

CHAPTER 226

STATE MENTAL HEALTH INSTITUTES

Referred to in §21.5, 125.2, 225C.6, 229.1, 229.38, 476B.1

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SUBCHAPTER II

PATIENTS' PERSONAL FUNDS

SUBCHAPTER I

GENERAL PROVISIONS

226.1 Official designation — definitions.

1. The state hospitals for persons with mental illness shall be designated as follows:
 - a. Mental Health Institute, Independence, Iowa.
 - b. Mental Health Institute, Cherokee, Iowa.
2. a. The purpose of the mental health institutes is to operate as regional resource centers providing one or more of the following:
 - (1) Treatment, training, care, habilitation, and support of persons with mental illness including:
 - (a) Specialized treatment of behaviorally complex youth at a mental health institute located in Independence.
 - (b) Specialized treatment and security for adults ordered by the court into the custody of the state for the purposes of competency restoration, adults who have been acquitted of a crime by reason of insanity, and similarly situated adults at a mental health institute in Cherokee.
 - (2) Facilities, services, and other support to the communities located in the region being served by a mental health institute so as to maximize the usefulness of the mental health institutes while minimizing overall costs.
 - (3) A unit for the civil commitment of sexually violent predators committed to the custody of the director pursuant to [chapter 229A](#).

b. In addition, the mental health institutes are encouraged to act as a training resource for community-based program staff, medical students, and other participants in professional education programs.

3. A mental health institute may request the approval of the department to change the name of the institution for use in communication with the public, in signage, and in other forms of communication.

4. For the purposes of [this chapter](#), unless the context otherwise requires:

a. “Department” means the department of health and human services.

b. “Director” means the director of health and human services.

c. “Mental health and disability services region” means a mental health and disability services region formed in accordance with [section 225C.56](#).

d. “Mental health institute” or “state mental health institute” means a state hospital for persons with mental illness as designated in [this chapter](#).

e. “Regional administrator” means the same as defined in [section 225C.55](#).

[R60, §1471; C73, §1383; C97, §2253; S13, §2253-a; C24, 27, 31, 35, 39, §3483; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.1]

[96 Acts, ch 1129, §113; 98 Acts, ch 1155, §10; 2001 Acts, 2nd Ex, ch 6, §33, 37; 2009 Acts, ch 41, §263; 2015 Acts, ch 69, §44; 2019 Acts, ch 100, §2; 2023 Acts, ch 19, §471; 2023 Acts, ch 140, §1; 2024 Acts, ch 1170, §412](#)

Referred to in [§230.1, 230.20](#)

Unit for civil commitment of sexually violent predators located at the mental health institute at Cherokee; 2002 Acts, 2nd Ex, ch 1003, §131

For future amendments to subsection 4, effective July 1, 2025, see 2024 Acts, ch 1161, §66, 67, 137

Subsections 3 and 4 amended

226.2 Qualifications of superintendent.

The superintendent of each institute must be qualified by experience and training in the administration of human service programs. A physician shall not serve as both superintendent and business manager. A hospital administrator or other person qualified in business management appointed superintendent may also be designated to perform the duties of business manager without additional compensation. A physician appointed superintendent shall be designated clinical director and shall perform the duties imposed on the superintendent by [section 226.6, subsection 1](#), and such other duties of the superintendent as must by their nature be performed by a physician.

[R60, §1430, 1474; C73, §1386, 1391; C97, §2255, 2258; C24, 27, 31, 35, 39, §3484; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.2; [81 Acts, ch 79, §1](#)]

226.3 Assistant physicians.

The assistant physicians shall be of such character and qualifications as to be able to perform the ordinary duties of the superintendent during the superintendent’s absence or inability to act.

[R60, §1432; C73, §1394; C97, §2260; C24, 27, 31, 35, 39, §3485; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.3]

226.4 Salary of superintendent.

The salary of the superintendent of each mental health institute shall be determined by the director.

