RA 26-223

CORRECTIONS DEPARTMENT[201]

Regulatory Analysis

Notice of Intended Action to be published: 201—Chapter 38
"Sex Offender Management and Treatment"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 903B.10
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 692A and 903B

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

September 8, 2026 10:30 to 11:30 a.m.	Via Google Meet meet.google.com/ikd-tecb-vuh Or dial: 1.317.469.9645 PIN: 984 771 251#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Corrections no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

This proposed rulemaking rescinds and replaces Chapter 38 to fulfill the requirements of Executive Order 10. The intended benefit of Chapter 38 is public safety through the reduction of sexual recidivism. The chapter provides the necessary clinical and administrative frameworks to manage individuals under sex offender supervision, specifically addressing electronic tracking, pharmacological intervention, or both.

Pursuant to Executive Order 10, the chapter was evaluated to realign the text with baseline regulatory drafting standards. Specifically, this rulemaking:

- Removes former rule 201—38.3(692A) (rescinded in 2010) and sequentially renumbers the subsequent rule to maintain numerical continuity.
- Removes text that duplicates provisions directly set forth in Iowa Code chapter 692A and sections 903B.10 and 915.17A.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

No classes of persons will bear any additional costs from this proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

The general public, Department stakeholders, and community corrections staff will benefit from an updated regulatory chapter that omits a previously rescinded rule and aligns directly with the Iowa Code.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no known quantitative or financial impact.

- **Qualitative description of impact:**

There is no known qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

No additional costs will be borne by any agency. The Department will still operate consistent with Iowa Code section 903B.10.

- **Anticipated effect on State revenues:**

There is no effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Given the directive under Executive Order 10, inaction is not permissible. The benefit of the proposed rulemaking is a legally compliant chapter that removes obsolete or redundant text at no additional cost.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No less costly or less intrusive methods exist. Rulemaking is the legally required method to maintain an administrative framework that complies with the Iowa Code and the mandates of Executive Order 10.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternative methods were considered.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Alternative methods were not considered because formal rulemaking is required to bring the chapter into compliance with Executive Order 10 directives.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 201—Chapter 38 and adopt the following **new** chapter in lieu thereof:

CHAPTER 38
SEX OFFENDER MANAGEMENT AND TREATMENT

201—38.1(692A,903B) Application. This chapter applies to sex offender electronic monitoring and hormonal intervention therapy.

201—38.2(692A,903B) Electronic monitoring. It is the intent of the department of corrections that the electronic monitoring system (EMS) will be used to enhance public safety. Appropriate levels of EMS should be used to verify the location and restrict the movement of sex offenders in accordance with the provisions of Iowa Code section 692A.124(2). EMS is additionally governed by the provisions of department of corrections policies OP-SOP-06, CBC-15, and CBC-HRU-04.

38.2(1) *Definitions.*

"Client" means a person who is required to register with the Iowa sex offender registry.

"Electronic monitoring system" or *"EMS"* is a term used collectively for technology that determines the location of clients who have restricted movement while being supervised in their respective community.

38.2(2) *Selection of clients for EMS.* All clients on supervision for a current sex offense who are required to be registered as a sex offender under Iowa Code chapter 692A may be placed on EMS immediately after assignment to supervision. This level may be changed based on risk assessment.

38.2(3) *Risk assessment instrument.* Districts will use the statewide approved and validated risk/needs assessment.

38.2(4) *Notification of victims.* The department of corrections shall notify a registered victim regarding a sex offender in accordance with the provisions of Iowa Code section 915.17A.

38.2(5) *Additional rules.* The department of public safety's rules regarding the Iowa sex offender registry are contained in 661—Chapter 83.

201—38.3(903B) Hormonal intervention therapy.

38.3(1) *Affected clients.* All clients convicted of a serious sex offense in which the victim was a child who, at the time the offense was committed, was 12 years of age or younger; or clients convicted of a second or subsequent offense may be required to undergo hormonal intervention therapy as ordered by the court or board of parole in accordance with the provisions of Iowa Code section 903B.10.

38.3(2) *Agency responsibility.* The department of corrections' and the board of parole's responsibilities are defined in accordance with the provisions of Iowa Code section 903B.10.

38.3(3) *Assessment of affected clients.*

a. Psychosexual assessment. A psychosexual assessment will be conducted on all affected clients as a part of the presentence investigation (PSI) prior to sentencing or upon entry into community supervision or institutional placement if a referral for hormonal intervention therapy is being made.

(1) The psychosexual assessment will be conducted by or under the direction of:

1. A licensed psychologist; or

2. A person specifically trained and experienced in the professional administration, scoring and interpretation of psychological tests (graduate level coursework in testing and assessment); or

3. A staff member who meets the experience and educational requirements of the department of administrative services or department of corrections behavioral health professional classification.

(2) The psychosexual assessment includes:

1. Evaluation of emotional and mental health stability.

2. IQ to measure cognitive, overall functioning, personality, impulsivity and judgment capability.

3. Measure of denial, minimization or distortions of deviant sexual characteristics.

4. Plethysmography, if clinically indicated.

(3) The assessment will follow the statewide standardized format and will include a determination as to the need and effectiveness of hormonal intervention therapy as well as treatment recommendations.

b. Medical assessment. If hormonal intervention therapy is recommended as an appropriate treatment component, the client will receive a medical assessment to determine biological factors as related to hormonal intervention therapy.

38.3(4) *Pharmaceuticals and distribution.* The director of corrections may contract the purchase and distribution process to reduce pharmaceutical costs and ensure effective distribution and management of all pharmaceuticals related to the hormonal therapy program.

38.3(5) *Educational/treatment programming.*

a. Hormonal intervention therapy is to be utilized in conjunction with a sex offender treatment program (SOTP). The client should be involved in concurrent cognitive-behavioral treatment. In all cases where the treatment plan includes hormonal therapy, the plan will also include monitoring and counseling.

b. All SOTPs will meet the current Iowa board for the treatment of sexual abusers (IBTSA) standards.

38.3(6) *Application of hormonal therapy.*

a. Utilization of hormonal therapy.

(1) Therapy will utilize medroxyprogesterone acetate (MPA) or other approved pharmaceutical agents.

(2) Therapy will be initiated as soon as reasonably possible after the client is sentenced.

1. If the client is incarcerated within a local jurisdiction (jail, residential facility), the supervising district will coordinate initiation of treatment prior to the release of the client from custody.

2. If the client is incarcerated within a correctional institution, initiation of treatment will be determined by department of corrections medical staff.

(3) Requests for hormonal therapy by the client when the aforementioned criteria are not met will be reviewed for consideration by the agency of jurisdiction.

(4) At any time during the course of supervision, the agency of jurisdiction may conduct a reassessment to determine whether hormonal therapy should be considered or reconsidered as part of the treatment plan.

b. Monitoring/termination of hormonal therapy.

(1) Monitoring. The agency of jurisdiction will continue to monitor the client's therapy throughout the client's confinement or supervision and may adjust medication, initiate other medication, or continue prescribed therapy with medical approval.

(2) Termination. Hormonal therapy may be discontinued only by the medical authority, with consent of the supervising officer. Termination requires a reassessment conclusion that the therapy has been determined ineffective or is no longer necessary.

38.3(7) *Client fees.* Clients are responsible for the costs related to hormonal therapy. Client fees are based on the client's ability to pay as determined by the statewide client fee policy.

38.3(8) *Maintenance/transfer of records.* Client file information will be available and shared upon request between responsible agencies, including court of jurisdiction.

These rules are intended to implement Iowa Code chapters 692A and 903B.