SENATE FILE 474
BY COMMITTEE ON HEALTH AND HUMAN SERVICES

(SUCCESSOR TO SSB 1120)

(As Amended and Passed by the Senate April 16, 2025)

_____ and [= New Language by the Senate

* = Language Stricken by the Senate

A BILL FOR

An Act relating to services and support for youth, including treatment, physical assessments, and behavioral health evaluations for youth involved in juvenile delinquency and child in need of assistance proceedings; the licensing and certification of certain residential facilities; the provision of home and community-based services and habilitation services to certain youth by residential programs; administration and supervision of juvenile court services; and the suspension of Hawki eligibility for inmates of public institutions.

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

DIVISION I

SERVICES AND SUPPORT FOR CHILDREN AND YOUTH

Section 1. Section 125.13, subsection 2, Code 2025, is amended by adding the following new paragraph:

NEW PARAGRAPH. *k.* A psychiatric medical institution for children licensed under chapter 135H, unless the psychiatric medical institution for children provides substance use disorder services.

Sec. 2. Section 135H.1, Code 2025, is amended to read as follows:

135H.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. *"Approved qualifying organization"* means any of the following:

a. The joint commission.

b. The commission on accreditation of rehabilitation facilities.

c. The council on accreditation.

d. A nationally recognized accrediting organization with standards comparable to the entities listed in paragraphs *"a"* through *"c"* that are acceptable under federal regulations.

e. An entity specified by rule adopted by the department in consultation with the department of health and human services.

~~1.~~ 2. *"Department"* means the department of inspections, appeals, and licensing.

~~2.~~ 3. *"Direction"* means authoritative policy or procedural guidance for the accomplishment of a function or an activity.

~~3.~~ 4. *"Licensee"* means the holder of a license issued to operate a psychiatric medical institution for children.

~~4.~~ 5. *"Medical care plan"* means a plan of care and services designed to eliminate the need for inpatient care by improving the condition of a ~~child~~ youth. Services must be based upon a diagnostic evaluation, which includes ~~an examination~~ a physical assessment and behavioral health evaluation of the medical,

psychological, social, behavioral, and developmental aspects of the ~~child's~~ youth's situation, reflecting the need for inpatient care.

6. "*Mental health disorder*" means any of the following:

a. A mental disorder as defined by the most recent version of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

b. A mental disorder included in the mental, behavioral, or neurodevelopmental disorders chapter in the most recent version of the international classification of diseases published by the world health organization.

~~5.~~ 7. "*Mental health professional*" means an individual who has all of the following qualifications:

a. The individual holds at least a master's degree in a mental health field, including but not limited to, psychology, counseling and guidance, nursing, ~~and~~ or social work, or the individual is a physician.

b. The individual holds a current Iowa license if practicing in a field ~~covered by~~ that requires an Iowa ~~licensure law~~ license.

c. The individual has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services.

~~6.~~ 8. "*Nursing care*" means services which are provided under the direction of a physician or registered nurse.

~~7.~~ 9. "*Physician*" means a person licensed under chapter 148.

10. "*Protective locked environment*" means a setting that prevents egress from a building or grounds as a protective measure to ensure safety and security.

~~8.~~ 11. "*Psychiatric medical institution for children*" or "*psychiatric institution*" means an institution providing more than twenty-four hours of continuous care involving long-term psychiatric services to three or more ~~children~~ youth in

residence for expected periods of fourteen or more days for an assessment, evaluation, and diagnosis ~~and evaluation~~ or for expected periods of ninety days or more for treatment.

~~9.~~ 12. *"Psychiatric services"* means services provided under the direction of a physician which address mental, emotional, medical, or behavioral problems.

13. *"Record check evaluation system"* means the same as defined in section 135C.1.

~~10.~~ 14. *"Rehabilitative services"* means services to encourage and assist restoration of a resident's optimum mental and physical capabilities.

~~11.~~ 15. *"Resident"* means a ~~person who is less than twenty-one years of age and~~ youth who has been admitted ~~by a physician~~ to a psychiatric medical institution for children.

16. *"Serious emotional disturbance"* means a diagnosable mental, behavioral, or emotional disorder that meets the diagnostic criteria specified in the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association. *"Serious emotional disturbance"* does not include a substance use disorder or developmental disorder unless such disorder co-occurs with a diagnosable mental, behavioral, or emotional disorder.

17. *"Substance use disorder"* means the same as defined in section 125.2.

~~12.~~ 18. *"Supervision"* means direct oversight and inspection of ~~the~~ an act ~~of accomplishing~~ that accomplishes a function or activity.

19. *"Youth"* means a person who is less than twenty-one years of age.

Sec. 3. Section 135H.3, Code 2025, is amended to read as follows:

135H.3 Nature of care.

1. *a.* A psychiatric medical institution for children shall provide shelter, food, supervision, care, assessment, evaluation, diagnosis, treatment, counseling, rehabilitative

services, and related professional-directed services to youth who have a serious emotional disturbance, a substance use disorder, or both, with the intention of reducing or ameliorating the disorder, the symptoms of the disorder, or the effects of the disorder.

b. A psychiatric medical institution for children shall utilize a team of professionals to direct an organized program of diagnostic services, psychiatric services, nursing care, and rehabilitative services to meet the needs of residents in accordance with a medical care plan developed for each resident. The membership of the team of professionals may include but is not limited to an advanced registered nurse practitioner or a physician assistant. Social and rehabilitative services shall be provided under the direction of a qualified mental health professional.

2. If a ~~child~~ youth is diagnosed with a biologically based mental illness as defined in section 514C.22 and meets the medical assistance program criteria for admission to a psychiatric medical institution for children, the ~~child~~ youth shall be deemed to meet the acuity criteria for medically necessary inpatient benefits under a group policy, contract, or plan providing for third-party payment or prepayment of health, medical, and surgical coverage benefits issued by a carrier, as defined in section 513B.2, that is subject to section 514C.22. Such medically necessary benefits shall not be excluded or denied as care that is substantially custodial in nature under section 514C.22, subsection 8, paragraph *"b"*.

Sec. 4. Section 135H.4, Code 2025, is amended to read as follows:

135H.4 Licensure.

