

CHAPTER 125

SUBSTANCE USE DISORDERS

Referred to in [§11.6](#), [135.11](#), [229.6](#), [229.45](#), [232.69](#), [235B.2](#), [235B.3](#), [235E.1](#), [235E.2](#), [235F.1](#), [237.4](#), [237C.1](#), [321J.3](#), [321J.17](#), [321J.22](#), [321J.25](#), [602.6306](#), [602.6405](#), [726.24](#), [904.513](#)

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SUBCHAPTER I

DEFINITIONS

125.1 Declaration of policy. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.2 Definitions.

For purposes of [this chapter](#), unless the context clearly indicates otherwise:

1. “*Chemical substance*” means alcohol, wine, spirits, and beer as defined in [chapter 123](#) and controlled substances as defined in [section 124.101](#).

2. “*Chief medical officer*” means the medical director in charge of a public or private hospital, or the director’s physician-designee. [This chapter](#) does not negate the authority otherwise reposed by [chapter 226](#) in the respective superintendents of the state mental health institutes to make decisions regarding the appropriateness of admissions or discharges of patients of those institutes, however, it is the intent of [this chapter](#) that a superintendent who is not a licensed physician shall be guided in these decisions by the chief medical officer of the institute.

3. “*Clerk*” means the clerk of the district court.

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

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

6. “*Facility*” means an institution, a detoxification center, or an installation providing care, maintenance and treatment for persons with a substance use disorder licensed by the department under [section 125.13](#), hospitals licensed under [chapter 135B](#), or the state mental health institutes designated by [chapter 226](#).

7. “*Incapacitated by a chemical substance*” means that a person, as a result of the use of a chemical substance, is unconscious or has the person’s judgment otherwise so impaired that the person is incapable of realizing and making a rational decision with respect to the need for treatment.

8. “*Interested person*” means a person who, in the discretion of the court, is legitimately concerned that a respondent receive substance use disorder treatment services.

9. “*Magistrate*” means the same as defined in [section 801.4, subsection 10](#).

10. “*Mental health professional*” means the same as defined in [section 228.1](#).

11. “*Psychiatric advanced registered nurse practitioner*” means an individual currently licensed as a registered nurse under [chapter 152](#) or [152E](#) who holds a national certification in psychiatric mental health care and who is licensed by the board of nursing as an advanced registered nurse practitioner.

12. “*Respondent*” means a person against whom an application is filed under [section 125.75](#).

13. “*Substance use disorder*” means a diagnosable substance use disorder of sufficient

duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment.

[C62, 66, §123A.1; C71, 73, §123A.1, 123B.1; C75, 77, §125.2; C79, 81, §125.2, 229.50; 81 Acts, ch 58, §1; 82 Acts, ch 1212, §1]

86 Acts, ch 1245, §1122; 89 Acts, ch 197, §21; 90 Acts, ch 1085, §1, 2; 2005 Acts, ch 175, §59, 60; 2008 Acts, ch 1082, §1; 2011 Acts, ch 121, §25 – 28, 62; 2012 Acts, ch 1021, §40; 2015 Acts, ch 56, §1; 2017 Acts, ch 34, §1; 2018 Acts, ch 1137, §21, 22; 2022 Acts, ch 1071, §2; 2023 Acts, ch 19, §79; 2024 Acts, ch 1161, §18, 137

Referred to in §125.44, 125.75, 135H.1, 228.1, 229.6, 232.2, 282.19, 321J.24, 321J.25, 600A.8, 709.16

2024 strike of subsections 4, 5, and 10 effective July 1, 2025; 2024 Acts, ch 1161, §137

Subsections 4 and 5 stricken and former subsections 6 – 9 renumbered as 4 – 7

Subsection 10 stricken and former subsections 11 – 16 renumbered as 8 – 13

SUBCHAPTER II

SUBSTANCE USE DISORDER PROGRAM

125.3 Substance use disorder program established. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.4 through 125.6 Repealed by 2005 Acts, ch 175, §128.

125.7 Duties of the council. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.8 Reserved.

125.9 Powers of director. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.10 Duties of director. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.11 Reserved.

SUBCHAPTER III

TREATMENT PROGRAMS AND FACILITIES

125.12 Comprehensive program for treatment — regional facilities. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.13 Programs licensed — exceptions.

1. a. Except as provided in [subsection 2](#), a person shall not maintain or conduct any chemical substitutes or antagonists program, residential program, or nonresidential outpatient program, the primary purpose of which is the treatment and rehabilitation of persons with a substance use disorder without having first obtained a written license for the program from the department.

b. Four types of licenses may be issued by the department. A renewable license may be issued for one, two, or three years. A treatment program applying for its initial license may be issued a license for two hundred seventy days. A license issued for two hundred seventy days shall not be renewed or extended.

2. The licensing requirements of [this chapter](#) do not apply to any of the following:

a. A hospital providing care or treatment to persons with a substance use disorder licensed under [chapter 135B](#) which is accredited by the joint commission, the commission

on accreditation of rehabilitation facilities, the American osteopathic association, or another recognized organization approved by the department. All survey reports from the accrediting or licensing body must be sent to the department.

b. Any practitioner of medicine and surgery or osteopathic medicine and surgery, in the practitioner's private practice. However, a program shall not be exempted from licensing by the department by virtue of its utilization of the services of a medical practitioner in its operation.

c. Private institutions conducted by and for persons who adhere to the faith of any well recognized church or religious denomination for the purpose of providing care, treatment, counseling, or rehabilitation to persons with a substance use disorder and who rely solely on prayer or other spiritual means for healing in the practice of religion of such church or denomination.

d. A program that provides only education, prevention, referral, or post treatment services.

e. Alcoholics anonymous.

f. Individuals in private practice who are providing substance use disorder treatment services independent from a program that is required to be licensed under [subsection 1](#).

g. Intervention and referral programs which are financed and managed by a county or counties, are staffed by county employees, and do not receive state payments pursuant to a contract under [section 125.44](#).

h. Voluntary, nonprofit groups whose funding is provided solely from nontax sources.

i. A substance use disorder treatment program not funded by the department which is accredited or licensed by the joint commission, the commission on the accreditation of rehabilitation facilities, the American osteopathic association, or another recognized organization approved by the department. All survey reports from the accrediting or licensing body must be sent to the department.

j. A hospital substance use disorder treatment program that is accredited or licensed by the joint commission, the commission on the accreditation of rehabilitation facilities, the American osteopathic association, or another recognized organization approved by the department. All survey reports for the hospital substance use disorder treatment program from the accrediting or licensing body shall be sent to the department.

k. A psychiatric medical institution for children licensed under [chapter 135H](#), unless the psychiatric medical institution for children provides substance use disorder services.

[C75, 77, §125.14, 224B.12, 224B.13; C79, 81, §125.13; [81 Acts, ch 58, §4 – 7](#); [82 Acts, ch 1244, §1, 2](#)]

[86 Acts, ch 1001, §4](#); [89 Acts, ch 243, §2](#); [90 Acts, ch 1085, §6, 7](#); [94 Acts, ch 1068, §1](#); [2002 Acts, ch 1108, §4, 5](#); [2005 Acts, ch 175, §66](#); [2009 Acts, ch 41, §263](#); [2011 Acts, ch 121, §32, 33, 62](#); [2023 Acts, ch 19, §85, 86](#); [2024 Acts, ch 1170, §377](#); [2024 Acts, ch 1182, §143](#); [2025 Acts, ch 86, §1, 48](#)

Referred to in [§125.2](#), [125.20](#), [125.21](#), [135H.4](#)
Subsection 2, paragraphs a, i, and j amended
Subsection 2, NEW paragraph k

125.14 Licenses — renewal — fees.

The department shall consider all cases involving initial issuance, and renewal, denial, suspension, or revocation of a license. The department shall issue a license to an applicant whom the department determines meets the licensing requirements of [this chapter](#). Licenses shall expire no later than three years from the date of issuance and shall be renewed upon timely application made in the same manner as for initial issuance of a license unless notice of nonrenewal is given to the licensee at least thirty days prior to the expiration of the license. The department shall not charge a fee for licensing or renewal of programs contracting with the department for provision of treatment services. A fee may be charged to other licensees.

