IOWA | Health and Human Services

What Medical Doctors Need to Know

144H: Care Facility Placement for Certain Adults

Summary:

HF2562 is legislation that created a new chapter of law, 144H, effective July 1, 2026.

Purpose:

Establishes a legal process for transferring adult patients from one care facility to another care facility in situations when the patient is unable to consent to placement changes. This process either appoints a person authorized to consent on the patient's behalf or allows the care facility to petition the court to approve a transfer of care.

Certification:

When a patient is unable to consent to a placement transfer it must be certified by the attending physician.

Required Notices from Medical Doctors:

Notice to Iowa HHS Division of Aging and Disability Services from the attending physician of the patient's inability to consent is required when the process established in 144H is going to be utilized by a care facility.

- The attending physician must provide a copy of their certification of the patient's inability to consent through one of two methods:
  - ***When there is a person authorized to consent****,* the attending physician must provide Iowa HHS Division of Aging and Disability Services with a copy of the certification confirming the patient's inability to consent before any authorized person acts on the patient's behalf.

    OR
  - ***When there is not a person authorized to consent*** but before filing a petition with the court, the attending physician or care facility must provide Iowa HHS Division of Aging and Disability Services with a copy of the completed petition which must include the certification, and it must be provided at least ten days prior to filing the petition with the court.

Petition for Court Order:

When there is no available person authorized to consent a care facility or attending physician may ask a court for an order approving a change to the patient's placement. The court order may allow:

- Discharge of the current care facility placement and transfer of patient to a different care facility, and

- An attending physician or qualified facility employee to help the patient apply for health insurance or public assistance, when appropriate.

Notice Content:

In addition to the copy of the medical certification confirming the patient's inability to consent, notices must include the date of placement, the name and address of the placement, the name of the patient, the age of the patient, and the reason for placement. There is no required format or template for notices.

Send Notices to:

ADSNotice@hhs.iowa.gov or mail to:
Aging & Disability Services Division
Iowa Department of Health and Human Services
ATTN: 144H
321 E 12th St.
Des Moines, IA 50319