[R60, §1469, 1496; C97, §2258; C24, 27, 31, 35, 39, §3486; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.4]

[2023 Acts, ch 19, §472](#)

226.5 Superintendent as witness.

The superintendents and assistant physicians of the mental health institutes, when called as witnesses in any court, shall be paid the same mileage which other witnesses are paid and

in addition shall be paid a fee of twenty-five dollars per day, the fee to revert to the support fund of the mental health institute the superintendent or assistant physician serves.

[C73, §1429; C97, §2293; C24, 27, 31, 35, 39, §3487; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.5]

[2023 Acts, ch 19, §473](#)

Mileage, §622.69

226.6 Duties of superintendent.

The superintendent shall:

1. Have the control of the medical, mental, moral, and dietetic treatment of the patients in the superintendent's custody subject to the approval of the director.
2. Require all subordinate officers and employees to perform their respective duties.
3. Have an official seal with the name of the mental health institute and the word "Iowa" on the seal. The superintendent may affix the seal to all notices, orders of discharge, or other papers required to be given by the superintendent.

4. Keep proper books in which shall be entered all moneys and supplies received on account of any patient and a detailed account of the disposition of all moneys and supplies.

[R60, §1430, 1431; C73, §1391, 1393, 1430; C97, §2258, 2294; C24, 27, 31, 35, 39, §3488; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.6]

[2023 Acts, ch 19, §474](#)

Referred to in §226.2

226.7 Order of receiving patients.

1. *a.* Preference in the reception of patients into the mental health institutes shall be exercised in the following order:

- (1) Cases of less duration than one year.
- (2) Chronic cases, where the disease is of more than one-year duration, presenting the most favorable prospect for recovery.
- (3) Those for whom application has been longest on file, other things being equal.

- b.* Where cases are equally meritorious in all other respects, the indigent shall have the preference.

2. If the district court commits a patient to a state mental health institute and a bed for the patient is not available, the institute shall assist the court in locating an alternative placement for the patient.

[R60, §1438; C73, §1422; C97, §2286; C24, 27, 31, 35, 39, §3489; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.7]

[92 Acts, ch 1241, §69](#); [2009 Acts, ch 41, §263](#); [2023 Acts, ch 19, §475](#)

226.8 Persons with diagnosis of intellectual disability — admission or transfer to state mental health institute.

1. Admission or transfer pursuant to [section 222.7](#) to a state mental health institute of a person with a diagnosis of an intellectual disability, as defined in [section 4.1](#), shall only occur under the following conditions:

- a.* If all of the following requirements are met:

- (1) The person has been determined by the state mental health institute to meet admission criteria for inpatient psychiatric care.

- (2) The state mental health institute has determined the person will benefit from psychiatric treatment or from some other specific program available at the state mental health institute.

- (3) There is sufficient capacity available at the state mental health institute to support the needs of the person.

- b.* If determined appropriate for the person at the sole discretion of the director or the director's designee.

2. Charges for the care of any person with a diagnosis of an intellectual disability admitted to a state mental health institute shall be made by the institute in the manner provided by [chapter 230](#), but the liability of any other person to any mental health and disability services

region for the cost of care of such person with a diagnosis of an intellectual disability shall be as prescribed by [section 222.78](#).

[R60, §1468, 1491; C73, §1434; C97, §2298; C24, 27, 31, 35, 39, §3490; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.8]

[96 Acts, ch 1129, §113; 2012 Acts, ch 1019, §75; 2022 Acts, ch 1131, §59; 2023 Acts, ch 19, §476](#)

For future amendment to subsection 2, effective July 1, 2025, see 2024 Acts, ch 1161, §68, 137

226.9 Custody of patient.

The superintendent, upon the receipt of a duly executed order of admission of a patient into a state mental health institute, pursuant to [section 229.13](#), shall take the patient into custody and restrain the patient as provided by law and the rules of the department, without liability on the part of such superintendent and all other officers of the mental health institute to prosecution of any kind, but no person shall be detained in the mental health institute who is found by the superintendent to be in good mental health.