[C75, 77, §224B.14, 224B.15; C79, 81, §125.14; [81 Acts, ch 58, §8](#)]

[89 Acts, ch 243, §3](#); [2000 Acts, ch 1140, §19](#); [2002 Acts, ch 1108, §6](#); [2005 Acts, ch 175, §67](#); [2023 Acts, ch 19, §87](#); [2024 Acts, ch 1170, §378](#); [2024 Acts, ch 1182, §144](#)

125.14A Personnel of a licensed program admitting juveniles.

1. If a person is being considered for licensure under [this chapter](#), or for employment involving direct responsibility for a child or with access to a child when the child is alone, by a program admitting juveniles subject to licensure under [this chapter](#), or if a person will reside in a facility utilized by such a program, and if the person has been convicted of a crime or has a record of founded child abuse, the record check evaluation system of the department and the program for an employee of the program shall perform an evaluation to determine whether the crime or founded child abuse warrants prohibition of licensure, employment, or residence in the facility. The record check evaluation system shall conduct criminal and child abuse record checks in this state and may conduct these checks in other states. The evaluation shall be performed in accordance with procedures adopted for this purpose by the department.

2. If the record check evaluation system determines that a person has committed a crime or has a record of founded child abuse and is licensed, employed by a program licensed under [this chapter](#), or resides in a licensed facility the record check evaluation system shall notify the program that an evaluation will be conducted to determine whether prohibition of the person's licensure, employment, or residence is warranted.

3. In an evaluation, the record check evaluation system and the program for an employee of the program shall consider the nature and seriousness of the crime or founded child abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded child abuse, the circumstances under which the crime or founded child abuse was committed, the degree of rehabilitation, the likelihood that the person will commit the crime or founded child abuse again, and the number of crimes or founded child abuses committed by the person involved. The record check evaluation system may permit a person who is evaluated to be licensed, employed, or to reside, or to continue to be licensed, employed, or to reside in a program, if the person complies with the record check evaluation system's conditions relating to the person's licensure, employment, or residence, which may include completion of additional training. For an employee of a licensee, these conditional requirements shall be developed with the licensee. The record check evaluation system has final authority in determining whether prohibition of the person's licensure, employment, or residence is warranted and in developing any conditional requirements under [this subsection](#).

4. If the record check evaluation system determines that the person has committed a crime or has a record of founded child abuse which warrants prohibition of licensure, employment, or residence, the person shall not be licensed under [this chapter](#) to operate a program admitting juveniles and shall not be employed by a program or reside in a facility admitting juveniles licensed under [this chapter](#).

5. In addition to the record checks required under [this section](#), the record check evaluation system may conduct dependent adult abuse record checks in this state and may conduct these checks in other states, on a random basis. The provisions of [this section](#), relative to an evaluation following a determination that a person has been convicted of a crime or has a record of founded child abuse, shall also apply to a random check conducted under [this subsection](#).

6. A program or facility shall inform all new applicants for employment of the possibility of the performance of a record check and shall obtain, from the applicant, a signed acknowledgment of the receipt of the information.

7. A program or facility shall include the following inquiry in an application for employment:

Do you have a record of founded child or dependent adult abuse
or have you ever been convicted of a crime, in this state or any other
state?

[90 Acts, ch 1221, §1; 91 Acts, ch 138, §1; 92 Acts, ch 1163, §33; 94 Acts, ch 1130, §11; 2023 Acts, ch 19, §88](#)

125.15 Inspections.

The department may inspect the facilities and review the procedures utilized by any chemical substitutes or antagonists program, residential program, or nonresidential outpatient program that has as a primary purpose the treatment and rehabilitation of persons with a substance use disorder, for the purpose of ensuring compliance with [this chapter](#) and the rules adopted pursuant to [this chapter](#). The examination and review may include case record audits and interviews with staff and patients, consistent with the confidentiality safeguards of state and federal law.

[C75, 77, §224B.16; C79, 81, §125.15]

[86 Acts, ch 1245, §1130; 2000 Acts, ch 1140, §20; 2011 Acts, ch 121, §34, 62; 2023 Acts, ch 19, §89](#)

125.15A Licensure — emergencies.

1. The department may place an employee or agent to serve as a monitor in a licensed substance use disorder treatment program or may petition the court for appointment of a receiver for a program when any of the following conditions exist:

- a. The program is operating without a license.
- b. The department has suspended, revoked, or refused to renew the existing license of the program.
- c. The program is closing or has informed the department that it intends to close and adequate arrangements for the location of clients have not been made at least thirty days before the closing.
- d. The department determines that an emergency exists, whether or not it has initiated revocation or nonrenewal procedures, and because of the unwillingness or inability of the licensee to remedy the emergency, the department determines that a monitor or receiver is necessary. As used in this paragraph, “*emergency*” means a threat to the health, safety, or welfare of a client that the program is unwilling or unable to correct.

2. The monitor shall observe operation of the program, assist the program with advice regarding compliance with state regulations, and report periodically to the department on the operation of the program.

[93 Acts, ch 139, §1; 2005 Acts, ch 175, §68; 2023 Acts, ch 19, §90, 91; 2024 Acts, ch 1170, §379; 2024 Acts, ch 1182, §145](#)

125.16 Transfer of license or change of location prohibited.

A license issued under [this chapter](#) may not be transferred, and the location of the physical facilities occupied or utilized by any program licensed under [this chapter](#) shall not be changed without the prior written consent of the department.

[C75, 77, §224B.17; C79, 81, §125.16]

[2005 Acts, ch 175, §69; 2023 Acts, ch 19, §92; 2024 Acts, ch 1170, §380; 2024 Acts, ch 1182, §146](#)

125.17 License suspension or revocation.

Violation of any of the requirements or restrictions of [this chapter](#) or of any of the rules adopted pursuant to [this chapter](#) is cause for suspension, revocation, or refusal to renew a license. The director shall at the earliest time feasible notify a licensee whose license the department is considering suspending or revoking and shall inform the licensee what changes must be made in the licensee’s operation to avoid such action. The licensee shall be given a reasonable time for compliance, as determined by the director, after receiving such notice or a notice that the department does not intend to renew the license. When the licensee believes compliance has been achieved, or if the licensee considers the proposed suspension, revocation, or refusal to renew unjustified, the licensee may submit pertinent information to the department and the department shall expeditiously make a decision in the matter and notify the licensee of the decision.

[C75, 77, §224B.18; C79, 81, §125.17]

[2005 Acts, ch 175, §70; 2023 Acts, ch 19, §93; 2024 Acts, ch 1170, §381; 2024 Acts, ch 1182, §147](#)

125.18 Applications — approval or denial — disciplinary actions.

The department may deny an application for license, or may place on probation, suspend or revoke a license of, or otherwise discipline a licensee if the department finds that the licensee has not been or will not be operated in compliance with [this chapter](#) and the rules adopted pursuant to [this chapter](#), or that there is insufficient assurance of adequate protection for the public. The authorization denial or period of probation, suspension, or revocation, or other disciplinary action shall be effected and may be appealed as provided by [section 17A.12](#).

[C75, 77, §224B.19; C79, 81, §125.18]

[86 Acts, ch 1245, §1131; 2005 Acts, ch 175, §71; 2023 Acts, ch 19, §94, 1879; 2024 Acts, ch 1170, §382; 2024 Acts, ch 1182, §148](#)

125.19 Reissuance or reinstatement.

After suspension, revocation, or refusal to renew a license pursuant to [this chapter](#), the affected licensee shall not have the license reissued or reinstated within one year of the effective date of the suspension, revocation, or expiration upon refusal to renew, unless the department orders otherwise. After that time, proof of compliance with the requirements and restrictions of [this chapter](#) and the rules adopted pursuant to [this chapter](#) must be presented to the department prior to reinstatement or reissuance of a license.

