

## **THE IOWA CIVIL RIGHTS COMMISSION[161]**

### **Adopted and Filed Emergency**

The Iowa Civil Rights Commission hereby adopts Form A, Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 216.8C and 2019 Iowa Acts, Senate File 341, sections 3 and 8.

#### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 216.8C.

#### *Purpose and Summary*

The purpose of the new rule is to comply with Iowa Code section 216.8C(3) and 2019 Iowa Acts, Senate File 341, section 3, which provides requirements pertaining to a request for an assistance animal as a reasonable accommodation for a disability in housing. The legislation requires the Iowa Civil Rights Commission to adopt a form for a health care professional, as defined by the statute, to make a written finding regarding whether the patient or client has a disability and whether the need for an assistance animal is related to the disability.

#### *Reason for Adoption of Rule Making Without Prior Notice and Opportunity for Public Participation*

Pursuant to Iowa Code section 17A.4(3), the Iowa Civil Rights Commission finds that notice and public participation are unnecessary or impractical because the statute so provides. The rule implements the provisions of 2019 Iowa Acts, Senate File 341, which was signed on May 2, 2019, and is necessary to effect the legislation. The contents of the form specified in the legislation and this form conforms to the precise requirements.

#### *Reason for Waiver of Normal Effective Date*

Pursuant to Iowa Code section 17A.5(2)"b"(1)(a), the Iowa Civil Rights Commission also finds that the normal effective date of rule making, 35 days after publication, should be waived and the rule making made effective June 17, 2019 because the statute so provides.

#### *Adoption of Rule Making*

This rule making was adopted by the Iowa Civil Rights Commission on June 14, 2019.

#### *Fiscal Impact*

This rule making has no fiscal impact to the state of Iowa.

#### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

#### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Iowa Civil Rights Commission for a waiver of the discretionary provisions, if any, pursuant to 161—Chapter 15.

#### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

#### *Effective Date*

This rule making became effective on June 26, 2019.

The following rule-making action is adopted:

ITEM 1. Adopt the following **new** Appendix in 161—Chapter 9:

**Appendix A  
Form 1**

**Request for Assistance Animal as a Reasonable Accommodation in Housing:**  
**Health Care Professional Form**

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, intend to request that \_\_\_\_\_

permit me to keep an assistance animal as a reasonable accommodation in housing for my disability. In connection with that application, I am requesting that you complete this form regarding my disability.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

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**REQUIREMENTS FOR HEALTH CARE PROFESSIONAL**

A health care professional shall only make the findings listed in the next section if all of the following conditions apply:

- 1) The health care professional has met with the patient or client in person or by telemedicine,
- 2) The health care professional is familiar with the patient or client and the disability, and
- 3) The health care professional is legally and professionally qualified to make the finding.

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**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

1. Does the individual identified above have a disability?

☐ Yes      ☐ No

2. If yes, is the need for an assistance animal related to that disability? For example, does or would an assistance animal alleviate one or more of the symptoms or effects of the disability?

☐ Yes      ☐ No

Health Care Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

References: Iowa Code sections 216.8B and 216.8C

Resources: <https://icrc.iowa.gov/>, 515-281-4121, 1-800-457-4416