

Behavioral Health Service System Bill Senate File 2420

Last Action:
Senate Appropriations
Committee
March 28, 2024

An Act related to State behavioral health, disability, and addictive disorder services and related programs, including the transition of behavioral health services from a Mental Health and Disability Services System to a Behavioral Health Service System, the transfer of disability services to the Division of Aging and Disability Services of the Department of Health and Human Services, the elimination of the Commission on Aging, the elimination of special intellectual disability units at State mental health institutes, making appropriations, and including effective date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at www.legis.iowa.gov/publications/information/appropriationBillAnalysis

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FUNDING SUMMARY

Appropriates \$645,000 from the Region Incentive Fund of the Mental Health and Disability Services Regional Services Fund to the HHS for the establishment of a central data repository. Page 81, Line 11

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Designates the Department of Health and Human Services (HHS) as the State mental health authority responsible for directing benefits from the federal Community Mental Health Services Block Grant and the federal Substance Abuse Prevention and Treatment Block Grant. Page 2, Line 35

Establishes a Behavioral Health Service System (BHSS) under the control of the HHS responsible for implementing a statewide system related to mental health and addictive disorders. Page 4, Line 9

Requires the HHS to divide the State into designated Behavioral Health Districts and to designate an administrative services organization for each Behavioral Health District. Page 8, Line 7

Requires each administrative services organization (ASO) to establish a district behavioral health advisory council, consisting of 10 members, that will advise the ASO on behavioral health services and policy within their Behavioral Health District. Page 11, Line 1

Establishes the Behavioral Trust Fund in the State Treasury to be controlled by the HHS. Allows any unexpended moneys in the Fund to remain available for expenditure. Page 14, Line 30

Prohibits an ASO from spending more than 7.0% of its funding in a given fiscal year on administrative costs. Page 15, Line 31

Requires the HHS to develop, implement, and administer a State Health Improvement Plan to improve health statewide to be developed and updated in collaboration with other State departments, stakeholders, and statewide organizations. Page 24, Line 6

Recognizes a brain injury as a distinct disability in the State of Iowa. Page 62, Line 12

Changes the body that oversees Aging and Disability Services from the Commission on Aging to the Council on Health and Human Services. Page 62, Line 28

Establishes a BHSS under the control of the HHS. For FY 2026, and annually thereafter, the BHSS will be responsible for implementing and maintaining a statewide system of services related to mental health and Page 76, Line 34

addictive disorders, including but not limited to substance use, tobacco use, and problem gambling. For FY 2026, and annually thereafter, the HHS's Division of Aging and Disability Services will be responsible for disability services.

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Transfers an amount equal to \$42 multiplied by the State's population from the General Fund to the Behavioral Health Fund for the fiscal year beginning on July 1, 2025 (FY 2026). Page 15, Line 19

Transfers from the General Fund to the Behavioral Health Fund for the fiscal year beginning July 1, 2026 (FY 2027), and continuing annually an amount equal to the State's population in a given fiscal year multiplied by the dollar amount of the previous fiscal year's transfer, plus the State growth factor for the given fiscal year. Page 15, Line 23

Amends Iowa Code section [123.17\(5\)](#) by increasing the amount transferred from the Beer and Liquor Control Fund to HHS's special revenue account from \$2.0 million to \$3.0 million and stipulates that the transfer will be directed to the Behavioral Health Fund. Page 17, Line 29

STUDIES AND INTENT

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#), and requires the administrative rules to provide for the following: Page 5, Line 7

- Minimum access standards to ensure equitable access throughout the BHSS.
- Methods to ensure every eligible individual received an uninterrupted continuum of care.
- Standards for the implementation and maintenance of behavioral health programs and services.
- Procedures for the management and oversight of behavioral health providers.
- Procedures for the suspension of an ASO.
- Procedures for the reallocation of funds from an ASO.
- Procedures for the termination of an ASO's designation as an ASO.
- Procedures for the collection, utilization, and maintenance of the data necessary to establish a central data repository.
- Any other requirements deemed necessary by the HHS

Requires the HHS to submit a report to the Governor and the General Assembly reviewing the funds administered by , and the outcomes and effectiveness of, the BHSS. Page 51, Line 4

SIGNIFICANT CODE CHANGES

EXECUTIVE SUMMARY
BEHAVIORAL HEALTH SERVICE SYSTEM BILL

Directs the Iowa Code Editor to designate Iowa Code sections 225A.1 through 225A.9 as Iowa Code chapter 225A, entitled "Department of Health and Human Services — Behavioral Health Service System." The Iowa Code Editor is also directed to correct internal references in the Iowa Code and in any enacted legislation as necessary for enactment of Division I of the Bill. Page 17, Line 6

Repeals Iowa Code chapters [142A](#) (Tobacco Use Prevention and Control), [225C](#) (Mental Health and Disability Services), [227](#) (Facilities for Persons with Mental Illness or an Intellectual Disability), [230A](#) (Community Mental Health Centers), and [347B](#) (County Care Facilities). Page 60, Line 31

Directs the Iowa Code Editor to correct internal references in the Iowa Code and in any enacted legislation as necessary due to the enactment of this Division of this Bill. Page 61, Line 8

Directs the Iowa Code Editor to entitle Iowa Code chapter [231](#) "Department of Health and Human Services — Aging and Disability Services." The Iowa Code Editor is also directed to designate Iowa Code sections 231.75 through 231.79 as subchapter VII, entitled "Bill of Rights and Service Quality Standards for Persons with an Intellectual Disability, Developmental Disability, Brain Injury, or Chronic Mental Illness." The Iowa Code Editor is also directed to correct internal references in the Iowa Code and in any enacted legislation as necessary for enactment of Division III of the Bill. Page 75, Line 17

EFFECTIVE DATE

Specifies that Division I of the Bill takes effect July 1, 2025. Page 17, Line 15

Specifies that Division II of the Bill will take effect on July 1, 2025. Page 61, Line 12

Specifies that a provision the HHS determines requires a federal waiver or authorization will be effective only upon receipt of federal approval. Page 78, Line 17

Specifies that Division IV of the Bill will take effect upon enactment. Page 82, Line 6

Specifies that Division V of the Bill takes effect upon enactment. Page 86, Line 24

Specifies that Division VI of the Bill takes effect July 1, 2025. Page 90, Line 18

Senate File 2420 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
1	3	1	New	225A.1
2	35	2	New	225A.2
4	9	3	New	225A.3
8	7	4	New	225A.4
11	1	5	New	225A.5
12	8	6	New	225A.6
14	11	7	New	225A.7
16	12	8	New	225A.8
16	30	9	New	225A.9
17	19	12	Amend	11.6.1.b
17	26	13	Strike	97B.1A.8.a.(13)
17	29	14	Amend	123.17.5
18	14	15	Strike	123.17.8
18	16	16	Amend	123.17.9
18	26	17	Strike	124.409.2
18	28	18	Strike	125.2.4,5,10
18	30	19	Amend	125.91.1
19	7	20	Amend	125.93
19	24	21	Amend	135.11.11
19	28	22	Amend	135C.2.5
20	8	23	Amend	135C.6.1
20	18	24	Amend	135C.23.1
20	33	25	Amend	135C.23.2.b
21	27	26	Strike	135C.23.5
21	29	27	Strike	135C.24.5
21	31	28	Amend	135G.1.12
22	25	29	Amend	142.1
23	23	30	Amend	142.3
24	6	31	New	217.17
24	17	32	New	217.37
25	17	33	Amend	218.30
25	27	34	Amend	218.78.1
26	4	35	Amend	222.1.1
26	13	36	Add	222.2.01
26	17	37	Strike	222.2.6,7
26	19	38	Strike	222.12.2
26	21	39	Amend	222.13
28	10	40	Amend	222.13A.3,4
28	32	41	Amend	222.14
29	10	42	New	222.33
29	20	43	New	222.35
29	27	44	Strike	222.73.2,4
29	29	45	Amend	222.77
30	3	46	Amend	222.78.1
30	18	47	Amend	222.79
30	26	48	Amend	222.80
31	1	49	Amend	222.82
31	20	50	Amend	222.85.2
31	28	51	Amend	222.86

Senate File 2420 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
32	4	52	Amend	222.92.1
32	21	53	Strike	222.92.3.a
32	23	54	Amend	225.1.2
33	1	55	New	225.4
33	6	56	Amend	225.11
33	27	57	Amend	225.12
34	5	58	Amend	225.13
34	13	59	Amend	225.15
35	11	60	Amend	225.16.1
35	30	61	Amend	225.17.2
36	5	62	Amend	225.18
36	18	63	Amend	225.22
36	33	64	Amend	225.24
37	13	65	Amend	225.27
37	31	66	Add	226.1.4.0a
37	35	67	Strike	226.1.4.d,f
38	2	68	Amend	226.8.2
38	11	69	Amend	226.32
38	21	70	Strike	226.34.2.d
38	23	71	Amend	228.6.1
38	32	72	Add	229.1.01
39	1	73	Strike	229.1.11,18,19
39	3	74	Amend	229.1B
39	14	75	Amend	229.2.1.b.(3)
39	28	76	Amend	229.2.2.a
39	35	77	Amend	229.8.1
40	16	78	Amend	229.10.1.a
40	34	79	Amend	229.11.1
41	29	80	Amend	229.13.1.a
42	3	81	Amend	229.13.7.b
42	10	82	Amend	229.14.2.a
42	20	83	Amend	229.14A.7,9
42	33	84	Amend	229.15.4
43	15	85	Amend	229.19.1.a,b
43	34	86	Amend	229.19.4
44	6	87	Amend	229.22.2.b
45	13	88	Amend	229.24.3
45	24	89	Amend	229.38
46	7	90	Add	230.1.01
46	11	91	Strike	230.1.4,5
46	13	92	Amend	230.10
46	22	93	Amend	230.11
47	4	94	Amend	230.15.1,2
48	21	95	New	230.23
48	28	96	Amend	230.30
49	5	97	Amend	232.78.5
49	17	98	Amend	232.83.2
49	31	99	Amend	235.7.2
50	14100	Strike	235A.15.2.c.(5),(8)	

Senate File 2420 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
5017101	Strike	249A.4.15		
5019102	Strike	249A.12.4		
5021103	New	249A.38A		
51 4 104	Strike	249N.8		
	and			
	Replace			
5113105	Amend	252.24.1,3		
5123106	Amend	256.25.2,3		
5227107	Amend	321.189.10		
5312108	Amend	321.190.1.b.(6)		
5328109	Amend	321J.25.1.b		
54 1 110	Amend	321J.25.2		
5418111	Strike	331.321.1.e		
5420112	Strike	331.323.1.a.(7)		
5423113	Amend	331.381.4,5		
5432114	Strike	331.382.1.e,f,g		
5434115	Strike	331.382.3		
55 1 116	Strike	331.432.3		
55 3 117	Strike	331.502.10		
55 5 118	Amend	331.502.12		
5511119	Strike	331.552.13		
5513120	Strike	331.756.25,38,41		
5515121	Add	331.910.2.0a		
5519122	Strike	331.910.2.d		
5521123	Amend	331.910.3.a,c		
56 3 124	Amend	347.16.3		
5624125	Amend	423.3.18.d		
5629126	Amend	426B.1.2		
57 2 127	Amend	437A.8.4.d		
5730128	Amend	437A.15.3.f		
5825129	Amend	483A.24.7		
5911130	Amend	602.8102.39		
5918131	Amend	714.8.12		
60 5 132	Amend	812.6.1		
6019133	Amend	904.201.8		
6031134	Repeal	142A;225C;227;230A;347B		
6033135	Repeal	125.1;125.3;125.7;125.9;125.10;125.12;125.25;125.32A;125.34;125.37;125.38;125.39;125.40;125.41;125.42;125.43;125.43A;125.46;125.48;125.54;125.55;125.58;125.59;125.60;135B.18;21		
6116138	Amend	231.3		
6219139	Add	231.4.1.0c		
6223140	Amend	231.4.1.d		
6228141	Amend	231.14		
6421142	Amend	231.21		
6429143	Amend	231.23		
6632144	Amend	231.23A.1,3		
67 5 145	Add	231.23A.7A		
6711146	Amend	231.31		
6718147	Amend	231.32		
69 7 148	Amend	231.33.1,13		
6913149	Amend	231.56		

Senate File 2420 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
69	32	150	Amend	231.57
70	9	151	Amend	231.58
70	21	152	Amend	231.64
72	1	153	New	231.75
72	8	154	New	231.76
72	34	155	New	231.77
73	16	156	New	231.78
74	4	157	New	231.79
74	9	158	Amend	231E.3
75	15	159	Repeal	231.11;231.12;231.13
82	10	166	Strike	222.1.3
82	12	167	Strike	222.2.8
82	14	168	Amend	222.5
82	21	169	Amend	222.7
82	30	170	Amend	222.8
83	5	171	Amend	222.9
83	17	172	Amend	222.12.1
83	29	173	Amend	222.73.1,3,5
85	9	174	Amend	222.83
85	24	175	Amend	222.84
85	34	176	Amend	222.85.1
86	11	177	Amend	222.87
86	22	178	Repeal	222.88;222.89;222.90;222.91
86	28	180	New	331.190
89	12	181	Amend	35D.9
89	21	182	Amend	232.141.7,8

1 1 DIVISION I
1 2 BEHAVIORAL HEALTH SERVICE SYSTEM

1 3 Section 1. NEW SECTION 225A.1 DEFINITIONS.
1 4 As used in this chapter unless the context otherwise
1 5 requires:
1 6 1. "Administrative services organization" means an entity
1 7 designated by the department pursuant to section 225A.4, to
1 8 develop and perform planning and administrative services in
1 9 accordance with a district behavioral health service system
1 10 plan.
1 11 2. "Behavioral health condition" means a substantial
1 12 limitation in major life activities due to a mental,
1 13 behavioral, or addictive disorder or condition diagnosed in
1 14 accordance with the criteria provided in the most current
1 15 edition of the diagnostic and statistical manual of mental
1 16 disorders, published by the American psychiatric association.
1 17 3. "Behavioral health district" or "district" means a
1 18 geographic, multicounty, sub-state area as designated by the
1 19 department under section 225A.4.
1 20 4. "Behavioral health provider" or "provider" means an
1 21 individual, firm, corporation, association, or institution
1 22 that, pursuant to this chapter, is providing or has been
1 23 approved by the department to provide services to an individual
1 24 with a behavioral health condition.
1 25 5. "Behavioral health service system" means the behavioral
1 26 health service system established in section 225A.3.
1 27 6. "Caregiver" means an adult family member, or other
1 28 individual, who is providing care to a person outside of a
1 29 formal program.
1 30 7. "Community mental health center" means an entity
1 31 designated by the department to address the mental health needs
1 32 of one or more counties.
1 33 8. "Department" means the department of health and human
1 34 services.
1 35 9. "Director" means the director of the department of health
2 1 and human services.
2 2 10. "District behavioral health advisory council"
2 3 or "advisory council" means a council established by an
2 4 administrative services organization under section 225A.5, to
2 5 identify opportunities, address challenges, and advise the

Establishes definitions for Iowa Code chapter 225A (Behavioral Health Service System), which is created in the Bill.

2 6 administrative services organization in accordance with section
2 7 225A.5.

2 8 11. "District behavioral health service system plan" or
2 9 "district behavioral health plan" means a plan developed by
2 10 an administrative services organization and approved by the
2 11 department to outline the services intended to be provided
2 12 within the administrative services organization's behavioral
2 13 health district.

2 14 12. "Indicated prevention" means prevention activities
2 15 designed to prevent the onset of substance use disorders in
2 16 individuals who do not meet the medical criteria for addiction,
2 17 but who show early signs of developing a substance use disorder
2 18 in the future.

2 19 13. "Selective prevention" means prevention activities
2 20 designed to target subsets of the total population who are
2 21 considered at-risk for a substance use disorder by virtue of
2 22 their membership in a particular segment of the population.
2 23 Selective prevention targets the entire subgroup, regardless of
2 24 the degree of risk of any individual within the group.

2 25 14. "State behavioral health service system plan" or
2 26 "state behavioral health plan" means the plan developed by the
2 27 department that describes the key components of the state's
2 28 behavioral health service system.

2 29 15. "Universal prevention" means prevention activities
2 30 designed to address an entire population class for the purpose
2 31 of preventing or delaying the use of alcohol, tobacco, and
2 32 other drugs. Population classes include but are not limited
2 33 to the national population, local populations, community
2 34 populations, school populations, and neighborhood populations.

2 35 Sec. 2.NEW SECTION 225A.2 STATE MENTAL HEALTH AUTHORITY
3 1 — STATE AGENCY FOR SUBSTANCE ABUSE.

3 2 1. The department is designated as the state mental health
3 3 authority as defined in 42 U.S.C. §201(m) for the purpose of
3 4 directing benefits from the federal community mental health
3 5 services block grant, 42 U.S.C. §300x et seq., and the state
3 6 authority designated for the purpose of directing benefits
3 7 from the federal substance abuse prevention and treatment
3 8 block grant, 42 U.S.C. §300x-21 et seq. This designation
3 9 does not preclude the state board of regents from authorizing
3 10 or directing any institution under the board of regents'
3 11 jurisdiction to carry out educational, prevention, and research

Designates the Department of Health and Human Services (HHS) as the State mental health authority responsible for directing benefits from the federal Community Mental Health Services Block Grant and the federal Substance Abuse Prevention and Treatment Block Grant.

3 12 activities in the areas of mental health and intellectual
3 13 disability.

3 14 2. The department is designated as the single state agency
3 15 for substance abuse for the purposes of 42 U.S.C. §1396a et
3 16 seq.

3 17 3. For the purposes of effectuating the department's roles
3 18 designated in this section, the department shall have the
3 19 following powers and the authority to take all of the following
3 20 actions:
3 21 a. Plan, establish, and maintain prevention, education,
3 22 early intervention, treatment, recovery support, and crisis
3 23 services programs as necessary or desirable for the behavioral
3 24 health service system established in section 225A.3.
3 25 b. Develop and submit a state plan as required by, and in
3 26 accordance with, 42 U.S.C. §300x-1.
3 27 c. Review and approve district behavioral health service
3 28 system plans developed in accordance with the state behavioral
3 29 health service system plan.
3 30 d. Perform all necessary acts to cooperate with any state
3 31 agency, political subdivision, or federal government agency to
3 32 apply for grants.
3 33 e. Solicit and accept for use any gift of money by will or
3 34 otherwise, and any grant of money or services from the federal
3 35 government, the state, or any political subdivision thereof,
4 1 or any private source.
4 2 f. Collect and maintain records, engage in studies and
4 3 analyses, and gather relevant statistics.
4 4 g. Take any other actions as necessary to execute the
4 5 duties granted to the department in this chapter, or that
4 6 are otherwise required to maintain compliance with federal
4 7 requirements related to the department's roles as designated in
4 8 this section.

4 9 Sec. 3. NEW SECTION 225A.3 BEHAVIORAL HEALTH SERVICE
4 10 SYSTEM — DEPARTMENT POWERS AND DUTIES.

4 11 1. a. A behavioral health service system is established
4 12 under the control of the department for the purposes of
4 13 implementing a statewide system of prevention, education, early
4 14 intervention, treatment, recovery support, and crisis services

Designates the HHS as the single State agency for substance abuse for the purposes of federal guidelines related to state plans for medical assistance.

Establishes the HHS as the authority responsible for the following:

- Planning, establishing, and maintaining programs as necessary or desirable in accordance with a comprehensive behavioral health service system.
- Developing a State plan as required by federal guidelines on comprehensive community mental health services.
- Reviewing and approving district plans developed in accordance with the State behavioral health service system plan.
- Performing all necessary acts to cooperate with various political entities to apply for grants.
- Soliciting and accepting for use any gift or moneys or property, and any grant of moneys, services, or property from various political entities.
- Collecting and maintaining records, engaging in studies and analysis, and gathering relevant statistics.
- Taking any additional action necessary to execute the duties granted to the department in this chapter and to maintain compliance with federal requirements.

Establishes a Behavioral Health Service System (BHSS) under the control of the HHS responsible for implementing a statewide system related to mental health and addictive disorders.

4 15 related to mental health and addictive disorders, including but
 4 16 not limited to alcohol use, substance use, tobacco use, and
 4 17 problem gambling.

4 18 b. The behavioral health service system shall support
 4 19 equitable statewide access to all services offered through
 4 20 the behavioral health service system and offer specialized
 4 21 services with a focus on at-risk populations including but not
 4 22 limited to children, youth, young adults, individuals with
 4 23 disabilities, pregnant and parenting women, older adults, and
 4 24 people with limited access to financial resources.

4 25 c. Services offered through the behavioral health service
 4 26 system shall, at a minimum, include all of the following:
 4 27 (1) Prevention intervention services and education
 4 28 programs designed to reduce and mitigate behavioral health
 4 29 conditions and future behavioral health conditions. Prevention
 4 30 intervention programs shall incorporate indicated prevention,
 4 31 selective prevention, and universal prevention activities.
 4 32 (2) Evidence-based and evidence-informed early intervention
 4 33 and treatment services.
 4 34 (3) Comprehensive recovery support services with a focus on
 4 35 community-based services that avoid, divert, or offset the need
 5 1 for long-term inpatient services, law enforcement involvement,
 5 2 or incarceration.
 5 3 (4) Crisis services with a focus on reducing the escalation
 5 4 of crisis situations, relieving the immediate distress of
 5 5 individuals experiencing a crisis situation, and reducing the
 5 6 risk that individuals in a crisis situation harm themselves.