[C75, 77, §224B.20; C79, 81, §125.19]

[2005 Acts, ch 175, §72; 2023 Acts, ch 19, §95; 2024 Acts, ch 1170, §383; 2024 Acts, ch 1182, §149](#)

125.20 Rules.

The department shall establish rules pursuant to [chapter 17A](#) requiring facilities to use reasonable accounting and reimbursement systems which recognize relevant cost-related factors for patients with a substance use disorder. A facility shall not be licensed nor shall any payment be made under [this chapter](#) to a facility which fails to comply with those rules or which does not permit inspection by the department or examination of all records, including financial records, methods of administration, general and special dietary programs, the disbursement of drugs and methods of supply, and any other records the department deems relevant to the establishment of such a system. However, rules issued pursuant to [this section](#) shall not apply to any facility referred to in [section 125.13, subsection 2](#), or [section 125.43](#).*

[C77, §125.13(8); C79, 81, §125.20]

[86 Acts, ch 1245, §1132; 2023 Acts, ch 19, §96; 2024 Acts, ch 1043, §49](#)

*Section 125.43 repealed by [2024 Acts, ch 1161, §135](#); corrective legislation is pending

125.21 Chemical substitutes and antagonists programs.

1. The department has exclusive power in this state to approve and license chemical substitutes and antagonists programs, and to monitor chemical substitutes and antagonists programs to ensure that the programs are operating within the rules adopted pursuant to [this chapter](#). The department shall grant approval and license if the requirements of the rules are met and state funding is not requested. The chemical substitutes and antagonists programs conducted by persons exempt from the licensing requirements of [this chapter](#) pursuant to [section 125.13, subsection 2](#), are subject to approval and licensure under [this section](#).

2. The department may do any of the following:

a. Provide advice, consultation, and technical assistance to chemical substitutes and antagonists programs.

b. Approve local agencies or bodies to assist the department in carrying out the provisions of [this chapter](#).

[C75, 77, §224B.21; C79, 81, §125.21; [81 Acts, ch 58, §9](#)]

[87 Acts, ch 32, §1; 97 Acts, ch 203, §12; 2005 Acts, ch 175, §73; 2023 Acts, ch 19, §97; 2024 Acts, ch 1170, §384; 2024 Acts, ch 1182, §150](#)

125.22 through 125.24 Reserved.**125.25 Approval of facility budget.** Repealed by [2024 Acts, ch 1161, §135, 137](#).

2024 repeal effective July 1, 2025; [2024 Acts, ch 1161, §137](#)

125.26 through 125.31 Reserved.

125.32 Acceptance for treatment — rules.

The department shall adopt and may amend and repeal rules for acceptance of persons into the treatment program, subject to [chapter 17A](#), considering available treatment resources and facilities, for the purpose of early and effective treatment of persons with a substance use disorder and concerned family members. In establishing the rules the department shall be guided by the following standards:

1. If possible a patient shall be treated on a voluntary rather than an involuntary basis.
2. A patient shall be initially assigned or transferred to outpatient treatment, unless the patient is found to require inpatient, residential, or halfway house treatment.
3. A person shall not be denied treatment solely because the person has withdrawn from treatment against medical advice on a prior occasion or because the person has relapsed after earlier treatment.
4. An individualized treatment plan shall be prepared and maintained on a current basis for each patient after the assessment process.
5. Provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will have available and may utilize other appropriate treatment.

[C75, 77, §125.15; C79, 81, §125.32]

[86 Acts, ch 1001, §6](#); [86 Acts, ch 1245, §1134](#); [90 Acts, ch 1085, §8](#); [2011 Acts, ch 121, §35, 62](#); [2023 Acts, ch 19, §99](#)

125.32A Discrimination prohibited. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.33 Voluntary treatment of persons with a substance use disorder.

1. A person with a substance use disorder may apply for voluntary treatment or rehabilitation services directly to a facility or to a licensed physician and surgeon or osteopathic physician and surgeon or to a mental health professional. If the proposed patient is a minor or an incompetent person, a parent, a legal guardian, or other legal representative may make the application. The licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or any employee or person acting under the direction or supervision of the physician and surgeon or osteopathic physician and surgeon, mental health professional, or facility shall not report or disclose the name of the person or the fact that treatment was requested or has been undertaken to any law enforcement officer or law enforcement agency; nor shall such information be admissible as evidence in any court, grand jury, or administrative proceeding unless authorized by the person seeking treatment. If the person seeking such treatment or rehabilitation is a minor who has personally made application for treatment, the fact that the minor sought treatment or rehabilitation or is receiving treatment or rehabilitation services shall not be reported or disclosed to the parents or legal guardian of such minor without the minor's consent, and the minor may give legal consent to receive such treatment and rehabilitation.

2. Subject to rules adopted by the department, the administrator or the administrator's designee in charge of a facility may determine who shall be admitted for treatment or rehabilitation. If a person is refused admission, the administrator or the administrator's designee, subject to rules adopted by the department, shall refer the person to another facility for treatment if possible and appropriate.

3. A person with a substance use disorder seeking treatment or rehabilitation and who is either addicted to or dependent on a chemical substance may first be examined and evaluated by a licensed physician and surgeon or osteopathic physician and surgeon or a mental health professional who may prescribe, if authorized or licensed to do so, a proper course of treatment and medication, if needed. The licensed physician and surgeon or osteopathic physician and surgeon or mental health professional may further prescribe a course of treatment or rehabilitation and authorize another licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or facility to provide the

prescribed treatment or rehabilitation services. Treatment or rehabilitation services may be provided to a person individually or in a group. A facility providing or engaging in treatment or rehabilitation shall not report or disclose to a law enforcement officer or law enforcement agency the name of any person receiving or engaged in the treatment or rehabilitation; nor shall a person receiving or participating in treatment or rehabilitation report or disclose the name of any other person engaged in or receiving treatment or rehabilitation or that the program is in existence, to a law enforcement officer or law enforcement agency. Such information shall not be admitted in evidence in any court, grand jury, or administrative proceeding. However, a person engaged in or receiving treatment or rehabilitation may authorize the disclosure of the person's name and individual participation.

4. If a patient receiving inpatient or residential care leaves a facility, the patient shall be encouraged to consent to appropriate outpatient or halfway house treatment. If it appears to the administrator in charge of the facility that the patient is a person with a substance use disorder who requires help, the director may arrange for assistance in obtaining supportive services.

5. If a patient leaves a facility, with or against the advice of the administrator in charge of the facility, the director may make reasonable provisions for the patient's transportation to another facility or to the patient's home. If the patient has no home, the patient shall be assisted in obtaining shelter. If the patient is a minor or an incompetent person, the request for discharge from an inpatient facility shall be made by a parent, legal guardian, or other legal representative, or by the minor or incompetent person if the patient was the original applicant.

6. Any person who reports or discloses the name of a person receiving treatment or rehabilitation services to a law enforcement officer or law enforcement agency or any person receiving treatment or rehabilitation services who discloses the name of any other person receiving treatment or rehabilitation services without the written consent of the person in violation of the provisions of [this section](#) shall upon conviction be guilty of a simple misdemeanor.

[C71, 73, §224A.2, 224A.3; C75, 77, §125.16, 224A.2, 224A.3; C79, 81, §125.33]

[86 Acts, ch 1001, §7](#); [86 Acts, ch 1245, §1135](#); [90 Acts, ch 1085, §9](#); [2011 Acts, ch 121, §36, 62](#); [2017 Acts, ch 34, §3](#); [2021 Acts, ch 76, §27](#); [2023 Acts, ch 19, §101](#); [2024 Acts, ch 1043, §50](#)

Referred to in [§321J.3, 331.910](#)

125.34 Treatment and services for persons with a substance use disorder due to intoxication and substance-induced incapacitation. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.35 and 125.36 Reserved.

125.37 Records confidential. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.38 Rights and privileges of patients. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.39 Eligible entities. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.40 Criminal laws limitations. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.41 Judicial review. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.42 Appeals. Repealed by 2024 Acts, ch 1161, §135, 137.

2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.43 Funding at mental health institutes. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.43A Prescreening — exception. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137
See Code editor's note on simple harmonization at the beginning of this Code volume

125.44 Agreements with facilities — liability for costs.

1. The director may, consistent with the comprehensive substance use disorder program, enter into written agreements with a facility as defined in [section 125.2](#) to pay for one hundred percent of the cost of the care, maintenance, and treatment of persons with a substance use disorder, except when [section 125.43A](#)* applies. All payments for state patients shall be made in accordance with the limitations of [this section](#). Such contracts shall be for a period of no more than one year.

