

House File 2562 - Reprinted

HOUSE FILE 2562
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 653)

(As Amended and Passed by the House February 26, 2026)

A BILL FOR

1 An Act relating to care facility placement decisions for
2 certain adults.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 144H.1 Definitions.

2 For purposes of this chapter, unless the context otherwise
3 requires:

4 1. "*Able to consent*" means a patient is willing and able
5 to communicate a decision independently or with appropriate
6 services, technological assistance, support decision making, or
7 other reasonable accommodation and is able to understand the
8 nature and consequences of the decision, including the primary
9 risks and benefits of a decision.

10 2. "*Authorized representative*" means any of the following:

11 a. An agent as that term is defined in section 633B.102.

12 b. An attorney in fact as that term is defined in section
13 144B.1.

14 c. A conservator as that term is defined in section
15 633B.102.

16 d. A guardian as that term is defined in section 633B.102.

17 e. A public guardian as that term is defined in chapter
18 231E.

19 3. "*Care facility*" means a facility that provides a patient
20 with health-related and personal care services, including any
21 of the following:

22 a. A hospital.

23 b. A medical clinic.

24 c. A nursing facility.

25 d. A rehabilitation facility as that term is defined in
26 section 135C.1.

27 e. A residential care facility as that term is defined in
28 section 135C.1.

29 4. "*Department*" means the department of health and human
30 services.

31 5. "*Patient*" means an adult who is receiving health-related
32 or personal care services from a care facility.

33 6. "*Person authorized to consent*" means a member of any of
34 the following groups of individuals, in order of priority, who
35 is willing and able to consent, refuse to consent, or withdraw

1 consent on a patient's behalf:

2 *a.* The patient's spouse.

3 *b.* An adult child of the patient or, if the patient has more
4 than one adult child, the decision agreed to by half or more of
5 the adult children reasonably available for consultation with
6 the patient's physician.

7 *c.* A parent or parents of a patient, if one or both parents
8 are reasonably available for consultation with the patient's
9 physician.

10 *d.* An adult sibling of the patient or, if the patient has
11 more than one adult sibling, the decision agreed to by half or
12 more of the adult siblings who are reasonably available for
13 consultation with the patient's physician.

14 7. "*Placement*" means the admission, discharge, or transfer
15 of a patient.

16 8. "*Public assistance program*" means a state or federally
17 funded program including but not limited to:

18 *a.* The Medicaid program as that term is defined in section
19 249A.2.

20 *b.* Medicare pursuant to the federal government health
21 insurance program established under Tit. XVIII of the Social
22 Security Act.

23 *c.* A medical benefits package pursuant to 38 C.F.R. §17.38.

24 Sec. 2. NEW SECTION. 144H.2 Inability to consent —
25 certification.

26 Upon examination of a patient, a physician licensed under
27 chapter 148 may certify in the patient's medical records
28 that in the professional opinion of the physician all of the
29 following are true:

30 1. The patient is not able to consent.

31 2. Despite good-faith efforts, an authorized representative
32 for the patient has not been located by the physician.

33 3. It is in the patient's best interests to be discharged
34 from the patient's current care facility and to be transferred
35 or admitted to a care facility recommended by the physician.

1 Sec. 3. NEW SECTION. **144H.3 Person authorized to consent —**
2 **powers and duties.**

3 1. Upon a physician's certification pursuant to section
4 144H.2, a person authorized to consent is authorized to do any
5 of the following:

6 *a.* Make decisions regarding the patient's care facility
7 placement.

8 *b.* Assist the patient in applying for health insurance
9 coverage through a private insurer, or applying for a public
10 assistance program, as necessary to facilitate the patient's
11 care facility placement.

12 *c.* Take any other action expressly authorized by the
13 patient.

14 2. A person authorized to consent shall act in good faith
15 and must consider all of the following:

16 *a.* The patient's wishes, if known.

17 *b.* The patient's rights.

18 *c.* The best interests of the patient.

19 3. A person authorized to consent may, as reasonably
20 necessary to assist the patient in applying for health
21 insurance coverage through a private insurer, or applying for a
22 public assistance program, do any of the following:

23 *a.* Access the patient's banking and other financial records
24 as permitted by state and federal law. This paragraph shall
25 not be construed to permit the person authorized to consent to
26 own, manage, use, or dispose of any of the patient's financial
27 resources without the patient's express consent.

28 *b.* Disclose the patient's relevant health information to
29 a third party. The person authorized to consent shall not
30 disclose a patient's protected health information in violation
31 of the federal Health Insurance Portability and Accountability
32 Act of 1996, Pub. L. No. 104-191.

33 4. The authority of a person authorized to consent shall
34 expire upon the earliest of any of the following:

35 *a.* The date that the patient's care facility placement

1 as decided by the person authorized to consent is completed,
2 and notice of approval or denial of an application for health
3 insurance coverage through a private insurer, or for a public
4 assistance program, if applicable, is received by a qualified
5 employee of the receiving care facility.

6 *b.* An authorized representative, or a person authorized to
7 consent who has higher priority, has been located.

8 **Sec. 4. NEW SECTION. 144H.4 Care facility — duties.**

9 1. A social worker, discharge planner, or other qualified
10 employee as designated by a patient's current care facility
11 shall do all of the following with respect to a person
12 authorized to consent:

13 *a.* Inform the person of the person's powers and duties
14 pursuant to this chapter.

15 *b.* Assist the person with identifying a receiving care
16 facility for the patient that can provide the appropriate
17 level of care, as recommended by the physician under section
18 144H.2, to the patient in the least restrictive environment and
19 consented to by a social worker, intake coordinator, or other
20 qualified employee of the receiving care facility.

