

Health and Human Services Appropriations Bill House Study Bill 342

Last Action:
House Appropriations
Subcommittee
May 1, 2025

An Act relating to and making appropriations to the Department of Veterans Affairs and the Department of Health and Human Services, and related provisions and appropriations, including Aging and Disability Services; Behavioral Health, Public Health, Community Access and Eligibility; the Medical Assistance Program, State Supplementary Assistance, Hawki, and other health-related programs; reimbursement rates; Family Well-Being and Protection; State-Operated Specialty Care, Administration and Compliance; transfers, cash flows, and nonreversions; prior appropriations; the Beer and Liquor Control Fund, and the Behavioral Health Fund; report on nonreversion of moneys; emergency rules; autism spectrum disorder; involuntary commitment hearing testimony; discharge of involuntarily committed persons; medical residency and fellowships; maintenance and costs of juvenile homes; and a Hospital Directed Payment Program; and including effective date and retroactive applicability provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at www.legis.iowa.gov/publications/information/appropriationBillAnalysis

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FUNDING SUMMARY

General Fund FY 2026: Appropriates a total of \$2,468.5 million from the General Fund and 4,161.0 full-time equivalent (FTE) positions to the Department of Health and Human Services (HHS), containing the Department of Veterans Affairs (DVA). This is an increase of \$254.9 million and a decrease of 265.9 FTE positions compared to estimated net FY 2025. For the HHS, General Fund FTE positions are now tracked through the same line items as federally funded FTE positions. Excluding federally funded FTE positions, the FTE positions appropriated in the Bill represent a decrease of 10.0 FTE positions compared to the [previously authorized amount](#) in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Other Funds FY 2026: Appropriates a total of \$442.2 million from other funds. This is a decrease of \$26.2 million compared to estimated FY 2025.

Standing General Fund Appropriations FY 2026: In addition to the appropriations in the Bill, the attached tracking includes the following standing General Fund appropriations totaling \$4.2 million that are automatically appropriated in statute:

- \$1.2 million for the Psychiatry Residency and Fellowship Program.
- \$1.0 million to the HHS for the Behavioral Health Fund.
- \$990,000 for the County Commissions of Veteran Affairs Fund.
- \$425,000 to the HHS for Centers of Excellence.
- \$233,000 to the HHS for Child Abuse Prevention.
- \$224,000 to the HHS for the Center for Congenital and Inherited Disorders Central Registry.
- \$143,000 to the HHS for Nonresident Mental Illness Commitment.
- \$1,400 to the HHS for the Commission of Inquiry.
- \$1 to the HHS for the Low-Income Home Energy Assistance Program (LiHEAP) Weatherization Assistance Program.

Standing Other Fund Appropriations FY 2026: In addition to the appropriations in the Bill, the attached tracking includes the following standing Other Fund appropriation estimates totaling \$151.1 million that are automatically appropriated in statute:

- \$151.0 million from the Health Care Trust Fund to the HHS for Medicaid.
- \$150,000 from the Medicaid Fraud Fund to the HHS for Medicaid.

Establishes a Veterans Service Organization Grant Fund within the State Treasury under the control of the DVA. Any unexpended moneys in the Fund at the close of a fiscal year are to remain available for expenditure. Interest or earnings on moneys in the Fund will be credited to the Fund.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Establishes a Veterans Service Organization Grant Program under the administration and control of the DVA to award grants to VSOs for the purpose of ensuring adequate staff are employed to assist veterans with claims. Page 2, Line 1

Directs the DVA to award matching funds to VSOs for the purposes of employing staff to assist veterans with claims. To receive a grant, a VSO must demonstrate that moneys have been budgeted and will be expended by the VSO in the amount required to provide matching funds for each staff position for which grant moneys are sought. Page 2, Line 21

Requires the HHS, by April 1, 2026, to develop a reimbursement methodology proposal for reimbursement of nursing facilities under the Medicaid program that includes a base-rate payment component, a quality assurance assessment pass-through component, and a quality assurance add-on component, which includes a fixed fee payment and a quality-based payment. Provides that the reimbursement methodology proposal must include recommendations developed by the HHS, in consultation with stakeholders including the Iowa Health Care Association and LeadingAge Iowa, for specific metrics the HHS will use to determine whether a nursing facility is eligible to receive all or a portion of the quality-based payment portion of the reimbursement to the nursing facility. Prohibits the total State expenditures for reimbursement of nursing facilities under the Medicaid program using the reimbursement methodology proposed in this section from exceeding the amount appropriated for this purpose for the applicable fiscal year. Page 16, Line 23

Requires the HHS to establish a work group to make recommendations for a forecasting formula to ensure a sufficient number of nursing facility beds are available to meet future demand. Page 17, Line 12

Establishes a Hospital Directed Payment Program and requires the HHS to submit any authorizing documentation necessary to the Centers for Medicare and Medicaid Services (CMS) for approval of the Program for any specific fiscal year Page 44, Line 3

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Veterans Affairs: Appropriates a total of \$13.0 million from the General Fund and 15.0 FTE positions. This is an increase of \$339,000 in funding and 4.0 FTE positions compared to estimated net FY 2025 including the following: Page 1, Line 3

- An increase of \$250,000 for veterans service organization (VSO) grants in General Administration.
- An increase of \$89,000 for general operating expenses in Iowa Veterans Home (IVH).

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Department of Health and Human Services — Aging and Disability Services: Appropriates a total of \$19.2 million and 88.0 FTE positions from the General Fund. This is an increase of \$120,000 compared to estimated net FY 2025. Excluding federally funded FTE positions, this is an increase of 1.0 FTE position compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 3, Line 2

Department of Health and Human Services — Public Health: Appropriates a total of \$21.0 million and 286.0 FTE positions from the General Fund. This is a net decrease of \$1.5 million compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 6, Line 6

Creates a new allocation of \$1.0 million from the Public Health appropriation in FY 2026 to provide grants to support the Double Up Food Bucks Program administered by the Iowa Healthiest State Initiative to make fresh fruits and vegetables sold at farmers markets, grocery stores, and other participating locations accessible to individuals and families who reside in Iowa and receive assistance through the federal Supplemental Nutrition Assistance Program (SNAP).

Page 7, Line 32

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$144.0 million for various HHS programs funded through the TANF Block Grant. This is no change in funding compared to estimated FY 2025.

Page 10, Line 27

Department of Health and Human Services — Medical Assistance Program, State Supplementary Assistance (SSA), and Healthy and Well Kids in Iowa (Hawki) Program: Appropriates a total of \$1,899.2 million from the General Fund. This is a net increase of \$248.4 million compared to estimated net FY 2025 including the following:

Page 12, Line 28

- An increase of \$197.6 million for the expected Medicaid shortfall in FY 2026.
- An increase of \$25.0 million for nursing facility provider reimbursement rate rebasing.
- An increase of \$19.2 million for an expected Hawki shortfall in FY 2026.
- An increase of \$3.1 million for a dental provider rate adjustment.
- An increase of \$3.1 million for an intermittent supportive community living rate increase.
- An increase of \$1.0 million for an increased pharmacy dispensing fee.
- An increase of \$992,000 for a personal needs allowance increase.
- An increase of \$753,000 to include applied behavioral analysis services for the treatment of autism as benefits covered under the Hawki Program.
- An increase of \$420,000 for maternal health-related provider rate adjustments.
- An increase of \$295,000 for a prosthetics rate increase.

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- A decrease of \$5,000 for nursing facility renovation and construction.
- A decrease of \$3.0 million due to an increased federal reimbursement rate for certified community behavioral health clinics.

Creates a new allocation of \$992,000 from the Medical Assistance appropriation in FY 2026 to increase the monthly personal needs allowance Medicaid beneficiaries who are residents of nursing facilities, intermediate care facilities (ICFs) for persons with an intellectual disability, ICFs for persons with mental illness, or psychiatric medical institutions for children (PMICs).

Page 18, Line 8

Increases the personal needs allowance for residents of certain facilities enrolled in Medicaid from \$50.00 to \$65.00.

Page 18, Line 14

FISCAL IMPACT: Increasing the personal needs allowance by \$15.00 is estimated to cost approximately \$2,300,000. Of the cost, the federal government will pay \$1,308,000 and the State will pay \$992,000. Additionally, the HHS may incur approximately \$80,000 in Information Technology (IT) costs.

Requires the FY 2026 Medicaid provider rates for dentists to be adjusted to 85.00% of the benchmark rates based on the HHS 2024 Medicaid rate review.

Page 20, Line 2

FISCAL IMPACT: Increasing the Medicaid provider rate for dentists to 85.00% is estimated to cost the State \$3.1 million in FY 2026.

Creates a new allocation of \$420,000 from the Medical Assistance appropriation in FY 2026 to increase Medicaid reimbursement rates for maternal health providers.

Page 20, Line 6

Increases the Medicaid pharmacy dispensing fee from \$10.63 to \$11.10 in FY 2026, subject to federal approval.

Page 20, Line 10

FISCAL IMPACT: Increasing the Medicaid pharmacy dispensing fee is estimated to cost approximately \$3.3 million. The federal government will be responsible for 69.15% of the cost, causing the State to be responsible for approximately \$1.0 million.

Creates a new allocation of \$3.2 million from the Child Protective Services appropriation in FY 2026 to increase reimbursement rates for Qualified Residential Treatment Program (QRTP) providers.

Page 20, Line 31

Creates a new allocation of \$1.6 million from the Child Protective Services appropriation in FY 2026 to increase reimbursement rates for shelter care providers.

Page 20, Line 35

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Department of Health and Human Services — Early Intervention and Supports: Appropriates a total of \$36.3 million and 25.0 FTE positions from the General Fund. This is an increase of \$1.0 million compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 21, Line 29

Department of Health and Human Services — Child Protective Services: Appropriates a total of \$170.4 million and 977.0 FTE positions from the General Fund. This is a increase of \$4.3 million compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 22, Line 23

Department of Health and Human Services — State-Operated Specialty Care: Appropriates a total of \$102.3 million and 756.0 FTE positions from the General Fund. This is an increase of \$2.3 million compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 25, Line 24

Department of Health and Human Services — Accountability, Compliance, and Program Integrity: Appropriates a total of \$21.2 million and 411.0 FTE positions from the General Fund. This is a decrease of \$1.1 million compared to estimated net FY 2025. Excluding federally funded FTE positions, this is a decrease of 12.0 FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

Page 26, Line 21

FUNDING FOR PROJECTS AND PROGRAMS

Creates a new allocation of \$250,000 from the DVA's General Administration appropriation in FY 2026 to be deposited into the Veterans Service Organization Grant Fund, as created in the Bill.

Page 1, Line 31

CHANGES TO PRIOR APPROPRIATIONS

Allows any unexpended funds appropriated in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), for FY 2025 from the General Fund for the Thrive Iowa Program to remain available for expenditure for the Thrive Iowa Program.

Page 30, Line 20

Allows any unexpended funds appropriated in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), for FY 2025 from the General Fund for Community Access and

Page 31, Line 1

Eligibility to remain available for expenditure until the close of FY 2026.

Amends 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), to replace the standing appropriation under Iowa Code section [123.17\(5\)](#) for the Comprehensive Substance Use Disorder Program with the appropriation in Division III of the Act for FY 2025.

Page 31, Line 21

FISCAL IMPACT: This is a decrease of \$2,000,000 to the HHS for FY 2025.

Amends 2024 Iowa Acts, [House File 2673](#) (Behavioral Health Service System Act), to decrease the standing appropriation from the General Fund to the HHS from the 7.0% of the liquor sales for the Behavioral Health Fund from \$2.0 million to \$1.0 million beginning in FY 2026.

Page 31, Line 30

STUDIES AND INTENT

Emergency Rules

Requires the HHS or the Mental Health and Disability Services (MHDS) Commission to adopt emergency administrative rules to comply with federal requirements or to implement the Bill. The rules are required to be effective immediately upon filing or on a later effective date specified in the rules unless delayed or suspended by the Administrative Rules Review Committee (ARRC). The rules are not effective before being reviewed by the ARRC.

Page 32, Line 32

Intent

Requires the DVA to adopt application procedures, forms, administrative guidelines, and other administrative rules pursuant to Iowa Code chapter [17A](#) to implement and administer the Veterans Service Organization Grant Program.

Page 2, Line 33

Requires the HHS to review the current rate limit calculation and application for special population nursing facility rates on or before December 15, 2025.

Page 20, Line 23

It is the intent of the General Assembly to provide sufficient funding for the State CCA Program in FY 2026 to avoid the establishment of a waiting list.

Page 21, Line 18

Prohibits a district or juvenile court from ordering any service that is a charge to the State if there are insufficient funds to pay for the service.

Page 23, Line 30

Permits the HHS to transfer funds allocated in the Bill for purposes of continuing alignment efforts,

Page 27, Line 16

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maximizing federal support, and the implementation and administration of services. Requires the HHS to report any transfers made pursuant to this subsection to the General Assembly.

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) (Iowa Administrative Procedure Act) to implement and administer Iowa Code section [125.85](#) (Custody, Discharge, and Termination of Proceedings).

Page 40, Line 5

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) to implement and administer Iowa Code section [229.16](#) (Discharge and Termination of Proceeding).

Page 43, Line 1

Requires the HHS to adopt administrative rules to administer new Iowa Code chapter 249O, as created by the Bill.

Page 45, Line 23

Nonreversion

Requires federal moneys received in FY 2026 because of the expenditure of State funds in a previous year to be used for child protective services. Allows any unexpended funds to remain available for expenditure through FY 2027.

Page 23, Line 14

Allows any unexpended funds appropriated for the Family Development and Self-Sufficiency (FaDSS) Program for FY 2026 to remain available for FY 2027.

Page 28, Line 30

Allows any unexpended funds appropriated from the General Fund, the Quality Assurance Trust Fund, and the Hospital Health Care Access Trust Fund to the HHS in FY 2026 for the Medicaid Program to remain available for FY 2027.

Page 29, Line 4

Allows any unexpended funds appropriated from the General Fund to the HHS for State-Operated Specialty Care for FY 2026 to remain available for subsequent fiscal years.

Page 29, Line 15

Allows any unexpended funds appropriated from the General Fund to the HHS for the Iowa Commission on Volunteer Services for FY 2026 to remain available for subsequent fiscal years.

Page 29, Line 25

Allows any funds appropriated from the General Fund to the HHS in FY 2026 for rural psychiatric residencies that remain at the end of FY 2026 to be carried forward into FY 2027.

Page 29, Line 33

Allows any funds appropriated from the General Fund to the HHS in FY 2026 for adoption subsidy payments or post-adoption services that remain at the end of FY 2026 to be carried forward into

Page 30, Line 6

FY 2027.

Required Reports

Requires the Iowa Veterans Home (IVH) to submit a monthly expenditure report to the General Assembly. Page 1, Line 22

Permits the HHS to transfer funds allocated in the Bill for purposes of continuing alignment efforts, maximizing federal support, and the implementation and administration of services. Requires the HHS to report any transfers made pursuant to this subsection to the General Assembly. Page 27, Line 16

Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2025 to the General Assembly on a quarterly basis beginning October 1, 2025. Page 32, Line 24

Requires each Administrative Services Organization (ASO) to make a quarterly report to the HHS, which must include the number of respondents discharged and referred to the ASO during the reporting period, the outcome of each discharged respondent, and any issues encountered while ensuring each respondent's postdischarge continuity of care. Page 39, Line 17

Requires each ASO to make a quarterly report to the HHS, which must include the number of patients discharged and referred to the ASO during the reporting period, the outcome of each discharged patient, and any issues encountered while ensuring each patient's postdischarge continuity of care. Page 42, Line 22

SIGNIFICANT CODE CHANGES

Prohibits the HHS from approving new applications for the Autism Support Program on or after July 1, 2025. The HHS is required to continue to provide treatment and make payments pursuant to the Program for an eligible individual whose application is approved on or before June 30, 2025, if the individual remains eligible for the Program. Page 33, Line 22

Repeals Iowa Code chapter [225D](#) (Autism Support Program) on July 1, 2027. Page 33, Line 30

Requires the Medical Assistance Advisory Council to adopt administrative rules to include applied behavior analysis services for the treatment of autism spectrum disorder as benefits covered under the Hawki Program. Page 33, Line 32

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FISCAL IMPACT: The HHS estimates that including applied behavior analysis services as benefits under the Program will increase General Fund Hawki expenditures by \$753,000 for FY 2026 and \$756,000 for FY 2027. The federal cost is estimated to be \$2.1 million for FY 2026 and FY 2027.

Transfers any unencumbered and unobligated moneys remaining in the Autism Support Fund to the Hawki Trust Fund upon the repeal of Iowa Code chapter [225D](#) on July 1, 2027.

Page 34, Line 1

Establishes that a licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol drug counselor who examined a respondent may be excused from being present at an involuntary commitment hearing if the court finds for good cause that the presence or testimony of the examiner is not necessary or if the court grants an application to allow a physician assistant (PA) or an advanced registered nurse practitioner (ARNP) to be present and testify at the hearing on behalf of the person who examined the respondent in connection with the commitment hearing. Applications must include all of the following:

Page 34, Line 7

- A sworn statement that the PA or ARNP witnessed the person who examined the respondent in connection with the commitment hearing conduct the examination.
- A sworn statement that the PA or ARNP has reviewed the written report of the examination.
- A sworn statement that the person who examined the respondent in connection with the commitment hearing is unable to attend the hearing.

Establishes that a licensed physician or mental health professional who examined a respondent can be excused from being present at an involuntary commitment hearing if the court finds for good cause that the presence or testimony of the person who examined the respondent is not necessary or if the court grants an application to allow a PA or an ARNP to be present and testify at the hearing on behalf of the person who examined the respondent in connection with the commitment hearing. Applications must include all of the following:

Page 36, Line 8

- A sworn statement that the PA or ARNP witnessed the person who examined the respondent in connection with the commitment hearing conduct the examination.
- A sworn statement that the PA or ARNP has reviewed the written report of the examination.
- A sworn statement that the person who examined the respondent in connection with the commitment hearing is unable to attend the hearing.

Requires the facility treating the respondent, prior to a discharge of a respondent under Iowa Code section [125.85](#) (Custody, Discharge, and Termination of Proceeding), to do all of the following:

Page 37, Line 27

- Refer the respondent to an ASO for evaluation, system navigation, and postdischarge services.
- Assess the respondent for suicide risk.
- Provide the respondent or the respondent's legal representative with a discharge report.

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Requires discharge reports under Iowa Code section [125.85](#) to include all of the following:

Page 38, Line 1

- The respondent's name and address.
- The dates, times, and locations of all postdischarge appointments scheduled for the respondent.
- A list of each medication prescribed for the respondent.
- Contact information for the ASO to which the respondent was referred.
- A written patient-centered aftercare plan, including crisis prevention and steps to address the respondent's ongoing care needs.
- Educational materials for the respondent and individuals who are willing to support the respondent after the respondent's discharge.

Requires the facility treating a respondent, prior to a discharge of the respondent under Iowa Code section [125.85](#), to notify the ASO to which the respondent was referred and the respondent's legal guardian, parent, spouse, attorney in fact, or adult siblings, as applicable to the respondent's discharge.

Page 38, Line 29

Requires the ASO to which a respondent is referred to coordinate postdischarge care, including but not limited to contacting the respondent to ensure the respondent attends scheduled appointments and receives necessary care and services. The ASO is required to follow up with a respondent in a timely manner.

Page 38, Line 35

Allows an ASO to delegate required duties relating to a discharged respondent to a Managed Care Organization (MCO) acting pursuant to a contract with the HHS to administer the Medicaid program if the respondent referred to the ASO qualifies for Medicaid.

Page 39, Line 11

Requires the facility treating the patient, prior to a discharge of a patient under Iowa Code section [229.16](#), to do all of the following:

Page 41, Line 2

- Refer the patient to an ASO for evaluation, system navigation, and postdischarge services.
- Assess the patient for suicide risk.
- Provide the patient or the patient's legal representative with a discharge report.

Requires discharge reports under Iowa Code section [229.16](#) to include all of the following:

Page 41, Line 9

- The patient's name and address.
- The dates, times, and locations of all postdischarge appointments scheduled for the patient.
- A list of each medication prescribed for the patient.
- Contact information for the ASO to which the patient was referred.
- A written patient-centered aftercare plan, including crisis prevention and steps to address the patient's ongoing care needs.
- Educational materials for the patient and individuals who are willing to support the patient after the patient's discharge.

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Requires the facility treating a patient, prior to a discharge of the patient under Iowa Code section [229.16](#), to notify the ASO to which the patient was referred and the patient's legal guardian, parent, spouse, attorney in fact, or adult siblings, as applicable to the patient's discharge.

Page 42, Line 1

Requires the ASO to which a patient is referred to coordinate postdischarge care, including but not limited to contacting the patient to ensure the patient attends scheduled appointments and receives necessary care and services. The ASO is required to follow up with the patient in a timely manner.

Page 42, Line 6

Allows an ASO to delegate required duties relating to a discharged patient to an MCO acting pursuant to a contract with the HHS to administer the Medicaid program if the patient referred to the ASO qualifies for Medicaid.