2. The contract may be in the form and contain provisions as agreed upon by the parties. The contract shall provide that the facility shall admit and treat persons with a substance use disorder regardless of where they have residence. If one payment for care, maintenance, and treatment is not made by the patient or those legally liable for the patient, the payment shall be made by the department directly to the facility. Payments shall be made each month and shall be based upon the rate of payment for services negotiated between the department and the contracting facility. If a facility projects a temporary cash flow deficit, the department may make cash advances at the beginning of each fiscal year to the facility. The repayment schedule for advances shall be part of the contract between the department and the facility. [This section](#) does not pertain to patients treated at the mental health institutes.

3. If the appropriation to the department is insufficient to meet the requirements of [this section](#), the department shall request a transfer of funds and [section 8.39](#) shall apply.

4. The person with a substance use disorder is legally liable to the facility for the total amount of the cost of providing care, maintenance, and treatment for the person with a substance use disorder while a voluntary or committed patient in a facility. [This section](#) does not prohibit any individual from paying any portion of the cost of treatment.

5. The department is liable for the cost of care, treatment, and maintenance of persons with a substance use disorder admitted to the facility voluntarily or pursuant to [section 125.75](#), [125.81](#), or [125.91](#) or [section 321J.3](#) or [124.409](#) only to those facilities that have a contract with the department under [this section](#), only for the amount computed according to and within the limits of liability prescribed by [this section](#), and only when the person with a substance use disorder is unable to pay the costs and there is no other person, firm, corporation, or insurance company bound to pay the costs.

6. The department's maximum liability for the costs of care, treatment, and maintenance of persons with a substance use disorder in a contracting facility is limited to the total amount agreed upon by the parties and specified in the contract under [this section](#).

[C71, 73, §123B.4, 123B.8; C75, 77, §125.27, 125.31; C79, §125.44, 125.48; C81, §125.44; [82 Acts, ch 1212, §25](#)]

[86 Acts, ch 1001, §12, 13](#); [86 Acts, ch 1220, §25](#); [86 Acts, ch 1245, §1137](#); [89 Acts, ch 243, §4, 5](#); [90 Acts, ch 1085, §11](#); [2011 Acts, ch 121, §40, 62](#); [2023 Acts, ch 19, §107](#)

Referred to in [§125.13](#), [321J.3](#), [462A.14](#)

*Section 125.43A repealed by [2024 Acts, ch 1161, §135](#); corrective legislation is pending

125.45 Reserved.

125.46 County of residence determined. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.47 Reserved.

125.48 List of contracting facilities. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.49 through 125.53 Reserved.

125.54 Use of funds. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.55 Audits. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.56 and 125.57 Reserved.

125.58 Inspection — penalties. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.59 Transfer of certain revenue — county program funding. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.60 Grant formula. Repealed by 2024 Acts, ch 1161, §135, 137.
2024 repeal effective July 1, 2025; 2024 Acts, ch 1161, §137

125.61 through 125.73 Reserved.

SUBCHAPTER IV

INVOLUNTARY COMMITMENT OR TREATMENT FOR SUBSTANCE USE DISORDERS

125.74 Preapplication screening assessment — program.

Prior to filing an application pursuant to [section 125.75](#), the clerk of the district court or the clerk's designee shall inform the interested person referred to in [section 125.75](#) about the option of requesting a preapplication screening assessment through a preapplication screening assessment program, if available. The state court administrator shall prescribe practices and procedures for implementation of the preapplication screening assessment program.

[2013 Acts, ch 130, §36](#)
Referred to in [§125.75](#), [602.1209](#)

125.75 Application.

1. *a.* Proceedings for the involuntary commitment or treatment of a person with a substance use disorder to a facility pursuant to [this chapter](#) or for the involuntary hospitalization of a person pursuant to [chapter 229](#) may be commenced by any interested person by filing a verified application with the clerk of a district court.

b. If the verified application was filed in a district court of a county where the respondent is not located and does not reside, the court shall transfer jurisdiction of the case to the district court of the county where the respondent is presently located or which is the respondent's place of residence.

c. The clerk, or the clerk's designee, shall assist an applicant in completing the verified application.

2. The application shall:

a. State the applicant's belief that the respondent is a person who presents a danger to self or others and lacks judgmental capacity due to either of the following:

- (1) A substance use disorder as defined in [section 125.2](#).
- (2) A serious mental impairment as defined in [section 229.1](#).

b. State facts in support of each belief described in paragraph "a".

c. Be accompanied by one or more of the following:

(1) A written statement of a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional in support of the application.

(2) One or more supporting affidavits corroborating the application.

(3) Corroborative information obtained and reduced to writing by the clerk or the clerk's

designee, but only when circumstances make it infeasible to obtain, or when the clerk considers it appropriate to supplement, the information under either subparagraph (1) or (2).

3. Prior to the filing of an application pursuant to [this section](#), the clerk or the clerk's designee shall inform the interested person referred to in [subsection 1](#) about the option of requesting a preapplication screening assessment pursuant to [section 125.74](#).

4. The supreme court shall prescribe rules and establish forms as necessary to carry out the provisions of [this section](#).

[C75, 77, §125.19(1, 2); C79, 81, §229.51; [82 Acts, ch 1212, §3](#)]

[90 Acts, ch 1085, §13](#); [2011 Acts, ch 121, §42, 43, 62](#); [2013 Acts, ch 130, §37](#); [2017 Acts, ch 34, §5](#); [2018 Acts, ch 1026, §41](#); [2023 Acts, ch 19, §113, 114](#); [2025 Acts, ch 95, §1](#)

Referred to in [§125.2](#), [125.44](#), [125.74](#), [125.75A](#), [125.77](#), [125.78](#), [125.79](#), [125.85](#), [125.91](#), [229.21](#), [331.910](#)

Summary of involuntary commitment procedures available from clerk; see [§229.45](#)

Subsection 1 amended

125.75A Involuntary proceedings — minors — jurisdiction.

The juvenile court has exclusive original jurisdiction in proceedings concerning a minor for whom an application is filed under [section 125.75](#). In proceedings under [this subchapter](#) concerning a minor's involuntary commitment or treatment, the term "court", "judge", or "clerk" means the juvenile court, judge, or clerk.

[89 Acts, ch 283, §1](#); [92 Acts, ch 1124, §1](#); [2013 Acts, ch 130, §38](#); [2017 Acts, ch 54, §76](#)

Referred to in [§229.21](#)

125.75B Dual filings. Repealed by 2013 Acts, ch 130, §55.

125.76 Appointment of counsel for applicant.

The applicant, if not the county attorney, may apply for the appointment of counsel if financially unable to employ an attorney to assist the applicant in presenting evidence in support of the application for commitment. If the applicant applies for the appointment of counsel, the application shall include the submission of a financial statement as required under [section 815.9](#).

[C75, 77, §125.19(10); C79, 81, §229.52(6); [82 Acts, ch 1212, §4](#)]

[83 Acts, ch 101, §15](#); [83 Acts, ch 186, §10044, 10201](#)

Referred to in [§229.21](#)

125.77 Service of notice.

Upon the filing of an application pursuant to [section 125.75](#), the clerk shall docket the case and immediately notify a magistrate who is admitted to the practice of law in this state, who shall review the application and accompanying documentation. The clerk shall send copies of the application and supporting documentation, together with the notice informing the respondent of the procedures required by [this subchapter](#), to the sheriff, for immediate service upon the respondent. If the respondent is taken into custody under [section 125.81](#), service of the application, documentation, and notice upon the respondent shall be made at the time the respondent is taken into custody.

[C75, 77, §125.19(2); C79, 81, §229.51(3); [82 Acts, ch 1212, §5](#)]

[91 Acts, ch 108, §1](#); [2013 Acts, ch 130, §39](#); [2017 Acts, ch 54, §76](#); [2023 Acts, ch 66, §37](#)

Referred to in [§125.84](#), [125.85](#), [229.21](#), [229.45](#)

125.78 Procedure after application.

As soon as practical after the filing of an application pursuant to [section 125.75](#), the court shall:

1. Determine whether the respondent has an attorney who is able and willing to represent the respondent in the commitment proceeding, and if not, whether the respondent is financially able to employ an attorney and capable of meaningfully assisting in selecting an attorney. In accordance with those determinations, the court shall allow the respondent to select an attorney or shall assign an attorney to the respondent. If the respondent is financially unable to pay an attorney, the county shall compensate the attorney at an hourly rate to be established by the county board of supervisors in substantially the same manner as provided in [section 815.7](#).

