HOMETOWN HEALTH: THE CHALLENGES AND OPPORTUNITIES FACING RURAL HOSPITALS AND CARE

ASHLEY THOMPSON, Director of government and external affairs, UnityPoint Health
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Assisting Members is ABI’s Focus

The global pandemic known as COVID-19 has changed the world in which we all live and conduct business. It has led to a major change at ABI as well.

Last month, the ABI Executive Committee and Board of Directors made the unprecedented decision to cancel the 2020 ABI Taking Care of Business Conference. That event, which would have been ABI’s 117th annual meeting, was scheduled to be held in my adopted hometown of Cedar Rapids in June. Everyone here in eastern Iowa was excited to host hundreds of Iowa’s best business leaders for three days of terrific programming, networking and fun. But, that is not to be.

The decision to cancel the conference was not made lightly and, in fact, several options were explored. The committee looked at postponing the conference until much later in the year or hosting a virtual event. In the end, the option with the least uncertainty and the least negative impact on ABI members and the association itself was to cancel the event.

Now is not the time to be taking members away from their businesses. Now is the time for ABI to focus on providing assistance to members in any way possible.

I am so very disappointed I won’t have the opportunity to welcome you to Cedar Rapids. But if there is light at the end of this tunnel, it’s that I am sure to see many of you in Iowa City/ Coralville for ABI’s 2021 conference! In the meantime, and perhaps now more than ever, thank you for your support of ABI.

Manufacturing: Not Dirty Jobs

When people think of advanced manufacturing, they think of dirty environments. They think it is unsafe and has limited potential, but that simply isn’t true. “All you have to do is walk into one of these great Iowa manufacturers to see the technology and opportunities,” says Mike Ralston, president of ABI. “Not to mention, products made in Iowa have global reach—now more than ever!”

Over the past couple months, the Elevate Advanced Manufacturing team, along with ATW Training Solutions and in partnership with all 15 Iowa community colleges, have been working on short video episodes to highlight this exact message—these are not dirty jobs! Video has been chosen because it has proven to be the best way to reach our target audience of 15- to 18-year-olds. These episodes will be featured on Elevate social media and will be available for employers to use as a resource.

Currently production has been halted due to current COVID-19 safety measures, but we still plan to release these this summer! In the meantime, keep your eyes on our social media accounts for episode teasers (and Elevate scholarship winners)!

We also recommend employers reach out to their local work-based learning intermediary or the new Iowa Clearinghouse for Work-Based Learning to explore options for work-based learning in a project-based or virtual environment. During this challenging time, most face-to-face interactions with students have been cancelled or postponed.

Other resources employers should keep in mind are the career pathways and work-based learning toolkit projects Elevate Advanced Manufacturing, ABI and the Department of Education collaborated on for you to use as a reference. Visit the Elevate Iowa website to find these tools or reach out to Michele Farrell at mfarrell@measuredintentions.com.

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“Think global, act local” is a phrase applied to many circumstances, but none so important as how to approach a pandemic. We emphasize so often the information amplified nationwide and worldwide, we do not recognize the efforts being made within our state and within our communities. These leaders, amongst many others, help with the best they have to offer.

CREATED A FUND TO FEED IOWANS AND SUPPORT LOCALLY OWNED RESTAURANTS

Rob Sand, Iowa State Auditor
Alumnus of Leadership Iowa, Class of 2013-14
Des Moines

While titles may indicate a call to service, it is when Rob Sand thought of himself as just a person, he found inspiration. Conceptualized on a bike ride, developed with a confidant and started with a month of his own salary, he created a coronavirus aid fund as a personal initiative.

“Let us help you help others,” said Sand. “I am a strong believer in the idea that ordinary people can do ordinary things to extraordinary effect.”

The fund gifts or reimburses meals purchased from locally owned restaurants. Those eligible has expanded beyond the unemployed to also include those self-employed, first responders and essential workers.