5 7 2. To the extent funding is available, the department shall
 5 8 perform all of the following duties to develop and administer
 5 9 the behavioral health service system:

5 10 a. (1) Develop a state behavioral health service system
 5 11 plan that accomplishes all of the following:
 5 12 (a) Identifies the goals, objectives, and targeted outcomes
 5 13 for the behavioral health service system.
 5 14 (b) Identifies the strategies to meet system objectives and
 5 15 ensure equitable access statewide to prevention, education,
 5 16 early intervention, treatment, recovery support, and crisis
 5 17 services.
 5 18 (c) Is consistent with the state health improvement plan

Requires the BHSS to support equitable statewide access to all services offered through the BHSS and offer specialized services with a focus on at-risk populations.

Establishes that services offered through the BHSS must, at a minimum, include all of the following: prevention intervention services and education programs, evidence-based and evidence-informed early intervention and treatment services, comprehensive recovery support services, and crisis services.

Requires the HHS to use available funding to develop and administer the state BHSS plan by performing the following duties:

- Identify goals for the BHSS, strategies to meet system goals, ensure equitable access statewide, is consistent with the state health improvement plan, is consistent with the HHS's agency strategic plan, and is developed in collaboration with stakeholders and published on the HHS's internet site.
- Administer and distribute all moneys that have been deposited into the Behavioral Health Fund.
- Oversee, provide technical assistance to, and monitor administrative services organizations (ASOs) to ensure compliance with district behavioral health plans.

5 19 developed under section 217.17.

5 20 (d) Is consistent with the department's agency strategic
5 21 plan adopted pursuant to section 8E.206.

5 22 (2) The department shall do all of the following when
5 23 developing the state behavioral health service system plan:

5 24 (a) Collaborate with stakeholders including but not limited
5 25 to county supervisors and other local elected officials,
5 26 experienced behavioral health providers, and organizations that
5 27 represent populations, including but not limited to children,
5 28 served by the behavioral health service system.

5 29 (b) Publish the proposed state behavioral health service
5 30 system plan on the department's internet site and allow the
5 31 public to review and comment on the proposed state behavioral
5 32 health system plan prior to the adoption of the proposed state
5 33 behavioral health plan.

5 34 b. Administer and distribute state appropriations, federal
5 35 aid, and grants that have been deposited into the behavioral
6 1 health fund established in section 225A.7.

6 2 c. Oversee, provide technical assistance to, and
6 3 monitor administrative services organizations to ensure the
6 4 administrative services organizations' compliance with district
6 5 behavioral health plans.

6 6 d. Collaborate with the department of inspections, appeals,
6 7 and licensing on the accreditation, certification, and
6 8 licensure of behavioral health providers including but not
6 9 limited to the approval, denial, revocation, or suspension of
6 10 a behavioral health provider's accreditation, certification,
6 11 or licensure.

6 12 e. Develop and adopt minimum accreditation standards for
6 13 the maintenance and operation of community mental health
6 14 centers to ensure that each community mental health center,
6 15 and each entity that provides services under contract with a
6 16 community mental health center, furnishes high-quality mental
6 17 health services to the community that the community mental
6 18 health center serves in accordance with rules adopted by the
6 19 department.

6 20 f. Designate community mental health centers.

6 21 g. Conduct formal accreditation reviews of community mental
6 22 health centers based on minimum accreditation standards adopted
6 23 by the department pursuant to paragraph "e".

6 24 h. Establish and maintain a data collection and management

- Collaborate with the Department of Inspections, Appeals, and Licensing on the licensure of behavioral health providers.
- Develop and adopt minimum accreditation standards.
- Designate community mental health centers.
- Conduct formal accreditation reviews of community mental health centers.
- Establish and maintain a data collection and management information system.
- Collect, monitor, and utilize information to understand emerging needs.
- Adopt administrative rules pursuant to Iowa Code chapter [17A](#) to administer this chapter.

6 25 information system to identify, collect, and analyze service
6 26 outcome and performance data to address the needs of patients,
6 27 providers, the department, and programs operating within the
6 28 behavioral health service system.

6 29 i. Collect, monitor, and utilize information including but
6 30 not limited to behavioral health service system patient records
6 31 and syndromic surveillance data to understand emerging needs,
6 32 and to deploy information, resources, and technical assistance
6 33 in response.

6 34 j. Adopt rules pursuant to chapter 17A to administer this
6 35 chapter. Such rules shall include but not be limited to rules
7 1 that provide for all of the following:

7 2 (1) Minimum access standards to ensure equitable access to
7 3 services provided through the behavioral health service system
7 4 including but not limited to when services are available, who
7 5 is eligible for services, and where services are available.

7 6 (2) Methods to ensure each individual who is eligible
7 7 for services receives an uninterrupted continuum of care for
7 8 prevention, education, early intervention, treatment, recovery
7 9 support, and crisis services.

7 10 (3) Standards for the implementation and maintenance
7 11 of behavioral health programs and services offered by the
7 12 behavioral health service system, and by each administrative
7 13 services organization.

7 14 (4) Procedures for the management and oversight of
7 15 behavioral health providers to ensure compliance with the terms
7 16 of the behavioral health providers' contracts relating to the
7 17 behavioral health service system, and with state and federal
7 18 law and rules.

7 19 (5) Procedures for the suspension of an administrative
7 20 services organization's services due to the administrative
7 21 services organization's failure to comply with the terms and
7 22 conditions of its contract with the department.

7 23 (6) Procedures for the reallocation of funds from
7 24 an administrative services organization that is not in
7 25 compliance with the terms of its contract with the department
7 26 to an alternative administrative services organization or
7 27 a behavioral health provider to provide for services the
7 28 noncompliant administrative services organization failed to
7 29 provide.

7 30 (7) Procedures for the termination of an administrative

7 31 services organization's designation as an administrative
 7 32 services organization.
 7 33 (8) Procedures for the collection, utilization, and
 7 34 maintenance of the data necessary to establish a central data
 7 35 repository in accordance with section 225A.6.

8 1 (9) Any other requirements the department deems necessary
 8 2 to ensure that an administrative services organization
 8 3 fulfills the administrative services organization's duties
 8 4 as established in this chapter, and as established in the
 8 5 administrative services organization's district behavioral
 8 6 health plan.

8 7 Sec. 4. NEW SECTION 225A.4 BEHAVIORAL HEALTH SERVICE
 8 8 SYSTEM — DISTRICTS AND ADMINISTRATIVE SERVICES ORGANIZATIONS.

Requires the HHS to divide the State of Iowa into designated Behavioral Health Districts.

8 9 1. a. The department shall divide the entirety of the
 8 10 state into designated behavioral health districts. Behavioral
 8 11 health prevention, education, early intervention, treatment,
 8 12 recovery support, and crisis services related to mental health
 8 13 and addictive disorders, including but not limited to alcohol
 8 14 use, substance use, tobacco use, and problem gambling, shall
 8 15 be made available through each behavioral health district in a
 8 16 manner consistent with directives each district receives from
 8 17 the department.

8 18 b. For the purpose of providing equitable access to all
 8 19 services provided through the behavioral health service
 8 20 system, the department shall consider all of the following when
 8 21 designating behavioral health districts:

Directs the HHS to consider the following when developing Behavioral Health Districts: city and county lines, the maximum population size that behavioral health services available in an area are able to effectively serve, areas of high need, and patterns various populations exhibit when accessing or receiving behavioral health services.

8 22 (1) City and county lines.

8 23 (2) The maximum population size that behavioral health
 8 24 services available in an area are able to effectively serve.

8 25 (3) Areas of high need for behavioral health services.

8 26 (4) Patterns various populations exhibit when accessing or
 8 27 receiving behavioral health services.

8 28 c. Notwithstanding chapter 17A, the manner in which the
 8 29 department designates behavioral health districts including but
 8 30 not limited to the determination of the boundaries for each
 8 31 district shall not be subject to judicial review.

Exempts the manner in which the HHS designates Behavioral Health Districts to be excused from subsection to judicial review.

8 32 2. a. The department shall designate an administrative
 8 33 services organization for each behavioral health district to

Requires the HHS to issue requests for proposals (RFPs) to select and designate an administrative services organization (ASO) for each

8 34 oversee and organize each district and the behavioral health
8 35 services associated with the district. The department shall
9 1 issue requests for proposals for administrative services
9 2 organization candidates.

9 3 b. At the department's discretion, the department may
9 4 designate any of the following entities as an administrative
9 5 services organization:

9 6 (1) An organization that coordinated administrative
9 7 services or mental health and disability services for a mental
9 8 health and disability services region formed on or before June
9 9 30, 2024.

9 10 (2) A public or private nonprofit agency located in a
9 11 behavioral health district, or any separate organizational
9 12 unit within the public or private nonprofit agency, that has
9 13 the capabilities to engage in the planning or provision of a
9 14 broad range of behavioral health prevention, education, early
9 15 intervention, treatment, recovery support, and crisis services
9 16 related to mental health and addictive disorders, including but
9 17 not limited to alcohol use, substance use, tobacco use, and
9 18 problem gambling, only as directed by the department.

9 19 c. The department shall consider all of the following
9 20 factors in determining whether to designate an entity as an
9 21 administrative services organization:

9 22 (1) Whether the entity has demonstrated the capacity to
9 23 manage and utilize available resources in a manner required of
9 24 an administrative services organization.

9 25 (2) Whether the entity has demonstrated the ability to
9 26 ensure the delivery of behavioral health services within the
9 27 district as required by the department by rule.

9 28 (3) Whether the entity has demonstrated the ability to
9 29 fulfill the monitoring, oversight, and provider compliance
9 30 responsibilities as required by the department by rule.

9 31 (4) Whether the entity has demonstrated the capacity to
9 32 function as a subrecipient for the purposes of the federal
9 33 community mental health services block grant, 42 U.S.C.
9 34 §300x et seq., and the federal substance abuse prevention and
9 35 treatment block grant, 42 U.S.C. §300x-21 et seq., and the
10 1 ability to comply with all federal requirements applicable to
10 2 subrecipients under the block grants.

Behavioral Health District.

Allows the HHS to select Mental Health and Disability Services (MHDS) regional administrators formed prior to July 1, 2025, public or private nonprofit agencies in a Behavioral Health District, or separate organizational units within the public or private nonprofit agency to serve as ASOs.

When designating an entity as an ASO, the HHS must consider whether the entity has demonstrated the capacity to manage and utilize available resources, the ability to ensure the delivery of behavioral health services, the ability to fulfill compliance responsibilities, and the capacity to function as a subrecipient of the federal Community Mental Health Services Block Grant and the federal Substance Abuse Prevention and Treatment Block Grant.

10 3 3. a. Upon designation by the department, an administrative
 10 4 services organization shall be considered an instrumentality of
 10 5 the state and shall adhere to all state and federal mandates
 10 6 and prohibitions applicable to an instrumentality of the state.

Requires ASOs to be considered instrumentalities of the State and to adhere to all state and federal mandates and prohibitions applicable to an instrumentality of the State.

10 7 b. An entity's designation as an administrative services
 10 8 organization shall continue until the designation is removed
 10 9 by the department, the administrative services organization
 10 10 withdraws, or a change in state or federal law necessitates the
 10 11 removal of the designation.

Requires an ASO will remain an instrumentality of the State until removed by the HHS, the ASO withdraws, or a change in State or federal law necessitates the removal of the designation.

10 12 4. Each administrative services organization shall function
 10 13 as a subrecipient for the purposes of the federal community
 10 14 mental health services block grant, 42 U.S.C. §300x et seq.,
 10 15 and the federal substance abuse prevention and treatment block
 10 16 grant, 42 U.S.C. §300x-21 et seq., and shall comply with all
 10 17 federal requirements applicable to subrecipients under the
 10 18 block grants.

Establishes that the ASOs will function as subrecipients of the federal Community Mental Health Services Block Grant and the federal Substance Abuse Prevention and Treatment Block Grant.

10 19 5. Each administrative services organization shall perform
 10 20 all of the following duties:
 10 21 a. Develop and administer a district behavioral health plan
 10 22 in accordance with the standards adopted by the department by
 10 23 rule.
 10 24 b. Coordinate the administration of the district behavioral
 10 25 health plan with federal, state, and local resources in order
 10 26 to develop a comprehensive and coordinated local behavioral
 10 27 health service system.
 10 28 c. Enter into contracts necessary to provide services under
 10 29 the district behavioral health plan.
 10 30 d. Oversee, provide technical assistance to, and monitor
 10 31 the compliance of providers contracted by the administrative
 10 32 services organization to provide behavioral health services in
 10 33 accordance with the district behavioral health plan.
 10 34 e. Establish a district behavioral health advisory council
 10 35 pursuant to section 225A.5.

Requires each ASO to develop and administer a district behavioral health plan, coordinate the administration of the district behavioral health plan with other governmental entities, enter into contracts as necessary to provide services, oversee the compliance of providers contracted by the ASOs, and establish a district behavioral health advisory council.

11 1 Sec. 5. NEW SECTION 225A.5 DISTRICT BEHAVIORAL HEALTH
 11 2 ADVISORY COUNCILS.
 11 3 1. Each administrative services organization shall
 11 4 establish a district behavioral health advisory council that
 11 5 shall do all of the following:

Requires each ASO to establish a district behavioral health advisory council that will identify opportunities and address challenges based on updates received from the ASOs regarding the district behavioral

11 6 a. Identify opportunities and address challenges based on
 11 7 updates received from the administrative services organization
 11 8 regarding the implementation of the district behavioral health
 11 9 plan.

11 10 b. Advise the administrative services organization while the
 11 11 administrative services organization is developing behavioral
 11 12 health policies.

11 13 c. Advise the administrative services organization on
 11 14 how to best provide access to behavioral health prevention,
 11 15 education, early intervention, treatment, recovery support,
 11 16 and crisis services related to mental health and addictive
 11 17 disorders, including but not limited to alcohol use, substance
 11 18 use, tobacco use, and problem gambling, throughout the district
 11 19 as directed by the department.

11 20 2. An advisory council shall consist of ten members.
 11 21 Members shall be appointed by the administrative services
 11 22 organization subject to the following requirements:

11 23 a. Three members shall be local elected public officials
 11 24 currently holding office within the behavioral health district,
 11 25 or the public official's designated representative.

11 26 b. Three members shall be chosen in accordance with
 11 27 procedures established by the administrative services
 11 28 organization to ensure representation of the populations
 11 29 served within the behavioral health district. At least one
 11 30 member chosen under this paragraph shall represent child and
 11 31 adolescent persons.

11 32 c. Three members shall be chosen who have experience
 11 33 or education related to core behavioral health functions,
 11 34 essential behavioral health services, behavioral health
 11 35 prevention, behavioral health treatment, population-based
 12 1 behavioral health services, or community-based behavioral
 12 2 health initiatives.

12 3 d. One member shall be a law enforcement representative from
 12 4 within the behavioral health district.

12 5 3. An advisory council shall perform the duties required
 12 6 under this section regardless of whether any seat on the
 12 7 advisory council is vacant.

12 8 Sec. 6.NEW SECTION 225A.6 BEHAVIORAL HEALTH SERVICE
 12 9 SYSTEM — DATA COLLECTION AND USE.

health plan, advise the ASO during comprehensive behavioral health
 policy development, and advise the ASO on how to best provide
 access to behavioral health services throughout the district.

Requires that an advisory council will consist of 10 members
 appointed by the ASO. Three members must be elected public officials
 currently holding office, or the public official's designated
 representative. Three members must be chosen in accordance with
 procedures established by the ASO to ensure representation of
 populations. Three members must have experience or education
 related to behavioral health. One member must be a law enforcement
 representative from within the behavioral health district.

Requires an advisory council to perform the duties required under this
 section regardless of any potential vacancies on the advisory council.

Requires the HHS to collect and analyze data as necessary to issue
 cost estimates related to the BHSS while maintaining compliance with

12 10	1. The department shall take all of the following actions	applicable federal and State privacy laws to ensure confidentiality of
12 11	for data related to the behavioral health service system:	data.
12 12	a. Collect and analyze the data, including but not	
12 13	limited to Medicaid and community services network data, as	
12 14	necessary to issue cost estimates for serving populations,	
12 15	providing treatment, making and receiving payments, conducting	
12 16	operations, and performing prevention and health promotion	
12 17	activities. In doing so, the department shall maintain	
12 18	compliance with applicable federal and state privacy laws	
12 19	to ensure the confidentiality and integrity of individually	
12 20	identifiable data. The department shall periodically assess	
12 21	the status of the department's compliance to ensure that data	
12 22	collected by and stored with the department is protected.	
12 23	b. Establish and administer a central data repository for	Requires the HHS to establish and administer a central data repository
12 24	collecting and analyzing state, behavioral health district, and	for the BHSS.
12 25	contracted behavioral health provider data.	
12 26	c. Establish a record for each individual receiving publicly	Requires the HHS to establish a record for each individual receiving
12 27	funded services from an administrative services organization.	publicly funded services from an ASO, including in the record a unique
12 28	Each record shall include a unique client identifier for the	client identifier.
12 29	purposes of identifying and tracking the individual's record.	
12 30	d. Consult with administrative services organizations,	Requires the HHS to consult with the ASOs, behavioral health service
12 31	behavioral health service providers, and other behavioral	providers, and other BHSS stakeholders on the central data
12 32	health service system stakeholders on an ongoing basis to	repository.
12 33	implement and maintain the central data repository.	
12 34	e. Engage with all entities that maintain information the	Requires the HHS to engage with all entities that maintain information
12 35	department is required to collect pursuant to this section in	relevant to this section in order to integrate data within the BHSS.
13 1	order to integrate all data concerning individuals receiving	
13 2	services within the behavioral health service system.	
13 3	f. Engage with all entities that maintain general population	Requires the HHS to engage with entities maintaining general
13 4	data relating to behavioral health in order to develop action	population data relating to behavioral health in order to perform acts
13 5	plans, create projections relating to a population's behavioral	as necessary to enhance Iowa's overall behavioral health.
13 6	health needs, develop policies concerning behavioral health,	
13 7	and otherwise perform acts as necessary to enhance the state's	
13 8	overall behavioral health.	
13 9	2. Administrative services organizations shall report all	Requires the ASOs to report all data required to be maintained in the
13 10	data required to be maintained in the central data repository	central data repository to the HHS in a manner as established by

<p>13 11 to the department in a manner as established by the department 13 12 by rule. For the purpose of making such data reports, an 13 13 administrative services organization shall do one of the 13 14 following: 13 15 a. Utilize a data system that integrates with the data 13 16 systems used by the department. 13 17 b. Utilize a data system that has the capacity to securely 13 18 exchange information with the department, other behavioral 13 19 health districts, contractors, and other entities involved with 13 20 the behavioral health service system who are authorized to 13 21 access the central data repository.</p>	<p>administrative rule.</p>
<p>13 22 3. Data and information maintained by and exchanged between 13 23 an administrative services organization and the department 13 24 shall be labeled consistently, share the same definitions, 13 25 utilize the same common coding and nomenclature, and be in a 13 26 form and format as required by the department by rule.</p>	<p>Establishes that data and information maintained and exchanged between an ASO and the HHS will be consistently labeled, formatted, and maintained as required by the HHS by administrative rule.</p>
<p>13 27 4. Administrative services organizations shall report 13 28 to the department, in a manner specified by the department, 13 29 information including but not limited to demographic 13 30 information, expenditure data, and data concerning the 13 31 behavioral health services and other support provided to 13 32 individuals in the administrative service organization's 13 33 district.</p>	<p>Requires ASOs to report to the HHS information regarding demographics, expenditure data, and data concerning the behavioral health services provided in the ASO's district.</p>
<p>13 34 5. The department shall ensure that public and private 13 35 agencies, organizations, and individuals that operate within 14 1 the behavioral health service system, or that make formal 14 2 requests for the release of data collected by the department, 14 3 maintain uniform methods for keeping statistical information 14 4 relating to behavioral health service system outcomes and 14 5 performance.</p>	<p>Requires the HHS to ensure that all entities operating within the BHSS maintain uniform methods for keeping statistical information.</p>
<p>14 6 6. The department shall develop and implement a 14 7 communication plan that details how outcome and performance 14 8 data will be shared with stakeholders including but not limited 14 9 to the public, persons involved with the behavioral health 14 10 service system, and the general assembly.</p>	<p>Requires the HHS to develop and implement a communication plan for behavioral health data that will be shared with the public, persons involved in the BHSS, and the General Assembly.</p>
<p>14 11 Sec. 7.NEW SECTION 225A.7 BEHAVIORAL HEALTH FUND. 14 12 1. For purposes of this section:</p>	<p>Establishes definitions for the terms "population" and "state growth factor" in relation to the newly created Behavioral Health Fund.</p>

14 13 a. "Population" means, as of July 1 of the fiscal year
 14 14 preceding the fiscal year in which the population figure is
 14 15 applied, the population shown by the latest preceding certified
 14 16 federal census or the latest applicable population estimate
 14 17 issued by the United States census bureau, whichever is most
 14 18 recent.