Page 42, Line 16

Modifies Iowa Code section 262.9(39)(e), if enacted by 2025 Iowa Acts, [House File 516](#) (Residency Enrollment Requirements, Medical and Dental Schools Bill), to define a "resident of Iowa" as an individual who has lived in Iowa for at least four consecutive years immediately preceding the date the individual begins classes at, rather than applies for admission to, the College of Medicine in the Doctor of Medicine Program or the College of Dentistry at the University of Iowa, or begins, rather than for, a residency at the UIHC.

Page 43, Line 5

Provides that moneys deposited in the Juvenile Detention Home Fund during a fiscal year are appropriated to the HHS for the same fiscal year for distribution of an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the immediately preceding, rather than prior, fiscal year.

Page 43, Line 16

Requires moneys appropriated for distribution in accordance with Iowa Code section [232.142](#)(6) to be allocated as follows:

Page 43, Line 26

- \$125,000 to each eligible county or multicounty juvenile detention home.
- Prorates and distributes, any appropriated moneys remaining after the juvenile detention home distributions, on the basis of an eligible county or multicounty juvenile detention home's proportion of the costs of all eligible county or multicounty juvenile detention homes in the immediately preceding fiscal year.

EFFECTIVE DATE

Specifies that Division XII of the Bill related to prior appropriations for FY 2025 takes effect upon enactment and applies retroactively to July 1, 2024.

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Specifies that Division XIII of the Bill related to the Beer and Liquor Control Fund takes effect upon enactment and applies retroactively to July 1, 2024.

House Study Bill 342 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
2	1	2	New	35A.23
18	14	18	Amend	249A.30A
33	22	39	Add	225D.2.4A
33	30	40	New	225D.3
33	32	41	Add	514I.5.4.c.(18)
34	7	43	Amend	125.82.3
36	8	44	Amend	229.12.3.b
37	19	45	Add	125.2.01,001
37	25	46	Strike	125.85.4
37	27	47	Add	125.85.6,7,8,9,10
40	8	48	Add	229.1.01,001
40	14	49	Amend	229.16
43	16	51	Amend	232.142.6.b
44	5	52	New	249O.1
44	20	53	New	249O.2

1 1 DIVISION I
 1 2 DEPARTMENT OF VETERANS AFFAIRS — FY 2025-2026

1 3 Section 1. DEPARTMENT OF VETERANS AFFAIRS. There is
 1 4 appropriated from the general fund of the state to the
 1 5 department of veterans affairs for the fiscal year beginning
 1 6 July 1, 2025, and ending June 30, 2026, the following amounts,
 1 7 or so much thereof as is necessary, to be used for the purposes
 1 8 designated:

1 9 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
 1 10 For salaries, support, maintenance, and miscellaneous
 1 11 purposes, and for not more than the following full-time
 1 12 equivalent positions:
 1 13 \$ 1,619,205
 1 14 FTEs 15.00

General Fund appropriation to the Department of Veterans Affairs (DVA).

DETAIL: This is an increase of \$250,000 and 4.00 full-time equivalent (FTE) positions compared to estimated net FY 2025 to provide veterans service organization (VSO) grants. The increase of 4.00 FTE positions is to restore the FTE positions to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

1 15 2. IOWA VETERANS HOME
 1 16 For salaries, support, maintenance, and miscellaneous
 1 17 purposes:
 1 18 \$ 8,234,502

General Fund appropriation to the Iowa Veterans Home (IVH).

DETAIL: This is an increase of \$88,766 compared to estimated net FY 2025 for general operating expenses.

1 19 a. The Iowa veterans home billings involving the department
 1 20 of health and human services shall be submitted to the
 1 21 department on at least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the Department of Health and Human Services (HHS).

1 22 b. The Iowa veterans home expenditure report shall be
 1 23 submitted monthly to the general assembly.

Requires the IVH to submit a monthly expenditure report to the General Assembly.

1 24 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 1 25 For transfer to the Iowa finance authority for the
 1 26 continuation of the home ownership assistance program for
 1 27 persons who are or were eligible members of the armed forces
 1 28 of the United States or eligible service members pursuant to
 1 29 section 16.54:
 1 30 \$ 2,200,000

General Fund appropriation to the Home Ownership Assistance Program for military service members and veterans, to be transferred to the Iowa Finance Authority.

DETAIL: This is no change in funding compared to estimated net FY 2025. Under the Program, a \$5,000 grant is available to a service

	<p>member for down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and this is a once-in-a-lifetime grant.</p>
<p>1 31 4. VETERANS SERVICE ORGANIZATION GRANT FUND 1 32 Of the moneys allocated under subsection 1, \$250,000 shall 1 33 be deposited in the veterans service organization grant fund 1 34 created in section 35A.23, as enacted by this division of this 1 35 Act.</p>	<p>Allocates \$250,000 from the General Administration appropriation to the DVA to be deposited into the Veterans Service Organization Grant Fund.</p> <p>DETAIL: This is a new allocation for FY 2026.</p>
<p>2 1 Sec. 2. NEW SECTION 35A.23 VETERANS SERVICE ORGANIZATION 2 2 GRANT PROGRAM. 2 3 1. A veterans service organization grant program is 2 4 established under the administration and control of the 2 5 department to award grants to veterans service organizations 2 6 for the purpose of ensuring adequate staff are employed to 2 7 assist veterans with claims.</p>	<p>CODE: Establishes a Veterans Service Organization Grant Program under the administration and control of the DVA to award grants to VSOs for the purpose of ensuring adequate staff are employed to assist veterans with claims.</p>
<p>2 8 2. A veterans service organization grant fund is created 2 9 within the state treasury under the control of the department. 2 10 The fund shall consist of moneys appropriated to the fund by 2 11 the general assembly and any other moneys available to and 2 12 obtained or accepted by the department for deposit in the fund. 2 13 All moneys in the fund are appropriated to the department for 2 14 purposes of administering the program and providing grants 2 15 under the program. Notwithstanding section 8.33, moneys in 2 16 the fund that remain unencumbered or unobligated at the close 2 17 of a fiscal year shall not revert but shall remain available 2 18 for expenditure for the purposes designated. Notwithstanding 2 19 section 12C.7, subsection 2, interest or earnings on moneys in 2 20 the fund shall be credited to the fund.</p>	<p>CODE: Establishes a Veterans Service Organization Grant Fund within the State Treasury under the control of the DVA. Any unexpended moneys in the Fund at the close of a fiscal year are to remain available for expenditure. Interest or earnings on moneys in the Fund will be credited to the Fund.</p> <p>DETAIL: The Fund is to consist of moneys appropriated to the Fund by the General Assembly and any other moneys available and obtained or accepted by the DVA for deposit in the Fund.</p>
<p>2 21 3. a. In administering the program, the department shall 2 22 award matching funds to veterans service organizations for the 2 23 purpose of employing staff to assist veterans with claims. 2 24 b. To receive a grant, a veterans service organization shall 2 25 demonstrate that moneys have been budgeted and will be expended 2 26 by the veterans service organization in the amount required to 2 27 provide matching funds for each staff position for which grant 2 28 moneys are sought. 2 29 c. For purposes of this section, "veterans service</p>	<p>CODE: Directs the DVA to award matching funds to VSOs for the purposes of employing staff to assist veterans with claims. To receive a grant, a VSO must demonstrate that moneys have been budgeted and will be expended by the VSO in the amount required to provide matching funds for each staff position for which grant moneys are sought.</p>

2 30 organization” means an organization recognized by the United
2 31 States department of veterans affairs pursuant to 38 C.F.R.
2 32 §14.628(c).

2 33 4. The department shall adopt rules pursuant to chapter 17A
2 34 as necessary to implement and administer the program.

CODE: Requires the DVA to adopt application procedures, forms, administrative guidelines, and other administrative rules pursuant to Iowa Code chapter [17A](#) to implement and administer the Program.

2 35 DIVISION II

3 1 AGING AND DISABILITY SERVICES — FY 2025-2026

3 2 Sec. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES — AGING

3 3 AND DISABILITY SERVICES. There is appropriated from the
3 4 general fund of the state to the department of health and human
3 5 services for the fiscal year beginning July 1, 2025, and ending
3 6 June 30, 2026, the following amount, or so much thereof as is
3 7 necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — Aging and Disability Services for FY 2026.

3 8 For aging programs for the department of health and human
3 9 services and area agencies on aging to provide citizens of
3 10 Iowa who are 60 years of age and older with case management;
3 11 for Iowa’s aging and disabilities resource centers; for the
3 12 return to community program; for the purposes of chapter 231E;
3 13 to administer the prevention of elder abuse, neglect, and
3 14 exploitation program pursuant to section 231.56A, in accordance
3 15 with the requirements of the federal Older Americans Act of
3 16 1965, 42 U.S.C. §3001 et seq., as amended; for the operation
3 17 of the dependent adult abuse services program pursuant to
3 18 chapter 235B; for other services which may include but are not
3 19 limited to adult day care, respite care, chore, information
3 20 and assistance, and material aid; for information and options
3 21 counseling for persons with disabilities; and for salaries,
3 22 support, administration, maintenance, and miscellaneous
3 23 purposes, and for not more than the following full-time
3 24 equivalent positions:

DETAIL: This is an increase of \$120,108 compared to estimated net FY 2025. Excluding federally funded FTE positions, this is an increase of 1.00 FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act). The changes include:

- An increase of \$100,000 and 1.00 FTE position for a dementia services coordinator.
- An increase of \$20,108 for general operating expenses.

3 25	.....	\$	19,208,822
3 26	.....	FTEs	88.00

The Division of Aging and Disability Services works with Iowa's Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers to provide supports and services to individuals aged 60 years old and older and individuals with disabilities through programs and initiatives that improve access to affordable, high-quality, long-term living and community supports.

3 27 1. Moneys appropriated in this section may be used to
3 28 supplement federal moneys received under federal regulations.
3 29 To receive moneys appropriated in this section, a local area
3 30 agency on aging shall match the moneys with moneys from other

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by the HHS as part of an AAA's area plan. Requires local AAAs to match the funds for aging programs and services.

3 31 sources according to rules adopted by the department. Moneys
 3 32 appropriated in this section may be used for services not
 3 33 specifically enumerated in this section only if approved by the
 3 34 department as part of an area agency on aging's area plan.

3 35 2. Of the moneys appropriated in this section, \$949,282
 4 1 shall be used for the family support center component of the
 4 2 comprehensive family support program under section 225C.47.

Allocates \$949,282 to the HHS to continue the Children at Home Program. The HHS has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

4 3 3. Of the moneys appropriated in this section, \$33,632 shall
 4 4 be used to build community capacity through the coordination
 4 5 and provision of training opportunities in accordance with the
 4 6 consent decree of Conner v.Branstad, No.4-86-CV-30871 (S.D.
 4 7 Iowa, July 15, 1994).

Allocates \$33,632 to the HHS for the Conner Decree training requirements.

DETAIL: This is no change in funding compared to estimated net FY 2025. The funds are used for training purposes to comply with the [Conner v. Branstad](#) consent decree mandating placement of persons with developmental disabilities in the least restrictive setting possible.

4 8 4. Of the moneys appropriated in this section, \$100,000
 4 9 shall be used by the department of health and human services
 4 10 for a dementia services coordinator position. The duties of
 4 11 the dementia services coordinator shall include but are not
 4 12 limited to all of the following:
 4 13 a. Coordinating state-funded and privately funded dementia
 4 14 services within the state.
 4 15 b. Coordinating the implementation of the Alzheimer's
 4 16 disease and related dementias state plan.
 4 17 c. Assessing and analyzing dementia-related data collected
 4 18 by the state.
 4 19 d. Evaluating state-funded dementia services.
 4 20 e. Identifying and supporting the development of
 4 21 dementia-specific trainings.
 4 22 f. Performing other duties as may be required to ensure the
 4 23 state is addressing Alzheimer's and related dementias.

Allocates \$100,000 to the HHS for a dementia services coordinator.

DETAIL: This is a new allocation for FY 2026. The duties of the dementia services coordinator must include, but are not limited to, the following:

- Coordinate State-funded and privately funded dementia services within the State.
- Coordinate the implementation of the Alzheimer's Disease and Related Dementia State Plan.
- Assess and analyze dementia-related data collected by the State.
- Evaluate State-funded dementia services.
- Identify and support the development of dementia-specific trainings.
- Perform other duties as may be required to ensure the State is addressing Alzheimer's and related dementias.

4 24 DIVISION III

4 25 BEHAVIORAL HEALTH — FY 2025-2026

4 26 Sec. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES ———
 4 27 BEHAVIORAL HEALTH. There is appropriated from the general fund
 4 28 of the state to the department of health and human services for
 4 29 the fiscal year beginning July 1, 2025, and ending June 30,
 4 30 2026, the following amount, or so much thereof as is necessary,
 4 31 to be used for the purposes designated:

4 32 For behavioral health prevention, treatment, and recovery
 4 33 efforts to reduce the prevalence of the use of, provide
 4 34 treatment for, and support recovery from alcohol, tobacco, and
 4 35 substance use and misuse, problem gambling, and other addictive
 5 1 behaviors. Activities shall align with accepted best practice
 5 2 guidance standards for behavioral health including those
 5 3 published by the centers for disease control and prevention of
 5 4 the United States department of health and human services, and
 5 5 the substance abuse and mental health services administration
 5 6 of the United States department of health and human services,
 5 7 for health promotion; universal, selective, and indicated
 5 8 prevention; treatment; and recovery services and supports; and
 5 9 shall include a 24-hour helpline, public information resources,
 5 10 professional training, youth prevention, program evaluation,
 5 11 and efforts at the state and local levels, and for not more
 5 12 than the following full-time equivalent positions:

5 13	.....	\$	24,400,114
5 14	.....	FTEs	71.00

5 15 1. Of the moneys appropriated in this section, \$300,000
 5 16 shall be used to support the work of the children’s behavioral
 5 17 health system including evidence-based behavioral health
 5 18 prevention, treatment, and recovery services and supports for
 5 19 children and their families pursuant to the intent specified in
 5 20 section 225C.6B, subsection 1.

5 21 2. Of the moneys appropriated in this section, \$950,000
 5 22 shall be used for an integrated substance use disorder managed
 5 23 care system. The department shall maintain the level of mental
 5 24 health and substance use disorder treatment services provided
 5 25 by the managed care contractors, and shall take the steps
 5 26 necessary to continue the federal waivers as needed to maintain
 5 27 the level of services.

5 28 Sec. 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES ——— SPORTS
 5 29 WAGERING RECEIPTS FUND. There is appropriated from the

General Fund appropriation to the HHS — Behavioral Health for
 FY 2026.

DETAIL: This is no change in funding compared to estimated net
 FY 2025. Excluding federally funded FTE positions, this is no change
 in FTE positions compared to the previously authorized amount in
 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human
 Services Appropriations Act). The Division of Behavioral Health works
 to provide prevention, treatment, and recovery services related to
 mental health and addictive disorders. 2024 Iowa Acts, [House File
 2673](#) (Behavioral Health Service System Act), established a
 Behavioral Health Service System that will operate within the Division
 of Behavioral Health and goes into effect on July 1, 2025 (FY 2026).

Allocates \$300,000 for the Children’s Behavioral Health System.

DETAIL: This is no change in funding compared to the estimated net
 FY 2025 allocation.

Allocates \$950,000 for continuation of the Managed Substance Abuse
 Treatment Program.

DETAIL: This is no change in funding compared to the estimated net
 FY 2025 allocation.

Sports Wagering Receipts Fund (SWRF) appropriation for problem
 gambling and substance-related disorder prevention, treatment, and

5 30 sports wagering receipts fund created in section 8.571, to the
 5 31 department of health and human services for the fiscal year
 5 32 beginning July 1, 2025, and ending June 30, 2026, the following
 5 33 amount, or so much thereof as is necessary, to be used for
 5 34 behavioral health prevention, treatment, and recovery efforts
 5 35 to reduce the prevalence of the use of, provide treatment for,
 6 1 and support recovery from alcohol, tobacco, and substance use
 6 2 and misuse, problem gambling, and other addictive behaviors:
 6 3 \$ 1,750,000

6 4 DIVISION IV
 6 5 PUBLIC HEALTH — FY 2025-2026

6 6 Sec. 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC
 6 7 HEALTH. There is appropriated from the general fund of the
 6 8 state to the department of health and human services for the
 6 9 fiscal year beginning July 1, 2025, and ending June 30, 2026,
 6 10 the following amount, or so much thereof as is necessary, to be
 6 11 used for the purposes designated:
 6 12 For programs that support health promotion, protect the
 6 13 health and safety of the public, conduct disease surveillance
 6 14 and investigation to reduce the incidence of morbidity and
 6 15 mortality, serve individuals with chronic conditions including
 6 16 but not limited to cancer, support the Iowa donor registry as
 6 17 specified in section 142C.18, and strengthen the health care
 6 18 delivery system and workforce to improve health outcomes for
 6 19 all Iowans, and for not more than the following full-time
 6 20 equivalent positions:

6 21 \$ 21,037,821
 6 22 FTEs 286.00

6 23 1. Of the moneys appropriated in this section, the following
 6 24 amounts are allocated to the department of health and human
 6 25 services to be used as follows to support the goals of
 6 26 increased access, health system integration, and engagement:

recovery services, including Your Life Iowa, professional training,
 youth prevention, and program evaluation.

DETAIL: This is no change in funding compared to estimated FY 2025.

General Fund appropriation to the HHS — Public Health for FY 2026.

DETAIL: This is a net decrease of \$1,494,000 in funding compared to
 estimated net FY 2025. Excluding federally funded FTE positions, this
 is no change in FTE positions compared to the previously authorized
 amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and
 Human Services Appropriations Act). The changes include:

- An increase of \$1,000,000 for the Double Up Food Bucks Program.
- An increase of \$20,000 for radon testing kits.
- A decrease of \$200,000 to a reduced funding need for the rural psychiatric residences.
- A decrease of \$214,000 to consolidate funding for various health care related loan repayment programs and move the funding to the Department of Education.
- A decrease of \$2,100,000 to discontinue funding for the Medical Residency Training State Matching Grants Program

The Division of Public Health's responsibilities include promoting the health and safety of the public, conducting disease surveillance and investigation to reduce the incidence of morbidity and mortality, serving individuals with chronic conditions, and strengthening the health care delivery system.

Allocates a total of \$1,224,000 to support increased access, health system integration, and engagement. This is no change in funding compared to the estimated net FY 2025 allocation.

6 27 a. \$600,000 for distribution to a nonprofit organization 6 28 that established the first statewide drug donation repository 6 29 for continuation of the pharmaceutical infrastructure for 6 30 safety net providers established as described in 2007 Iowa 6 31 Acts, chapter 218, section 108, and for the prescription drug 6 32 donation repository program established in chapter 135M. 6 33 Moneys under this paragraph shall be distributed in their 6 34 entirety on July 1, 2025, for the purpose specified.	Distributes \$600,000 of the allocation to be used for pharmaceutical infrastructure for the SafeNetRx prescription drug donation repository program. Requires these moneys to be distributed in their entirety on July 1, 2025.
6 35 b. \$374,000 for distribution to free clinics, as defined in 7 1 section 135.24, and a nonprofit organization that facilitates 7 2 the initiation, operation, and collaboration of free clinics 7 3 for necessary infrastructure, statewide coordination, provider 7 4 recruitment, service delivery, e-prescribing capacity, and 7 5 provision of assistance to patients in securing a medical home. 7 6 Moneys under this paragraph shall be distributed in their 7 7 entirety on July 1, 2025, for the purpose specified.	Distributes \$374,000 of the allocation to be used for free clinics and a nonprofit organization that facilitates free clinics. Of these moneys, \$40,000 will be used to lower fees associated with an electronic prescribing system. Requires these moneys to be distributed in their entirety on July 1, 2025.
7 8 c. \$25,000 for distribution to an organization that raises 7 9 awareness about issues related to rural health clinics, and 7 10 necessary infrastructure and service delivery transformation. 7 11 Moneys under this paragraph shall be distributed in their 7 12 entirety on July 1, 2025, for the purpose specified.	Distributes \$25,000 of the allocation to be used for an organization that raises awareness about rural health clinic issues and infrastructure and service delivery transformation. Requires these moneys to be distributed in their entirety on July 1, 2025.
7 13 d. \$225,000 for distribution to an organization that is 7 14 the oldest continuously operating medical society in the state 7 15 for continuation of safety net provider patients access to 7 16 specialty care as described in 2007 Iowa Acts, chapter 218, 7 17 section 109. Moneys under this paragraph shall be distributed 7 18 in their entirety on July 1, 2025, for the purpose specified.	Distributes \$225,000 of the allocation to be used for an organization that is the oldest continuously operating medical society in the State to continue safety net provider patients' access to specialty care clinics. Requires these moneys to be distributed in their entirety on July 1, 2025.
7 19 2. Of the moneys appropriated in this section, \$600,000 7 20 shall be used for rural psychiatric residencies for residents 7 21 selected on or before June 30, 2025.	Allocates \$600,000 for rural psychiatric residencies to support the funding of psychiatric residents, selected on or before June 30, 2025, to provide mental health services to underserved areas of the State.
	DETAIL: This is a decrease of \$200,000 compared to the estimated net FY 2025 allocation.
7 22 3. The university of Iowa hospitals and clinics under 7 23 the control of the state board of regents shall not receive 7 24 indirect costs from the moneys appropriated in this section. 7 25 The university of Iowa hospitals and clinics billings to the	Prohibits the University of Iowa Hospitals and Clinics (UIHC) from receiving indirect cost reimbursement from General Fund appropriations to the HHS. Requires the UIHC to submit billings to the HHS on no less than a quarterly basis.

