

## Comparison Public Assistance Bills

Proposed Changes	<a href="#"><u>HF 2716</u></a>	<a href="#"><u>SF 2422</u></a>
<b>Public Assistance Programs Impacted</b>	Supplemental Nutrition Assistance Program (SNAP), Family Investment Program (FIP), Medicaid, Iowa Health & Wellness Plan (IHWP), the children’s health insurance program (Hawki), Women/Infant/Children Program (WIC), and state child care assistance. <i>Division III, Sections 12 (page 7, line 12-24)</i>	SNAP, FIP, Medicaid, IHWP, hawki <i>Division I, Section 1 (page 1, lines 1-16)</i>
	Permits Iowa HHS to require proof of at least 12 months continuous residency in Iowa prior to receiving any public assistance (exempting Social Security). <i>Division III, Sections 12 (page 7, line 25- page 8, line 6)</i>	
	Requires Iowa HHS to report annually on public assistance fraud (number of cases investigated, case outcomes, dollar amount of overpayments, amount of cost avoidance, and actual dollars recovered). <i>Division V, Section 21 (page 10, line 34 to page 11, line 21)</i>	
<b>Citizenship/Immigration Status</b>	Mandates use of SAVE system to verify citizenship/immigration status of all SNAP, FIP, Medicaid, IHWP, and Hawki recipients. <i>Division I, Section 13 (page 8, lines 7-20)</i>	Same. <i>Division I (page 1, lines 1-16)</i>
<b>WIC (Women, Infant, Children)</b>	Excludes undocumented pregnant women and their babies (both born and unborn) from WIC assistance. <i>Division IV, Section 15 (page 8, lines 23-30)</i>  The above change also excludes people who are in the country legally on temporary protective status, people with a non-immigrant visa (including survivors of serious crimes with a U visa, persons with work or student visas), and individuals granted deferred action	Defines “alien” as a person not a US citizen/national for SNAP. <i>Division II, Section 3 (page 1, lines 19-20)</i>  Lists the current federal “qualified alien” categories who are eligible for SNAP, aligning state and federal law. This includes the eligible list in the HF 2716 column. <i>Division II, Section 4 (page 2, line 23-page 3, line 26)</i>

	(DACA). Those <i>still eligible</i> would be Lawful Permanent Residents (green card holders), refugees, people granted asylum or withholding of deportation/ removal, certain survivors of domestic violence or trafficking, Compact of Free Association residents (Palau, Micronesia, Marshall Islands), and certain Cuban and Haitian nationals considered to be Cuban/Haitian Entrants under existing law.	
<b>Supplemental Nutrition Assistance Program (SNAP)</b>	Requires Iowa HHS to report annually on SNAP payment error rates to Legislature and asks for a waiver to only report errors due to Iowa HHS. <i>Division I, Section 1 (page 1, lines 2-14) &amp; Division I, Section 5 (page 3, lines 3-16)</i>	
	Requires Iowa Medicaid to submit a waiver to exclude a student's earned income if they are under age 22, living at home, and still in K-12 school. <i>Division I, Section 2 (page 1, lines 15-32)</i>	Requires all household member income be used in determining SNAP eligibility. <i>Division II, Section 4 (page 1, line 31 to page 2, line 26)</i>
	Requires Iowa HHS to request a waiver to remove federal verification rules if a person's eligibility for SNAP can be automatically verified using one of several federal databases (labor statistics program, national directory of new hires, unemployment insurance data, social security, US Department of Transportation, Iowa Department of Corrections' incarceration data, automated Work Number system, or national vital statistics report. <i>Division I, Section 3 (page 1, line 33 to page 2, line 24)</i>	
	Takes back any funds in a SNAP electronic benefits account after 91 days of inactivity. <i>Division I, Section 4 (page 2, line 25 to page 3, line 2)</i>	

<p><b>Medicaid</b></p>	<p>Increases the income limit for the Medicaid for Employed Persons with Disabilities (MEPD) program to <u>300% of the federal poverty level (FPL)</u>. The current limit is 250% FPL. Does not change asset limits but does add pensions to the list of disregarded income. Eliminates language requiring those above 150% FPL pay the same that a state employee pays for their insurance and requires Iowa HHS to have a system that allows a person to electronically pay their premium. <i>Division II, Section 6 (page 3, line 19 to page 4, line 30)</i></p>	
		<p>Locks the state into managed care. Requires the state to use managed care to provide all Medicaid services, except those identified as fee-for-service as of January 1, 2027. <i>Division III, Section 5 (page 2, line 27 to page 3, line 3)</i></p>
		<p>Limits retroactive eligibility to two months (60 days) for pregnant women, children, and nursing facility residents. Currently our state has a three-month (90 days) look back period for paying for Medicaid services. Eligibility begins back to the first of the month when the application is made (current law begins the first of the month following application). Eliminates ALL retroactive eligibility for anyone not in the above categories. These changes align Iowa law with what was done in the One Big Beautiful Bill Act. <i>Division IV, Sections 6-8 (page 3, line 7 – page 4, line 17)</i></p>
	<p>Requires Iowa HHS to submit a report to the Legislature on Medicaid payment error rates within 30 days of receiving the state’s official error rate from the federal government (CMS). <i>Division II, Section 7 (page 4, line 31 to page 5, line 4)</i></p>	