1. A person shall not establish, operate, or maintain a psychiatric medical institution for children unless the person ~~obtains a license for the institution under this chapter and either~~ holds a license ~~under section 237.3, subsection 2, paragraph *"a"*,~~ as a comprehensive residential facility for

children ~~or holds a license under section 125.13, if the facility provides substance use disorder treatment~~ under chapter 237, and holds a license under this chapter.

2. In addition to the requirements under subsection 1, a person shall not provide substance use disorder services at a psychiatric medical institution for children unless the person holds a license under section 125.13. The department of health and human services shall adopt rules pursuant to chapter 17A to create an expedited process for a person to simultaneously obtain a license under section 125.13 and a license as a comprehensive residential facility for children under chapter 237.

Sec. 5. Section 135H.5, Code 2025, is amended to read as follows:

135H.5 Application for license — initial application and annual fees.

1. An application for a license under this chapter shall be submitted on a form ~~requesting information~~ required by the department~~, which~~. The application may ~~include~~ require affirmative evidence of the applicant's ability to comply with ~~the~~ rules ~~for standards~~ adopted pursuant to this chapter. The application shall require the applicant to specify whether the applicant intends to provide services for serious emotional disturbances, substance use disorders, or both.

2. An application for a license shall be accompanied by the required license fee which shall be credited to the general fund of the state. The initial application fee and the annual license fee is twenty-five dollars.

Sec. 6. Section 135H.6, subsections 1, 4, and 5, Code 2025, are amended to read as follows:

1. The department shall issue a license to an applicant under this chapter if all the following conditions exist:

a. The department has ascertained that the applicant's medical facilities and staff are adequate to provide the care and services required of a psychiatric medical institution for

children.

b. The proposed psychiatric institution is accredited by ~~the joint commission on the accreditation of health care organizations, the commission on accreditation of rehabilitation facilities, the council on accreditation of services for families and children, or by any other recognized accrediting organization with comparable standards acceptable under federal regulation~~ an approved qualifying organization.

c. The applicant complies with applicable state rules and standards for a psychiatric institution adopted by the department in accordance with federal requirements under 42 C.F.R. §441.150 – 441.156.

d. The department of health and human services has submitted written approval of the application based on the department of health and human services' determination of need. The department of health and human services shall identify the location and number of ~~children~~ youth in the state who require the services of a psychiatric medical institution for children. Approval of an application shall be based upon the location of the proposed psychiatric institution relative to the need for services identified by the department of health and human services and an analysis of the applicant's ability to provide services and support consistent with requirements under chapter 232, ~~particularly regarding~~ specifically community-based treatment. If the proposed psychiatric institution is not freestanding from a facility licensed under chapter 135B or 135C, approval under this paragraph shall not be given unless the department of health and human services certifies that the proposed psychiatric institution is capable of providing a resident with a living environment similar to the living environment provided by a licensee which is freestanding from a facility licensed under chapter 135B or 135C.

~~*e. The proposed psychiatric institution is under the direction of an agency which has operated a facility licensed under section 237.3, subsection 2, paragraph "a", as a*~~

~~comprehensive residential facility for children for three years or of an agency which has operated a facility for three years providing psychiatric services exclusively to children or adolescents and the facility meets or exceeds requirements for licensure under section 237.3, subsection 2, paragraph "a", as a comprehensive residential facility for children.~~

~~f.~~ *e.* If a ~~child~~ youth has ~~an~~ a serious emotional~~,~~ ~~behavioral, or mental health disorder~~ disturbance, the psychiatric institution does not require ~~court~~ any of the following as a condition for the youth to obtain treatment:

(1) Court proceedings to be initiated ~~or that a child's~~.

(2) For the youth's parent, guardian, or custodian ~~must~~ to terminate parental rights over, or transfer legal custody of, the ~~child for the purposes of obtaining treatment from the psychiatric institution for the child~~ youth.

(3) Relinquishment of ~~a child's~~ the youth's custody ~~shall not be a condition of the child receiving services~~.

4. The department of health and human services may ~~give approval to~~ approve a conversion of beds approved under subsection 2~~, to~~ if the beds ~~which~~ are specialized to provide substance use disorder treatment. However, the total number of beds approved under subsection 2 and this subsection shall not exceed four hundred thirty~~,~~ unless approved for good cause by the director pursuant to subsection 2. ~~Beds~~ The limitations on the number of beds under this section shall not apply to beds for ~~children~~ youth who do not reside in this state and whose service costs are not paid by public funds in this state ~~are not subject to the limitations on the number of beds requirements otherwise applicable under this section~~.

~~5. A psychiatric institution licensed prior to July 1, 1999, may exceed the number of beds authorized under subsection 2 if the excess beds are used to provide services funded from a source other than the medical assistance program under chapter 249A. Notwithstanding subsection 1, paragraph "d", and subsection 2, the provision of services using those excess beds~~

~~does not require a review by the department of health and human services.~~

Sec. 7. Section 135H.7, subsection 2, paragraph a, Code 2025, is amended to read as follows:

a. If a person who has been convicted of a crime or has a record of founded child abuse is being considered for licensure under this chapter, ~~or~~ for employment with a psychiatric institution involving direct responsibility for a ~~child~~ youth or ~~with~~ access to a ~~child~~ youth when the ~~child~~ youth is alone, ~~by a licensed psychiatric institution,~~ or ~~if a person will reside~~ residence in a facility utilized by a licensee, ~~and if the person has been convicted of a crime or has a record of founded child abuse,~~ the record check evaluation system and the ~~licensee for an employee of the~~ licensee considering the person for employment shall perform an evaluation to determine whether the crime or founded child abuse warrants prohibition of licensure, employment, or residence in the facility utilized by a licensee. The record check evaluation system ~~of the department of health and human services~~ shall conduct criminal and child abuse record checks in this state and may conduct these checks in other states. The record check evaluation shall be performed in accordance with procedures adopted for this purpose by the department of health and human services.

Sec. 8. NEW SECTION. **135H.7A Protective locked environment — rules.**

The department, in cooperation with the department of health and human services, shall adopt rules pursuant to chapter 17A relating to the application of a protective locked environment in a psychiatric medical institution for children.