14 19 b. "State growth factor" for a fiscal year means an amount
 14 20 equal to the dollar amount used to calculate the appropriation
 14 21 under this section for the immediately preceding fiscal year
 14 22 multiplied by the percent increase, if any, in the amount of
 14 23 sales tax revenue deposited into the general fund of the state
 14 24 under section 423.2A, subsection 1, paragraph "a", less the
 14 25 transfers required under section 423.2A, subsection 2, between
 14 26 the fiscal year beginning three years prior to the applicable
 14 27 fiscal year and the fiscal year beginning two years prior
 14 28 to the applicable year, but not to exceed one and one-half
 14 29 percent.

14 30 2. A behavioral health fund is established in the state
 14 31 treasury under the control of the department. The fund shall
 14 32 consist of moneys deposited into the fund pursuant to this
 14 33 section and section 426B.1, gifts of money or property accepted
 14 34 by the state or the department to support any services under
 14 35 this chapter or chapter 231, and moneys otherwise appropriated
 15 1 by the general assembly. Moneys in the fund are appropriated
 15 2 to the department to implement and administer the behavioral
 15 3 health service system and related programs including but not
 15 4 limited to all of the following:

15 5 a. Distributions to administrative services organizations
 15 6 to provide services as outlined in the organizations' district
 15 7 behavioral health plan.

15 8 b. Distributions to providers of mental health services
 15 9 and addictive disorder services, including but not limited to
 15 10 tobacco use services, substance use disorder services, and
 15 11 problem gambling services.

15 12 c. Funding of disability services pursuant to chapter 231.
 15 13 This paragraph is repealed July 1, 2028.

15 14 d. Administrative costs associated with services described
 15 15 under this subsection. The department shall not use more than
 15 16 five percent of the moneys in the behavioral health fund at the
 15 17 beginning of each fiscal year for purposes of administrative
 15 18 costs.

Establishes the Behavioral Health Fund in the State Treasury to be controlled by the HHS.

DETAIL: The Fund will consist of moneys deposited pursuant to this Iowa Code section and Iowa Code section [426B.1](#) related to the Property Tax Relief Fund under the authority of the HHS, gifts of moneys or property received by the State of Iowa or the HHS to support services related to this Iowa Code chapter or Iowa Code chapter [231](#) related to aging, and moneys appropriated by the General Assembly. Moneys in the Fund will be distributed to the ASOs as well as providers of tobacco use services, substance use disorder services, and problem gambling services. Moneys in the Fund will also be used to fund disability services and administrative costs associated with the behavioral health service system. Allows the HHS to use up to 5.00% of moneys in the Fund for administrative costs each fiscal year.

<p>15 19 3. For the fiscal year beginning July 1, 2025, there 15 20 is transferred from the general fund of the state to the 15 21 behavioral health fund an amount equal to forty-two dollars 15 22 multiplied by the state's population for the fiscal year.</p>	<p>Transfers an amount equal to \$42 multiplied by the State's population from the General Fund to the Behavioral Health Fund for the fiscal year beginning on July 1, 2025 (FY 2026).</p> <p>DETAIL: 2021 Iowa Acts, Chapter 177 (Division XXV Taxation and Other Provisions Act) created a General Fund standing appropriation for the Mental Health and Disability Services Regional Services Fund. The amount appropriated in FY 2024 was \$127,723,160. According to the 2020 decennial census, Iowa's population is 3,190,369 and the estimated amount for FY 2025 is approximately \$134,421,714.</p>
<p>15 23 4. For the fiscal year beginning July 1, 2026, and each 15 24 succeeding fiscal year, there is transferred from the general 15 25 fund of the state to the behavioral health fund an amount equal 15 26 to the state's population for the fiscal year multiplied by 15 27 the sum of the dollar amount used to calculate the transfer 15 28 from the general fund to the behavioral health fund for the 15 29 immediately preceding fiscal year, plus the state growth factor 15 30 for the fiscal year for which the transfer is being made.</p>	<p>Transfers from the General Fund to the Behavioral Health Fund for the fiscal year beginning July 1, 2026 (FY 2027), and continuing annually. The transfer amount will be equal to the State's population in a given fiscal year multiplied by the dollar amount of the previous fiscal year's transfer, plus the state growth factor for the given fiscal year.</p>
<p>15 31 5. For each fiscal year, an administrative services 15 32 organization shall not spend on administrative costs an amount 15 33 more than seven percent of the total amount distributed to the 15 34 administrative services organization through this section and 15 35 all other appropriations for the same fiscal year.</p>	<p>Prohibits an ASO from spending more than 7.00% of its funding in a given fiscal year on administrative costs.</p>
<p>16 1 6. Moneys in the behavioral health fund may be used by the 16 2 department for cash flow purposes, provided that any moneys so 16 3 allocated are returned to the behavioral health fund by the end 16 4 of each fiscal year.</p>	<p>Permits the use of Behavioral Health Fund moneys for cash flow purposes, provided any moneys so allocated are returned to the Fund by the end of each fiscal year.</p>
<p>16 5 7. Notwithstanding section 12C.7, subsection 2, interest 16 6 or earnings on moneys deposited in the behavioral health fund 16 7 shall be credited to the behavioral health fund.</p>	<p>Credits any interest or earnings on the moneys deposited in the Behavioral Health Fund to the Fund.</p>
<p>16 8 8. Notwithstanding section 8.33, moneys appropriated in 16 9 this section that remain unencumbered or unobligated at the 16 10 close of the fiscal year shall not revert but shall remain 16 11 available for expenditure for the purposes designated.</p>	<p>Allows any unexpended funds appropriated to the Behavioral Health Fund to remain available for expenditure.</p>
<p>16 12 Sec. 8.NEW SECTION 225A.8 ADDICTIVE DISORDERS PREVENTION</p>	<p>Defines the term "entity" for this section of the Bill.</p>

16 13 — PROHIBITIONS.

16 14 1. For purposes of this section, “entity” means a
16 15 manufacturer, distributor, wholesaler, retailer, or
16 16 distributing agent, or an agent of a manufacturer, distributor,
16 17 wholesaler, retailer, or distributing agent as those terms are
16 18 defined in section 453A.1.

16 19 2. To promote comprehensive tobacco use prevention and
16 20 control initiatives outlined in the state behavioral health
16 21 service system plan, an entity shall not perform any of the
16 22 following acts:

16 23 a. Give away cigarettes or tobacco products.

16 24 b. Provide free articles, products, commodities, gifts, or
16 25 concessions in any exchange for the purchase of cigarettes or
16 26 tobacco products.

16 27 3. The prohibitions in this section shall not apply to
16 28 transactions between manufacturers, distributors, wholesalers,
16 29 or retailers as those terms are defined in section 453A.1.

16 30 Sec. 9. NEW SECTION 225A.9 APPLICATION FOR SERVICES —
16 31 MINORS.

16 32 A minor who is twelve years of age or older shall have
16 33 the legal capacity to act and give consent to the provision
16 34 of tobacco cessation coaching services pursuant to a tobacco
16 35 cessation telephone and internet-based program approved by
17 1 the department through the behavioral health service system
17 2 established in section 225A.3. Consent shall not be subject to
17 3 later disaffirmance by reason of such minority. The consent of
17 4 another person, including but not limited to the consent of a
17 5 spouse, parent, custodian, or guardian, shall not be necessary.

17 6 Sec. 10. CODE EDITOR DIRECTIVE. The Code editor is directed
17 7 to do all of the following:

17 8 1. Designate sections 225A.1 through 225A.9, as enacted
17 9 in this division of this Act, as Code chapter 225A entitled
17 10 “Department of Health and Human Services — Behavioral Health
17 11 Service System”.

17 12 2. Correct internal references in the Code and in any
17 13 enacted legislation as necessary due to the enactment of this
17 14 division of this Act.

Specifies that in order to promote comprehensive tobacco use prevention and control initiatives outlined in the State BHSS plan an entity cannot give away cigarettes or tobacco products, or provide any free items in exchange for the purchase of cigarettes or tobacco products.

The prohibitions in this section of the Bill do not apply to transactions between manufacturers, distributors, wholesalers, or retailers as defined in Iowa Code section [453A.1](#).

Establishes that a minor who is 12 years of age or older has the legal capacity to act and give consent to the provision of tobacco cessation coaching services approved by the HHS through the BHSS.

Directs the Iowa Code Editor to designate Iowa Code sections 225A.1 through 225A.9 as Iowa Code chapter 225A, entitled “Department of Health and Human Services — Behavioral Health Service System.” The Iowa Code Editor is also directed to correct internal references in the Iowa Code and in any enacted legislation as necessary for enactment of Division I of the Bill.

17 15 Sec. 11. EFFECTIVE DATE. This division of this Act takes 17 16 effect July 1, 2025.	Specifies that Division I of the Bill will take effect on July 1, 2025.
17 17 DIVISION II 17 18 BEHAVIORAL HEALTH SERVICE SYSTEM — CONFORMING CHANGES	
17 19 Sec. 12. Section 11.6, subsection 1, paragraph b, Code 2024, 17 20 is amended to read as follows: 17 21 b. The financial condition and transactions of community 17 22 mental health centers organized under chapter 230A ; substance 17 23 use disorder programs organized <u>licensed</u> under chapter 125; and 17 24 community action agencies organized under chapter 216A ; shall 17 25 be audited at least once each year.	Adopts conforming changes to Iowa Code section 11.6(1)(b) (Consultative Services to Audits of Governmental <u>Subdivisions</u> and Related Organizations).
17 26 Sec. 13. Section 97B.1A, subsection 8, paragraph a, 17 27 subparagraph (13), Code 2024, is amended by striking the 17 28 subparagraph.	Adopts conforming changes to Iowa Code section 97B.1A(8)(a)(13) to maintain the defined population of the term "employees" as it related to the Iowa Public Employees Retirement System (IPERS) while removing mention of the MHDS regions.
17 29 Sec. 14. Section 123.17, subsection 5, Code 2024, is amended 17 30 to read as follows: 17 31 5. After any transfer provided for in subsection 3 is made, 17 32 the department shall transfer into a special revenue account 17 33 in the general fund of the state, a sum of money at least equal 17 34 to seven percent of the gross amount of sales made by the 17 35 department from the beer and liquor control fund on a monthly 18 1 basis but not less than nine million dollars annually. Of 18 2 the amounts transferred, two <u>three</u> million dollars, plus an 18 3 additional amount determined by the general assembly, shall be 18 4 appropriated to the department of health and human services for 18 5 use by the staff who administer the comprehensive substance use 18 6 disorder program under chapter 125 for substance use disorder 18 7 treatment and prevention programs shall be transferred to the 18 8 <u>behavioral health fund established under section 225A.7</u> . Any 18 9 amounts received in excess of the amounts appropriated to the 18 10 department of health and human services for use by the staff 18 11 who administer the comprehensive substance use disorder program 18 12 <u>under chapter 125 transferred to the behavioral health fund</u> 18 13 shall be considered part of the general fund balance.	Increases the annual amount of funds transferred from the Beer and Liquor Control Fund from \$2,000,000 to \$3,000,000 which is to the special revenue account to be transferred to the Behavioral Health Fund. DETAIL: Section 15 of the Bill eliminates the \$1,000,000 transfer under Iowa Code section 123.17(8) resulting in no change in the total amount transferred from the Beer and Liquor Control Fund to the HHS.
18 14 Sec. 15. Section 123.17, subsection 8, Code 2024, is amended 18 15 by striking the subsection.	Repeals Iowa Code section 123.17(8) eliminating the \$1,000,000 transfer resulting in no change in the total amount transferred from the

	Beer and Liquor Control Fund to the HHS for county program funding under Iowa Code section 125.59 .
	DETAIL: Section 14 of the Bill increases the transfer from the Beer and Liquor Control Fund under Iowa Code section 123.17 (5) from \$2,000,000 to \$3,000,000 which is to be transferred to the Behavioral Health Fund.
<p>18 16 Sec. 16. Section 123.17, subsection 9, Code 2024, is amended 18 17 to read as follows: 18 18 9. After any transfers provided for in subsections 3, 5, 18 19 6, and 7, and 8 are made, and before any other transfer to the 18 20 general fund, the department shall transfer to the economic 18 21 development authority from the beer and liquor control fund the 18 22 lesser of two hundred fifty thousand dollars or one percent of 18 23 the gross sales of native distilled spirits by all class "A" 18 24 native distilled spirits license holders made by the department 18 25 for the purposes of promoting Iowa wine, beer, and spirits.</p>	Adopts conforming changes to Iowa Code section 123.17 (Beer and Liquor Control Fund — Allocations to Substance Use Disorder Programs — Use of Civil Penalties).
<p>18 26 Sec. 17. Section 124.409, subsection 2, Code 2024, is 18 27 amended by striking the subsection.</p>	<p>Repeals Iowa Code section 124.409(2).</p> <p>DETAIL: Removes the requirement that a patient who does not possess sufficient income or estate to make payment of the costs of treatment will be considered a State patient.</p>
<p>18 28 Sec. 18. Section 125.2, subsections 4, 5, and 10, Code 2024, 18 29 are amended by striking the subsections.</p>	<p>Repeals Iowa Code section 125.2(4), 125.2(5), and 125.2(10).</p> <p>DETAIL: Removes the following terms from the definitions associated with Iowa Code chapter 125 related to substance use disorders: "council," meaning the Council of Health and Human Services; "county of residence," meaning the same as defined in Iowa Code section 225C.61; and "incompetent person," meaning a person who has been adjudged incompetent by a court of law.</p>
<p>18 30 Sec. 19. Section 125.91, subsection 1, Code 2024, is amended 18 31 to read as follows: 18 32 1. The procedure prescribed by this section shall only 18 33 be used for a person with a substance use disorder due to 18 34 intoxication or substance-induced incapacitation who has 18 35 threatened, attempted, or inflicted physical self-harm or harm 19 1 on another, and is likely to inflict physical self-harm or harm</p>	Amends Iowa Code section 125.91 (1) by specifying that an individual who is incapacitated by a chemical substance is eligible to be taken to the nearest available facility as referenced in Iowa Code section 125.81 (2).

19 2 on another unless immediately detained, or who is incapacitated
 19 3 by a chemical substance, if an application has not been filed
 19 4 naming the person as the respondent pursuant to section 125.75
 19 5 and the person cannot be ordered into immediate custody and
 19 6 detained pursuant to section 125.81.

19 7 Sec. 20. Section 125.93, Code 2024, is amended to read as
 19 8 follows:
 19 9 125.93 COMMITMENT RECORDS — CONFIDENTIALITY.
 19 10 Records of the identity, diagnosis, prognosis, or treatment
 19 11 of a person which are maintained in connection with the
 19 12 provision of substance use disorder treatment services are
 19 13 confidential, consistent with ~~the requirements of section~~
 19 14 ~~125.37, and with the federal confidentiality regulations~~
 19 15 ~~authorized by the federal Drug Abuse Office and Treatment Act,~~
 19 16 ~~42 U.S.C. §290ee and the federal Comprehensive Alcohol Abuse~~
 19 17 ~~and Alcoholism Prevention, Treatment and Rehabilitation Act, 42~~
 19 18 ~~U.S.C. §290dd-2. However, such records may be disclosed to an~~
 19 19 ~~employee of the department of corrections, if authorized by the~~
 19 20 ~~director of the department of corrections, or to an employee~~
 19 21 ~~of a judicial district department of correctional services, if~~
 19 22 ~~authorized by the director of the judicial district department~~
 19 23 ~~of correctional services.~~

Changes confidentiality requirements for commitment records to be consistent with federal confidentiality regulations, but such records may be disclosed to an employee of the Department of Corrections or to an employee of a judicial district department of correctional services.

19 24 Sec. 21. Section 135.11, subsection 11, Code 2024, is
 19 25 amended to read as follows:
 19 26 11. Administer chapters 125, 136A, 136C, 139A, 142, ~~142A,~~
 19 27 144, and 147A.

Adopts conforming changes to Iowa Code section [135.11](#) (Public Health Duties of Department).

19 28 Sec. 22. Section 135C.2, subsection 5, unnumbered paragraph
 19 29 1, Code 2024, is amended to read as follows:
 19 30 The department shall establish a special classification
 19 31 within the residential care facility category in order to
 19 32 foster the development of residential care facilities which
 19 33 serve persons with an intellectual disability, chronic mental
 19 34 illness, a developmental disability, or brain injury, ~~as~~
 19 35 ~~described under section 225C.26,~~ and which contain five or
 20 1 fewer residents. A facility within the special classification
 20 2 established pursuant to this subsection is exempt from the
 20 3 requirements of section 10A.713. The department shall adopt
 20 4 rules which are consistent with rules previously developed for
 20 5 the ~~waiver~~ demonstration waiver project pursuant to 1986 Iowa

Adopts conforming changes to Iowa Code section [135C.2](#) (Purpose — Rules — Special Classifications — Protection and Advocacy Agency).

20 6 Acts, ch.1246, §206, and which include all of the following
20 7 provisions:

20 8 Sec. 23. Section 135C.6, subsection 1, Code 2024, is amended
20 9 to read as follows:

20 10 1. A person or governmental unit acting severally or
20 11 jointly with any other person or governmental unit shall not
20 12 establish or operate a health care facility in this state
20 13 without a license for the facility. A supported community
20 14 living service, as defined in section ~~225C.21~~ 249A.38A, is not
20 15 required to be licensed under this chapter, but is subject to
20 16 approval under section ~~225C.21~~ 249A.38A in order to receive
20 17 public funding.

20 18 Sec. 24. Section 135C.23, subsection 1, unnumbered
20 19 paragraph 1, Code 2024, is amended to read as follows:

20 20 Each resident shall be covered by a contract executed
20 21 by the resident, or the resident's legal representative,
20 22 and the health care facility at or prior to the time of the
20 23 resident's admission or prior thereto by the resident, or the
20 24 legal representative, and the health care facility, except as
20 25 otherwise provided by subsection 5 with respect to residents
20 26 admitted at public expense to a county care facility operated
20 27 under chapter ~~347B~~. Each party to the contract shall be
20 28 entitled to a duplicate of the original thereof contract, and
20 29 the health care facility shall keep on file all contracts
20 30 which it has with residents and shall not destroy or otherwise
20 31 dispose of any such contract for at least one year after its
20 32 expiration. Each such contract shall expressly set forth:

20 33 Sec. 25. Section 135C.23, subsection 2, paragraph b, Code
20 34 2024, is amended to read as follows:

20 35 b. This section does not prohibit the admission of a
21 1 patient with a history of dangerous or disturbing behavior to
21 2 an intermediate care facility for persons with mental illness,
21 3 intermediate care facility for persons with an intellectual
21 4 disability, or nursing facility, or county care facility when
21 5 the intermediate care facility for persons with mental illness,
21 6 intermediate care facility for persons with an intellectual
21 7 disability, or nursing facility, or county care facility has a
21 8 program which has received prior approval from the department
21 9 to properly care for and manage the patient. An intermediate

Adopts conforming changes to Iowa Code section [135C.6](#) (License Required — Exemptions).

Adopts conforming changes to Iowa Code section [135C.23](#) (Express Requirements for Admission or Residence).

Adopts conforming changes to Iowa Code section [135C.23](#), (Express Requirements for Admission or Residence).

21 10 care facility for persons with mental illness, intermediate
 21 11 care facility for persons with an intellectual disability,
 21 12 ~~or nursing facility, or county care facility~~ is required to
 21 13 transfer or discharge a resident with dangerous or disturbing
 21 14 behavior when the intermediate care facility for persons with
 21 15 mental illness, intermediate care facility for persons with an
 21 16 intellectual disability, ~~or nursing facility, or county care~~
 21 17 ~~facility~~ cannot control the resident's dangerous or disturbing
 21 18 behavior. The department, ~~in coordination with the state~~
 21 19 ~~mental health and disability services commission created in~~
 21 20 ~~section 225C.5,~~ shall adopt rules pursuant to chapter 17A for
 21 21 programs to be required in intermediate care facilities for
 21 22 persons with mental illness, intermediate care facilities
 21 23 for persons with an intellectual disability, and nursing
 21 24 facilities, ~~and county care facilities~~ that admit patients
 21 25 or have residents with histories of dangerous or disturbing
 21 26 behavior.

21 27 Sec. 26. Section 135C.23, subsection 5, Code 2024, is
 21 28 amended by striking the subsection.

Repeals Iowa Code section [135C.23](#)(5).

DETAIL: The repealed Iowa Code section established that each county that maintains a county care facility under Iowa Code chapter [347B](#) shall develop a statement in lieu of the contracts required of other health care facilities.

21 29 Sec. 27. Section 135C.24, subsection 5, Code 2024, is
 21 30 amended by striking the subsection.

Repeals Iowa Code section [135C.24](#)(5).