[C73, §1411; C97, §2278; C24, 27, 31, 35, 39, §3491; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.9]

[96 Acts, ch 1129, §113; 2023 Acts, ch 19, §477](#)

226.9A Custody of juvenile patients.

Effective January 1, 1991, a juvenile who is committed to a state mental health institute shall not be placed in a secure ward with adults.

[89 Acts, ch 283, §21](#)

226.9B Net general fund appropriation — psychiatric medical institution for children.

1. The psychiatric medical institution for children beds operated by the state at the state mental health institute at Independence, as authorized in [section 135H.6](#), shall operate on the basis of a net appropriation from the general fund of the state. The allocation made by the department from the annual appropriation to the state mental health institute at Independence for the purposes of the beds shall be the net amount of state moneys projected to be needed for the beds for the fiscal year of the appropriation.

2. Revenues received that are attributed to the psychiatric medical institution for children beds during a fiscal year shall be credited to the mental health institute's account and shall be considered appropriated receipts as defined in [section 8.2](#), including but not limited to all of the following:

- a. The federal share of medical assistance program revenue received under [chapter 249A](#).
- b. Moneys received through client financial participation.
- c. Other revenues directly attributable to the psychiatric medical institution for children beds.

[2005 Acts, ch 175, §95; 2024 Acts, ch 1185, §157](#)

Subsection 2, unnumbered paragraph 1 amended

226.9C Net general fund appropriation — dual diagnosis program. Repealed by 2018 Acts, ch 1165, §77.

226.10 Equal treatment.

The patients of the state mental health institutes, according to their different conditions of mind and body, and their respective needs, shall be provided for and treated with equal care. If in addition to mental illness a patient has a co-occurring intellectual disability, brain injury, or substance use disorder, the care provided shall also address the co-occurring needs.

[C73, §1420; C97, §2284; C24, 27, 31, 35, 39, §3492; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.10]

[2012 Acts, ch 1120, §64; 2023 Acts, ch 19, §478](#)

226.11 Special care permitted.

Patients may have such special care as agreed upon with the superintendent, if the friends or relatives of the patient will pay the expense of the special care. Charges for such special care and attendance shall be paid quarterly in advance.

[C73, §1420, 1421; C97, §2284, 2285; C24, 27, 31, 35, 39, §3493; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.11]

[2023 Acts, ch 19, §479](#)

226.12 Monthly reports.

The director shall assure that the superintendent of each institute provides monthly reports concerning the programmatic, environmental, and fiscal condition of the mental health institute. The director or the director's designee shall periodically visit each institute to validate the information.

[C73, §1435, 1441; C97, §2299; SS15, §2727-a11; C24, 27, 31, 35, 39, §3494; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.12]

[91 Acts, ch 38, §6](#); [2023 Acts, ch 19, §480](#)

226.13 Patients allowed to write.

The name and address of the director shall be posted in every ward in each mental health institute. Every patient shall be allowed to write once a week what the patient pleases to the director and to any other person. The superintendent may send letters addressed to other parties to the director for inspection before forwarding them to the individual addressed.

[C73, §1436; C97, §2300; C24, 27, 31, 35, 39, §3495; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.13]

[2023 Acts, ch 19, §481](#)

226.14 Writing material.

Every patient shall be furnished by the superintendent or party having charge of the patient, at least once each week, with suitable materials for writing, enclosing, sealing, and mailing letters, if the patient requests and uses the materials.

[C73, §1437; C97, §2301; C24, 27, 31, 35, 39, §3496; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.14]

[2023 Acts, ch 19, §482](#)

226.15 Letters to director.

The superintendent or other officer in charge of a patient shall, without reading the letters, receive all letters addressed to the director, if so requested, and shall properly mail the letters, and deliver to such patient all letters or other writings addressed to the patient. Letters written to the patient may be examined by the superintendent, and if, in the superintendent's opinion, the delivery of such letters would be injurious to the patient, the superintendent shall return the letters to the writer with the superintendent's reasons for not delivering the letters.

