an employee who lost half of his arm in a work accident and whose request for a prosthesis with movable fingers was denied).

131. *Sioson*, 529 N.W.2d at 263–64 (awarding a modified van to replace lost mobility).

132. *See* Tom Baker, *Health Insurance, Risk, and Responsibility After the Patient Protection and Affordable Care Act*, 159 U. PA. L. REV. 1577, 1594–95, 1595 n.89 (2011). *See generally* PAUL HEATON, RAND CORP., THE IMPACT OF HEALTH CARE REFORM ON WORKERS' COMPENSATION MEDICAL CARE: EVIDENCE FROM MASSACHUSETTS 37

However, this does not address the underlying problem of increasing medical costs in workers' compensation and instead merely shifts the burden entirely to the private or government-subsidized insurance system. Therefore, this solution is outside the scope of this Note, and its discussion will be left to other writers.

V. CHUTES AND LADDERS: WORKERS' COMPENSATION'S UPS AND DOWNS

Workers' compensation is not a game. It involves real people who suffer real injuries and need real medical attention, and it is not paid for in Monopoly-money. This Note advocates reducing medical costs by requiring providers to charge less and by maintaining the employers' right to direct medical care.[133] This Note does not advocate limiting workers' access to care in the name of cost saving, nor does this Note advocate cutting indemnity payments.[134] Iowa needs to adopt fair and sensible solutions to protect the existing workers' compensation system from collapse.

Workers' compensation in Iowa is a privately funded but governmentally administered program.[135] As such, it often becomes a political issue. States and policy makers can be pro-business, pro-labor, pro-regulation, pro-market, or any combination of the above. However, the various moves and counter-moves mean little to average workers, who often are unaware of the workers' compensation system until they need it. Ups and downs in the price, quality, or availability of medical care caused by political maneuvering can only cause harm to those receiving it.

Therefore, Iowa should pursue a legislatively set workers' compensation medical benefits fee schedule and maintain employer choice of provider.[136] However, Iowa should not go as far as other states have and slash benefits across the board.[137] This Note advocates an equitable solution to a very real problem facing Iowa employers. Knowing that providing care

(2012), http://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1216.pdf (finding that Massachusetts health care reform had the effect of taking some claims out of workers' compensation and into expanded health care coverage from other sources).

133. *See supra* Parts III–IV.

134. *See supra* Part IV.

135. *See* IOWA CODE §§ 85.1A, 85.21 (2015).

136. *See supra* Part III.

137. *See supra* Parts IV.B–C.

is an affordable obligation encourages employers to participate in the system and willingly provide that care. An objective pricing and administrative system that takes into account the needs of injured workers, as well as the economic realities of their employers, is necessary to ensure the continued vitality of the system as a whole. Action is needed to ensure Iowa remains a marketable and livable jurisdiction for both business and labor.

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