7 26 department shall be, at a minimum, on a quarterly basis.

7 27 4. Of the moneys appropriated in this section, \$20,000 shall
7 28 be used to make radon test kits available, free of charge, to
7 29 homeowners and renters in the state. The department shall
7 30 provide a link on the department’s internet site for homeowners
7 31 and renters in the state to order radon test kits.

Allocates \$20,000 to make radon test kits available, free of charge, to homeowners and renters in Iowa. Requires the HHS to provide a link on the HHS’s website for homeowners and renters to order radon test kits.

DETAIL: This is a new allocation for FY 2026.

7 32 5. Of the moneys appropriated in this section, \$1,000,000
7 33 shall be used to provide grants to support the double up
7 34 food bucks program administered by the Iowa healthiest state
7 35 initiative to make fresh fruits and vegetables sold at farmers
8 1 markets, grocery stores, and other participating locations
8 2 accessible to individuals and families who reside in this
8 3 state and receive assistance through the federal supplemental
8 4 nutrition assistance program.

Allocates \$1,000,000 to provide grants to support the Double Up Food Bucks Program administered by the Iowa Healthiest State Initiative to make fresh fruits and vegetables sold at farmers markets, grocery stores, and other participating locations accessible to individuals and families who reside in Iowa and receive assistance through the federal Supplemental Nutrition Assistance Program (SNAP).

DETAIL: This is a new allocation for FY 2026.

8 5 DIVISION V
8 6 COMMUNITY ACCESS AND ELIGIBILITY — FY 2025-2026

8 7 Sec. 7. DEPARTMENT OF HEALTH AND HUMAN SERVICES — COMMUNITY
8 8 ACCESS AND ELIGIBILITY. There is appropriated from the
8 9 general fund of the state to the department of health and human
8 10 services for the fiscal year beginning July 1, 2025, and ending
8 11 June 30, 2026, the following amount, or so much thereof as is
8 12 necessary, to be used for the purposes designated:
8 13 To be used for salaries, support, maintenance, and
8 14 miscellaneous purposes and for family investment program (FIP)
8 15 assistance in accordance with chapter 239B, and for other costs
8 16 associated with providing needs-based benefits or assistance
8 17 including but not limited to maternal and child health, oral
8 18 health, obesity prevention, the promotion of independence
8 19 and self-sufficiency through employment, job opportunities
8 20 and the basic skills (PROMISE JOBS) program, supplemental
8 21 nutrition assistance program (SNAP) employment and training,
8 22 the FIP diversion program, family planning, rent reimbursement,
8 23 and eligibility determinations for medical assistance, food
8 24 assistance, and the children’s health insurance program, and
8 25 for not more than the following full-time equivalent positions:
8 26 \$ 68,043,944

General Fund appropriation to the HHS — Community Access and Eligibility for FY 2026.

DETAIL: This is no change in funding compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act). The Division of Community Access and Eligibility is the entity responsible for the determination of eligibility for needs-based benefits and assistance programs under the authority of the HHS.

8 27 FTEs 948.00

8 28 1. Of the child support collections assigned under FIP,
8 29 the federal share of the child support collections shall be
8 30 credited to the child support services appropriation made in
8 31 this division of this Act. Of the remainder of the child
8 32 support collections assigned under FIP, a portion shall be
8 33 credited to community access and eligibility, and the remaining
8 34 moneys may be used to increase recoveries, to sustain cash flow
8 35 in the collection services center refund account as provided in
9 1 section 252B.13A, or for technology needs. If child support
9 2 collections assigned under FIP are greater than estimated or
9 3 are otherwise determined not to be required for maintenance of
9 4 efforts, the state share of either amount is appropriated to
9 5 the department for child support services as described in this
9 6 Act, or may be transferred to or retained in the collection
9 7 services center refund account.

Requires the federal share of child support collections recovered by the State be credited to Child Support Services. Of the remainder of support collected, a portion is credited to community access and eligibility, and the HHS is permitted to use the remaining funds to increase recoveries, to sustain cash flow, or for technology needs for the Child Support Payments Account.

9 8 2. Of the moneys appropriated in this section, \$3,075,000
9 9 shall be used for continuation of the department's initiative
9 10 to provide for adequate developmental surveillance and
9 11 screening during a child's first five years. The moneys shall
9 12 be used first to fully fund the current participating counties
9 13 to ensure that those counties are fully operational, with
9 14 the remaining moneys to be used for expanding participation
9 15 to additional counties. Full implementation and expansion
9 16 shall include enhancing the scope of the initiative through
9 17 collaboration with child health specialty clinics to promote
9 18 the use of developmental surveillance and screening to
9 19 support healthy child development through early identification
9 20 and response to both biomedical and social determinants of
9 21 healthy development by providing practitioner consultation
9 22 and continuous improvement through training and education,
9 23 particularly for children with behavioral conditions and
9 24 needs. The department shall also collaborate with the Medicaid
9 25 program and child health specialty clinics to assist in
9 26 coordinating the activities of the first five initiative into
9 27 the establishment of patient-centered medical homes developed
9 28 to improve health quality and population health while reducing
9 29 health care costs. To the maximum extent possible, moneys
9 30 allocated in this subsection shall be utilized as matching
9 31 moneys for Medicaid program reimbursement.

Allocates \$3,075,000 for the Iowa First Five Healthy Mental Development Initiative programs.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The First Five Model supports health providers in the early detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-ups. Specifies that allocated moneys are to be used as matching moneys for Medicaid reimbursement.

9 32 3. Of the moneys appropriated in this section, \$1,145,102
 9 33 is allocated to the Iowa commission on volunteer service for
 9 34 programs and grants.

Allocates \$1,145,102 to the Iowa Commission on Volunteer Service in the HHS for programs and grants.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

9 35 4. The university of Iowa hospitals and clinics under
 10 1 the control of the state board of regents shall not receive
 10 2 indirect costs from the moneys appropriated in this section.
 10 3 The university of Iowa hospitals and clinics billings to the
 10 4 department shall be, at a minimum, on a quarterly basis.

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the HHS. Requires the UIHC to submit billings to the HHS on a quarterly basis.

10 5 CHILD SUPPORT SERVICES

10 6 Sec. 8. CHILD SUPPORT SERVICES. There is appropriated from
 10 7 the general fund of the state to the department of health and
 10 8 human services for the fiscal year beginning July 1, 2025, and
 10 9 ending June 30, 2026, the following amount, or so much thereof
 10 10 as is necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — Child Support Services for FY 2026.

10 11 For child support services, including salaries, support,
 10 12 maintenance, and miscellaneous purposes, and for not more than
 10 13 the following full-time equivalent positions:

DETAIL: This is no change in funding compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

10 14	.....	\$	15,434,282
10 15	.....	\$	464.00

10 16 1. Federal access and visitation grant moneys shall be used
 10 17 for services designed to increase compliance with the child
 10 18 access provisions of court orders, including but not limited to
 10 19 neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

10 20 2. The appropriation made to the department for child
 10 21 support services may be used throughout the fiscal year in the
 10 22 manner necessary for purposes of cash flow management, and for
 10 23 cash flow management purposes the department may temporarily
 10 24 draw more than the amount appropriated provided the amount
 10 25 appropriated is not exceeded at the close of the fiscal year.

Permits the HHS to use the appropriation for child support recovery as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

10 26 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT

10 27 Sec. 9. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 10 28 GRANT. There is appropriated from the special fund created in

Appropriates a total of \$143,980,383 from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for

10 29 section 8.41 to the department of health and human services
 10 30 for the fiscal year beginning July 1, 2025, and ending June
 10 31 30, 2026, from moneys received under the federal temporary
 10 32 assistance for needy families (TANF) block grant pursuant
 10 33 to the federal Personal Responsibility and Work Opportunity
 10 34 Reconciliation Act of 1996, Pub.L. No.104-193, and successor
 10 35 legislation, the following amounts, or so much thereof as is
 11 1 necessary, to be used for the purposes designated:

FY 2026.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Reform eliminated Aid to Families with Dependent Children (AFDC), ending federal entitlement and creating a flexible funding source for states to use in helping needy families achieve self-sufficiency. Iowa's annual TANF award is \$131,524,959; however, federal law reduces the annual award by \$434,032 and reserves those funds for research and evaluation projects. In addition, \$582,859 is allocated to Native American tribes.

11 2 1. For community access and eligibility, FIP, the PROMISE
 11 3 JOBS program, implementing family investment agreements in
 11 4 accordance with chapter 239B, and for continuation of the
 11 5 program promoting awareness of the benefits of a healthy
 11 6 marriage:
 11 7 \$ 12,988,627

Appropriates funds from the TANF Block Grant for community access and eligibility, the Family Investment Program (FIP), the PROMISE JOBS program, implementing family investment agreements, and continuation of the program promoting awareness of the benefits of a healthy marriage.

DETAIL: This is no change in funding compared to estimated FY 2025.

11 8 2. For community access and eligibility to provide
 11 9 pregnancy prevention grants on the condition that family
 11 10 planning services are funded:
 11 11 \$ 1,913,203

Appropriates funds from the TANF Block Grant for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change in funding compared to estimated FY 2025.

11 12 Pregnancy prevention grants shall be awarded to programs
 11 13 in existence on or before July 1, 2025, if the programs have
 11 14 demonstrated positive outcomes. Grants shall be awarded
 11 15 to pregnancy prevention programs developed after July 1,
 11 16 2025, if the programs are based on existing models that have
 11 17 demonstrated positive outcomes. Grants shall comply with the
 11 18 requirements provided in 1997 Iowa Acts, chapter 208, section
 11 19 14, subsections 1 and 2, including the requirement that a
 11 20 program awarded a grant must emphasize sexual abstinence.
 11 21 Priority in the awarding of grants shall be given to programs
 11 22 that serve areas of the state which demonstrate the highest
 11 23 percentage of unplanned pregnancies of females of childbearing
 11 24 age within the geographic area to be served by the grant.

Requires the HHS to award pregnancy prevention grants only to programs that are based on existing models and have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants is to be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

11 25 3. For community access and eligibility to meet one of

Appropriates funds from the TANF Block Grant to promote economic mobility and self-sufficiency, encourage healthy families, and

11 26 the four purposes of TANF as specified in 45 C.F.R. §260.20,
 11 27 including by modernizing the program to promote economic
 11 28 mobility and self-sufficiency, ensuring that families are able
 11 29 to overcome benefit cliffs, encouraging healthy families, and
 11 30 streamlining service delivery to reduce duplication:
 11 31 \$ 5,000,000

streamline service delivery.

DETAIL: This is no change in funding compared to estimated FY 2025.

11 32 4. For technology needs related to child support
 11 33 modernization of the Iowa collections and reporting (ICAR)
 11 34 system and for a closed loop referral system for the thrive
 11 35 Iowa program:
 12 1 \$ 5,000,000

Appropriates funds from the TANF Block Grant for technology needs for the Iowa Collections and Reporting System and the Thrive Iowa Program.

DETAIL: This is no change in funding compared to estimated FY 2025.

12 2 5. For early intervention and supports for the family
 12 3 development and self-sufficiency (FaDSS) grant program in
 12 4 accordance with section 216A.107:
 12 5 \$ 2,888,980

Appropriates funds from the TANF Block Grant to the Family Development and Self-Sufficiency (FaDSS) Grant Program.

DETAIL: This is no change in funding compared to estimated FY 2025. The FaDSS Grant Program is a home-based supportive service that assists families with significant or multiple barriers to reach self-sufficiency. The Program was created during the 1988 General Assembly to assist families participating in the FIP.

12 6 Of the moneys allocated for the FaDSS grant program in this
 12 7 subsection, not more than 5 percent of the moneys shall be used
 12 8 for administrative purposes.

Specifies that no more than 5.00% (\$144,449) of the funds allocated for the FaDSS Grant Program can be used for administrative purposes.

12 9 6. For early intervention and supports for child abuse
 12 10 prevention grants:
 12 11 \$ 125,000

Appropriates funds from the TANF Block Grant for child abuse prevention grants.

DETAIL: This is no change in funding compared to estimated FY 2025.

12 12 7. For accountability, compliance, program integrity,
 12 13 technology needs, and other resources necessary to meet
 12 14 federal and state reporting, tracking, and case management
 12 15 requirements, and other departmental needs:
 12 16 \$ 3,533,647

Appropriates funds from the TANF Block Grant for administration and compliance for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change in funding compared to estimated FY 2025.

12 17 8. For state child care assistance:
 12 18 \$ 47,166,826

Appropriates funds from the TANF Block Grant to Child Care Assistance (CCA).

DETAIL: This is no change in funding compared to estimated FY 2025.

12 19 9. For child protective services:
 12 20 \$ 62,364,100

Appropriates funds from the TANF Block Grant to Child Protective Services (formerly Child and Family Services).

DETAIL: This is no change in funding compared to estimated FY 2025.

12 21 10. For child protective services for the kinship caregiver
 12 22 payment program:
 12 23 \$ 3,000,000

Appropriates funds from the TANF Block Grant for the Kinship Stipend Program.

DETAIL: This is no change in funding compared to estimated FY 2025. The Program provides support for children in a kinship caregiver's home.

12 24 DIVISION VI
 12 25 MEDICAL ASSISTANCE PROGRAM — STATE SUPPLEMENTARY ASSISTANCE
 12 26 HEALTHY AND WELL KIDS IN IOWA PROGRAM AND OTHER HEALTH-RELATED
 12 27 PROGRAMS — FY 2025-2026

12 28 Sec. 10. MEDICAL ASSISTANCE PROGRAM, STATE SUPPLEMENTARY
 12 29 ASSISTANCE, AND HEALTHY AND WELL KIDS IN IOWA PROGRAM. There
 12 30 is appropriated from the general fund of the state to the
 12 31 department of health and human services for the fiscal year
 12 32 beginning July 1, 2025, and ending June 30, 2026, the following
 12 33 amount, or so much thereof as is necessary, to be used for the
 12 34 purposes designated:

General Fund appropriation to the HHS for the Medical Assistance (Medicaid), State Supplementary Assistance (SSA), and the Healthy and Well Kids in Iowa (Hawki) Program for FY 2026.

DETAIL: This is a net increase of \$248,372,092 compared to estimated net FY 2025. The changes include:

12 35 For medical assistance program reimbursement and associated
 13 1 costs as specifically provided in the reimbursement
 13 2 methodologies in effect on June 30, 2025, except as otherwise
 13 3 expressly authorized by law, consistent with federal law and
 13 4 regulations, and contingent upon receipt of approval from the
 13 5 office of the governor of reimbursement for each abortion
 13 6 performed under the medical assistance program; for the state
 13 7 supplementary assistance program; for the health insurance
 13 8 premium payment program; and for maintenance of the healthy and
 13 9 well kids in Iowa (Hawki) program pursuant to chapter 514I,
 13 10 including supplemental dental services, for receipt of federal
 13 11 financial participation under Tit.XXI of the federal Social
 13 12 Security Act, which creates the children's health insurance
 13 13 program; and for other specified health-related programs:
 13 14 \$1,899,238,628

- An increase of \$197,568,663 for the expected Medicaid shortfall in FY 2026.
- An increase of \$25,000,000 for nursing facility provider reimbursement rate rebasing.
- An increase of \$19,199,028 for an expected Hawki shortfall in FY 2026.
- An increase of \$3,100,000 for a dental provider rate adjustment.
- An increase of \$3,050,000 for an intermittent supportive community living rate increase.
- An increase of \$1,000,000 for an increased pharmacy dispensing fee.
- An increase of \$991,540 for a personal needs allowance increase.
- An increase of \$753,002 to include applied behavioral analysis services for the treatment of autism as benefits covered under the Hawki Program.
- An increase of \$420,000 for maternal health-related provider

	<p>rate adjustments.</p> <ul style="list-style-type: none"> • An increase of \$295,000 for a prosthetics rate increase. • A decrease of \$5,141 for nursing facility renovation and construction. • A decrease of \$3,000,000 due to an increased federal reimbursement rate for certified community behavioral health clinics.
<p>13 15 1. Of the moneys appropriated in this section, 13 16 \$1,833,843,866 is allocated for medical assistance program 13 17 reimbursement and associated costs.</p>	<p>Allocates \$1,833,843,866 for the Medicaid Program.</p> <p>DETAIL: This is an increase of \$228,780,062 compared to estimated net FY 2025.</p>
<p>13 18 a. Of the moneys allocated in this subsection, \$794,859 13 19 shall be used for the renovation and construction of certain 13 20 nursing facilities, consistent with chapter 249K.</p>	<p>Allocates \$794,859 of the funds appropriated for Medicaid to provide assistance to nursing homes for facility improvements.</p> <p>DETAIL: This is a decrease of \$5,141 compared to the estimated net FY 2025 allocation. Prior to FY 2022, the Program was funded through the Rebuild Iowa Infrastructure Fund. The Nursing Home Financial Assistance Program in Iowa Code chapter 249K was established in 2007 Iowa Acts, chapter 219 (FY 2008 Infrastructure Appropriations Act), to support an appropriate number of nursing facility beds for the State's citizens and financially assist nursing facilities to remain compliant with applicable health and safety regulations.</p>
<p>13 21 b. Of the moneys allocated in this subsection, \$3,383,880 13 22 shall be used for program administration, outreach, and 13 23 enrollment activities of the state family planning services 13 24 program pursuant to section 217.41B, and of this amount, the 13 25 department may use \$200,000 for administrative expenses.</p>	<p>Allocates \$3,383,880 of the funds appropriated for Medicaid to administer the State Family Planning Services Program. Permits \$200,000 of the amount allocated to be used for administrative expenses.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>13 26 2. Iowans support reducing the number of abortions 13 27 performed in our state. Moneys appropriated under this section 13 28 shall not be used for abortions, unless otherwise authorized 13 29 under this section.</p>	<p>Prohibits moneys appropriated for Medical Assistance from being used for abortions, unless otherwise authorized under this Section.</p>
<p>13 30 3. The provisions of this section relating to abortions 13 31 shall also apply to the Iowa health and wellness plan created 13 32 pursuant to chapter 249N.</p>	<p>Specifies that the policy on abortion also applies to the Iowa Health and Wellness Plan.</p>

13 33 4. Of the moneys appropriated in this section, \$4,479,762 is
 13 34 allocated for the state supplementary assistance program.

Allocates \$4,479,762 of the funds appropriated for Medicaid for the SSA Program.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

13 35 5. Of the moneys appropriated in this section, \$61,275,000
 14 1 is allocated for maintenance of the Hawki program pursuant
 14 2 to chapter 514I, including supplemental dental services, for
 14 3 receipt of federal financial participation under Tit.XXI of
 14 4 the federal Social Security Act, which creates the children's
 14 5 health insurance program.

Allocates \$61,275,000 of the funds appropriated for Medicaid for the Children's Health Insurance Program (CHIP), also known as the Hawki Program.

DETAIL: This is an increase of \$19,952,030 compared to the estimated net FY 2025.

14 6 HEALTH PROGRAM OPERATIONS

14 7 Sec. 11. HEALTH PROGRAM OPERATIONS. There is appropriated
 14 8 from the general fund of the state to the department of health
 14 9 and human services for the fiscal year beginning July 1,
 14 10 2025, and ending June 30, 2026, the following amount, or so
 14 11 much thereof as is necessary, to be used for the purposes
 14 12 designated:

General Fund appropriation to the HHS — Health Program Operations for FY 2026.

DETAIL: This is an increase of \$55,000 in funding compared to estimated net FY 2025 to hire 1.00 FTE position dedicated to expanding enrollment in the Ground Emergency Medical Transportation Program. Excluding federally funded FTE positions, this is an increase of 1.00 FTE position compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

14 13 For health program operations, and the autism support
 14 14 program under section 225D.2, and for not more than the
 14 15 following full-time equivalent positions:
 14 16 \$ 39,652,231
 14 17 FTEs 82.00

14 18 1. The department of inspections, appeals, and licensing
 14 19 shall provide all state matching moneys for survey and
 14 20 certification activities performed by the department of
 14 21 inspections, appeals, and licensing. The department of health
 14 22 and human services shall be solely responsible for distributing
 14 23 the federal matching moneys for such activities.

Requires the Department of Inspections, Appeals, and Licensing (DIAL) to provide the State matching funds for survey and certification activities and requires the HHS to distribute the federal matching funds.

14 24 2. Of the moneys appropriated in this section, a sufficient
 14 25 amount shall be allocated for the administration of the health
 14 26 insurance premium payment program, including salaries, support,
 14 27 maintenance, and miscellaneous purposes.

Specifies that a sufficient amount must be used for the administration of the Health Insurance Premium Payment Program.