	Requires Iowa HHS to submit an annual report on exceptions to policy requests that includes: total number granted; total cost of those granted; types of exceptions granted; and trends in geographical area, type of service, or category of individual. <i>Division II, Section 7 (page 5, lines 5-22)</i>	
	Requires Iowa HHS to increase Medicaid reimbursement rates to HCBS providers who serve rural clients to make up for increased travel time and expense. No funding is included in this bill; an appropriation would need to be added to the budget. <i>Division II, Section 8 (page 5, line 23 to page 6, line 1)</i>	
	Requires all federal Medicaid waiver requests be cost neutral, unless approved by the Legislature. This does not include state plan amendments. <i>Division II, Sections 9- (page 6, line 2 to page 7, line 9)</i>	Senate language requires 1115 demonstration waiver, 1915 HCBS waivers, and state plan amendments that add new populations be cost neutral, otherwise requires legislative approval. <i>Division V, Section 10 (page 4, line 18 to page 6, line 21)</i>
<b>Iowa Health &amp; Wellness Plan (IHWP)</b>	Increases the wage threshold for requiring IHWP members to pay a premium to 100% FPL (currently those over 50% FPL pay a monthly premium). Also codifies an \$8 copay for nonemergency use of the emergency room. Also changes references from the Affordable Care Act to the One Big Beautiful Bill Act. <i>Division IV, Section 17 (page 9, lines 3-16)</i>	
	Requires IHWP members earning more than 100% FPL to pay a \$5 copay for diagnostic dental services and \$1 copy prescriptions for those over 100% of the federal poverty limit. <i>Division IV, Section 18 (page 9, lines 24-34)</i>	
	Allows (does not require) IHWP to charge a member \$5 for missed appointments. <i>Division IV, Section 16 (page 8, line 31- page 9, line 2)</i>	

	Charges a \$5/month premium for the next year if IHWP members do not complete their required annual preventive/wellness activities . <i>Division IV, Section 18 (page 9, lines 17-23)</i>	
	IHWP members who fail to pay their monthly premiums are currently dropped from coverage and cannot be reinstated unless they pay the amount owed. The bill changes this to them to be reinstated the first time this happens without paying the amount owed. <i>Division IV, Section 20 (page 10, lines 9-33)</i>	
		Limits retroactive eligibility to two months (60 days) for pregnant women, children, and nursing facility residents. Currently our state has a three-month (90 days) look back period for paying for Medicaid services. Eligibility begins back to the first of the month when the application is made (current law begins the first of the month following application). Eliminates ALL retroactive eligibility for anyone not in the above categories. These changes align Iowa law with what was done in the One Big Beautiful Bill Act. <i>Division IV, Sections 6-8 (page 3, line 7 – page 4, line 17)</i>
<b>Special Population Nursing Facilities (On With Life &amp; ChildServe)</b>	Codifies Special Population Nursing Facility Medicaid rates and provider type, which are currently receiving exceptions to policy for these specialized rates. This only applies to two providers – On With Life and ChildServe. <i>Division VII, Section 24 (page 12, line 23- page 13, line 21)</i>	
<b>High Acuity Pediatric Work Group</b>	Establishes a work group to examine the unique service needs of high acuity children/youth in Medicaid and IHWP. The group will look at barriers to staying in least restrictive environment and tiered reimbursement	

	<p>methodologies. Work group members include Iowa Association of Community Providers, provider of high acuity services, Iowa Academy of Pediatrics, Iowa Health Care Association, and others Iowa HHS decides are appropriate. <i>Division VI, Section 23 (page 11, line 22 to page 12, line 22)</i></p>	
<p><b>Implementation Dates</b></p>	<p>Effective July 1, 2026.</p> <p>Waiver changes are implemented when approved by federal government. IHWP plan changes are to be implemented “in an incremental fashion” by 1/1/2027. <i>Division IV, Section 19 (page 9, line 1 – page 10, line 8)</i></p>	<p>Effective upon enactment.</p>