Sec. 9. Section 135H.10, subsection 2, Code 2025, is amended to read as follows:

2. This chapter shall not be construed ~~as prohibiting the use of~~ to prohibit funds appropriated for foster care ~~to~~ from being used to provide payment to a psychiatric medical institution for children for the financial participation

required of a ~~child~~ youth whose foster care placement is in a psychiatric medical institution for children. In accordance with established policies and procedures for foster care, the department of health and human services shall act to recover any such payment for financial participation, apply to be named payee for the ~~child's~~ youth's unearned income, and recommend parental liability for the costs of a court-ordered foster care placement in a psychiatric ~~medical~~ institution.

Sec. 10. Section 135H.13, subsection 1, Code 2025, is amended to read as follows:

1. The department's final findings and the ~~survey~~ findings of ~~the joint commission on the accreditation of health care organizations~~ an approved qualifying organization regarding licensure or program accreditation shall be made available to the public in a readily available form and place. Other information relating to the psychiatric institution is confidential and shall not be made available to the public except in ~~proceedings~~ a proceeding involving licensure, a civil suit involving a resident, or an administrative action involving a resident.

Sec. 11. Section 229.13, subsection 1, paragraph c, Code 2025, is amended to read as follows:

c. (1) If the court orders evaluation and treatment of the respondent on an inpatient basis under this section, the court may order the respondent placed under the care of an appropriate subacute care facility licensed under chapter 135G.

(2) If the court orders evaluation and treatment of a minor respondent on an inpatient basis under this section, the court may order the minor respondent placed under the care of an appropriate public hospital.

Sec. 12. Section 229.13, subsection 5, Code 2025, is amended to read as follows:

5. *a.* (1) The chief medical officer of the hospital or facility at which the respondent is placed shall report to the court and make a recommendation for disposition of the matter

no more than fifteen days after the date the respondent is placed~~, making a recommendation for disposition of the matter~~ at the hospital or facility. ~~An~~

(2) If the respondent is a minor and is placed under the care of a public hospital pursuant to subsection 1, paragraph "c", subparagraph (2), the chief medical officer of the public hospital shall report to the court and make a recommendation for disposition no later than thirty calendar days after the date the minor respondent is placed under the care of the public hospital.

b. A copy of the chief medical officer's report shall be sent to the respondent's attorney.

c. (1) Upon request, the court may grant the chief medical officer an extension of time ~~may be granted~~, not to exceed seven days, upon a showing of cause. ~~A copy of the report shall be sent to the~~ The respondent's attorney~~, who~~ may contest the need for an extension of time ~~if one is requested~~. ~~An~~

(2) The court shall grant an extension of time ~~shall be granted upon request~~ unless the request is contested, in which case the court shall make such inquiry as it deems appropriate and may either order the respondent's release from the hospital or facility, or grant an extension of time for psychiatric evaluation.

d. If the chief medical officer fails to report to the court within ~~fifteen days after the individual is placed under the care of the hospital or facility~~ the time specified in paragraph "a", and an extension of time has not been ~~requested~~ granted, the chief medical officer 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 detained at or placed under the care of the hospital or facility.

Sec. 13. Section 229.14, subsection 2, paragraph e, Code 2025, is amended to read as follows:

e. (1) If the court orders placement and treatment of ~~the~~

a respondent on an inpatient basis under this section, the court may order the respondent placed under the care of an appropriate subacute care facility licensed under chapter 135G.

(2) If the court orders placement and treatment of a minor respondent on an inpatient basis under this section, the court may order the minor respondent placed under the care of an appropriate public hospital.

Sec. 14. Section 232.2, Code 2025, is amended by adding the following new subsections:

NEW SUBSECTION. 3A. *"Behavioral health condition"* means a serious emotional disturbance, a mental health disorder, a substance abuse disorder, life stressors and crises, and stress-related physical symptoms.

NEW SUBSECTION. 3B. *"Behavioral health evaluation"* means a process used to assess an individual's behavioral health status and functioning for purposes including but not limited to the diagnosis of a behavioral health condition or to determine the need for treatment or intervention.

NEW SUBSECTION. 38A. *"Mental health disorder"* means the same as defined in section 135H.1.

NEW SUBSECTION. 48A. *"Physical assessment"* means direct physical touching, viewing, and medically necessary manipulation of any area of a child's body by a physician licensed under chapter 148.

NEW SUBSECTION. 58A. *"Serious emotional disturbance"* means the same as defined in section 135H.1.

NEW SUBSECTION. 64A. *"Substance use disorder"* means the same as defined in section 125.2.

Sec. 15. Section 232.2, subsection 34, Code 2025, is amended to read as follows:

34. *"Juvenile court social records"* or *"social records"* means all records, other than official records, made with respect to a child in connection with proceedings over which the court has jurisdiction under this chapter ~~other than official records~~ and includes but is not limited to ~~the~~ records made and compiled

by intake officers, predisposition reports, and reports of physical assessments and ~~mental examinations~~ behavioral health evaluations.

Sec. 16. Section 232.8, subsection 4, Code 2025, is amended to read as follows:

4. In a proceeding concerning a child who is alleged to have committed a second delinquent act or a second violation excluded from the jurisdiction of the juvenile court, the court or the juvenile court shall determine whether there is reason to believe that the child ~~regularly abuses alcohol or other controlled substance~~ has a behavioral health condition and may be in need of treatment. If the court so determines, the court shall advise appropriate juvenile authorities and refer such offenders to the juvenile court for disposition pursuant to section 232.52A.

Sec. 17. Section 232.49, Code 2025, is amended to read as follows:

232.49 Physical assessments and ~~mental examinations~~ behavioral health evaluations — juvenile delinquency.

1. *a.* ~~Following~~ Any time after the entry of an order of adjudication under section 232.47, the court may, after a hearing ~~which may be simultaneous with the adjudicatory hearing~~, order a physical assessment or ~~mental examination~~ behavioral health evaluation of a child if ~~it~~ the court finds that ~~an examination~~ a physical assessment or a behavioral health evaluation is necessary to determine the child's physical condition or ~~mental~~ to determine if the child has a behavioral health condition.

b. The court may consider chemical dependency as either a physical condition or ~~mental~~ behavioral health condition and may consider a chemical dependency evaluation as either a physical assessment or ~~mental examination~~ behavioral health evaluation. ~~If the examination~~

c. A hearing to order a physical assessment or behavioral health evaluation may be held at the same time as the

adjudicatory hearing.