DETAIL: The repealed Iowa Code section established that, upon the verified petition of the county board of supervisors, the district court may appoint the administrator of a county care facility as conservator or guardian, or both, of a resident of such county care facility, in accordance with the provisions of Iowa Code chapter [633](#) related to probate code.

21 31 Sec. 28. Section 135G.1, subsection 12, Code 2024, is
 21 32 amended to read as follows:

21 33 12. a. "Subacute mental health services" means ~~the same~~
 21 34 ~~as defined in section 225C.6~~ services that provide all of the
 21 35 following:

22 1 (1) A comprehensive set of wraparound services for a
 22 2 person who has had, or is at imminent risk of having, acute or

Defines "subacute mental health services."

22 3 crisis mental health symptoms that do not permit the person to
 22 4 remain in or threatens removal of the person from the person's
 22 5 home and community, but who has been determined by a mental
 22 6 health professional and a licensed health care professional,
 22 7 subject to the professional's scope of practice, not to need
 22 8 inpatient acute hospital services. For the purposes of this
 22 9 subparagraph, "licensed health care professional" means a person
 22 10 licensed under chapter 148, an advanced registered nurse
 22 11 practitioner, or a physician assistant.
 22 12 (2) Intensive, recovery-oriented treatment and monitoring
 22 13 of a person. Treatment may be provided directly or remotely
 22 14 by a licensed psychiatrist or an advanced registered nurse
 22 15 practitioner.
 22 16 (3) An outcome-focused, interdisciplinary approach designed
 22 17 to return a person to living successfully in the community.
 22 18 b. Subacute mental health services may include services
 22 19 provided in a wide array of settings ranging from a person's
 22 20 home to a specialized facility with restricted means of egress.
 22 21 c. Subacute mental health services shall be limited to a
 22 22 period not to exceed ten calendar days or another time period
 22 23 determined in accordance with rules adopted by the department
 22 24 for this purpose, whichever is longer.

22 25 Sec. 29. Section 142.1, Code 2024, is amended to read as
 22 26 follows:

22 27 142.1 DELIVERY OF BODIES.

22 28 The body of every person ~~dying~~ who died in a public asylum,
 22 29 hospital, ~~county care facility~~, penitentiary, or reformatory
 22 30 in this state, or found dead within the state, or ~~which~~ who
 22 31 is to be buried at public expense in this state, except those
 22 32 buried under the provisions of chapter 144C or 249, and which
 22 33 is suitable for scientific purposes, shall be delivered to the
 22 34 medical college of the state university, or some osteopathic
 22 35 or chiropractic college or school located in this state, which
 23 1 has been approved under the law regulating the practice of
 23 2 osteopathic medicine or chiropractic; but no such body shall
 23 3 be delivered to any such college or school if the deceased
 23 4 person expressed a desire during the person's last illness
 23 5 that the person's body should be buried or cremated, nor if
 23 6 such is the desire of the person's relatives. Such bodies
 23 7 shall be equitably distributed among said colleges and schools
 23 8 according to their needs for teaching anatomy in accordance

Makes nonsubstantive changes to Iowa Code section [142.1](#) (Delivery of Bodies).

23 9 with such rules as may be adopted by the department of health
 23 10 and human services. The expense of transporting said bodies to
 23 11 such college or school shall be paid by the college or school
 23 12 receiving the same. If the deceased person has not expressed
 23 13 a desire during the person's last illness that the person's
 23 14 body should be buried or cremated and no person authorized to
 23 15 control the deceased person's remains under section 144C.5
 23 16 requests the person's body for burial or cremation, and if a
 23 17 friend objects to the use of the deceased person's body for
 23 18 scientific purposes, said deceased person's body shall be
 23 19 ~~forthwith~~ delivered to such friend for burial or cremation at
 23 20 no expense to the state or county. Unless such friend provides
 23 21 for burial and burial expenses within five days, the body shall
 23 22 be used for scientific purposes under this chapter.

23 23 Sec. 30. Section 142.3, Code 2024, is amended to read as
 23 24 follows:
 23 25 142.3 NOTIFICATION OF DEPARTMENT.
 23 26 Every county medical examiner, funeral director or embalmer,
 23 27 and the managing officer of every public asylum, hospital,
 23 28 ~~county care facility~~, penitentiary, or reformatory, as soon as
 23 29 any dead body shall come into the person's custody which may be
 23 30 used for scientific purposes as provided in sections 142.1 and
 23 31 142.2, shall at once notify the nearest relative or friend of
 23 32 the deceased, if known, and the department of health and human
 23 33 services, and hold such body unburied for forty-eight hours.
 23 34 Upon receipt of notification, the department shall issue verbal
 23 35 or written instructions relative to the disposition to be made
 24 1 of said body. Complete jurisdiction over said bodies is vested
 24 2 exclusively in the department of health and human services. No
 24 3 autopsy or post mortem, except as are legally ordered by county
 24 4 medical examiners, shall be performed on any of said bodies
 24 5 prior to their delivery to the medical schools.

24 6 Sec. 31. NEW SECTION 217.17 STATE HEALTH IMPROVEMENT PLAN.
 24 7 1. The department shall develop, implement, and administer
 24 8 a state health improvement plan to identify health priorities,
 24 9 goals, and measurable objectives, and outline strategies to
 24 10 improve health statewide.
 24 11 2. The state health improvement plan shall be developed
 24 12 and updated in collaboration and in coordination with other
 24 13 state departments, stakeholders, and statewide organizations

Adopts conforming changes to Iowa Code section [142.3](#) (Notification of Department).

Requires the HHS to develop, implement, and administer a State Health Improvement Plan to improve health statewide.

DETAIL: The State Health Improvement Plan will be developed and updated in collaboration with other State departments, stakeholders, and statewide organizations determined to be relevant, and the Plan may be updated by the HHS at its discretion.

24 14	the department determines to be relevant.	
24 15	3. The state health improvement plan may be updated by the	
24 16	department at the department's discretion.	
24 17	Sec. 32.NEW SECTION 217.37 RECOVERY OF PAYMENT —	Defines "assistance" for Iowa Code section 217.37 as a payment by
24 18	ASSIGNMENT OF LIENS — COUNTY ATTORNEY TO ENFORCE.	the State for services rendered through the BHSS or a payment by the
24 19	1. For purposes of this section, "assistance" means all of	State for aging and disability services.
24 20	the following:	
24 21	a. A payment by the state for services rendered through	
24 22	the behavioral health service system established under section	
24 23	225A.3.	
24 24	b. A payment by the state for aging and disability services	
24 25	rendered in accordance with chapter 231.	
24 26	2. The department shall have the authority to investigate if	Grants the HHS the authority to investigate whether a person is
24 27	a person is eligible to have assistance paid on the person's	eligible to have assistance paid on the person's behalf and whether
24 28	behalf and whether payment of assistance was proper.	that payment was proper.
24 29	3. Notwithstanding any provision of law to the contrary,	Requires assistance to be unrecoverable unless the HHS finds that
24 30	assistance shall not be recoverable unless the department	the assistance was paid for the benefit of a person who was not
24 31	finds that the assistance was paid for the benefit of a person	entitled to have assistance paid on the person's behalf.
24 32	who was not entitled to have assistance paid on the person's	
24 33	behalf.	
24 34	4. Assistance paid for the benefit of a person who was	Establishes that assistance that is eligible for recovery can be
24 35	not entitled to have assistance paid on the person's behalf	recoverable from either the entity to which the assistance was paid,
25 1	shall be recoverable from the entity to which the assistance	from the person on whose behalf the assistance was paid, or from a
25 2	was paid, from the person on whose behalf assistance was paid,	third party who is liable for the person's debts or support.
25 3	or from a third party who is liable for the person's debts or	
25 4	support.	
25 5	5. Upon the death of a person who was not entitled to	Establishes that upon the death of a person who was not entitled to
25 6	have assistance paid on the person's behalf, the department	have assistance paid on the person's behalf, the HHS has a right to
25 7	shall have a lien equivalent in priority to liens described	keep possession of property belonging to the person's estate for the
25 8	in section 633.425, subsection 6, against the person's estate	portion of the assistance improperly paid. These debts shall be
25 9	for the portion of the assistance improperly paid which the	categorize equivalent in priority to all taxes having preference under
25 10	department had not recovered at the time of the person's death.	the laws of Iowa.
25 11	6. The department may waive all or a portion of improperly	Grants the HHS the right to waive all or a portion of improperly paid
25 12	paid assistance, or a lien created under subsection 5, if	assistance if it is found that collection would result in undue hardship.
25 13	the department finds that collection would result in undue	

25 14 hardship.

25 15 7. The department shall adopt rules pursuant to chapter 17A
25 16 to implement and administer this section.

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) to implement and administer this section.

25 17 Sec. 33. Section 218.30, Code 2024, is amended to read as
25 18 follows:

25 19 218.30 INVESTIGATION OF OTHER FACILITIES.

25 20 The director may investigate or cause the investigation of
25 21 charges of abuse, neglect, or mismanagement on the part of an
25 22 officer or employee of a private facility which is subject to
25 23 the director's supervision or control. ~~The director shall also~~
25 24 ~~investigate or cause the investigation of charges concerning~~
25 25 ~~county care facilities in which persons with mental illness are~~
25 26 ~~served.~~

Adopts conforming changes to Iowa Code section [218.30](#) (Investigation of Other Facilities) that removes the requirement for the Director of HHS to investigate or cause the investigation of charges concerning county care facilities.

25 27 Sec. 34. Section 218.78, subsection 1, Code 2024, is amended
25 28 to read as follows:

25 29 1. All institutional receipts of the department, including
25 30 funds received from client participation at the state resource
25 31 centers under section 222.78 ~~and at the state mental health~~
25 32 ~~institutes under section 230.20~~, shall be deposited in the
25 33 general fund except for reimbursements for services provided
25 34 to another institution or state agency, for receipts deposited
25 35 in the revolving farm fund under section 904.706, for deposits
26 1 into the medical assistance fund under section 249A.11, and for
26 2 rentals charged to employees or others for room, apartment, or
26 3 house and meals, which shall be available to the institutions.

Adopts conforming changes to Iowa Code section [218.78](#) (Institutional Receipts Deposited).

26 4 Sec. 35. Section 222.1, subsection 1, Code 2024, is amended
26 5 to read as follows:

26 6 1. This chapter addresses the public and private services
26 7 available in this state to meet the needs of persons with an
26 8 intellectual disability. ~~The responsibility of the mental~~
26 9 ~~health and disability services regions formed by counties and~~
26 10 ~~of the state for the costs and administration of publicly~~
26 11 ~~funded services shall be as set out in section 222.60 and other~~
26 12 ~~pertinent sections of this chapter.~~

Adopts conforming changes to Iowa Code section [222.1](#) (Purpose of Chapter — State Resource Centers — Special Unit at State Mental Health Institute).

26 13 Sec. 36. Section 222.2, Code 2024, is amended by adding the
26 14 following new subsection:

26 15 NEW SUBSECTION 01. "Administrative services organization"

Defines, pursuant to Iowa Code chapter [222](#) regarding persons with an intellectual disability, "administrative services organization" as an entity designated by the HHS to develop and perform planning and

26 16 means the same as defined in section 225A.1.	administrative services in accordance with a district BHSS plan.
26 17 Sec. 37. Section 222.2, subsections 6 and 7, Code 2024, are 26 18 amended by striking the subsections.	Repeals Iowa Code section 222.2 (6) and 222.2(7). DETAIL: Removes "mental health and disability services region" and "regional administrator" from the definitions in Iowa Code chapter 222 regarding persons with an intellectual disability.
26 19 Sec. 38. Section 222.12, subsection 2, Code 2024, is amended 26 20 by striking the subsection.	Repeals Iowa Code section 222.12 (2). DETAIL: The repealed Iowa Code section directs notice of the death of a patient, and the cause of death, to be sent to the regional administrator for the patient's county of residence.
26 21 Sec. 39. Section 222.13, Code 2024, is amended to read as 26 22 follows: 26 23 222.13 VOLUNTARY ADMISSIONS. 26 24 1. If an adult person is believed to be a person with an 26 25 intellectual disability, the adult person or the adult person's 26 26 guardian may apply to the department and the superintendent of 26 27 any state resource center for the voluntary admission of the 26 28 adult person either as an inpatient or an outpatient of the 26 29 resource center. If the expenses of the person's admission 26 30 or placement are payable in whole or in part by the person's 26 31 county of residence, application for the admission shall be 26 32 made through the regional administrator. An application for 26 33 admission to a special unit of any adult person believed to be 26 34 in need of any of the services provided by the special unit 26 35 under section 222.88 may be made in the same manner. The 27 1 superintendent shall accept the application if a preadmission 27 2 diagnostic evaluation confirms or establishes the need for 27 3 admission, except that an application shall not be accepted if 27 4 the institution does not have adequate facilities available or 27 5 if the acceptance will result in an overcrowded condition. 27 6 2. If the resource center does not have an appropriate 27 7 program for the treatment of an adult or minor person with an 27 8 intellectual disability applying under this section or section 27 9 222.13A, the regional administrator for the person's county 27 10 of residence or the department, as applicable, shall arrange 27 11 for the placement of the person in any public or private 27 12 facility within or without <u>outside</u> of the state, approved by	Adopts conforming changes to Iowa Code section 222.13 (Voluntary Admissions).

27 13 the director, which offers appropriate services for the person.
 27 14 If the expenses of the placement are payable in whole or in
 27 15 part by a county, the placement shall be made by the regional
 27 16 administrator for the county.
 27 17 ~~3. If the expenses of an admission of an adult to a resource
 27 18 center or a special unit, or of the placement of the person
 27 19 in a public or private facility are payable in whole or in
 27 20 part by a mental health and disability services region, the
 27 21 regional administrator shall make a full investigation into
 27 22 the financial circumstances of the person and those liable for
 27 23 the person's support under section 222.78 to determine whether
 27 24 or not any of them are able to pay the expenses arising out of
 27 25 the admission of the person to a resource center, special unit,
 27 26 or public or private facility. If the regional administrator
 27 27 finds that the person or those legally responsible for
 27 28 the person are presently unable to pay the expenses, the
 27 29 regional administrator shall pay the expenses. The regional
 27 30 administrator may review such a finding at any subsequent
 27 31 time while the person remains at the resource center, or is
 27 32 otherwise receiving care or treatment for which this chapter
 27 33 obligates the region to pay. If the regional administrator
 27 34 finds upon review that the person or those legally responsible
 27 35 for the person are presently able to pay the expenses, the
 28 1 finding shall apply only to the charges incurred during the
 28 2 period beginning on the date of the review and continuing
 28 3 thereafter, unless and until the regional administrator again
 28 4 changes such a finding. If the regional administrator finds
 28 5 that the person or those legally responsible for the person
 28 6 are able to pay the expenses, the regional administrator shall
 28 7 collect the charges to the extent required by section 222.78,
 28 8 and the regional administrator shall be responsible for the
 28 9 payment of the remaining charges.~~

28 10 Sec. 40. Section 222.13A, subsections 3 and 4, Code 2024,
 28 11 are amended to read as follows:
 28 12 3. During the preadmission diagnostic evaluation, the
 28 13 minor shall be informed both orally and in writing that the
 28 14 minor has the right to object to the voluntary admission. ff
 28 15 Notwithstanding section 222.33, if the preadmission diagnostic
 28 16 evaluation determines that the voluntary admission is
 28 17 appropriate but the minor objects to the admission, the minor
 28 18 shall not be admitted to the state resource center unless the

Amends Iowa Code language to make inapplicable Iowa Code section
[222.33](#) related to admissions to a State resource center.

28 19 court approves of the admission. A petition for approval of
 28 20 the minor's admission may be submitted to the juvenile court by
 28 21 the minor's parent, guardian, or custodian.

28 22 4. As soon as practicable after the filing of a petition for
 28 23 approval of the voluntary admission, the court shall determine
 28 24 whether the minor has an attorney to represent the minor in the
 28 25 proceeding. If the minor does not have an attorney, the court
 28 26 shall assign an attorney to the minor ~~an attorney~~. If the
 28 27 minor is unable to pay for an attorney, the attorney shall be
 28 28 compensated by ~~the mental health and disability services region~~
 28 29 an administrative services organization at an hourly rate to be
 28 30 established ~~by the regional administrator~~ in substantially the
 28 31 same manner as provided in section 815.7.

Updates language referencing MHDS regions with a reference to an administrative services organization.

28 32 Sec. 41. Section 222.14, Code 2024, is amended to read as
 28 33 follows:

28 34 222.14 CARE ~~BY REGION~~ PENDING ADMISSION.

28 35 If the institution is unable to receive a patient, the
 29 1 superintendent shall notify ~~the regional administrator~~
 29 2 ~~for the county of residence of the prospective patient~~ an
 29 3 administrative services organization. Until such time as the
 29 4 patient is able to be received by the institution, or when
 29 5 application has been made for admission to a public or private
 29 6 facility as provided in section 222.13 and the application
 29 7 is pending, the care of the patient shall be provided as
 29 8 arranged by the ~~regional administrator~~ administrative services
 29 9 organization.

Updates language referencing regional administrator with references to an administrative services organization.

29 10 Sec. 42. NEW SECTION 222.33 STATE RESOURCE CENTER —
 29 11 ADMISSIONS AND DISCHARGE.

29 12 1. The department shall make all final determinations
 29 13 concerning whether a person may be admitted to a state resource
 29 14 center.

Specifies that the HHS will make final determinations concerning whether a person may be admitted to a State resource center.

29 15 2. If a patient is admitted to a state resource center
 29 16 pursuant to section 222.13 or 222.13A, and the patient
 29 17 wishes to be placed outside of the state resource center, the
 29 18 discharge of the patient shall be made in accordance with
 29 19 section 222.15.

Specifies that if a patient is admitted to a State resource center voluntarily, and the patient wishes to be placed outside of the State resource center, the patient shall be immediately discharged.

29 20 Sec. 43. NEW SECTION 222.35 STATE — PAYOR OF LAST RESORT.

Requires the HHS to implement services and adopt administrative

29 21 The department shall implement services and adopt rules
 29 22 pursuant to chapter 17A in a manner that ensures that the state
 29 23 is the payor of last resort, and that the department shall not
 29 24 make any payments for services that have been provided until
 29 25 the department has determined that the services provided are
 29 26 not payable by a third-party source.

rules in a manner to ensure that the State is the payor of last resort and stipulates that the HHS will not make any payments for services until the HHS has determined that the services provided are not payable by a third-party source.

29 27 Sec. 44. Section 222.73, subsections 2 and 4, Code 2024, are
 29 28 amended by striking the subsections.

Adopts conforming changes to Iowa Code section [222.73](#) (Billing of Patient Charges — Computation of Actual Costs — Cost Settlement).

29 29 Sec. 45. Section 222.77, Code 2024, is amended to read as
 29 30 follows:

Adopts conforming changes to Iowa Code section [222.77](#) (Patients on Leave).

29 31 222.77 PATIENTS ON LEAVE.

29 32 The cost of support of patients placed on convalescent leave
 29 33 or removed as a habilitation measure from a resource center,
 29 34 ~~or a special unit~~, except when living in the home of a person
 29 35 legally bound for the support of the patient, shall be paid by
 30 1 ~~the county of residence or the state as provided in section~~
 30 2 ~~222.60.~~

30 3 Sec. 46. Section 222.78, subsection 1, Code 2024, is amended
 30 4 to read as follows:

Adopts conforming changes to Iowa Code section [222.78](#) (Parents and Others Liable for Support) that remove county responsibility for expenses.

30 5 1. The father and mother of any patient admitted to a
 30 6 resource center ~~or to a special unit~~, as either an inpatient
 30 7 or an outpatient, and any person, firm, or corporation bound
 30 8 by contract made for support of the patient, are liable for
 30 9 the support of the patient. The patient and those legally
 30 10 bound for the support of the patient shall be liable to the
 30 11 ~~county or state, as applicable~~, for all sums advanced in
 30 12 ~~accordance with the provisions of sections 222.60 and 222.77~~
 30 13 relating to reasonable attorney fees and court costs for
 30 14 the patient's admission to the resource center, and for the
 30 15 treatment, training, instruction, care, habilitation, support,
 30 16 transportation, or other expenditures made on behalf of the
 30 17 patient pursuant to this chapter.

30 18 Sec. 47. Section 222.79, Code 2024, is amended to read as
 30 19 follows:

Adopts conforming changes to Iowa Code section [222.79](#) (Certification Statement Presumed Correct).

30 20 222.79 CERTIFICATION STATEMENT PRESUMED CORRECT.

30 21 In actions to enforce the liability imposed by section
 30 22 222.78, the superintendent ~~or the county of residence, as~~

30 23 ~~applicable~~, shall submit a certification statement stating
 30 24 the sums charged, and the certification statement shall be
 30 25 considered presumptively correct.

30 26 Sec. 48. Section 222.80, Code 2024, is amended to read as
 30 27 follows:

30 28 222.80 LIABILITY TO ~~COUNTY OR~~ STATE.

