

The Iowa Family Integrity and Patient Protection Policy Packet

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Purpose

This packet presents the comprehensive framework of the **Iowa Family Integrity and Patient Protection Initiative**—a citizen-authored proposal to harmonize Iowa’s medical cannabis law with its family welfare and child protection systems. It combines legislative, administrative, and public policy strategies designed to prevent discrimination against medical-cannabis patients in parental, custodial, or kinship matters.

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1. Executive Summary

The **Iowa Family Integrity and Patient Protection Initiative** ensures that Iowans lawfully participating in the state’s medical cannabidiol program are not punished under federal or administrative misinterpretations of “illegal drug use.” It introduces a clear evidentiary standard—*impairment, not presence*—as the basis for determining parental or caregiver fitness.

This policy safeguards the rights of Iowa parents, grandparents, and guardians who use medical cannabis therapeutically under physician supervision. It upholds the integrity of Iowa’s medical program and strengthens family unity, emphasizing evidence-based decision-making and respect for state sovereignty.

2. Legislative Draft Summary

The Family Integrity and Medical Cannabis Patient Protection Act

- **Purpose:** Protect lawful Iowa medical-cannabis patients from discrimination in custody, foster, or adoption matters.
 - **Key Clauses:**
 - Patient Rights Clause: No adverse action without evidence-based impairment.
 - Newborn and Infant Exposure Clause: Positive tests alone cannot justify removal.
 - Perinatal and Postnatal Care Clause: Pregnancy and breastfeeding protections.
 - **Administrative Oversight:** Iowa HHS must issue guidance clarifying patient protections.
 - **Judicial Instruction:** Courts are advised not to equate patient status with unfitness.
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3. Administrative Guidance Proposal

Under Iowa Code §17A.7, Iowa HHS shall: - Issue a formal rule clarifying that medical-cannabis participation under §124E is not “illegal drug use.” - Update DHS and HHS staff manuals to reflect the impairment-based standard. - Develop statewide training modules for child-welfare personnel. - Publish annual reviews of DHS actions involving medical-cannabis patients.

4. Public Awareness Plan

- **Coalition Partners:** ACLU of Iowa, NORML, Iowa Harm Reduction Coalition, and allied medical professionals.
 - **Media Outreach:** Release of anonymized testimony reports, public briefings, and social education campaigns.
 - **Community Engagement:** Establish a dedicated website (IowaFamilyIntegrity.org) for information, policy updates, and resource sharing.
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5. Testimony Addendum – V.L. (Iowa)

V.L., an Iowa grandmother and registered medical-cannabis patient, was denied kinship placement of her granddaughter despite full DHS approval and a clean record. The sole disqualification was her lawful medical-cannabis use. This case illustrates the urgent need for statutory and administrative clarity to protect family integrity within Iowa’s medical framework.

6. Implementation Timeline

Phase 1 (Fall 2025): Submit administrative petition; begin coalition outreach.

Phase 2 (Winter 2025–26): File legislative draft; secure bipartisan sponsorship.

Phase 3 (Spring 2026): Public hearings, testimony, and committee review.

Phase 4 (Summer 2026): Finalize Iowa HHS guidance; initiate training and reporting requirements.

7. Contact and Coalition Information

Primary Contact:

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Coalition Partners: (proposed)

- ACLU of Iowa
 - NORML (National Organization for the Reform of Marijuana Laws)
 - Iowa Harm Reduction Coalition
 - Iowa patient-rights advocates and medical professionals
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Conclusion

The Iowa Family Integrity and Patient Protection Policy Packet presents a clear, evidence-based framework to restore fairness and coherence in state policy. It protects lawful medical patients, reinforces Iowa's autonomy, and ensures that families are not torn apart for following the law.

By implementing this initiative, Iowa can lead the Midwest in compassionate, constitutionally grounded reform.