2. Unless otherwise ordered by the court, if a physical assessment or behavioral health evaluation indicates the child has behaved in a manner that threatened the safety of another person, has committed a violent act causing bodily injury to another person, or has been a victim or perpetrator of sexual abuse, ~~unless otherwise ordered by the court,~~ the child's parent, guardian, ~~or~~ foster parent, or other person with custody of the child shall be provided with that information.

~~2.~~ 3. *a.* When possible ~~an examination~~, a physical assessment or behavioral health evaluation shall be conducted on an outpatient basis~~, but~~. However, if deemed necessary by the court, the court may~~, if it deems necessary commit~~ order the child to a suitable hospital, facility, or institution for the purpose of ~~examination~~ an inpatient physical assessment or an inpatient behavioral health evaluation.

b. ~~Commitment for examination~~ An inpatient physical assessment or an inpatient behavioral health evaluation shall not exceed thirty days ~~and the civil commitment provisions of chapter 229 shall not apply~~.

~~3.~~ 4. *a.* ~~At any~~ Any time after the filing of a delinquency petition, the court may order a physical assessment or ~~mental examination~~ behavioral health evaluation of the child if all of the following circumstances apply:

(1) The court finds ~~such examination~~ a physical assessment or a behavioral health evaluation to be in the best interest of the child~~; and~~.

(2) The parent, guardian, or custodian and the child's counsel agree to the physical assessment or behavioral health evaluation.

b. (1) ~~An examination~~ A physical assessment or behavioral health evaluation shall be conducted on an outpatient basis unless the court, the child's counsel, and the child's parent, guardian, or custodian agree that ~~it is necessary~~ the child should be ~~committed~~ ordered to a suitable hospital,

facility, or institution for the purpose of ~~examination~~ an inpatient physical assessment or an inpatient behavioral health evaluation. ~~Commitment for examination~~

(2) An inpatient physical assessment or inpatient behavioral health evaluation shall not exceed thirty days ~~and the civil commitment provisions of chapter 229 shall not apply~~.

Sec. 18. Section 232.52A, subsection 1, Code 2025, is amended to read as follows:

1. In addition to any other order of the juvenile court, a ~~person under age eighteen,~~ child who may be in need of treatment, as determined under section 232.8, may be ordered to participate in ~~an alcohol or controlled substance education or~~ a physical assessment or behavioral health evaluation ~~program~~ approved by the juvenile court. ~~If recommended after evaluation, the~~ The court may ~~also~~ order the ~~person~~ child to participate in a treatment program approved by the court if the treatment program is recommended after the child's physical assessment or behavioral health evaluation. The juvenile court may also require the custodial parent or parents, or ~~other legal~~ guardian, to participate in an educational program with the ~~person under age eighteen~~ child if the court determines that such participation is in the best interests of the ~~person under age eighteen~~ child.

Sec. 19. Section 232.68, subsection 3, unnumbered paragraph 1, Code 2025, is amended to read as follows:

"Confidential access to a child" means access to a child, ~~during an assessment of an alleged act of child abuse,~~ who is alleged to be the victim of ~~the~~ child abuse, during a child abuse assessment. The access may be accomplished by interview, observation, or ~~examination~~ physical assessment of the child. As used in this subsection and this part:

Sec. 20. Section 232.68, subsection 3, paragraph c, Code 2025, is amended by striking the paragraph.

Sec. 21. Section 232.69, subsection 3, paragraph b, Code 2025, is amended to read as follows:

b. A person required to make a report under subsection 1, other than a physician whose professional practice does not regularly involve providing primary health care to children, shall complete the core training curriculum relating to the identification and reporting of child abuse within six months of initial employment or self-employment involving ~~the examination~~ physical assessments or behavioral health evaluations, or attending, counseling, or ~~treatment of~~ treating children on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete the core training curriculum relating to the identification and reporting of child abuse every three years.

Sec. 22. Section 232.71B, subsection 10, Code 2025, is amended to read as follows:

10. *Physical ~~examination~~ assessment.* If the department refers a child to a physician or physician assistant for a physical ~~examination~~ assessment, the department shall contact the physician or physician assistant regarding the ~~examination~~ physical assessment within twenty-four hours of making the referral. If the physician or physician assistant who performs the ~~examination upon referral by the department~~ physical assessment reasonably believes the child has been abused, the physician or physician assistant shall report to the department within twenty-four hours of performing the ~~examination~~ physical assessment.

Sec. 23. Section 232.77, subsection 1, Code 2025, is amended to read as follows:

1. *a.* A person who is required to report suspected child abuse may take or perform, or may cause to be taken or performed, at public expense, photographs, X rays, ~~or other~~ physical ~~examinations~~ assessments, or other tests of a child which would provide medical indication of allegations arising from an assessment.

b. A health practitioner may, if medically indicated, cause to be performed a radiological examination, physical ~~examination~~ assessment, or other ~~medical tests~~ test of the child.

c. A person who takes any photographs or X rays or performs any physical ~~examinations~~ assessments or other tests pursuant to this section shall notify the department that the photographs or X rays have been taken or the ~~examinations~~ physical assessments or other tests have been performed~~. The person who made notification~~, and shall retain the photographs, ~~or~~ X rays, or ~~examination~~ physical assessment or other test findings for a reasonable time following the notification.

d. Whenever the person is required to report under section 232.69~~,~~ in that person's capacity as a member of the staff of a medical or other private or public institution, agency or facility, that person shall immediately notify the person in charge of the institution, agency, or facility or that person's designated delegate of the need for photographs, ~~or~~ X rays ~~or examinations~~, physical assessments, or other tests.