30 29 A person admitted to a county institution ~~or home~~ or admitted
 30 30 at ~~county or~~ state expense to a private hospital, sanitarium,
 30 31 or other facility for treatment, training, instruction, care,
 30 32 habilitation, and support as a patient with an intellectual
 30 33 disability shall be liable to the ~~county or state, as~~
 30 34 ~~applicable~~, for the reasonable cost of the support as provided
 30 35 in section 222.78.

Adopts conforming changes to Iowa Code section [222.80](#) (Liability to County or State).

31 1 Sec. 49. Section 222.82, Code 2024, is amended to read as
 31 2 follows:

31 3 222.82 COLLECTION OF LIABILITIES AND CLAIMS.

31 4 If liabilities and claims exist as provided in section
 31 5 222.78 or any other provision of this chapter, ~~the county of~~
 31 6 ~~residence or the state, as applicable~~, may proceed as provided
 31 7 in this section. ~~If the liabilities and claims are owed to~~
 31 8 ~~a county of residence, the county's board of supervisors may~~
 31 9 ~~direct the county attorney to proceed with the collection of~~
 31 10 ~~the liabilities and claims as a part of the duties of the~~
 31 11 ~~county attorney's office when the board of supervisors deems~~
 31 12 ~~such action advisable. If the liabilities and claims are owed~~
 31 13 ~~to the state, the state shall proceed with the collection.~~
 31 14 The board of supervisors ~~or the state, as applicable~~, may
 31 15 compromise any and all liabilities to the ~~county or~~ state
 31 16 arising under this chapter when such compromise is deemed to be
 31 17 in the best interests of the ~~county or~~ state. Any collections
 31 18 and liens shall be limited in conformance to section 614.1,
 31 19 subsection 4.

Adopts conforming changes to Iowa Code section [222.82](#) (Collection of Liabilities and Claims).

31 20 Sec. 50. Section 222.85, subsection 2, Code 2024, is amended
 31 21 to read as follows:

31 22 2. Moneys paid to a resource center from any source other
 31 23 than state appropriated funds and intended to pay all or a
 31 24 portion of the cost of care of a patient, which cost would
 31 25 otherwise be paid from state ~~or county~~ funds or from the
 31 26 patient's own funds, shall not be deemed "funds belonging to a

Adopts conforming changes to Iowa Code section [222.85](#) (Deposit of Moneys — Exception to Guardians).

31 27 patient" for the purposes of this section.

31 28 Sec. 51. Section 222.86, Code 2024, is amended to read as
31 29 follows:

31 30 222.86 PAYMENT FOR CARE FROM FUND.

31 31 If a patient is not receiving medical assistance under
31 32 chapter 249A and the amount in the account of any patient
31 33 in the patients' personal deposit fund exceeds two hundred
31 34 dollars, the department may apply any amount of the excess to
31 35 reimburse the ~~county of residence or the~~ state for liability
32 1 incurred by ~~the county or~~ the state for the payment of care,
32 2 support, and maintenance of the patient; when billed by the
32 3 ~~county or state, as applicable.~~

Adopts conforming changes to Iowa Code section [222.86](#) (Payment for Care from Fund).

32 4 Sec. 52. Section 222.92, subsection 1, Code 2024, is amended
32 5 to read as follows:

32 6 1. The department shall operate the state resource centers
32 7 on the basis of net appropriations from the general fund of
32 8 the state. The appropriation amounts shall be the net amounts
32 9 of state moneys projected to be needed for the state resource
32 10 centers for the fiscal year of the appropriations. The purpose
32 11 of utilizing net appropriations is to encourage the state
32 12 resource centers to operate with increased self-sufficiency, to
32 13 improve quality and efficiency, and to support collaborative
32 14 efforts between the state resource centers and ~~counties and~~
32 15 ~~other~~ providers of funding for the services available from
32 16 the state resource centers. The state resource centers shall
32 17 not be operated under the net appropriations in a manner that
32 18 results in a cost increase to the state or in cost shifting
32 19 between the state, the medical assistance program, ~~counties~~, or
32 20 other sources of funding for the state resource centers.

Adopts conforming changes to Iowa Code section [222.92](#) (Net General Fund Appropriation — State Resource Center).

32 21 Sec. 53. Section 222.92, subsection 3, paragraph a, Code
32 22 2024, is amended by striking the paragraph.

Repeals Iowa Code section [222.92](#)(3)(a).

DETAIL: The repealed Iowa Code section related to moneys received by the State from billings to counties and regional administrators for the county.

32 23 Sec. 54. Section 225.1, subsection 2, Code 2024, is amended
32 24 to read as follows:

32 25 2. For the purposes of this chapter, unless the context
32 26 otherwise requires:

<p>32 27 a. “Mental health and disability services region” means 32 28 a mental health and disability services region approved in 32 29 accordance with section 225C.56. “Administrative services 32 30 organization” means the same as defined in section 225A.1.</p>	<p>Replaces the definition for "mental health and disability services region" with the definition for "administrative services organization" in Iowa Code section 225.1 regarding the definitions relevant to psychiatric hospitals.</p>
<p>32 31 b. “Regional administrator” means the administrator of a 32 32 mental health and disability services region, as defined in 32 33 section 225C.55. “Department” means the department of health 32 34 and human services.</p>	<p>Replaces the definition for "regional administrator" with the definition for "department" in Iowa Code section 225.1 regarding the definitions relevant to psychiatric hospitals.</p>
<p>32 35 c. “Respondent” means the same as defined in section 229.1.</p>	<p>Defines "respondent" as the same as defined in Iowa Code section 229.1 regarding hospitalization of persons with mental illness.</p>
<p>33 1 Sec. 55. NEW SECTION 225.4 STATE PSYCHIATRIC HOSPITAL ——— 33 2 ADMISSIONS. 33 3 The department shall make all final determinations 33 4 concerning whether a person may be admitted to the state 33 5 psychiatric hospital.</p>	<p>Requires the HHS to make all final determinations concerning whether a person may be admitted to the State psychiatry hospital.</p>
<p>33 6 Sec. 56. Section 225.11, Code 2024, is amended to read as 33 7 follows: 33 8 225.11 INITIATING COMMITMENT PROCEDURES. 33 9 When a court finds upon completion of a hearing held pursuant 33 10 to section 229.12 that the contention that a respondent is 33 11 seriously mentally impaired has been sustained by clear and 33 12 convincing evidence, and the application filed under section 33 13 229.6 also contends or the court otherwise concludes that it 33 14 would be appropriate to refer the respondent to the state 33 15 psychiatric hospital for a complete psychiatric evaluation and 33 16 appropriate treatment pursuant to section 229.13, the judge 33 17 may order that a financial investigation be made in the manner 33 18 prescribed by section 225.13. If the costs of a respondent’s 33 19 evaluation or treatment are payable in whole or in part by a 33 20 county an administrative services organization, an order under 33 21 this section shall be for referral of the respondent through 33 22 the regional administrator for the respondent’s county of 33 23 residence <u>by an administrative services organization</u> for an 33 24 evaluation and referral of the respondent to an appropriate 33 25 placement or service, which may include the state psychiatric 33 26 hospital for additional evaluation or treatment.</p>	<p>Adopts conforming changes to Iowa Code section 225.11 (Initiating Commitment Procedures).</p>

33 27 Sec. 57. Section 225.12, Code 2024, is amended to read as
 33 28 follows:
 33 29 225.12 VOLUNTARY PUBLIC PATIENT — PHYSICIAN'S OR PHYSICIAN
 33 30 ASSISTANT'S REPORT.
 33 31 A physician or a physician assistant who meets the
 33 32 qualifications set forth in the definition of a mental health
 33 33 professional in section 228.1 ~~fitting information under~~
 33 34 ~~section 225.10 shall include a written report to the regional~~
 33 35 ~~administrator for the county of residence of the person named~~
 34 1 ~~in the information, giving~~ shall submit a detailed history of
 34 2 the case to an administrative services organization as will be
 34 3 likely to aid in the observation, treatment, and hospital care
 34 4 of the person ~~and describing the history in detail.~~

Removes the requirement for physicians to submit written reports to the regional administrator for the county of residence, and instead requires physicians to submit a detailed history of a relevant case to an ASO.

34 5 Sec. 58. Section 225.13, Code 2024, is amended to read as
 34 6 follows:
 34 7 225.13 FINANCIAL CONDITION.
 34 8 ~~The regional administrator for the county of residence of~~
 34 9 ~~a person being admitted to the state psychiatric hospital is~~
 34 10 Administrative services organizations shall be responsible for
 34 11 investigating the financial condition of the a person and of
 34 12 those legally responsible for the person's support.

Removes mention of the regional administrator for the county of residence, and instead stipulates that ASOs are responsible for investigating the financial condition of a person being admitted to the State psychiatric hospital.

34 13 Sec. 59. Section 225.15, Code 2024, is amended to read as
 34 14 follows:
 34 15 225.15 EXAMINATION AND TREATMENT.
 34 16 ~~1.~~ When a respondent arrives at the state psychiatric
 34 17 hospital, the admitting physician, or a physician assistant
 34 18 who meets the qualifications set forth in the definition of a
 34 19 mental health professional in section 228.1, shall examine the
 34 20 respondent and determine whether or not, in the physician's
 34 21 or physician assistant's judgment, the respondent is a fit
 34 22 subject for observation, treatment, and hospital care. If,
 34 23 upon examination, the physician or physician assistant who
 34 24 meets the qualifications set forth in the definition of a
 34 25 mental health professional in section 228.1 decides that the
 34 26 respondent should be admitted to the hospital, the respondent
 34 27 shall be provided a proper bed in the hospital. The physician
 34 28 or physician assistant who meets the qualifications set forth
 34 29 in the definition of a mental health professional in section
 34 30 228.1 who has charge of the respondent shall proceed with
 34 31 observation, medical treatment, and hospital care as in the

Repeals Iowa Code section [225.15](#)(2) regarding nursing care and county payments.

34 32 physician's or physician assistant's judgment are proper and
 34 33 necessary, in compliance with sections 229.13, 229.14, this
 34 34 section, and section 229.16. After the respondent's admission,
 34 35 the observation, medical treatment, and hospital care of the
 35 1 respondent may be provided by a mental health professional,
 35 2 as defined in section 228.1, who is licensed as a physician,
 35 3 advanced registered nurse practitioner, or physician assistant.
 35 4 ~~2. A proper and competent nurse shall also be assigned to
 35 5 look after and care for the respondent during observation,
 35 6 treatment, and care. Observation, treatment, and hospital
 35 7 care under this section which are payable in whole or in part
 35 8 by a county shall only be provided as determined through
 35 9 the regional administrator for the respondent's county of
 35 10 residence.~~

35 11 Sec. 60. Section 225.16, subsection 1, Code 2024, is amended
 35 12 to read as follows:

35 13 1. If the ~~regional administrator for a person's county of~~
 35 14 ~~residence~~ department finds from the physician's information
 35 15 or from the information of a physician assistant who
 35 16 meets the qualifications set forth in the definition of
 35 17 a mental health professional in section 228.1 which was
 35 18 filed under the provisions of section ~~225.10~~ 225.12 that it
 35 19 would be appropriate for the person to be admitted to the
 35 20 state psychiatric hospital, and ~~the report of the regional~~
 35 21 ~~administrator made pursuant to section 225.13 shows the~~
 35 22 department finds that the person and those who are legally
 35 23 responsible for the person are not able to pay the expenses
 35 24 incurred at the hospital, or are able to pay only a part of
 35 25 the expenses, the person shall be considered to be a voluntary
 35 26 public patient and ~~the regional administrator shall direct that~~
 35 27 ~~the person shall be sent to the state psychiatric hospital at~~
 35 28 ~~the state university of iowa~~ for observation, treatment, and
 35 29 hospital care.

Adopts conforming changes to Iowa Code section [225.16](#) (Voluntary Public Patients — Admission).

35 30 Sec. 61. Section 225.17, subsection 2, Code 2024, is amended
 35 31 to read as follows:

35 32 2. When the respondent arrives at the hospital, the
 35 33 respondent shall receive the same treatment as is provided for
 35 34 committed public patients in section 225.15, in compliance
 35 35 with sections 229.13 through 229.16. ~~However, observation,
 36 1 treatment, and hospital care under this section of a respondent~~

Adopt conforming changes to Iowa Code section [225.17](#) (Committed Private Patient — Treatment).

36 2 ~~whose expenses are payable in whole or in part by a county~~
 36 3 ~~shall only be provided as determined through the regional~~
 36 4 ~~administrator for the respondent's county of residence.~~

36 5 Sec. 62. Section 225.18, Code 2024, is amended to read as
 36 6 follows:

36 7 225.18 ATTENDANTS.

36 8 ~~The regional administrator~~ An administrative services
 36 9 organization may appoint an attendant to accompany the
 36 10 committed public patient or the voluntary public patient
 36 11 or the committed private patient from the place where the
 36 12 patient may be to the state psychiatric hospital, or to
 36 13 accompany the patient from the hospital to a place as may
 36 14 be designated by the ~~regional administrator~~ administrative
 36 15 services organization. If a patient is moved pursuant to this
 36 16 section, at least one attendant shall be of the same gender as
 36 17 the patient.

Adopt conforming changes to Iowa Code section [225.18](#) (Attendants).

36 18 Sec. 63. Section 225.22, Code 2024, is amended to read as
 36 19 follows:

36 20 225.22 LIABILITY OF PRIVATE PATIENTS — PAYMENT.

36 21 Every committed private patient, if the patient has an
 36 22 estate sufficient for that purpose, or if those legally
 36 23 responsible for the patient's support are financially able,
 36 24 shall be liable to the ~~county and~~ state for all expenses paid
 36 25 by ~~them in the state~~ on behalf of such patient. All bills
 36 26 for the care, nursing, observation, treatment, medicine, and
 36 27 maintenance of such patients shall be paid by the director of
 36 28 the department of administrative services in the same manner as
 36 29 those of committed and voluntary public patients as provided in
 36 30 this chapter, unless the patient or those legally responsible
 36 31 for the patient make such settlement with the state psychiatric
 36 32 hospital.

Adopts conforming changes to Iowa Code section [225.22](#) (Liability of Private Patients — Payment).

36 33 Sec. 64. Section 225.24, Code 2024, is amended to read as
 36 34 follows:

36 35 225.24 COLLECTION OF PRELIMINARY EXPENSE.

37 1 Unless a committed private patient or those legally
 37 2 responsible for the patient's support offer to settle the
 37 3 amount of the claims, the ~~regional administrator for the~~
 37 4 ~~person's county of residence~~ department shall collect, by
 37 5 action if necessary, the amount of all claims for per diem and

Adopts conforming changes to Iowa Code section [225.24](#) (Collection of Preliminary Expense).

37 6 expenses that have been approved by the regional administrator
 37 7 for the county an administrative services organization and
 37 8 paid by the regional administrator as provided under section
 37 9 ~~225.21~~ administrative services organization. Any amount
 37 10 collected shall be credited to the ~~mental health and disability~~
 37 11 ~~services region combined account created~~ behavioral health fund
 37 12 established in accordance with section ~~225C.58~~ 225A.7.

37 13 Sec. 65. Section 225.27, Code 2024, is amended to read as
 37 14 follows:

37 15 225.27 DISCHARGE — TRANSFER.

37 16 The state psychiatric hospital may, at any time, discharge
 37 17 any patient as recovered, as improved, or as not likely to
 37 18 be benefited by further treatment. If the patient being so
 37 19 discharged was involuntarily hospitalized, the hospital shall
 37 20 notify the committing judge or court of the discharge as
 37 21 required by section 229.14 or section 229.16, whichever is as
 37 22 applicable, and the applicable regional administrator. Upon
 37 23 receiving the notification, the court shall issue an order
 37 24 confirming the patient's discharge from the hospital or from
 37 25 care and custody, as the case may be, and shall terminate the
 37 26 proceedings pursuant to which the order was issued. The court
 37 27 or judge shall, if necessary, appoint a person to accompany the
 37 28 discharged patient from the state psychiatric hospital to such
 37 29 place as the hospital or the court may designate, or authorize
 37 30 the hospital to appoint such attendant.

37 31 Sec. 66. Section 226.1, subsection 4, Code 2024, is amended
 37 32 by adding the following new paragraph:

37 33 NEW PARAGRAPH 0a. "Administrative services organization"
 37 34 means the same as defined in section 225A.1.

37 35 Sec. 67. Section 226.1, subsection 4, paragraphs d and f,
 38 1 Code 2024, are amended by striking the paragraphs.

38 2 Sec. 68. Section 226.8, subsection 2, Code 2024, is amended
 38 3 to read as follows:

38 4 2. Charges for the care of any person with a diagnosis of

Adopts conforming changes to Iowa Code section [225.27](#) (Discharge — Transfer).

Defines "administrative services organization" as the same as defined in Iowa Code section 225A.1, which is being established by the Bill.

Repeals Iowa Code section [226.1](#)(4)(d) and 226.1(4)(f).

DETAIL: These repealed Iowa Code sections contains definitions of "mental health and disability services region" and "regional administrator" as they relate to Iowa Code chapter [226](#) regarding State mental health institutes.

Adopts conforming changes to Iowa Code section [226.8](#) (Persons with Diagnosis of Intellectual Disability — Admission or Transfer to State Mental Health Institute).

38 5 an intellectual disability admitted to a state mental health
 38 6 institute shall be made by the institute in the manner provided
 38 7 by chapter 230, but the liability of any other person to any
 38 8 mental health and disability services region the state for the
 38 9 cost of care of such person with a diagnosis of an intellectual
 38 10 disability shall be as prescribed by section 222.78.

38 11 Sec. 69. Section 226.32, Code 2024, is amended to read as
 38 12 follows:
 38 13 226.32 OVERCROWDED CONDITIONS.
 38 14 The director shall order the discharge or removal from the
 38 15 mental health institute of incurable and harmless patients
 38 16 whenever it is necessary to make room for recent cases. If
 38 17 a patient who is to be discharged entered the mental health
 38 18 institute voluntarily, the director shall notify the regional
 38 19 administrator for the county interested at least ten days in
 38 20 advance of the day of actual discharge.

38 21 Sec. 70. Section 226.34, subsection 2, paragraph d, Code
 38 22 2024, is amended by striking the paragraph.

38 23 Sec. 71. Section 228.6, subsection 1, Code 2024, is amended
 38 24 to read as follows:
 38 25 1. A mental health professional or an employee of or
 38 26 agent for a mental health facility may disclose mental health
 38 27 information if and to the extent necessary, to meet the
 38 28 requirements of section 229.24, 229.25, ~~230.20, 230.21, 230.25,~~
 38 29 ~~230.26,~~ 230A.108, 232.74, or 232.147, or to meet the compulsory
 38 30 reporting or disclosure requirements of other state or federal
 38 31 law relating to the protection of human health and safety.

38 32 Sec. 72. Section 229.1, Code 2024, is amended by adding the
 38 33 following new subsection:
 38 34 NEW SUBSECTION 01. "Administrative services organization"
 38 35 means the same as defined in section 225A.1.

39 1 Sec. 73. Section 229.1, subsections 11, 18, and 19, Code
 39 2 2024, are amended by striking the subsections.

Removes the requirement for the Director of the HHS to notify the regional administrator of a voluntarily admitted patient's county of residence of the patient's scheduled discharge.

Repeals Iowa Code section [226.34](#)(2)(d).

DETAIL: Repeals the requirement for the superintendent of a State mental health institute to notify the regional administrator for the county from which a patient was committed of said patient's death.

Adopts conforming changes to Iowa Code section [228.6](#) (Compulsory Disclosures).

Defines "administrative services organization" as the same as defined in Iowa Code 225A.1, which is established by the Bill.

Repeals Iowa Code section [229.1](#)(11), 229.1(18), and 229.1(19).

DETAIL: The repeal removes "mental health and disability services

region," "region," and "regional administrator" from the list of definitions for Iowa Code chapter [229](#) regarding hospitalization of persons with mental illness.

39 3 Sec. 74. Section 229.1B, Code 2024, is amended to read as
 39 4 follows:
 39 5 ~~229.1B—REGIONAL ADMINISTRATOR~~ ADMINISTRATIVE SERVICES
 39 6 ORGANIZATION .
 39 7 Notwithstanding any provision of this chapter to the
 39 8 contrary, any person whose hospitalization expenses are
 39 9 payable in whole or in part by ~~a mental health and disability~~
 39 10 ~~services region~~ an administrative services organization
 39 11 shall be subject to all administrative requirements of the
 39 12 ~~regional administrator for the county~~ administrative services
 39 13 organization.

Adopts conforming changes to Iowa Code section [229.1B](#) (Regional Administrator).

39 14 Sec. 75. Section 229.2, subsection 1, paragraph b,
 39 15 subparagraph (3), Code 2024, is amended to read as follows:
 39 16 (3) As soon as is practicable after the filing of a
 39 17 petition for juvenile court approval of the admission of the
 39 18 minor, the juvenile court shall determine whether the minor
 39 19 has an attorney to represent the minor in the hospitalization
 39 20 proceeding, and if not, the court shall assign to the minor
 39 21 an attorney. If the minor is financially unable to pay for
 39 22 an attorney, the attorney shall be compensated by ~~the mental~~
 39 23 ~~health and disability services region~~ an administrative
 39 24 services organization at an hourly rate to be established
 39 25 ~~by the regional administrator for the county in which the~~
 39 26 ~~proceeding is held~~ administrative services organization in
 39 27 substantially the same manner as provided in section 815.7.

