

HUMAN SERVICES DEPARTMENT[441]

Regulatory Analysis

Notice of Intended Action to be published: 441—Chapters 2, 300, 302, and 304
“Health and Human Services Districts”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 217.1B(3) as enacted by 2026 Iowa Acts, House File 2707, and 225A as amended by 2026 Iowa Acts, House File 2707

State or federal law(s) implemented by the rulemaking: Iowa Code section 217.1B as enacted by 2026 Iowa Acts, House File 2707, and Iowa Code chapter 225A as amended by 2026 Iowa Acts, House File 2707

Public Hearing

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

October 6, 2026
10 a.m.

Microsoft Teams
Meeting ID: 211 532 914 792 67
Passcode: 94Ve93DX

Public Comment

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

Victoria L. Daniels
Department of Health and Human Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

This proposed rulemaking implements 2026 Iowa Acts, House File 2707, by creating rules for the Health and Human Services Districts (HHS Districts) enabled by the legislation. The proposed rules outline how the Department will undertake the required HHS District review, including data to be analyzed and mechanisms for feedback.

The proposed rulemaking also implements 2026 Iowa Acts, House File 2707, by making the definition updates in 2026 Iowa Acts, House File 2707, sections 5 through 21, to the Department’s Behavioral Health Service System rules.

References to Iowa Code sections 225A.1 and 225A.5 are to those sections as amended by 2026 Iowa Acts, House File 2707. References to Iowa Code sections 217.1 and 217.1B are to those sections as enacted by 2026 Iowa Acts, House File 2707. The reference to Iowa Code section 234A.3 is to that section as enacted by 2026 Iowa Acts, Senate File 2488.

Analysis of Impact

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

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

There are no costs associated with this proposed rulemaking.

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

Iowans will benefit from the integration and coordination of health and human services delivery that are enabled by 2026 Iowa Acts, House File 2707, and this proposed rulemaking.

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 are currently seven HHS districts.

- **Qualitative description of impact:**

Iowans will benefit from the integration and coordination of health and human services delivery that are enabled by 2026 Iowa Acts, House File 2707, and this proposed rulemaking.

3. Costs to the State:

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

The Department incurs personnel and other administrative costs associated with this proposed rulemaking.

- **Anticipated effect on State revenues:**

This proposed rulemaking has no impact on State revenues.

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

Rulemaking is required by Iowa Code section 217.1B(3) as enacted by 2026 Iowa Acts, House File 2707.

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

Not applicable.

6. Alternative methods considered by the agency:

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

Not applicable.

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

Not applicable.

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. Adopt the following new 441—Chapter 2:

CHAPTER 2
HEALTH AND HUMAN SERVICES DISTRICTS

441—2.1(217) Definitions. For the purposes of these rules, the following definitions apply:

“Agency action” includes the whole or part of an agency rule or other statement of law or policy, order, decision, license, proceeding, investigation, sanction, relief, or the equivalent or a denial thereof, or a failure to act, or any other exercise of agency discretion or failure to do so, or the performance of any agency duty or the failure to do so.

“Council” means the council on health and human services established in Iowa Code section 217.2.

“District advisory councils” means the advisory councils, including but not limited to those established by Iowa Code sections 225A.5 and 234A.3.

“Efficacy” means the degree to which existing HHS system partners effectively coordinate within a district to ensure statewide delivery of the programs and services offered by each HHS service system.

“Health and human services district” or *“HHS district”* means the same as defined in Iowa Code section 217.1(4).

“Health and human services system” or *“HHS services system”* means any of the statewide service systems administered by the department to provide activities and services to Iowans and communities through HHS system partners.

“HHS system partners” means the department, identified lead entities, and local providers.

“Lead entity” means an HHS district-level coordinating organization responsible for planning, organizing, and assuring delivery of assigned HHS services system activities across all counties within an HHS district.

441—2.2(217) Decennial HHS district review. Beginning in calendar year 2032, the department will review the efficacy of the HHS districts pursuant to Iowa Code section 217.1B(1).

2.2(1) Data collection and analysis. On an ongoing basis to facilitate the review, the department will collect data focused on access to care, level of service need, and overall risk of poor health and social outcomes.

2.2(2) Efficacy. In determining efficacy, the department may consider:

- a. The data collected and analyzed under subrule 2.2(1);
- b. The degree to which HHS services systems are able to coordinate service delivery to Iowans;
- c. Health and human services outcomes for Iowans as measured by the department; and
- d. Any other factors the department determines to be relevant.

2.2(3) Modification. Subsequent to the review, the department will determine whether to retain the current HHS district designations or modify them pursuant to Iowa Code section 217.1B(2) “a.”

441—2.3(217) Public notice and stakeholder engagement. At least one year before the start of each review, the department will publish notice on its website. The notice will include the scope of the review, the timeline for the review, and engagement opportunities, including the date and time of any public hearings.

441—2.4(217) Internal review team. To effectuate the review, the department will assemble a team of department subject matter experts representing each HHS services system and a data analytics expert who will analyze the data collected as it relates to the factors outlined in subrule 2.2(1).

2.4(1) Preliminary report. The internal review team will prepare and deliver to the director a report of findings and recommendations. The report will also be published on the department's website and shared with district advisory councils and the council. The report may include:

- a. The internal review team's findings on HHS district efficacy;
- b. An analysis of the factors outlined in Iowa Code section 217.1B(2) "a";
- c. A summary of any public feedback;
- d. The internal review team's recommendation on HHS district map retention or revision; and
- e. A proposed effective date.

2.4(2) Reserved.

441—2.5(217) Final decision. Within 30 days of receipt of the internal review team's report of findings and recommendations, the director will make a final decision on HHS district map retention or revision. The director's decision is considered final agency action and is not subject to appeal under Iowa Code chapter 17A or 441—Chapter 2506.

These rules are intended to implement Iowa Code section 217.1B.

ITEM 2. Amend rule **441—300.1(225A)**, definition of "District behavioral health service system plan," as follows:

~~"District behavioral~~ Behavioral health district service system plan" or "district plan" means a plan developed by the district BH-ASO and approved by the department to ensure access to behavioral health care and behavioral health services throughout a district.

ITEM 3. Amend subrule 302.1(3) as follows:

302.1(3) ~~District behavioral~~ Behavioral health district service system plan. A BH-ASO will collaborate with the ~~district~~ behavioral health district advisory council and other stakeholders to develop a ~~district~~ behavioral health district service system plan to describe all behavioral health services and supports and other activities in support of the behavioral health system to be delivered by the BH-ASO.

ITEM 4. Amend **441—Chapter 304**, title, as follows:

~~DISTRICT BEHAVIORAL HEALTH~~ DISTRICT ADVISORY COUNCILS

ITEM 5. Amend rule 441—304.1(225A) as follows:

441—304.1(225A) Definitions. For the purpose of this chapter, the following definitions apply:

"Behavioral health district advisory council" or "advisory council" means the same as defined in Iowa Code section 225A.1.

"Chairperson" means the chairperson of the ~~district~~ behavioral health district advisory council who has been elected by a majority of advisory council members.

"District behavioral health advisory council" or "advisory council" means the same as defined in Iowa Code section 225A.1.