14 28 3. Of the moneys appropriated in this section, \$750,000
 14 29 shall be allocated for a nonprofit organization that provides

Allocates \$750,000 for the State Poison Control Center.

14 30 access to emergency poison information and treatment. Pursuant
 14 31 to the directive under 2014 Iowa Acts, chapter 1140, section
 14 32 102, the federal matching moneys available to the nonprofit
 14 33 organization from the department under the federal Children's
 14 34 Health Insurance Program Reauthorization Act of 2009 shall be
 14 35 subject to the federal administrative cap rule of 10 percent
 15 1 applicable to moneys provided under Tit.XXI of the federal
 15 2 Social Security Act and shall be included in the department's
 15 3 calculations of the cap.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation. Requires the moneys to be used by a nonprofit organization to provide access to emergency room poison information and treatment. Requires the federal matching moneys to be subject to the cap rule of 10.00% of applicable moneys to the federal Social Security cap and will be included in the HHS calculations of the cap.

15 4 4. Of the moneys appropriated in this section, \$55,000
 15 5 shall be allocated to expand enrollment in the ground emergency
 15 6 medical transportation program pursuant to section 249A.5, if
 15 7 enacted by 2025 Iowa Acts, House File 977.

Provides a contingent allocation of \$55,000 to expand enrollment in the Ground Emergency Medical Transportation Program pursuant to Iowa Code section 249A.5, if enacted by 2025 Iowa Acts, [House File 977](#) (Ground Emergency Medical Transportation Staff Bill).

DETAIL: This is a new allocation for FY 2026. The moneys will be used to hire 1.00 new FTE position dedicated to expanding enrollment in the Program. The FTE position is estimated to cost approximately \$110,000, including salary, benefits, and support costs. The federal government provides a 50.00% matching rate for Medicaid administrative activities, causing the State to be responsible for one-half of the costs at approximately \$55,000 in FY 2026.

15 8 5. Unless otherwise provided by law, if a contract for
 15 9 services provided under this section initially entered into
 15 10 during the fiscal year beginning July 1, 2025, and ending
 15 11 June 30, 2026, provides for an annual increase of the cost of
 15 12 services provided under the contract, the annual increase shall
 15 13 not exceed the amount by which the consumer price index for
 15 14 all urban consumers increased during the immediately preceding
 15 15 calendar year. This subsection shall not affect a contract
 15 16 entered into on or before June 30, 2025, that is for a term of
 15 17 more than one year.

Specifies that annual increases for services provided through contracts must not exceed the increase in the Consumer Price Index for All Urban Consumers for the most recently ended calendar year for FY 2026.

DETAIL: The Consumer Price Index for all urban consumers rose 2.89% in calendar year 2024.

15 18 HEALTH CARE ACCOUNTS AND FUNDS

15 19 Sec. 12. PHARMACEUTICAL SETTLEMENT ACCOUNT — DEPARTMENT
 15 20 OF HEALTH AND HUMAN SERVICES. There is appropriated from the
 15 21 pharmaceutical settlement account created in section 249A.33 to
 15 22 the department of health and human services for the fiscal year
 15 23 beginning July 1, 2025, and ending June 30, 2026, the following
 15 24 amount, or so much thereof as is necessary, to be used for the

Pharmaceutical Settlement Account (PSA) appropriation to the HHS to supplement Health Program Operations under the Medicaid Program.

DETAIL: This is no change in funding compared to estimated FY 2025.

15 25 purposes designated:
 15 26 Notwithstanding any provision of law to the contrary, to
 15 27 supplement the appropriation made in this Act from the general
 15 28 fund of the state for health program operations under the
 15 29 medical assistance program for the same fiscal year:
 15 30 \$ 234,193

15 31 Sec. 13. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 15 32 HEALTH AND HUMAN SERVICES. Notwithstanding any provision of
 15 33 law to the contrary, and subject to the availability of moneys,
 15 34 there is appropriated from the quality assurance trust fund
 15 35 created in section 249L.4 to the department of health and human
 16 1 services for the fiscal year beginning July 1, 2025, and ending
 16 2 June 30, 2026, the following amount, or so much thereof as is
 16 3 necessary, for the purposes designated:
 16 4 To supplement the appropriation made in this Act from the
 16 5 general fund of the state to the department of health and human
 16 6 services for medical assistance for the same fiscal year:
 16 7 \$ 111,216,205

16 8 Sec. 14. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 16 9 DEPARTMENT OF HEALTH AND HUMAN SERVICES. Notwithstanding
 16 10 any provision of law to the contrary, and subject to the
 16 11 availability of moneys, there is appropriated from the hospital
 16 12 health care access trust fund created in section 249M.4 to the
 16 13 department of health and human services for the fiscal year
 16 14 beginning July 1, 2025, and ending June 30, 2026, the following
 16 15 amount, or so much thereof as is necessary, for the purposes
 16 16 designated:
 16 17 To supplement the appropriation made in this Act from the
 16 18 general fund of the state to the department of health and human
 16 19 services for medical assistance for the same fiscal year:
 16 20 \$ 33,920,554

16 21 NURSING FACILITIES — MEDICAID REIMBURSEMENT METHODOLOGY
 16 22 PROPOSAL

16 23 Sec. 15. NURSING FACILITIES — MEDICAID REIMBURSEMENT
 16 24 METHODOLOGY PROPOSAL.
 16 25 1. By April 1, 2026, the department of health and human
 16 26 services shall develop a reimbursement methodology proposal for
 16 27 reimbursement of nursing facilities under the Medicaid program

Quality Assurance Trust Fund (QATF) appropriation to the HHS to supplement nursing facilities under the Medicaid Program.

DETAIL: This is no change in funding compared to estimated FY 2025.

Hospital Health Care Access Trust Fund (HHCAT) appropriation to the HHS for the Medicaid Program.

DETAIL: This is no change in funding compared to estimated FY 2025.

Requires the HHS, by April 1, 2026, to develop a reimbursement methodology proposal for reimbursement of nursing facilities under the Medicaid program that includes a base-rate payment component, a

<p>16 28 that includes all of the following:</p> <p>16 29 a. A base-rate payment component.</p> <p>16 30 b. A quality assurance assessment pass-through component.</p> <p>16 31 c. A quality assurance add-on component, which includes a</p> <p>16 32 fixed fee payment and a quality-based payment.</p>	<p>quality assurance assessment pass-through component, and a quality assurance add-on component, which includes a fixed fee payment and a quality-based payment.</p>
<p>16 33 2. The reimbursement methodology proposal shall include</p> <p>16 34 recommendations developed by the department of health and human</p> <p>16 35 services, in consultation with stakeholders including the Iowa</p> <p>17 1 health care association and leadingage Iowa, for specific</p> <p>17 2 metrics the department of health and human services will use</p> <p>17 3 to determine whether a nursing facility is eligible to receive</p> <p>17 4 all or a portion of the quality-based payment portion of the</p> <p>17 5 reimbursement to the nursing facility.</p>	<p>Provides that the reimbursement methodology proposal must include recommendations developed by the HHS, in consultation with stakeholders including the Iowa Health Care Association and LeadingAge Iowa, for specific metrics the HHS will use to determine whether a nursing facility is eligible to receive all or a portion of the quality-based payment portion of the reimbursement to the nursing facility.</p>
<p>17 6 3. The total state expenditures for reimbursement of</p> <p>17 7 nursing facilities under the Medicaid program using the</p> <p>17 8 reimbursement methodology proposed in this section shall</p> <p>17 9 not exceed the amount appropriated for this purpose for the</p> <p>17 10 applicable fiscal year.</p>	<p>Prohibits the total State expenditures for reimbursement of nursing facilities under the Medicaid program using the reimbursement methodology proposed in this Section from exceeding the amount appropriated for this purpose for the applicable fiscal year.</p>
<p>17 11 NURSING FACILITY BED FORECASTING FORMULA</p>	
<p>17 12 Sec. 16. NURSING FACILITY BED FORECASTING FORMULA — WORK</p> <p>17 13 GROUP.</p>	<p>Requires the HHS to establish a work group to make recommendations for a forecasting formula to ensure a sufficient number of nursing facility beds are available to meet future demand.</p>
<p>17 14 1. The department of health and human services shall</p> <p>17 15 establish a work group to make recommendations for a</p> <p>17 16 forecasting formula to ensure a sufficient number of nursing</p> <p>17 17 facility beds are available to meet the future demand for</p> <p>17 18 nursing facility beds.</p>	
<p>17 19 2. The work group shall include all of the following</p> <p>17 20 members:</p> <p>17 21 a. The director of health and human services, or the</p> <p>17 22 director's designee.</p> <p>17 23 b. The director of the department of inspections, appeals,</p> <p>17 24 and licensing, or the director's designee.</p> <p>17 25 c. Multiple representatives of nursing facilities located</p> <p>17 26 in this state.</p> <p>17 27 d. A representative from each managed care organization</p> <p>17 28 acting pursuant to a contract with the department of health and</p> <p>17 29 human services to administer the medical assistance program</p>	<p>Requires the work group to include the following members:</p> <ul style="list-style-type: none"> • The Director of the HHS, or the Director's designee. • The Director of the DIAL, or the Director's designee. • Multiple representatives of nursing facilities located in Iowa. • A representative from each Managed Care Organization (MCO). • A representative of appropriate stakeholders as determined by the Director of the HHS.

17 30 under chapter 249A.

17 31 e. A representative of appropriate stakeholders as

17 32 determined by the director of health and human services.

17 33 3. On or before July 1, 2026, the department of health and

17 34 human services shall use the recommendations from the work

17 35 group to develop and implement a forecasting formula to ensure

18 1 a sufficient number of nursing facility beds are available to

18 2 meet the future demand for nursing facility beds.

Requires the HHS, on or before July 1, 2026, to use the recommendations from the work group to develop and implement a forecasting formula to ensure a sufficient number of nursing facility beds are available to meet the future demand.

18 3 4. The department of health and human services shall

18 4 consider the forecasting formula developed and implemented

18 5 under subsection 3 to complete the formal review of an

18 6 application for a certificate of need under section 10A.719.

Requires the HHS to consider the forecasting formula to complete the formal review of an application for a certificate of need.

18 7 PERSONAL NEEDS ALLOWANCE

18 8 Sec. 17. PERSONAL NEEDS ALLOWANCE. Of the moneys

18 9 appropriated for the medical assistance program reimbursement

18 10 and associated costs as specifically provided in the

18 11 reimbursement methodologies in effect on June 30, 2025,

18 12 \$991,540 shall be allocated to provide for the increased

18 13 monthly personal needs allowance under section 249A.30A.

Allocates \$991,540 from the Medical Assistance appropriation in FY 2026 to increase the monthly personal needs allowance Medicaid beneficiaries who are residents of nursing facilities, intermediate care facilities (ICFs) for persons with an intellectual disability, ICFs for persons with mental illness, or psychiatric medical institutions for children (PMICs).

DETAIL: This is a new allocation for FY 2026.

18 14 Sec. 18. Section 249A.30A, Code 2025, is amended to read as

18 15 follows:

18 16 249A.30A MEDICAL ASSISTANCE — PERSONAL NEEDS ALLOWANCE.

18 17 1. The personal needs allowance under the medical

18 18 assistance program, which may be retained by a person who is a

18 19 resident of a nursing facility, an intermediate care facility

18 20 for persons with an intellectual disability, or an intermediate

18 21 care facility for persons with mental illness, as defined in

18 22 section 135C.1, or a person who is a resident of a psychiatric

18 23 medical institution for children as defined in section 135H.1,

18 24 shall be fifty sixty-five dollars per month.

18 25 2. A resident who has income of less than fifty sixty-five

18 26 dollars per month shall receive a supplement from the state in

18 27 the amount necessary to receive a personal needs allowance of

18 28 fifty dollars per month. The general assembly shall annually

18 29 appropriate a sufficient amount from the general fund of the

CODE: Increases the personal needs allowance for residents of certain facilities enrolled in Medicaid from \$50.00 to \$65.00.

FISCAL IMPACT: Increasing the personal needs allowance by \$15.00 is estimated to cost approximately \$2,300,000. Of the cost, the federal government will pay \$1,308,000 and the State will pay \$992,000. Additionally, the HHS may incur approximately \$80,000 in Information Technology (IT) costs.

18 30 state to the department of health and human services for this
18 31 purpose.

18 32 DIVISION VII
18 33 REIMBURSEMENT RATES

18 34 Sec. 19. REIMBURSEMENT METHODOLOGY. Reimbursement for
18 35 medical assistance, state supplementary assistance, and social
19 1 service providers and services reimbursed under the purview of
19 2 the department of health and human services shall remain at the
19 3 current reimbursement rate, or shall be determined pursuant to
19 4 the reimbursement methodology in effect on June 30, 2025, with
19 5 the exception of the following:
19 6 1. If reimbursement is otherwise negotiated by contract or
19 7 pursuant to an updated fee schedule.
19 8 2. As otherwise provided in this division of this Act.

Requires that reimbursement for Medical Assistance, SSA, and social service providers and services must remain at the reimbursement rate or be determined pursuant to the reimbursement methodology in effect on June 30, 2025, unless otherwise negotiated by contract or provided in this Section.

19 9 Sec. 20. REIMBURSEMENT RATES — MEDICAL ASSISTANCE PROGRAM,
19 10 STATE SUPPLEMENTARY ASSISTANCE, HEALTHY AND WELL KIDS IN
19 11 IOWA, AND OTHER HEALTH-RELATED PROGRAMS. Of the moneys
19 12 appropriated for medical assistance program reimbursement and
19 13 associated costs as specifically provided in the reimbursement
19 14 methodologies June 30, 2025, the following amounts, or so
19 15 much thereof as is necessary, are allocated to the department
19 16 of health and human services to be used for the following
19 17 purposes:

19 18 1. a. Notwithstanding any provision of law to the contrary,
19 19 for the fiscal year beginning July 1, 2025, and ending June
19 20 30, 2026, the department of health and human services shall
19 21 rebase case-mix nursing facility rates beginning July 1, 2025,
19 22 using the Medicaid cost reports on file for the period ending
19 23 December 31, 2024, to the extent possible within state funding,
19 24 including no more than \$25,000,000 from the allocation provided
19 25 for medical assistance program reimbursement and associated
19 26 costs.

Requires the HHS to reimburse case-mix nursing facility reimbursement rates for FY 2026 using the Medicaid cost reports on file for the period ending December 31, 2024, to the extent possible within State funding, including no more than \$25,000,000 from the allocation for Medicaid.

19 27 b. The department of health and human services shall
19 28 calculate each nursing facility's case-mix index for the period
19 29 beginning July 1, 2024, using weighting based on the current
19 30 patient-driven payment model schedule. Rosters shall be
19 31 made to show a separate calculation to determine the average

Requires the HHS to calculate each nursing facility's case-mix index for FY 2025 using weighting based on the current patient-driven payment model schedule.

19 32 case-mix index for a nursing-facility-wide case-mix index, and
 19 33 a case-mix index for the residents of a nursing facility who
 19 34 are Medicaid recipients using all minimum data set reports by
 19 35 the nursing facility for the previous semiannual period using a
 20 1 day weighted calculation.

20 2 2. For the fiscal year beginning July 1, 2025, Medicaid
 20 3 provider and service rates shall be adjusted to 85 percent of
 20 4 the benchmark rates based on the department's 2024 Medicaid
 20 5 rate review for dentists, excluding orthodontic services.

Requires the FY 2026 Medicaid provider rates for dentists to be adjusted to 85.00% of the benchmark rates based on the HHS 2024 Medicaid rate review.

DETAIL: The Medicaid provider rate for dentists is currently 71.61% of the benchmark rate in the Medicaid rate review.

FISCAL IMPACT: Increasing the Medicaid provider rate for dentists to 85.00% is estimated to cost the State \$3,100,694 in FY 2026.

20 6 3. For the fiscal year beginning July 1, 2025, \$420,000
 20 7 shall be used to increase to the extent possible reimbursement
 20 8 rates for maternal health providers compared to the rates in
 20 9 effect on June 30, 2025.

Allocates \$420,000 from the Medical Assistance appropriation in FY 2026 to increase Medicaid reimbursement rates for maternal health providers.

DETAIL: This is a new allocation for FY 2026.

20 10 4. For the fiscal year beginning July 1, 2025, the pharmacy
 20 11 dispensing fee shall be adjusted to \$11.10. The change
 20 12 in dispensing fee shall become effective following federal
 20 13 approval of the Medicaid state plan.

Increases the Medicaid pharmacy dispensing fee from \$10.63 to \$11.10 in FY 2026, subject to federal approval.

FISCAL IMPACT: Increasing the Medicaid pharmacy dispensing fee is estimated to cost approximately \$3,300,000. The federal government will be responsible for 69.15% of the cost, causing the State to be responsible for approximately \$1,000,000.

20 14 5. a. For the fiscal year beginning July 1, 2025,
 20 15 reimbursement rates for home health agencies shall continue to
 20 16 be based on the Medicare low utilization payment adjustment
 20 17 (LUPA) methodology with state geographic wage adjustments, and
 20 18 shall be adjusted to increase the rates to the extent possible.

Beginning July 1, 2025, requires reimbursement rates for home health agencies to continue to be based on the Medicare Low Utilization Payment Adjustment (LUPA) methodology with State geographic wage adjustments and to be adjusted to increase the reimbursement rates to the extent possible.

20 19 b. For the fiscal year beginning July 1, 2026, and for
 20 20 each fiscal year thereafter, the department shall review the
 20 21 reimbursement rates for home health agencies and pharmacy
 20 22 dispensing fees.

Requires the HHS to review reimbursement rates for home health agencies and pharmacy dispensing fees beginning July 1, 2026 (FY 2027).

20 23 6. On or before December 15, 2025, the department shall
20 24 review the current rate limit calculation and application for
20 25 special population nursing facility rates.

Requires the HHS to review the current rate limit calculation and application for special population nursing facility rates on or before December 15, 2025.

20 26 Sec. 21. REIMBURSEMENT RATES — CHILD PROTECTIVE
20 27 SERVICES. Of the moneys appropriated for child, family, and
20 28 adoption services, the following amounts, or so much thereof
20 29 as is necessary, are allocated to the department of health and
20 30 human services for the following purposes:

20 31 1. For the fiscal year beginning July 1, 2025, \$3,245,594
20 32 shall be used to increase to the extent possible reimbursement
20 33 rates for qualified residential treatment program providers
20 34 compared to rates in effect June 30, 2025.

Allocates \$3,245,594 from the Child Protective Services appropriation in FY 2026 to increase reimbursement rates for Qualified Residential Treatment Program (QRTP) providers.

DETAIL: This is a new allocation for FY 2026.

20 35 2. For the fiscal year beginning July 1, 2025, \$1,590,842
21 1 shall be used to increase to the extent possible reimbursement
21 2 rates for shelter care providers compared to rates in effect
21 3 June 30, 2025.

Allocates \$1,590,842 from the Child Protective Services appropriation in FY 2026 to increase reimbursement rates for shelter care providers.

DETAIL: This is a new allocation for FY 2026.

21 4 DIVISION VIII
21 5 FAMILY WELL-BEING AND PROTECTION — FY 2025-2026

21 6 STATE CHILD CARE ASSISTANCE

21 7 Sec. 22. STATE CHILD CARE ASSISTANCE. There is appropriated
21 8 from the general fund of the state to the department of health
21 9 and human services for the fiscal year beginning July 1,
21 10 2025, and ending June 30, 2026, the following amount, or so
21 11 much thereof as is necessary, to be used for the purposes
21 12 designated:

General Fund appropriation to the HHS for CCA.

21 13 For state child care assistance in accordance with sections
21 14 237A.13 and 237A.14, and for not more than the following
21 15 full-time equivalent positions:

DETAIL: This is no change in funding compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

21 16 \$ 34,966,931
21 17 FTEs 38.00

21 18 1. If the appropriation made for purposes of the state child
21 19 care assistance program for the fiscal year is determined to

It is the intent of the General Assembly to provide sufficient funding for the State CCA Program in FY 2026 to avoid the establishment of a

21 20 be insufficient, it is the intent of the general assembly to
21 21 appropriate sufficient moneys for the fiscal year to avoid
21 22 application of waiting list requirements.

waiting list.

21 23 2. A portion of the state match for the federal child care
21 24 and development block grant shall be provided as necessary to
21 25 meet federal matching moneys requirements through the state
21 26 general fund appropriation made for child development grants
21 27 and other programs for at-risk children in section 279.51.

Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

21 28 EARLY INTERVENTION AND SUPPORTS

21 29 Sec. 23. EARLY INTERVENTION AND SUPPORTS. There is
21 30 appropriated from the general fund of the state to the
21 31 department of health and human services for the fiscal year
21 32 beginning July 1, 2025, and ending June 30, 2026, the following
21 33 amount, or so much thereof as is necessary, to be used for the
21 34 purposes designated:

General Fund appropriation to the HHS — Early Intervention and Supports for FY 2026.