For support, instructions can be found on his Twitter account (@RobSandIA). To donate, Venmo @IowaHi or Paypal HelpIowansHelpIowans@gmail.com.

SUPPLEMENTED OPERATIONS TO SUPPLY PERSONAL PROTECTIVE EQUIPMENT

Molly Varangkounh, Hy-Capacity
Alumna of Leadership Iowa, Class of 2017-18
Humboldt

In response to emergency resources available, Molly Varangkounh offered the sewing feature on the machinery used in her multi-generational family owned business that is known for manufacturing heavy-duty tractor parts.

As the pandemic progressed and news surfaced of personal protective equipment (PPE) supplies dwindling, Hy-Capacity understood they would need to take action. Process created, patterns determined and materials supplied, employees already cross-trained were eager to contribute.

“While I’m not skilled to be on the front lines, I can support those who are,” said Varangkounh. “We’re all needed right now.”

The gowns and face masks are directed to the recipient organizations by Iowa State University’s Center for Industrial Research and Service (CIRAS).
CULTIVATING IOWA’S TALENT CONTINUUM

FACILITATED ETHANOL PLANT’S ABILITY TO PRODUCE HAND SANITIZER

Justin Schultz, Southwest Iowa Renewable Energy and Pottawattamie County Board of Supervisors
Alumnus of Leadership Iowa, Class of 2018-19
Council Bluffs

Justin Schultz’s day-to-day changed quickly with an early COVID-19 case in the region. When community leadership was alerted to the depletion of personal protective equipment (PPE) at the local hospital, the who, what, when and where it was needed quickly became clear.

Schultz navigated permits and federal agencies, garnered support from Senators Joni Ernst and Chuck Grassley’s staff and monitored need while colleagues engineered the operation. Following guidelines of the World Health Organization, they produce a liquid anti-microbial substance dubbed “SIREtizer.”

The supply’s first priority is hospitals, clinics and first responders. Other recipients, at cost, are Pottawattamie County and area communities through local businesses to offer with orders.

“None of what we have been able to accomplish so far could have been done without the support of others on my team,” said Schultz.

SIRE has also provided alcohol to other entities for other operations to multiply the output of the needed resource.

MEASURED BUSINESS NEEDS FOR STATE AND FEDERAL RESOURCES TO BE PROVIDED

Drew Conrad, Institute for Decision Making at the University of Northern Iowa
Alumnus of Leadership Iowa, Class of 2005-06
Cedar Falls

It all begins with a call, and it was Drew Conrad who answered. Within 36 hours, an instrument to understand the impact of COVID-19 on Iowa businesses was created and released. Updates were provided to the Iowa Economic Development Authority twice a day. Nearly 14,000 respondents required seven straight days to analyze. The data confirms that this crisis is impacting all of the industry sectors in Iowa.

Metrics collected are used by state and federal agencies and lawmakers to determine governmental aid and other support evidenced as needed to be made available.

“One of the things that has made me proud of our work in Iowa has been the number of other states who have reached out to us,” said Conrad. “They say they need what we’ve done, which we willingly provide to them.”

GET TO KNOW

Meet Our Newest Members

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Mount Mercy University | www.mtmercy.edu
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Ross Marketing International, LLC | www.ross-llc.com

Learn more about how ABI membership could benefit your company by visiting www.iowaabi.org/membership/why-abi.
ASHLEY THOMPSON, Director of government and external affairs, UnityPoint Health
Rural health care is deeply personal for Ashley Thompson. Her
great-grandmother, Irma Bergeson, was a nurse in a rural hospital in
northwest Iowa and was the first district vice president of the Iowa
Nurses Association. Thompson’s husband, Nate, grew up in rural
Iowa and is CEO of the Story County Medical Center in Nevada.
Many of her immediate and extended family members work in the
field.

