

Health and Human Services Appropriations Bill Senate File 2483

Last Action:
Senate Appropriations
Committee
April 8, 2026

An Act relating to and making appropriations to the Department of Veterans Affairs and the Department of Health and Human Services, including aging and disability services, behavioral health, public health, and community access and eligibility; the Medical Assistance program, State Supplementary Assistance, Hawki, and other health-related programs; family well-being and protection; State-operated specialty care; administration and compliance; prior appropriations; child welfare and juvenile justice decategorization; commitment or hospitalization of certain persons with mental illness or substance abuse disorders; child abuse prevention; creation of a Comprehensive Family Support Program; and repeal of expenditure projections for State child care assistance and adoption subsidy programs; 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 2027: Appropriates a total of \$2,558.3 million from the General Fund to the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (DVA). This is an increase of \$980,000 compared to estimated net FY 2026.

Other Funds FY 2027: Appropriates a total of \$447.5 million from other funds. This is a decrease of \$9.7 million compared to estimated net FY 2026.

Standing General Fund Appropriations FY 2027: In addition to the appropriations in this Act, the attached tracking includes the following standing General Fund appropriations totaling \$3.0 million that are automatically appropriated in statute:

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

Standing Other Fund Appropriations FY 2027: In addition to the appropriations in this Act, the attached tracking includes the following standing Other Fund appropriation estimates totaling \$137.8 million that are automatically appropriated in statute:

- \$150,000 from the Medicaid Fraud Fund to the HHS for Medical Assistance.
- \$137.6 million from the Health Care Trust Fund to the HHS for Medical Assistance.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Establishes a Comprehensive Family Support Program (CFSP) under the HHS to provide a statewide system of services and support to eligible families. Requires the CFSP to be implemented in a manner that enables a family member of an individual with a disability to identify the needed services and support. Specifies that

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Division XVII of the Bill related to the CFSP takes effect upon enactment and applies retroactively to July 1, 2025.

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department of Health and Human Services — Aging and Disability Services: Appropriates a total of \$19.4 million from the General Fund. This is an increase of \$171,000 compared to estimated net FY 2026. Page 1, Line 31

Creates a new allocation of \$949,000 from the General Fund Aging and Disability Services appropriation for the CFSP created in Division XVII of the Bill. Page 2, Line 30

Department of Health and Human Services — Behavioral Health: Appropriates a total of \$23.1 million from the General Fund. This is a decrease of \$1.3 million compared to estimated net FY 2026. Page 3, Line 5

Department of Health and Human Services — Public Health: Appropriates a total of \$21.8 million from the General Fund. This is a net decrease of \$600,000 compared to estimated net FY 2026. Page 4, Line 21

Allocates a total of \$999,000 of the Public Health appropriation to support increased access, health system integration, and engagement. This is a decrease of \$225,000 compared to the estimated net FY 2026 allocation. Page 5, Line 1

Allocates \$2.5 million of the Public Health appropriation for Medicaid graduate medical education efforts as described in 2025 Iowa Acts, [House File 972](#) (Rural Health Care Act). This is an increase of \$200,000 compared to the estimated net FY 2026 allocation. Page 6, Line 1

Department of Health and Human Services — Community Access and Eligibility: Appropriates a total of \$76.3 million from the General Fund. This is an increase of \$7.8 million compared to estimated net FY 2026. Page 6, Line 18

Temporary Assistance for Needy Families (TANF) Block Grant: Appropriates \$155.6 million for various HHS programs funded through the TANF Block Grant. This is a decrease of \$3.4 million compared to estimated net FY 2026. Page 8, Line 33

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 \$1,992.6 million from the General Fund. This is no change compared to estimated net FY 2026, including the following: Page 11, Line 6

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- An increase of \$129.4 million for the expected Medical Assistance shortfall in FY 2026.
- An increase of \$1.2 million for an ambulatory surgical center rate increase.
- A decrease of \$360,000 due to allowing Medicaid to dispense a 90-day supply of a prescription.
- A decrease of \$738,000 due to shifting certain behavioral service costs from Medicaid to Medicare.
- A decrease of \$1.2 million due to applying a site of service differential for telehealth service billing.
- A decrease of \$1.4 million due to venipuncture and therapy rehabilitation billing code adjustments.
- A decrease of \$2.7 million due to a 30-day readmission policy requiring the use of the same diagnosis related group payment for the same condition.
- A decrease of \$2.8 million due to changes for speech therapy and rehabilitation service codes and reimbursement.
- A decrease of \$5.2 million due to requiring Medicaid to pay the lowest available price when adjudicating claims.
- A decrease of \$5.4 million for a facility- and provider-based billing adjustment.
- A decrease of \$6.5 million for a Managed Care Organization (MCO) premium tax payment adjustment, shifting costs to the MCOs.
- A decrease of \$7.1 million for a transfer from the Behavioral Health Fund (BHF).
- A decrease of \$21.0 million for a Medicaid managed care pharmacy carveout.
- A decrease of \$76.2 million due to Health Maintenance Organization (HMO) tax revenue.

Appropriates any remaining funds in the Pharmaceutical Settlement Account (PSA) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation. 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$234,000 from the PSA to supplement the FY 2026 Health Program Operations General Fund appropriation.

Page 13, Line 11

Appropriates any remaining funds in the Quality Assurance Trust Fund (QATF) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation. 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$111.2 million from the QATF to supplement the FY 2026 Medical Assistance General Fund appropriation.

Page 13, Line 21

Appropriates any remaining funds in the Hospital Health Care Access Trust Fund (HHCAT) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation. 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$33.9 million from the HHCAT to supplement the FY 2026 Medical Assistance General Fund appropriation.

Page 13, Line 30

Appropriates \$7.1 million from the BHF to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation. This is a new appropriation for FY 2027.

Page 14, Line 4

EXECUTIVE SUMMARY

SENATE FILE 2483

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Creates a new allocation of \$1.2 million from the General Fund Medical Assistance appropriation in FY 2027 to be used to increase Medicaid reimbursement rates for ambulatory surgical centers.	Page 15, Line 2
Department of Health and Human Services — Child Care Assistance: Appropriates a total of \$32.0 million from the General Fund. This is a decrease of \$3.0 million compared to estimated net FY 2026.	Page 15, Line 8
Department of Health and Human Services — Early Intervention and Supports: Appropriates a total of \$35.7 million from the General Fund. This is a net increase of \$393,000 compared to estimated net FY 2026.	Page 15, Line 27
Department of Health and Human Services — Child Protective Services: Appropriates a total of \$164.1 million from the General Fund. This is a net decrease of \$1.5 million compared to estimated net FY 2026.	Page 16, Line 13
Department of Health and Human Services — State-Operated Specialty Care: Appropriates a total of \$100.2 million from the General Fund. This is a decrease of \$2.1 million compared to estimated net FY 2026.	Page 18, Line 13
Allocates \$19.9 million from the State-Operated Specialty Care appropriation for the Cherokee Mental Health Institute (MHI). This is a decrease of \$650,000 compared to the estimated net FY 2026 allocation.	Page 18, Line 28
Allocates \$23.8 million from the State-Operated Specialty Care appropriation for the Independence MHI. This is a decrease of \$1.1 million compared to the estimated net FY 2026 allocation.	Page 18, Line 30
Allocates \$23.3 million from the State-Operated Specialty Care appropriation for the Civil Commitment Unit for Sexual Offenders (CCUSO). This is an increase of \$2.8 million compared to the estimated net FY 2026 allocation.	Page 18, Line 32
Allocates \$12.6 million from the State-Operated Specialty Care appropriation for the Woodward Resource Center. This is a decrease of \$1.9 million compared to the estimated net FY 2026 allocation.	Page 18, Line 35
Allocates \$19.8 million from the State-Operated Specialty Care appropriation for the Eldora State Training School (STS). This is a decrease of \$673,000 compared to the estimated net FY 2026 allocation.	Page 19, Line 2
Allocates \$942,000 from the State-Operated Specialty Care appropriation for the Glenwood Resource Center. This is a decrease of \$648,000 compared to the estimated net FY 2026 allocation.	Page 19, Line 4

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Department of Health and Human Services — Accountability, Compliance, and Program Integrity:

Page 19, Line 11

Appropriates a total of \$23.1 million from the General Fund. This is a net increase of \$1.2 million compared to estimated net FY 2026.

Permits carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 that has been encumbered or obligated by the board for a multiyear service decategorization project to remain available for expenditure until the close of FY 2029 or until the close of the fiscal year in which the service or activity is completed, whichever is earlier.

Page 25, Line 18

Appropriates any unencumbered or unobligated carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 to the HHS and Juvenile Court Services proportionally based on the percentage of moneys appropriated to each entity by the General Assembly for decategorization projects.

Page 25, Line 27

Appropriates \$10 from each birth certificate registration fee to be used for child abuse prevention, and removes the appropriation of \$10 from each birth certificate registration fee to be used for primary and secondary child abuse prevention programs pursuant to Iowa Code section [235A.1](#).

Page 30, Line 24

Permits a person who files an individual or a joint income tax return with the Department of Revenue to designate \$1 or more to be paid to the Early Childhood and Family Services System Fund for child abuse prevention instead of permitting designation of \$1 or more to be paid to the Child Abuse Prevention Program Fund.

Page 31, Line 3

Transfers any unencumbered or unobligated moneys remaining in the Child Abuse Prevention Program Fund at the close of FY 2026 to the Early Childhood and Family Services System Fund, if created by the enactment of 2026 Iowa Acts, [House File 2712](#) (Early Childhood and Family Service System Bill) or [Senate File 2462](#) (Early Childhood and Family Service System Bill), or successor legislation. If the Early Childhood and Family Services System Fund is not enacted, the moneys will be transferred to the General Fund Early Intervention and Supports appropriation to the HHS.

Page 32, Line 7

STUDIES AND INTENT

Emergency Rules

Requires the HHS to adopt emergency administrative rules to comply with federal requirements or to implement this Act. The rules are required to be effective immediately upon filing or on a later effective date specified in the rules.

Page 23, Line 8

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Requires the HHS to notify the General Assembly and the Department of Management (DOM) if adopted emergency rules will result in an increase in expenditures. The notification is required to be made at least 30 calendar days prior to the notice of the rules being submitted to the Administrative Rules Coordinator and Editor.

Page 23, Line 19

Intent

Specifies that it is the intent of the General Assembly to provide sufficient funding for the State Child Care Assistance (CCA) program in FY 2027 to avoid the establishment of a waiting list.

Page 15, Line 17

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 17, Line 13

Nonreversion

Requires federal moneys received in FY 2027 because of the expenditure of State funds in a previous year to be used for Child Protective Services. Allows any unencumbered or unobligated funds to remain available for expenditure through FY 2028.

Page 16, Line 32

Allows any unencumbered or unobligated funds appropriated from the General Fund for the Family Development and Self-Sufficiency (FaDSS) grant program in FY 2027 to remain available for FY 2028.

Page 21, Line 3

Allows any unencumbered or unobligated funds appropriated from the General Fund, the QATF, and the HHCAT to the HHS in FY 2027 for the Medicaid Program to remain available for FY 2028.

Page 21, Line 12

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for State-Operated Specialty Care in FY 2027 to remain available for subsequent fiscal years.

Page 21, Line 23

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for the Iowa Commission on Volunteer Services in FY 2027 to remain available for subsequent fiscal years.

Page 21, Line 33

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for rural psychiatric residencies in FY 2027 to remain available for FY 2028.

Page 22, Line 6

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for adoption subsidy payments or post-adoption services in FY 2027 to remain available for FY 2028.

Page 22, Line 14

Allows any unencumbered or unobligated funds appropriated from the General Fund to the HHS for Child Protective Services in FY 2027 to remain available for FY 2028.

Page 22, Line 24

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Allows any unencumbered or unobligated funds appropriated in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), from the General Fund for the More Options for Maternal Support (MOMS) Program in FY 2026 to remain available for expenditure until the close of FY 2027.

Page 23, Line 34

Required Reports

Requires the Iowa Veterans Home (IVH) to submit a monthly expenditure report to the General Assembly.

Page 1, Line 20

Requires the HHS to report any transfers made for purposes of continuing alignment efforts, maximizing federal support, and the implementation and administration of services to the General Assembly.

Page 19, Line 34

Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2026 to the General Assembly on a quarterly basis beginning October 1, 2026.

Page 22, Line 34

SIGNIFICANT CODE CHANGES

Repeals Iowa Code section [232.188](#) relating to the decategorization of child welfare and juvenile justice funding initiative.

Page 25, Line 4

Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [125.81](#)(1) to compensate the sheriff for conveyance of the respondent to a detention location, as determined by the county board of supervisors of that county and consistent with Iowa Code section [331.655](#)(1)(1), and makes technical changes.

Page 26, Line 9

Removes the requirement for a judge to give notice to a behavioral health administrative services organization (BH-ASO) of a respondent's placement in the custody of a relative, friend, or other suitable person for detention if the expenses of the respondent are payable in whole or in part by a BH-ASO, and removes the requirement for a judge to order the placement of the respondent in a hospital or facility designated by a BH-ASO if expenses of the respondent are payable in whole or in part by a BH-ASO.

Page 28, Line 10

Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [229.11](#) to compensate the sheriff for conveyance of the respondent to a detention location.

Page 29, Line 24

Amends the list of Iowa Code chapters for which the indigency determinations under Iowa Code section [815.9](#) apply to include Iowa Code chapters [125](#) (Substance Use Disorders) and [229](#) (Hospitalization of Persons with Mental Illness).

Page 30, Line 16

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

Repeals Iowa Code section [234.47](#), which requires the HHS, the DOM, and the Legislative Services Agency (LSA) to utilize a joint process to arrive at consensus projections for expenditures for the CCA program under Iowa Code section [237A.13](#) and adoption subsidy and other assistance under Iowa Code section [600.17](#).

Page 36, Line 7

ENACTMENT DATE

Specifies that Division XIII of the Bill related to the MOMS Program is effective upon enactment and applies retroactively to July 1, 2025.

Page 24, Line 10

Specifies that Division XIV of the Bill related to child welfare decategorization carryover funding takes effect upon enactment and applies retroactively to July 1, 2025.

Page 25, Line 35

Specifies that Division XVI of the Bill relating to child abuse prevention takes effect upon enactment contingent on the enactment of 2026 Iowa Acts, [House File 2712](#) (Early Childhood and Family Service System Bill) or [Senate File 2462](#) (Early Childhood and Family Service System Bill), or successor legislation.

