

**Council on Health and Human Services**  
 Meeting Minutes  
 February 27, 2026

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, DNP	
✓ Jack Willey	
✓ Tom Brown	

**1. Call to Order**

Council Chair, Rebecca Peterson, called the meeting to order at 10:03 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**

Jack Willey moved to approve minutes from November 20, 2025, HHS Council meeting; seconded by Tom Brown. Motion carried by voice vote.

**5. Administrative Rules Update**

Compliance Officer Victoria Daniels covered rulemakings that had been published since the last Council meeting. The Rules Team is wrapping up 2025 Red Tape Reviews and 2026 Red Tape Reviews are well underway. Questions were answered about Medicaid waivers.

**6. Updates from Family Well Being and Protection (FWBP)**

Janee Harvey, Division Director of Family Well Being & Protection, outlined major reforms aimed at strengthening Iowa’s child welfare system through unified leadership,

family-first practices, and evidence-based services. Key initiatives include CPS realignment, the Safe Kids Portfolio, and the TRIVE project to consolidate early childhood programs, along with efforts to modernize outdated technology through a new web-based data system. With most CPS reports not meeting the threshold for abuse, the department is exploring supportive tools like a “Warmline” to assist families earlier. Iowa has reduced foster care placements by 50%, with half now placed with relatives or familiar caregivers, though challenges remain for youth aging out without permanency. Workforce enhancements, new funding, and ongoing collaboration with legislators and Early Childhood Iowa are driving progress toward a more responsive, family-centered system.

## **7. Legislative Updates**

Nick Crawford, Legislative Director; and Sonya Streit, Legislative Liaison gave an update on the Department’s proposed bills.

- Early Childhood and Family Support Services (HF2712, SF2462)

The bill establishes a new Early Childhood and Family Services (ECFS) system under HHS, creating a centralized system for prevention and intervention services for children and families. The Department is working with stakeholders on amending the bill language. The bill passed committee in both chambers.

- Alignment of Delivery of Health and Human Services Programs and Services,

Aging and Disability Services, and Volunteer Services (HF2707, SF 2338)  
The bill aligns the structure and administration of health and human services in Iowa by replacing 'behavioral health districts' with 'health and human services districts' as the basis for service delivery. It realigns planning and service areas for aging and disability services to match HHS districts. The bill also creates a new subunit for volunteerism under the authority of the Department. The bill passed committee in both chambers.

## **8. Healthy Hometowns and HIE Update**

Kelsey Feller, HHS Chief Data Officer, presented on Iowa’s Healthy Hometowns. This initiative is part of a new national effort to strengthen health care in rural communities through the Rural Health Transformation (RHT) program, created by the federal One Big Beautiful Bill Act. The program provides \$50 billion nationwide, and Iowa will receive \$209 million in its first year to help rural residents get high-quality care close to home. Healthy Hometowns focuses on making care more accessible, better connected, and centered around the needs of patients and families.

Sarah Reisetter, HHS Deputy Director reported that the Health Information Exchange (HIE) project is entering its first year with three major initiatives: finalizing the new vendor contract, expanding provider participation, and advancing connections through the Rural Health Transformation Initiative. The timing aligned

closely with last year's rural health legislation requiring HHS to re-procure the HIE every eight years, leading to a 2025 procurement that coincided with the state receiving CMS funding for Healthy Hometowns. As a result, the state is transitioning from its longtime vendor, Cync Health, to a new vendor, Converge Health. Much of the recent work has focused on contract reviews, CMS approvals, and negotiating what data and services will transfer from the outgoing vendor to support a smooth transition.

## **9. State Operated Specialty Care**

Cory Turner, Division Director for State Operated Specialty Care, gave an overview of the facilities. Iowa's state-operated facilities continue to provide critical psychiatric, behavioral health, and long-term support services for some of the state's most complex populations. Cherokee Mental Health Institute and Independence Mental Health Institute deliver acute psychiatric care, including specialized forensic and youth services, while the Civil Commitment Unit for Sexual Offenders provides secure, court-ordered long-term treatment. Woodward Resource Center supports individuals with intellectual and developmental disabilities who require treatment and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities. Recent system innovations include transitioning 152 individuals to more appropriate settings, creating mobile clinical "strike teams," and repurposing facility space for crisis and emergency intake to better support community providers and reduce reliance on large institutions.