Thompson works in health care as well — as the director of
government and external affairs for UnityPoint Health — and plays a
key role in shaping the rural health system. Thompson supports advoca-
cy, legislative and policy efforts that affect patients and health care
providers in Iowa, particularly UnityPoint’s critical access and rural
hospitals, rural health clinics and community mental health centers.
She sees firsthand the challenges and opportunities these areas face.

“While our health care providers and professionals are needed
now more than ever, and they are delivering high-quality essential
services to our rural communities, the challenges we face are signif-
ically and increasingly so,” Thompson said. “Delivering health care in our
rural communities is distinct from how we provide care in our metro
areas and in other parts of the country.”

From physician recruitment to a precarious financial situation and
the unprecedented COVID-19 pandemic, the rural health care system
does face daunting challenges. But there are opportunities as well.
Seizing them will help provide critical services for our state’s rural
areas, where about 1 in 3 Iowans live.

TOUGH SELL

Iowa doesn’t have the grand allure of mountains, oceans, big
sports or large cities. The large majority of the state is consid-
ered rural. Those factors can make it hard to recruit high-quality and
talented doctors to practice in the state. Iowa ranks 42nd in the na-
tion for the number of physicians per 100,000 people, according to
a January 2020 report from the University of Iowa Carver College of
Medicine.

But there are many other factors beyond geography that hinder
Iowa.

“We struggled to get doctors to come to Iowa to begin with, and,
yes, the rural areas even struggle more than Des Moines, Iowa City,
Cedar Rapids and more,” said Dr. Christina Taylor, chief quality
officer at The Iowa Clinic. “And now with Iowa being so incred-
ibly far behind all of the other states, even our own ‘sons and daughters
of Iowa’ that are going off to medical school are not easily returning
because of the malpractice [insurance] and inability to afford it and
make a living.”

Iowa’s reimbursement for Medicare payments is extremely poor.
The state ranks 51st among states and territories for Medicare reim-
bursement, falling behind Puerto Rico. That can make it harder for
physicians to practice and take care of the large elderly population in
rural areas. It’s a big part of why Iowa’s rural hospitals are struggling
— both financially and in recruiting physicians.

Steve Cassabaum of 21st Century Rehab knows that story all too
well. His organization provides physical, occupational and speech
therapies in addition to sports medicine and occupational health
services. It operates several clinics, but also provides services to rural
hospitals across Iowa.

He has noticed reimbursements from all types of providers —
Medicare, Medicaid and private insurances — declining across the
board. That puts hospitals in a precarious spot.

“It’s a big part of [the financial hardships],” Cassabaum said. “I
think the health care system in general is not well run. I think they
give incentives for the wrong reasons, but most of the problems come
from reimbursement. It’s had a big impact on rural hospitals.”

Another big challenge in recruiting workforce has been the
continuing divide between Iowa’s urban and rural areas. Many skilled
workers are moving to the state’s most populated areas, which creates
a shortage in rural hospitals.

There’s work being done to address this shortage, from the state
all the way to the local levels. Thompson said the key will be helping
rejuvenate rural towns and areas to help make them a more attractive
place to live and work.

“Oftentimes, when we are recruiting a new health care profes-
sional to one of our rural hospitals or clinics, they have a spouse
who is also looking for employment opportunities in our towns and
children who would be enrolling in our local schools,” Thompson
said. “So having a vibrant, family-friendly community with housing
options, a good job market, excellent schools and social opportunities
is essential to growing our rural workforce.”

There is also a push for Iowa to grow its own generation of doc-
tors and health care providers, which would help bolster workforce
over the long term, Thompson said.

DAMAGES ADD UP

The tough financial situation for rural health care is exacerbated
by Iowa’s outdated malpractice laws. The Iowa Medical Society, a
statewide professional association representing Iowa physicians, resi-
dents and medical students, goes so far as calling it a crisis.