Page 32, Line 16

Senate File 2483 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
24	16	28	Amend	235.7.2
24	32	29	Strike	237A.1.2.j.(2)
24	35	30	Strike	249A.26.5
25	2	31	Strike	256I.4.6
25	4	32	Repeal	232.188
26	9	36	Amend	125.81.1
26	35	37	Amend	229.2.1.b.(3)
27	13	38	Amend	229.8.1
27	28	39	Amend	229.10.1.a
28	10	40	Amend	229.11.1,3
30	3	41	Amend	229.22.2.a.(1)
30	16	42	Amend	815.9.1
30	24	43	Amend	144.13A.5.a
31	3	44	Amend	422.12K
32	5	45	Repeal	235A.1; 235A.2; 235A.3
32	22	48	New	231.80
36	7	52	Repeal	234.47

1 1 DIVISION I
 1 2 DEPARTMENT OF VETERANS AFFAIRS — FY 2026-2027
 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, 2026, and ending June 30, 2027, 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:
 1 12 \$ 1,369,205

General Fund appropriation to the Department of Veterans Affairs (DVA).
 DETAIL: This is no change in funding compared to estimated net FY 2026.

1 13 2. IOWA VETERANS HOME
 1 14 For salaries, support, maintenance, and miscellaneous
 1 15 purposes:
 1 16 \$ 8,145,736

General Fund appropriation to the Iowa Veterans Home (IVH).
 DETAIL: This is no change in funding compared to estimated net FY 2026.

1 17 a. The Iowa veterans home billings involving the department
 1 18 of health and human services shall be submitted to the
 1 19 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 20 b. The Iowa veterans home expenditure report shall be
 1 21 submitted monthly to the general assembly.

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

1 22 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 1 23 For transfer to the Iowa finance authority for the
 1 24 continuation of the home ownership assistance program for
 1 25 persons who are or were eligible members of the armed forces
 1 26 of the United States or eligible service members pursuant to
 1 27 section 16.54:
 1 28 \$ 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 2026. Under the Program, a \$5,000 grant is available to a service 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.

1 29 DIVISION II

1 30 AGING AND DISABILITY SERVICES — FY 2026-2027

1 31 Sec. 2. DEPARTMENT OF HEALTH AND HUMAN SERVICES — AGING

1 32 AND DISABILITY SERVICES. There is appropriated from the
1 33 general fund of the state to the department of health and human
1 34 services for the fiscal year beginning July 1, 2026, and ending
1 35 June 30, 2027, the following amount, or so much thereof as is
2 1 necessary, to be used for the purposes designated:

2 2 For aging programs for the department of health and human
2 3 services and area agencies on aging to provide citizens of
2 4 Iowa who are 60 years of age and older with case management;
2 5 for Iowa's aging and disabilities resource centers; for the
2 6 return to community program; for the purposes of chapter 231E;
2 7 to administer the prevention of elder abuse, neglect, and
2 8 exploitation program pursuant to section 231.56A, in accordance
2 9 with the requirements of the federal Older Americans Act of
2 10 1965, 42 U.S.C. §3001 et seq., as amended; for the operation
2 11 of the dependent adult abuse services program pursuant to
2 12 chapter 235B; for matching funding for programs to enable
2 13 persons with severe physical or mental disabilities to function
2 14 more independently; for costs associated with centers for
2 15 independent living; and for other services which may include
2 16 but are not limited to adult day care, respite care, chore,
2 17 information and assistance, and material aid; for information
2 18 and options counseling for persons with disabilities; and
2 19 for salaries, support, administration, maintenance, and
2 20 miscellaneous purposes:

2 21 \$ 19,379,531

2 22 1. Moneys appropriated in this section may be used to
2 23 supplement federal moneys received under federal regulations.
2 24 To receive moneys appropriated in this section, a local area
2 25 agency on aging shall match the moneys with moneys from other
2 26 sources according to rules adopted by the department. Moneys
2 27 appropriated in this section may be used for services not
2 28 specifically enumerated in this section only if approved by the
2 29 department as part of an area agency on aging's area plan.

2 30 2. Of the moneys appropriated in this section, \$949,282
2 31 is allocated to be used for the comprehensive family support
2 32 program created in section 231.80 as enacted under this Act.

General Fund appropriation to the HHS — Aging and Disability Services for FY 2027.

DETAIL: This is an increase of \$171,351 compared to estimated net FY 2026 to move the administration of the Statewide Independent Living Councils (SILCs) and Centers for Independent Living (CILs) from Iowa Workforce Development to the HHS. 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.

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.

Allocates \$949,282 for the Comprehensive Family Support Program (CFSP) created in Division XVII of the Bill.

DETAIL: This is a new allocation for FY 2027.

2 33 3. Of the moneys appropriated in this section, \$33,632
 2 34 is allocated to be used to build community capacity through
 2 35 the coordination and provision of training opportunities in
 3 1 accordance with the consent decree of Conner v.Branstad, No.
 3 2 4-86-CV-30871 (S.D. 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 2026. 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.

3 3 DIVISION III
 3 4 BEHAVIORAL HEALTH — FY 2026-2027

3 5 Sec. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 3 6 BEHAVIORAL HEALTH. There is appropriated from the general fund
 3 7 of the state to the department of health and human services for
 3 8 the fiscal year beginning July 1, 2026, and ending June 30,
 3 9 2027, the following amount, or so much thereof as is necessary,
 3 10 to be used for the purposes designated:

General Fund appropriation to the HHS — Behavioral Health for FY 2027.

DETAIL: This is a decrease of \$1,315,000 compared to estimated net FY 2026. This funding change includes:

3 11 For behavioral health prevention, education, early
 3 12 intervention, treatment, recovery support, and crisis
 3 13 services in order to support statewide access to treatment for
 3 14 behavioral health conditions; stabilization and mitigation of
 3 15 behavioral health crises; and recovery for individuals and
 3 16 families impacted by behavioral health conditions. Activities
 3 17 shall align with accepted best practice guidance standards for
 3 18 behavioral health including those published by the centers for
 3 19 disease control and prevention of the United States department
 3 20 of health and human services, and the substance abuse and
 3 21 mental health services administration of the United States
 3 22 department of health and human services, for health promotion;
 3 23 universal, selective, and indicated prevention; treatment; and
 3 24 recovery services and supports; and shall include a 24-hour
 3 25 helpline, public information resources, professional training,
 3 26 youth prevention, program evaluation, and efforts at the state
 3 27 and local levels:
 3 28 \$ 23,127,121

- A decrease of \$15,000 to eliminate a vacant information technology (IT) specialist position.
- A decrease of \$100,000 for the Center of Excellence for Behavioral Health.
- A decrease of \$120,000 for the Iowa Students for Tobacco Education and Prevention (ISTEP) Summit.
- A decrease of \$500,000 to eliminate the National Jewish Health Quitline contract.
- A decrease of \$580,000 to eliminate certain marketing for gambling and tobacco programs to reflect changes in the public's consumption of marketing and advertising materials.

The Division of Behavioral Health works to provide prevention, treatment, and recovery services related to mental health and addictive disorders.

3 29 1. Of the moneys appropriated in this section, \$300,000
 3 30 is allocated to support the work of the children's behavioral
 3 31 health system including evidence-based behavioral health
 3 32 prevention, treatment, and recovery services and supports for

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

3 33 children and their families.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

3 34 2. Of the moneys appropriated in this section, \$950,000
3 35 is allocated for an integrated substance use disorder managed
4 1 care system. The department shall maintain the level of mental
4 2 health and substance use disorder treatment services provided
4 3 by the managed care contractors, and shall take the steps
4 4 necessary to continue the federal waivers as needed to maintain
4 5 the level of services.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

4 6 Sec. 4. DEPARTMENT OF HEALTH AND HUMAN SERVICES — SPORTS
4 7 WAGERING RECEIPTS FUND. There is appropriated from the
4 8 sports wagering receipts fund created in section 8.571, to the
4 9 department of health and human services for the fiscal year
4 10 beginning July 1, 2026, and ending June 30, 2027, the following
4 11 amount, or so much thereof as is necessary, to be used for
4 12 behavioral health prevention, education, early intervention,
4 13 treatment, recovery support, and crisis services in order to
4 14 support statewide access to treatment for behavioral health
4 15 conditions; stabilization and mitigation of behavioral health
4 16 crises; and recovery for individuals and families impacted by
4 17 behavioral health conditions:

Sports Wagering Receipts Fund (SWRF) appropriation for problem gambling and substance-related disorder prevention, treatment, and recovery services, including Your Life Iowa, professional training, youth prevention, and program evaluation.

DETAIL: This is no change in funding compared to estimated net FY 2026.

4 18 \$ 1,750,000

4 19 DIVISION IV
4 20 PUBLIC HEALTH — FY 2026-2027

4 21 Sec. 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC
4 22 HEALTH. There is appropriated from the general fund of the
4 23 state to the department of health and human services for the
4 24 fiscal year beginning July 1, 2026, and ending June 30, 2027,
4 25 the following amount, or so much thereof as is necessary, to be
4 26 used for the purposes designated:

General Fund appropriation to the HHS — Public Health for FY 2027.

DETAIL: This is a decrease of \$600,000 in funding compared to estimated net FY 2026. The funding changes include:

4 27 For programs that support health promotion, protect the
4 28 health and safety of the public, conduct disease surveillance
4 29 and investigation to reduce the incidence of morbidity and
4 30 mortality, serve individuals with chronic conditions including
4 31 but not limited to cancer, support the Iowa donor registry as
4 32 specified in section 142C.18, and strengthen the health care
4 33 delivery system and workforce to improve health outcomes for
4 34 all Iowans:

- A decrease of \$40,000 to eliminate a contract for the survey of children who experience adverse childhood experiences.
- A decrease of \$144,000 to eliminate a contract with the Iowa Epilepsy Foundation to provide education, services, and support for people living with epilepsy and their families.

4 35 \$ 21,833,369

- A decrease of \$191,000 to eliminate a contract for child vision screening.
- A decrease of \$225,000 to eliminate a contract with the Polk County Medical Society for the safety net provider patients access to specialty health care clinics initiative.

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.

5 1 1. Of the moneys appropriated in this section, the following
5 2 amounts are allocated to the department of health and human
5 3 services to be used as follows to support the goals of
5 4 increased access, health system integration, and engagement:

Allocates a total of \$999,000 of the Public Health appropriation to support increased access, health system integration, and engagement.

DETAIL: This is a decrease of \$225,000 compared to the estimated net FY 2026 allocation to eliminate a contract with the Polk County Medical Society for the safety net provider patients access to specialty health care clinics initiative.

5 5 a. \$600,000 for distribution to a nonprofit organization
5 6 that established the first statewide drug donation repository
5 7 for continuation of the pharmaceutical infrastructure for
5 8 safety net providers established as described in 2007 Iowa
5 9 Acts, chapter 218, section 108, and for the prescription drug
5 10 donation repository program established in chapter 135M.
5 11 Moneys under this paragraph shall be distributed in their
5 12 entirety on July 1, 2026, 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, 2026.

5 13 b. \$374,000 for distribution to free clinics, as defined in
5 14 section 135.24, and a nonprofit organization that facilitates
5 15 the initiation, operation, and collaboration of free clinics
5 16 for necessary infrastructure, statewide coordination, provider
5 17 recruitment, service delivery, and provision of assistance to
5 18 patients in securing a medical home inclusive of oral health
5 19 care. Of the moneys allocated, \$40,000 shall be used to lower
5 20 fees associated with using an electronic prescribing system.
5 21 Moneys under this paragraph shall be distributed in their

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, 2026.

5 22 entirety on July 1, 2026, for the purpose specified.

5 23 c. \$25,000 for distribution to an organization that raises
5 24 awareness about issues related to rural health clinics for
5 25 necessary infrastructure and service delivery transformation.
5 26 Moneys under this paragraph shall be distributed in their
5 27 entirety on July 1, 2026, 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, 2026.

5 28 2. Of the moneys appropriated in this section, \$400,000
5 29 is allocated for rural psychiatric residencies for residents
5 30 selected on or before June 30, 2026.

Allocates \$400,000 of the Public Health appropriation for rural psychiatric residencies to support the funding of psychiatric residents, selected on or before June 30, 2026, 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 2026 allocation.

5 31 3. Of the moneys appropriated in this section, \$20,000 is
5 32 allocated to make radon test kits available, free of charge,
5 33 to homeowners and renters in the state. The department shall
5 34 provide a link on the department's internet site for homeowners
5 35 and renters in the state to order radon test kits.

Allocates \$20,000 of the Public Health appropriation 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 no change in funding compared to the estimated net FY 2026 allocation.

6 1 4. Of the moneys appropriated in this section, \$2,500,000
6 2 is allocated for Medicaid graduate medical education efforts
6 3 and consistent with the purpose of the department's request for
6 4 approval to the centers of Medicare and Medicaid services of
6 5 the United States department of health and human services for
6 6 a Medicaid supplemental enhanced payment for the purposes of
6 7 maximizing federal funding opportunities for graduate medical
6 8 education as described in 2025 Iowa Acts, chapter 120, section
6 9 13.

Allocates \$2,500,000 of the Public Health appropriation for Medicaid graduate medical education efforts as described in 2025 Iowa Acts, [House File 972](#) (Rural Health Care Act).

DETAIL: This is an increase of \$200,000 compared to the estimated net FY 2026 allocation. This Act repealed multiple residency and fellowship programs including the Health Care Workforce Support Initiative, the Medical Residency Training State Matching Grants Program, the Nurse Residency State Matching Grants Program, the Family Medicine Obstetrics Fellowship Program, and the Psychiatry Residency and Fellowship Program, contingent on federal approval. The repealed programs are being replaced with Medicaid graduate medical education efforts. On March 18, 2025, the HHS provided [public notice](#) of its intent to submit a Medicaid State plan amendment during the second calendar quarter of

2025 to authorize new supplemental graduate medical education payments to qualifying Iowa acute care hospitals.

NOTE: [House File 972](#) was passed by the General Assembly on May 13, 2025, and signed by the Governor on May 28, 2025.

6 10 5. The university of Iowa hospitals and clinics under
6 11 the control of the state board of regents shall not receive
6 12 indirect costs from the moneys appropriated in this section.
6 13 The university of Iowa hospitals and clinics billings to the
6 14 department shall be, at a minimum, on a quarterly basis.

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.

6 15 DIVISION V
6 16 COMMUNITY ACCESS AND ELIGIBILITY — CHILD SUPPORT SERVICES —
6 17 TANF — FY 2026-2027

6 18 Sec. 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES — COMMUNITY
6 19 ACCESS AND ELIGIBILITY. There is appropriated from the
6 20 general fund of the state to the department of health and human
6 21 services for the fiscal year beginning July 1, 2026, and ending
6 22 June 30, 2027, the following amount, or so much thereof as is
6 23 necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — Community Access and Eligibility for FY 2027.