Sec. 24. Section 232.78, subsection 1, paragraph a, Code 2025, is amended to read as follows:

a. Any of the following circumstances exist:

(1) The person responsible for the care of the child consents to the removal.

(2) The person responsible for the care of the child is absent~~, or~~.

(3) The person responsible for the care of the child, though present, was asked and refused to consent to the removal of the child and was informed of an intent to apply for an order under this section~~, or there~~.

(4) There is reasonable cause to believe that a request for consent would further endanger the child~~, or there~~.

(5) There is reasonable cause to believe that a request for consent will cause the ~~parent, guardian, or legal custodian~~ person responsible for the care of the child to take flight

with the child.

Sec. 25. Section 232.78, subsection 1, paragraph c, subparagraph (1), Code 2025, is amended to read as follows:

(1) The refusal or failure of the person responsible for the care of the child to comply with the request of a peace officer, juvenile court officer, or child protection worker for ~~such~~ the person to obtain and provide to the requester the results of a physical assessment or ~~mental examination~~ behavioral health evaluation of the child. The request for a physical ~~examination~~ assessment of the child may specify the performance of a medically relevant test.

Sec. 26. Section 232.78, subsection 5, Code 2025, is amended to read as follows:

5. The juvenile court, before or after the filing of a petition under this chapter, may enter an ex parte order authorizing ~~a physician or physician assistant or hospital to conduct~~ an inpatient or outpatient physical ~~examination or authorizing a physician or physician assistant, a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to chapter 230A to conduct an outpatient mental examination~~ assessment or an inpatient or outpatient behavioral health evaluation of a child ~~if necessary to identify the nature, extent, and cause of injuries to the child as required by section 232.71B~~, provided all of the following apply:

a. Any of the following circumstances exist:

(1) The child's parent, guardian, or custodian consents to the physical assessment or the behavioral health evaluation.

(2) The child's parent, guardian, or ~~legal~~ custodian is absent~~, or~~.

(3) The child's parent, guardian, or custodian, though present, was asked and refused to provide written consent to the ~~examination~~ physical assessment or the behavioral health evaluation.

b. The juvenile court has entered an ex parte order

directing the removal of the child from the child's home or a child care facility under this section.

c. There is not enough time to file a petition and to hold a hearing as provided in section 232.98.

Sec. 27. Section 232.79, subsection 5, Code 2025, is amended to read as follows:

5. When there has been an emergency removal or keeping of a child without a court order, a physical ~~examination~~ assessment of the child by a licensed medical practitioner shall be performed within twenty-four hours of ~~such~~ the emergency removal or keeping of a child, unless the child is returned to the child's home within twenty-four hours of the emergency removal or keeping of a child.

Sec. 28. Section 232.83, subsection 2, Code 2025, is amended to read as follows:

2. Anyone authorized to conduct a preliminary investigation in response to a complaint may apply for, or the court on its own motion may enter, an ex parte order authorizing ~~a physician or physician assistant or hospital to conduct~~ an inpatient or outpatient physical ~~examination or authorizing a physician or physician assistant, a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to chapter 230A to conduct an outpatient mental examination of a child if necessary to identify the nature, extent, and causes of any injuries, emotional damage, or other such needs of a child as specified in section 232.96A, subsection 3, 5, or 6,~~ assessment or an inpatient or outpatient behavioral health evaluation provided ~~that~~ all of the following apply:

a. Any of the following circumstances exist:

(1) The parent, guardian, or custodian consents to the physical assessment or the behavioral health evaluation.

(2) The parent, guardian, or ~~legal~~ custodian is absent~~, or~~.

(3) The parent, guardian, or custodian, though present, was asked and refused to authorize the ~~examination~~ physical assessment or the behavioral health evaluation.

b. There is not enough time to file a petition and hold a hearing under this chapter.

c. The parent, guardian, or ~~legal~~ custodian has not provided care and treatment related to ~~their~~ the child's alleged victimization.

Sec. 29. Section 232.98, Code 2025, is amended to read as follows:

232.98 Physical ~~and mental examinations~~ assessments and behavioral health evaluations — child in need of assistance.

1. *a.* Except as provided in section 232.78, subsection 5, a physical assessment or ~~mental examination~~ behavioral health evaluation of ~~the~~ a child may be ordered only after the filing of a petition pursuant to section 232.87, and after a hearing to determine whether ~~an examination~~ a physical assessment or behavioral health evaluation is necessary to determine the child's physical condition or ~~mental~~ if the child has a behavioral health condition.

b. The court may consider chemical dependency as either a physical or ~~mental~~ behavioral health condition and may consider a chemical dependency evaluation as either a physical assessment or ~~mental examination~~ behavioral health evaluation.

~~*a.*~~ *c.* The hearing required by this section may be held simultaneously with the adjudicatory hearing.

~~*b.*~~ *d.* ~~An examination~~ A physical assessment or a behavioral health evaluation ordered prior to the adjudication shall be conducted on an outpatient basis when possible~~, but~~. However, if deemed necessary by the court, the court may ~~commit~~ order the child to a suitable nonsecure hospital, facility, or institution for the purpose of ~~examination~~ an inpatient physical assessment or an inpatient behavioral health evaluation for a period not to exceed ~~fifteen~~ thirty days if all of the following ~~are found to be present~~ circumstances exist:

(1) Probable cause exists to believe that the child is a child in need of assistance pursuant to section 232.96A,

subsection 5 or 6.

(2) ~~Commitment~~ An inpatient physical assessment or inpatient behavioral health evaluation is necessary to determine whether there is clear and convincing evidence that the child is a child in need of assistance.

(3) The child's attorney agrees to ~~the commitment~~ an inpatient physical assessment or inpatient behavioral health evaluation.

~~c.~~ *e.* ~~An examination~~ A physical assessment or a behavioral health evaluation ordered after the adjudication shall be conducted on an outpatient basis when possible~~, but~~. However, if deemed necessary by the court, the court may ~~commit~~ order the child to a suitable nonsecure hospital, facility, or institution for the purpose of ~~examination~~ an inpatient physical assessment or an inpatient behavioral health evaluation for a period not to exceed thirty days.