[C73, §1438; C97, §2302; C24, 27, 31, 35, 39, §3497; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.15]

[2023 Acts, ch 19, §483](#)

226.16 Unauthorized departure and retaking.

The superintendent and all other officers and employees of any mental health institute, in case of the unauthorized departure of any involuntarily hospitalized patient, shall exercise all due diligence to take into protective custody and return the patient to the mental health institute. A notification by the superintendent of such unauthorized departure to any peace officer of the state or to any private person shall be sufficient authority to such officer or person to take and return the patient to the mental health institute.

[R60, §1445; C73, §1423; C97, §2287; S13, §2287; C24, 27, 31, 35, 39, §3498; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.16]

[2023 Acts, ch 19, §484](#)

226.17 Expense attending retaking.

All actual and necessary expenses incurred in the taking into protective custody, restraint, and return to the mental health institute of the patient shall be paid on itemized vouchers, sworn to by the claimants and approved by the director or the director's designee, from any moneys in the state treasury not otherwise appropriated.

[R60, §1445; C73, §1423; C97, §2287; S13, §2287; C24, 27, 31, 35, 39, §3499; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.17]

[2019 Acts, ch 24, §104](#); [2023 Acts, ch 19, §485](#)

226.18 Investigation as to mental health.

The director may investigate the mental condition of any patient and shall discharge any person, if, in the director's opinion, the person is not mentally ill, or can be cared for after discharge without danger to others, and with benefit to the patient. In determining whether the patient shall be discharged, the recommendation of the superintendent shall be secured. If the director orders the discharge of an involuntarily hospitalized patient, the discharge shall be by the procedure prescribed in [section 229.16](#). The power to investigate the mental condition of a patient is merely permissive, and does not repeal or alter any statute respecting the discharge or commitment of patients of the mental health institutes.

[S13, §2727-a25; C24, 27, 31, 35, 39, §3500; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.18]

[2023 Acts, ch 19, §486](#)

226.19 Discharge — certificate.

1. Every patient shall be discharged in accordance with the procedure prescribed in [section 229.3](#) or [section 229.16](#), whichever is applicable, immediately on regaining the patient's good mental health.

2. If a patient's care is the financial responsibility of the state or a county, as part of the patient's discharge planning the state mental health institute shall provide assistance to the patient in obtaining eligibility for the federal state supplemental security income program.

[R60, §1485; C73, §1424; C97, §2288; C24, 27, 31, 35, 39, §3501; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.19]

[2005 Acts, ch 175, §97](#); [2006 Acts, ch 1010, §68](#)

226.20 and 226.21 Reserved.**226.22 Clothing furnished.**

Upon discharge, the department shall furnish the person discharged, unless otherwise supplied, with suitable clothing and a sum of money not exceeding twenty dollars, which shall be charged with the other expenses of the patient in the mental health institute.

[R60, §1485; C73, §1424; C97, §2288; C24, 27, 31, 35, 39, §3504; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.22]

[2023 Acts, ch 19, §487](#)

226.23 Convalescent leave of patients.

Upon the recommendation of the superintendent and in accordance with [section 229.15, subsection 5](#), in the case of an involuntary patient, the director may place the patient on convalescent leave for a period not to exceed one year, under conditions prescribed by the director.

[C73, §1424; C97, §2288; C24, 27, 31, 35, 39, §3505; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.23]

[2023 Acts, ch 19, §488](#)

226.24 and 226.25 Reserved.

226.26 Dangerous patients.

The director, on the recommendation of the superintendent, and on the application of the relatives or friends of a patient who is not cured and who cannot be safely allowed to go at liberty, may release the patient when fully satisfied that the relatives or friends will provide and maintain all necessary supervision, care, and restraint over the patient. If the patient being released was involuntarily hospitalized, the consent of the district court which ordered the patient's hospitalization placement shall be obtained in advance in substantially the manner prescribed by [section 229.14](#).