According to figures from the Iowa Medical Society, Iowa has
seen a substantial jump in high-dollar malpractice awards against
physicians and facilities. In the past three years, five cases alone have
resulted in $85 million in damages. Many of the surrounding Midwest
states put a cap on noneconomic damages — damages associated with
pain, suffering, inconvenience, physical impairment, mental anguish
and more intangible effects. These damages can often push up the
reward of lawsuits into the tens of millions of dollars.

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Iowa hospitals have felt the blow, said Jodi Schweiger, employer health services director at The Iowa Clinic.

“It’s really placing these small rural facilities in a financial pitfall,” Schweiger said. “We’re seeing that it’s causing a lot of problems for Iowans, especially when they’re out in these rural areas. They don’t have a lot of options. We’re trying to come together as a state and as a health system to bring awareness to the need for tort reform.”

The problem extends to recruitment as well. Without a cap on malpractice damages, physicians might be wary of practicing in the state.

“We’re also seeing that this makes it even more difficult to actually recruit physicians in Iowa because it has astronomically increased liability insurance,” Schweiger said.

In February, a bill that would put a cap on the amount of damages awarded in medical malpractice lawsuits was proposed at the subcommittee level. The bill would make $250,000 the maximum amount a jury could award for non-economic damages. The cap would not affect economic damages awarded for lost wages or health care costs. But due to COVID-19, the bill has been put on pause.

PANDEMIC BRINGS ISSUES TO LIGHT

COVID-19 has brought to light many of the problems stated above, particularly the workforce shortage. Front-line health care workers are essential in the fight against the pandemic, but Iowa was already facing a problem before the illness swept the nation in early spring.

In a study released in January, the University of Iowa Carver College of Medicine found Iowa is short 361 physicians across eight different specialties. More than 8,000 job vacancies are estimated in the health care and social assistance spaces, according to a 2019 workforce needs assessment by Iowa Workforce Development.

Cassabaum said many urban hospitals are bracing for an influx of COVID-19 patients, meaning many people are being referred to places outside of the metro area for care. That means rural hospitals are busier than normal, putting a strain on the workforce.

“Some rural hospitals have become very busy on the inpatient side because other beds in some hospitals are being held for COVID-19 patients,” he said.

For the most part, people have stayed away from hospitals unless it’s a dire emergency. Many elective surgeries have been canceled. And that’s helped capacity, but it has also put a burden on patients who might be afraid to seek help in this time of crisis.

“In general, patients across Iowa are staying home like they are told to do, but patients are also neglecting their health, which is not good,” Taylor said. “Patients with chronic conditions need to continue to have their follow-up appointments with their doctors. If they don’t, their conditions could worsen, and that could land them in the emergency room, which is the last place we want them going right now.”

Taylor said many patients are taking advantage of virtual visits via video chat. But in rural areas, access to internet can be spotty, making it difficult to do an audio or visual visit. The Iowa Clinic has been forced to shut down almost 20 outreach clinics — located outside of Iowa’s most-populated areas — to focus on COVID-19 capacity.

UnityPoint Health said it was working in cooperation with other organizations to monitor the effect of COVID-19 on rural hospitals.

“UnityPoint Health and our fellow health systems across the state are working closely with the governor’s office, Iowa Department of Public Health and important state association partners like the Iowa Hospital Association and the Iowa Rural Health Association to moni-
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tor the impact of COVID-19 on rural hospitals in Iowa and advocate for funding to ensure sustainability during the unprecedented crisis,” Thompson said.

**THE PATH FORWARD**

Amid the hardships Iowa’s rural health care system faces, there are opportunities to grow.

Thompson believes one of the biggest areas of improvement is technology. Broadband can be hard to access in many rural areas, which makes in-person treatment a necessity. But if the state could better tap into video or phone services, people may be able to get care remotely.

“Technology is a tool that can help many of us with our health care needs while addressing barriers such as lack of transportation, lack of health care providers in a community or taking time off work,” Thompson said. “Supporting full telehealth parity — meaning our doctors and health care providers are paid the same for providing care whether they are doing so in person or through telehealth — will help ensure access to care for all Iowans, no matter where we live.”