Adopts conforming changes to Iowa Code section [229.2](#) (Application for Voluntary Admission — Authority to Receive Voluntary Patients).

39 28 Sec. 76. Section 229.2, subsection 2, paragraph a, Code
 39 29 2024, is amended to read as follows:
 39 30 a. The chief medical officer of a public hospital shall
 39 31 receive and may admit the person whose admission is sought,
 39 32 subject in cases other than medical emergencies to availability
 39 33 of suitable accommodations and to the provisions of ~~sections~~
 39 34 section 229.41 and 229.42.

Adopts conforming changes to Iowa Code section [229.2](#) (Application for Voluntary Admission — Authority to Receive Voluntary Patients).

39 35 Sec. 77. Section 229.8, subsection 1, Code 2024, is amended
 40 1 to read as follows:

Adopts conforming changes to Iowa Code section [229.8](#) (Procedure After Application is Filed).

40 2 1. Determine whether the respondent has an attorney
40 3 who is able and willing to represent the respondent in the
40 4 hospitalization proceeding, and if not, whether the respondent
40 5 is financially able to employ an attorney and capable of
40 6 meaningfully assisting in selecting one. In accordance with
40 7 those determinations, the court shall if necessary allow the
40 8 respondent to select, or shall assign to the respondent, an
40 9 attorney. If the respondent is financially unable to pay an
40 10 attorney, the attorney shall be compensated by ~~the mental~~
40 11 ~~health and disability services region~~ an administrative
40 12 services organization at an hourly rate to be established
40 13 by the ~~regional~~ administrator for the county in which the
40 14 ~~proceeding is held~~ administrative services organization in
40 15 substantially the same manner as provided in section 815.7.

40 16 Sec. 78. Section 229.10, subsection 1, paragraph a, Code
40 17 2024, is amended to read as follows:
40 18 a. An examination of the respondent shall be conducted by
40 19 one or more licensed physicians or mental health professionals,
40 20 as required by the court's order, within a reasonable time.
40 21 If the respondent is detained pursuant to section 229.11,
40 22 subsection 1, paragraph "b", the examination shall be conducted
40 23 within twenty-four hours. If the respondent is detained
40 24 pursuant to section 229.11, subsection 1, paragraph "a" or
40 25 "c", the examination shall be conducted within forty-eight
40 26 hours. If the respondent so desires, the respondent shall be
40 27 entitled to a separate examination by a licensed physician or
40 28 mental health professional of the respondent's own choice. The
40 29 reasonable cost of the examinations shall, if the respondent
40 30 lacks sufficient funds to pay the cost, be paid by ~~the regional~~
40 31 ~~administrator from mental health and disability services region~~
40 32 ~~funds~~ an administrative services organization upon order of the
40 33 court.

40 34 Sec. 79. Section 229.11, subsection 1, unnumbered paragraph
40 35 1, Code 2024, is amended to read as follows:
41 1 If the applicant requests that the respondent be taken into
41 2 immediate custody and the judge, upon reviewing the application
41 3 and accompanying documentation, finds probable cause to believe
41 4 that the respondent has a serious mental impairment and is
41 5 likely to injure the respondent or other persons if allowed
41 6 to remain at liberty, the judge may enter a written order

Adopts conforming changes to Iowa Code section [229.10](#) (Physicians' or Mental Health Professionals' Examination — Report).

Adopts conforming changes to Iowa Code section [229.11](#) (Judge May Order Immediate Custody).

41 7 directing that the respondent be taken into immediate custody
 41 8 by the sheriff or the sheriff's deputy and be detained until
 41 9 the hospitalization hearing. The hospitalization hearing shall
 41 10 be held no more than five days after the date of the order,
 41 11 except that if the fifth day after the date of the order is
 41 12 a Saturday, Sunday, or a holiday, the hearing may be held
 41 13 on the next succeeding business day. If the expenses of a
 41 14 respondent are payable in whole or in part by ~~a mental health~~
 41 15 ~~and disability services region~~ an administrative services
 41 16 organization, for a placement in accordance with paragraph "a",
 41 17 the judge shall give notice of the placement to ~~the regional~~
 41 18 ~~administrator for the county in which the court is located~~ an
 41 19 administrative services organization, and for a placement in
 41 20 accordance with paragraph "b" or "c", the judge shall order
 41 21 the placement in a hospital or facility designated ~~through~~
 41 22 ~~the regional administrator~~ by an administrative services
 41 23 organization. The judge may order the respondent detained for
 41 24 the period of time until the hearing is held, and no longer,
 41 25 in accordance with paragraph "a", if possible, and if not then
 41 26 in accordance with paragraph "b", or, only if neither of these
 41 27 alternatives is available, in accordance with paragraph "c".
 41 28 Detention may be in any of the following:

41 29 Sec. 80. Section 229.13, subsection 1, paragraph a, Code
 41 30 2024, is amended to read as follows:
 41 31 a. The court shall order a respondent whose expenses are
 41 32 payable in whole or in part by ~~a mental health and disability~~
 41 33 ~~services region~~ an administrative services organization
 41 34 placed under the care of an appropriate hospital or facility
 41 35 designated ~~through the regional administrator for the county~~
 42 1 by an administrative services organization on an inpatient or
 42 2 outpatient basis.

42 3 Sec. 81. Section 229.13, subsection 7, paragraph b, Code
 42 4 2024, is amended to read as follows:
 42 5 b. ~~A region~~ An administrative services organization shall
 42 6 contract with mental health professionals to provide the
 42 7 appropriate treatment including treatment by the use of oral
 42 8 medicine or injectable antipsychotic medicine pursuant to this
 42 9 section.

42 10 Sec. 82. Section 229.14, subsection 2, paragraph a, Code

Adopts conforming changes to Iowa Code section [229.13](#) (Evaluation Order — Treatment — Unauthorized Departure or Failure to Appear).

Adopts conforming changes to Iowa Code section [229.13](#) (Evaluation Order — Treatment — Unauthorized Departure or Failure to Appear).

Adopts conforming changes to Iowa Code section [229.14](#) (Chief

42 11 2024, is amended to read as follows:

42 12 a. For a respondent whose expenses are payable in whole
42 13 or in part by ~~a mental health and disability services region~~
42 14 an administrative services organization, placement as
42 15 designated through the regional administrator for the county
42 16 by an administrative services organization in the care of an
42 17 appropriate hospital or facility on an inpatient or outpatient
42 18 basis, or other appropriate treatment, or in an appropriate
42 19 alternative placement.

Medical Officer's Report).

42 20 Sec. 83. Section 229.14A, subsections 7 and 9, Code 2024,
42 21 are amended to read as follows:

42 22 7. If a respondent's expenses are payable in whole or in
42 23 part by ~~a mental health and disability services region through~~
42 24 ~~the regional administrator for the county~~ an administrative
42 25 services organization, notice of a placement hearing shall be
42 26 provided to the county attorney and ~~the regional administrator~~
42 27 an administrative services organization. At the hearing, the
42 28 county may present evidence regarding appropriate placement.
42 29 9. A placement made pursuant to an order entered under
42 30 section 229.13 or 229.14 or this section shall be considered to
42 31 be authorized through the regional administrator for the county
42 32 by an administrative services organization.

Adopts conforming changes to Iowa Code section [229.14A](#)
(Placement Order — Notice and Hearing).

42 33 Sec. 84. Section 229.15, subsection 4, Code 2024, is amended
42 34 to read as follows:

42 35 4. When a patient has been placed in an alternative facility
43 1 other than a hospital pursuant to a report issued under section
43 2 229.14, subsection 1, paragraph "d", a report on the patient's
43 3 condition and prognosis shall be made to the court which placed
43 4 the patient, at least once every six months, unless the court
43 5 authorizes annual reports. ~~If an evaluation of the patient is~~
43 6 ~~performed pursuant to section 227.2, subsection 4, a copy of~~
43 7 ~~the evaluation report shall be submitted to the court within~~
43 8 ~~fifteen days of the evaluation's completion. The court may in~~
43 9 ~~its discretion waive the requirement of an additional report~~
43 10 ~~between the annual evaluations. If the department exercises~~
43 11 ~~the authority to remove residents or patients from a county~~
43 12 ~~care facility or other county or private facility under section~~
43 13 ~~227.6, the department shall promptly notify each court which~~
43 14 ~~placed in that facility any resident or patient removed.~~

Adopts conforming changes to Iowa Code section [229.15](#) (Periodic
Reports Required) related to submission to the court of a patient's
evaluation report.

43 15 Sec. 85. Section 229.19, subsection 1, paragraphs a and b,
43 16 Code 2024, are amended to read as follows:

43 17 a. In each county the board of supervisors shall appoint
43 18 an individual who has demonstrated by prior activities an
43 19 informed concern for the welfare and rehabilitation of persons
43 20 with mental illness, and who is not an officer or employee of
43 21 the department, ~~an officer or employee of a region, an officer~~
43 22 ~~or employee of a county performing duties for a region,~~ or
43 23 an officer or employee of any agency or facility providing
43 24 care or treatment to persons with mental illness, to act as an
43 25 advocate representing the interests of patients involuntarily
43 26 hospitalized by the court, in any matter relating to the
43 27 patients' hospitalization or treatment under section 229.14 or
43 28 229.15.

43 29 b. The committing court shall assign the advocate for the
43 30 county where the patient is located. A county ~~or region~~ may
43 31 seek reimbursement from ~~the patient's county of residence or~~
43 32 ~~from the region in which the patient's county of residence is~~
43 33 ~~located~~ an administrative services organization.

43 34 Sec. 86. Section 229.19, subsection 4, unnumbered paragraph
43 35 1, Code 2024, is amended to read as follows:

44 1 ~~The state mental health and disability services commission~~
44 2 ~~created in section 225C.5~~ department, in consultation with
44 3 advocates and county and judicial branch representatives, shall
44 4 adopt rules pursuant to chapter 17A relating to advocates that
44 5 include but are not limited to all of the following topics:

44 6 Sec. 87. Section 229.22, subsection 2, paragraph b, Code
44 7 2024, is amended to read as follows:

44 8 b. If the magistrate orders that the person be detained,
44 9 the magistrate shall, by the close of business on the next
44 10 working day, file a written order with the clerk in the county
44 11 where it is anticipated that an application may be filed
44 12 under section 229.6. The order may be filed by facsimile if
44 13 necessary. A peace officer from the law enforcement agency
44 14 that took the person into custody, if no request was made
44 15 under paragraph "a", may inform the magistrate that an arrest
44 16 warrant has been issued for or charges are pending against the
44 17 person and request that any written order issued under this
44 18 paragraph require the facility or hospital to notify the law

Adopts conforming changes to Iowa Code section [229.19](#) (Advocates
— Appointment — Duties — Employment and Compensation).

Adopts conforming changes to Iowa Code section 229.19 (Advocates
— Appointment — Duties — Employment and Compensation).

Adopts conforming changes to Iowa Code section 229.19 (Advocates
— Appointment — Duties — Employment and Compensation).

Adopts conforming changes to Iowa Code section [229.22](#)
(Hospitalization — Emergency Procedure).

44 19 enforcement agency about the discharge of the person prior to
44 20 discharge. The order shall state the circumstances under which
44 21 the person was taken into custody or otherwise brought to a
44 22 facility or hospital, and the grounds supporting the finding
44 23 of probable cause to believe that the person is seriously
44 24 mentally impaired and likely to injure the person's self or
44 25 others if not immediately detained. The order shall also
44 26 include any law enforcement agency notification requirements if
44 27 applicable. The order shall confirm the oral order authorizing
44 28 the person's detention including any order given to transport
44 29 the person to an appropriate facility or hospital. A peace
44 30 officer from the law enforcement agency that took the person
44 31 into custody may also request an order, separate from the
44 32 written order, requiring the facility or hospital to notify the
44 33 law enforcement agency about the discharge of the person prior
44 34 to discharge. The clerk shall provide a copy of the written
44 35 order or any separate order to the chief medical officer of
45 1 the facility or hospital to which the person was originally
45 2 taken, to any subsequent facility to which the person was
45 3 transported, and to any law enforcement department, ambulance
45 4 service, or transportation service under contract with ~~a~~
45 5 ~~mental health and disability services region~~ an administrative
45 6 services organization that transported the person pursuant
45 7 to the magistrate's order. A transportation service that
45 8 contracts with ~~a mental health and disability services region~~
45 9 an administrative services organization for purposes of this
45 10 paragraph shall provide a secure transportation vehicle and
45 11 shall employ staff that has received or is receiving mental
45 12 health training.

45 13 Sec. 88. Section 229.24, subsection 3, unnumbered paragraph
45 14 1, Code 2024, is amended to read as follows:
45 15 If all or part of the costs associated with hospitalization
45 16 of an individual under this chapter are chargeable to ~~a county~~
45 17 ~~of residence~~ an administrative services organization, the
45 18 clerk of the district court shall provide to ~~the regional~~
45 19 ~~administrator for the county of residence~~ and to the regional
45 20 ~~administrator for the county in which the hospitalization~~
45 21 ~~order is entered~~ an administrative services organization the
45 22 following information pertaining to the individual which would
45 23 be confidential under subsection 1:

Adopts conforming changes to Iowa Code section [229.24](#) (Records of Involuntary Hospitalization Proceeding to be Confidential).

45 24 Sec. 89. Section 229.38, Code 2024, is amended to read as
45 25 follows:

45 26 229.38 CRUELTY OR OFFICIAL MISCONDUCT.

45 27 If any person having the care of a person with mental illness
45 28 who has voluntarily entered a hospital or other facility for
45 29 treatment or care, or who is responsible for psychiatric
45 30 examination care, treatment, and maintenance of any person
45 31 involuntarily hospitalized under sections 229.6 through 229.15,
45 32 whether in a hospital or elsewhere, with or without proper
45 33 authority, shall treat such patient with unnecessary severity,
45 34 harshness, or cruelty, or in any way abuse the patient or if
45 35 any person unlawfully detains or deprives of liberty any person
46 1 with mental illness or any person who is alleged to have mental
46 2 illness, or if any officer required by the provisions of this
46 3 chapter and ~~chapters~~ chapter 226 and 227, to perform any act
46 4 shall willfully refuse or neglect to perform the same, the
46 5 offending person shall, unless otherwise provided, be guilty of
46 6 a serious misdemeanor.

46 7 Sec. 90. Section 230.1, Code 2024, is amended by adding the
46 8 following new subsection:

46 9 NEW SUBSECTION 01. "Administrative service organization"
46 10 means the same as defined in section 225A.1.

46 11 Sec. 91. Section 230.1, subsections 4 and 5, Code 2024, are
46 12 amended by striking the subsections.

46 13 Sec. 92. Section 230.10, Code 2024, is amended to read as
46 14 follows:

46 15 230.10 PAYMENT OF COSTS.

46 16 All legal costs and expenses for the taking into custody,
46 17 care, investigation, and admission or commitment of a person to
46 18 a state mental health institute ~~under a finding that the person~~
46 19 ~~has residency in another county of this state~~ shall be charged
46 20 ~~against the regional administrator of the person's county of~~
46 21 residence to an administrative services organization.

46 22 Sec. 93. Section 230.11, Code 2024, is amended to read as
46 23 follows:

Adopts conforming changes to Iowa Code section [229.38](#) (Cruelty or Official Misconduct).

Defines "administrative services organization" as the same as defined in Iowa Code 225A.1, which is being established by the Bill.

Repeals Iowa Code section [230.1](#)(4) and 230.1(5).

DETAIL: Removes "region" and "regional administrator" from the list of definitions associated with Iowa Code chapter [230](#) regarding support of persons with mental illness.

Adopts conforming changes to Iowa Code section [230.10](#) (Payment of Costs).

Removes the requirement for payment to be made by the HHS on itemized vouchers executed by the regional administrator of a person's

46 24 230.11 RECOVERY OF COSTS FROM STATE.
 46 25 Costs and expenses for the taking into custody, care, and
 46 26 investigation of a person who has been admitted or committed
 46 27 to a state mental health institute, United States department
 46 28 of veterans affairs hospital, or other agency of the United
 46 29 States government, for persons with mental illness and
 46 30 who has no residence in this state or whose residence is
 46 31 unknown, including cost of commitment, if any, shall be paid
 46 32 as approved by the department. The amount of the costs and
 46 33 expenses approved by the department is appropriated to the
 46 34 department from any moneys in the state treasury not otherwise
 46 35 appropriated. ~~Payment shall be made by the department on~~
 47 1 ~~itemized vouchers executed by the regional administrator of~~
 47 2 ~~the person's county which has paid them, and approved by the~~
 47 3 ~~department.~~

county.

47 4 Sec. 94. Section 230.15, subsections 1 and 2, Code 2024, are
 47 5 amended to read as follows:

Adopts conforming changes to Iowa Code section [230.15](#) (Personal Liability).

47 6 1. A person with mental illness and a person legally liable
 47 7 for the person's support remain liable for the support of
 47 8 the person with mental illness as provided in this section.
 47 9 Persons legally liable for the support of a person with mental
 47 10 illness include the spouse of the person, and any person
 47 11 bound by contract for support of the person. ~~The regional~~
 47 12 ~~administrator of the person's county of residence, subject to~~
 47 13 ~~the direction of the region's governing board, shall enforce~~
 47 14 ~~the obligation created in this section as to all sums advanced~~
 47 15 ~~by the regional administrator. The liability to the regional~~
 47 16 ~~administrator incurred by a person with mental illness or a~~
 47 17 ~~person legally liable for the person's support under this~~
 47 18 ~~section is limited to an amount equal to one hundred percent~~
 47 19 ~~of the cost of care and treatment of the person with mental~~
 47 20 ~~illness at a state mental health institute for one hundred~~
 47 21 ~~twenty days of hospitalization. This limit of liability may~~
 47 22 ~~be reached by payment of the cost of care and treatment of the~~
 47 23 ~~person with mental illness subsequent to a single admission~~
 47 24 ~~or multiple admissions to a state mental health institute or,~~
 47 25 ~~if the person is not discharged as cured, subsequent to a~~
 47 26 ~~single transfer or multiple transfers to a county care facility~~
 47 27 ~~pursuant to section 227.11. After reaching this limit of~~
 47 28 ~~liability, a person with mental illness or a person legally~~
 47 29 ~~liable for the person's support is liable to the regional~~

47 30 ~~administrator state~~ for the care and treatment of the person
 47 31 with mental illness at a state mental health institute ~~or,~~
 47 32 ~~if transferred but not discharged as cured, at a county care~~
 47 33 ~~facility in an amount not in excess of to exceed~~ the average
 47 34 minimum cost of the maintenance of an individual who is
 47 35 physically and mentally healthy residing in the individual's
 48 1 own home, ~~which standard shall be as established and may be~~
 48 2 ~~revised by the department by rule. A lien imposed by section~~
 48 3 ~~230.25 shall not exceed the amount of the liability which may~~
 48 4 ~~be incurred under this section on account of a person with~~
 48 5 ~~mental illness.~~

48 6 2. A person with a substance use disorder is legally
 48 7 liable for the total amount of the cost of providing care,
 48 8 maintenance, and treatment for the person with a substance
 48 9 use disorder while a voluntary or committed patient. When
 48 10 a portion of the cost is paid by ~~a county an administrative~~
 48 11 ~~services organization~~, the person with a substance use disorder
 48 12 is legally liable to the ~~county administrative services~~
 48 13 ~~organization~~ for the amount paid. The person with a substance
 48 14 use disorder shall assign any claim for reimbursement under any
 48 15 contract of indemnity, by insurance or otherwise, providing
 48 16 for the person's care, maintenance, and treatment in a state
 48 17 mental health institute to the state. ~~Any payments received~~
 48 18 ~~by the state from or on behalf of a person with a substance use~~
 48 19 ~~disorder shall be in part credited to the county in proportion~~
 48 20 ~~to the share of the costs paid by the county.~~

Adopts conforming changes to Iowa Code section 230.15 (Personal Liability).

48 21 Sec. 95. NEW SECTION 230.23 STATE — PAYOR OF LAST RESORT.
 48 22 The department shall implement services and adopt rules
 48 23 pursuant to chapter 17A in a manner that ensures that the state
 48 24 is the payor of last resort, and that the department does not
 48 25 make any payments for services that have been provided until
 48 26 the department has determined that the services provided are
 48 27 not payable by a third-party source.

Requires the HHS to implement services and adopt administrative rules to ensure that the State is the payor of last resort.

48 28 Sec. 96. Section 230.30, Code 2024, is amended to read as
 48 29 follows:
 48 30 230.30 CLAIM AGAINST ESTATE.
 48 31 On the death of a person receiving or who has received
 48 32 assistance under the provisions of this chapter, and whom the
 48 33 ~~board department~~ has previously found, ~~under section 230.25,~~

Adopts conforming changes to Iowa Code section [230.30](#) (Claim Against Estate).