The Civil Commitment Unit for Sexual Offenders faces population growth and is planning for facility expansion, while the State Training School reports progress in meeting court-ordered requirements and improving workforce recruitment through updated job classifications. Across the facilities, Iowa HHS is focused on transforming service delivery, strengthening partnerships with other organizations, and ensuring safe, effective, and sustainable care for individuals with significant mental health, behavioral, and developmental needs.

## **10. Director's Update**

HHS Director Larry Johnson, now six months into the role, emphasized the rapid pace of work across the agency and the importance of strong engagement with stakeholders and field staff. Recent visits to facilities and community organizations across Iowa—including free clinics, youth re-engagement programs, and HHS field offices—have provided valuable insight into local needs and highlighted opportunities for deeper partnership. These visits also reinforce a leadership approach centered on visibility, collaboration, and appreciation for the teams doing the work on the ground.

Two major priorities are driving the agency's current efforts: modernizing outdated technology systems and advancing the Healthy Hometowns initiative. The Director outlined the challenges posed by legacy systems, which make even small policy

changes costly and complex, and stressed the need for a long-term roadmap to guide smarter, more strategic investments. At the same time, Healthy Hometowns is gaining momentum, with the agency receiving more funding than anticipated and encouraging partners—such as hospitals and pharmacies—to bring forward their own ideas for improving rural healthcare.

Discussion followed regarding a question about Medicaid provider payments. Aggregate enrollment data can be found on the HHS website. Changes in federal eligibility requirements could also be affecting Medicaid eligibility for individuals.

## **11. Medical Director's Update**

Dr. Robert Kruse, State Medical Director and Division Director of Public Health, reported that Iowa HHS has been officially reaccredited by the Public Health Accreditation Board (PHAB), following a successful site visit in December 2025. The five-year reaccreditation affirms that Iowa HHS continues to meet national standards of excellence in public health practice.

Dr. Kruse also provided an update on the Key Drivers of Cancer in Iowa project, a partnership between the University of Iowa and Iowa HHS funded by a \$1 million appropriation. Iowa currently has the second-highest rate of new cancers in the country, and this research aims to understand why and identify the most effective interventions. The interim report includes early findings from cancer registry data, national datasets, and population health surveys. The work focuses on identifying counties with unexpectedly high cancer rates, examining screening and detection patterns, and modeling prevention strategies that can be scaled statewide. This project continues through June 2026 and will culminate in a full report with actionable recommendations to guide future public health efforts.

Discussion followed regarding questions about vaccine messaging and opioids.

## **12. Newborn Screening Panel**

Kimberly Noble Piper, Director of Center for Congenital and Inherited Disorder, presented information and a recommendation on a condition for the newborn screening panel.

Metachromatic Leukodystrophy (MLD) is a rare genetic disease that affects the brain and nervous system. Babies with MLD are usually born looking healthy, but after their first year they begin to lose skills—starting with muscle weakness, trouble walking, and slowed development. Over time, the disease causes severe problems with movement, speech, vision, and hearing. Without treatment, children with the infantile form of MLD typically do not live beyond a few years. MLD is very rare, affecting about one in 100,000 births, which in Iowa would mean roughly one baby every three years.

There are limited treatment options, and most do not reverse the symptoms once they begin, so early treatment is essential. A new gene therapy called LENMELDY—approved in 2024—can help if given before symptoms start.

The Ad Hoc Committee for Management of the Iowa Newborn Screening Panel reviewed all available evidence to decide whether Iowa should screen newborns for MLD. After studying research, hearing from experts and families, and reviewing other states' experiences, the committee voted in December 2025 to recommend adding MLD to Iowa's newborn screening panel. They concluded that screening would provide clear benefits and that Iowa's program could be ready to start newborn screening for MLD within 18 months of it being added to Iowa newborn screening panel.

Discussion followed about treatments, number of Iowa cases, success rates, and costs. Dr. Jindal moved to add MLD to the newborn panel; seconded by Sandra McGrath. The motion failed to receive a majority of votes. The topic will be placed on the May agenda for more information and another vote.

### **13. Council Discussion**

Council scheduled a meeting for April 28, 2026, at 8:00 a.m. to approve the Weatherization State Plan.

Behavioral Health District Advisory Council meetings should be next week, and they should remain on Council's radar.

### **14. Adjournment**

Tom Brown moved to adjourn; seconded by Jack Willey. Motion carried by voice vote. Meeting adjourned at 2:13 p.m.