Cassabaum sees an opportunity in changing the way the health system looks at care. As a physical therapist, he said preventive and conservative care provides enormous benefits and can actually reduce the amount of surgeries and testing needed after an injury.

The problem is that type of care isn’t financially lucrative enough, meaning hospitals, which may already be struggling, usually choose other types of services.

“The savings are astronomical,” he said. “The way it’s set up now sets up the system for more failure for spending more money than they should. There needs to be incentives in place so we can have that type of care for all patients.”

Schweiger emphasized the need for tort reform, and limiting the amount of damages allowed in a malpractice lawsuit. She said that affects everything from the financial viability of hospitals to the ability to recruit physicians to Iowa.

“Tort reform is a huge, huge issue,” Schweiger said. “It really does affect the whole state.”

Iowa’s health care system is full of innovative people who are passionate about improving patient care. Ultimately, they will help lead the path forward, Thompson said.

“We have so many passionate health care providers, advocates, leaders and everyday Iowans who are working to pave the way for Iowa to improve our overall health and health care,” she said.

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As of this writing, the Iowa legislative session remains suspended and policymakers are at home. The state has yet to reach our projected peak number of coronavirus infections. Many non-essential businesses remain shuttered. Front line health care professionals responding to COVID-19 are acting heroically and tirelessly over a long response to the virus.

Government has recommended social distancing and is asking the sick to stay home rather than to visit their doctor. The adaptations required to respond to COVID-19 in the health care industry are unprecedented and attest to the ingenuity of Iowans.

Telemedicine, for instance, has delivered great benefits. Sick patients in rural settings, distant from needed care, are being screened through telemedicine at greater rates than before. Telemedicine also allows health care professionals to screen, diagnose and recommend treatments to a greater number of patients in a shorter amount of time than traditional office visits would allow. While telemedicine practices were evolving over time, the advent of COVID-19 has accelerated their use.

In response to COVID-19, Gov. Reynolds rightly and temporarily ordered that telemedicine services be reimbursed as though the patient were in a doctor’s office to spur the use of telemedicine. When we put this pandemic behind us—and we will—Iowa policymakers may choose to update public policy to recognize the efficiencies and benefits telemedicine brings to the provision of health care.

ABI staff will represent our members to ensure that these new efficiencies in the delivery of care are shared equitably between those who deliver that care and the patients and businesses who pay for those services.

Contact the ABI Public Policy Team
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bhartkopf@iowaabi.org | 712-249-8589

GET INVOLVED – MAKE A DIFFERENCE

The Iowa Association of Business and Industry works hard year-round, representing member companies and employees at the Statehouse and in the development of administrative rules and regulations to ensure businesses are treated fairly.

Financial contributions to ABI’s political efforts help support candidates who understand the importance of a favorable business climate in Iowa. These contributions are important to ABI’s work in promoting pro-business legislation and stopping proposals that would harm Iowa companies. Learn more about the two programs you can support through your contributions below

| Iowa Industry Political Action Committee (IIPAC) | Iowans for Jobs Initiative (IFJI) |
| What is it? | IIPAC is a way for ABI members to actively participate in the political process by combining their personal support with other IIPAC contributors. This amplifies the effectiveness of individual contributions to support candidates who understand the importance of fostering a pro-business climate in Iowa. |
| How is the money used? | IIPAC funds provide direct financial support to pro-business Democrat and Republican candidates for statewide and legislative offices in Iowa. |
| What types of contributions are accepted? | IIPAC accepts personal contributions. |
| Why is it important? | IIPAC is critical to ABI’s ability to support and help elect allies to state offices who are committed to fostering a pro-business, pro-jobs climate. |
| How do I contribute? | Please contact jddavis@iowaabi.org. |

The Iowans for Jobs Initiative is the public policy education arm of ABI. Its objective is to promote the importance of pro-jobs, pro-business policy for all Iowans.