2. If the application includes a request for a court-appointed attorney for the applicant and the court is satisfied that a court-appointed attorney is necessary to assist the applicant in a meaningful presentation of the evidence, and that the applicant is financially unable to employ an attorney, the court shall appoint an attorney to represent the applicant and the county shall compensate the attorney at an hourly rate to be established by the county board of supervisors in substantially the same manner as provided in [section 815.7](#).

3. Issue a written order:

a. Scheduling a tentative time and place for a hearing, subject to the findings of the report required under [section 125.80, subsections 3 and 4](#), but not less than forty-eight hours after notice to the respondent, unless the respondent waives the forty-eight-hour notice requirement.

b. Requiring an examination of the respondent, prior to the hearing, by one or more licensed physicians and surgeons or osteopathic physicians and surgeons or mental health professionals who shall submit a written report of the examination to the court as required by [section 125.80](#).

[C75, 77, §125.19(1, 2); C79, 81, §229.51(2, 3), 229.52(6); 82 Acts, ch 1212, §6]

84 Acts, ch 1219, §5; 99 Acts, ch 135, §14; 2013 Acts, ch 130, §40; 2017 Acts, ch 34, §6; 2018 Acts, ch 1026, §42

Referred to in §125.79, 125.85, 229.21

125.79 Respondent's attorney informed.

The court shall direct the clerk to furnish at once to the respondent's attorney, copies of the application pursuant to [section 125.75](#) and the supporting documentation, and of the court's order issued pursuant to [section 125.78, subsection 3](#). If the respondent is taken into custody under [section 125.81](#), the attorney shall also be advised of that fact. The respondent's attorney shall represent the respondent at all stages of the proceedings and shall attend the commitment hearing.

[82 Acts, ch 1212, §7]

2013 Acts, ch 130, §41

Referred to in §125.85, 229.21

125.80 Physician's or mental health professional's examination — report — scheduling of hearing.

1. a. An examination of the respondent shall be conducted within a reasonable time and prior to the commitment hearing by one or more licensed physicians and surgeons or osteopathic physicians and surgeons or mental health professionals as required by the court's order. If the respondent is taken into custody under [section 125.81](#), the examination shall be conducted within twenty-four hours after the respondent is taken into custody. If the respondent desires, the respondent may have a separate examination by a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional of the respondent's own choice. The court shall notify the respondent of the right to choose a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional for a separate examination. The reasonable cost of the examinations shall be paid from county funds upon order of the court if the respondent lacks sufficient funds to pay the cost.

b. A licensed physician and surgeon or osteopathic physician and surgeon or mental health professional conducting an examination pursuant to [this section](#) may consult with or request the participation in the examination of facility personnel, and may include with or attach to the written report of the examination any findings or observations by facility personnel who have been consulted or have participated in the examination.

c. If the respondent is not taken into custody under [section 125.81](#), but the court is subsequently informed that the respondent has declined to be examined by a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional pursuant to the court order, the court may order limited detention of the respondent as necessary to facilitate the examination of the respondent by the licensed physician and surgeon or osteopathic physician and surgeon or mental health professional.

2. A written report of the examination by a court-designated licensed physician and surgeon or osteopathic physician and surgeon or mental health professional shall be filed with the clerk prior to the hearing date. A written report of an examination by a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional chosen by the respondent may be similarly filed. The clerk shall immediately:

a. Cause a report to be shown to the judge who issued the order.

b. Cause the respondent's attorney to receive a copy of the report of a court-designated licensed physician and surgeon or osteopathic physician and surgeon or mental health professional.

3. If the report of a court-designated licensed physician and surgeon or osteopathic physician and surgeon or mental health professional is to the effect that the respondent is not a person with a substance use disorder, the court, without taking further action, shall terminate the proceeding and dismiss the application on its own motion and without notice.

4. If the report of a court-designated licensed physician and surgeon or osteopathic physician and surgeon or mental health professional is to the effect that the respondent is a person with a substance use disorder, the court shall schedule a commitment hearing as soon as possible. The hearing shall be held not more than forty-eight hours after the report is filed, excluding Saturdays, Sundays, and holidays, unless an extension for good cause is requested by the respondent, or as soon thereafter as possible if the court considers that sufficient grounds exist for delaying the hearing.

[C75, 77, §125.19(1 – 4); C79, 81, §229.51, 229.52(1, 2); [82 Acts, ch 1212, §8](#)]

[90 Acts, ch 1085, §14](#); [2009 Acts, ch 41, §263](#); [2011 Acts, ch 121, §44, 62](#); [2017 Acts, ch 34, §7](#); [2018 Acts, ch 1026, §43](#); [2018 Acts, ch 1056, §1](#); [2023 Acts, ch 19, §115](#)

Referred to in [§125.78](#), [125.84](#), [125.85](#), [229.21](#)

125.81 Immediate custody.

1. If a person filing an application requests that a respondent be taken into immediate custody, and the court upon reviewing the application and accompanying documentation, finds probable cause to believe that the respondent is a person with a substance use disorder who is likely to injure the person or other persons if allowed to remain at liberty, the court may enter a written order directing that the respondent be taken into immediate custody by the sheriff, and be detained until the commitment hearing, which shall be held no more than five days after the date of the order, except that if the fifth day after the date of the order is a Saturday, Sunday, or a holiday, the hearing may be held on the next business day. The court may order the respondent detained for the period of time until the hearing is held, and no longer except as provided in [section 125.88](#), in accordance with [subsection 2](#), paragraph “a”, if possible, and if not, then in accordance with [subsection 2](#), paragraph “b”, or, only if neither of these alternatives is available in accordance with [subsection 2](#), paragraph “c”.

2. Detention may be:

a. In the custody of a relative, friend, or other suitable person who is willing and able to accept responsibility for supervision of the respondent, with reasonable restrictions as the court may order including but not limited to restrictions on or a prohibition of any expenditure, encumbrance, or disposition of the respondent's funds or property.

b. In a suitable hospital, the chief medical officer of which shall be informed of the reasons why immediate custody has been ordered. The hospital may provide treatment which is necessary to preserve the respondent's life, or to appropriately control the respondent's behavior which is likely to result in physical injury to the person or to others if allowed to continue, and other treatment as deemed appropriate by the chief medical officer.

c. In the nearest facility which is licensed to care for persons with mental illness or substance use disorder, provided that detention in a jail or other facility intended for confinement of those accused or convicted of a crime shall not be ordered.

3. A respondent shall be released from detention prior to the commitment hearing if a licensed physician or mental health professional examines the respondent and determines the respondent no longer meets the criteria for detention under [subsection 1](#) and provides notification to the court.

4. The respondent's attorney may be allowed by the court to present evidence and

arguments before the court's determination under [this section](#). If such an opportunity is not provided at that time, respondent's attorney shall be allowed to present evidence and arguments after the issuance of the court's order of confinement and while the respondent is confined.

[82 Acts, ch 1212, §9]

90 Acts, ch 1085, §15; 91 Acts, ch 108, §2; 92 Acts, ch 1072, §1; 92 Acts, ch 1165, §1; 2009 Acts, ch 41, §187; 2011 Acts, ch 121, §45, 62; 2018 Acts, ch 1056, §2; 2023 Acts, ch 19, §116, 117

Referred to in §125.44, 125.77, 125.79, 125.80, 125.82, 125.84, 125.87, 125.88, 125.91, 125.92, 229.21

125.82 Commitment hearing.

1. At a commitment hearing, evidence in support of the contentions made in the application may be presented by the applicant, or by an attorney for the applicant, or by the county attorney. During the hearing, the applicant and the respondent shall be afforded an opportunity to testify and to present and cross-examine witnesses, and the court may receive the testimony of other interested persons. If the respondent is present at the hearing, as provided in [subsection 3](#), and has been medicated within twelve hours, or a longer period of time as the court may designate, prior to the beginning of the hearing or a session of the hearing, the court shall be informed of that fact and of the probable effects of the medication upon convening of the hearing.