48 34 is able to pay, there shall be allowed against the estate of
48 35 such decedent a claim of the sixth class for that portion of
49 1 the total amount paid for that person's care which exceeds
49 2 the total amount of all claims of the first through the fifth
49 3 classes, inclusive, as defined in section 633.425, which are
49 4 allowed against that estate.

49 5 Sec. 97. Section 232.78, subsection 5, unnumbered paragraph
49 6 1, Code 2024, is amended to read as follows:

49 7 The juvenile court, before or after the filing of a petition
49 8 under this chapter, may enter an ex parte order authorizing
49 9 a physician or physician assistant or hospital to conduct an
49 10 outpatient physical examination or authorizing a physician or
49 11 physician assistant, a psychologist certified under section
49 12 154B.7, or a community mental health center accredited pursuant
49 13 to ~~chapter 230A~~ section 225A.3 to conduct an outpatient mental
49 14 examination of a child if necessary to identify the nature,
49 15 extent, and cause of injuries to the child as required by
49 16 section 232.71B, provided all of the following apply:

49 17 Sec. 98. Section 232.83, subsection 2, unnumbered paragraph
49 18 1, Code 2024, is amended to read as follows:

49 19 Anyone authorized to conduct a preliminary investigation in
49 20 response to a complaint may apply for, or the court on its own
49 21 motion may enter, an ex parte order authorizing a physician
49 22 or physician assistant or hospital to conduct an outpatient
49 23 physical examination or authorizing a physician or physician
49 24 assistant, a psychologist certified under section 154B.7, or a
49 25 community mental health center accredited pursuant to ~~chapter~~
49 26 ~~230A~~ section 225A.3 to conduct an outpatient mental examination
49 27 of a child if necessary to identify the nature, extent, and
49 28 causes of any injuries, emotional damage, or other such needs
49 29 of a child as specified in section 232.96A, subsection 3, 5, or
49 30 6, provided that all of the following apply:

49 31 Sec. 99. Section 235.7, subsection 2, Code 2024, is amended
49 32 to read as follows:

49 33 2. MEMBERSHIP. The department may authorize the governance
49 34 boards of decategorization of child welfare and juvenile
49 35 justice funding projects established under section 232.188 to
50 1 appoint the transition committee membership and may utilize
50 2 the boundaries of decategorization projects to establish

Adopts conforming changes to Iowa Code section [232.78](#) (Temporary Custody of a Child Pursuant to Ex Parte Court Order).

Adopts conforming changes to Iowa Code section [232.83](#) (Child Sexual Abuse Involving a Person Not Responsible for the Care of the Child).

Adopts conforming changes to Iowa Code section [235.7](#) (Transition Committee).

50 3 the service areas for transition committees. The committee
50 4 membership may include but is not limited to department staff
50 5 involved with foster care, child welfare, and adult services,
50 6 juvenile court services staff, staff involved with county
50 7 general assistance or emergency relief under chapter 251 or
50 8 252, ~~or a regional administrator of the county mental health
50 9 and disability services region, as defined in section 225C.55,
50 10 in the area,~~ school district and area education agency staff
50 11 involved with special education, and a child's court appointed
50 12 special advocate, guardian ad litem, service providers, and
50 13 other persons knowledgeable about the child.

50 14 Sec. 100. Section 235A.15, subsection 2, paragraph c,
50 15 subparagraphs (5) and (8), Code 2024, are amended by striking
50 16 the subparagraphs.

50 17 Sec. 101. Section 249A.4, subsection 15, Code 2024, is
50 18 amended by striking the subsection.

50 19 Sec. 102. Section 249A.12, subsection 4, Code 2024, is
50 20 amended by striking the subsection.

50 21 Sec. 103. NEW SECTION 249A.38A SUPPORTED COMMUNITY LIVING
50 22 SERVICES.

50 23 1. As used in this section, "supported community living
50 24 service" means a service provided in a noninstitutional
50 25 setting to adult persons with mental illness, an intellectual
50 26 disability, or developmental disabilities to meet the persons'
50 27 daily living needs.

Repeals Iowa Code section [235A.15](#)(2)(c)(5) and 235A.15(2)(c)(8).

DETAIL: The repealed Iowa Code language lists the administrator of a community mental health center accredited under Iowa Code chapter [230A](#) and the administrator of an agency providing mental health and disability services under a regional service system management plan implemented in accordance with Iowa Code section [225C.60](#) as entities with authorized access to report data and disposition data relating to child abuse.

Repeals Iowa Code section [249A.4](#)(15).

DETAIL: The repealed Iowa Code section empowers the Director of the HHS to establish appropriate reimbursement rates for community mental health centers that are accredited by the MHDS Commission.

Repeals Iowa Code section [249A.12](#)(4).

DETAIL: The repealed Iowa Code section stipulates the MHDS Commission's responsibilities related to assistance to persons with an intellectual disability under Medicaid.

Defines "supported community living service" for use in Iowa Code section 249A.38A, as created by the Bill.

<p>50 28 2. The department shall adopt rules pursuant to chapter 17A 50 29 establishing minimum standards for supported community living 50 30 services.</p>	<p>Instructs the HHS to adopt administrative rules to establish minimum standards for supported community living services.</p>
<p>50 31 3. The department shall determine whether to grant, deny, or 50 32 revoke approval for any supported community living service.</p>	<p>Instructs the HHS to determine whether to grant, deny, or revoke approval for any supported community living service.</p>
<p>50 33 4. Approved supported community living services may receive 50 34 funding from the state, federal and state social services block 50 35 grant funds, and other appropriate funding sources, consistent 51 1 with state legislation and federal regulations. The funding 51 2 may be provided on a per diem, per hour, or grant basis, as 51 3 appropriate.</p>	<p>Stipulates that approved supported community living services may receive funding from State, federal, block grant, and other funding sources consistent with State legislation and federal regulation.</p>
<p>51 4 Sec. 104. Section 249N.8, Code 2024, is amended by striking 51 5 the section and inserting in lieu thereof the following: 51 6 249N.8 BEHAVIORAL HEALTH SERVICES REPORTS. 51 7 The department shall annually submit a report to the 51 8 governor and the general assembly with details related to the 51 9 department's review of the funds administered by, and the 51 10 outcomes and effectiveness of, the behavioral health services 51 11 provided by, the behavioral health service system established 51 12 in section 225A.3.</p>	<p>Repeals Iowa Code section 249N.8 and instead requires the HHS to annually submit a report to the Governor and the General Assembly reviewing the funds administered by the BHSS established in Iowa Code section 225A.3, as created by the Bill.</p> <p>DETAIL: The repealed Iowa Code section requires the HHS to submit a report to the Governor and the General Assembly reviewing the funds administered by the MHDS regions.</p>
<p>51 13 Sec. 105. Section 252.24, subsections 1 and 3, Code 2024, 51 14 are amended to read as follows: 51 15 1. The county of residence, as defined in section 225C.61 51 16 331.190, shall be liable to the county granting assistance for 51 17 all reasonable charges and expenses incurred in the assistance 51 18 and care of a poor person. 51 19 3. This section shall apply to assistance or maintenance 51 20 provided by a county through the county's mental health 51 21 and disability services behavioral health service system 51 22 implemented under chapter 225C established in section 225A.3.</p>	<p>Adopts conforming changes to Iowa Code section 252.24 (County of Residence Liable — Exception).</p>
<p>51 23 Sec. 106. Section 256.25, subsections 2 and 3, Code 2024, 51 24 are amended to read as follows: 51 25 2. A school district, which may collaborate and partner 51 26 with one or more school districts, area education agencies, 51 27 accredited nonpublic schools, nonprofit agencies, and 51 28 institutions that provide children's mental health services,</p>	<p>Adopt conforming changes to Iowa Code section 256.25 (Therapeutic Classroom Incentive Grant Program — Fund).</p>

51 29 ~~located in mental health and disability services regions~~
51 30 ~~providing children's behavioral health services in accordance~~
51 31 ~~with chapter 225C, subchapter VII operating within the state's~~
51 32 ~~behavioral health service system under chapter 225A, may apply~~
51 33 ~~for a grant under this program to establish a therapeutic~~
51 34 ~~classroom in the school district in accordance with this~~
51 35 ~~section.~~

52 1 3. The department shall develop a grant application
52 2 and selection and evaluation criteria. Selection criteria
52 3 shall include a method for prioritizing grant applications
52 4 submitted by school districts. First priority shall be
52 5 given to applications submitted by school districts that
52 6 submitted an application pursuant to this section for the
52 7 ~~previous immediately preceding~~ fiscal year. Second priority
52 8 shall be given to applications submitted by school districts
52 9 that, pursuant to subsection 2, are collaborating and
52 10 partnering with one or more school districts, area education
52 11 agencies, accredited nonpublic schools, nonprofit agencies,
52 12 or institutions that provide mental health services for
52 13 children. Third priority shall be given to applications
52 14 submitted by school districts located in ~~mental health and~~
52 15 ~~disability services regions~~ behavioral health districts as
52 16 defined in section 225A.1, and that are providing behavioral
52 17 health services for children in accordance with chapter 225C,
52 18 ~~subchapter VII 225A.~~ Grant awards shall be distributed as
52 19 equitably as possible among small, medium, and large school
52 20 districts. For purposes of this subsection, a small school
52 21 district is a district with an actual enrollment of fewer than
52 22 six hundred pupils; a medium school district is a district
52 23 with an actual enrollment that is at least six hundred pupils,
52 24 but less than two thousand five hundred pupils; and a large
52 25 school district is a district with an actual enrollment of two
52 26 thousand five hundred or more pupils.

52 27 Sec. 107. Section 321.189, subsection 10, Code 2024, is
52 28 amended to read as follows:
52 29 10. AUTISM SPECTRUM DISORDER STATUS. A licensee who has
52 30 autism spectrum disorder, as defined in section 514C.28, may
52 31 request that the license be marked to reflect the licensee's
52 32 autism spectrum disorder status on the face of the license
52 33 when the licensee applies for the issuance or renewal of a
52 34 license. The department may adopt rules pursuant to chapter

Adopts conforming changes to Iowa Code section [321.189](#) (Driver's License — Content).

52 35 17A establishing criteria under which a license may be marked,
 53 1 including requiring the licensee to submit medical proof of the
 53 2 licensee's autism spectrum disorder status. When a driver's
 53 3 license is so marked, the licensee's autism spectrum disorder
 53 4 status shall be noted in the electronic database used by
 53 5 the department and law enforcement to access registration,
 53 6 titling, and driver's license information. The department, in
 53 7 consultation with the ~~mental health and disability services~~
 53 8 ~~commission~~ department of health and human services, shall
 53 9 develop educational media to raise awareness of a licensee's
 53 10 ability to request the license be marked to reflect the
 53 11 licensee's autism spectrum disorder status.

53 12 Sec. 108. Section 321.190, subsection 1, paragraph b,
 53 13 subparagraph (6), Code 2024, is amended to read as follows:
 53 14 (6) An applicant for a nonoperator's identification
 53 15 card who has autism spectrum disorder, as defined in section
 53 16 514C.28, may request that the card be marked to reflect
 53 17 the applicant's autism spectrum disorder status on the face
 53 18 of the card when the applicant applies for the issuance or
 53 19 renewal of a card. The department may adopt rules pursuant to
 53 20 chapter 17A establishing criteria under which a card may be
 53 21 marked, including requiring the applicant to submit medical
 53 22 proof of the applicant's autism spectrum disorder status.
 53 23 The department, in consultation with the ~~mental health and~~
 53 24 ~~disability services commission~~ department of health and human
 53 25 services, shall develop educational media to raise awareness of
 53 26 an applicant's ability to request the card be marked to reflect
 53 27 the applicant's autism spectrum disorder status.

53 28 Sec. 109. Section 321J.25, subsection 1, paragraph b, Code
 53 29 2024, is amended to read as follows:
 53 30 b. "Program" means a substance use disorder awareness
 53 31 program, licensed under chapter 125, and provided under a
 53 32 contract entered into between the provider and the department
 53 33 of health and human services under chapter 125 or an
 53 34 administrative services organization as defined in section
 53 35 225A.1.

54 1 Sec. 110. Section 321J.25, subsection 2, unnumbered
 54 2 paragraph 1, Code 2024, is amended to read as follows:
 54 3 A substance use disorder awareness program is established

Adopts conforming changes to Iowa Code section [321.190](#) (Issuance of Nonoperator's Identification Cards — Fee).

Adopts conforming changes to Iowa Code section [321J.25](#) (Youthful Offender Substance Use Disorder Awareness Program).

Adopts conforming changes to Iowa Code section [321J.25](#) (Youthful Offender Substance Use Disorder Awareness Program).

54 4 in each of the regions established by the director of health
 54 5 ~~and human services pursuant to section 125.12 behavioral~~
 54 6 ~~health district designated pursuant to section 225A.4.~~ The
 54 7 program shall consist of an insight class and a substance
 54 8 use disorder evaluation, which shall be attended by the
 54 9 participant, to discuss issues related to the potential
 54 10 consequences of substance use disorder. The parent or parents
 54 11 of the participant shall also be encouraged to participate
 54 12 in the program. The program provider shall consult with the
 54 13 participant or the parents of the participant in the program
 54 14 to determine the timing and appropriate level of participation
 54 15 for the participant and any participation by the participant's
 54 16 parents. The program may also include a supervised educational
 54 17 tour by the participant to any or all of the following:

54 18 Sec. 111. Section 331.321, subsection 1, paragraph e, Code
 54 19 2024, is amended by striking the paragraph.

Repeals Iowa Code section [331.321](#)(1)(e).

DETAIL: The repealed Iowa Code section stipulates the process for establishing a temporary board of community mental health center trustees.

54 20 Sec. 112. Section 331.323, subsection 1, paragraph a,
 54 21 subparagraph (7), Code 2024, is amended by striking the
 54 22 subparagraph.

Repeals Iowa Code section [331.323](#)(1)(a)(7).

DETAIL: The repealed Iowa Code section established that a county care facility administrator can have the administrator's duties combined with other listed county officers and employees as designated by the county.

54 23 Sec. 113. Section 331.381, subsections 4 and 5, Code 2024,
 54 24 are amended to read as follows:

54 25 4. ~~Comply with chapter 222, including but not limited to~~
 54 26 ~~sections 222.13, 222.14, 222.59 through 222.70, 222.73 through~~
 54 27 ~~222.75, and 222.77 through 222.82;~~ in regard to the care of
 54 28 persons with an intellectual disability.

54 29 5. ~~Comply with chapters 227, 229 and 230, including but not~~
 54 30 ~~limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and~~
 54 31 ~~230.35;~~ in regard to the care of persons with mental illness.

Adopts conforming changes to Iowa Code section [331.381](#) (Duties Relating to Services).

54 32 Sec. 114. Section 331.382, subsection 1, paragraphs e, f,
 54 33 and g, Code 2024, are amended by striking the paragraphs.

Repeals Iowa Code section [331.382](#)(1)(e), 331.382(1)(f), and 331.382(1)(g).

DETAIL: The repealed Iowa Code sections list provision of preliminary

PG LN	GA:90 SF2420	Explanation
54 34 Sec. 115. Section 331.382, subsection 3, Code 2024, is 54 35 amended by striking the subsection.		diagnostic evaluation before admissions to state mental health institutes, establishment of a community mental health center, and establishment of a county care facility as powers that may be exercised under the home rule powers or other provisions of the law by the board of supervisors of a county. Repeals Iowa Code section 331.382 (3). DETAIL: The repealed Iowa Code section states that the power to legislate in regard to chemical substance use is subject to Iowa Code section 125.40 regarding criminal law limitations for substance use disorders.
55 1 Sec. 116. Section 331.432, subsection 3, Code 2024, is 55 2 amended by striking the subsection.		Repeals Iowa Code section 331.432 (3). DETAIL: The repealed Iowa Code section prohibits payments or transfers of moneys from any fund of a county to a MHDS region's combined account.
55 3 Sec. 117. Section 331.502, subsection 10, Code 2024, is 55 4 amended by striking the subsection.		Repeals Iowa Code section 331.502 (10). DETAIL: The repealed Iowa Code section grants the Office of County Auditor the power to carry out duties relating to determination of residency, collection of funds due to the county, and support of persons with an intellectual disability.
55 5 Sec. 118. Section 331.502, subsection 12, Code 2024, is 55 6 amended to read as follows: 55 7 12. Carry out duties relating to the hospitalization and 55 8 support of persons with mental illness as provided in sections 55 9 229.42, 230.3, 230.11; and 230.15, 230.21, 230.22, 230.25, and 55 10 230.26.		Adopts conforming changes to Iowa Code section 331.502 (General Duties).
55 11 Sec. 119. Section 331.552, subsection 13, Code 2024, is 55 12 amended by striking the subsection.		Repeals Iowa Code section 331.552 (13). DETAIL: The repealed Iowa Code section directs the Office of County Treasurer to make transfer payments to the State for school expenses for deaf and hard-of-hearing children and support of persons with mental illness provided in Iowa Code section 230.21 .

55 13 Sec. 120. Section 331.756, subsections 25, 38, and 41, Code
55 14 2024, are amended by striking the subsections.

Repeals Iowa Code section [331.756](#)(25), 331.75(38), and 331.756(41).

DETAIL: The repealed Iowa Code sections direct the Office of County Attorney to serve as attorney for the county health care facility administrator in matters relating to the administrator's service as a conservator or guardian for a resident of the health care facility, proceed to collect the reasonable costs for the care and administrative supports of a person with an intellectual disability from parents or other persons who are legally liable for the support of said person, and carry out duties relating to the hospitalization of person for mental illness.

55 15 Sec. 121. Section 331.910, subsection 2, Code 2024, is
55 16 amended by adding the following new paragraph:
55 17 NEW PARAGRAPH 0a. "Administrative services organization"
55 18 means the same as defined in section 225A.1.

Defines "administrative services organization" as the same as defined in Iowa Code 225A.1, as established by the Bill.

55 19 Sec. 122. Section 331.910, subsection 2, paragraph d, Code
55 20 2024, is amended by striking the paragraph.

Repeals Iowa Code section [331.910](#)(2)(d).

DETAIL: The repealed Iowa Code section defines the term "region" as a MHDS region.

55 21 Sec. 123. Section 331.910, subsection 3, paragraphs a and c,
55 22 Code 2024, are amended to read as follows:

55 23 a. ~~A region~~ An administrative services organization may
55 24 contract with a receiving agency in a bordering state to secure
55 25 substance use disorder or mental health care and treatment
55 26 under this subsection for persons who receive substance use
55 27 disorder or mental health care and treatment pursuant to
55 28 section 125.33, 125.91, 229.2, or 229.22 ~~through a region~~.

55 29 c. ~~A region~~ An administrative services organization may
55 30 contract with a sending agency in a bordering state to provide
55 31 care and treatment under this subsection for residents of
55 32 the bordering state in approved substance use disorder and
55 33 mental health care and treatment hospitals, centers, and
55 34 facilities in this state, except that care and treatment shall
55 35 not be provided for residents of the bordering state who are
56 1 involved in criminal proceedings substantially similar to the
56 2 involvement described in paragraph "b".

Adopts conforming changes to Iowa Code section [331.910](#) (Interstate Contracts for Mental Health and Substance Use Disorder Treatment).

56 3 Sec. 124. Section 347.16, subsection 3, Code 2024, is
56 4 amended to read as follows:

Adopts conforming changes to Iowa Code section [347.16](#) (Treatment in County Hospital — Terms).

56 5 3. Care and treatment may be furnished in a county public
 56 6 hospital to any sick or injured person who has residence
 56 7 outside the county which maintains the hospital, subject to
 56 8 such policies and rules as the board of hospital trustees
 56 9 may adopt. If care and treatment is provided under this
 56 10 subsection to a person who is indigent, the person's county of
 56 11 residence, as defined in section ~~225C.61~~ 331.190, shall pay to
 56 12 the board of hospital trustees the fair and reasonable cost of
 56 13 the care and treatment provided by the county public hospital
 56 14 unless the cost of the indigent person's care and treatment is
 56 15 otherwise provided for. If care and treatment is provided to
 56 16 an indigent person under this subsection, the county public
 56 17 hospital furnishing the care and treatment shall immediately
 56 18 notify, by regular mail, the auditor of the county of residence
 56 19 of the indigent person of the provision of care and treatment
 56 20 to the indigent person including care and treatment provided
 56 21 ~~by a county through the county's mental health and disability~~
 56 22 ~~services system implemented under chapter 225C~~ behavioral
 56 23 health service system established in section 225A.3.

56 24 Sec. 125. Section 423.3, subsection 18, paragraph d, Code
 56 25 2024, is amended to read as follows:
 56 26 d. Community mental health centers accredited by the
 56 27 department of health and human services pursuant to ~~chapter~~
 56 28 ~~225C~~ section 225A.3.

56 29 Sec. 126. Section 426B.1, subsection 2, Code 2024, is
 56 30 amended to read as follows:
 56 31 2. Moneys shall be distributed from the property tax relief
 56 32 fund to the ~~mental health and disability services regional~~
 56 33 ~~service system for mental health and disability services;~~
 56 34 behavioral health fund established in section 225A.7 in
 56 35 accordance with the appropriations made to the fund and other
 57 1 statutory requirements.