21 2. If a receiving care facility as described in subsection
22 1 is identified, and the receiving care facility consents to
23 the transfer, the patient shall be transferred to the receiving
24 care facility.

25 **Sec. 5. NEW SECTION. 144H.5 Petition for court order.**

26 1. After good-faith efforts to locate an authorized
27 representative for the patient or a person authorized to
28 consent, a care facility or attending physician may petition a
29 court of competent jurisdiction to order any of the following:

30 *a.* The patient's care facility placement.

31 *b.* The patient's attending physician or a social worker,
32 intake worker, or other qualified employee of the receiving
33 care facility to assist the patient to apply for health
34 insurance coverage through a private insurer or apply for a
35 public assistance program, if appropriate.

1 2. The petition made must include the following
2 information:

3 *a.* The name, age, and address where the patient resides, if
4 known to the petitioner.

5 *b.* The name, address, and county of residence of the
6 petitioner.

7 *c.* The relationship of the petitioner to the patient.

8 *d.* The address where the patient can be found, if different
9 from the patient's residential address.

10 *e.* A physician's certification pursuant to section 144H.2.

11 *f.* An affidavit from the patient's attending physician,
12 that upon an examination of the patient and consultation with
13 another health care provider, all of the following are true:

14 (1) The patient is not able to consent.

15 (2) The patient has not identified, and despite good-faith
16 efforts the attending physician has been unable to locate, an
17 authorized representative or a person authorized to consent.

18 (3) The receiving care facility placement recommended by
19 the attending physician is in the patient's best interests.

20 (4) The receiving care facility placement recommended by
21 the attending physician will provide the most appropriate level
22 of care to the patient in the least restrictive environment,
23 and is within a reasonable proximity to the patient's
24 residence, if applicable.

25 *g.* An affidavit from a social worker, discharge planner, or
26 other qualified employee as designated by the patient's current
27 care facility attesting to all of the following:

28 (1) The patient has not identified, and despite good-faith
29 efforts the current care facility has been unable to locate, an
30 authorized representative or a person authorized to consent.

31 (2) The receiving care facility placement recommended
32 by the patient's attending physician will provide the
33 most appropriate level of care to the patient in the least
34 restrictive environment.

35 (3) Other care facilities within a reasonable proximity

1 to the patient's residence were considered for placement, if
2 applicable.

3 *h.* An affidavit from a social worker, intake coordinator,
4 or other qualified employee of the receiving care facility
5 recommended by the patient's attending physician attesting to
6 all of the following:

7 (1) The receiving care facility is an appropriate facility
8 available for the patient.

9 (2) The receiving care facility can provide the most
10 appropriate level of care to the patient in the least
11 restrictive environment.

12 (3) The receiving care facility consents to the transfer or
13 admission of the patient.

14 *i.* The name and address of the receiving care facility
15 recommended by the attending physician.

16 3. The court may grant the petition if the court finds all
17 of the following:

18 *a.* The patient is not able to consent.

19 *b.* Despite good-faith efforts by the attending physician
20 and the patient's current care facility, an authorized
21 representative or person authorized to consent has not been
22 located.

23 *c.* Placement in the receiving care facility recommended
24 by the patient's attending physician is in the patient's best
25 interest.

26 *d.* Placement in the receiving care facility recommended
27 by the patient's attending physician will provide the
28 most appropriate level of care to the patient in the least
29 restrictive environment.

30 *e.* A social worker, intake coordinator, or other qualified
31 employee of the receiving care facility recommended by the
32 patient's attending physician has consented to the admission
33 of the patient.

34 4. If the court grants the petition under subsection 3, the
35 court shall also order, if necessary, that a qualified employee

1 of the receiving care facility has the authority to apply for a
2 public assistance program on the patient's behalf.

3 5. An order authorizing placement pursuant to this section
4 shall remain in effect until the earliest of any of the
5 following:

6 a. A date specified by the court not to exceed thirty
7 calendar days from the date of issuance of the order.

8 b. The date the patient's placement in the receiving care
9 facility as ordered by the court is completed.

10 c. The date an attending physician certifies that the
11 patient is able to consent to the patient's placement in the
12 receiving care facility.

13 6. An order authorizing a qualified employee of a receiving
14 facility to apply for a public assistance program on a
15 patient's behalf pursuant to this section shall remain in
16 effect until the earliest of any of the following:

17 a. A date specified by the court.

18 b. Notice of approval or denial of an application for health
19 insurance coverage through a private insurer, or for a public
20 assistance program is received by a qualified employee of the
21 receiving facility.

22 c. The date that an attending physician certifies that the
23 patient is able to consent to the application for a public
24 assistance program.

25 **Sec. 6. NEW SECTION. 144H.6 Immunity — liability and**
26 **professional discipline.**

27 1. A person or care facility acting in good faith pursuant
28 to this chapter shall not be subject to civil or criminal
29 liability.

30 2. A licensee under chapter 148 acting reasonably and in
31 good faith pursuant to this chapter shall not be subject to
32 licensee discipline.

33 **Sec. 7. NEW SECTION. 144H.7 Construction.**

34 This chapter shall not be construed to do any of the
35 following:

1 1. Require a care facility to accept the transfer or
2 admission of a patient.

3 2. Repeal, abrogate, or impair the operation of any other
4 federal or state laws governing the transfer, admission, or
5 discharge of a patient to or from a care facility.

6 3. Infringe upon the rights of a patient under federal or
7 state law relating to the involuntary transfer, admission, or
8 discharge to or from a care facility.

9 Sec. 8. NEW SECTION. 144H.8 Rules.

10 The department may promulgate rules pursuant to chapter 17A
11 as necessary to administer this chapter.