21 35 For promoting optimum health status for children and
22 1 adolescents from birth through 21 years of age, and for
22 2 families, and for not more than the following full-time
22 3 equivalent positions:
22 4 \$ 36,277,739
22 5 FTEs 25.00

DETAIL: This is an increase of \$1,000,000 compared to estimated net FY 2025 to move funding for the More Options for Maternal Support (MOMS) Program from the Child Protective Services appropriations. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

22 6 1. Of the moneys appropriated in this section, not more
22 7 than \$734,000 shall be used for the healthy opportunities for
22 8 parents to experience success (HOPES)-healthy families Iowa
22 9 (HFI) program established pursuant to section 135.106.

Limits the General Fund amount used to fund the Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa (HOPES-HFI) Program to \$734,000.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child and can continue through age four.

22 10 2. Of the moneys appropriated in this section, \$4,313,854
22 11 is allocated for the FaDSS grant program, and not more than 5
22 12 percent of the moneys shall be used for administration of the
22 13 grant program.

Allocates \$4,313,854 for the FaDSS Grant Program. Requires that a maximum of 5.00% (\$215,693) of the allocation be spent on administration of the Program.

DETAIL: This is a no change in funding compared to the estimated net FY 2025 allocation.

22 14 3. Of the moneys appropriated in this section, \$29,256,799

Allocates \$29,256,799 for the Early Childhood Iowa (ECI) Fund.

22 15 shall be deposited in the early childhood Iowa fund created in
22 16 section 256I.11.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation. The funds are distributed to local ECI Area Boards in addition to the following five allocations:

- Funding for technical assistance through the ECI Office within the Department of Management (DOM) and to provide skill development and support for training the ECI State Board.
- Funding to local ECI Area Boards to improve the quality of early care, health, and education programs.
- Funding to support professional development and training activities for people working in early care, health, and education.
- Funding for the State's early childhood database system.
- Funding for community-based early childhood programs.

22 17 4. Of the moneys appropriated in this section, \$1,000,000
22 18 shall be used for the purposes of program administration and
22 19 provision of pregnancy support services through the more
22 20 options for maternal support program in accordance with section
22 21 217.41C.

Allocates \$1,000,000 to be used for administration and pregnancy support services through the MOMS Program.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

22 22 CHILD PROTECTIVE SERVICES

22 23 Sec. 24. CHILD PROTECTIVE SERVICES. There is appropriated
22 24 from the general fund of the state to the department of health
22 25 and human services for the fiscal year beginning July 1,
22 26 2025, and ending June 30, 2026, the following amount, or so
22 27 much thereof as is necessary, to be used for the purposes
22 28 designated:

General Fund appropriation to the HHS — Child Protective Services for FY 2026.

DETAIL: This is a net increase of \$4,297,677 compared to estimated net FY 2025. Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act). The changes in funding include:

22 29 For child, family, and adoption services, and for salaries,
22 30 support, maintenance, and miscellaneous purposes, and for not
22 31 more than the following full-time equivalent positions:

22 32	.....	\$ 170,398,711	
22 33	.....	FTEs	977.00

- An increase of \$4,836,436 for QRTP and shelter rate increases.
- An increase of \$308,765 to increase foster care rates by 5.00%.
- An increase of \$148,232 to increase adoption subsidy rates by 5.00%.
- An increase of \$4,244 for general operating expenses.
- A decrease of \$1,000,000 to move funding for the MOMS Program to the Early Intervention and Supports appropriation.

22 34 1. Of the moneys appropriated in this section, \$1,717,000

Allocates \$1,717,000 for decategorization services funding pools and

<p>22 35 is allocated specifically for expenditure for the fiscal 23 1 year beginning July 1, 2025, through the decategorization 23 2 services funding pools and decategorization governance boards 23 3 established pursuant to section 232.188.</p>	<p>governance boards. DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>23 4 2. A portion of the moneys appropriated in this section 23 5 may be used to provide other resources, based on client need, 23 6 required to support family preservation, emergency client need, 23 7 or family reunification efforts.</p>	<p>Permits funds to be used for emergency family assistance under certain conditions.</p>
<p>23 8 3. Of the moneys appropriated in this section, a sufficient 23 9 amount is allocated for foster family care, group foster care 23 10 maintenance and services, shelter care, child welfare emergency 23 11 services, qualified residential treatment programs, supervised 23 12 apartment living contracts, and for medical assistance program 23 13 reimbursement and associated costs.</p>	<p>Allocates a sufficient amount to group foster care from the Child Protective Services General Fund appropriation. DETAIL: In FY 2024, \$40,500,000 was allocated for group foster care.</p>
<p>23 14 4. Federal moneys received by the state during the fiscal 23 15 year beginning July 1, 2025, as the result of the expenditure 23 16 of state moneys appropriated during a previous state fiscal 23 17 year for a service or activity funded under this section, are 23 18 appropriated to the department to be used as additional moneys 23 19 for services and purposes provided for under this section. 23 20 Notwithstanding section 8.33, moneys appropriated under this 23 21 subsection that remain unencumbered or unobligated at the close 23 22 of the fiscal year shall not revert but shall remain available 23 23 for the purposes designated until the close of the succeeding 23 24 fiscal year.</p>	<p>Requires federal moneys received in FY 2026 because of the expenditure of State funds in a previous year to be used for Child Protective Services. Allows any unexpended funds to remain available for expenditure through FY 2027.</p>
<p>23 25 5. a. Of the moneys appropriated in this section, \$748,000 23 26 is allocated for the payment of the expenses of court-ordered 23 27 services provided to children who are under the supervision 23 28 of the department, which expenses are a charge upon the state 23 29 pursuant to section 232.141, subsection 4.</p>	<p>Allocates \$748,000 for court-ordered services provided to children who are under the supervision of the HHS. DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>23 30 b. Notwithstanding chapter 232 or any other provision of 23 31 law to the contrary, a district or juvenile court shall not 23 32 order any service which is a charge upon the state pursuant to 23 33 section 232.141, subsection 4, if the moneys allocated under 23 34 paragraph "a" for court-ordered services are insufficient to 23 35 pay for the service.</p>	<p>Prohibits a district or juvenile court from ordering any service that is a charge to the State if there are insufficient funds to pay for the service.</p>

24 1 6. Of the moneys appropriated in this section, \$1,658,000
24 2 shall be allocated for child protection centers located in Iowa
24 3 pursuant to the child protection center grant program under
24 4 section 135.118. The grant amounts under the program shall be
24 5 equalized so that each center receives a uniform base amount
24 6 of \$245,000, and the remaining moneys are awarded through a
24 7 funding formula based upon the volume of children served by a
24 8 center. To increase access to child protection center services
24 9 for children in rural areas, the funding formula for awarding
24 10 the remaining moneys shall provide for awarding an enhanced
24 11 amount to eligible grantees to develop and maintain satellite
24 12 centers in underserved regions of the state.

Allocates \$1,658,000 to be used for the Child Protection Center (CPC) Grant Program. Each CPC will receive \$245,000, and the remaining funds will be distributed through a funding formula based on the volume of children served. Requires the funding formula to provide for the awarding of an enhanced amount to eligible grantees to develop and maintain satellite centers in underserved regions of the State.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

24 13 7. Of the moneys appropriated in this section, \$4,359,500
24 14 is allocated for the preparation for adult living program
24 15 established pursuant to section 234.46.

Allocates \$4,359,500 to the Preparation for Adult Living (PAL) Program.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

24 16 8. Of the moneys appropriated in this section, up to
24 17 \$227,000 shall be used for the public purpose of continuing a
24 18 grant to a nonprofit human services organization that provides
24 19 services to individuals and families in multiple locations in
24 20 southwest Iowa and Nebraska, for support of a project providing
24 21 immediate, sensitive support and forensic interviews, medical
24 22 exams, needs assessments, and referrals for victims of child
24 23 abuse and their nonoffending family members.

Allocates \$227,000 to Project Harmony for support of victims of child abuse and their nonoffending family members.

DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.

24 24 9. Of the moneys appropriated in this section, a portion may
24 25 be used for family-centered services for purposes of complying
24 26 with the federal Family First Prevention Services Act of 2018,
24 27 Pub.L. No.115-123, and successor legislation.

Allows the HHS to use a portion of the funds allocated in this Section for family-centered services to comply with the federal [Family First Prevention Services Act](#).

24 28 10. a. Of the moneys appropriated in this section,
24 29 \$39,673,470 is allocated for adoption subsidy payments and
24 30 related costs.

Allocates \$39,673,470 to the Adoption Subsidy Program.

DETAIL: This allocation was previously an appropriation of \$40,883,507 for the Adoption Subsidy Program in FY 2024. 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), specified that a sufficient amount was allocated to the Adoption Subsidy Program for FY 2025. The HHS allocated the same amount that was appropriated in FY 2024 (\$40,883,507) to the

<p>24 31 b. Of the moneys allocated in this subsection, \$148,232 24 32 shall be used to increase the adoption subsidy pursuant to 24 33 section 600.17 by 5 percent compared to the rates in effect on 24 34 June 30, 2025, for a child adopted after July 1, 2025.</p>	<p>Program for FY 2025. The FY 2026 allocation is a decrease of \$1,210,037 compared to the estimated net FY 2025 allocation.</p>
<p>24 35 c. Any moneys remaining after the allocations under 25 1 paragraphs "a" and "b" are designated and allocated as state 25 2 savings resulting from implementation of the federal Fostering 25 3 Connections to Success and Increasing Adoptions Act of 2008, 25 4 Pub.L. No.110-351, and successor legislation, as determined 25 5 in accordance with 42 U.S.C. §673(a)(8), and shall be used for 25 6 post-adoption services and for other purposes allowed under 25 7 those federal laws, Tit.IV-B or Tit.IV-E of the federal 25 8 Social Security Act.</p>	<p>Requires \$148,232 of the moneys allocated to the Adoption Subsidy Program to be used to increase the adoption subsidy by 5.00% compared to the rates in effect on June 30, 2025, for a child adopted after July 1, 2025.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>25 9 11. Of the moneys appropriated in this section, a sufficient 25 10 amount is allocated to support training needs for child welfare 25 11 providers and to address disproportionality within the child 25 12 welfare system.</p>	<p>CODE: Directs the HHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.</p> <p>Allocates a sufficient amount to support training and to address disproportionality within the child welfare system.</p>
<p>25 13 12. Of the moneys appropriated in this section, \$308,756 25 14 shall be allocated to increase the foster care reimbursement 25 15 rates pursuant to section 234.38 by 5 percent compared to the 25 16 rates in effect on June 30, 2025, not to exceed the maximum 25 17 reimbursement rate established in section 234.38.</p>	<p>Allocates \$308,756 to increase foster care reimbursement rates by 5.00% over the rates in effect on June 30, 2025.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>25 18 13. If a separate funding source is available that reduces 25 19 the need for state moneys within an allocation under this 25 20 section, the allocated state moneys may be redistributed to 25 21 other allocations under this section for the same fiscal year.</p>	<p>Specifies that if other funding is available, the allocations of State funds in this Section may be redistributed to other allocations for FY 2026.</p> <p>DETAIL: Other funding sources for Child and Family Services include Title IV-B and IV-E of the Social Security Act, TANF, and the Social Services Block Grant.</p>

25 23 STATE-OPERATED SPECIALTY CARE — FY 2025-2026

25 24 Sec. 25. STATE-OPERATED SPECIALTY CARE. There is
 25 25 appropriated from the general fund of the state to the
 25 26 department of health and human services for the fiscal year
 25 27 beginning July 1, 2025, and ending June 30, 2026, the following
 25 28 amount, or so much thereof as is necessary, to be used for the
 25 29 purposes designated:
 25 30 For salaries, support, maintenance, and miscellaneous
 25 31 purposes at institutions under the jurisdiction of the
 25 32 department of health and human services, and for not more than
 25 33 the following full-time equivalent positions:
 25 34 \$ 102,343,507
 25 35 FTEs 756.00

General Fund appropriation to the HHS — State-Operated Specialty Care for FY 2026.

DETAIL: This is an increase of \$2,337,379 compared to estimated FY 2025. This includes:

- \$1,191,962 for general operating expenses.
- \$1,145,417 to annualize staffing at the mental health institutes (MHIs) and the Civil Commitment Unit for Sexual Offenders (CCUSO).

Excluding federally funded FTE positions, this is no change in FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act).

26 1 1. The department shall utilize the moneys appropriated in
26 2 this section as necessary to maximize bed capacity and to most
26 3 effectively meet the needs of the individuals served.

Specifies that funds must be used as necessary to maximize bed capacity and meet the needs of the individuals served.

26 4 2. Of the moneys appropriated in this section, the following
26 5 amounts are allocated to each institution as follows:

26 6 a. For the state mental health institute at Cherokee:
26 7 \$ 19,738,275

Allocates \$19,738,275 for the MHI at Cherokee.

DETAIL: This is an increase of \$299,189 compared to estimated net FY 2025. Of this, \$100,529 is to annualize staffing and \$198,660 is for general operating expenses.

26 8 b. For the state mental health institute at Independence:
26 9 \$ 24,215,468

Allocates \$24,215,468 for the MHI at Independence.

DETAIL: This is an increase of \$299,189 compared to estimated net FY 2025. Of this, \$100,529 is to annualize staffing and \$198,660 is for general operating expenses.

26 10 c. For the civil commitment unit for sexual offenders at
26 11 Cherokee:
26 12 \$ 18,898,416

Allocates \$18,898,416 for the CCUSO at Cherokee.

DETAIL: This is an increase of \$1,143,019 compared to estimated net FY 2025. Of this, \$944,359 is to annualize staffing and \$198,660 is for general operating expenses

26 13 d. For the state resource center at Woodward:
 26 14 \$ 14,217,377

Allocates \$14,217,377 for the State Resource Center at Woodward.

DETAIL: This is an increase of \$198,660 compared to estimated net FY 2025 for general operating expenses.

26 15 e. For the state resource center at Glenwood:
 26 16 \$ 5,453,792

Allocates \$5,453,792 for the State Resource Center at Glenwood.

DETAIL: This is an increase of \$198,660 compared to estimated net FY 2025 for general operating expenses. The State announced the closure of the Glenwood Resource Center in 2022, which was completed by the close of FY 2024. Appropriated moneys are used to maintain the facilities at Glenwood.

26 17 f. For the state training school at Eldora:
 26 18 \$ 19,820,177

Allocates \$19,820,177 for the State Training School at Eldora.

DETAIL: This is an increase of \$198,660 compared to estimated net FY 2025 for general operating expenses.

26 19 DIVISION X
 26 20 ADMINISTRATION AND COMPLIANCE — FY 2025-2026

26 21 Sec. 26. ACCOUNTABILITY, COMPLIANCE, AND PROGRAM
 26 22 INTEGRITY. There is appropriated from the general fund of the
 26 23 state to the department of health and human services for the
 26 24 fiscal year beginning July 1, 2025, and ending June 30, 2026,
 26 25 the following amount, or so much thereof as is necessary, to be
 26 26 used for the purposes designated:
 26 27 For accountability, compliance, and program integrity,
 26 28 including salaries, support, maintenance, and miscellaneous
 26 29 purposes, and for not more than the following full-time
 26 30 equivalent positions:

26 31 \$ 21,242,539
 26 32 FTEs 411.00

General Fund appropriation to the HHS — Accountability, Compliance, and Program Integrity for FY 2026.

DETAIL: This is a decrease of \$1,114,059 compared to estimated net FY 2025. Excluding federally funded FTE positions, this is a decrease of 12.00 FTE positions compared to the previously authorized amount in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act). The changes include:

- A decrease of \$874,059 and 8.00 FTE positions to align the Criminal Justice Planning research staff from the HHS Accountability, Compliance, and Program Integrity appropriation line item under the DOM Department Operations appropriation.
- A decrease of \$240,000 and 4.00 FTE positions to eliminate the Health Equity Bureau.

26 33 1. Of the moneys appropriated in this section, \$200,000
 26 34 shall be transferred to and deposited in the Iowa ABLE savings
 26 35 plan trust administrative fund created in section 121.4, to be

Transfers \$200,000 to the Treasurer of State to implement the Iowa Achieving a Better Life Experience (ABLE) Savings Plan Trust.

<p>27 1 used for implementation and administration activities of the 27 2 Iowa ABLE savings plan trust.</p>	<p>DETAIL: This is no change in funding compared to the estimated net FY 2025 transfer.</p>
<p>27 3 2. Of the moneys appropriated in this section, \$2,602,312 27 4 shall be allocated for foster care review and the court 27 5 appointed special advocate program, including for salaries, 27 6 support, maintenance, and miscellaneous purposes.</p>	<p>Allocates \$2,602,312 for foster care review and the Court Appointed Special Advocate (CASA) Program.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation. The State's Local Foster Care Review Boards and the CASA Program work to recruit, train, and support community volunteers through the State to represent the interests of abused and neglected children.</p>
<p>27 7 3. Of the moneys appropriated in this section, \$1,148,959 27 8 shall be allocated for the office of long-term care ombudsman 27 9 for salaries, support, administration, maintenance, and 27 10 miscellaneous purposes.</p>	<p>Allocates \$1,148,959 to the Office of Long-Term Care Ombudsman.</p> <p>DETAIL: This is no change in funding compared to the estimated net FY 2025 allocation.</p>
<p>27 11 DIVISION XI 27 12 DEPARTMENT OF HEALTH AND HUMAN SERVICES TRANSFERS, CASH FLOW, 27 13 AND NONREVERSIONS — FY 2025-2026</p>	
<p>27 14 Sec. 27. DEPARTMENT OF HEALTH AND HUMAN SERVICES TRANSFERS 27 15 AND CASH FLOW.</p>	
<p>27 16 1. Notwithstanding any provision of law to the contrary, 27 17 the department of health and human services may transfer moneys 27 18 appropriated in this Act to support continuing alignment 27 19 efforts, to maximize federal support in accordance with the 27 20 department's federal costs allocation plan, and for resources 27 21 necessary to implement and administer the services for which 27 22 moneys are appropriated. The department shall report any 27 23 transfers made pursuant to this subsection to the general 27 24 assembly.</p>	<p>Permits the HHS to transfer funds allocated in the Bill for purposes of continuing alignment efforts, maximizing federal support, and the implementation and administration of services. Requires the HHS to report any transfers made pursuant to this subsection to the General Assembly.</p>
<p>27 25 2. If, due to ongoing cost management efforts, the 27 26 appropriations under this Act for the Medicaid program 27 27 exceed the associated costs for the Medicaid program for the 27 28 fiscal year, the department may transfer any savings to the 27 29 appropriations made in this Act for health program operations, 27 30 or for accountability, compliance, and program integrity, 27 31 to defray the costs associated with ongoing cost management</p>	<p>Specifies that if savings to the Medicaid Program for cost management efforts during FY 2026 exceed costs, the HHS may transfer any savings to the appropriations in the Bill to Health Program Operations or to defray the costs associated with implementation of cost management efforts.</p>

27 32 efforts.

27 33 3. Notwithstanding any provision of law to the contrary,
 27 34 the department may transfer moneys appropriated under this Act
 27 35 for child protective services to pay the nonfederal share costs
 28 1 of services reimbursed under the medical assistance program,
 28 2 state child care assistance program, or the family investment
 28 3 program which are provided to children who would otherwise
 28 4 receive services paid by the appropriation for child protective
 28 5 services.

Permits the HHS to transfer funds appropriated for Child Protective Services to pay the nonfederal share of services reimbursed under Medicaid, the State CCA Program, or the FIP for children who would otherwise receive services paid under the appropriation for Child Protective Services.

28 6 4. The department may transfer moneys from the temporary
 28 7 assistance for needy families block grant to the federal social
 28 8 services block grant appropriation, and to the child care and
 28 9 development block grant appropriation, in accordance with
 28 10 federal law.

Permits the HHS to transfer funds from the TANF Block Grant to the Federal Social Services Block Grant appropriation and the Child Care and Development Block Grant appropriation in accordance with federal law.

28 11 5. To the extent the department determines that moneys
 28 12 appropriated under this Act, or allocated for a specific
 28 13 purpose under this Act, will remain unencumbered or unobligated
 28 14 at the close of the fiscal year, such unencumbered or
 28 15 unobligated moneys may be used in the same fiscal year for any
 28 16 other purpose for which the appropriated moneys may be used, or
 28 17 for any other allocation within the same appropriation.

Allows the HHS to use unencumbered and unobligated moneys for any other purpose for which the moneys appropriated may be used or for any other allocation within the same appropriation.

28 18 6. To the extent the department determines that moneys
 28 19 appropriated under this Act will remain unencumbered or
 28 20 unobligated at the close of the fiscal year, and that services
 28 21 will not be impacted, the department may utilize up to
 28 22 \$3,000,000 of such unencumbered or unobligated moneys to
 28 23 develop and support the thrive Iowa program, a closed-loop
 28 24 referral system utilizing a navigator model, that acts as the
 28 25 connection point to link lowans on an individualized path to
 28 26 prosperity and self-sufficiency to available resources in all
 28 27 sectors of the community.

Allows the HHS to use up to \$3,000,000 of unencumbered or unobligated moneys to develop and support the Thrive Iowa Program.

28 28 Sec. 28. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 28 29 NONREVERSIONS.

28 30 1. Notwithstanding section 8.33, moneys appropriated under
 28 31 this Act from the general fund of the state and the temporary
 28 32 assistance for needy families block grant to the department of

CODE: Allows any unexpended funds appropriated for the FaDSS Grant Program for FY 2026 to remain available for FY 2027.