~~d.~~ *f.* The child's parent, guardian, or custodian shall be included in counseling sessions offered during the child's stay in a hospital, facility, or institution when feasible, and when in the best interests of the child and the child's parent, guardian, or custodian. If separate counseling sessions are conducted for the child and the child's parent, guardian, or custodian, a joint counseling session shall be offered prior to the release of the child from the hospital, facility, or institution. The court shall require that notice be provided to the child's guardian ad litem of the counseling sessions, ~~and of~~ the counseling session participants, and ~~results~~ the outcomes of the counseling sessions.

2. Following an adjudication that a child is a child in need of assistance, the court may, after a hearing, order ~~the~~ a physical assessment or ~~mental examination~~ behavioral health evaluation of the child's parent, guardian, or custodian if that person's ability to care for the child is at issue.

Sec. 30. Section 232.141, subsection 1, Code 2025, is amended to read as follows:

1. Except as otherwise provided by law, the court shall inquire into the ability of the child or the child's parent to pay expenses incurred pursuant to subsections 2, 4, and 8. After giving the parent a reasonable opportunity to be heard, the court may order the parent to pay all or part of the costs of the child's care, ~~examination~~ physical assessment, behavioral health evaluation, treatment, legal expenses, or other expenses. An order entered under this section does not obligate a parent paying child support under a custody decree, except that part of the monthly support payment may be used to satisfy the obligations imposed by the order entered pursuant to this section. If a parent fails to pay as ordered, without good reason, the court may proceed against the parent for contempt and may inform the county attorney who shall proceed against the parent to collect the unpaid amount. Any payment ordered by the court shall be a judgment against each of the child's parents and a lien as provided in section 624.23. If all or part of the amount that the parents are ordered to pay is subsequently paid by the county or state, the judgment and lien shall thereafter be against each of the parents in favor of the county to the extent of the county's payments and in favor of the state to the extent of the state's payments.

Sec. 31. Section 232.141, subsection 4, paragraph b, Code 2025, is amended to read as follows:

b. Expenses for ~~mental or~~ physical ~~examinations~~ assessments or behavioral health evaluations of a child if ordered by the court.

Sec. 32. Section 232.141, subsection 6, Code 2025, is amended to read as follows:

6. ~~If a child is given~~ A physical ~~or mental examinations~~ assessment, behavioral health evaluation, or any treatment relating to an assessment performed pursuant to section 232.71B, shall be paid by the state if physical assessment, behavioral health evaluation, or other treatment was performed with the consent of the child's parent, guardian, or ~~legal~~

custodian and no other provision of law ~~otherwise~~ requires payment for the costs ~~of the examination and treatment, the costs shall be paid by the state~~. ~~Reimbursement for~~ The department shall reimburse costs ~~of services described in~~ under this subsection ~~is subject to~~ in accordance with subsection 5.

Sec. 33. Section 237.1, Code 2025, is amended by adding the following new subsection:

NEW SUBSECTION. 8A. "*Protective locked environment*" means a setting that prevents egress from a building or grounds as a protective measure to ensure safety and security.

Sec. 34. Section 237.3, Code 2025, is amended by adding the following new subsection:

NEW SUBSECTION. 13. The department shall adopt rules pursuant to chapter 17A relating to the application of a protective locked environment to child foster care licensees.

Sec. 35. Section 237C.1, Code 2025, is amended by adding the following new subsection:

NEW SUBSECTION. 5. "*Protective locked environment*" means a setting that prevents egress from a building or grounds as a protective measure to ensure safety and security.

Sec. 36. Section 237C.4, Code 2025, is amended by adding the following new subsection:

NEW SUBSECTION. 6A. Rules governing the application of a protective locked environment to a children's residential facility shall be adopted by the department.

Sec. 37. DEPARTMENT OF HEALTH AND HUMAN SERVICES — DEPARTMENT OF INSPECTIONS, APPEALS, AND LICENSING — ADMINISTRATIVE RULES.

1. The department of health and human services and the department of inspections, appeals, and licensing shall each adopt rules pursuant to chapter 17A to administer this division of this Act. The departments shall coordinate in developing their respective rules to provide continuity for, and maximize utilization of the array of behavioral health services available by, affected individuals.

2. a. The department of health and human services and the department of inspections, appeals, and licensing shall review applicable existing rules and shall each adopt rules pursuant to chapter 17A to provide for the following relative to facilities licensed or certified under chapters 135H, 237, and 237C:

(1) Consistency to the greatest extent possible regarding the use of restraints and seclusion across these facilities.

(2) Adaptation in application of licensing and certification requirements to provide for the unmet residential care needs of affected individuals.

b. In reviewing and adopting the rules, the departments shall consider the nature of the services and programming provided by the specific type of facility and applicable federal requirements, including those for psychiatric residential treatment facilities as described in 42 C.F.R. §483.352.

3. The department of health and human services shall adopt rules pursuant to chapter 17A relating to the application of a protective locked environment to detention and shelter care as defined in section 232.2. For purposes of this subsection, "protective locked environment" means a setting that prevents egress from a building or grounds as a protective measure to ensure safety and security.

Sec. 38. REVIEW OF YOUTH SYSTEMS, SERVICES, AND SUPPORTS.

1. a. The department of health and human services shall convene representatives of the department of health and human services, the courts and practitioners involved in civil commitment and juvenile justice proceedings, law enforcement and corrections, hospital systems, service providers, individuals with lived experience and their families, and four members of the general assembly to review the systems and related services and supports for youth, including but not limited to the civil commitment and treatment provisions under chapters 125 and 229, and the juvenile delinquency

and child in need of assistance provisions under chapter 232. The members of the general assembly shall include two senators, one appointed by the majority leader of the senate and one appointed by the minority leader of the senate, and two representatives, one appointed by the majority leader of the house of representatives and one appointed by the minority leader of the house of representatives.

b. The primary goal of the review is to facilitate and enhance the interplay of the multidimensional aspects of the systems, services, and supports for youth and the work of the relevant stakeholders to ensure accessible and effectual processes, procedures, protections, and services for affected youth.

2. The department of health and human services shall report the review's findings and recommendations to the governor and the general assembly by October 1, 2025.

