

Red Tape Review Rule Report (Due: September 1, 2026)

Department Name:	Iowa Department of Corrections	Date:	4/29/2026	Total Rule Count:	4
IAC #:	201	Chapter/ SubChapter/ Rule(s):	38	Iowa Code Section Authorizing Rule:	903B.10
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PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

What is the intended benefit of the rule?

The intended benefit is public safety through the reduction of sexual recidivism. The rule provides the necessary clinical and administrative framework to manage individuals who require pharmacological intervention.

Is the benefit being achieved? Please provide evidence.

Yes, on a targeted basis. While the utilization rate is extremely low, evidence of the benefit is found in individual case management.

What are the costs incurred by the public to comply with the rule?

There are no direct costs to the public associated with this rule.

What are the costs to the agency or any other agency to implement/enforce the rule?

There have been no direct costs incurred by the Department specifically related to this rule in the past several years. Under Iowa Code section 903B.10(5), treatment costs are the responsibility of the individual. Clients under Community-Based Corrections supervision are required to pay a reasonable fee for the costs related to hormonal therapy. Fees are based on the clients ability to pay and there are waiver provisions of payment if the person is financially unable to pay. In the rare event that the Department were required to cover costs, these expenses would be absorbed within existing budgets.

Do the costs justify the benefits achieved? Please explain.

Yes. Because there have been no significant agency expenditures in recent years, the cost of maintaining this rule is effectively zero. Maintaining this framework ensures that the Department is prepared to fulfill its statutory obligations under Iowa Code 903B.10 and provide the necessary protocols should the intervention be ordered.

Are there less restrictive alternatives to accomplish the benefit? YES NO

If YES, please list alternative(s) and provide analysis of less restrictive alternatives from other states, if applicable. If NO, please explain.

Iowa Code requires rules.

Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language? [list chapter/rule number(s) that fall under any of the above categories]

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Yes. The Department of Corrections proposes removing language that is unnecessarily restrictive and duplicates state statutes.

RULES PROPOSED FOR REPEAL (list rule number[s]):

38.3 Sex offender risk assessment. This rule was rescinded IAB 1/27/10.

RULES PROPOSED FOR RE-PROMULGATION (list rule number[s] or include rule text if available):

See below proposed new chapter. Current chapter will be rescinded and will adopt new rule chapter in lieu thereof.

***For rules being re-promulgated with changes, you may attach a document with suggested changes.**

METRICS

Total number of rules repealed:	1
Proposed word count reduction after repeal and/or re-promulgation	164
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	20

ARE THERE ANY STATUTORY CHANGES YOU WOULD RECOMMEND INCLUDING CODIFYING ANY RULES?

None

Proposed New Chapter 201–38:

CHAPTER 38
SEX OFFENDER MANAGEMENT AND TREATMENT

201–38.1(692A,903B) Application of rules. The following rules apply to sex offender electronic monitoring and hormonal intervention therapy.

201–38.2(692A,903B) Electronic monitoring. It is the intent of the Iowa department of corrections that the electronic monitoring system (EMS) will be used to enhance public safety. Appropriate levels of EMS should be used to verify the location and restrict the movement of sex offenders in accordance with the provisions of Iowa Code section 692A.124(2). EMS is additionally governed by the provisions of department of corrections policy OP-SOP-06 and CBC-HRU-04.

38.2(1) Definitions.

“*Client*” means a person who is required to register with the Iowa sex offender registry.

“*Electronic monitoring system*” or “*EMS*” is a term used collectively for technology that determines the location of clients who have restricted movement while being supervised in their respective community.

38.2(2) *Selection of clients for EMS.* All clients on supervision for a current sex offense who are required to be registered as a sex offender under Iowa Code chapter 692A may be placed on EMS immediately after assignment to supervision. This level may be changed based on risk assessment.

38.2(3) *Risk assessment instrument.* Districts will use the statewide approved and validated risk/needs assessment.

38.2(4) *Notification of victims.* The department of corrections shall notify a registered victim regarding a sex offender in accordance with the provisions of Iowa Code chapter 915.17A.

