

HOUSE REPUBLICAN STAFF ANALYSIS

Bill:	House File 984/Senate File 474	H HHS Committee:	PASSED 2/25/25 (19-0)
Committee:	Health and Human Services	H Ways & Means:	PASSED 4/2/25 (24-0)
Floor Manager:	Rep. Hans Wilz	House Floor:	
Date:	April 22, 2025	Senate Floor:	PASSED 4/16/25 (47-0)
Staff:	Natalie Ginty (5-2063)	Governor:	

High Acuity Youth

- This bill comes from the Department of Health and Human Services to do the following:
 - Allow for protective locked environments
 - Allows for a residential facility to not be licensed as a children's residential facility if it provides live-in care to waiver individuals 16 years of age and older.
 - Transfers administrative authority of juvenile court services from the chief judges to the JCS director
 - Suspends hawk-i coverage for incarcerated youth
 - Creates a workgroup to review Iowa's commitment, juvenile delinquency and CINA laws during the legislative interim and to make recommendations to the legislature

Section by Section Analysis

Division I – Services and Support for Children and Youth

Section 1 (Iowa Code 125.13)

Allows PMICs to be substance abuse providers without a separate license.

Section 2 (Iowa Code 135H.1)

Defines "approved qualifying organization", "mental health disorder", "protective locked environment", "record check evaluation system", "serious emotional disturbance", "substance use disorder", and "youth".

Section 3 (Iowa Code 135H.3)

Defines the purpose of PMICs in caring for youth with behavioral health conditions.

Section 4 (Iowa Code 135H.4)

Requires PMIC licensees to only provide services covered under their license. DIAL will create an expedited process for a PMIC to obtain both a RCF and a substance abuse license.

Section 5 (Iowa Code 135H.5)

Requires PMICs to state in their application whether they are providing mental health services, substance abuse services or both. Requires an initial application fee of \$25.

Sections 6-7 (Iowa Code 135H.6, 135H.7)

Conforming code changes

Section 8 (Iowa Code 135H.7A) – New Section

Requires DIAL, in cooperation with DHHS, to adopt rules to allow PMICs to use protective locked environments.

Sections 9 and 10 (Iowa Code 135H.10, 135H.13)

Conforming code changes

Sections 11 and 12 (Iowa Code 232.2)

Defines “behavioral health condition”, “behavioral health evaluation”, “mental health disorder”, “physical assessment”, “serious emotional disturbance”, and “substance use disorder”.

Section 13 (Iowa Code 232.8)

Conforming change

Sections 14 - 16 (Iowa Code 232.49, 232.52A, 232.68)

Allows for a physical assessment and behavioral health evaluation order to occur at the same time as the adjudicatory hearing, and makes conforming code changes.

Section 17 (Iowa Code 232.68)

Strikes the definition of “physical examination”.

Sections 18-20 (Iowa Code 232.69, 232.71B, 232.77)

Conforming code changes

Sections 21-22 (Iowa Code 232.78)

Allows a child to enter juvenile court officer to take custody of a child if the person responsible for the care of the child consents to the removal.

Section 23 (Iowa Code 232.78)

Allows for a parent to consent to a physical assessment or behavioral health evaluation.

Sections 24 - 25 (Iowa Code 232.79, 232.83)

Conforming code changes

Section 26 (Iowa Code 232.98)

Extends the timeline from 15 days to 30 days for inpatient physical assessment or behavioral health evaluation.

Sections 27-29 (Iowa Code 232.141)

Conforming changes

Sections 30 and 32 (Iowa Code 237.1, 237C.1)

Defines “protective locked environment”.

Sections 31 and 33 (Iowa Code 237.3, 237C.4)

Requires DHHS to adopt rules on the use of protective locked environment.

Section 34 – DHHS and DIAL rules

Requires DHHS and DIAL to complete rules that include the following:

- Restraints and seclusion
- Identification of unmet care needs
- Protective locked environments

Section 35 – Review of Youth Systems, Services, and Supports

DHHS shall convene the courts, practitioners, law enforcements, hospitals, individuals with lived experience and the legislature to review commitment law, juvenile delinquency and CINA laws with a report due on recommendations to the legislature by October 1, 2025.

Section 36 – Repeal

Repeals a statutory citation made last year.

Division II – Home and Community-Based Services – Habilitation Services Provided by a Residential Program
– Exclusion from Children’s Residential Facility Definition

Section 37 (Iowa Code 237C.1)

Allows for a residential facility to not be licensed as a children’s residential facility if it provides live-in care to waiver individuals 16 years of age and older.

Section 38 – Administrative Rules

Requires DHHS to write rules to separate those under 18 years old from those over the age of 21.

Division III – Director of Juvenile Court Services – Chief Juvenile Court Officers

Section 39 (Iowa Code 602.1101)

Defines “director of juvenile court services”.

Sections 40-42 (Iowa Code 602.1217, 602.7201, 602.7202)

Strikes the chief judge of each judicial district and replaces it with the director of juvenile court services can appoint a chief juvenile court officer for each judicial district, with oversight by the director of juvenile court services.

Division IV – Hawki Eligibility – Public Institution Inmates

Sections 43 (Iowa Code 514I.8)

Strikes the prohibition on inmates or patients at institutions for mental disease from being eligible for hawki.

Section 44 (Iowa Code 514I.8B) – New Section

Requires DHHS to suspend Hawki eligibility for a child who has been in a public institution for 30 days. Requires DHHS to adopt rules.

Division V – Corrective Changes

Sections 45-53, 61 (Iowa Code 125.13, 125.43A, 135B.12, 135B.20, 135C.2, 135C.6, 135J.2, 144F.5, 155A.13, 237.3)

Strikes a specific accreditation body.

Sections 54, 57-60 (Iowa Code 232.2, 232.101A, 232.102A, 232B.5, 233.2)

Code citation correction

Sections 55-56 (Iowa Code 232.36, 232.37)

Strikes legal in front of custodian

Amendment Analysis

H-1262 by Wilz – Conforms to Senate File 474. Only change is maintaining language from the original bill that allows the court to order a minor be committed to a public hospital.