28 33 health and human services for the fiscal year beginning July 1,
 28 34 2025, and ending June 30, 2026, for the purposes of the FaDSS
 28 35 grant program that remain unencumbered or unobligated at the
 29 1 close of the fiscal year shall not revert, but shall remain
 29 2 available for expenditure for the purposes designated until the
 29 3 close of the succeeding fiscal year.

29 4 2. Notwithstanding section 8.33, of the moneys appropriated
 29 5 under this Act from the general fund of the state, the quality
 29 6 assurance trust fund, and the hospital health care access trust
 29 7 fund to the department of health and human services for the
 29 8 fiscal year beginning July 1, 2025, and ending June 30, 2026,
 29 9 for the purposes of the medical assistance program, the amount
 29 10 in excess of actual expenditures for the medical assistance
 29 11 program that remains unencumbered or unobligated at the close
 29 12 of the fiscal year shall not revert, but shall remain available
 29 13 for expenditure for the medical assistance program until the
 29 14 close of the succeeding fiscal year.

29 15 3. Notwithstanding section 8.33, and notwithstanding the
 29 16 nonreversion amount limitation specified for state resource
 29 17 centers in section 222.92, subsection 4, moneys appropriated
 29 18 under this Act from the general fund of the state to the
 29 19 department of health and human services for the fiscal
 29 20 year beginning July 1, 2025, and ending June 30, 2026, for
 29 21 the purposes of state-operated specialty care that remain
 29 22 unencumbered or unobligated at the close of the fiscal year
 29 23 shall not revert, but shall remain available for expenditure
 29 24 for the purposes designated for subsequent fiscal years.

29 25 4. Notwithstanding section 8.33, moneys appropriated in
 29 26 this Act from the general fund of the state to the department
 29 27 of health and human services for the fiscal year beginning July
 29 28 1, 2025, and ending June 30, 2026, for the Iowa commission
 29 29 on volunteer service for programs and grants that remain
 29 30 unencumbered or unobligated at the close of the fiscal year
 29 31 shall not revert, but shall remain available for expenditure
 29 32 for the purposes designated for subsequent fiscal years.

29 33 5. Notwithstanding section 8.33, moneys appropriated under
 29 34 this Act from the general fund of the state to the department
 29 35 of health and human services for the fiscal year beginning July

CODE: Allows any unexpended funds appropriated from the General Fund, the QATF, and the HHCAT to the HHS in FY 2026 for the Medicaid Program to remain available for FY 2027.

CODE: Allows any unexpended funds appropriated from the General Fund to the HHS for State-Operated Specialty Care for FY 2026 to remain available for subsequent fiscal years.

CODE: Allows any unexpended funds appropriated from the General Fund to the HHS for the Iowa Commission on Volunteer Services for FY 2026 to remain available for subsequent fiscal years.

CODE: Specifies that any funds appropriated from the General Fund to the HHS in FY 2026 for rural psychiatric residencies that remain at the end of FY 2026 are permitted to remain available for FY 2027.

30 1 1, 2025, and ending June 30, 2026, and allocated for rural
 30 2 psychiatric residencies that remain unencumbered or unobligated
 30 3 at the close of the fiscal year shall not revert, but shall
 30 4 remain available for expenditure for the purposes designated
 30 5 until the close of the succeeding fiscal year.

30 6 6. Notwithstanding section 8.33, moneys appropriated
 30 7 under this Act from the general fund of the state to the
 30 8 department of health and human services for the fiscal
 30 9 year beginning July 1, 2025, and ending June 30, 2026, and
 30 10 allocated for adoption subsidy payments and related costs, or
 30 11 for post-adoption services and related allowable purposes,
 30 12 that remain unencumbered or unobligated at the close of the
 30 13 fiscal year shall not revert, but shall remain available for
 30 14 expenditure for the purposes designated until the close of the
 30 15 succeeding fiscal year.

CODE: Specifies that any funds appropriated from the General Fund to the HHS in FY 2026 for adoption subsidy payments or post-adoption services that remain at the end of FY 2026 are permitted to remain available for FY 2027.

30 16 DIVISION XII
 30 17 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIOR APPROPRIATIONS
 30 18 AND OTHER PROVISIONS

30 19 THRIVE IOWA PROGRAM CLOSED-LOOP REFERRAL SYSTEM

30 20 Sec. 29. 2024 Iowa Acts, chapter 1157, section 21,
 30 21 subsection 6, is amended to read as follows:
 30 22 6. To the extent the department determines that moneys
 30 23 appropriated under this Act will remain unencumbered or
 30 24 unobligated at the close of the fiscal year or that services
 30 25 will not be impacted, the department may utilize up to
 30 26 \$3,000,000 of such unencumbered or unobligated moneys
 30 27 appropriated to develop and support the thrive Iowa program,
 30 28 a closed-loop referral system utilizing a navigator model,
 30 29 that acts as the connection point to link lowans on an
 30 30 individualized path to prosperity and self-sufficiency
 30 31 to available resources in all sectors of the community.
 30 32 Notwithstanding section 8.33, any moneys utilized for this
 30 33 purpose shall not revert but shall remain available for
 30 34 expenditure for the purposes designated.

CODE: Allows any unexpended funds appropriated in 2024 Iowa Acts, [House File 2698](#) (FY 2025 Health and Human Services Appropriations Act), for FY 2025 from the General Fund for the Thrive Iowa Program to remain available for expenditure for the Thrive Iowa Program.

30 35 COMMUNITY ACCESS AND ELIGIBILITY

31 1 Sec. 30. 2024 Iowa Acts, chapter 1157, section 22, is

CODE: Allows any unexpended funds appropriated in 2024 Iowa Acts,

<p>31 2 amended by adding the following new subsection: 31 3 NEW SUBSECTION 7. Notwithstanding section 8.33, moneys 31 4 appropriated under this Act from the general fund of the state 31 5 to the department of health and human services for the fiscal 31 6 year beginning July 1, 2024, and ending June 30, 2025, and 31 7 allocated for community access and eligibility that remain 31 8 unencumbered or unobligated at the close of the fiscal year 31 9 shall not revert but shall remain available for expenditure for 31 10 the purposes designated, or are appropriated to the department 31 11 for any purpose described in this division of this Act or to be 31 12 used as necessary to enhance the department's accountability, 31 13 compliance, program integrity, and efficiency, until the close 31 14 of the succeeding fiscal year.</p>	<p>House File 2698 (FY 2025 Health and Human Services Appropriations Act), for FY 2025 from the General Fund for Community Access and Eligibility to remain available for expenditure until the close of FY 2026.</p>
<p>31 15 Sec. 31. EFFECTIVE DATE. This division of this Act, being 31 16 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that Division XII of the Bill related to prior appropriations for FY 2025 takes effect upon enactment.</p>
<p>31 17 Sec. 32. RETROACTIVE APPLICABILITY. This division of this 31 18 Act applies retroactively to July 1, 2024.</p>	<p>Specifies that Division XII of the Bill related to prior appropriations for FY 2025 applies retroactively to July 1, 2024.</p>
<p>31 19 DIVISION XIII 31 20 BEER AND LIQUOR CONTROL FUND — BEHAVIORAL HEALTH FUND</p>	
<p>31 21 Sec. 33. 2024 Iowa Acts, chapter 1157, is amended by adding 31 22 the following new section: 31 23 NEW SECTION SEC. 4A. IN LIEU OF STANDING 31 24 APPROPRIATION. The moneys appropriated and allocated in this 31 25 division of this Act for purposes of treatment and prevention 31 26 of substance use and misuse and addictive behaviors are in lieu 31 27 of the standing appropriation to the department of health and 31 28 human services pursuant to section 123.17, subsection 5, for 31 29 the fiscal year beginning July 1, 2024.</p>	<p>CODE: Amends 2024 Iowa Acts, House File 2698 (FY 2025 Health and Human Services Appropriations Act), to replace the standing appropriation under Iowa Code section 123.17(5) for the Comprehensive Substance Use Disorder Program with the appropriation in Division III of the Act for FY 2025.</p> <p>FISCAL IMPACT: This is a decrease of \$2,000,000 to the HHS for FY 2025.</p>
<p>31 30 Sec. 34. 2024 Iowa Acts, chapter 1161, section 14, is 31 31 amended by striking the section and inserting in lieu thereof 31 32 the following: 31 33 SEC. 14. Section 123.17, subsection 5, Code 2024, is amended 31 34 to read as follows: 31 35 5. After any transfer provided for in subsection 3 is 32 1 made, the department shall transfer into a special revenue 32 2 account in the general fund of the state, a sum of money at</p>	<p>CODE: Amends 2024 Iowa Acts, House File 2673 (Behavioral Health Service System Act), to decrease the standing appropriation from the General Fund to the HHS from the 7.00% of the liquor sales for the Behavioral Health Fund from \$2,000,000 to \$1,000,000 beginning in FY 2026.</p> <p>DETAIL: 2024 Iowa Acts, House File 2673 (Behavioral Health Service System Act), increased this same standing appropriation to \$3,000,000; therefore, this change results in a decrease of \$2,000,000</p>

<p>32 3 least equal to seven percent of the gross amount of sales made 32 4 by the department from the beer and liquor control fund on a 32 5 monthly basis but not less than nine million dollars annually. 32 6 Of the amounts transferred, two one million dollars, plus an 32 7 additional amount determined by the general assembly, shall be 32 8 appropriated to the department of health and human services for 32 9 use by the staff who administer the comprehensive substance use 32 10 disorder program under chapter 125 for substance use disorder 32 11 treatment and prevention programs shall be transferred to the 32 12 behavioral health fund established under section 225A.7. Any 32 13 amounts received in excess of the amounts appropriated to the 32 14 department of health and human services for use by the staff 32 15 who administer the comprehensive substance use disorder program 32 16 under chapter 125 transferred to the behavioral health fund 32 17 shall be considered part of the general fund balance.</p>	<p>to the Behavioral Health Fund beginning in FY 2026, and a corresponding increase of \$2,000,000 to the General Fund compared to current law.</p>
<p>32 18 Sec. 35. EFFECTIVE DATE. This division of this Act, being 32 19 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that Division XIII of the Bill related to the Beer and Liquor Control Fund takes effect upon enactment.</p>
<p>32 20 Sec. 36. RETROACTIVE APPLICABILITY. This division of this 32 21 Act applies retroactively to July 1, 2024.</p>	<p>Specifies that Division XIII of the Bill related to the Beer and Liquor Control Fund applies retroactively to July 1, 2024.</p>
<p>32 22 DIVISION XIV 32 23 REPORT ON NONREVERSION OF MONEYS</p>	
<p>32 24 Sec. 37. REPORT ON NONREVERSION OF MONEYS. The department 32 25 of health and human services shall report the expenditure of 32 26 any moneys for which nonreversion authorization was provided 32 27 for the fiscal year beginning July 1, 2024, and ending June 30, 32 28 2025, to the general assembly on a quarterly basis beginning 32 29 October 1, 2025.</p>	<p>Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2025 to the General Assembly on a quarterly basis beginning October 1, 2025.</p>
<p>32 30 DIVISION XV 32 31 EMERGENCY RULES</p>	
<p>32 32 Sec. 38. EMERGENCY RULES. 32 33 1. If necessary to comply with federal requirements, 32 34 including time frames, the department of health and human 32 35 services or the mental health and disability services 33 1 commission shall adopt administrative rules under section 33 2 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph</p>	<p>Requires the HHS or the Mental Health and Disability Services (MHDS) Commission to adopt emergency administrative rules to comply with federal requirements or to implement the Bill. The rules are required to be effective immediately upon filing or on a later effective date specified in the rules unless delayed or suspended by the Administrative Rules Review Committee (ARRC). The rules are not effective before being reviewed by the ARRC.</p>

33 3 “b”, to implement the applicable provisions of this Act. The
 33 4 rules shall be effective immediately upon filing unless a
 33 5 later date is specified in the rules. Any rules adopted in
 33 6 accordance with this section shall also be published as a
 33 7 notice of intended action as provided in section 17A.4.

33 8 2. If the department of health and human services adopts
 33 9 emergency rules in accordance with this section, or as
 33 10 otherwise directed or authorized by state law, and the rules
 33 11 will result in an increase in expenditures beyond the amount
 33 12 anticipated in the budget for the fiscal year, or if the
 33 13 expenditures were not addressed in the budget for the fiscal
 33 14 year, the department shall notify the general assembly and the
 33 15 department of management concerning the rules and the increase
 33 16 in expenditures. The notification shall be provided at least
 33 17 thirty calendar days prior to the date notice of the rules
 33 18 is submitted to the administrative rules coordinator and the
 33 19 administrative code editor.

33 20 DIVISION XVI
 33 21 MATTERS RELATED TO AUTISM SPECTRUM DISORDER

33 22 Sec. 39. Section 225D.2, Code 2025, is amended by adding the
 33 23 following new subsection:
 33 24 NEW SUBSECTION 4A. The department shall not approve a new
 33 25 application for the autism support program on or after July
 33 26 1, 2025. The department shall continue to provide treatment
 33 27 and make payments pursuant to the program for an eligible
 33 28 individual whose application is approved on or before June 30,
 33 29 2025, if the individual remains eligible for the program.

33 30 Sec. 40. NEW SECTION 225D.3 FUTURE REPEAL.
 33 31 This chapter is repealed July 1, 2027.

33 32 Sec. 41. Section 514I.5, subsection 4, paragraph c, Code
 33 33 2025, is amended by adding the following new subparagraph:
 33 34 NEW SUBPARAGRAPH (18) Applied behavior analysis services
 33 35 for the treatment of autism spectrum disorder.

Requires the HHS to report to the General Assembly and the DOM at least 30 calendar days prior to submitting administrative rules that have a fiscal impact that was not addressed in the budget process.

CODE: Prohibits the HHS from approving new applications for the Autism Support Program on or after July 1, 2025. The HHS is required to continue to provide treatment and make payments pursuant to the Program for an eligible individual whose application is approved on or before June 30, 2025, if the individual remains eligible for the Program.

CODE: Repeals Iowa Code chapter [225D](#) (Autism Support Program) on July 1, 2027.

CODE: Requires the Medical Assistance Advisory Council to adopt administrative rules to include applied behavior analysis services for the treatment of autism spectrum disorder as benefits covered under the Hawki Program.

FISCAL IMPACT: The HHS estimates that including applied behavior analysis services as benefits under the Program will increase General Fund Hawki expenditures by \$753,002 for FY 2026 and \$755,898 for

FY 2027. The federal cost is estimated to be \$2,142,048 for FY 2026 and \$2,139,152 for FY 2027.

34 1 Sec. 42. TRANSFER OF MONEYS. Upon repeal of chapter 225D on
 34 2 July 1, 2027, any unencumbered and unobligated moneys remaining
 34 3 in the autism support fund created in section 225D.2, are
 34 4 transferred to the Hawki trust fund created in section 514I.11.

CODE: Transfers any unencumbered and unobligated moneys remaining in the Autism Support Fund to the Hawki Trust Fund upon the repeal of Iowa Code chapter [225D](#) on July 1, 2027.

DETAIL: As of May 2, 2025, there is \$40,537 in the Autism Support Fund.

34 5 DIVISION XVII
 34 6 INVOLUNTARY COMMITMENT HEARING TESTIMONY

34 7 Sec. 43. Section 125.82, subsection 3, Code 2025, is amended
 34 8 to read as follows:

34 9 3. a. The person who filed the application, and a the
 34 10 licensed physician and surgeon, or osteopathic physician and
 34 11 surgeon, mental health professional, or certified alcohol and
 34 12 drug counselor certified by the nongovernmental Iowa board of
 34 13 certification who has examined the respondent in connection
 34 14 with the commitment hearing, shall be present at the hearing,
 34 15 unless the court for good cause finds that their presence or
 34 16 testimony is not necessary any of the following apply:

34 17 (1) The court finds for good cause that the presence or
 34 18 testimony of the person who examined the respondent is not
 34 19 necessary. "Good cause" may include but is not limited to a
 34 20 waiver under subparagraph (3).
 34 21 (2) The court grants an application to allow a physician
 34 22 assistant licensed under chapter 148C or an advanced registered
 34 23 nurse practitioner licensed under chapter 152 to be present
 34 24 and testify at the hearing on behalf of the licensed physician
 34 25 and surgeon, osteopathic physician and surgeon, mental health
 34 26 professional, or certified alcohol and drug counselor who
 34 27 examined the respondent in connection with the commitment
 34 28 hearing. An application under this subparagraph shall contain
 34 29 all of the following:

34 30 (a) A sworn statement that the physician assistant or
 34 31 advanced registered nurse practitioner witnessed the physician
 34 32 and surgeon, osteopathic physician and surgeon, mental health
 34 33 professional, or certified alcohol and drug counselor examine
 34 34 the respondent in connection with the commitment hearing.

CODE: Establishes that a licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol drug counselor who examined a respondent may be excused from being present at an involuntary commitment hearing if the court finds for good cause that the presence or testimony of the examiner is not necessary or if the court grants an application to allow a physician assistant (PA) or an advanced registered nurse practitioner (ARNP) to be present and testify at the hearing on behalf of the person who examined the respondent in connection with the commitment hearing. Applications must include all of the following:

- A sworn statement that the PA or ARNP witnessed the person who examined the respondent in connection with the commitment hearing conduct the examination.
- A sworn statement that the PA or ARNP has reviewed the written report of the examination.
- A sworn statement that the person who examined the respondent in connection with the commitment hearing is unable to attend the hearing.

34 35 (b) A sworn statement that the physician assistant or
 35 1 advanced registered nurse practitioner has reviewed the written
 35 2 report of the examination prepared pursuant to section 125.80.

35 3 (c) A sworn statement that the physician and surgeon,
 35 4 osteopathic physician and surgeon, mental health professional,
 35 5 or certified alcohol and drug counselor is unable to attend the
 35 6 hearing.

35 7 (3) The applicant, respondent, and the respondent's
 35 8 attorney may waive the presence, televised appearance, or
 35 9 telephonic appearance of the licensed physician and surgeon, or
 35 10 osteopathic physician and surgeon, mental health professional,
 35 11 or certified alcohol and drug counselor who examined the
 35 12 respondent and agree to submit as evidence the written report
 35 13 of the licensed physician and surgeon or osteopathic physician
 35 14 and surgeon, mental health professional, or certified alcohol
 35 15 and drug counselor of examination prepared pursuant to
 35 16 section 125.80. The respondent's attorney shall inform the
 35 17 court if the respondent's attorney reasonably believes that
 35 18 the respondent, due to diminished capacity, cannot make an
 35 19 adequately considered waiver decision. "Good cause" for finding
 35 20 that the testimony of the licensed physician and surgeon or
 35 21 osteopathic physician and surgeon, mental health professional,
 35 22 or certified alcohol and drug counselor who examined the
 35 23 respondent is not necessary may include but is not limited to
 35 24 such a waiver.

CODE: Makes conforming changes to Iowa Code section [125.82](#)(3)
(Commitment Hearing).

35 25 b. If the court determines that the testimony of the
 35 26 licensed physician and surgeon, or osteopathic physician and
 35 27 surgeon, mental health professional, or certified alcohol and
 35 28 drug counselor is necessary, the court may allow the licensed
 35 29 physician and surgeon, or osteopathic physician and surgeon,
 35 30 mental health professional, or certified alcohol and drug
 35 31 counselor to testify by telephone or televised means.

CODE: Technical change.

35 32 c. The respondent shall be present at the hearing unless
 35 33 prior to the hearing the respondent's attorney stipulates in
 35 34 writing that the attorney has conversed with the respondent,
 35 35 and that in the attorney's judgment either the respondent
 36 1 cannot make a meaningful contribution to the hearing; or that
 36 2 the respondent has waived the right to be present, and the
 36 3 basis for the attorney's conclusions. A stipulation to the

CODE: Technical change.

36 4 respondent's absence shall be reviewed by the court before the
 36 5 hearing, and may be rejected if it appears that insufficient
 36 6 grounds are stated or that the respondent's interests would not
 36 7 be served by the respondent's absence.

36 8 Sec. 44. Section 229.12, subsection 3, paragraph b, Code
 36 9 2025, is amended to read as follows:

36 10 b. (1) The licensed physician or mental health professional
 36 11 who examined the respondent shall be present at the hearing
 36 12 unless the court for good cause finds that the licensed
 36 13 physician's or mental health professional's presence or
 36 14 testimony is not necessary any of the following apply:

36 15 (a) The court finds for good cause that the licensed
 36 16 physician's or mental health professional's presence is not
 36 17 necessary. "Good cause" may include but is not limited to a
 36 18 waiver under subparagraph division (c).

36 19 (b) The court grants an application to allow a physician
 36 20 assistant licensed under chapter 148C or an advanced registered
 36 21 nurse practitioner licensed under chapter 152 to be present
 36 22 and testify at the hearing on behalf of the licensed physician
 36 23 or mental health professional who examined the respondent in
 36 24 connection with the commitment hearing. An application under
 36 25 this subparagraph division shall contain all of the following:

36 26 (i) A sworn statement that the physician assistant or
 36 27 advanced registered nurse practitioner witnessed the licensed
 36 28 physician or mental health professional examine the respondent.