6 24 To be used for salaries, support, maintenance, and
6 25 miscellaneous purposes and for family investment program (FIP)
6 26 assistance in accordance with chapter 239B, and for other costs
6 27 associated with providing needs-based benefits or assistance
6 28 including but not limited to maternal and child health, oral
6 29 health, obesity prevention, the promoting independence and
6 30 self-sufficiency through employment, job opportunities and the
6 31 basic skills (PROMISE JOBS) program, supplemental nutrition
6 32 assistance program (SNAP) employment and training, the FIP
6 33 diversion program, family planning, rent reimbursement,
6 34 and eligibility determinations for medical assistance, food
6 35 assistance, and the children’s health insurance program:
7 1 \$ 76,312,642

DETAIL: This is a net increase of \$7,770,186 compared to estimated net FY 2026. This increase in funding includes:

- An increase of \$8,738,907 for the increase to the State share of Supplemental Nutrition Assistance Program (SNAP) administrative costs beginning in federal fiscal year (FFY) 2027 due to requirements of the federal One Big Beautiful Bill Act (OBBBA).
- An increase of \$1,171,999 for the State share of administrative costs for the Summer Electronic Benefits Transfer (EBT) program.
- An increase of \$859,280 for Medicaid eligibility services related to requirements of the federal OBBBA.
- A decrease of \$3,000,000 to move Family Investment Program (FIP) expenditures to the Temporary Assistance for Needy Families (TANF) block grant to address excess maintenance of effort (MOE) spending.

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.

7 2 1. Of the child support collections assigned under FIP,
 7 3 the federal share of the child support collections shall be
 7 4 credited to the child support services appropriation made in
 7 5 this division of this Act. Of the remainder of the child
 7 6 support collections assigned under FIP, a portion shall be
 7 7 credited to community access and eligibility, and the remaining
 7 8 moneys may be used to increase recoveries, to sustain cash flow
 7 9 in the collection services center refund account as provided in
 7 10 section 252B.13A, or for technology needs. If child support
 7 11 collections assigned under FIP are greater than estimated or
 7 12 are otherwise determined not to be required for maintenance of
 7 13 efforts, the state share of either amount is appropriated to
 7 14 the department for child support services as described in this
 7 15 division of this Act, or may be transferred to or retained in
 7 16 the collection services center refund account.

Requires the federal share of child support collections recovered by the State to 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.

7 17 2. Of the moneys appropriated in this section, \$3,075,000 is
 7 18 allocated for continuation of the department's initiative to
 7 19 provide for adequate developmental surveillance and screening
 7 20 during a child's first five years. The moneys shall first be
 7 21 used to fully fund the current participating counties to ensure
 7 22 that those counties are fully operational, with the remaining
 7 23 moneys to be used for expanding participation to additional
 7 24 counties. Full implementation and expansion shall include
 7 25 enhancing the scope of the initiative through collaboration
 7 26 with child health specialty clinics to promote the use of
 7 27 developmental surveillance and screening to support healthy
 7 28 child development through early identification and response to
 7 29 biomedical and social determinants of healthy development by
 7 30 providing practitioner consultation and continuous improvement
 7 31 through training and education, particularly for children
 7 32 with behavioral conditions and needs. The department shall
 7 33 also collaborate with the Medicaid program and child health
 7 34 specialty clinics to assist in coordinating the activities
 7 35 of the first five initiative into the establishment of
 8 1 patient-centered medical homes developed to improve health
 8 2 quality and population health while reducing health care costs.
 8 3 To the maximum extent possible, moneys allocated in this
 8 4 subsection shall be utilized as matching moneys for Medicaid

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 2026 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.

8 5 program reimbursement.

8 6 3. Of the moneys appropriated in this section, \$1,145,102 is
 8 7 allocated to the Iowa commission on volunteer service created
 8 8 in section 15H.2 for 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 2026 allocation.

8 9 4. The university of Iowa hospitals and clinics under
 8 10 the control of the state board of regents shall not receive
 8 11 indirect costs from the moneys appropriated in this section.
 8 12 The university of Iowa hospitals and clinics billings to the
 8 13 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.

8 14 Sec. 7. DEPARTMENT OF HEALTH AND HUMAN SERVICES — CHILD
 8 15 SUPPORT SERVICES. There is appropriated from the general fund
 8 16 of the state to the department of health and human services for
 8 17 the fiscal year beginning July 1, 2026, and ending June 30,
 8 18 2027, the following amount, or so much thereof as is necessary,
 8 19 to be used for the purposes designated:

General Fund appropriation to the HHS — Child Support Services for FY 2027.

DETAIL: This is no change compared to estimated net FY 2026.

8 20 For child support services, including salaries, support,
 8 21 maintenance, and miscellaneous purposes:
 8 22 \$ 15,644,114

8 23 1. Federal access and visitation grant moneys shall be used
 8 24 for services designed to increase compliance with the child
 8 25 access provisions of court orders, including but not limited to
 8 26 neutral visitation sites and mediation services.

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

8 27 2. Moneys appropriated in this section may be used
 8 28 throughout the fiscal year in the manner necessary for
 8 29 cash flow management. For cash flow management under this
 8 30 subsection, the department may temporarily draw more than the
 8 31 amount appropriated provided the amount appropriated is not
 8 32 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.

8 33 Sec. 8. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 8 34 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is
 8 35 appropriated from the special fund created in section 8.41 to
 9 1 the department of health and human services for the fiscal year
 9 2 beginning July 1, 2026, and ending June 30, 2027, from moneys
 9 3 received under the federal temporary assistance for needy

Appropriates a total of \$155,558,068 from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2027.

DETAIL: This is a decrease of \$3,422,315 compared to estimated net FY 2026. The federal government implemented

9 4 families (TANF) block grant pursuant to the federal Personal
 9 5 Responsibility and Work Opportunity Reconciliation Act of 1996,
 9 6 Pub.L. No.104-193, and successor legislation, including TANF
 9 7 block grant moneys received in any prior fiscal year that
 9 8 were deposited in the special fund and remain unencumbered
 9 9 or unobligated on June 30, 2026, the following amounts, or
 9 10 so much thereof as is necessary, to be used for the purposes
 9 11 designated:

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.

9 12 1. For community access and eligibility:
 9 13 \$ 12,566,312

Appropriates funds from the TANF Block Grant for community access and eligibility.

DETAIL: This is a decrease of \$422,315 compared to estimated net FY 2026.

9 14 2. For community access and eligibility to provide
 9 15 pregnancy prevention grants on the condition that family
 9 16 planning services are funded:
 9 17 \$ 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 net FY 2026.

9 18 Pregnancy prevention grants shall be awarded to programs
 9 19 in existence on or before July 1, 2026, if the programs have
 9 20 demonstrated positive outcomes. Grants shall be awarded
 9 21 to pregnancy prevention programs developed after July 1,
 9 22 2026, if the programs are based on existing models that have
 9 23 demonstrated positive outcomes. Grants must comply with the
 9 24 requirements provided in 1997 Iowa Acts, chapter 208, section
 9 25 14, subsections 1 and 2, including the requirement that a
 9 26 program awarded a grant must emphasize sexual abstinence.
 9 27 Priority in awarding grants shall be given to programs
 9 28 that serve areas of the state which demonstrate the highest
 9 29 percentage of unplanned pregnancies of females of childbearing
 9 30 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.

9 31 3. To meet one of the four purposes of TANF as specified
 9 32 in 45 C.F.R. §260.20, including by modernizing the program
 9 33 to promote economic mobility and self-sufficiency, ensuring
 9 34 that families are able to overcome benefit cliffs, encouraging
 9 35 healthy families, and streamlining service delivery to reduce

Appropriates funds from the TANF Block Grant to promote economic mobility and self-sufficiency, ensure that families are able to overcome benefit cliffs, encourage healthy families, and streamline service delivery.

PG LN	GA:91 SF2483	Explanation
10 1	duplication:	DETAIL: This is no change in funding compared to estimated net FY 2026.
10 2 \$ 25,000,000	
10 3 4. For early intervention and supports for child abuse 10 4 prevention and the family development and self-sufficiency 10 5 (FaDSS) grant program in accordance with section 216A.107: 10 6	\$ 3,013,980	Appropriates funds from the TANF Block Grant for early intervention and supports for child abuse prevention grants and the Family Development and Self-Sufficiency (FaDSS) grant program. DETAIL: This is no change in funding compared to estimated net FY 2026.
10 7 5. For accountability, compliance, program integrity, 10 8 technology needs, and other resources necessary to meet 10 9 federal and state reporting, tracking, and case management 10 10 requirements, and other departmental needs: 10 11	\$ 3,533,647	Appropriates funds from the TANF Block Grant for administration and compliance for federal and State reporting, tracking, and case management technology and resource needs. DETAIL: This is no change in funding compared to estimated net FY 2026.
10 12 6. For state child care assistance: 10 13	\$ 42,281,826	Appropriates funds from the TANF Block Grant to Child Care Assistance (CCA). DETAIL: This is a decrease of \$4,885,000 compared to estimated net FY 2026.
10 14 7. For child protective services: 10 15	\$ 67,249,100	Appropriates funds from the TANF Block Grant to Child Protective Services (Child Protective Services). DETAIL: This is an increase of \$1,885,000 compared to estimated net FY 2026 to move Child Protection Centers funding and Project Harmony funding from the General Fund Child Protective Services appropriation to the TANF Block Grant.
10 16 a. Of the moneys appropriated in this subsection, 10 17 \$1,658,000 shall be allocated for child protection centers 10 18 located in Iowa pursuant to the child protection center grant 10 19 program under section 135.118. The grant amounts under the 10 20 program shall be equalized so that each center receives a		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

10 21 uniform base amount of \$245,000, and the remaining moneys
 10 22 are awarded through a funding formula based upon the volume
 10 23 of children served by a center. To increase access to child
 10 24 protection center services for children in rural areas, the
 10 25 funding formula for awarding the remaining moneys shall provide
 10 26 for awarding an enhanced amount to eligible grantees to develop
 10 27 and maintain satellite centers in underserved regions of the
 10 28 state.

awarding of an enhanced amount to eligible grantees to develop and maintain satellite centers in underserved regions of the State.

DETAIL: This is a new allocation under the TANF Block Grant for FY 2027 but is no change in funding compared to estimated net FY 2026. Prior to FY 2027, this allocation was under the General Fund Child Protective Services appropriation.

10 29 b. Of the moneys appropriated in this subsection, up to
 10 30 \$227,000 shall be used for the public purpose of continuing a
 10 31 grant to a nonprofit human services organization that provides
 10 32 services to individuals and families in multiple locations in
 10 33 southwest Iowa and Nebraska, for support of a project providing
 10 34 immediate, sensitive support and forensic interviews, medical
 10 35 exams, needs assessments, and referrals for victims of child
 11 1 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 a new allocation under the TANF Block Grant for FY 2027 but is no change in funding compared to estimated net FY 2026. Prior to FY 2027, this allocation was under the General Fund Child Protective Services appropriation.

11 2 DIVISION VI
 11 3 MEDICAL ASSISTANCE PROGRAM — STATE SUPPLEMENTARY ASSISTANCE —
 11 4 HEALTHY AND WELL KIDS IN IOWA PROGRAM AND OTHER HEALTH-RELATED
 11 5 PROGRAMS — FY 2026-2027

11 6 Sec. 9. DEPARTMENT OF HEALTH AND HUMAN SERVICES — MEDICAL
 11 7 ASSISTANCE PROGRAM, STATE SUPPLEMENTARY ASSISTANCE, AND HEALTHY
 11 8 AND WELL KIDS IN IOWA PROGRAM. There is appropriated from the
 11 9 general fund of the state to the department of health and human
 11 10 services for the fiscal year beginning July 1, 2026, and ending
 11 11 June 30, 2027, the following amount, or so much thereof as is
 11 12 necessary, to be used for the purposes designated:
 11 13 For medical assistance program reimbursement and associated
 11 14 costs as specifically provided in the reimbursement
 11 15 methodologies in effect on June 30, 2026, except as otherwise
 11 16 expressly authorized by law, consistent with options under
 11 17 federal law and regulations, and contingent upon receipt of
 11 18 approval from the office of the governor of reimbursement for
 11 19 each abortion performed under the medical assistance program;
 11 20 for the state supplementary assistance program; for the health
 11 21 insurance premium payment program; and for maintenance of
 11 22 the healthy and well kids in Iowa (Hawki) program pursuant

General Fund appropriation to the HHS for the Medical Assistance (Medicaid) Program, State Supplementary Assistance (SSA), and the Healthy and Well Kids in Iowa (Hawki) Program for FY 2027.

DETAIL: This is no change compared to estimated net FY 2026. The changes include:

- An increase of \$129,398,458 for the expected Medical Assistance shortfall in FY 2026.
- An increase of \$1,167,867 for an ambulatory surgical center rate increase.
- A decrease of \$360,000 due to allowing Medicaid to dispense a 90-day supply of a prescription.
- A decrease of \$738,000 due to shifting certain behavioral service costs from Medicaid to Medicare.

11 23 to chapter 514I, including supplemental dental services,
 11 24 for receipt of federal financial participation under Tit.
 11 25 XXI of the federal Social Security Act, which creates the
 11 26 children's health insurance program; and for other specified
 11 27 health-related programs:
 11 28 \$ 1,992,550,706

- A decrease of \$1,179,000 due to applying a site of service differential for telehealth service billing.
- A decrease of \$1,443,822 due to venipuncture and therapy rehabilitation billing code adjustments.
- A decrease of \$2,727,000 due to a 30-day readmission policy requiring the use of the same diagnosis related group payment for the same condition.
- A decrease of \$2,800,000 due to changes for speech therapy and rehabilitation service codes and reimbursement.
- A decrease of \$5,207,700 due to requiring Medicaid to pay the lowest available price when adjudicating claims.
- A decrease of \$5,400,000 for a facility- and provider-based billing adjustment.
- A decrease of \$6,465,833 for a Managed Care Organization (MCO) premium tax payment adjustment, shifting costs to the MCOs.
- A decrease of \$7,053,449 for a transfer from the Behavioral Health Fund (BHF).
- A decrease of \$21,000,000 for a Medicaid managed care pharmacy carveout.
- A decrease of \$76,191,521 due to Health Maintenance Organization (HMO) tax revenue.

11 29 1. Of the moneys appropriated in this section, \$3,383,880
 11 30 shall be used for program administration, outreach, and
 11 31 enrollment activities of the state family planning services
 11 32 program pursuant to section 217.41B, and of this amount, the
 11 33 department may use up to \$200,000 for administrative expenses.