2. A person not necessary for the conduct of the hearing shall be excluded, except that the court may admit a person having a legitimate interest in the hearing. Upon motion of the applicant, the court may exclude the respondent from the hearing during the testimony of a witness if the court determines that the witness' testimony is likely to cause the respondent severe emotional trauma.

3. The person who filed the application and a licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor certified by the nongovernmental Iowa board of certification who has examined the respondent in connection with the commitment hearing shall be present at the hearing, unless the court for good cause finds that their presence or testimony is not necessary. The applicant, respondent, and the respondent's attorney may waive the presence, televised appearance, or telephonic appearance of the licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor who examined the respondent and agree to submit as evidence the written report of the licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor. The respondent's attorney shall inform the court if the respondent's attorney reasonably believes that the respondent, due to diminished capacity, cannot make an adequately considered waiver decision. "*Good cause*" for finding that the testimony of the licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor who examined the respondent is not necessary may include but is not limited to such a waiver. If the court determines that the testimony of the licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor is necessary, the court may allow the licensed physician and surgeon or osteopathic physician and surgeon, mental health professional, or certified alcohol and drug counselor to testify by telephone or televised means. The respondent shall be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing that the attorney has conversed with the respondent, and that in the attorney's judgment the respondent cannot make a meaningful contribution to the hearing, or that the respondent has waived the right to be present, and the basis for the attorney's conclusions. A stipulation to the respondent's absence shall be reviewed by the court before the hearing, and may be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by the respondent's absence.

4. The respondent's welfare is paramount, and the hearing shall be tried as a civil matter and conducted in as informal a manner as is consistent with orderly procedure. The hearing may be held by video or telephone conference at the discretion of the court. Discovery as

permitted under the Iowa rules of civil procedure is available to the respondent. The court shall receive all relevant and material evidence, but the court is not bound by the rules of evidence. A presumption in favor of the respondent exists, and the burden of evidence and support of the contentions made in the application shall be upon the person who filed the application. If upon completion of the hearing the court finds that the contention that the respondent is a person with a substance use disorder has not been sustained by clear and convincing evidence, the court shall deny the application and terminate the proceeding.

5. If the respondent is not taken into custody under [section 125.81](#), but the court finds good cause to believe that the respondent is about to depart from the jurisdiction of the court, the court may order limited detention of the respondent as authorized in [section 125.81](#), as is necessary to ensure that the respondent will not depart from the jurisdiction of the court without the court's approval until the proceeding relative to the respondent has been concluded.

[C75, 77, §125.19(3-7, 10, 13); C79, 81, §229.52(1); [82 Acts, ch 1212, §10](#)]

[90 Acts, ch 1085, §16](#); [91 Acts, ch 108, §3](#); [2006 Acts, ch 1115, §1](#); [2006 Acts, ch 1116, §1](#); [2006 Acts, ch 1159, §30](#); [2011 Acts, ch 121, §46, 62](#); [2017 Acts, ch 34, §8](#); [2018 Acts, ch 1026, §44](#); [2018 Acts, ch 1056, §3](#); [2023 Acts, ch 19, §118](#); [2023 Acts, ch 139, §1, 2](#)

Referred to in [§125.84, 229.21, 602.8103](#)

125.83 Placement for evaluation.

If upon completion of the commitment hearing, the court finds that the contention that the respondent is a person with a substance use disorder has been sustained by clear and convincing evidence, the court shall order the respondent placed at a facility or under the care of a suitable facility on an outpatient basis as expeditiously as possible for a complete evaluation and appropriate treatment. Any peace officer shall have the authority to take the respondent into custody in any county in which the respondent is found for placement at a facility or under the care of a suitable facility in accordance with an order entered pursuant to [this section](#). The court shall furnish to the facility at the time of admission or outpatient placement, a written statement of facts setting forth the evidence on which the finding is based. The administrator of the facility shall report to the court no more than fifteen days after the individual is admitted to or placed under the care of the facility, which shall include the chief medical officer's recommendation concerning treatment of a substance use disorder. An extension of time may be granted for a period not to exceed seven days upon a showing of good cause. A copy of the report shall be sent to the respondent's attorney who may contest the need for an extension of time if one is requested. If the request is contested, the court shall make an inquiry as it deems appropriate and may either order the respondent released from the facility or grant an extension of time for further evaluation. If the administrator fails to report to the court within fifteen days after the individual is admitted to the facility, and no extension of time has been requested, the administrator is guilty of contempt and shall be punished under [chapter 665](#). The court shall order a rehearing on the application to determine whether the respondent should continue to be held at the facility.

[C75, 77, §125.19(4); C79, 81, §229.52(2); [82 Acts, ch 1212, §11](#)]

[90 Acts, ch 1020, §1](#); [90 Acts, ch 1085, §17](#); [2011 Acts, ch 121, §47, 62](#); [2012 Acts, ch 1021, §43](#); [2023 Acts, ch 19, §119](#); [2025 Acts, ch 95, §2](#)

Referred to in [§125.84, 125.85, 125.87, 125.88, 125.89, 229.21](#)

Section amended

125.83A Placement in certain federal facilities.

1. If upon completion of the commitment hearing, the court finds that the contention that the respondent is a person with a substance use disorder has been sustained by clear and convincing evidence, and the court is furnished evidence that the respondent is eligible for care and treatment in a facility operated by the United States department of veterans affairs or another agency of the United States government and that the facility is willing to receive the respondent, the court may so order. The respondent, when so placed in a facility operated by the United States department of veterans affairs or another agency of the United States government within or outside of this state, shall be subject to the rules of the United States department of veterans affairs or other agency, but shall not lose any procedural rights

afforded the respondent by [this chapter](#). The chief officer of the facility shall have, with respect to the respondent so placed, the same powers and duties as the chief medical officer of a hospital in this state would have in regard to submission of reports to the court, retention of custody, transfer, convalescent leave, or discharge. Jurisdiction is retained in the court to maintain surveillance of the respondent's treatment and care, and at any time to inquire into the respondent's condition and the need for continued care and custody.

2. Upon receipt of a certificate stating that a respondent placed under [this chapter](#) is eligible for care and treatment in a facility operated by the United States department of veterans affairs or another agency of the United States government which is willing to receive the respondent without charge to the state of Iowa or any county in the state, the chief medical officer may transfer the respondent to that facility. Upon so doing, the chief medical officer shall notify the court which ordered the respondent's placement in the same manner as would be required in the case of a transfer under [section 125.86, subsection 2](#), and the respondent transferred shall be entitled to the same rights as the respondent would have under that subsection. No respondent shall be transferred under [this section](#) who is confined pursuant to conviction of a public offense or whose placement was ordered upon contention of incompetence to stand trial by reason of mental illness, without prior approval of the court which ordered that respondent's placement.

3. A judgment or order of commitment by a court of competent jurisdiction of another state or the District of Columbia, under which any person is hospitalized or placed in a facility operated by the United States department of veterans affairs or another agency of the United States government, shall have the same force and effect with respect to that person while the person is in this state as the judgment or order would have if the person were in the jurisdiction of the court which issued it. That court shall be deemed to have retained jurisdiction of the person so placed for the purpose of inquiring into that person's condition and the need for continued care and custody, as do courts in this state under [this section](#). Consent is given to the application of the law of the state or district in which the court is situated which issued the judgment or order as regards authority of the chief officer of any facility, operated in this state by the United States department of veterans affairs or another agency of the United States government, to retain custody, transfer, place on convalescent leave, or discharge the person so committed.

[97 Acts, ch 159, §2; 2009 Acts, ch 26, §8; 2011 Acts, ch 121, §48, 62; 2023 Acts, ch 19, §120](#)
Referred to in [§229.21](#)

125.84 Evaluation report.

The facility administrator's report to the court of the chief medical officer's substance use disorder evaluation of the respondent shall be made no later than the expiration of the time specified in [section 125.83](#). At least two copies of the report shall be filed with the clerk, who shall distribute the copies in the manner described by [section 125.80, subsection 2](#). The report shall state one of the four following alternative findings:

1. That the respondent does not, as of the date of the report, require further treatment for substance use disorder. If the report so states, the court shall order the respondent's immediate release from involuntary commitment and terminate the proceedings.