36 29 (ii) A sworn statement that the physician assistant or
 36 30 advanced registered nurse practitioner has reviewed the written
 36 31 report of the examination prepared pursuant to section 229.10.

36 32 (iii) A sworn statement that the licensed physician or
 36 33 mental health professional who examined the respondent is
 36 34 unable to attend the hearing.

36 35 (c) The applicant, respondent, and the respondent's
 37 1 attorney may waive the presence, televised appearance, or the
 37 2 telephonic appearance of the licensed physician or mental
 37 3 health professional who examined the respondent and agree to
 37 4 submit as evidence the written report of the licensed physician
 37 5 or mental health professional of the examination prepared
 37 6 pursuant to section 229.10. The respondent's attorney shall
 37 7 inform the court if the respondent's attorney reasonably
 37 8 believes that the respondent, due to diminished capacity,

CODE: Establishes that a licensed physician or mental health professional who examined a respondent can be excused from being present at an involuntary commitment hearing if the court finds for good cause that the presence or testimony of the person who examined the respondent is not necessary or if the court grants an application to allow a PA or an ARNP to be present and testify at the hearing on behalf of the person who examined the respondent in connection with the commitment hearing. Applications must include all of the following:

- A sworn statement that the PA or ARNP witnessed the person who examined the respondent in connection with the commitment hearing conduct the examination.
- A sworn statement that the PA or ARNP has reviewed the written report of the examination.
- A sworn statement that the person who examined the respondent in connection with the commitment hearing is unable to attend the hearing.

CODE: Makes conforming changes to Iowa Code section [229.12](#) (Hearing Procedure).

37 9 cannot make an adequately considered waiver decision. “Good
37 10 cause” for finding that the testimony of the licensed physician
37 11 or mental health professional who examined the respondent is
37 12 not necessary may include but is not limited to such a waiver.

37 13 (2) If the court determines that the testimony of the
37 14 licensed physician or mental health professional is necessary,
37 15 the court may allow the licensed physician or the mental health
37 16 professional to testify by telephone or televised means.

37 17 DIVISION XVIII
37 18 DISCHARGE OF INVOLUNTARILY COMMITTED PERSONS

37 19 Sec. 45. Section 125.2, Code 2025, is amended by adding the
37 20 following new subsections:
37 21 NEW SUBSECTION 01. “Administrative services organization”
37 22 means the same as defined in section 225A.1.

37 23 NEW SUBSECTION 001. “Behavioral health district” means the
37 24 same as defined in section 225A.1.

37 25 Sec. 46. Section 125.85, subsection 4, Code 2025, is amended
37 26 by striking the subsection.

37 27 Sec. 47. Section 125.85, Code 2025, is amended by adding the
37 28 following new subsections:
37 29 NEW SUBSECTION 6. Prior to a discharge of a respondent
37 30 under this section, the facility treating the respondent shall
37 31 do all of the following:
37 32 a. Refer the respondent to an administrative services
37 33 organization for evaluation, system navigation, and
37 34 postdischarge services.
37 35 b. Assess the respondent for suicide risk.

CODE: Technical change.

CODE: Defines "administrative services organization" (ASO) under Iowa Code chapter [125](#) (Substance Use Disorders) as an entity designated by the HHS to develop and perform planning and administrative services in accordance with a district behavioral health service system (BHSS) plan.

CODE: Defines "behavioral health district" under Iowa Code chapter [125](#) as a geographic, multicounty, sub-state area as designated by the HHS under Iowa Code section 225A.4.

CODE: Removes the requirements for an administrator of a facility to immediately report a respondent's discharge from a facility or treatment to the court which ordered the respondent's commitment or treatment, for the court to issue an order confirming the respondent's discharge from the facility or from treatment and terminate the proceedings, and for copies of the order to be sent by regular mail to the facility and the respondent.

CODE: Requires the facility treating the respondent, prior to a discharge of a respondent under Iowa Code section [125.85](#) (Custody, Discharge, and Termination of Proceeding), to do all of the following:

- Refer the respondent to an ASO for evaluation, system navigation, and postdischarge services.
- Assess the respondent for suicide risk.
- Provide the respondent or the respondent's legal representative with a discharge report.

38 1 c. Provide the respondent or the respondent's legal
 38 2 representative with a discharge report. The discharge report
 38 3 shall include all of the following:
 38 4 (1) The respondent's name and address.
 38 5 (2) The dates, times, and locations of all postdischarge
 38 6 appointments scheduled for the respondent.
 38 7 (3) A list of each medication prescribed for the respondent
 38 8 before or during the respondent's treatment, including
 38 9 psychiatric and nonpsychiatric medications.
 38 10 (4) Contact information for the administrative services
 38 11 organization to which the respondent was referred under
 38 12 paragraph "a".
 38 13 (5) A written patient-centered aftercare plan, including
 38 14 crisis prevention and steps to address the respondent's ongoing
 38 15 care needs.

38 16 (6) (a) Educational materials for the respondent and
 38 17 individuals who are willing to support the respondent after the
 38 18 respondent's discharge.
 38 19 (b) Educational materials shall be developed by the
 38 20 department for distribution to facilities. Educational
 38 21 materials shall include but not be limited to all of the
 38 22 following:
 38 23 (i) Descriptions of the symptoms of a substance use
 38 24 disorder.
 38 25 (ii) Warning signs of decompensation.
 38 26 (iii) Information regarding the availability of other
 38 27 educational services, services offered in the respondent's
 38 28 community, and services offered statewide.

38 29 d. Notify all of the following persons:
 38 30 (1) The administrative services organization to which the
 38 31 respondent was referred under paragraph "a".
 38 32 (2) The respondent's legal guardian, parent, spouse,
 38 33 attorney in fact under chapter 144B, or adult siblings, as
 38 34 applicable.

38 35 NEW SUBSECTION 7. a. The administrative services
 39 1 organization to which a respondent was referred under
 39 2 subsection 6, paragraph "a", shall do all of the following in
 39 3 relation to the discharged respondent:
 39 4 (1) Coordinate postdischarge care, including but not

CODE: Requires discharge reports under Iowa Code section [125.85](#) to include all of the following:

- The respondent's name and address.
- The dates, times, and locations of all postdischarge appointments scheduled for the respondent.
- A list of each medication prescribed for the respondent.
- Contact information for the ASO to which the respondent was referred.
- A written patient-centered aftercare plan, including crisis prevention and steps to address the respondent's ongoing care needs.
- Educational materials for the respondent and individuals who are willing to support the respondent after the respondent's discharge.

CODE: Requires the HHS to develop educational materials for distribution to facilities that must include but are not limited to the following:

- Descriptions of the symptoms of a substance use disorder.
- Warning signs of decompensation.
- Information regarding the availability of other educational services, services offered in the respondent's community, and services offered statewide.

CODE: Requires the facility treating a respondent, prior to a discharge of the respondent under Iowa Code section [125.85](#), to notify the ASO to which the respondent was referred and the respondent's legal guardian, parent, spouse, attorney in fact, or adult siblings, as applicable to the respondent's discharge.

CODE: Requires a referred ASO to coordinate postdischarge care for a respondent, including but not limited to contacting the respondent to ensure the respondent attends scheduled appointments and receives necessary care and services.

39 5 limited to contacting the respondent to ensure the respondent
 39 6 attends scheduled appointments and receives necessary care and
 39 7 services.

39 8 (2) Follow up with the respondent in a timely manner.
 39 9 Follow-ups shall include but not be limited to home visits,
 39 10 telephone calls, and other means of contacting the respondent.

39 11 b. An administrative services organization may delegate
 39 12 duties required under this subsection to a managed care
 39 13 organization acting pursuant to a contract with the department
 39 14 to administer the Medicaid program under chapter 249A, if the
 39 15 respondent referred to the administrative services organization
 39 16 qualifies for Medicaid.

39 17 NEW SUBSECTION 8. a. Each administrative services
 39 18 organization shall make a quarterly report to the department,
 39 19 and the report shall include all of the following:
 39 20 (1) The number of respondents discharged and referred to
 39 21 the administrative services organization during the reporting
 39 22 period.
 39 23 (2) The outcome of each discharged respondent.
 39 24 (3) Any issues encountered while ensuring each respondent's
 39 25 postdischarge continuity of care.

39 26 b. A report under this section shall be considered a
 39 27 confidential record under section 22.7.

39 28 c. A report under this section shall comply with the federal
 39 29 Health Insurance Portability and Accountability Act of 1996,
 39 30 Pub.L.No.104-191.

39 31 NEW SUBSECTION 9. Following a respondent's discharge from
 39 32 a facility or from treatment, the administrator of the facility
 39 33 shall immediately report the discharge to the court which
 39 34 ordered the respondent's commitment or treatment. The court
 39 35 shall issue an order confirming the respondent's discharge
 40 1 and terminating the proceedings in which the respondent's
 40 2 commitment or treatment was ordered. Copies of the order
 40 3 confirming the discharge and terminating the proceedings shall
 40 4 be sent by regular mail to the facility and the respondent.

CODE: Requires a referred ASO to follow up with the respondent in a timely manner. Follow ups must include but not be limited to home visits, telephone calls, and other means of contacting the respondent.

CODE: Allows an ASO to delegate required duties relating to a discharged respondent to an MCO acting pursuant to a contract with the HHS to administer the Medicaid program if the respondent referred to the ASO qualifies for Medicaid.

CODE: Requires each ASO to make a quarterly report to the HHS, which must include the number of respondents discharged and referred to the ASO during the reporting period, the outcome of each discharged respondent, and any issues encountered while ensuring each respondent's postdischarge continuity of care.

CODE: Requires a report made pursuant to Iowa Code section [125.85](#) to be considered a confidential record.

CODE: Requires a report made pursuant to Iowa Code section [125.85](#) to comply with the federal [Health Insurance Portability and Accountability Act of 1996](#).

CODE: Requires the administrator of a facility, following a respondent's discharge from the facility or from treatment, to immediately report the discharge to the court which ordered the respondent's commitment or treatment. The court must issue an order confirming the respondent's discharge and terminating the proceedings in which the respondent's commitment or treatment was ordered. Copies of the order must be sent by regular mail to the facility and the respondent.

40 5 NEW SUBSECTION 10. The department shall adopt rules
40 6 pursuant to chapter 17A to implement and administer this
40 7 section.

CODE: Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) (Iowa Administrative Procedure Act) to implement and administer Iowa Code section [125.85](#).

40 8 Sec. 48. Section 229.1, Code 2025, is amended by adding the
40 9 following new subsections:
40 10 NEW SUBSECTION 01. "Administrative services organization"
40 11 means the same as defined in section 225A.1.

CODE: Defines "administrative services organization" under Iowa Code chapter [229](#) (Hospitalization of Persons with Mental Illness) as an entity designated by the HHS to develop and perform planning and administrative services in accordance with a district BHSS plan.

40 12 NEW SUBSECTION 001. "Behavioral health district" means the
40 13 same as defined in section 225A.1.

CODE: Defines "behavioral health district" under Iowa Code chapter [229](#) as a geographic, multicounty, sub-state area as designated by the HHS under Iowa Code section 225A.4.

40 14 Sec. 49. Section 229.16, Code 2025, is amended to read as
40 15 follows:
40 16 229.16 DISCHARGE AND TERMINATION OF PROCEEDING.
40 17 1. When the condition of, in the opinion of the chief
40 18 medical officer, a patient who is hospitalized pursuant to a
40 19 report issued whose treatment was recommended under section
40 20 229.14, subsection 1, paragraph "b", or is receiving treatment
40 21 pursuant to a report issued under section 229.14, subsection
40 22 1, paragraph "c", or is in full-time care and custody pursuant
40 23 to a report issued under section 229.14, subsection 1,
40 24 paragraph "d", is such that in the opinion of the chief medical
40 25 officer the patient no longer requires treatment or care for
40 26 serious mental impairment, the chief medical officer shall
40 27 tentatively discharge the patient and immediately report that
40 28 fact the discharge to the court which ordered the patient's
40 29 hospitalization or care and custody treatment. Upon receiving
40 30 the report, the court shall issue an order confirming the
40 31 patient's discharge from the hospital or from care and custody,
40 32 as the case may be, and shall terminate terminating the
40 33 proceedings pursuant to in which the order patient's treatment
40 34 was issued ordered. Copies of the order shall be sent by
40 35 regular mail to the hospital, the patient, and the applicant if
41 1 the applicant has filed a written waiver signed by the patient.

CODE: Makes conforming changes to Iowa Code section [229.16](#) (Discharge and Termination of Proceeding).

41 2 2. If a patient is receiving inpatient care, prior to a
41 3 discharge of the patient under subsection 1, the facility or
41 4 hospital treating the patient shall do all of the following:

CODE: Requires the facility treating the patient, prior to a discharge of a patient under Iowa Code section [229.16](#), to do all of the following:

41 5 a. Refer the patient to an administrative services
 41 6 organization for evaluation, system navigation, and
 41 7 postdischarge services.
 41 8 b. Assess the patient for suicide risk.

- Refer the patient to an ASO for evaluation, system navigation, and postdischarge services.
- Assess the patient for suicide risk.
- Provide the patient or the patient's legal representative with a discharge report.

41 9 c. Provide the patient or the patient's legal representative
 41 10 with a discharge report. The discharge report shall include
 41 11 all of the following:
 41 12 (1) The patient's name and address.
 41 13 (2) The dates, times, and locations of all postdischarge
 41 14 appointments scheduled for the patient.
 41 15 (3) A list of each medication prescribed for the patient
 41 16 before or during the patient's treatment, including psychiatric
 41 17 and nonpsychiatric medications.
 41 18 (4) Contact information for the administrative services
 41 19 organization to which the patient was referred under paragraph
 41 20 "a".
 41 21 (5) A written patient-centered aftercare plan, including
 41 22 crisis prevention and steps to address the patient's ongoing
 41 23 care needs.
 41 24 (6) (a) Educational materials for the patient and
 41 25 individuals who are willing to support the patient after the
 41 26 patient's discharge.

CODE: Requires discharge reports under Iowa Code section [229.16](#) to include all of the following:

- The patient's name and address.
- The dates, times, and locations of all postdischarge appointments scheduled for the patient.
- A list of each medication prescribed for the patient.
- Contact information for the ASO to which the patient was referred.
- A written patient-centered aftercare plan, including crisis prevention and steps to address the patient's ongoing care needs.
- Educational materials for the patient and individuals who are willing to support the patient after the patient's discharge.

41 27 (b) Educational materials shall be developed by the
 41 28 department for distribution to facilities and hospitals
 41 29 treating persons with a mental illness. Educational materials
 41 30 shall include but not be limited to all of the following:
 41 31 (i) Descriptions of the symptoms of mental illness.
 41 32 (ii) Warning signs of decompensation.
 41 33 (iii) Information regarding the availability of other
 41 34 educational services, services offered in the patient's
 41 35 community, and services offered statewide.

CODE: Requires the HHS to develop educational materials for distribution to facilities that must include but are not limited to the following:

- Descriptions of the symptoms of mental illness.
- Warning signs of decompensation.
- Information regarding the availability of other educational services, services offered in the patient's community, and services offered statewide.

42 1 d. Notify all of the following persons:
 42 2 (1) The administrative services organization to which the
 42 3 patient was referred under paragraph "a".
 42 4 (2) The patient's legal guardian, parent, spouse, attorney
 42 5 in fact under chapter 144B, or adult siblings, as applicable.

CODE: Requires the facility treating a patient, prior to a discharge of the patient under Iowa Code section [229.16](#), to notify the ASO to which the patient was referred and the patient's legal guardian, parent, spouse, attorney in fact, or adult siblings, as applicable to the patient's discharge.

42 6 3. a. The administrative services organization to which a
 42 7 patient was referred under subsection 2, paragraph "a", shall do
 42 8 all of the following in relation to the discharged patient:
 42 9 (1) Coordinate postdischarge care, including but not
 42 10 limited to contacting the patient to ensure the patient
 42 11 attends scheduled appointments and receives necessary care and
 42 12 services.

CODE: Requires the ASO to which a patient is referred to coordinate postdischarge care, including but not limited to contacting the patient to ensure the patient attends scheduled appointments and receives necessary care and services.

42 13 (2) Follow up with the patient in a timely manner.
 42 14 Follow-ups shall include but not be limited to home visits,
 42 15 telephone calls, and other means of contacting the patient.

CODE: Requires the ASO to which a patient is referred to follow up with the patient in a timely manner. Follow ups must include but not be limited to home visits, telephone calls, and other means of contacting the patient.

42 16 b. An administrative services organization may delegate
 42 17 duties required under this subsection to a managed care
 42 18 organization acting pursuant to a contract with the department
 42 19 to administer the Medicaid program under chapter 249A, if the
 42 20 patient referred to the administrative services organization
 42 21 qualifies for Medicaid.

CODE: Allows an ASO to delegate required duties relating to a discharged patient to an MCO acting pursuant to a contract with the HHS to administer the Medicaid program if the patient referred to the ASO qualifies for Medicaid.

42 22 4. a. Each administrative services organization shall make
 42 23 a quarterly report to the department, and the report shall
 42 24 include all of the following:
 42 25 (1) The number of patients discharged and referred to the
 42 26 administrative services organization during the reporting
 42 27 period.
 42 28 (2) The outcomes of each discharged patient.
 42 29 (3) Any issue encountered while ensuring each patient's
 42 30 postdischarge continuity of care.

CODE: Requires each ASO to make a quarterly report to the HHS, which must include the number of patients discharged and referred to the ASO during the reporting period, the outcome of each discharged patient, and any issues encountered while ensuring each patient's postdischarge continuity of care.

42 31 b. A report under this section shall be considered a
 42 32 confidential record under section 22.7.

CODE: Requires a report made pursuant to Iowa Code section [229.16](#) to be considered a confidential record.

42 33 c. A report under this section shall comply with the federal
 42 34 Health Insurance Portability and Accountability Act of 1996,
 42 35 Pub.L.No.104-191.

CODE: Requires a report made pursuant to Iowa Code section [229.16](#) to comply with the federal [Health Insurance Portability and Accountability Act of 1996](#).

43 1 5. The department shall adopt rules pursuant to chapter 17A
 43 2 to implement this section.

CODE: Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) (Iowa Administrative Procedure Act) to implement and administer Iowa Code section [229.16](#).

43 3 DIVISION XIX
43 4 MEDICAL RESIDENCY AND FELLOWSHIP POSITIONS — RESIDENTS OF IOWA

43 5 Sec. 50. Section 262.9, subsection 39, paragraph e,
43 6 subparagraph (2), if enacted by 2025 Iowa Acts, House File 516,
43 7 section 1, is amended to read as follows:

43 8 (2) An individual who has lived in Iowa for at least four
43 9 consecutive years immediately preceding the date the individual
43 10 ~~applies for admission to~~ begins classes at the college of
43 11 medicine in the doctor of medicine program or the college of
43 12 dentistry at the state university of Iowa, or ~~for~~ begins a
43 13 residency at the university of Iowa hospitals and clinics.

CODE: Modifies Iowa Code section 262.9(39)(e), if enacted by 2025 Iowa Acts, [House File 516](#) (Residency Enrollment Requirements, Medical and Dental Schools Bill), to define a "resident of Iowa" as an individual who has lived in Iowa for at least four consecutive years immediately preceding the date the individual begins classes at, rather than applies for admission to, the College of Medicine in the Doctor of Medicine Program or the College of Dentistry at the University of Iowa, or begins, rather than for, a residency at the UIHC.

43 14 DIVISION XX
43 15 MAINTENANCE AND COSTS OF JUVENILE HOMES

43 16 Sec. 51. Section 232.142, subsection 6, paragraph b, Code
43 17 2025, is amended to read as follows:

43 18 b. (1) Moneys deposited in the juvenile detention home
43 19 fund during a fiscal year are appropriated to the department
43 20 for the same fiscal year for distribution of an amount equal to
43 21 a percentage of the costs of the establishment, improvement,
43 22 operation, and maintenance of county or multicounty juvenile
43 23 detention homes in the ~~prior~~ immediately preceding fiscal year.
43 24 Such percentage shall be determined by the department based on
43 25 the amount available for distribution from the fund.

CODE: Provides that moneys deposited in the Juvenile Detention Home Fund during a fiscal year are appropriated to the HHS for the same fiscal year for distribution of an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the immediately preceding, rather than prior, fiscal year.

43 26 (2) Moneys appropriated for distribution in accordance with
43 27 this subsection shall be allocated ~~among eligible detention~~
43 28 ~~homes, as follows:~~

43 29 (a) One hundred twenty-five thousand dollars shall be
43 30 distributed to each eligible county or multicounty juvenile
43 31 detention home.

43 32 (b) Appropriated moneys remaining after the distribution
43 33 in subparagraph division (a) shall be prorated and distributed
43 34 on the basis of an eligible county or multicounty juvenile
43 35 detention home's proportion of the costs of all eligible
44 1 county or multicounty juvenile detention homes in the prior
44 2 immediately preceding fiscal year.