Allocates \$3,383,880 of the funds appropriated for Medicaid to administer the State Family Planning Services Program. Permits \$200,000 to be used for administrative expenses.

DETAIL: This is no change in funding compared to the estimated net FY 2026 allocation.

11 34 2. Iowans support reducing the number of abortions
 11 35 performed in this state. Moneys appropriated under this
 12 1 section shall not be used for abortions, unless otherwise
 12 2 authorized under this section.

Prohibits moneys appropriated for Medical Assistance from being used for abortions unless otherwise authorized under this Section.

12 3 3. The provisions of this section relating to abortions also
 12 4 apply to the Iowa health and wellness plan established pursuant
 12 5 to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Plan.

12 6 Sec. 10. DEPARTMENT OF HEALTH AND HUMAN SERVICES — HEALTH
 12 7 PROGRAM OPERATIONS. There is appropriated from the general
 12 8 fund of the state to the department of health and human
 12 9 services for the fiscal year beginning July 1, 2026, and ending
 12 10 June 30, 2027, the following amount, or so much thereof as is
 12 11 necessary, to be used for the purposes designated:
 12 12 For health program operations and the autism support program
 12 13 under section 225D.2:
 12 14 \$ 39,672,433

General Fund appropriation to the HHS — Health Program Operations for FY 2027.

DETAIL: This is no change in funding compared to estimated net FY 2026.

12 15 1. The department of inspections, appeals, and licensing
 12 16 shall provide all state matching moneys for survey and
 12 17 certification activities performed by the department of
 12 18 inspections, appeals, and licensing. The department of health
 12 19 and human services shall be solely responsible for distributing
 12 20 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.

12 21 2. Of the moneys appropriated in this section, a sufficient
 12 22 amount is allocated for the administration of the health
 12 23 insurance premium payment program, including salaries, support,
 12 24 maintenance, and miscellaneous purposes.

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

12 25 3. Of the moneys appropriated in this section, \$750,000 is
 12 26 allocated for a nonprofit organization that provides access
 12 27 to emergency poison information and treatment. Pursuant to
 12 28 the directive under 2014 Iowa Acts, chapter 1140, section
 12 29 102, the federal matching moneys available to the nonprofit
 12 30 organization from the department under the federal Children's
 12 31 Health Insurance Program Reauthorization Act of 2009 shall be
 12 32 subject to the federal administrative cap rule of 10 percent
 12 33 applicable to moneys provided under Tit.XXI of the federal
 12 34 Social Security Act, and shall be included in the department's
 12 35 calculations of the cap.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 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 to be included in the HHS calculations of the cap.

13 1 4. Unless otherwise provided by law, if a contract for
 13 2 services provided under this section initially entered into
 13 3 during the fiscal year beginning July 1, 2026, and ending
 13 4 June 30, 2027, provides for an annual increase of the cost of
 13 5 services provided under the contract, the annual increase shall
 13 6 not exceed the amount by which the consumer price index for
 13 7 all urban consumers increased during the immediately preceding
 13 8 calendar year. This subsection does not affect a contract

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.

DETAIL: The Consumer Price Index for All Urban Consumers was 2.70% in calendar year 2025.

13 9 entered into on or before June 30, 2026, that is for a term of
13 10 more than one year.

13 11 Sec. 11. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
13 12 PHARMACEUTICAL SETTLEMENT ACCOUNT. Notwithstanding section
13 13 249A.33, subsection 2, there is appropriated from the
13 14 pharmaceutical settlement account created in section 249A.33
13 15 any moneys remaining in the account for the fiscal year
13 16 beginning July 1, 2026, and ending June 30, 2027, to the
13 17 department of health and human services to supplement the
13 18 appropriation made in this Act from the general fund of the
13 19 state for the medical assistance program for the same fiscal
13 20 year.

Appropriates any remaining funds in the Pharmaceutical Settlement Account (PSA) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.

DETAIL: This is a new appropriation for FY 2027. 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$234,193 from the PSA to supplement the FY 2026 Health Program Operations General Fund appropriation.

13 21 Sec. 12. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
13 22 QUALITY ASSURANCE TRUST FUND. Notwithstanding section 249L.4,
13 23 subsection 2, there is appropriated from the quality assurance
13 24 trust fund created in section 249L.4 any moneys remaining in
13 25 the fund for the fiscal year beginning July 1, 2026, and ending
13 26 June 30, 2027, to the department of health and human services
13 27 to supplement the appropriation made in this Act from the
13 28 general fund of the state for the medical assistance program
13 29 for the same fiscal year.

Appropriates any remaining funds in the Quality Assurance Trust Fund (QATF) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.

DETAIL: 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$111,216,205 from the QATF to supplement the FY 2026 Medical Assistance General Fund appropriation.

13 30 Sec. 13. DEPARTMENT OF HEALTH AND HUMAN SERVICES — HOSPITAL
13 31 HEALTH CARE ACCESS TRUST FUND. Notwithstanding section 249M.4,
13 32 subsection 2, there is appropriated from the hospital health
13 33 care access trust fund created in section 249M.4 any moneys
13 34 remaining in the fund for the fiscal year beginning July 1,
13 35 2026, and ending June 30, 2027, to the department of health and
14 1 human services to supplement the appropriation made in this Act
14 2 from the general fund of the state for the medical assistance
14 3 program for the same fiscal year.

Appropriates any remaining funds in the Hospital Health Care Access Trust Fund (HHCAT) at the close of FY 2027 to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.

DETAIL: 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), appropriated \$33,920,554 from the HHCAT to supplement the FY 2026 Medical Assistance General Fund appropriation.

14 4 Sec. 14. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
14 5 BEHAVIORAL HEALTH FUND. Notwithstanding section 225A.7,
14 6 subsection 2, and subject to the availability of moneys, there
14 7 is appropriated from the behavioral health fund established in
14 8 section 225A.7, to the department of health and human services
14 9 for the fiscal year beginning July 1, 2026, and ending June 30,
14 10 2027, the following amount, or so much thereof as is necessary,

Behavioral Health Fund (BHF) appropriation to the HHS to supplement the FY 2027 General Fund Medical Assistance appropriation.

DETAIL: This is a new appropriation for FY 2027.

14 11 for the purposes designated:
 14 12 To supplement the appropriation made in this Act from the
 14 13 general fund of the state to the department of health and human
 14 14 services for medical assistance for the fiscal year beginning
 14 15 July 1, 2026, and ending June 30, 2027:
 14 16 \$ 7,053,449

14 17 Sec. 15. REIMBURSEMENT RATES.

14 18 1. Reimbursement for medical assistance, state
 14 19 supplementary assistance, and social service providers and
 14 20 services reimbursed under the purview of the department of
 14 21 health and human services shall remain at the reimbursement
 14 22 rate in effect on June 30, 2026, or shall be determined
 14 23 pursuant to the reimbursement methodology in effect on June 30,
 14 24 2026, with the exception of the following:
 14 25 a. If reimbursement is otherwise negotiated by contract or
 14 26 pursuant to an updated fee schedule.
 14 27 b. As otherwise provided in this section.

Requires that reimbursement for Medical Assistance, SSA, and social service providers and services remain at the reimbursement rate in effect of June 30, 2026, or be determined pursuant to the reimbursement methodology in effect on June 30, 2026, unless otherwise negotiated by contract or provided in this Section.

14 28 2. a. (1) Notwithstanding any provision of law to the
 14 29 contrary, for the fiscal year beginning July 1, 2026, and
 14 30 ending June 30, 2027, the department of health and human
 14 31 services shall base case-mix nursing facility rates on the
 14 32 case-mix nursing facility rates annually in effect on June 30,
 14 33 2026.

Requires the HHS to base case-mix nursing facility reimbursement rates for FY 2027 on the rates annually in effect June 30, 2026.

14 34 (2) The department of health and human services shall
 14 35 calculate each nursing facility's case-mix index for the period
 15 1 beginning July 1, 2025.

Requires the HHS to calculate each nursing facility's case-mix index for the period beginning July 1, 2026.

15 2 b. For the fiscal year beginning July 1, 2026, \$1,167,867
 15 3 shall be used to increase to the extent possible reimbursement
 15 4 rates for ambulatory surgical centers compared to rates in
 15 5 effect on June 30, 2026.

Requires \$1,167,867 from the General Fund Medical Assistance appropriation in FY 2027 to be used to increase Medicaid reimbursement rates for ambulatory surgical centers.

DETAIL: This is a new allocation for FY 2027.

15 6 DIVISION VII
 15 7 FAMILY WELL-BEING AND PROTECTION — FY 2026-2027

15 8 Sec. 16. DEPARTMENT OF HEALTH AND HUMAN SERVICES — STATE

General Fund appropriation to the HHS for CCA for

15 9 CHILD CARE ASSISTANCE. There is appropriated from the general
 15 10 fund of the state to the department of health and human
 15 11 services for the fiscal year beginning July 1, 2026, and ending
 15 12 June 30, 2027, the following amount, or so much thereof as is
 15 13 necessary, to be used for the purposes designated:
 15 14 For state child care assistance in accordance with sections
 15 15 237A.13 and 237A.14:
 15 16 \$ 31,983,000

FY 2027.

DETAIL: This is a decrease of \$3,000,000 compared to estimated net FY 2026 to establish a copay structure for families receiving State CCA as a result of being employed in the child care workforce.

In this copy structure, families with incomes over 85.00% of the State median income will be responsible for either 33.00%, 45.00%, or 60.00% of the cost of care for their children. The average family who participated in the CCA Workforce Pilot program had an income of 302.00%, which would put the average family at the 60.00% copay amount. The maximum 60.00% copay amounts would be \$153.96 per week for infant copay and \$117.00 per week for preschool copay.

15 17 1. If the appropriation made for purposes of the state child
 15 18 care assistance program for the fiscal year is determined to
 15 19 be insufficient, it is the intent of the general assembly to
 15 20 appropriate sufficient moneys for the fiscal year to avoid
 15 21 application of waiting list requirements.

Specifies that it is the intent of the General Assembly to provide sufficient funding for the State CCA program in FY 2027 to avoid the establishment of a waiting list.

15 22 2. A portion of the state match for the federal child care
 15 23 and development block grant shall be provided as necessary to
 15 24 meet federal matching moneys requirements through the state
 15 25 general fund appropriation made for child development grants
 15 26 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.

15 27 Sec. 17. DEPARTMENT OF HEALTH AND HUMAN SERVICES — EARLY
 15 28 INTERVENTION AND SUPPORTS. There is appropriated from the
 15 29 general fund of the state to the department of health and human
 15 30 services for the fiscal year beginning July 1, 2026, and ending
 15 31 June 30, 2027, the following amount, or so much thereof as is
 15 32 necessary, to be used for the purposes designated:
 15 33 For promotion of optimum health status for children and
 15 34 adolescents from birth through 21 years of age, and for
 15 35 families:
 16 1 \$ 35,695,203

General Fund appropriation to the HHS — Early Intervention and Supports for FY 2027.

DETAIL: This is a net increase of \$393,299 compared to estimated net FY 2026. This net increase includes an increase of \$693,299 to meet increased program expenditure needs for the More Options for Maternal Support (MOMS) Program and a decrease of \$300,000 to eliminate funding for a contracted Child Abuse Prevention administrator that the HHS had deemed duplicative.

16 2 1. Of the moneys appropriated in this section, not more than
 16 3 \$734,000 is allocated for the healthy opportunities for parents
 16 4 to experience success (HOPES) – healthy families Iowa (HFI)
 16 5 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 2026 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.

16 6 2. Of the moneys appropriated in this section, \$4,313,854
 16 7 is allocated for the FaDSS grant program, and not more
 16 8 than 5 percent of the allocated moneys shall be used for
 16 9 administration of the 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 no change in funding compared to the estimated net FY 2026 allocation.

16 10 3. Of the moneys appropriated in this section, \$29,256,799
 16 11 shall be deposited in the early childhood Iowa fund created in
 16 12 section 256I.11.

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

DETAIL: This is no change in funding compared to the estimated net FY 2026 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 persons working in early care, health, and education.
- Funding for the State's early childhood database system.
- Funding for community-based early childhood programs.

16 13 Sec. 18. DEPARTMENT OF HEALTH AND HUMAN SERVICES — CHILD
 16 14 PROTECTIVE SERVICES. There is appropriated from the general
 16 15 fund of the state to the department of health and human
 16 16 services for the fiscal year beginning July 1, 2026, and ending
 16 17 June 30, 2027, the following amount, or so much thereof as is

General Fund appropriation to the HHS — Child Protective Services for FY 2027.

DETAIL: This is a net decrease of \$1,505,564 compared to estimated net FY 2026. The changes include:

16 18 necessary, to be used for the purposes designated:
 16 19 For child, family, and adoption services, and for salaries,
 16 20 support, maintenance, and miscellaneous purposes:
 16 21 \$ 164,052,467

- An increase of \$3,245,594 for a Qualified Residential Treatment Program (QRTP) rate increase.
- An increase of \$1,590,842 for shelter rate increases.
- A decrease of \$110,000 to end auto-dissemination of printed Child Protective Services reports.
- A decrease of \$243,000 to charge the Juvenile Court Services (JCS) for certain activities conducted by the Child Protective Services team.
- A decrease of \$1,004,000 for personnel salary costs due to the establishment of a central consulting model that is expected to decrease overtime hours for social workers.
- A decrease of \$1,400,000 to end contracts for the Treatment Outcome Package (TOPs) protocol in order to utilize an existing lower-cost tool.
- A decrease of \$1,700,000 to end the Child Protective Services decategorization program.
- A decrease of \$1,885,000 to move the Child Protection Centers allocation and the Project Harmony allocation to the TANF Block Grant to address excess maintenance of effort (MOE) spending.

16 22 1. Based on client need, a portion of the moneys
 16 23 appropriated in this section may be used to provide other
 16 24 resources required to support family preservation, emergency
 16 25 client need, or family reunification efforts.

Permits funds to be used for emergency family assistance under certain conditions.

16 26 2. Of the moneys appropriated in this section, a sufficient
 16 27 amount is allocated for foster family care, group foster care
 16 28 maintenance and services, shelter care, child welfare emergency
 16 29 services, qualified residential treatment programs, supervised
 16 30 apartment living contracts, and for medical assistance program
 16 31 reimbursement and associated costs.

Allocates a sufficient amount to group foster care.

DETAIL: In FY 2024, \$40,500,000 was allocated for group foster care.