38.2(5) *Additional rules.* The department of public safety’s rules regarding the Iowa sex offender registry are published in 661—Chapter 83.

201—38.3(903B) Hormonal intervention therapy.

38.3(1) *Affected clients.* All clients convicted of a “serious sex offense” in which the victim was a child who, at the time the offense was committed, was 12 years of age or younger; or clients convicted of a second or subsequent offense may be required to undergo hormonal intervention therapy as ordered by the court or board of parole in accordance with the provisions of Iowa Code section 903B.10.

38.3(2) *Agency responsibility.* The department of corrections and the board of parole responsibilities are defined in accordance with the provisions of Iowa Code section 903B.10.

38.3(3) *Assessment of affected clients.*

a. Psychosexual assessment. A psychosexual assessment will be conducted on all “affected” clients, as a part of the presentence investigation (PSI) prior to sentencing or upon entry into community supervision or institutional placement if a referral for hormonal intervention therapy is being made.

(1) The psychosexual assessment will be conducted by or under the direction of:

- A licensed psychologist; or
- A person specifically trained and experienced in the professional administration, scoring and interpretation of psychological tests (graduate level coursework in testing and assessment); or
- A staff member who meets the experience and educational requirements of the Iowa department of administrative services or Iowa department of corrections behavioral health professional classification.

(2) The psychosexual assessment includes:

- Evaluation of emotional and mental health stability.
- I.Q. to measure cognitive, overall functioning, personality, impulsivity and judgement capability.
- Measure of denial, minimization or distortions of deviant sexual characteristics.
- Plethysmography, if clinically indicated

(3) The assessment will follow the statewide standardized format and will include a determination as to the need and effectiveness of hormonal intervention therapy as well as treatment recommendations.

b. Medical assessment. If hormonal intervention therapy is recommended as an appropriate treatment component, the client will receive a medical assessment to determine biological factors as related to hormonal intervention therapy.

38.3(4) *Pharmaceuticals and distribution.* The director of corrections may contract the purchase and distribution process to reduce pharmaceutical costs and ensure effective distribution and management of all pharmaceuticals related to the hormonal therapy program.

38.3(5) *Educational/treatment programming.*

a. Hormonal intervention therapy is to be utilized in conjunction with a sex offender treatment program (SOTP). The client should be involved in concurrent cognitive-behavioral treatment. In all cases where the treatment plan includes hormonal therapy, the plan will also include monitoring and counseling.

b. All SOTPs will meet the current Iowa board for the treatment of sexual abusers (IBTSA) standards .

38.3(6) *Application of hormonal therapy.*

a. Utilization of hormonal therapy.

(1) Therapy will utilize medroxyprogesterone acetate (MPA) or other approved pharmaceutical agents.

(2) Therapy will be initiated as soon as reasonably possible after the client is sentenced.

1. If the client is incarcerated within a local jurisdiction (jail, residential facility), the supervising district will coordinate initiation of treatment prior to the release of the client from custody.

2. If the client is incarcerated within a correctional institution, initiation of treatment will be determined by department of corrections medical staff.

(3) Requests for hormonal therapy by the client when the aforementioned criteria are not met will be reviewed for consideration by the agency of jurisdiction.

(4) At any time during the course of supervision, the agency of jurisdiction may conduct a reassessment to determine if hormonal therapy should be considered or reconsidered as part of the treatment plan.

b. Monitoring/termination of hormonal therapy.

(1) Monitoring. The agency of jurisdiction will continue to monitor the client's therapy throughout the client's confinement or supervision and may adjust medication, initiate other medication, or continue prescribed therapy with medical approval.

(2) Termination. Hormonal therapy may be discontinued only by the medical authority, with consent of the supervising officer. Termination requires a reassessment conclusion that the therapy has been determined ineffective or is no longer necessary.

38.3(7) *Client fees.* Clients are responsible for the costs related to hormonal therapy. Client fees are based on the client's ability to pay as determined by the statewide client fee policy.

38.3(8) *Maintenance/transfer of records.* Client file information will be available and shared upon request between responsible agencies including court of jurisdiction.

These rules are intended to implement Iowa Code chapters 692A and 903B.