[R60, §1482; C73, §1408; C97, §2276; C24, 27, 31, 35, 39, §3508; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.26]

[2001 Acts, ch 155, §42](#); [2023 Acts, ch 19, §489](#)

226.27 Patient accused or acquitted of crime or awaiting judgment.

If a patient was committed to a mental health institute for evaluation or treatment under [chapter 812](#) or the rules of criminal procedure, further proceedings shall be had under [chapter 812](#) or the applicable rule when the evaluation has been completed or the patient has regained mental capacity, as the case may be.

[R60, §1460; C73, §1413; C97, §2280; C24, 27, 31, 35, 39, §3509; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.27]

[84 Acts, ch 1323, §1](#); [2023 Acts, ch 19, §490](#)

226.28 and 226.29 Reserved.**226.30 Transfer of dangerous patients.**

When a patient of any mental health institute becomes incorrigible and unmanageable to such an extent that the patient is dangerous to the safety of others in the institute, the director, with the consent of the director of the Iowa department of corrections, may apply in writing to the district court or to any judge of the district court, of the county in which the institute is situated, for an order to transfer the patient to the Iowa medical and classification center and if the order is granted the patient shall be transferred. The county attorney of the county shall appear in support of the application on behalf of the director.

[C24, 27, 31, 35, 39, §3512; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.30; [82 Acts, ch 1100, §6](#)]

[96 Acts, ch 1129, §113](#); [2019 Acts, ch 100, §3](#); [2023 Acts, ch 19, §491](#)

Referred to in [§226.31, 331.756\(39\)](#)

See also [§218.92](#)

226.31 Examination by court — notice.

Before granting the order authorized in [section 226.30](#), the court or judge shall investigate the allegations of the petition and before proceeding to a hearing on the allegations shall require notice to be served on the attorney who represented the patient in any prior proceedings under [sections 229.6 through 229.15](#) or the advocate appointed under [section 229.19](#), or in the case of a patient who entered the hospital voluntarily, on any relative, friend, or guardian of the person in question of the filing of the application. At the hearing the court or judge shall appoint a guardian ad litem for the person, if the court or judge deems such action necessary to protect the rights of the person. The guardian ad litem shall be a practicing attorney.

[C24, 27, 31, 35, 39, §3513; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.31]

[90 Acts, ch 1271, §1503](#); [2020 Acts, ch 1063, §84](#)

226.32 Overcrowded conditions.

The director shall order the discharge or removal from the mental health institute of incurable and harmless patients whenever it is necessary to make room for recent cases. If a patient who is to be discharged entered the mental health institute voluntarily, the director

shall notify the regional administrator for the county interested at least ten days in advance of the day of actual discharge.

[R60, §1483; C73, §1425; C97, §2289; C24, 27, 31, 35, 39, §3514; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.32]

[2015 Acts, ch 69, §46](#); [2023 Acts, ch 19, §492](#)

Referred to in [§226.33](#)

For future amendment to this section, effective July 1, 2025, see 2024 Acts, ch 1161, §69, 137

226.33 Notice to court.

When a patient who was hospitalized involuntarily and who has not fully recovered is discharged from the mental health institute by the director under [section 226.32](#), notice of the order shall at once be sent to the court which ordered the patient's hospitalization, in the manner prescribed by [section 229.14](#).

[R60, §1484; C73, §1426; C97, §2290; C24, 27, 31, 35, 39, §3515; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.33]

[2001 Acts, ch 155, §43](#); [2023 Acts, ch 19, §493](#)

226.34 Investigation of death — notice.

1. Upon the death of a patient, the county medical examiner shall conduct a preliminary investigation as required by [section 218.64](#), in accordance with [section 331.802](#).

2. If a patient in a mental health institute dies from any cause, the superintendent of the institute shall within three days of the date of death, send by certified mail a written notice of death to all of the following:

- a. The decedent's nearest relative.
- b. The clerk of the district court of the county from which the patient was committed.
- c. The sheriff of the county from which the patient was committed.
- d. The regional administrator for the county from which the patient was committed.

