

Senate File 2422 - Reprinted

SENATE FILE 2422
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO SSB 3140)

(As Amended and Passed by the Senate February 25, 2026)

A BILL FOR

1 An Act relating to the supplemental nutrition assistance
2 program, the medical assistance program, the Iowa health
3 and wellness plan, and other programs under the purview of
4 the department of health and human services and including
5 effective date provisions.
6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

PUBLIC ASSISTANCE PROGRAMS — ELIGIBILITY AND REPORTING

Section 1. Section 239.6, subsection 1, paragraph a, subparagraph (4), Code 2026, is amended to read as follows:

(4) Information maintained by the United States citizenship and immigration services of the United States department of homeland security, including but not limited to information accessible through the systematic alien verification for entitlements online service.

Sec. 2. Section 239.6, subsection 2, Code 2026, is amended by adding the following new paragraph:

NEW PARAGRAPH. g. The systematic alien verification for entitlements online service maintained by the United States citizenship and immigration services of the United States department of homeland security to verify immigration and United States citizenship information.

DIVISION II

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Sec. 3. Section 239.1, Code 2026, is amended by adding the following new subsection:

NEW SUBSECTION. 01. "Alien" means any person not a citizen or national of the United States.

Sec. 4. Section 239.2, Code 2026, is amended to read as follows:

239.2 Supplemental nutrition assistance program — ~~income~~ eligibility.

1. a. The department shall establish the gross countable monthly income threshold for the supplemental nutrition assistance program at less than or equal to one hundred sixty percent of the federal poverty level for the household size.

b. The department shall consider the income and financial resources of all household members in determining the eligibility and benefit allotment of the household, including all household members determined to be ineligible to participate in SNAP under this section or pursuant to 7

1 U.S.C. §2015(f). Notwithstanding 7 C.F.R. §273.11(c)(3), the
2 individual's income, deductible expenses, and resources shall
3 be counted, and none shall be prorated.

4 c. Pursuant to 7 U.S.C. §2015(f), an individual shall be
5 ineligible to participate in SNAP unless the individual is a
6 resident of the United States and meets at least one of the
7 following criteria:

8 (1) The individual is a citizen or national of the United
9 States.

10 (2) The individual is an alien lawfully admitted for
11 permanent residence as an immigrant, as defined in 8 U.S.C.
12 §1101(a)(15) and 1101(a)(20), excluding alien visitors,
13 tourists, diplomats, students, or other individuals admitted
14 temporarily with no intention of abandoning their residence in
15 a foreign country.

16 (3) The individual is an alien who has been granted the
17 status of Cuban and Haitian entrant, as defined in section
18 501(e) of the federal Refugee Education Assistance Act of 1980,
19 Pub. L. No. 96-422.

20 (4) The individual lawfully resides in the United States in
21 accordance with a compact of free association referred to in 8
22 U.S.C. §1612(b)(2)(G).

23 2. The department shall comply with federal reporting
24 requirements relating to a household member who is determined
25 to be ineligible to participate in SNAP pursuant to 7 C.F.R.
26 §273.4(b).

27 DIVISION III

28 MEDICAID — MANAGED CARE

29 Sec. 5. NEW SECTION. 249A.5 Delivery of medical assistance.

30 1. For the purposes of this section, *"managed care program"*
31 means the same as defined in 42 C.F.R. §438.2.

32 2. The department shall deliver all benefits that
33 recipients are entitled to under this chapter utilizing a
34 managed care program in compliance with 42 C.F.R. pt. 438,
35 except for benefits provided on a fee-for-service basis or

1 otherwise excluded from managed care program delivery pursuant
2 to a Medicaid state plan or waiver in effect on or before
3 January 1, 2027.

4 DIVISION IV

5 MEDICAID AND IOWA HEALTH AND WELLNESS PLAN — RETROACTIVE
6 ELIGIBILITY AND REPORTING

7 Sec. 6. NEW SECTION. 249A.3B Medicaid — retroactive
8 eligibility.

9 1. Notwithstanding any provision of state law to the
10 contrary, effective January 1, 2027, in compliance with
11 section 71112 of the One Big Beautiful Bill Act, Pub. L. No.
12 119-21, the department shall adopt rules to provide that the
13 eligibility of a individual who is a pregnant woman, a child,
14 or a resident of a nursing facility licensed under chapter 135C
15 shall be applied retroactively for no more than two months
16 prior to the month in which the individual submits a completed
17 medical assistance program application.

18 2. The department shall not adopt rules, or submit a
19 request for a waiver or state plan amendment to the centers for
20 Medicare and Medicaid services of the United States department
21 of health and human services, to permit the department to
22 provide medical assistance program eligibility retroactively to
23 any other adult individual except as provided in subsection 1.

24 Sec. 7. Section 249N.4, subsection 5, Code 2026, is amended
25 to read as follows:

26 5. A member is eligible for coverage effective the first day
27 of the month ~~following the month~~ of application for enrollment.
28 The department shall not adopt rules or submit a request for
29 a waiver or state plan amendment to the centers for Medicare
30 and Medicaid services of the United States department of health
31 and human services to permit the department to provide program
32 eligibility prior to the month in which the individual submits
33 a completed application for enrollment.

34 Sec. 8. 2017 Iowa Acts, chapter 174, section 12, subsection
35 15, paragraph a, subparagraph (7), as amended by 2018 Iowa

1 presented to the general assembly and approved by a majority
2 vote of both houses of the general assembly. This subsection
3 shall apply to a section 1115 demonstration waiver, a section
4 1915 home and community-based services waiver, and a state
5 plan amendment to expand coverage under the medical assistance
6 program to additional individuals or classes of individuals
7 submitted to, or approved by, the centers for Medicare and
8 Medicaid services of the United States department of health and
9 human services prior to the effective date of this division of
10 this Act.

11 3. The department shall annually conduct an analysis to
12 determine the cost neutrality of all approved or implemented
13 cost waivers, and on or before October 1, submit a report to
14 the general assembly detailing the department's cost neutrality
15 analysis and the department's compliance with section 7118 of
16 the federal One Big Beautiful Bill Act, Pub. L. No. 119-21,
17 that requires cost neutrality for all Medicaid section 1115
18 demonstration waivers.

19 4. This section does not apply to a modification of a
20 state plan amendment that is required due to federal law or
21 regulation.

22 DIVISION VI

23 EFFECTIVE DATE

24 Sec. 11. EFFECTIVE DATE. This Act, being deemed of
25 immediate importance, takes effect upon enactment.