

Comparison Public Assistance Bills

Proposed Changes	<u>HSB 696</u>	<u>SSB 3140</u>
Public Assistance Programs Impacted	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.	SNAP, FIP, Medicaid, IHWP, hawki
	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 22 (page 11, lines 18-29)</i>	
Citizenship/Immigration Status	Mandates use of SAVE system to verify citizenship/immigration status of all SNAP, FIP, Medicaid, IHWP, and hawki recipients. <i>Division IV, Sections 13-14 (page 8, lines 18-30)</i>	Same. <i>Division I (page 1, lines 1-15)</i>
	Adds language requiring SAVE verification for state child care assistance and WIC. <i>Division III (page 7, lines 21-35)</i> Requires SNAP applications include citizenship status. <i>Division I, Section 6 (page 3, line 20 to page 4, line 2)</i>	
WIC (Women, Infant, Children)	Excludes undocumented pregnant women and their babies (both born and unborn) from WIC assistance. <i>Division IV, Section 15 (page 8, line 31 to page 9, line 5)</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 16-21)</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 HSB 696 column. <i>Division II, Section 4 (page 2, lines 3-26)</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.	
Supplemental Nutrition Assistance Program (SNAP)	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 1-13) & Division I, Section 5 (page 3, lines 6-19)</i>	
	Excludes a child'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 14-32)</i>	Requires all household member income be used in determining SNAP eligibility. <i>Division II, Section 4 (page 1, line 22 to page 2, line 2)</i>
	Waives 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 32 to page 2, line 27)</i>	
	Takes back any funds in a SNAP electronic benefits account after 91 days of inactivity. <i>Division I, Section 4 (page 2, line 28 to page 3, line 5)</i>	

<p>Medicaid</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 200% 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 7 (page 4, line 3 to page 5, line 16)</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 July 1, 2026. <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). Currently our state has a three-month (90 days) look back period for paying for paying Medicaid services, aligning Iowa law with what was done in the One Big Beautiful Bill Act. Requires Iowa Medicaid to annually report on the impact of retroactive eligibility (# of individuals requested and denied; estimated fiscal impact of denials; and # people applying for Medicaid vs. IHWP retroactive eligibility. <i>Division IV, Sections 6-7 (page 3, line 4 to page 5, line 8) and Division IV, Section 9 (page 4, line 25 to page 5, line 2)</i></p>
	<p>Requires Iowa HHS to submit a quarterly report to the Legislature on Medicaid payment error rates. <i>Division II, Section 8 (page 5, lines 17-23)</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 8 (page 5, line 17 to page 6, line 7) & Division II, Section 11 (page 7, lines 1-20)</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 9 (page 6, lines 8-21)</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 10-35 (page 6, lines 22-35)</i>	Senate language requires 1115 demonstration waiver, 1915 HCBS waivers, and state plan amendments be cost neutral, otherwise requires legislative approval. <i>Division V, Section 12 (page 5, line 31 to page 6, line 30)</i>
Iowa Health & Wellness Plan (IHWP)	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 13-26)</i>	
	Requires IHWP members earning more than 100% FPL to pay a \$5 copay for dental services and \$1 copay prescriptions. <i>Division IV, Section 18 (page 9, line 34 to page 10, line 9)</i>	
	Allows (does not require) IHWP to charge a member \$5 for missed appointments. <i>Division IV, Section 16 (page 9, lines 6-12)</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 27-33)</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, line 19 to page 11, line 8)</i>	
		Limits retroactive eligibility to one month (30 days). Currently our state has a 90-day look back period for paying for IHWP services, but the One Big Beautiful Bill Act allowed states to drop that to 30 days. <i>Division IV, Section 8 (page 3, line 4 to page 5, line 31) and Division IV, Section 10 (page 5, lines 3-15)</i>
Special Population Nursing Facilities (On With Life & ChildServe)	Requires Iowa Medicaid to update its rates for Special Population Nursing Facilities, which are currently receiving exceptions to policy for these specialized rates. <i>Division IV, Section 22 (page 11, lines 9-17)</i>	
High Acuity Pediatric Work Group	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 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 30 to page 12, line 30)</i>	

Implementation Dates	Effective July 1, 2026. Waiver changes are implemented when approved by federal government. IHWP plan changes are to be implemented by 1/1/2027. <i>Division IV, Section 19 (page 10, lines 10-18)</i>	Effective upon enactment. Waiver changes are implemented upon federal government approval. <i>Division IV, Section 11 (page 5, lines 16-30)</i>
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