Sec. 39. REPEAL. 2024 Iowa Acts, chapter 1161, sections 97 and 98, are repealed.

DIVISION II

HOME AND COMMUNITY-BASED SERVICES — HABILITATION SERVICES PROVIDED BY A RESIDENTIAL PROGRAM — EXCLUSION FROM CHILDREN'S RESIDENTIAL FACILITY DEFINITION

Sec. 40. Section 237C.1, subsection 2, Code 2025, is amended by adding the following new paragraph:

NEW PARAGRAPH. *j.* Care furnished to persons sixteen years of age and older by a residential program to which the department applies accreditation, certification, or standards of review under the provisions of a federally approved medical assistance home and community-based services waiver, or other provision of the medical assistance program.

Sec. 41. ADMINISTRATIVE RULES. The department of health and human services shall adopt rules pursuant to chapter 17A to require that the care furnished by an entity under section 237C.1, subsection 2, paragraph "j", as enacted in this division of this Act, shall be provided to persons under

eighteen years of age in settings separate from individuals over the age of twenty-one.

DIVISION III

DIRECTOR OF JUVENILE COURT SERVICES — CHIEF JUVENILE COURT OFFICERS

Sec. 42. Section 602.1101, Code 2025, is amended by adding the following new subsection:

NEW SUBSECTION. 5A. *"Director of juvenile court services"* means the same as defined in the Iowa court rules of juvenile court services directed programs as prescribed by the supreme court and includes the deputy director of juvenile court services.

Sec. 43. Section 602.1217, Code 2025, is amended to read as follows:

602.1217 Chief juvenile court officer.

1. The ~~chief judge of~~ director of juvenile court services shall appoint a chief juvenile court officer for each judicial district~~,~~ after consultation with the judges of the judicial district, ~~shall appoint a chief juvenile court officer~~ and may remove ~~the~~ a chief juvenile court officer for cause.

2. The chief juvenile court officer is subject to the immediate supervision and direction of the ~~chief judge of the judicial district~~ director of juvenile court services.

3. The chief juvenile court officer, in addition to performing the duties of a juvenile court officer, shall supervise juvenile court officers and administer juvenile court services within the judicial district in a uniform manner, under the supervision and direction of the director of juvenile court services, in accordance with law and with the rules, directives, and procedures of the judicial branch and the judicial district.

4. The chief juvenile court officer shall assist the state court administrator and the ~~district court administrator~~ director of juvenile court services in implementing the rules, directives, and procedures of the judicial branch and the

judicial district.

5. A chief juvenile court officer shall have other duties as prescribed by the supreme court or by the ~~chief judge of the judicial district~~ director of juvenile court services.

Sec. 44. Section 602.7201, subsections 2 and 3, Code 2025, are amended to read as follows:

2. The juvenile court officers and other personnel employed in juvenile court service offices are subject to the supervision of the chief juvenile court officer. The chief juvenile court officer is subject to the supervision and direction of the director of juvenile court services.

3. The chief juvenile court officer may employ, shall supervise, and may remove for cause with due process secretarial, clerical, and other staff within juvenile court service offices as authorized by the ~~chief judge~~ director of juvenile court services.

Sec. 45. Section 602.7202, subsection 1, Code 2025, is amended to read as follows:

1. Subject to the approval of the ~~chief judge of the judicial district~~ director of juvenile court services, the chief juvenile court officer shall appoint juvenile court officers to serve the juvenile court. Juvenile court officers may be required to serve in two or more counties within the judicial district.

DIVISION IV

HAWKI ELIGIBILITY — PUBLIC INSTITUTION INMATES

Sec. 46. Section 514I.8, subsection 2, paragraph g, Code 2025, is amended to read as follows:

g. Is not ~~an inmate of a public institution or~~ a patient in an institution for mental diseases.

Sec. 47. NEW SECTION. **514I.8B Inmates of public institutions — suspension of medical assistance.**

1. Following the first thirty days of commitment, the department shall suspend, but not terminate, the eligibility of an eligible child who is an inmate of a public institution as

defined in 42 C.F.R. §435.1010, who is enrolled in the medical assistance program under this chapter at the time of commitment to the public institution, and who remains eligible for medical assistance under this chapter except for the eligible child's institutional status, during the entire period of the eligible child's commitment to the public institution.

2. To the extent applicable, the public institution and the department shall comply with the reporting requirements and the expediting of the restoration of an eligible child's medical assistance benefits under this chapter upon the eligible child's discharge, consistent with section 249A.38.

3. The department shall adopt rules pursuant to chapter 17A to administer this section.

DIVISION V

CORRECTIVE CHANGES

Sec. 48. Section 125.13, subsection 2, paragraphs a, i, and j, Code 2025, are amended to read as follows:

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 ~~on the accreditation of health care organizations~~, 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.

i. A substance use disorder treatment program not funded by the department which is accredited or licensed by the joint commission ~~on the accreditation of health care organizations~~, 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 ~~on the~~

~~accreditation of health care organizations~~, 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.

Sec. 49. Section 125.43A, Code 2025, is amended to read as follows:

125.43A Prescreening — exception.

Except in cases of medical emergency or court-ordered admissions, a person shall be admitted to a state mental health institute for treatment of a substance use disorder only after a preliminary intake and assessment by a department-licensed treatment facility or a hospital providing care or treatment for persons with a substance use disorder licensed under chapter 135B and accredited by the joint commission ~~on the accreditation of health care organizations~~, the commission on accreditation of rehabilitation facilities, the American osteopathic association, or another recognized organization approved by the department, or by a designee of a department-licensed treatment facility or a hospital other than a state mental health institute, which confirms that the admission is appropriate to the person's substance use disorder service needs. A county board of supervisors may seek an admission of a patient to a state mental health institute who has not been confirmed for appropriate admission and the county shall be responsible for one hundred percent of the cost of treatment and services of the patient.

Sec. 50. Section 135B.12, Code 2025, is amended to read as follows:

135B.12 Confidentiality.

