

# The Iowa Family Integrity and Patient Protection Initiative

**A citizen-authored proposal to align Iowa's medical cannabis law with family-rights protections**

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## Executive Summary

The Iowa Family Integrity and Patient Protection Initiative seeks to close the gap between Iowa's medical cannabis law and its child-welfare system. Under current conditions, Iowa families who legally participate in the state's medical cannabidiol program can face disqualification, investigation, or custody loss because federal statutes still classify cannabis as a controlled substance. This initiative establishes patient protections, defines clear legal standards for impairment, and ensures that lawful medical use cannot be used as evidence of neglect or abuse.

The initiative proposes coordinated action across legislative, administrative, and judicial levels to harmonize Iowa law, protect patient families, and provide model policy for other states.

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## Background and Problem Statement

Iowa Code §124E authorizes the medical use of cannabidiol for qualified patients. However, federal law—through the Controlled Substances Act—continues to classify cannabis as a Schedule I substance. This contradiction has led to cases where Iowa parents or grandparents with valid medical cards are denied foster or kinship placement, or subjected to DHS investigations solely based on lawful cannabis participation.

For instance, in 2025, an Iowa grandmother (referred to as V.L.) was denied kinship placement despite full HHS clearance, foster training, and a clean criminal record, solely due to her medical cannabis card. Such cases reveal a critical failure of alignment between Iowa's medical program and its family-law standards.

This initiative recognizes that participation in a state medical program cannot ethically or legally justify family separation. The absence of explicit protections creates systemic discrimination against patients who follow state law.

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# Policy Framework

## 1. Legislative Reform

The *Family Integrity and Medical Cannabis Patient Protection Act* amends Iowa Code §124E to specify that medical-cannabis participation shall not, by itself, constitute evidence of neglect, abuse, or unfitness. It establishes uniform standards for evaluating impairment and mandates DHS to apply the same evidentiary burden used for other prescribed medications.

## 2. Administrative Oversight

The Iowa Department of Health and Human Services (HHS) shall issue guidance under Iowa Code §17A.7 clarifying that lawful medical-cannabis use is not “illegal drug use” within state-administered programs. HHS will train DHS and healthcare professionals to align child-welfare decisions with Iowa Code §124E.

## 3. Judicial Accountability

The Iowa Supreme Court’s Chief Justice will be requested to issue an administrative order advising all juvenile and family courts that registered medical-cannabis patients are not presumptively unfit caregivers. The judiciary shall use evidence-based impairment standards rather than toxicology presence.

## 4. Public Awareness and Education

Partnerships with ACLU-IA, NORML, Iowa Harm Reduction Coalition, and local medical professionals will support public education efforts. The initiative will publish anonymized testimony-based reports highlighting inconsistencies in state application and advocate for transparent DHS review processes.

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# Core Legal Clauses

## Patient Rights Clause

Participation in Iowa’s medical cannabis program, including therapeutic use by a registered caregiver or parent, shall not constitute neglect, abuse, or endangerment in the absence of clear, evidence-based impairment directly causing risk to the child.

## Newborn and Infant Exposure Clause

A positive toxicology result in a newborn or infant for tetrahydrocannabinol (THC) or its metabolites shall not, by itself, constitute evidence of abuse, neglect, or endangerment when the mother or primary caregiver is a registered participant in Iowa’s medical cannabidiol program and has followed medical guidance.

## Perinatal and Postnatal Care Clause

1. **Pregnancy:** A pregnant patient registered under Iowa Code §124E shall not be presumed negligent, unfit, or abusive for lawful therapeutic cannabis use when recommended by a licensed practitioner.
  2. **Breastfeeding:** Breastfeeding while using state-authorized medical cannabis shall not be deemed unsafe or a basis for removal or denial of custody unless there is clear, evidence-based medical determination of risk to the infant.
  3. **Medical Oversight:** In all perinatal or postpartum cases, determinations of safety must rely on licensed medical assessment rather than administrative presumption or toxicology results alone.
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## Implementation and Oversight

**Phase 1 (Fall 2025):** File open-records requests and administrative petitions to Iowa HHS; initiate coalition-building and public briefings.

**Phase 2 (Winter 2025–26):** Secure bipartisan bill sponsors and submit amendment language to the Iowa General Assembly.

**Phase 3 (Spring 2026):** Present testimony and legislative packet; advocate for an interim study or committee hearing.

**Phase 4 (Summer 2026):** Collaborate with Iowa HHS to finalize guidance, staff training, and annual review mechanisms.

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## Oversight and Accountability

- The Iowa Legislative Services Agency will monitor compliance and issue an annual report summarizing DHS case reviews involving registered medical-cannabis patients.
  - Iowa HHS will establish a formal grievance process for families alleging discrimination under §124E.
  - Data transparency: Aggregate case statistics will be made public each year to evaluate progress.
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## Conclusion

This initiative reaffirms Iowa’s commitment to family integrity, medical fairness, and state sovereignty. It offers a lawful, evidence-based framework for protecting patient families without expanding or altering Iowa’s medical-cannabis program. The goal is simple: **to ensure that no Iowa parent, caregiver, or grandparent is criminalized for following state law.**

By adopting this initiative, Iowa can become the first Midwestern state to explicitly guarantee patient-family protections—setting a national precedent for compassion, consistency, and common sense.