[C73, §1439; C97, §2303; C24, 27, 31, 35, 39, §3516; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §226.34]

[2008 Acts, ch 1187, §136](#); [2015 Acts, ch 69, §47](#)

For future strike of subsection 2, paragraph d, effective July 1, 2025, see 2024 Acts, ch 1161, §70, 137

226.35 through 226.39 Reserved.

226.40 Emergency patients.

In case of emergency disaster, with the infliction of numerous casualties among the civilian population, the mental health institutes may accept sick and wounded persons without commitment or any other formalities.

[C62, 66, 71, 73, 75, 77, 79, 81, §226.40]

[2023 Acts, ch 19, §494](#)

Referred to in [§226.41](#)

226.41 Charge permitted.

The mental health institute may charge for patients admitted under [section 226.40](#), in the manner provided by law and subject to the changes provided in [section 226.42](#).

[C62, 66, 71, 73, 75, 77, 79, 81, §226.41]

[2019 Acts, ch 59, §65](#); [2023 Acts, ch 19, §495](#)

226.42 Emergency powers of superintendents.

In case the mental health institutes lose contact with the seat of government, due to enemy action or otherwise, the superintendents of the institutes may do any of the following:

1. Collect moneys due the state treasury from the counties and from responsible persons or other relatives, these funds to be collected monthly, instead of quarterly, and to be deposited for use in operating the institutes.

2. Requisition supplies, such as food, fuel, drugs and medical equipment, from any source available, in the name of the state, and enter into contracts binding the state for payment at an indefinite future time.

3. Employ personnel in all categories and for whatever remuneration the superintendent deems necessary, without regard to existing laws, rules, or regulations, in order to permit the institute to continue its existing functions and meet its additional responsibilities.

[C62, 66, 71, 73, 75, 77, 79, 81, §226.42]

[2023 Acts, ch 19, §496](#)

Referred to in §226.41

SUBCHAPTER II

PATIENTS' PERSONAL FUNDS

226.43 Fund created.

There is established at each mental health institute a fund known as the “patients’ personal deposit fund”.

[C66, 71, 73, 75, 77, 79, 81, §226.43]

[2023 Acts, ch 19, §497](#)

226.44 Deposits.

Any funds, including social security benefits, coming into the possession of the superintendent or any employee of the mental health institute belonging to any patient in that mental health institute, shall be deposited in the name of that patient in the patients’ personal deposit fund, except that if a guardian of the property of that patient has been appointed, the guardian shall have the right to demand and receive such funds. Funds belonging to a patient deposited in the patients’ personal deposit fund may be used for the purchase of personal incidentals, desires, and comforts for the patient.

[C66, 71, 73, 75, 77, 79, 81, §226.44]

[2023 Acts, ch 19, §498](#)

226.45 Reimbursement to county or state.

If a patient is not receiving medical assistance under [chapter 249A](#) and the amount in the account of any patient in the patients’ personal deposit fund exceeds two hundred dollars, the mental health institute may apply any of the excess to reimburse the county of residence or the state when the patient is a resident in another state or in a foreign country, or when the patient’s residence is unknown, for liability incurred by the county or the state for the payment of care, support, and maintenance of the patient, when billed by the county of residence or by the department.

[C66, 71, 73, 75, 77, 79, 81, S81, §226.45; [81 Acts, ch 11, §16](#)]

[2012 Acts, ch 1120, §98, 130](#); [2018 Acts, ch 1165, §68](#); [2023 Acts, ch 19, §499](#)

For future repeal of this section, effective July 1, 2025, see [2024 Acts, ch 1161, §135, 137](#)

226.46 Deposit of fund.

The department shall deposit the patients’ personal deposit fund in a commercial account of a bank of reputable standing. When deposits in the commercial account exceed average monthly withdrawals, the department may deposit the excess at interest. The savings account shall be in the name of the patients’ personal deposit fund and interest paid on the account may be used for recreational purposes at the mental health institute.

[C66, 71, 73, 75, 77, 79, 81, §226.46]

[2023 Acts, ch 19, §500](#)

226.47 Administrator defined. Repealed by 2015 Acts, ch 69, §79.