2. That the respondent is a person with a substance use disorder who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment. If the report so states, the court shall enter an order which may require the respondent's continued placement and commitment to a facility for appropriate treatment.

3. That the respondent is a person with a substance use disorder who is in need of treatment, but does not require full-time placement in a facility. If the report so states, the report shall include the chief medical officer's recommendation for treatment of the respondent on an outpatient or other appropriate basis, and the court shall enter an order which may direct the respondent to submit to the recommended treatment. The order shall provide that if the respondent fails or refuses to submit to treatment, as directed by the court's order, the court may order that the respondent be taken into immediate custody as provided by [section 125.81](#) and, following notice and hearing held in accordance with the procedures of [sections 125.77](#) and [125.82](#), may order the respondent treated as a patient

requiring full-time custody, care, and treatment as provided in [subsection 2](#), and may order the respondent involuntarily committed to a facility.

4. That the respondent is a person with a substance use disorder who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. If the report so states, the report shall include the facility administrator's recommendation for alternative placement, and the court shall enter an order which may direct the respondent's transfer to the recommended placement or to another placement after consultation with the respondent's attorney and the facility administrator who made the report under [this subsection](#).

[82 Acts, ch 1212, §12]

90 Acts, ch 1020, §2; 90 Acts, ch 1085, §18; 2011 Acts, ch 121, §49, 62; 2023 Acts, ch 19, §121

Referred to in §125.85, 125.86, 229.21, 321J.3

125.85 Custody, discharge, and termination of proceeding.

1. A respondent committed under [section 125.84, subsection 2](#), shall remain in the custody of a facility for treatment for a period of thirty days, unless sooner discharged. The department is not required to pay the cost of any medication or procedure provided to the respondent during that period which is not necessary or appropriate to the specific objectives of detoxification and treatment of substance use disorder. At the end of the thirty-day period, the respondent shall be discharged automatically unless the administrator of the facility, before expiration of the period, obtains a court order for the respondent's recommitment pursuant to an application under [section 125.75](#), for a further period not to exceed ninety days.

2. A respondent recommitted under [subsection 1](#) who has not been discharged by the facility before the end of the ninety-day period shall be discharged at the expiration of that period unless the administrator of the facility, before expiration of the period, obtains a court order for the respondent's recommitment pursuant to an application under [section 125.75](#), for a further period not to exceed ninety days.

3. Upon the filing of an application for recommitment under [subsection 1 or 2](#), the court shall schedule a recommitment hearing for no later than ten days after the date the application is filed. A copy of the application, the notice of hearing, and any reports shall be served or provided in the manner and to the persons as required by [sections 125.77 through 125.80, 125.83, and 125.84](#).

4. Following a respondent's discharge from a facility or from treatment, the administrator of the facility shall immediately report that fact to the court which ordered the respondent's commitment or treatment. The court shall issue an order confirming the respondent's discharge from the facility or from treatment, as the case may be, and shall terminate the proceedings pursuant to which the order was issued. Copies of the order shall be sent by regular mail to the facility and the respondent.

5. A person who is placed for evaluation at a facility under [section 125.83](#) or who is committed to a facility under [section 125.84, subsection 2](#), shall remain at that facility unless discharged or otherwise permitted to leave by the court or administrator of the facility. If a person placed at a facility or committed to a facility leaves the facility without permission or without having been discharged, the administrator may notify the sheriff of the person's absence and the sheriff shall take the person into custody and return the person promptly to the facility.

[C75, 77, §125.19; C79, 81, §229.52(3 – 5), 229.53; 82 Acts, ch 1212, §13]

92 Acts, ch 1072, §2; 99 Acts, ch 144, §1; 2021 Acts, ch 80, §66; 2023 Acts, ch 19, §122

Referred to in §229.21

125.86 Periodic reports required.

1. No more than thirty days after entry of a court order for commitment to a facility under [section 125.84, subsection 2](#), and thereafter at successive intervals not to exceed ninety days for as long as involuntary commitment of the respondent continues, the administrator of the facility shall report to the court which entered the order. The report shall be submitted in the manner required by [section 125.84](#), shall state whether in the opinion of the chief medical

officer the respondent's condition has improved, remains unchanged, or has deteriorated, and shall indicate the further length of time the respondent will be required to remain at the facility.

2. No more than sixty days after entry of a court order for treatment of a respondent under [section 125.84, subsection 3](#), and thereafter at successive intervals not to exceed ninety days for as long as involuntary treatment continues, the administrator of the facility or the psychiatrist or psychiatric advanced registered nurse practitioner treating the patient shall report to the court which entered the order. The report shall be submitted in the manner required by [section 125.84](#), shall state whether in the opinion of the chief medical officer or the psychiatrist or psychiatric advanced registered nurse practitioner the respondent's condition has improved, remains unchanged, or has deteriorated, and shall indicate the further length of time the respondent will require treatment by the facility. If the respondent fails or refuses to submit to treatment as ordered by the court, the administrator of the facility shall at once notify the court, which shall order the respondent committed for treatment as provided by [section 125.84, subsection 3](#), unless the court finds that the failure or refusal was with good cause, and that the respondent is willing to receive treatment as provided in the court's order, or in a revised order if the court sees fit to enter one. If the administrator of the facility reports to the court that the respondent requires full-time custody, care, and treatment in a facility, and the respondent is willing to be admitted voluntarily to the facility for these purposes, the court may enter an order approving the placement upon consultation with the administrator of the facility in which the respondent is to be placed. If the respondent is unwilling to be admitted voluntarily to the facility, the procedure for determining involuntary commitment, as provided in [section 125.84, subsection 3](#), shall be followed.

3. a. A psychiatric advanced registered nurse practitioner treating a respondent previously committed under [this chapter](#) may complete periodic reports pursuant to [this section](#) on the respondent if the respondent has been recommended for treatment on an outpatient or other appropriate basis pursuant to [section 125.84, subsection 3](#), and if a psychiatrist licensed pursuant to [chapter 148](#) personally evaluates the respondent on at least an annual basis.

b. An advanced registered nurse practitioner who is not certified as a psychiatric advanced registered nurse practitioner but who meets the qualifications of a mental health professional may complete periodic reports pursuant to paragraph "a".

[82 Acts, ch 1212, §14]

2008 Acts, ch 1082, §2, 3; 2009 Acts, ch 133, §29; 2013 Acts, ch 90, §25; 2017 Acts, ch 34, §9

Referred to in §125.83A, 229.21, 321J.3, 462A.14

125.87 Status during appeal.

If a respondent appeals to the supreme court from a lower court's finding that commitment is warranted, the respondent shall remain committed if already in custody, pursuant to an order of immediate custody under [section 125.81](#) or pursuant to an order for evaluation and treatment under [section 125.83](#), before notice of appeal was filed, unless the supreme court orders otherwise.

[82 Acts, ch 1212, §15]

Referred to in §229.21

125.88 Status if commitment delayed.

If a court directs a respondent who was previously ordered taken into immediate custody under [section 125.81](#) to be placed at a facility for evaluation and appropriate treatment under [section 125.83](#), and no suitable facility can immediately admit the respondent, the respondent shall remain in custody as previously ordered by the court, notwithstanding the time limits stated in [section 125.81](#), until a suitable facility can admit the respondent. The court shall take appropriate steps to expedite the admission of the respondent to a suitable facility at the earliest feasible time.

[82 Acts, ch 1212, §16]

Referred to in §125.81, 229.21

125.89 Respondents charged with or convicted of crime.

1. If a court orders a respondent placed at a facility for evaluation and treatment under [section 125.83](#) at a time when the respondent has been convicted of a public offense, or when there is pending against the respondent an unresolved formal charge of a public offense, and the respondent's liberty has therefore been restricted in any manner, the findings of fact required by [section 125.83](#) shall clearly so inform the administrator of the facility where the respondent is placed.

2. The commitment powers of the court under [section 124.409](#) supersede the procedures and requirements of [this subchapter](#).