16 32 3. Federal moneys received by the state during the fiscal
 16 33 year beginning July 1, 2026, as the result of the expenditure
 16 34 of state moneys appropriated during a previous state fiscal
 16 35 year for a service or activity funded under this section,
 17 1 are appropriated to the department to be used as additional
 17 2 moneys for services and purposes provided under this section.
 17 3 Notwithstanding section 8.33, moneys appropriated under this
 17 4 subsection that remain unencumbered or unobligated at the close

Requires federal moneys received in FY 2027 because of the expenditure of State funds in a previous year to be used for Child Protective Services. Allows any unencumbered or unobligated funds to remain available for expenditure through FY 2028.

17 5 of the fiscal year shall not revert but shall remain available
17 6 for the purposes designated until the close of the succeeding
17 7 fiscal year.

17 8 4. a. Of the moneys appropriated in this section, \$748,000
17 9 is allocated for the payment of the expenses of court-ordered
17 10 services provided to children who are under the supervision
17 11 of the department, which expenses are a charge upon the state
17 12 pursuant to section 232.141, subsection 4.

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 2026 allocation.

17 13 b. Notwithstanding chapter 232 or any other provision of
17 14 law to the contrary, a district or juvenile court shall not
17 15 order any service which is a charge upon the state pursuant to
17 16 section 232.141, subsection 4, if the moneys allocated under
17 17 paragraph "a" for court-ordered services are insufficient to
17 18 pay for the service.

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.

17 19 5. Of the moneys appropriated in this section, \$4,359,500
17 20 is allocated for the preparation for adult living program
17 21 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 2026 allocation.

17 22 6. Of the moneys appropriated in this section, a portion may
17 23 be used for family-centered services for purposes of complying
17 24 with the federal Family First Prevention Services Act of 2018,
17 25 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](#).

17 26 7. a. Of the moneys appropriated in this section,
17 27 \$39,823,955 is allocated for adoption subsidy payments and
17 28 related costs.

Allocates \$39,823,955 to the Adoption Subsidy Program.

DETAIL: This is no change compared to the estimated net FY 2026 allocation.

17 29 b. Any moneys remaining after the allocation under
17 30 paragraph "a" is designated and allocated as state savings
17 31 resulting from implementation of the federal Fostering
17 32 Connections to Success and Increasing Adoptions Act of 2008,
17 33 Pub.L. No.110-351, and successor legislation, as determined
17 34 in accordance with 42 U.S.C. §673(a)(8), and shall be used for
17 35 post-adoption services and for other purposes allowed under
18 1 those federal Acts and regulations, and Tit.IV-B or Tit.IV-E

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](#).

18 2 of the federal Social Security Act.

18 3 8. Of the moneys appropriated in this section, a sufficient
 18 4 amount is allocated to support training needs for child welfare
 18 5 providers and to address disproportionality within the child
 18 6 welfare system.

Allocates a sufficient amount of moneys appropriated for Child Protective Services to support training and to address disproportionality within the child welfare system.

18 7 9. If a separate funding source is available that reduces
 18 8 the need for state moneys within an allocation under this
 18 9 section, the allocated state moneys may be redistributed to
 18 10 other allocations under this section for the same fiscal year.

Specifies that if other funding is available, the allocations of State funds in this Section may be redistributed to other allocations for FY 2027.

DETAIL: Other funding sources for Child and Family Services include Title IV-B and IV-E of the federal Social Security Act, the TANF Block Grant, and the Social Services Block Grant.

18 11 DIVISION VIII
 18 12 STATE-OPERATED SPECIALTY CARE — FY 2026-2027

18 13 Sec. 19. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 18 14 STATE-OPERATED SPECIALTY CARE. There is appropriated from the
 18 15 general fund of the state to the department of health and human
 18 16 services for the fiscal year beginning July 1, 2026, and ending
 18 17 June 30, 2027, the following amount, or so much thereof as is
 18 18 necessary, to be used for the purposes designated:

General Fund appropriation to the HHS — State-Operated Specialty Care for FY 2027.

DETAIL: This is a decrease of \$2,117,739 compared to estimated net FY 2026. This includes:

18 19 For salaries, support, maintenance, and miscellaneous
 18 20 purposes at institutions under the jurisdiction of the
 18 21 department of health and human services:
 18 22 \$ 100,225,768

- A decrease of \$56,600 to eliminate a vacant advanced typist position at the Independence Mental Health Institute (MHI).
- A decrease of \$74,357 to eliminate a vacant behavioral health assistant position at the Eldora State Training School (STS).
- A decrease of \$349,315 to eliminate five vacant licensed practical nurse (LPN) positions at the Woodward Resource Center.
- A decrease of \$410,100 to eliminate a vacant physician position at the Independence MHI.
- A decrease of \$1,227,367 to consolidate the homes in use at the Woodward Resource Center from 10 to 9 when the census at the facility approaches 100 individuals.

18 23 1. The department shall utilize the moneys appropriated in
 18 24 this section as necessary to maximize bed capacity and to most
 18 25 effectively meet the needs of the individuals served.

Requires the HHS to utilize funds as necessary to maximize bed capacity and meet the needs of the individuals served.

18 26 2. Of the moneys appropriated in this section, the following
 18 27 amounts are allocated to each institution as follows:

18 28 a. For the state mental health institute at Cherokee:
 18 29 \$ 19,878,962

Allocates \$19,878,962 for the MHI at Cherokee.

DETAIL: This is a decrease of \$650,139 compared to estimated net FY 2026 to reflect decreased operating costs for FY 2027.

18 30 b. For the state mental health institute at Independence:
 18 31 \$ 23,760,205

Allocates \$23,760,205 for the MHI at Independence.

DETAIL: This is a decrease of \$1,090,878 compared to estimated net FY 2026. Of this decrease, \$56,600 is to eliminate a vacant advanced typist position, \$410,100 is to eliminate a vacant physician position, and \$624,178 is to decreased operating costs for FY 2027.

18 32 c. For the civil commitment unit for sexual offenders at
 18 33 Cherokee:
 18 34 \$ 23,272,111

Allocates \$23,272,111 for the Civil Commitment Unit for Sexual Offenders (CCUSO) at Cherokee.

DETAIL: This is an increase of \$2,810,827 compared to estimated net FY 2026 for general operating expenses.

18 35 d. For the state resource center at Woodward:
 19 1 \$ 12,567,092

Allocates \$12,567,092 for the State Resource Center at Woodward.

DETAIL: This is a decrease of \$1,866,780 compared to estimated net FY 2026. Of this decrease, \$290,098 is to reflect decreased operating costs for FY 2027, \$349,315 is to eliminate five vacant LPN positions, and \$1,227,367 is to consolidate the homes in use at the Woodward Resource Center from 10 to 9 when the census at the facility approaches 100 individuals.

19 2 e. For the state training school at Eldora:
 19 3 \$ 19,805,171

Allocates \$19,805,171 for the State Training School at Eldora.

DETAIL: This is a decrease of \$672,866 compared to estimated net FY 2026. Of this decrease, \$74,357 is to eliminate a vacant behavioral health assistant position and \$598,509 is to reflect decreased operating costs for FY 2027.

19 4 f. For outstanding obligations related to workers'
 19 5 compensation, the sick leave insurance program, unemployment,
 19 6 and other costs related to the closure of the state resource
 19 7 center at Glenwood:
 19 8 \$ 942,227

Allocates \$942,227 for outstanding obligations related to workers' compensation, the Sick Leave Insurance Program, unemployment, and other costs related to the closure of the Glenwood Resource Center.

DETAIL: This is a decrease of \$647,903 compared to estimated net FY 2026 to reflect the estimated obligation needs for FY 2027.

19 9 DIVISION IX
 19 10 ADMINISTRATION AND COMPLIANCE — FY 2026-2027

19 11 Sec. 20. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 19 12 ACCOUNTABILITY, COMPLIANCE, AND PROGRAM INTEGRITY. There
 19 13 is appropriated from the general fund of the state to the
 19 14 department of health and human services for the fiscal year
 19 15 beginning July 1, 2026, and ending June 30, 2027, the following
 19 16 amount, or so much thereof as is necessary, to be used for the
 19 17 purposes designated:
 19 18 For accountability, compliance, and program integrity,
 19 19 including salaries, support, maintenance, and miscellaneous
 19 20 purposes:
 19 21 \$ 23,087,834

General Fund appropriation to the HHS — Accountability, Compliance, and Program Integrity for FY 2027.

DETAIL: This is net increase of \$1,183,620 compared to estimated net FY 2026. This includes an increase of \$1,383,620 for the increase to the State share of SNAP administrative costs beginning in federal fiscal year (FFY) 2027 and a decrease of \$200,000 to move the Iowa Achieving a Better Life Experience (ABLE) Savings Plan Trust allocation from the HHS Accountability, Compliance, and Program Integrity appropriation line item to a new appropriation for the Treasurer of State, who administers the Trust.

19 22 1. Of the moneys appropriated in this section, \$2,602,312
 19 23 is allocated for foster care review and the court appointed
 19 24 special advocate program, including for salaries, support,
 19 25 maintenance, and miscellaneous purposes.

Allocates \$2,602,312 for foster care review and the Court Appointed Special Advocate (CASA) Program.

DETAIL: This is no change in funding compared to the

	<p>estimated net FY 2026 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>19 26 2. Of the moneys appropriated in this section, \$1,148,959 19 27 is allocated for the office of long-term care ombudsman 19 28 for salaries, support, administration, maintenance, and 19 29 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 2026 allocation.</p>
<p>19 30 DIVISION X 19 31 TRANSFERS, CASH FLOW, AND NONREVERSIONS — FY 2026-2027</p>	
<p>19 32 Sec. 21. DEPARTMENT OF HEALTH AND HUMAN SERVICES — 19 33 TRANSFERS AND CASH FLOW.</p>	
<p>19 34 1. Notwithstanding any provision of law to the contrary, 19 35 the department of health and human services may transfer moneys 20 1 appropriated in this Act to support continuing alignment 20 2 efforts, to maximize federal support in accordance with the 20 3 department's federal costs allocation plan, and to secure 20 4 resources necessary to implement and administer the services 20 5 for which moneys are appropriated. The department shall report 20 6 any transfers made pursuant to this subsection to the general 20 7 assembly.</p>	<p>Permits the HHS to transfer funds allocated in this Act for 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>20 8 2. If, due to ongoing cost management efforts, 20 9 appropriations under this Act for the Medicaid program 20 10 exceed the associated costs for the Medicaid program for the 20 11 fiscal year, the department may transfer any savings to the 20 12 appropriations made in this Act for health program operations, 20 13 or for accountability, compliance, and program integrity, 20 14 to defray the costs associated with ongoing cost management 20 15 efforts.</p>	<p>Specifies that if savings to the Medicaid Program for cost management efforts during FY 2027 exceed costs, the HHS may transfer any savings to the appropriations in this Act to Health Program Operations, or for Accountability, Compliance, and Program Integrity, to defray the costs associated with implementation of cost management efforts.</p>
<p>20 16 3. Notwithstanding any provision of law to the contrary, 20 17 the department may transfer moneys appropriated under this Act 20 18 for child protective services to pay the nonfederal share costs 20 19 of services reimbursed under the medical assistance program, 20 20 state child care assistance program, or family investment</p>	<p>Permits the HHS to transfer funds appropriated to 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.</p>

20 21 program which are provided to children who would otherwise
 20 22 receive services paid by the appropriation for child protective
 20 23 services.

20 24 4. The department may transfer moneys from the temporary
 20 25 assistance for needy families block grant to the federal social
 20 26 services block grant appropriation, and to the child care and
 20 27 development block grant appropriation, in accordance with
 20 28 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.

20 29 5. To the extent the department determines that moneys
 20 30 appropriated under this Act, or allocated for a specific
 20 31 purpose under this Act, will remain unencumbered or unobligated
 20 32 at the close of the fiscal year, such unencumbered or
 20 33 unobligated moneys may be used in the same fiscal year for any
 20 34 other purpose for which the appropriated moneys may be used, or
 20 35 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.

21 1 Sec. 22. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 21 2 NONREVERSIONS.

21 3 1. Notwithstanding section 8.33, moneys appropriated under
 21 4 this Act from the general fund of the state and the temporary
 21 5 assistance for needy families block grant to the department of
 21 6 health and human services for the fiscal year beginning July
 21 7 1, 2026, and ending June 30, 2027, for the purposes of the
 21 8 FaDSS grant program, that remain unencumbered or unobligated at
 21 9 the close of the fiscal year shall not revert but shall remain
 21 10 available for expenditure for the purposes designated until the
 21 11 close of the succeeding fiscal year.

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund for the FaDSS grant program in FY 2027 to remain available for FY 2028.

21 12 2. Notwithstanding section 8.33, of the moneys appropriated
 21 13 under this Act from the general fund of the state, the quality
 21 14 assurance trust fund, and the hospital health care access trust
 21 15 fund to the department of health and human services for the
 21 16 fiscal year beginning July 1, 2026, and ending June 30, 2027,
 21 17 for the purposes of the medical assistance program, the amount
 21 18 in excess of actual expenditures for the medical assistance
 21 19 program that remains unencumbered or unobligated at the close
 21 20 of the fiscal year shall not revert but shall remain available
 21 21 for expenditure for the medical assistance program until the
 21 22 close of the succeeding fiscal year.

CODE: Allows any unencumbered or unobligated funds appropriated from the General Fund, the QATF, and the HHCAT to the HHS in FY 2027 for the Medicaid Program to remain available for FY 2028.

