

**Council on Health and Human Services**  
 Meeting Minutes  
 November 20, 2025

COUNCIL MEMBERS		EX-OFFICIO MEMBERS	
✓	Chair, Rebecca Peterson		Senator Sarah Trone Garriott
✓	Andrew Allen		Senator Mike Klimesh
✓	Kay Fisk	✓	Representative Heather Matson
✓	Dr. Monika Jindal		Representative Carter F. Nordman
✓	Dr. Donald Macfarlane		
✓	Sandra McGrath		
	Samantha Rozeboom, DPN		
✓	Jack Willey		
✓	Tom Brown		

1. **Call to Order**  
 Council Chair, Rebecca Peterson, called the meeting to order at 10:02 a.m.
2. **Roll Call**  
 The secretary conducted roll call as indicated above; a quorum was present.
3. **Public Comment**  
 No public comments were received.
4. **Approval of Minutes**  
 Tom Brown moved to approve minutes from August 28, 2025, HHS Council meeting; seconded by Jack Willey. Motion carried by voice vote.
5. **Director’s Update** - HHS Director, Larry Johnson  
 In his second month as Director of Iowa HHS, Director Johnson had the opportunity to introduce himself and his related work background to the Council Members.

He expressed some goals for his directorship:

- Triaging the agency’s priorities, keeping all divisions in mind, and setting up the next administration for success.
- A focus on Rural Health, submitting a Rural Health Fund Application on November 3. The ask of this proposal is for a billion dollars to be used toward “Healthy Hometowns in Iowa.” This initiative would involve partnering with local service groups, working to create a sustainable model that can withstand once funding has run out and managed well enough that more funding will follow.
- Technical initiatives to assist both internally and for clients.
- THRIVE Navigators who assist the community to find the resources they may need.

Updates:

- The Federal Shutdown ended on Wednesday, November 19. The SNAP payment request was filed the next day, and lowans received their SNAP benefits that same day.
- The Opioid settlement funds are now available; HHS is receiving applications to use these funds.

Director Johnson asked the Council Members to introduce themselves and then addressed questions.

Additional Updates and Responses:

HHS is still determining the path for THRIVE Navigators. There will likely be in-person and virtual versions with a goal of statewide coverage, requiring distribution throughout the districts. The structure is intended to reduce confusion and work along with the Rural Health Transformation Grant.

- The existing seven Behavioral Health Districts are functioning as a model for broader alignment throughout HHS. These districts would become HHS Districts.
- Some (RFP) opioid funds are available now and more will be available in the spring. This two-part rollout gives the opportunity to see where the funds are most useful and helps determine where the second-round funds should be focused.

#### 6. **TANF Pilot –**

Monica Stone, Operations Deputy, Division of Community Access and Eligibility

Family Investment Program (FIP), Iowa's Temporary Assistance to Needy Families (TANF) program, provides cash assistance to needy families while assisting them as they become self-supporting, keeping families together.

- Next generation of temporary assistance for needy families.
- Keeping families whole and moving forward.
- Family investment Program (formerly “Welfare”) cash assistance for up to six or eight months with an average per family of \$180 per month.

Participants must take part in “Promise Jobs”, a formal agreement with the client and work force development to seek employment. If they are unable to comply with this requirement, they are not eligible to receive the funding.

The goal in the next five years is to assist the clients financially while working towards moving them off the program. For this, measures will be set to establish and stabilize them into the workforce successfully.

Steps:

- Assessing where they are and where they want to be. (Help them define their goals and keep them on track.)
- How to stay on the right track. Using an accountable action plan and check ins. There are three tracks education and training, work readiness, or job shadowing / job training.
- Once employed, the goal is to keep them in the job and moving forward. This could include a coaching relationship, introduction to financial skills, and emergency saving opportunities creating healthy families. Establishing new relationships that create the social capital to achieve long term stability.
- Create measurement to see how each step is going.

Barriers: Long term treatment for substance abuse, attending school, or similar, that make full-time employment difficult currently are not accounted towards or as employment. Waivers from Promise Jobs or a different track could be used in these cases.

The populations using this support often have multiple barriers such as past criminal activity, domestic violence, or significant brain injuries. They may have more than one need. (A Coaching Team could help these clients.)

Access to emergency savings: the “Sunny Day Fund” is a plan to work with employers to create a partnership with these employees. Matching a percentage of funds employees elect to have moved to a savings account from each paycheck.

This initiative is statewide and can be accessed anywhere there is a workforce center.

Promise Jobs will be offered to all those who qualify for TANF.

Timeline: The kickoff meeting will be in the first week of December 2025. (Due to the federal shutdown, it was delayed.)

7. **Rural Health Transformation (RHT) -**

Kelsey Feller, Chief Data Officer, Compliance and Administration

Kelsey is the principal investigator overseeing the grant application and the grant itself once awarded.

**Healthy Hometowns** is the state’s submission to the Rural Health Transformation Program, a federal funding initiative managed by the Centers for Medicare and Medicaid Services (CMS). The bold and comprehensive proposal is aimed at building a high-quality, sustainable system of care that improves the health, well-being, and quality of life in rural communities across the state. If fully awarded, Iowa could receive \$200 million per project year period (a total of \$1 billion over the 5-year grant).

HHS will post the RFP's before the funding is secured, to put the project in place and then dial up or down depending on available funding.