[82 Acts, ch 1212, §17]

2017 Acts, ch 54, §76

Referred to in [§229.21](#)

125.90 Judicial hospitalization referee.

Judicial hospitalization referees shall be utilized as provided in [section 229.21](#) for performing the duties of the court prescribed by [this subchapter](#).

[C79, 81, §229.51(3); 82 Acts, ch 1212, §18]

2017 Acts, ch 54, §76

Referred to in [§229.21](#)

125.91 Emergency detention.

1. The procedure prescribed by [this section](#) shall only be used for a person with a substance use disorder due to intoxication or substance-induced incapacitation who has threatened, attempted, or inflicted physical self-harm or harm on another, and is likely to inflict physical self-harm or harm on another unless immediately detained, or who is incapacitated by a chemical substance, if an application has not been filed naming the person as the respondent pursuant to [section 125.75](#) and the person cannot be ordered into immediate custody and detained pursuant to [section 125.81](#).

2. a. A peace officer who has reasonable grounds to believe that the circumstances described in [subsection 1](#) are applicable may, without a warrant, take or cause that person to be taken to the nearest available facility referred to in [section 125.81](#), [subsection 2](#), paragraph "b" or "c". Such a person with a substance use disorder due to intoxication or substance-induced incapacitation who also demonstrates a significant degree of distress or dysfunction may also be delivered to a facility by someone other than a peace officer upon a showing of reasonable grounds. Upon delivery of the person to a facility under [this section](#), the attending physician and surgeon or osteopathic physician and surgeon may order treatment of the person, but only to the extent necessary to preserve the person's life or to appropriately control the person's behavior if the behavior is likely to result in physical injury to the person or others if allowed to continue. The peace officer or other person who delivered the person to the facility shall describe the circumstances of the matter to the attending physician and surgeon or osteopathic physician and surgeon. If the person is a peace officer, the peace officer may do so either in person or by written report.

b. If the attending physician and surgeon or osteopathic physician and surgeon has reasonable grounds to believe that the circumstances in [subsection 1](#) are applicable, the facility shall have the authority to detain the person for a period of no longer than twelve hours. Within twelve hours of detaining a person pursuant to [this section](#), the attending physician shall communicate with the nearest available magistrate.

c. Once contacted pursuant to paragraph "b", the magistrate shall, based upon the circumstances described by the attending physician and surgeon or osteopathic physician and surgeon, give the attending physician and surgeon or osteopathic physician and surgeon oral instructions either directing that the person be released forthwith, or authorizing the person's detention in an appropriate facility. The magistrate may also give oral instructions and order that the detained person be transported to an appropriate facility.

d. If the magistrate orders that the person be detained, the magistrate shall, by the close of business on the next working day, file a written order with the clerk in the county where it is anticipated that an application may be filed under [section 125.75](#). The order may be filed by

facsimile if necessary. The order shall state the circumstances under which the person was taken into custody or otherwise brought to a facility and the grounds supporting the finding of probable cause to believe that the person is a person with a substance use disorder likely to result in physical injury to the person or others if not detained. The order shall confirm the oral order authorizing the person's detention including any order given to transport the person to an appropriate facility. The clerk shall provide a copy of that order to the attending physician and surgeon or osteopathic physician and surgeon at the facility to which the person was originally taken, any subsequent facility to which the person was transported, and to any law enforcement department or ambulance service that transported the person pursuant to the magistrate's order.

3. The attending physician and surgeon or osteopathic physician and surgeon shall examine and may detain the person pursuant to the magistrate's order for a period not to exceed forty-eight hours from the time the order is dated, excluding Saturdays, Sundays, and holidays, unless the order is dismissed by a magistrate. The facility may provide treatment which is necessary to preserve the person's life or to appropriately control the person's behavior if the behavior is likely to result in physical injury to the person or others if allowed to continue or is otherwise deemed medically necessary by the attending physician and surgeon or osteopathic physician and surgeon or mental health professional, but shall not otherwise provide treatment to the person without the person's consent. The person shall be discharged from the facility and released from detention no later than the expiration of the forty-eight-hour period, unless an application for involuntary commitment is filed with the clerk pursuant to [section 125.75](#). The detention of a person by the procedure in [this section](#), and not in excess of the period of time prescribed by [this section](#), shall not render the peace officer, attending physician and surgeon or osteopathic physician and surgeon, or facility detaining the person liable in a criminal or civil action for false arrest or false imprisonment if the peace officer, attending physician and surgeon or osteopathic physician and surgeon, mental health professional, or facility had reasonable grounds to believe that the circumstances described in [subsection 1](#) were applicable.

4. The cost of detention in a facility under the procedure prescribed in [this section](#) shall be paid in the same way as if the person had been committed to the facility pursuant to an application filed under [section 125.75](#).

[C75, 77, §125.17, 125.18; C79, 81, §125.34(4), 125.35; 82 Acts, ch 1212, §19]

90 Acts, ch 1085, §19; 2003 Acts, ch 68, §1, 2; 2009 Acts, ch 41, §188; 2011 Acts, ch 121, §50, 62; 2012 Acts, ch 1021, §44; 2012 Acts, ch 1079, §2; 2017 Acts, ch 34, §10; 2018 Acts, ch 1026, §45; 2022 Acts, ch 1071, §3; 2023 Acts, ch 19, §123; 2024 Acts, ch 1161, §19, 137

Referred to in §125.44, 125.92, 229.21, 331.910, 602.6405

2024 amendment to subsection 1 effective July 1, 2025; 2024 Acts, ch 1161, §137

Subsection 1 amended

125.92 Rights and privileges of committed persons.

A person who is detained, taken into immediate custody, or committed under [this subchapter](#) has the right to:

1. Prompt evaluation, emergency services, and care and treatment as indicated by sound clinical practice.

2. Render informed consent, except for treatment provided pursuant to [sections 125.81](#) and [125.91](#). If the person is incompetent, treatment may be consented to by the person's next of kin or guardian notwithstanding the person's refusal. If the person refuses treatment which in the opinion of the chief medical officer is necessary, or if the person is incompetent and the next of kin or guardian refuses to consent to the treatment or no next of kin or guardian is available, the facility may petition a court of appropriate jurisdiction for approval to treat the person.

3. The protection of the person's constitutional rights.

4. Enjoy all legal, medical, religious, social, political, personal, and working rights and privileges, which the person would enjoy if not detained, taken into immediate custody, or committed, consistent with the effective treatment of the person and of the other persons in the facility. If the person's rights are restricted, the physician and surgeon's or osteopathic physician and surgeon's or mental health professional's direction to that effect shall be noted

in the person's record. The person or the person's next of kin or guardian shall be advised of the person's rights and be provided a written copy upon the person's admission to or arrival at the facility.

[82 Acts, ch 1212, §20]

2017 Acts, ch 34, §11; 2017 Acts, ch 54, §76; 2018 Acts, ch 1026, §46; 2022 Acts, ch 1032, §34

Referred to in §229.21

125.93 Commitment records — confidentiality.

Records of the identity, diagnosis, prognosis, or treatment of a person which are maintained in connection with the provision of substance use disorder treatment services are confidential, consistent with federal confidentiality regulations authorized by the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. §290dd-2. However, such records may be disclosed to an employee of the department of corrections, if authorized by the director of the department of corrections.

[82 Acts, ch 1212, §21]

2014 Acts, ch 1092, §168; 2021 Acts, ch 11, §1; 2023 Acts, ch 19, §124; 2024 Acts, ch 1161, §20, 137; 2024 Acts, ch 1182, §48

Referred to in §229.21

2024 amendment by 2024 Acts, ch 1161, effective July 1, 2025; 2024 Acts, ch 1161, §137

Section amended

125.94 Supreme court rules.

The supreme court may prescribe rules of pleading, practice, and procedure and the forms of process, writs, and notices under [section 602.4201](#), for all commitment proceedings in a court of this state under [this chapter](#). The rules shall be drawn for the purpose of simplifying and expediting the proceedings, so far as is consistent with the rights of the parties involved. The rules shall not abridge, enlarge, or modify the substantive rights of a party to a commitment proceeding under [this chapter](#).

[82 Acts, ch 1212, §22]

83 Acts, ch 186, §10045, 10201

Referred to in §229.21

Rules adopted by the supreme court are published in the compilation "Iowa Court Rules"