21 23	3. Notwithstanding section 8.33, and notwithstanding the	CODE: Allows any unencumbered or unobligated funds
21 24	nonreversion amount limitation specified for state resource	appropriated from the General Fund to the HHS for State-
21 25	centers in section 222.92, subsection 4, moneys appropriated	Operated Specialty Care in FY 2027 to remain available for
21 26	under this Act from the general fund of the state to the	subsequent fiscal years.
21 27	department of health and human services for the fiscal year	
21 28	beginning July 1, 2026, and ending June 30, 2027, for the	
21 29	purposes of state-operated specialty care, that remain	
21 30	unencumbered or unobligated at the close of the fiscal year	
21 31	shall not revert but shall remain available for expenditure for	
21 32	the purposes designated for subsequent fiscal years.	
21 33	4. Notwithstanding section 8.33, moneys appropriated in	CODE: Allows any unencumbered or unobligated funds
21 34	this Act from the general fund of the state to the department	appropriated from the General Fund to the HHS for the Iowa
21 35	of health and human services for the fiscal year beginning July	Commission on Volunteer Services in FY 2027 to remain
22 1	1, 2026, and ending June 30, 2027, for the Iowa commission	available for subsequent fiscal years.
22 2	on volunteer service for programs and grants, that remain	
22 3	unencumbered or unobligated at the close of the fiscal year	
22 4	shall not revert but shall remain available for expenditure for	
22 5	the purposes designated for subsequent fiscal years.	
22 6	5. Notwithstanding section 8.33, moneys appropriated under	CODE: Allows any unencumbered or unobligated funds
22 7	this Act from the general fund of the state to the department	appropriated from the General Fund to the HHS and
22 8	of health and human services for the fiscal year beginning	allocated for rural psychiatric residencies in FY 2027 to
22 9	July 1, 2026, and ending June 30, 2027, and allocated for	remain available for FY 2028.
22 10	rural psychiatric residencies, that remain unencumbered or	
22 11	unobligated at the close of the fiscal year shall not revert	
22 12	but shall remain available for expenditure for the purposes	
22 13	designated until the close of the succeeding fiscal year.	
22 14	6. Notwithstanding section 8.33, moneys appropriated	CODE: Allows any unencumbered or unobligated funds
22 15	under this Act from the general fund of the state to the	appropriated from the General Fund to the HHS and
22 16	department of health and human services for the fiscal	allocated for adoption subsidy payments or post-adoption
22 17	year beginning July 1, 2026, and ending June 30, 2027, and	services in FY 2027 to remain available for FY 2028.
22 18	allocated for adoption subsidy payments and related costs, or	
22 19	for post-adoption services and allowable related purposes,	
22 20	that remain unencumbered or unobligated at the close of the	
22 21	fiscal year shall not revert but shall remain available for	
22 22	expenditure for the purposes designated until the close of the	
22 23	succeeding fiscal year.	
22 24	7. Notwithstanding section 8.33, moneys appropriated under	CODE: Allows any unencumbered or unobligated funds
22 25	this Act from the general fund of the state to the department	appropriated from the General Fund to the HHS and

22 26 of health and human services for the fiscal year beginning July
 22 27 1, 2026, and ending June 30, 2027, and allocated for child
 22 28 protective services, that remain unencumbered or unobligated at
 22 29 the close of the fiscal year shall not revert but shall remain
 22 30 available for expenditure for the purposes designated until the
 22 31 close of the succeeding fiscal year.

allocated for Child Protective Services in FY 2027 to remain available for FY 2028.

22 32 DIVISION XI
 22 33 REPORT ON NONREVERSION OF MONEYS

22 34 Sec. 23. DEPARTMENT OF HEALTH AND HUMAN SERVICES — REPORT
 22 35 ON NONREVERSION OF MONEYS. The department of health and
 23 1 human services shall report the expenditure of any moneys for
 23 2 which nonreversion authorization was provided for the fiscal
 23 3 year beginning July 1, 2025, and ending June 30, 2026, to the
 23 4 general assembly on a quarterly basis beginning October 1,
 23 5 2026.

Requires the HHS to report the expenditure of any moneys for which nonreversion authorization was provided for FY 2026 to the General Assembly on a quarterly basis beginning October 1, 2026.

23 6 DIVISION XII
 23 7 EMERGENCY RULES

23 8 Sec. 24. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 23 9 EMERGENCY RULES.

23 10 1. If necessary to comply with federal requirements,
 23 11 including time frames, the department of health and human
 23 12 services shall adopt administrative rules under section 17A.4,
 23 13 subsection 3, and section 17A.5, subsection 2, paragraph “b”,
 23 14 to implement the applicable provisions of this Act. The rules
 23 15 shall be effective immediately upon filing unless a later date
 23 16 is specified in the rules. Any rules adopted in accordance
 23 17 with this section shall also be published as a notice of
 23 18 intended action as provided in section 17A.4.

Requires the HHS to adopt emergency administrative rules to comply with federal requirements or to implement this Act. The rules are required to be effective immediately upon filing or on a later effective date specified in the rules. The rules must also be published as a Notice of Intended Action under Iowa Code section [17A.4](#).

23 19 2. If the department of health and human services adopts
 23 20 emergency rules in accordance with this section, or as
 23 21 otherwise directed or authorized by state law, and the rules
 23 22 will result in an increase in expenditures beyond the amount
 23 23 anticipated in the budget for the fiscal year, or if the
 23 24 expenditures were not addressed in the budget for the fiscal
 23 25 year, the department shall notify the general assembly and the
 23 26 department of management concerning the rules and the increase
 23 27 in expenditures. The notification shall be provided at least
 23 28 thirty calendar days prior to the date notice of the rules

Requires the HHS to notify the General Assembly and the DOM if adopted emergency rules will result in an increase in expenditures. The notification is required to be made at least 30 calendar days prior to the notice of the rules being submitted to the Administrative Rules Coordinator and Editor.

23 29 is submitted to the administrative rules coordinator and the
23 30 administrative code editor.

23 31 DIVISION XIII
23 32 MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM APPROPRIATION
23 33 NONREVERSION

23 34 Sec. 25. 2025 Iowa Acts, chapter 169, section 27, is amended
23 35 by adding the following new subsection:
24 1 NEW SUBSECTION 8. Notwithstanding section 8.33, moneys
24 2 appropriated from the general fund of the state to the
24 3 department of health and human services for the fiscal year
24 4 beginning July 1, 2025, and ending June 30, 2026, for the more
24 5 options for maternal support program created in section 217.41C
24 6 that remain unencumbered or unobligated at the close of the
24 7 fiscal year shall not revert but shall remain available for
24 8 expenditure for the purposes designated until the close of the
24 9 succeeding fiscal year.

CODE: Allows any unencumbered or unobligated funds appropriated in 2025 Iowa Acts, [House File 1049](#) (FY 2026 Health and Human Services Appropriations Act), from the General Fund for the MOMS Program in FY 2026 to remain available for expenditure until the close of FY 2027.

24 10 Sec. 26. EFFECTIVE DATE. This division of this Act, being
24 11 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XIII of the Bill relating to the MOMS Program is effective upon enactment.

24 12 Sec. 27. RETROACTIVE APPLICABILITY. This division of this
24 13 Act applies retroactively to July 1, 2025.

Specifies that Division XIII of the Bill relating to the MOMS Program applies retroactively to July 1, 2025.

24 14 DIVISION XIV
24 15 CHILD WELFARE AND JUVENILE JUSTICE DECATEGORIZATION

24 16 Sec. 28. Section 235.7, subsection 2, Code 2026, is amended
24 17 to read as follows:
24 18 2. MEMBERSHIP.—~~The department may authorize the governance~~
24 19 ~~boards of decategorization of child welfare and juvenile~~
24 20 ~~justice funding projects established under section 232.188 to~~
24 21 ~~appoint the transition committee membership and may utilize~~
24 22 ~~the boundaries of decategorization projects to establish~~
24 23 ~~the service areas for transition committees. The committee~~
24 24 ~~A committee's membership may include but is not limited to~~
24 25 ~~department staff involved with foster care, child welfare,~~
24 26 ~~and adult services, juvenile court services staff, staff~~
24 27 ~~involved with county general assistance or emergency relief~~
24 28 ~~under chapter 251 or 252, school district and area education~~

CODE: Removes permission for the HHS to authorize the governance boards of decategorization of child welfare and juvenile justice funding projects established under Iowa Code section [232.188](#) to appoint the transition committee membership and to utilize the boundaries of decategorization projects to establish the service areas for transition committees.

24 29 agency staff involved with special education, and a child's
24 30 court appointed special advocate, guardian ad litem, service
24 31 providers, and other persons knowledgeable about the child.

24 32 Sec. 29. Section 237A.1, subsection 2, paragraph j,
24 33 subparagraph (2), Code 2026, is amended by striking the
24 34 subparagraph.

CODE: Strikes Iowa Code section [237A.1\(2\)\(j\)\(2\)](#), which establishes that care, supervision, and guidance of a child at a structured program for the purpose of providing therapeutic, rehabilitative, or supervisory services to children under a contract approved by a governance board of a decategorization of child welfare and juvenile justice funding project are excluded from the definition of "child care" under Iowa Code chapter [237A](#).

24 35 Sec. 30. Section 249A.26, subsection 5, Code 2026, is
25 1 amended by striking the subsection.

CODE: Strikes Iowa Code section [249A.26\(5\)](#), which establishes that funding under the Medical Assistance program will be provided for case management services for eligible persons 17 years of age or younger residing in counties with child welfare decategorization projects, provided that these projects have included these persons in the service plan and the decategorization project county is willing to provide the nonfederal share of costs.

25 2 Sec. 31. Section 256I.4, subsection 6, Code 2026, is amended
25 3 by striking the subsection.

CODE: Strikes Iowa Code section [256I.4\(6\)](#), which requires the Early Childhood Iowa State Board to assist with the linkage of child welfare and juvenile justice decategorization projects with Early Childhood Iowa areas.

25 4 Sec. 32. REPEAL. Section 232.188, Code 2026, is repealed.

CODE: Repeals Iowa Code section [232.188](#) relating to the decategorization of child welfare and juvenile justice funding initiative.

FISCAL IMPACT: The HHS estimates that eliminating child welfare decategorization will have a cost savings to the HHS of \$1,700,000.

25 5 Sec. 33. DECATEGORIZATION CARRYOVER FUNDING.
25 6 1. For purposes of this section, unless the context
25 7 otherwise requires:
25 8 a. "Carryover funding" means unobligated or unencumbered
25 9 moneys described in section 232.188, subsection 5, paragraph

Establishes definitions for the following terms: "carryover funding," "decategorization project," "funding pool," and "governance board."

25 10 “b”, Code 2026, at the close of the fiscal year beginning July
25 11 1, 2025.

25 12 b. “Decategorization project” means the same as defined in
25 13 section 232.188, Code 2026.

25 14 c. “Funding pool” means the same as defined in section
25 15 232.188, Code 2026.

25 16 d. “Governance board” means the same as defined in section
25 17 232.188, Code 2026.

25 18 2. Carryover funding that remains in a funding pool at the
25 19 close of the fiscal year beginning July 1, 2025, which has been
25 20 encumbered or obligated by the governance board for a multiyear
25 21 service decategorization project for that fiscal year, shall
25 22 remain available for expenditure to ensure continuation of
25 23 such service or activity until the close of the fiscal year
25 24 beginning July 1, 2028, or until the close of the fiscal year
25 25 in which the service or activity is completed, whichever is
25 26 earlier.

Permits carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 that has been encumbered or obligated by the board for a multiyear service decategorization project to remain available for expenditure until the close of FY 2029 or until the close of the fiscal year in which the service or activity is completed, whichever is earlier.

25 27 3. Carryover funding that remains in a funding pool at the
25 28 end of the fiscal year beginning July 1, 2025, which remains
25 29 unencumbered or unobligated by the governance board for a
25 30 multiyear service decategorization project for that fiscal
25 31 year, shall be appropriated to the department of health and
25 32 human services and juvenile court services proportionately
25 33 based on the percentage of moneys appropriated to each entity
25 34 by the general assembly for decategorization projects.

Appropriates any unencumbered or unobligated carryover funding remaining in a funding pool operated by a decategorization project governance board at the close of FY 2026 to the HHS and Juvenile Court Services proportionally based on the percentage of moneys appropriated to each entity by the General Assembly for decategorization projects.

25 35 Sec. 34. EFFECTIVE DATE. The section of this division of
26 1 this Act related to decategorization carryover funding, being
26 2 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XIV of the Bill related to child welfare decategorization carryover funding takes effect upon enactment.

26 3 Sec. 35. RETROACTIVE APPLICABILITY. The section of this
26 4 division of this Act related to decategorization carryover
26 5 funding applies retroactively to July 1, 2025.

Specifies that Division XIV of the Bill related to child welfare decategorization carryover funding applies retroactively to July 1, 2025.

26 6 DIVISION XV
26 7 COMMITMENT OR HOSPITALIZATION OF CERTAIN PERSONS WITH SUBSTANCE
26 8 USE DISORDERS OR MENTAL ILLNESS

26 9 Sec. 36. Section 125.81, subsection 1, Code 2026, is amended
26 10 to read as follows:

26 11 1. a. If a person filing an application requests that a
26 12 respondent be taken into immediate custody, and the court upon
26 13 reviewing the application and accompanying documentation, finds
26 14 probable cause to believe that the respondent is a person with
26 15 a substance use disorder who is likely to injure the person or
26 16 other persons if allowed to remain at liberty, the court may
26 17 enter a written order directing that the respondent be taken
26 18 into immediate custody by the sheriff, and be detained until
26 19 the commitment hearing, which shall be held no more than five
26 20 days after the date of the order, except that if the fifth
26 21 day after the date of the order is a Saturday, Sunday, or a
26 22 holiday, the hearing may be held on the next business day. The
26 23 court may order the respondent detained for the period of time
26 24 until the hearing is held, and no longer except as provided in
26 25 section 125.88, in accordance with subsection 2, paragraph "a",
26 26 if possible, and if not, then in accordance with subsection 2,
26 27 paragraph "b", or, only if neither of these alternatives is
26 28 available in accordance with subsection 2, paragraph "c".

26 29 b. The county in which a respondent is taken into immediate
26 30 custody by the sheriff pursuant to paragraph "a" shall
26 31 compensate the sheriff, as determined by the county board of
26 32 supervisors of that county and consistent with section 331.655,
26 33 subsection 1, paragraph "l", for conveyance of the respondent
26 34 to a detention location.

26 35 Sec. 37. Section 229.2, subsection 1, paragraph b,
27 1 subparagraph (3), Code 2026, is amended to read as follows:
27 2 (3) As soon as is practicable after the filing of a
27 3 petition for juvenile court approval of the admission of the
27 4 minor, the juvenile court shall determine whether the minor
27 5 has an attorney to represent the minor in the hospitalization
27 6 proceeding, and if not, the court shall ~~assign to~~ appoint the
27 7 minor an attorney pursuant to section 815.10. If the minor is
27 8 financially unable to pay for an attorney, the attorney shall
27 9 be compensated by an administrative services organization at an
27 10 hourly rate to be established by the administrative services
27 11 organization in substantially the same manner as provided in
27 12 section 815.7.

CODE: Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [125.81\(1\)](#) to compensate the sheriff for conveyance of the respondent to a detention location, as determined by the county board of supervisors of that county and consistent with Iowa Code section [331.655\(1\)\(l\)](#), and makes technical changes.

FISCAL IMPACT: Division XV of the Bill is estimated to increase costs to the counties by \$1,472,511 and decrease costs to the HHS by \$1,472,511.

CODE: Establishes that if the juvenile court determines that a minor does not have an attorney to represent the minor in hospitalization proceedings, the juvenile court will appoint the minor an attorney pursuant to Iowa Code section [815.10](#). Removes the requirement for a juvenile court to assign to the minor an attorney.