Priorities:

- Appropriate rural facilities for lowans to access
- Innovation: Data Infrastructure
- Points: How do the goals align with the goals of the current federal government

Five Initiatives:

- Hometown Connections
- Combat Cancer
- Communities of Care
- Health Information Exchange
- EMS Community Care Mobile

Performance Objectives: Initiative based Factors: / Scoring Factors:

- Population Health Clinical Infrastructure
- Health and Lifestyle
- Rural Provider Strategic Partnerships

## 8. **Ad Hoc Committees – Updates**

**Ad Hoc Committee - Brain Injury Advisory Council** – Maggie Ferguson, Disability & Injury Prevention Project Director

Updates from throughout the year.

- Mission Statement
- Structuring the Committee
- Update next state plan
- Listening sessions
- Online Surveys
- Other available data (prevalence of brain injury, groups where it shows up, etc.)
- What are the causes and how does it affect people's lives
- Discussion on what's next (goal to have a draft to council by February.)
- Bringing in as many agencies and partners to get a full scope of needs.

Potential members can apply to join the committee by filling out the online form. ([2026 Brain Injury Advisory Committee application](#))

The Brain Injury Advisory Council submitted recommendations for members to be added. Tom Brown motioned to approved, Jack Willey seconded. The Motion carried by voice vote.

**Ad Hoc Committee for the Management of the Iowa Newborn Screening Panel**  
– Kimberly Noble Piper, Director, Center for Congenital and Inherited Disorders

Authority to Manage the Iowa Newborn Screening Panel

- Iowa Code section 136A.3A - Process for addition of conditions to newborn screening.
- Iowa Administrative Code 641 – 4.2 (136A) Iowa newborn screening program (INSP). This program provides comprehensive newborn screening services for hereditary and congenital disorders for the state.

Review of new conditions:

- Conduct and complete condition review and make recommendations.
- Develop tests and procedures for implementation of new screening for the new condition.
- Pilot screening for the new condition.

Review Framework:

- The Ad Hoc Committee for the Management of the Iowa Newborn Screening Panel includes Iowa Newborn Screening Program staff, parents, clinicians, a genetic counselor, and medical geneticists.
- Additional ad hoc members may include parents of a child or an individual with the condition under review and medical clinicians with expertise in treating the condition.
- Committee members use a “Review Framework” that includes a list of 15 key questions that members consider when drafting their recommendation.
- Members hear testimony from parents and providers with experience and expertise of the condition.
- Responses to the key questions are discussed and consolidated into one framework review.
- Consensus is reached regarding recommendation using the “Decision Matrix” describing the evidence-based recommendation.

Activity to Date:

- Since 2022, the Ad Hoc Committee has reviewed and made recommendations for the addition of six new conditions to Iowa’s newborn screening panel.
- The Iowa panel now includes all conditions on the federal recommended uniform screening panel (RUSP).
- The Ad Hoc Subcommittee is beginning review of Metachromatic Leukodystrophy (MLD) in November 2025.

9. **Medical Director’s Update**

Dr. Robert Kruse, State Medical Director; Administrator, Division of Public Health

- Legionella Bacteria is a group of gram negative bacteria known to cause Legionnaires' disease, a severe form of pneumonia, and Pontiac fever, a milder flu-like illness. Cases were found in Iowa last summer in Marshalltown. If you have pre-existing health issues you are more likely to be subject to this. It can be in fountains, hot tubs, ponds, cooling towers, etc. HHS-Public Health along with local public health and CDC worked with owners of buildings to clean their cooling towers which helped mitigate the situation as swiftly as possible. For more information go to [Legionellosis | Health & Human Services](#).
- Iowa Public Health Reaccreditation (by the Public Health Accreditation Board (PHAB)) should be complete by the end of the year. PHAB determines the expectations of what a public health department should be and monitors eligibility.
- The Association of State and Territorial Health Officials (ASHTO), with support from the CDC, launched a collaborative group called Bridging Barriers and Maternal Health Access Community of Practice. The initiative brings together state health agencies and maternal care leaders to advance maternal health care and outcomes.
- HHS had a recent trauma system consultation conducted by the American College of Surgeons. The purpose of the consultation was to take a comprehensive look at how our statewide trauma system is functioning today.

## 10. **Administrative Rules**

Victoria Daniels, Compliance Officer, Administrative Rules Coordinator

High level summary – Rule makings:

- The Rules Team has reached the end of the 2025 red tape review.
- The 2025 review included three “chunks” of rule chapters that needed to be submitted together:
  - Radiological health rules
  - Vital statistics rules
  - Medicaid Rules
- Also during the last quarter, the Rules team submitted new and amended rules implementing 2025 legislation. Those included:
  - Certificate of Need rules (HF972). HHS has taken over the Certificate of Need process from DIAL. The rules largely mirrored DIAL rules, just a clean-up
  - Student Abuse Investigations (SF659). Many comments were submitted, both in writing and in public hearings. HHS is working through those comments prior to submitting the adopted filing.
  - Graduated Medical Education (GME) programs (HF972). This portion of the legislation impacted four different rule chapters. Three of those

chapters were also up for Red Tape Review. As a result, HHS submitted chapter rescissions, rather than editing rules that would become obsolete. HHS is working with CMS on approval for funding for the new GME program and may need to amend the Notice of Intended Action (ANOIA) accordingly.

11. **Council Discussion**

None

12. **Adjournment**

Tom Brown moved to adjourn; seconded by Jack Willey. Motion carried by voice vote. Meeting adjourned at 1:05p.m.