CODE: Requires moneys appropriated for distribution in accordance with Iowa Code section [232.142\(6\)](#) to be allocated as follows:

- \$125,000 to each eligible county or multicounty juvenile detention home.
- Prorates and distributes, any appropriated moneys remaining after the juvenile detention home distributions, on the basis of an eligible county or multicounty juvenile detention home's proportion of the costs of all eligible county or multicounty juvenile detention homes in the immediately preceding fiscal year.

44 3 DIVISION XXI
44 4 HOSPITAL DIRECTED PAYMENT PROGRAM

44 5 Sec. 52. NEW SECTION 2490.1 DEFINITIONS.
 44 6 As used in this chapter, unless the context otherwise
 44 7 requires:
 44 8 1. "Centers for Medicare and Medicaid services" means the
 44 9 centers for Medicare and Medicaid services of the United States
 44 10 department of health and human services.
 44 11 2. "Department" means the department of health and human
 44 12 services.
 44 13 3. "Hospital" means a nonstate-owned hospital licensed by
 44 14 the state.
 44 15 4. "Hospital directed payment program" means a program that
 44 16 provides a state directed payment to a hospital for inpatient
 44 17 and outpatient hospital services.
 44 18 5. "State directed payment" means the same as defined in 42
 44 19 C.F.R. §438.2.

CODE: Establishes definitions for Iowa Code chapter 2490 (Hospital Directed Payment Program), which is created by the Bill.

44 20 Sec. 53. NEW SECTION 2490.2 HOSPITAL DIRECTED PAYMENT
 44 21 PROGRAM.
 44 22 1. Prior to the department administering a hospital
 44 23 directed payment program under this chapter for any specific
 44 24 fiscal year, the department shall submit any authorizing
 44 25 documentation necessary to the centers for Medicare and
 44 26 Medicaid services for approval. Upon receipt of approval from
 44 27 the centers for Medicare and Medicaid services, the department
 44 28 shall administer the hospital directed payment program during
 44 29 the specified fiscal year.

CODE: Requires the HHS to submit any authorizing documentation necessary to the Centers for Medicare and Medicaid Services (CMS) for approval prior to administering a Hospital Directed Payment Program for any specific fiscal year.

44 30 2. a. For the sole purpose of the hospital directed payment
 44 31 program, the department may impose an assessment on a hospital.
 44 32 The total amount of assessments collected by the department
 44 33 shall not exceed the amount necessary to fully fund the
 44 34 nonfederal share of the maximum state directed payment allowed
 44 35 under federal regulations.

CODE: Permits the HHS to impose an assessment on a hospital for the sole purpose of the Hospital Directed Payment Program. Prohibits the total amount of assessments collected by the HHS from exceeding the amount necessary to fund the nonfederal share of the maximum State directed payment allowed under federal regulations.

45 1 b. The department shall establish requirements for timely
 45 2 payment of an assessment, and any penalties for late payment
 45 3 or nonpayment of an assessment. Any assessment imposed under
 45 4 this section shall constitute a debt due the state and may be
 45 5 collected by civil action under any method provided by law.

CODE: Requires the HHS to establish requirements for timely payment of an assessment, and any penalties for late payment or nonpayment of an assessment. Provides that any assessment imposed under this Section must constitute a debt due to the State and may be collected by civil action under any method provided by law.

45 6 c. The department and a third-party administrator contracted
45 7 with the department may collectively assess and collect an
45 8 administrative fee of no more than four percent of the amount
45 9 of each assessment imposed.

CODE: Allows the HHS and a third-party administrator contracted with the HHS to collectively assess and collect an administrative fee of no more than 4.00% of the amount of each assessment imposed.

45 10 3. Any assessments and penalties collected under this
45 11 section shall be used for the purposes of the hospital directed
45 12 payment program.

CODE: Requires any assessments and penalties collected under this Section to be used for the Hospital Directed Payment Program.

45 13 4. a. The hospital directed payment program shall not
45 14 be administered, an assessment shall not be imposed, and a
45 15 hospital shall not be required to pay an assessment if federal
45 16 financial participation is not available, or if the hospital
45 17 directed payment program and imposition of an assessment are
45 18 not approved by the centers for Medicare and Medicaid services.

CODE: Prohibits the Hospital Directed Payment Program from being administered, an assessment from being imposed, and a hospital from being required to pay an assessment if federal financial participation is not available or if the Program and imposition of an assessment are not approved by the CMS.

45 19 b. If federal law or policy significantly impacts the
45 20 hospital directed payment program as determined by the
45 21 department, the department, in collaboration with stakeholders,
45 22 may terminate the hospital directed payment program.

CODE: Allows the HHS, in collaboration with stakeholders, to terminate the Hospital Directed Payment Program if federal law or policy significantly impacts the Program, as determined by the HHS.

45 23 5. The department shall adopt rules pursuant to chapter 17A
45 24 as necessary to administer this chapter.

CODE: Requires the HHS to adopt administrative rules to administer new Iowa Code chapter 249O, as created by the Bill.

Health and Human Services

General Fund

	Actual FY 2024 (1)	Estimated FY 2025 (2)	Supp-House Subcom FY 2025 (3)	Estimated Net FY 2025 (4)	House Subcom FY 2026 (5)	House Subcom FY26 vs Est Net FY25 (6)	Page and Line # (7)
<u>Veterans Affairs, Department of</u>							
Veterans Affairs, Dept. of							
General Administration	\$ 1,033,289	\$ 1,369,205	\$ 0	\$ 1,369,205	\$ 1,619,205	\$ 250,000	PG 1 LN 9
Home Ownership Assistance Program	2,200,000	2,200,000	0	2,200,000	2,200,000	0	PG 1 LN 24
Veterans County Grants – Standing	990,000	990,000	0	990,000	990,000	0	STANDING
Veterans Affairs, Dept. of	\$ 4,223,289	\$ 4,559,205	\$ 0	\$ 4,559,205	\$ 4,809,205	\$ 250,000	
Veterans Affairs, Dept. of							
Iowa Veterans Home	\$ 7,115,335	\$ 8,145,736	\$ 0	\$ 8,145,736	\$ 8,234,502	\$ 88,766	PG 1 LN 15
Total Veterans Affairs, Department of	\$ 11,338,624	\$ 12,704,941	\$ 0	\$ 12,704,941	\$ 13,043,707	\$ 338,766	
<u>Health and Human Services, Department of</u>							
HHS - Assistance Payment							
Family Investment Program/PROMISE JOBS	\$ 41,003,575	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Medical Assistance	1,543,626,779	0	0	0	0	0	
Health Program Operations	17,446,067	0	0	0	0	0	
State Supplementary Assistance	7,349,002	0	0	0	0	0	
State Children's Health Insurance	38,661,688	0	0	0	0	0	
Child Care Assistance	64,223,730	0	0	0	0	0	
Child and Family Services	79,027,794	0	0	0	0	0	
Adoption Subsidy	40,883,507	0	0	0	0	0	
Family Support Subsidy	949,282	0	0	0	0	0	
Conner Training	33,632	0	0	0	0	0	
Volunteers	84,686	0	0	0	0	0	
Child Abuse Prevention – Standing	210,570	0	0	0	0	0	
HHS - Assistance Payment	\$ 1,833,500,312	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Eldora State Training School							
Eldora Training School	\$ 17,568,511	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Cherokee Mental Health Institution							
Cherokee MHI	\$ 15,923,252	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Independence Mental Health Institution							
Independence MHI	\$ 19,811,470	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Glenwood Resource Center							
Glenwood Resource Center	\$ 16,255,132	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Woodward Resource Center							
Woodward Resource Center	\$ 13,389,577	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Civil Commitment Unit / Sexual Offenders							
Civil Commitment Unit for Sexual Offenders	\$ 14,865,337	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

Health and Human Services

General Fund

	Actual FY 2024 (1)	Estimated FY 2025 (2)	Supp-House Subcom FY 2025 (3)	Estimated Net FY 2025 (4)	House Subcom FY 2026 (5)	House Subcom FY26 vs Est Net FY25 (6)	Page and Line # (7)
HHS - Community Services							
Child Support Services	\$ 15,914,329	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Field Operations	72,056,945	0	0	0	0	0	
HHS - Community Services	\$ 87,971,274	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Human Services							
General Administration	\$ 18,913,662	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS Facilities	2,157,590	0	0	0	0	0	
Nonresident Mental Illness Commitment	8,032	0	0	0	0	0	
HHS - Human Services	\$ 21,079,284	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Aging							
Aging Programs	\$ 11,799,361	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Office of LTC Ombudsman	1,148,959	0	0	0	0	0	
HHS - Aging	\$ 12,948,320	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
HHS - Human Rights							
LiHEAP Weatherization Assistance Program – Standing	\$ 8,142	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Central Administration	186,913	0	0	0	0	0	
Community Advocacy and Services	956,894	0	0	0	0	0	
Criminal & Juvenile Justice	1,318,547	0	0	0	0	0	
Single Grant Program	140,000	0	0	0	0	0	
HHS - Human Rights	\$ 2,610,496	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Health and Human Services							
Child Abuse Prevention – Standing	\$ 0	\$ 232,570	\$ 0	\$ 232,570	\$ 232,570	\$ 0	STANDING
Congenital & Inherited Disorders Registry – Standing	0	223,521	0	223,521	223,521	0	STANDING
Psychiatry Residency & Fellowship Program – Standing	0	1,200,000	0	1,200,000	1,200,000	0	STANDING
Centers of Excellence – Standing	0	425,000	0	425,000	425,000	0	STANDING
LiHEAP Weatherization Assistance Program – Standing	0	1	0	1	1	0	STANDING
Commission of Inquiry – Standing	0	1,394	0	1,394	1,394	0	STANDING
Nonresident Mental Illness Commitment – Standing	0	142,802	0	142,802	142,802	0	STANDING
Aging and Disability Services	0	19,088,714	0	19,088,714	19,208,822	120,108	PG 3 LN 2
Behavioral Health	0	24,400,114	0	24,400,114	24,400,114	0	PG 4 LN 26
Public Health	0	22,531,821	0	22,531,821	21,037,821	-1,494,000	PG 6 LN 6
Community Access and Eligibility	0	68,043,944	0	68,043,944	68,043,944	0	PG 8 LN 7
Child Support Services	0	15,434,282	0	15,434,282	15,434,282	0	PG 10 LN 6
Medical Assistance	0	1,650,866,536	0	1,650,866,536	1,899,238,628	248,372,092	PG 12 LN 28
Health Program Operations	0	39,597,231	0	39,597,231	39,652,231	55,000	PG 14 LN 7
Child Care Assistance	0	34,966,931	0	34,966,931	34,966,931	0	PG 21 LN 7
Early Intervention and Supports	0	35,277,739	0	35,277,739	36,277,739	1,000,000	PG 21 LN 29
Child Protective Services	0	166,101,034	0	166,101,034	170,398,711	4,297,677	PG 22 LN 23
State Specialty Care	0	100,006,128	0	100,006,128	102,343,507	2,337,379	PG 25 LN 24
Accountability, Compliance, and Program Integrity	0	22,356,598	0	22,356,598	21,242,539	-1,114,059	PG 26 LN 21

Health and Human Services General Fund

	Actual FY 2024 <u>(1)</u>	Estimated FY 2025 <u>(2)</u>	Supp-House Subcom FY 2025 <u>(3)</u>	Estimated Net FY 2025 <u>(4)</u>	House Subcom FY 2026 <u>(5)</u>	House Subcom FY26 vs Est Net FY25 <u>(6)</u>	Page and Line # <u>(7)</u>
Substance Use Disorder Program - Standing	0	2,000,000	-2,000,000	0	0	0	PG 31 LN 21
Behavioral Health Fund - Standing	0	0	0	0	1,000,000	1,000,000	PG 31 LN 30
Health and Human Services	\$ 0	\$ 2,202,896,360	\$ -2,000,000	\$ 2,200,896,360	\$ 2,455,470,557	\$ 254,574,197	
HHS - Public Health							
Congenital & Inherited Disorders Registry – Standing	\$ 210,570	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Addictive Disorders	23,656,992	0	0	0	0	0	
Healthy Children and Families	5,815,491	0	0	0	0	0	
Chronic Conditions	4,256,595	0	0	0	0	0	
Community Capacity	7,435,682	0	0	0	0	0	
Essential Public Health Services	7,662,464	0	0	0	0	0	
Infectious Diseases	1,795,902	0	0	0	0	0	
Public Protection	4,581,792	0	0	0	0	0	
Resource Management	933,543	0	0	0	0	0	
HHS - Public Health	\$ 56,349,031	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Total Health and Human Services, Department of	\$ 2,112,271,996	\$ 2,202,896,360	\$ -2,000,000	\$ 2,200,896,360	\$ 2,455,470,557	\$ 254,574,197	
Total Health and Human Services	\$ 2,123,610,620	\$ 2,215,601,301	\$ -2,000,000	\$ 2,213,601,301	\$ 2,468,514,264	\$ 254,912,963	

Health and Human Services

Other Funds

	Actual FY 2024 (1)	Estimated FY 2025 (2)	House Subcom FY 2026 (3)	Hse Sub FY26 vs Est FY 2025 (4)	Page and Line # (5)
Health and Human Services, Department of					
HHS - Human Services					
FIP - TANF	\$ 2,252,945	\$ 0	\$ 0	\$ 0	
PROMISE JOBS - TANF	3,924,087	0	0	0	
Field Operations - TANF	31,296,232	0	0	0	
General Administration - TANF	3,744,000	0	0	0	
Child & Family Services - TANF	35,161,880	0	0	0	
Training & Technology - TANF	387,517	0	0	0	
General Transfer - TANF	0	12,988,627	12,988,627	0	PG 11 LN 2
Community Access and Eligibility - TANF	0	5,000,000	5,000,000	0	PG 11 LN 25
ICAR System - TANF	0	5,000,000	5,000,000	0	PG 11 LN 32
FaDSS - TANF	3,094,816	2,888,980	2,888,980	0	PG 12 LN 2
Child Abuse Prevention - TANF	0	125,000	125,000	0	PG 12 LN 9
Administration and Compliance - TANF	0	3,533,647	3,533,647	0	PG 12 LN 12
Child Care Assistance - TANF	26,205,412	47,166,826	47,166,826	0	PG 12 LN 17
Child Protective Service - TANF	0	62,364,100	62,364,100	0	PG 12 LN 19
Kinship Stipend - TANF	0	3,000,000	3,000,000	0	PG 12 LN 21
HHS - Human Services	\$ 106,066,889	\$ 142,067,180	\$ 142,067,180	\$ 0	
HHS - Assistance Payment					
Pregnancy Prevention - TANF	\$ 1,430,257	\$ 1,913,203	\$ 1,913,203	\$ 0	PG 11 LN 8
Categorical Eligibility SNAP - TANF	7,150	0	0	0	
Medical Assistance - HCTF	189,860,000	0	0	0	
Medicaid Supplemental - MFF	150,000	0	0	0	
Health Program Operations - PSA	234,193	0	0	0	
Medical Assistance - QATF	111,216,205	0	0	0	
Medical Assistance - HHCAT	33,920,554	0	0	0	
HHS - Assistance Payment	\$ 336,818,359	\$ 1,913,203	\$ 1,913,203	\$ 0	
HHS - Public Health					
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 0	\$ 0	\$ 0	
Health and Human Services					
Behavioral Analysis Treatment – ASF	\$ 0	\$ 750,000	\$ 0	\$ -750,000	
Gambling Treatment Program – SWRF	0	1,750,000	1,750,000	0	PG 5 LN 28
Medical Assistance - MFF	0	150,000	150,000	0	STANDING
Health Program Operations – PSA	0	234,193	234,193	0	PG 15 LN 19
Medical Assistance – QATF	0	111,216,205	111,216,205	0	PG 15 LN 31
Medical Assistance – HHCAT	0	33,920,554	33,920,554	0	PG 16 LN 8
Medical Assistance - HCTF	0	176,470,000	150,997,000	-25,473,000	STANDING

Health and Human Services

Other Funds

	Actual FY 2024 (1)	Estimated FY 2025 (2)	House Subcom FY 2026 (3)	Hse Sub FY26 vs Est FY 2025 (4)	Page and Line # (5)
Health and Human Services	\$ 0	\$ 324,490,952	\$ 298,267,952	\$ -26,223,000	
Total Health and Human Services, Department of	\$ 444,635,248	\$ 468,471,335	\$ 442,248,335	\$ -26,223,000	
Total Health and Human Services	\$ 444,635,248	\$ 468,471,335	\$ 442,248,335	\$ -26,223,000	

Health and Human Services

FTE Positions

	Actual FY 2024 (1)	Estimated FY 2025 (2)	House Subcom FY 2026 (3)	Hse Sub FY26 vs Est FY 2025 (4)	Page and Line # (5)
<u>Health and Human Services, Department of</u>					
HHS - Assistance Payment					
Family Investment Program/PROMISE JOBS	23.40	2.00	0.00	-2.00	
Medical Assistance	9.58	0.00	0.00	0.00	
Health Program Operations	3.79	0.00	0.00	0.00	
Child Care Assistance	4.58	3.00	0.00	-3.00	
Child and Family Services	7.27	7.50	0.00	-7.50	
Volunteers	0.98	0.00	0.00	0.00	
HHS - Assistance Payment	49.60	12.50	0.00	-12.50	
HHS - Eldora State Training School					
Eldora Training School	171.65	0.00	0.00	0.00	
HHS - Cherokee Mental Health Institution					
Cherokee MHI	156.10	0.00	0.00	0.00	
HHS - Independence Mental Health Institution					
Independence MHI	164.04	0.00	0.00	0.00	
HHS - Glenwood Resource Center					
Glenwood Resource Center	326.97	0.00	0.00	0.00	
HHS - Woodward Resource Center					
Woodward Resource Center	483.47	0.00	0.00	0.00	
HHS - Civil Commitment Unit / Sexual Offenders					
Civil Commitment Unit for Sexual Offenders	137.06	0.00	0.00	0.00	
HHS - Community Services					
Child Support Services	417.21	0.00	0.00	0.00	
Field Operations	1,563.10	0.00	0.00	0.00	
HHS - Community Services	1,980.31	0.00	0.00	0.00	
HHS - Human Services					
General Administration	323.25	0.00	0.00	0.00	
HHS - Aging					
Aging Programs	29.68	0.00	0.00	0.00	
Office of LTC Ombudsman	11.73	0.00	0.00	0.00	
HHS - Aging	41.41	0.00	0.00	0.00	
HHS - Human Rights					
Central Administration	5.60	0.00	0.00	0.00	
Community Advocacy and Services	7.42	0.00	0.00	0.00	
Criminal & Juvenile Justice	8.36	0.00	0.00	0.00	
HHS - Human Rights	21.38	0.00	0.00	0.00	

Health and Human Services

FTE Positions

	Actual FY 2024 (1)	Estimated FY 2025 (2)	House Subcom FY 2026 (3)	Hse Sub FY26 vs Est FY 2025 (4)	Page and Line # (5)
Health and Human Services					
Aging and Disability Services	0.00	75.00	88.00	13.00	PG 3 LN 2
Behavioral Health	0.00	64.00	71.00	7.00	PG 4 LN 26
Public Health	0.00	263.05	286.00	22.95	PG 6 LN 6
Community Access and Eligibility	0.00	830.65	948.00	117.35	PG 8 LN 7
Child Support Services	0.00	408.00	464.00	56.00	PG 10 LN 6
Health Program Operations	0.00	96.00	82.00	-14.00	PG 14 LN 7
Child Care Assistance	0.00	35.00	38.00	3.00	PG 21 LN 7
Early Intervention and Supports	0.00	22.40	25.00	2.60	PG 21 LN 29
Child Protective Services	0.00	829.00	977.00	148.00	PG 22 LN 23
State Specialty Care	0.02	1,368.33	756.00	-612.33	PG 25 LN 24
Accountability, Compliance, and Program Integrity	0.00	411.95	411.00	-0.95	PG 26 LN 21
Health and Human Services	0.02	4,403.38	4,146.00	-257.38	
HHS - Public Health					
Addictive Disorders	11.22	0.00	0.00	0.00	
Healthy Children and Families	10.54	0.00	0.00	0.00	
Chronic Conditions	10.80	0.00	0.00	0.00	
Community Capacity	5.21	0.00	0.00	0.00	
Infectious Diseases	4.93	0.00	0.00	0.00	
Public Protection	54.40	0.00	0.00	0.00	
Resource Management	3.02	0.00	0.00	0.00	
HHS - Public Health	100.12	0.00	0.00	0.00	
Total Health and Human Services, Department of	3,955.37	4,415.88	4,146.00	-269.88	

Health and Human Services

FTE Positions

	Actual FY 2024 (1)	Estimated FY 2025 (2)	House Subcom FY 2026 (3)	Hse Sub FY26 vs Est FY 2025 (4)	Page and Line # (5)
<u>Veterans Affairs, Department of</u>					
Veterans Affairs, Dept. of					
General Administration	10.79	11.00	15.00	4.00	PG 1 LN 9
Total Veterans Affairs, Department of	10.79	11.00	15.00	4.00	
Total Health and Human Services	3,966.16	4,426.88	4,161.00	-265.88	