27 13 Sec. 38. Section 229.8, subsection 1, Code 2026, is amended
27 14 to read as follows:
27 15 1. Determine whether the respondent has an attorney
27 16 who is able and willing to represent the respondent in the
27 17 hospitalization proceeding, and if not, whether the respondent
27 18 is financially able to employ an attorney and capable of
27 19 meaningfully assisting in selecting one. In accordance with
27 20 those determinations, the court shall if necessary allow
27 21 the respondent to select, or pursuant to section 815.10
27 22 shall ~~assign to~~ appoint the respondent, an attorney. If the
27 23 respondent is financially unable to pay an attorney, the
27 24 attorney shall be compensated by an administrative services
27 25 organization at an hourly rate to be established by the
27 26 administrative services organization in substantially the same
27 27 manner as provided in section 815.7.

CODE: Establishes that the court will if necessary allow a respondent to select, or pursuant to Iowa Code section [815.10](#) appoint, the respondent an attorney if it is determined that the respondent does not have an attorney who is able and willing to represent the respondent in involuntary hospitalization of persons with mental illness proceedings following an application filed pursuant to Iowa Code section [229.6](#).

27 28 Sec. 39. Section 229.10, subsection 1, paragraph a, Code
27 29 2026, is amended to read as follows:
27 30 a. An examination of the respondent shall be conducted by
27 31 one or more licensed physicians or mental health professionals,
27 32 as required by the court's order, within a reasonable time.
27 33 If the respondent is detained pursuant to section 229.11,
27 34 subsection 1, paragraph "b" "a", subparagraph (2), the
27 35 examination shall be conducted within twenty-four hours.
28 1 If the respondent is detained pursuant to section 229.11,
28 2 subsection 1, paragraph "a" or "c", subparagraph (1) or (3), the
28 3 examination shall be conducted within forty-eight hours. If
28 4 the respondent so desires, the respondent shall be entitled to
28 5 a separate examination by a licensed physician or mental health
28 6 professional of the respondent's own choice. The reasonable
28 7 cost of the examinations shall, if the respondent lacks
28 8 sufficient funds to pay the cost, be paid by an administrative
28 9 services organization upon order of the court.

CODE: Technical change.

28 10 Sec. 40. Section 229.11, subsections 1 and 3, Code 2026, are
28 11 amended to read as follows:
28 12 1. a. If the applicant requests that the respondent be
28 13 taken into immediate custody and the judge, upon reviewing the
28 14 application and accompanying documentation, finds probable
28 15 cause to believe that the respondent has a serious mental
28 16 impairment and is likely to injure the respondent or other

CODE: Removes the requirement for a judge to give notice to a behavioral health administrative services organization (BH-ASO) of a respondent's placement in the custody of a relative, friend, or other suitable person for detention if the expenses of the respondent are payable in whole or in part by a BH-ASO, and removes the requirement for a judge to order the placement of the respondent in a hospital or facility

28 17 persons if allowed to remain at liberty, the judge may enter
 28 18 a written order directing that the respondent be taken into
 28 19 immediate custody by the sheriff or the sheriff's deputy
 28 20 and be detained until the hospitalization hearing. The
 28 21 hospitalization hearing shall be held no more than five days
 28 22 after the date of the order, except that if the fifth day after
 28 23 the date of the order is a Saturday, Sunday, or a holiday, the
 28 24 hearing may be held on the next succeeding business day. If
 28 25 ~~the expenses of a respondent are payable in whole or in part~~
 28 26 ~~by an administrative services organization, for a placement~~
 28 27 ~~in accordance with paragraph "a", the judge shall give notice~~
 28 28 ~~of the placement to an administrative services organization,~~
 28 29 ~~and for a placement in accordance with paragraph "b" or "c",~~
 28 30 ~~the judge shall order the placement in a hospital or facility~~
 28 31 ~~designated by an administrative services organization. The~~
 28 32 judge may order the respondent detained for the period of time
 28 33 until the hearing is held, and no longer, in accordance with
 28 34 ~~paragraph "a" subparagraph (1), if possible, and if not then~~
 28 35 ~~in accordance with paragraph "b" subparagraph (2), or, only if~~
 29 1 neither of these alternatives is available, in accordance with
 29 2 ~~paragraph "c" subparagraph (3).~~ Detention may be in any of the
 29 3 following:

29 4 —a. (1) In the custody of a relative, friend, or other
 29 5 suitable person who is willing to accept responsibility for
 29 6 supervision of the respondent, and the respondent may be placed
 29 7 under such reasonable restrictions as the judge may order
 29 8 including but not limited to restrictions on or a prohibition
 29 9 of any expenditure, encumbrance, or disposition of the
 29 10 respondent's funds or property.

29 11 —b. (2) In a suitable hospital the chief medical officer of
 29 12 which shall be informed of the reasons why immediate custody
 29 13 has been ordered and may provide treatment which is necessary
 29 14 to preserve the respondent's life, or to appropriately control
 29 15 behavior by the respondent which is likely to result in
 29 16 physical injury to the respondent or to others if allowed
 29 17 to continue, but may not otherwise provide treatment to the
 29 18 respondent without the respondent's consent.

29 19 —c. (3) In the nearest facility in the community which is
 29 20 licensed to care for persons with mental illness or substance

designated by a BH-ASO if expenses of the respondent are payable in whole or in part by a BH-ASO.

CODE: Technical change.

CODE: Technical change.

CODE: Technical change.

29 21 use disorder, provided that detention in a jail or other
 29 22 facility intended for confinement of those accused or convicted
 29 23 of crime shall not be ordered.

29 24 b. The county in which a respondent is taken into immediate
 29 25 custody by the sheriff pursuant to paragraph "a" shall
 29 26 compensate the sheriff, as determined by the county board of
 29 27 supervisors of that county and consistent with section 331.655,
 29 28 subsection 1, paragraph "l", for conveyance of the respondent
 29 29 to a detention location.

CODE: Requires the county in which a respondent is taken into immediate custody by the sheriff pursuant to Iowa Code section [229.11](#) to compensate the sheriff for conveyance of the respondent to a detention location.

FISCAL IMPACT: Division XV of the Bill is estimated to increase costs to the counties by \$1,472,511 and decrease costs to the HHS by \$1,472,511.

29 30 3. If a respondent is detained pursuant to subsection 1,
 29 31 paragraph "~~b~~" or "~~c~~" "a", subparagraph (2) or (3), the sheriff
 29 32 or the sheriff's deputy that took the respondent into immediate
 29 33 custody may inform the hospital or facility that an arrest
 29 34 warrant has been issued for or charges are pending against the
 29 35 respondent and may request the hospital or facility to notify
 30 1 the sheriff or the sheriff's deputy about the discharge of the
 30 2 respondent prior to discharge.

CODE: Technical change.

30 3 Sec. 41. Section 229.22, subsection 2, paragraph a,
 30 4 subparagraph (1), Code 2026, is amended to read as follows:
 30 5 (1) In the circumstances described in subsection 1, any
 30 6 peace officer who has reasonable grounds to believe that
 30 7 a person is mentally ill, and because of that illness is
 30 8 likely to physically injure the person's self or others if
 30 9 not immediately detained, may without a warrant take or cause
 30 10 that person to be taken to the nearest available facility or
 30 11 hospital as ~~defined~~ described in section 229.11, subsection 1,
 30 12 ~~paragraphs "b" paragraph "a", subparagraphs (2) and "c" (3).~~A
 30 13 person believed mentally ill, and likely to injure the person's
 30 14 self or others if not immediately detained, may be delivered to
 30 15 a facility or hospital by someone other than a peace officer.

CODE: Technical change.

30 16 Sec. 42. Section 815.9, subsection 1, unnumbered paragraph
 30 17 1, Code 2026, is amended to read as follows:
 30 18 For purposes of this chapter, chapters 13B, 125, 229, 229A,
 30 19 232, 665, 812, 814, and 822, and section 811.1A, and the rules
 30 20 of criminal procedure, a person is indigent if the person is
 30 21 entitled to an attorney appointed by the court as follows:

CODE: Amends the list of Iowa Code chapters for which the indigency determinations under Iowa Code section [815.9](#) apply to include Iowa Code chapters [125](#) (Substance Use Disorders) and [229](#) (Hospitalization of Persons with Mental Illness).

30 22 DIVISION XVI
30 23 CHILD ABUSE PREVENTION

30 24 Sec. 43. Section 144.13A, subsection 5, paragraph a, Code
30 25 2026, is amended to read as follows:
30 26 a. Ten dollars of each registration fee is appropriated and
30 27 shall be used for ~~primary and secondary~~ child abuse prevention
30 28 ~~programs pursuant to section 235A.1~~, and ten dollars of each
30 29 registration fee is appropriated and shall be used for the
30 30 congenital and inherited disorders central registry established
30 31 pursuant to section 136A.6. Notwithstanding section 8.33,
30 32 moneys appropriated in this paragraph that remain unencumbered
30 33 or unobligated at the close of the fiscal year shall not revert
30 34 but shall remain available for expenditure for the purposes
30 35 designated until the close of the succeeding fiscal year, and
31 1 shall not be transferred, used, obligated, appropriated, or
31 2 otherwise encumbered except as provided in this paragraph.

CODE: Appropriates \$10 from each birth certificate registration fee to be used for child abuse prevention, and removes the appropriation of \$10 from each birth certificate registration fee to be used for primary and secondary child abuse prevention programs pursuant to Iowa Code section [235A.1](#).

31 3 Sec. 44. Section 422.12K, Code 2026, is amended to read as
31 4 follows:
31 5 422.12K INCOME TAX CHECKOFF FOR CHILD ABUSE PREVENTION
31 6 ~~PROGRAM FUND~~ .
31 7 1. A person who files an individual or a joint income tax
31 8 return with the department of revenue under section 422.13 may
31 9 designate one dollar or more to be paid to the ~~child abuse~~
31 10 ~~prevention program~~ early childhood and family services system
31 11 ~~fund created in section 235A.2~~ 234A.6, to be used for the
31 12 purpose of child abuse prevention. If the refund due on the
31 13 return or the payment remitted with the return is insufficient
31 14 to pay the additional amount designated by the taxpayer to
31 15 the ~~child abuse prevention program~~ early childhood and family
31 16 services system fund, the amount designated shall be reduced to
31 17 the remaining amount remitted with the return. The designation
31 18 of a contribution to the ~~child abuse prevention program~~ early
31 19 childhood and family services system fund under this section
31 20 is irrevocable.

CODE: Permits a person who files an individual or a joint income tax return with the Department of Revenue to designate \$1 or more to be paid to the Early Childhood and Family Services System Fund to be used for the purpose of child abuse prevention instead of permitting designation of \$1 or more to be paid to the Child Abuse Prevention Program Fund.

31 21 2. The director of revenue shall draft the income tax form
31 22 to allow the designation of contributions to the ~~child abuse~~
31 23 ~~prevention program~~ early childhood and family services system
31 24 fund on the tax return. The department of revenue, on or

CODE: Changes the income tax form designations from the Child Abuse Prevention Program Fund to the Early Childhood and Family Services System Fund.

31 25 before January 31, shall transfer the total amount designated
 31 26 on the tax return forms due in the preceding calendar year to
 31 27 the ~~child abuse prevention program~~ early childhood and family
 31 28 services system fund. However, before a checkoff pursuant
 31 29 to this section shall be permitted, all liabilities on the
 31 30 books of the department and accounts identified as owing under
 31 31 section 421.65 shall be satisfied.

31 32 3. The department of health and human services may authorize
 31 33 payment of moneys from the ~~child abuse prevention program~~ early
 31 34 childhood and family services system fund for the purpose
 31 35 of child abuse prevention in accordance with section ~~235A.2~~
 32 1 234A.6.

32 2 4. The department of revenue shall adopt rules to administer
 32 3 this section.

32 4 5. This section is subject to repeal under section 422.12E.

32 5 Sec. 45. REPEAL. Sections 235A.1, 235A.2, and 235A.3, Code
 32 6 2026, are repealed.

32 7 Sec. 46. CHILD ABUSE PREVENTION PROGRAM FUND — TRANSFER
 32 8 OF MONEYS. Any unencumbered or unobligated moneys remaining
 32 9 in the child abuse prevention program fund created in section
 32 10 235A.2, on June 30, 2026, shall be transferred to the early
 32 11 childhood and family services system fund created in section
 32 12 234A.6, if created by enactment of 2026 Iowa Acts, House File
 32 13 2712 or Senate File 2462, or successor legislation. If no such
 32 14 fund is enacted, the moneys shall be transferred to the early
 32 15 intervention and supports appropriation in this Act.

CODE: Permits the HHS to authorize the payments for child abuse prevention from the Early Childhood and Family Services System Fund.

CODE: Requires the Department of Revenue to adopt administrative rules to administer Iowa Code section [422.12K](#) (Income Tax Checkoff for Child Abuse Prevention Program Fund).

CODE: Establishes that Iowa Code section [422.12K](#) (Income Tax Checkoff for Child Abuse Prevention Program Fund) is subject to repeal under Iowa Code section [422.12E](#) (Income Tax Return Checkoffs Limited — Notification of Repeal).

CODE: Repeals Iowa Code sections [235A.1](#) (Child Abuse Prevention Program), [235A.2](#) (Child Abuse Prevention Program Fund), and [235A.3](#) (Child Abuse Prevention Program Advisory Committee).

Transfers any unencumbered or unobligated moneys remaining in the Child Abuse Prevention Program Fund at the close of FY 2026 to the Early Childhood and Family Services System Fund, if created by the enactment of 2026 Iowa Acts, [House File 2712](#) (Early Childhood and Family Service System Bill) or [Senate File 2462](#) (Early Childhood and Family Service System Bill), or successor legislation. If the Early Childhood and Family Services System Fund is not enacted, the moneys will be transferred to the General Fund Early Intervention and Supports appropriation to the HHS.

DETAIL: As of April 7, 2026, the balance of the Child Abuse Prevention Program Fund is \$732,749.

32 16 Sec. 47. CONTINGENT EFFECTIVE DATE. This division of this
 32 17 Act, being deemed of immediate importance, takes effect upon
 32 18 enactment if 2026 Iowa Acts, House File 2712 or Senate File
 32 19 2462, or successor legislation, is enacted.

Specifies that Division XVI of the Bill relating to child abuse prevention takes effect upon enactment contingent on the enactment of 2026 Iowa Acts, [House File 2712](#) (Early Childhood and Family Service System Bill) or [Senate File 2462](#) (Early Childhood and Family Service System Bill), or successor legislation.

32 20 DIVISION XVII
 32 21 COMPREHENSIVE FAMILY SUPPORT PROGRAM

32 22 Sec. 48. NEW SECTION 231.80 COMPREHENSIVE FAMILY SUPPORT
 32 23 PROGRAM.

CODE: Defines terms related to the CFSP as established by the Bill.

