



# MINUTES

## Subacute Mental Health Care Services Interim Study Committee

Tuesday, January 6, 2026

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### MEMBERS PRESENT

Senator Kara Warme, Co-chairperson  
Senator Mark Costello  
Senator Janet Petersen  
Senator Art Staed [by teleconference]  
Senator Scott Webster [by teleconference]

Representative Gary M. Mohr, Co-chairperson  
Representative Austin Harris  
Representative Craig P. Johnson  
Representative Angel Ramirez  
Representative Elizabeth Wilson

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### CONTENTS

- I. Procedural Business
- II. Presentation by Mary Neubauer
- III. Presentations by DIAL and HHS
- IV. Committee Discussion
- V. Recommendations
- VI. Materials Filed with the Legislative Services Agency



## I. Procedural Business

**Call to Order and Adjournment.** The meeting of the Subacute Mental Health Care Services Interim Study Committee was called to order by temporary Co-chairperson Mohr at 9:40 a.m., Tuesday, January 6, in Room 103 of the State Capitol, Des Moines. The meeting was adjourned at 11:18 a.m.

**Election of Permanent Co-chairpersons.** The committee elected temporary Co-chairpersons Warne and Mohr as permanent co-chairpersons.

**Adoption of Rules.** The committee unanimously adopted the proposed rules.

**Opening Remarks and Introductions.** Co-chairperson Mohr welcomed members of the committee and invited each member to introduce themselves.

Senator Warne stated the purpose of the committee is to continue the work addressing behavioral health needs in the state of Iowa and review key policies that have been enacted. She stated there have been many steps in the right direction, but the State needs to continue to make policies to address issues.

## II. Presentation by Mary Neubauer

Mary Neubauer began by stating the topic is personal to her, as her family was deeply impacted by the state's lack of subacute mental health care (SMHC) services. She talked about the mental health issues of her adopted son and issues with finding adequate long-term care facilities in Iowa. She spoke of how her son eventually took his own life and questioned how things may have been different if the state had options to provide the care her son needed. She also spoke of administrative and insurance difficulties throughout the process, mentioning that while Iowa offers care, it is typically only for 10 days at a time. Ms. Neubauer stated she also believes investing in world-class recovery SMHC services in the state would be good business, as it could attract people from around the world.

Senator Petersen asked Ms. Neubauer about the insurance coverage for her son's care. Ms. Neubauer answered that it was a battle, took a protracted fight, and she didn't receive payment until after her son's death.

Representative Ramirez asked Ms. Neubauer about the 10-day limit in current code and what she would recommend. Ms. Neubauer, clarifying she is not a professional, said the longer the better, but at least six weeks.

Representative Mohr discussed meeting with a county attorney and many law enforcement officers in his district. They discussed the issue of how a small number of people with mental health issues do not need to be hospitalized, but commit crimes when off their medication and begin a vicious cycle of incarceration, medication, and relapse. He stated it would be great if the State could figure out a one- to six-month care option to get people back on track.

## III. Presentations by DIAL and HHS

Representatives from the Department of Inspections, Appeals, and Licensing (DIAL) spoke, stating that the previously mentioned 10-day limit is not the code, but is a reassessment standard, clarifying that many people stay for longer than 10 days.

Representatives for the Department of Health and Human Services (HHS) stated the department hears from others with experiences similar to that of Ms. Neubauer and assert that certain rules may need to



be updated, but the system is not broken, emphasizing they have a framework for SMHC services. HHS stated there are SMHC services and the beds are not efficiently utilized. HHS stated that a Request for Information is being utilized to understand why beds are not being used. HHS believes possible reasons include the perceived 10-day limit, economic issues, and that SMHC requirements in rules are higher than in acute care. HHS recommended a scalpel approach looking at why the beds are not being used and exploring methods to make the beds more accessible.

Representative Mohr asked a clarifying question as to why available beds are not being used. HHS responded, mentioning business risks and preauthorization issues. Representative Mohr also inquired what type of education is required to staff a SMHC. HHS stated a director is required to have three years of experience and a registered nurse, one year, and added that these requirements may need to be reviewed. Representative Wilson remarked that the 10-day issue seems to be causing numerous problems for providers, including preauthorization, causing uncertainty of what happens after 10 days.

Senator Peterson questioned how many SMHC beds are available for minors, how many lowans were accepted into beds, and asked for information on acceptance and denial for beds. She stated how she is worried many cannot pay the necessary funds until insurance approval and wants to understand how the insurance process works.

Representative Mohr asked what organizations have beds currently available and why they are not in the largest metro centers. HHS responded that it is up to the provider to provide SMHC services. Senator Warme recommended looking into how SMHC works with minors. Representative Mohr asked how big of an issue is SMHC, whether it is a growing concern, and whether it is affecting more youths or adults. HHS responded that it is an issue that exists and needs to fit into the department's framework, mentioning the need of flow between levels of care.

#### **IV. Committee Discussion**

The committee then began going through their discussion items. Regarding mental health services that should be available at a subacute level of care, HHS stated that it is well defined in rules, that primary licensure is not a limiting factor and that the services are developed by practice, not licensure.

Regarding the most cost-effective structure for delivering these services, the committee asked why providers of acute care are not also offering SMHC, specifically large hospitals. HHS responded that there is financial liability of offering services and is likely currently cost prohibitive.

Representative Mohr inquired into what is needed for SMHC and inquired into how the State can solve the need, adding that funding can be worried about at a later time. HHS stated that those providing SMHC services today are doing the best they can and people accessing the services have had success, recommending the committee to start by examining the current providers. HHS mentioned there could be more training and licensures in Iowa.

The committee then discussed requirements for committing individuals. HHS responded that there are no defined requirements. Next the committee asked what changes are necessary to the current commitment process to allow SMHC commitments. HHS responded that rules are not a prohibitive factor.

To conclude, Representative Mohr verified there were no further questions. DIAL stated they are happy to look into any potential changes and are open to discussion with legislators. HHS also stated much of the feedback is about regulatory burdens within the framework. Mohr stated the purpose of the committee was to ask questions and gather information about SHMC and the system's current needs.



Warne stated there needs to be financial viability in SMHC, and the committee needs to understand what can be done in rules and what needs to be codified.

### **V. Recommendations**

The committee did not make any recommendations.

### **VI. Materials Filed with the Legislative Services Agency**

Materials were distributed at or in connection with the meeting and are filed with the Legislative Services Agency. The materials may be accessed from the “Committee Documents” link on the committee’s internet site accessible at the following address:

[www.legis.iowa.gov/committees/meetings/documents?committee=42784&ga=ALL](http://www.legis.iowa.gov/committees/meetings/documents?committee=42784&ga=ALL)