These funds help educate Iowans and Iowa lawmakers on issues important to ABI, such as Iowa’s Right to Work laws. The funds also allow us to file amicus briefs standing up for employers in court and also aid get-out-the-vote initiatives.

The Iowans for Jobs Initiative accepts both corporate and individual contributions.

The Iowans for Jobs Initiative plays a critical role in helping Iowans understand how the decisions of legislators affect the paychecks of all Iowans.

Please contact jddavis@iowaabi.org.

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Telehealth to Play Significant Role in Future of Rural Medicine

Before this past month I was not an expert, like most of us, on what to do when dealing with a pandemic. I do know about rural health, having worked in a rural hospital for the last 25 years. Each of the seven rural, critical access hospitals that we serve differ somewhat in the challenges and opportunities they face. Some fare better than others depending on the local communities, business environment, competition, tax base and leadership available.

Many struggle to make ends meet. The struggles have multiplied with this pandemic. Telehealth is one thing that is now being used to serve patients and survive this crazy time. I am now, almost, an expert on telehealth, which prior to this pandemic, felt we would rarely or ever use. Surprisingly, we have utilized it much more than anticipated. It not only helps us continue to serve our most vulnerable patients, but allows us to keep ‘the doors open’ a little better.

Telehealth may be a large part in determining whether some rural hospitals and clinics survive this crisis. Telehealth may also become a significant part of rural medicine in the future, and a part of what keeps these facilities open and continuing to provide the vital service to the rural populations of Iowa.

4 Employment Laws to Watch in 2020

With a new year comes new changes. Already this year we have seen some changes in employment laws. It’s critical to keep up with these changes. The best way to keep your business in compliance with federal and state laws is through continuous research.

Based on recent hot topics, we predict the following trends may be worth keeping an eye on this year.

1. Marijuana, is it legal?
   What to watch for: Specific marijuana testing laws in the workplace. Each state addresses marijuana differently. Some states allow employers to maintain a marijuana-free workplace. While other states do not. Workplace marijuana laws are only applicable to medical marijuana use. Little to no protection is available for employees who partake in recreational marijuana use.

2. Paid Family Leave
   What to watch for: The Paid Family Leave Act will continue to become more complex as policies change. Stay up to date on state legislation surrounding parental and medical leave trends.

3. Pay Equity
   What to watch for: Changes in legislation that will impact your business. Track what is happening at the state and federal level. A few current changes include:
   • Elimination of inquiries on salary-history
   • Requirement to provide insight and reasoning on pay discrepancies
   • Provide pay transparency to workers

4. New Salary Threshold
   What to watch for: Check if your classifications are set correctly based on the 2020 U.S. Department of Labor’s new salary threshold.

Dedicate the time to develop a thorough understanding of current national trends. Stay up to date on what’s new in legislation, and most importantly, watch the local changes that affect your business directly.
Account for Unseen Emergencies When Succession Planning

Earlier this year, when I signed up to write a short article on my thoughts on succession planning, COVID-19 was an unfamiliar term in my vocabulary. However, during this pandemic, I have learned a key lesson about planning as it relates to both business continuity and succession planning.

In reality, both are essential to ensure continuity in the management and daily operations of any organization. This pandemic does not discriminate based on one’s job title, as CEOs and key officers are not immune. Companies need to adopt a succession plan that accounts for unseen emergencies as well as thoughtfully considering the long-term future of the organization.

The planning process should identify successors along with interim personnel and how duties and responsibilities among existing personnel can be shared in the event that certain personnel become unavailable.

This pandemic has provided many organizations an opportunity to adapt, adjust and innovate. As they look at how things have always been done and evaluate their processes, they also need to reevaluate their succession planning.

This pandemic may provide a different lens to view your organization. Use this time to reflect and determine how you can best achieve your vision by making succession planning a key component to the future success of your organization.

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