32 24 1. For the purposes of this section, unless the context
 32 25 otherwise requires:
 32 26 a. "Comprehensive family support" means services and
 32 27 supports that assist families caring for an individual with
 32 28 a disability who is a member of the family, including but
 32 29 not limited to programs, services, parent-to-parent support,
 32 30 assistive devices, and various adaptations that allow an
 32 31 individual with a disability to participate more fully in
 32 32 family and community life.
 32 33 b. (1) "Family" means a group of interdependent persons
 32 34 living in the same household. A family consists of an
 32 35 individual with a disability and any of the following:
 33 1 (a) The individual's parent.
 33 2 (b) The individual's sibling.
 33 3 (c) The individual's grandparent, aunt, or uncle.
 33 4 (d) The individual's legal custodian.
 33 5 (e) A person providing short-term foster care to the
 33 6 individual with a disability subject to a case permanency plan
 33 7 that provides for reunification between the individual and the
 33 8 individual's parent.
 33 9 (2) "Family" does not include a person who is employed
 33 10 to provide services to an individual with a disability in an
 33 11 out-of-home setting, including but not limited to a hospital,
 33 12 nursing facility, personal care home, board and care home,
 33 13 group foster care home, or other institutional setting.
 33 14 c. "Individual with a disability" means an individual who is

33 15 less than twenty-two years of age and meets the definition of
 33 16 developmental disability in 42 U.S.C.§15002.
 33 17 d. "Services and support" means assistance intended
 33 18 to enable an individual with a disability to control
 33 19 the individual's environment, to remain living with the
 33 20 individual's family, to function more independently, and
 33 21 to increase the integration of the individual into the
 33 22 individual's community including but not limited to funding
 33 23 for purchase of equipment, respite care, supplies, assistive
 33 24 technology, and payment of other costs attributable to
 33 25 the individual's disability which are identified by the
 33 26 individual's family.

33 27 2. A comprehensive family support program is created under
 33 28 the purview of the department to provide a statewide system of
 33 29 services and support to eligible families. The program shall
 33 30 be implemented in a manner that enables a family member of an
 33 31 individual with a disability to identify the needed services
 33 32 and support.

33 33 3. Eligibility for the program is limited to families who
 33 34 meet all of the following criteria:
 33 35 a. The family resides in the state of Iowa.
 34 1 b. The family intends for the family member who is an
 34 2 individual with a disability to remain living in the family's
 34 3 home.
 34 4 c. The family's taxable income is less than sixty thousand
 34 5 dollars for the most recently completed tax year.

34 6 4. A family may apply to the department or to a family
 34 7 support center for assistance under the comprehensive family
 34 8 support program. The department or family support center shall
 34 9 determine eligibility for the comprehensive family support
 34 10 program in accordance with subsection 3.

34 11 5. The department shall adopt rules pursuant to chapter
 34 12 17A to implement the comprehensive family support program.
 34 13 The comprehensive family support program must do all of the
 34 14 following:
 34 15 a. To the extent possible, incorporate in the application
 34 16 process the eligibility determination processes that the

CODE: Creates a CFSP under the HHS to provide a statewide system of services and support to eligible families. Requires the CFSP to be implemented in a manner that enables a family member of an individual with a disability to identify the needed services and support.

CODE: Requires families to meet the following criteria to be eligible for the CFSP:

- The family resides in Iowa.
- The family intends for the family member who is an individual with a disability to remain living in the family's home.
- The family's taxable income is less than \$60,000 for the most recently completed tax year.

CODE: Allows a family to apply to the HHS or to a family support center for assistance under the CFSP. Requires the HHS or the family support center to determine eligibility for the CFSP.

CODE: Requires the HHS to adopt administrative rules to implement the CFSP. Requires the CFSP to do all of the following:

34 17 department uses for other disability services programs.
 34 18 b. Ensure the ability of families to maintain control of
 34 19 decisions which affect an individual with a disability who is a
 34 20 member of a family.
 34 21 c. Utilize existing local agencies to provide facilities and
 34 22 a single entry point for program applicants.
 34 23 d. Ensure services and support are provided in a timely
 34 24 manner and emergency access to needed services and support is
 34 25 provided.
 34 26 e. Ensure technical assistance is provided to providers and
 34 27 users of services and support.
 34 28 f. Utilize state, regional, and local media to publicize the
 34 29 program.
 34 30 g. Incorporate a process to appeal the department's or
 34 31 family support center's denial of services and support to a
 34 32 family under the program, including reasonable efforts by the
 34 33 department to utilize telecommunications in the appeal process.
 34 34 h. Identify the services and support, and service provider
 34 35 components, included in the program.
 35 1 i. Upon request by a family member, provide a family with
 35 2 assistance in locating a service provider.
 35 3 j. Make payment for services and support directly to
 35 4 families by voucher or other appropriate means.
 35 5 k. Utilize a voucher system for payment for the family
 35 6 support center component of the program under subsection 7.

- Incorporate the eligibility determination processes that the HHS uses for other disability services programs in the applications process.
- Ensure the ability of families to maintain control of decisions which affect an individual with a disability who is a member of a family.
- Use existing local agencies to provide facilities and a single entry point for applicants.
- Ensure that services and support are provided in a timely manner and that emergency access to needed services and support is provided.
- Ensure that technical assistance is provided to providers and users of services and support.
- Utilize State, regional, and local media to publicize the CFSP.
- Incorporate a process to appeal the HHS's or family support center's denial of services and support to a family under the CFSP, including reasonable efforts by the HHS to utilize telecommunications in the appeal process.
- Identify the services and support, and service provider components, included in the CFSP.
- Provide a family with assistance in locating a service provider upon request by a family member.
- Make payment for services and support directly to families by voucher or other appropriate means.
- Use a voucher system for payment for the family support center component of the CFSP.

35 7 6. Services and support provided under the comprehensive
 35 8 family support program shall not be used to supplant other
 35 9 services and support available to a family of an individual
 35 10 with a disability but shall be used to meet family needs that
 35 11 will not be met without the program.

CODE: Prohibits services and support provided under the CFSP from being used to supplant other services and support available to a family of an individual with a disability.

35 12 7. The comprehensive family support program shall include a
 35 13 family support center component. Under the component, a family
 35 14 member of an individual with a disability shall be assisted
 35 15 by a family support center in identifying the services and
 35 16 support to be provided to the family under the family support
 35 17 subsidy program or the comprehensive family support program.
 35 18 The identification of services and support must be based upon

CODE: Requires the CFSP to include a family support center component in which a family member of an individual with a disability must be assisted by a family support center in identifying the services and support to be provided to the family under the family support subsidy program or the CFSP. Requires the identification of services and support to be based on the specific needs of the individual with a

35 19 the specific needs of the individual with a disability and
 35 20 the individual's family which are not met by other service
 35 21 programs available to the individual with a disability and the
 35 22 individual's family.

disability and the individual's family which are not met by other service programs.

35 23 8. The comprehensive family support program shall be funded
 35 24 by appropriations made by the general assembly for purposes of
 35 25 the program. Notwithstanding section 8.33, moneys appropriated
 35 26 for the comprehensive family support program under this section
 35 27 that remain unobligated or unexpended at the close of each
 35 28 fiscal year shall not revert but shall remain available for
 35 29 expenditure for the purposes designated until the close of the
 35 30 immediately succeeding fiscal year.

CODE: Provides that the CFSP is funded by appropriations made by the General Assembly. Allows any unobligated or unexpended funds appropriated for the CFSP to remain available until the close of FY 2028.

35 31 Sec. 49. CODE EDITOR DIRECTIVE. The Code editor is directed
 35 32 to designate section 231.80, as enacted in this division
 35 33 of this Act, as subchapter VIII of chapter 231 entitled
 35 34 "Comprehensive Family Support Program".

Requires the Iowa Code Editor to designate Iowa Code section 231.80, as established by the Bill, as subchapter VIII of Iowa Code chapter [231](#) entitled "Comprehensive Family Support Program."

35 35 Sec. 50. EFFECTIVE DATE. This division of this Act, being
 36 1 deemed of immediate importance, takes effect upon enactment.

Specifies that Division XVII of the Bill related to the CFSP takes effect upon enactment.

36 2 Sec. 51. RETROACTIVE APPLICABILITY. This division of this
 36 3 Act applies retroactively to July 1, 2025.

Provides that Division XVII of the Bill related to the CFSP applies retroactively to July 1, 2025.

36 4 DIVISION XVIII
 36 5 CHILD CARE ASSISTANCE AND ADOPTION SUBSIDY EXPENDITURE
 36 6 PROJECTIONS

36 7 Sec. 52. REPEAL. Section 234.47, Code 2026, is repealed.

CODE: Repeals Iowa Code section [234.47](#), which requires the HHS, the DOM, and the Legislative Services Agency (LSA) to utilize a joint process to arrive at consensus projections for expenditures for the CCA program under Iowa Code section [237A.13](#) and adoption subsidy and other assistance under Iowa Code section [600.17](#).

Health and Human Services General Fund

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	Senate Approp FY 2027 (3)	Sen Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
Health and Human Services, Department of					
Health and Human Services					
Child Abuse Prevention - Standing	\$ 221,830	\$ 232,570	\$ 232,570	\$ 0	STANDING
Congenital & Inherited Disorders Registry - Standing	221,830	223,521	223,521	0	STANDING
Psychiatry Residency & Fellowship Program - Standing	100,000	0	0	0	STANDING
Centers of Excellence - Standing	383,538	425,000	425,000	0	STANDING
LiHEAP Weatherization Assistance Program - Standing	139,637	1	1	0	STANDING
Commission of Inquiry - Standing	0	1,394	1,394	0	STANDING
Nonresident Mental Illness Commitment - Standing	7,010	142,802	142,802	0	STANDING
Aging and Disability Services	19,088,714	19,208,180	19,379,531	171,351	PG 1 LN 31
Behavioral Health	24,400,114	24,442,121	23,127,121	-1,315,000	PG 3 LN 5
Public Health	22,531,821	22,433,369	21,833,369	-600,000	PG 4 LN 21
Community Access and Eligibility	68,043,944	68,542,456	76,312,642	7,770,186	PG 6 LN 18
Child Support Services	15,434,282	15,644,114	15,644,114	0	PG 8 LN 14
Medical Assistance	1,650,866,536	1,992,550,706	1,992,550,706	0	PG 11 LN 6
Health Program Operations	39,597,231	39,672,433	39,672,433	0	PG 12 LN 6
Child Care Assistance	34,966,931	34,983,000	31,983,000	-3,000,000	PG 15 LN 8
Early Intervention and Supports	35,277,739	35,301,904	35,695,203	393,299	PG 15 LN 27
Child Protective Services	166,101,034	165,558,031	164,052,467	-1,505,564	PG 16 LN 13
State-Operated Specialty Care	100,006,128	102,343,507	100,225,768	-2,117,739	PG 18 LN 13
Accountability, Compliance, and Program Integrity	22,356,598	21,904,214	23,087,834	1,183,620	PG 19 LN 11
Behavioral Health Fund - Standing	0	1,000,000	1,000,000	0	STANDING
Total Health and Human Services, Department of	\$ 2,199,744,916	\$ 2,544,609,323	\$ 2,545,589,476	\$ 980,153	
Veterans Affairs, Department of					
Veterans Affairs, Dept. of					
General Administration	\$ 1,369,205	\$ 1,369,205	\$ 1,369,205	\$ 0	PG 1 LN 9
Home Ownership Assistance Program	2,200,000	2,200,000	2,200,000	0	PG 1 LN 22
Veterans County Grants - Standing	990,000	990,000	990,000	0	STANDING
Veterans Affairs, Dept. of	\$ 4,559,205	\$ 4,559,205	\$ 4,559,205	\$ 0	
Veterans Affairs, Dept. of					
Iowa Veterans Home	\$ 8,145,736	\$ 8,145,736	\$ 8,145,736	\$ 0	PG 1 LN 13
Total Veterans Affairs, Department of	\$ 12,704,941	\$ 12,704,941	\$ 12,704,941	\$ 0	
Total Health and Human Services	\$ 2,212,449,857	\$ 2,557,314,264	\$ 2,558,294,417	\$ 980,153	

Health and Human Services Other Funds

	Actual FY 2025 (1)	Estimated Net FY 2026 (2)	Senate Approp FY 2027 (3)	Sen Appr FY27 vs Est Net FY26 (4)	Page and Line # (5)
Health and Human Services, Department of					
Health and Human Services					
Gambling Treatment Program - SWRF	\$ 1,750,000	\$ 1,750,000	\$ 1,750,000	\$ 0	PG 4 LN 6
Medical Assistance - PSA	0	0	234,193	234,193	PG 13 LN 11
Health Program Operations - PSA	234,193	234,193	0	-234,193	
Medical Assistance - QATF	111,216,205	111,216,205	111,216,205	0	PG 13 LN 21
Medical Assistance - HHCAT	33,920,554	33,920,554	33,920,554	0	PG 13 LN 30
Behavioral Analysis Treatment - ASF	750,000	0	0	0	
Medical Assistance - BHF	0	0	7,053,449	7,053,449	PG 14 LN 4
Medical Assistance - MFF	744,869	150,000	150,000	0	STANDING
Medical Assistance - HCTF	176,470,000	150,997,000	137,639,000	-13,358,000	STANDING
Health and Human Services	\$ 325,085,821	\$ 298,267,952	\$ 291,963,401	\$ -6,304,551	
HHS - Human Services					
Community Access and Eligibility - TANF	\$ 15,347,831	\$ 12,988,627	\$ 12,566,312	\$ -422,315	PG 9 LN 12
Core Purposes - TANF	0	25,000,000	25,000,000	0	PG 9 LN 31
FaDSS - TANF	2,736,168	0	0	0	
Early Intervention and Supports - TANF	0	3,013,980	3,013,980	0	PG 10 LN 3
Administration and Compliance - TANF	3,288,458	3,533,647	3,533,647	0	PG 10 LN 7
Child Care Assistance - TANF	26,205,412	47,166,826	42,281,826	-4,885,000	PG 10 LN 12
Child Protective Service - TANF	64,716,156	65,364,100	67,249,100	1,885,000	PG 10 LN 14
HHS - Human Services	\$ 112,294,025	\$ 157,067,180	\$ 153,644,865	\$ -3,422,315	
HHS - Assistance Payment					
Pregnancy Prevention - TANF	\$ 1,721,903	\$ 1,913,203	\$ 1,913,203	\$ 0	PG 9 LN 14
Total Health and Human Services, Department of	\$ 439,101,749	\$ 457,248,335	\$ 447,521,469	\$ -9,726,866	
Total Health and Human Services	\$ 439,101,749	\$ 457,248,335	\$ 447,521,469	\$ -9,726,866	