The department's final findings or the final survey findings of the joint commission ~~on the accreditation of health care organizations~~ or the American osteopathic association with respect to compliance by a hospital or rural emergency hospital

with requirements for licensing or accreditation shall be made available to the public in a readily available form and place. Other information relating to a hospital or rural emergency hospital obtained by the department which does not constitute the department's findings from an inspection of the hospital or rural emergency hospital or the final survey findings of the joint commission ~~on the accreditation of health care organizations~~ or the American osteopathic association shall not be made available to the public, except in proceedings involving the denial, suspension, or revocation of a license under this chapter. The name of a person who files a complaint with the department shall remain confidential and shall not be subject to discovery, subpoena, or other means of legal compulsion for its release to a person other than department employees or agents involved in the investigation of the complaint.

Sec. 51. Section 135B.20, subsection 4, Code 2025, is amended to read as follows:

4. *"Joint conference committee"* shall mean the joint conference committee as required by the joint commission ~~on accreditation of health care organizations~~ or, in a hospital having no such committee, a similar committee, an equal number of which shall be members of the medical staff selected by the staff and an equal number of which shall be selected by the governing board of the hospital.

Sec. 52. Section 135C.2, subsection 7, Code 2025, is amended to read as follows:

7. The rules adopted by the department regarding nursing facilities shall provide that a nursing facility may choose to be inspected either by the department or by the joint commission ~~on accreditation of health care organizations~~. The rules regarding acceptance of inspection by the joint commission ~~on accreditation of health care organizations~~ shall include recognition, in lieu of inspection by the department, of comparable inspections and inspection findings of the joint

commission ~~on accreditation of health care organizations~~, if the department is provided with copies of all requested materials relating to the inspection process.

Sec. 53. Section 135C.6, subsection 10, Code 2025, is amended to read as follows:

10. Notwithstanding section 135C.9, nursing facilities which are accredited by the joint commission ~~on accreditation of health care organizations~~ shall be licensed without inspection by the department, if the nursing facility has chosen to be inspected by the joint commission ~~on accreditation of health care organizations~~ in lieu of inspection by the department.

Sec. 54. Section 135J.2, subsection 2, Code 2025, is amended to read as follows:

2. The hospice program shall meet the criteria pursuant to section 135J.3 before a license is issued. The department is responsible to provide the necessary personnel to inspect the hospice program, the home care and inpatient care provided and the hospital or facility used by the hospice to determine if the hospice complies with necessary standards before a license is issued. Hospices that are certified as Medicare hospice providers by the department, or are accredited as hospices by the joint commission ~~on the accreditation of health care organizations~~, shall be licensed without inspection by the department.

Sec. 55. Section 144F.5, subsection 1, Code 2025, is amended to read as follows:

1. The standards for accreditation adopted by the joint commission ~~on the accreditation of health care organizations~~ or any other nationally recognized hospital accreditation organization.

Sec. 56. Section 155A.13, subsection 4, paragraph a, subparagraph (4), Code 2025, is amended to read as follows:

(4) Give recognition to the standards of the joint commission ~~on the accreditation of health care organizations~~

and the American osteopathic association, and to the conditions of participation under Medicare.

Sec. 57. Section 232.2, subsection 4, paragraph i, Code 2025, is amended to read as follows:

i. If reasonable efforts to place a child for adoption or with a guardian are made concurrently with reasonable efforts as defined in section ~~232.102~~ 232.102A, the concurrent goals and timelines may be identified. Concurrent case permanency plan goals for reunification, and for adoption or for other permanent out-of-home placement of a child shall not be considered inconsistent in that the goals reflect divergent possible outcomes for a child in an out-of-home placement.

Sec. 58. Section 232.36, subsection 3, paragraph b, subparagraph (3), Code 2025, is amended to read as follows:

(3) ~~Legal custodian~~ Custodian of the child.

Sec. 59. Section 232.37, subsection 2, Code 2025, is amended to read as follows:

2. Notice of the pendency of the case shall be served upon the known parents, guardians, or ~~legal~~ custodians of a child if these persons are not summoned to appear as provided in subsection 1. Notice shall also be served upon the child and upon the child's guardian ad litem, if any. The notice shall attach a copy of the petition and shall give notification of the right to counsel provided for in section 232.11.

Sec. 60. Section 232.101A, subsection 1, paragraph c, Code 2025, is amended to read as follows:

c. The parent of the child does not appear at the dispositional hearing, or the parent appears at the dispositional hearing, does not object to the transfer of guardianship, and agrees to waive the requirement for making reasonable efforts as defined in section ~~232.102~~ 232.102A.

Sec. 61. Section 232.102A, subsection 3, Code 2025, is amended to read as follows:

3. The performance of reasonable efforts to place a child for adoption or with a guardian may be made concurrently with

making reasonable efforts ~~as defined in this section~~.

Sec. 62. Section 232B.5, subsection 19, unnumbered paragraph 1, Code 2025, is amended to read as follows:

A party seeking an involuntary foster care placement of or termination of parental rights over an Indian child shall provide evidence to the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful. The court shall not order the placement or termination, unless the evidence of active efforts shows there has been a vigorous and concerted level of casework beyond the level that typically constitutes reasonable efforts as defined in sections 232.57 and ~~232.102~~ 232.102A. Reasonable efforts shall not be construed to be active efforts. The active efforts must be made in a manner that takes into account the prevailing social and cultural values, conditions, and way of life of the Indian child's tribe. Active efforts shall utilize the available resources of the Indian child's extended family, tribe, tribal and other Indian social service agencies, and individual Indian caregivers. Active efforts shall include but are not limited to all of the following:

Sec. 63. Section 233.2, subsection 5, Code 2025, is amended to read as follows:

5. Reasonable efforts, as defined in section ~~232.102~~ 232.102A, that are made in regard to the newborn infant shall be limited to the efforts made in a timely manner to finalize a permanency plan for the newborn infant.

Sec. 64. Section 237.3, subsection 7, Code 2025, is amended to read as follows:

7. If an agency is accredited by the joint commission ~~on the accreditation of health care organizations~~ under the joint commission's consolidated standards for residential settings or by the council on accreditation ~~of services for families and children~~, the department shall modify facility licensure

1 standards applied to the agency in order to avoid duplicating
2 standards applied through accreditation.