57 2 Sec. 127. Section 437A.8, subsection 4, paragraph d, Code
 57 3 2024, is amended to read as follows:
 57 4 d. (1) Notwithstanding paragraph "a", a taxpayer who owns
 57 5 or leases a new electric power generating plant and who has
 57 6 no other operating property in the state of Iowa except for
 57 7 operating property directly serving the new electric power
 57 8 generating plant as described in section 437A.16 shall pay

Adopts conforming changes to Iowa Code section [423.3](#) (Exemptions).

Adopts conforming changes to Iowa Code section [426B.1](#)
(Appropriations — Property Tax Relief Fund).

Adopts conforming changes to Iowa Code section [437A.8](#) (Return and
Payment Requirements — Rate Adjustments).

57 9 the replacement generation tax associated with the allocation
57 10 of the local amount to the county treasurer of the county in
57 11 which the local amount is located and shall remit the remaining
57 12 replacement generation tax, if any, to the director according
57 13 to paragraph "a" for remittance of the tax to county treasurers.
57 14 The director shall notify each taxpayer on or before August 31
57 15 following a tax year of its remaining replacement generation
57 16 tax to be remitted to the director. All remaining replacement
57 17 generation tax revenues received by the director shall be
57 18 deposited in the property tax relief fund created in section
57 19 426B.1, and shall be distributed as provided in section 426B.2.
57 20 (2) If a taxpayer has paid an amount of replacement tax,
57 21 penalty, or interest which was deposited into the property tax
57 22 relief fund and which was not due, all of the provisions of
57 23 section 437A.14, subsection 1, paragraph "b", shall apply with
57 24 regard to any claim for refund or credit filed by the taxpayer.
57 25 The director shall have sole discretion as to whether the
57 26 erroneous payment will be refunded to the taxpayer or credited
57 27 against any replacement tax due, or to become due, from the
57 28 taxpayer that would be subject to deposit in the property tax
57 29 relief fund.

57 30 Sec. 128. Section 437A.15, subsection 3, paragraph f, Code
57 31 2024, is amended to read as follows:

57 32 f. Notwithstanding the provisions of this section, if
57 33 a taxpayer is a municipal utility or a municipal owner of
57 34 an electric power facility financed under the provisions
57 35 of chapter 28F or 476A, the assessed value, other than the
58 1 local amount, of a new electric power generating plant shall
58 2 be allocated to each taxing district in which the municipal
58 3 utility or municipal owner is serving customers and has
58 4 electric meters in operation in the ratio that the number of
58 5 operating electric meters of the municipal utility or municipal
58 6 owner located in the taxing district bears to the total number
58 7 of operating electric meters of the municipal utility or
58 8 municipal owner in the state as of January 1 of the tax year.
58 9 If the municipal utility or municipal owner of an electric
58 10 power facility financed under the provisions of chapter 28F
58 11 or 476A has a new electric power generating plant but the
58 12 municipal utility or municipal owner has no operating electric
58 13 meters in this state, the municipal utility or municipal owner
58 14 shall pay the replacement generation tax associated with the

Adopts conforming changes to Iowa Code section [437A.15](#) (Allocation of Revenue).

58 15 new electric power generating plant allocation of the local
 58 16 amount to the county treasurer of the county in which the local
 58 17 amount is located and shall remit the remaining replacement
 58 18 generation tax, if any, to the director at the times contained
 58 19 in section 437A.8, subsection 4, for remittance of the tax to
 58 20 the county treasurers. All remaining replacement generation
 58 21 tax revenues received by the director shall be deposited in the
 58 22 property tax relief behavioral health fund created established
 58 23 in section 426B.1, and shall be distributed as provided in
 58 24 section 426B.2 225A.7.

58 25 Sec. 129. Section 483A.24, subsection 7, Code 2024, is
 58 26 amended to read as follows:

58 27 7. A license shall not be required of minor pupils of the
 58 28 Iowa school for the deaf or of minor residents of other state
 58 29 institutions under the control of the department of health
 58 30 and human services. In addition, a person who is on active
 58 31 duty with the armed forces of the United States, on authorized
 58 32 leave from a duty station located outside of this state, and
 58 33 a resident of the state of Iowa shall not be required to
 58 34 have a license to hunt or fish in this state. The military
 58 35 person shall carry the person's leave papers and a copy of
 59 1 the person's current earnings statement showing a deduction
 59 2 for Iowa income taxes while hunting or fishing. In lieu of
 59 3 carrying the person's earnings statement, the military person
 59 4 may also claim residency if the person is registered to vote
 59 5 in this state. If a deer or wild turkey is taken, the military
 59 6 person shall immediately contact a state conservation officer
 59 7 to obtain an appropriate tag to transport the animal. A
 59 8 license shall not be required of ~~residents of county care~~
 59 9 ~~facilities~~ or any person who is receiving supplementary
 59 10 assistance under chapter 249.

59 11 Sec. 130. Section 602.8102, subsection 39, Code 2024, is
 59 12 amended to read as follows:

59 13 39. Refer persons applying for voluntary admission to a
 59 14 community mental health center accredited by the department
 59 15 of health and human services under section 225A.3, for a
 59 16 preliminary diagnostic evaluation as provided in section
 59 17 225C.16, subsection 2.

59 18 Sec. 131. Section 714.8, subsection 12, Code 2024, is

Adopts conforming changes to Iowa Code section [483A.24](#) (When License Not Required — Special Licenses).

Adopts conforming changes to Iowa Code section [602.8102](#) (General Duties).

Adopts conforming changes to Iowa Code section [714.8](#) (Fraudulent

59 19 amended to read as follows:

59 20 12. Knowingly transfers or assigns a legal or equitable
 59 21 interest in property, as defined in section 702.14, for less
 59 22 than fair consideration, with the intent to obtain public
 59 23 assistance under chapters 16, 35B, and 35D, and 347B, or Title
 59 24 VI, subtitles 2 through 6, or accepts a transfer of or an
 59 25 assignment of a legal or equitable interest in property, as
 59 26 defined in section 702.14, for less than fair consideration,
 59 27 with the intent of enabling the party transferring the property
 59 28 to obtain public assistance under chapters 16, 35B, and 35D,
 59 29 ~~and 347B~~, or Title VI, subtitles 2 through 6. A transfer or
 59 30 assignment of property for less than fair consideration within
 59 31 one year prior to an application for public assistance benefits
 59 32 shall be evidence of intent to transfer or assign the property
 59 33 in order to obtain public assistance for which a person is
 59 34 not eligible by reason of the amount of the person's assets.
 59 35 If a person is found guilty of a fraudulent practice in the
 60 1 transfer or assignment of property under this subsection the
 60 2 maximum sentence shall be the penalty established for a serious
 60 3 misdemeanor and sections 714.9, 714.10, and 714.11 shall not
 60 4 apply.

Practices Defined).

60 5 Sec. 132. Section 812.6, subsection 1, Code 2024, is amended
 60 6 to read as follows:

60 7 1. If the court finds the defendant does not pose a danger
 60 8 to the public peace and safety, is otherwise qualified for
 60 9 pretrial release, and is willing to cooperate with treatment,
 60 10 the court shall order, as a condition of pretrial release,
 60 11 that the defendant obtain mental health treatment designed to
 60 12 restore the defendant to competency. The costs of treatment
 60 13 pursuant to this subsection shall be paid by ~~the mental~~
 60 14 ~~health and disability services region for the county of the~~
 60 15 ~~defendant's residency pursuant to chapter 225C regardless of~~
 60 16 ~~whether the defendant meets financial eligibility requirements~~
 60 17 ~~under section 225C.62 or 225C.66~~ an administrative services
 60 18 organization designated pursuant to section 225A.4.

Adopts conforming changes to Iowa Code section [812.6](#) (Placement and Treatment — Payment of Costs).

60 19 Sec. 133. Section 904.201, subsection 8, Code 2024, is
 60 20 amended to read as follows:

60 21 8. Chapter 230 governs the determination of costs and
 60 22 charges for the care and treatment of persons with mental
 60 23 illness admitted to the forensic psychiatric hospital;

Adopts conforming changes to Iowa Code section [904.201](#) (Iowa Medical and Classification Center).

60 24 except that charges for the care and treatment of any person
 60 25 transferred to the forensic psychiatric hospital from an adult
 60 26 correctional institution or from a state training school shall
 60 27 be paid entirely from state funds. Charges for all other
 60 28 persons at the forensic psychiatric hospital shall be billed to
 60 29 the respective counties at the same ratio as for patients at
 60 30 state mental health institutes under section 230.20.

60 31 Sec. 134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B,
 60 32 Code 2024, are repealed.

60 33 Sec. 135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9,
 60 34 125.10, 125.12, 125.25, 125.32A, 125.34, 125.37, 125.38,
 60 35 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 125.46,
 61 1 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 135B.18,
 61 2 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 222.64, 222.65,
 61 3 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 222.75, 225.10,
 61 4 225.19, 225.21, 226.45, 229.42, 230.1A, 230.2, 230.3, 230.4,
 61 5 230.5, 230.6, 230.9, 230.12, 230.16, 230.17, 230.18, 230.19,
 61 6 230.20, 230.21, 230.22, 230.25, 230.26, 230.27, 426B.2, 426B.4,
 61 7 and 426B.5, Code 2024, are repealed.

Repeals Iowa Code chapters [142A](#) (Tobacco Use Prevention and Control), [225C](#) (Mental Health and Disability Services), [227](#) (Facilities for Persons with Mental Illness or an Intellectual Disability), [230A](#), (Community Mental Health Centers), and [347B](#) (County Care Facilities).

Repeals the following Iowa Code sections under Iowa Code chapter [125](#) (Substance Use Disorders):

- [125.1](#), [125.3](#), [125.7](#), [125.9](#), [125.10](#), [125.12](#), [125.25](#), [125.32A](#), [125.34](#), [125.37](#), [125.38](#), [125.39](#), [125.40](#), [125.41](#), [125.42](#), [125.43](#), [125.43A](#), [125.46](#), [125.48](#), [125.54](#), [125.55](#), [125.58](#), [125.59](#), and [125.60](#).

Repeals Iowa Code section [135B.18](#) (County Care Facilities Exempted).

Repeals Iowa Code section [218.99](#) (Counties to be Notified of Patients' Personal Accounts).

Repeals the following Iowa Code sections under Iowa Code chapter [222](#) (Persons with an Intellectual Disability):

- [222.59](#), [222.60](#), [222.61](#), [222.62](#), [222.63](#), [222.64](#), [222.65](#), [222.66](#), [222.67](#), [222.68](#), [222.69](#), [222.70](#), [222.74](#), and [222.75](#).

Repeals the following Iowa Code sections under Iowa Code chapter [225](#) (Psychiatric Hospital).

- [225.10](#), [225.19](#), and [225.21](#).

Repeals Iowa Code section [226.45](#) (Reimbursement to County or State).

Repeals Iowa Code section [229.42](#) (Costs Paid by County).

61 8 Sec. 136. CODE EDITOR DIRECTIVE. The Code editor is
 61 9 directed to correct internal references in the Code and in any
 61 10 enacted legislation as necessary due to the enactment of this
 61 11 division of this Act.

61 12 Sec. 137. EFFECTIVE DATE. This division of this Act takes
 61 13 effect July 1, 2025.

61 14 DIVISION III
 61 15 AGING AND DISABILITY

61 16 Sec. 138. Section 231.3, Code 2024, is amended to read as
 61 17 follows:

61 18 231.3 STATE POLICY AND OBJECTIVES.

61 19 1. The general assembly declares that it is the policy of
 61 20 the state to work toward attainment of the following objectives
 61 21 for Iowa's older individuals and individuals with disabilities:

61 22 ~~1.~~ a. An adequate income.

61 23 ~~2.~~ b. Access to physical and mental health care and
 61 24 long-term living and community support services without regard
 61 25 to economic status.

61 26 ~~3.~~ c. Suitable and affordable housing that reflects the
 61 27 needs of ~~older~~ individuals.

61 28 ~~4.~~ d. Access to comprehensive information and a community
 61 29 navigation system providing all available options related to
 61 30 long-term living and community support services that assist
 61 31 ~~older~~ individuals in the preservation of personal assets and
 61 32 the ability to entirely avoid or significantly delay reliance
 61 33 on entitlement programs.

Repeals the following Iowa Code sections under Iowa Code chapter
[230](#) (Support of Persons with Mental Illness):

- [230.1A](#), [230.2](#), [230.3](#), [230.4](#), [230.5](#), [230.6](#), [230.9](#), [230.12](#),
[230.16](#), [230.17](#), [230.18](#), [230.19](#), [230.20](#), [230.21](#), [230.22](#),
[230.25](#), [230.26](#), and [230.27](#).

Repeals the following Iowa Code sections under Iowa Code chapter
 426B (Property Tax Relief — Mental Health and Disabilities Services):

- [426B.2](#), [426B.4](#), and [426B.5](#).

Directs the Iowa Code Editor to correct internal references in the Iowa
 Code and in any enacted legislation as necessary due to the
 enactment of this division of this Bill.

Specifies that Division II of the Bill will take effect on July 1, 2025.

Amends the target population referenced in Iowa Code section [231.3](#)
 to include individuals with disabilities and clarifies the existing
 language in the Iowa Code section to reflect that inclusion.

61 34 ~~5. e.~~ Full restorative services for those who require
 61 35 institutional care, and a comprehensive array of long-term
 62 1 living and community support services adequate to sustain ~~order~~
 62 2 people in their communities and, whenever possible, in their
 62 3 homes, including support for caregivers.
 62 4 ~~6. f.~~ Pursuit of meaningful activity within the widest
 62 5 range of civic, cultural, educational, recreational, and
 62 6 employment opportunities.
 62 7 ~~7. g.~~ Suitable community transportation systems to assist
 62 8 in the attainment of independent movement.
 62 9 ~~8. h.~~ Freedom, independence, and the free exercise of
 62 10 individual initiative in planning and managing their own lives.
 62 11 ~~9. i.~~ Freedom from abuse, neglect, and exploitation.

62 12 2. The general assembly declares that the state of Iowa
 62 13 recognizes a brain injury as a disability, and each agency and
 62 14 subdivision of this state shall recognize a brain injury as a
 62 15 distinct disability.

Declares that the State of Iowa recognize a brain injury as a distinct disability.

62 16 3. It is the policy of this state that each state agency
 62 17 shall make reasonable efforts to identify those persons with
 62 18 brain injuries among the persons served by the state agency.

Directs each State agency to make reasonable efforts to identify those persons with brain injuries among the persons served by the State agency.

62 19 Sec. 139. Section 231.4, subsection 1, Code 2024, is amended
 62 20 by adding the following new paragraph:
 62 21 NEW PARAGRAPH 0c. "Brain injury" means the same as defined
 62 22 in section 135.22.

Defines "brain injury" as the same as defined in Iowa Code section [135.22](#).

62 23 Sec. 140. Section 231.4, subsection 1, paragraph d, Code
 62 24 2024, is amended to read as follows:
 62 25 d. ~~"Commission" means the commission on aging. "Council"~~
 62 26 means the council on health and human services created in
 62 27 section 217.2.

Replaces the definition for "commission" with the definition for "council," which is defined as the Council on Health and Human Services.

62 28 Sec. 141. Section 231.14, Code 2024, is amended to read as
 62 29 follows:
 62 30 231.14 ~~COMMISSION~~ COUNCIL DUTIES AND AUTHORITY.
 62 31 ~~1. The commission is the policymaking body of the sole state~~
 62 32 ~~agency responsible for administration of the federal Act. The~~
 62 33 ~~commission council shall do all of the following:~~
 62 34 ~~a. 1. Approve~~ Make recommendations to the department
 62 35 regarding approval of the state plan on aging developed under

Changes the body that oversees Aging and Disability Services from the Commission on Aging to the Council on Health and Human Services.

63 1 section 231.31 and area plans ~~on aging, developed under section~~
63 2 231.33.
63 3 ~~b. 2. Adopt Recommend policies to coordinate state~~
63 4 ~~activities related to the purposes of this chapter.~~
63 5 ~~c. 3. Serve as an effective and visible advocate for older~~
63 6 ~~individuals and individuals with disabilities by establishing~~
63 7 ~~recommending policies for reviewing and commenting upon~~
63 8 ~~all state plans, budgets, and policies which affect older~~
63 9 ~~individuals and for providing technical assistance to any~~
63 10 ~~agency, organization, association, or individual representing~~
63 11 ~~the needs of older individuals with disabilities.~~
63 12 ~~d. Divide the state into distinct planning and service~~
63 13 ~~areas after considering the geographical distribution of~~
63 14 ~~older individuals in the state, the incidence of the need~~
63 15 ~~for supportive services, nutrition services, multipurpose~~
63 16 ~~senior centers, and legal services, the distribution of older~~
63 17 ~~individuals who have low incomes residing in such areas, the~~
63 18 ~~distribution of resources available to provide such services~~
63 19 ~~or centers, the boundaries of existing areas within the~~
63 20 ~~state which are drawn for the planning or administration of~~
63 21 ~~supportive services programs, the location of units of general~~
63 22 ~~purpose, local government within the state, and any other~~
63 23 ~~relevant factors.~~
63 24 ~~e. Designate for each planning and service area a public or~~
63 25 ~~private nonprofit agency or organization as the area agency on~~
63 26 ~~aging for that area. The commission may revoke the designation~~
63 27 ~~of an area agency on aging pursuant to section 231.32.~~
63 28 ~~f. 4. Adopt policies to assure Make recommendations to~~
63 29 ~~ensure that the department will take into account the views~~
63 30 ~~of older individuals and individuals with disabilities in the~~
63 31 ~~development of policy.~~
63 32 ~~g. Adopt a method for the distribution of federal~~
63 33 ~~Act and state funds taking into account, to the maximum~~
63 34 ~~extent feasible, the best available data on the geographic~~
63 35 ~~distribution of older individuals in the state, and publish the~~
64 1 ~~method for review and comment.~~
64 2 ~~h. 5. Adopt Recommend policies and measures to assure~~
64 3 ~~ensure that preference will be given to providing services to~~
64 4 ~~older individuals and individuals with disabilities with the~~
64 5 ~~greatest economic or social needs, with particular attention to~~
64 6 ~~low-income minority older individuals, older individuals with~~

64 7 limited English proficiency, and ~~older~~ individuals residing in
 64 8 rural areas.
 64 9 ~~i. 6. Adopt Recommend~~ policies to administer state programs
 64 10 authorized by this chapter.
 64 11 ~~j. 7. Adopt Recommend~~ policies ~~and administrative rules~~
 64 12 ~~pursuant to chapter 17A~~ that support the capabilities of the
 64 13 area agencies on aging and the aging and disabilities resource
 64 14 centers to serve older individuals and ~~persons~~ individuals
 64 15 with disabilities experiencing Alzheimer's disease or related
 64 16 dementias.
 64 17 ~~2. The commission shall adopt administrative rules pursuant~~
 64 18 ~~to chapter 17A to administer the duties specified in this~~
 64 19 ~~chapter and in all other chapters under the department's~~
 64 20 ~~jurisdiction.~~

64 21 Sec. 142. Section 231.21, Code 2024, is amended to read as
 64 22 follows:
 64 23 231.21 ADMINISTRATION OF CHAPTER — DEPARTMENT OF HEALTH AND
 64 24 HUMAN SERVICES.
 64 25 The department of health and human services shall ~~administer~~
 64 26 ~~this chapter under the policy direction of the commission~~
 64 27 ~~on aging~~ consider the recommendations of the council when
 64 28 administering this chapter.

Directs the HHS to consider the recommendations of the Council on Health and Human Services when administering Iowa Code chapter [231](#).

64 29 Sec. 143. Section 231.23, Code 2024, is amended to read as
 64 30 follows:
 64 31 231.23 DEPARTMENT — DUTIES AND AUTHORITY.
 64 32 The department shall:
 64 33 1. ~~Develop and administer a~~ Administer the state plan on
 64 34 aging developed pursuant to section 231.31.

Removes the requirement for the HHS to develop a State plan on aging, and instead directs the HHS to administer the plan developed pursuant to Iowa Code section [231.31](#).

64 35 2. ~~Assist the commission in the review and approval of~~
 65 1 Review and approve area plans developed under section 231.33.

Directs the HHS to be the entity responsible for reviewing and approving area plans developed under Iowa Code section [231.33](#).

65 2 3. ~~Pursuant to commission policy, coordinate~~ Coordinate
 65 3 state activities related to the purposes of this chapter
 65 4 ~~and all other chapters under the department's jurisdiction.~~
 65 5 State activities shall include, at a minimum, home and
 65 6 community-based services such as employment support, community
 65 7 living, and service coordination.

Establishes the minimum requirements for what State activities relevant to Iowa Code chapter [231](#) should include.

65 8 4. Advocate for older individuals and individuals with

Expands existing language to include individuals with disabilities in the

65 9 disabilities by reviewing and commenting upon all state plans,
 65 10 budgets, laws, rules, ~~regulations~~, and policies which affect
 65 11 older individuals or individuals with disabilities and by
 65 12 providing technical assistance to any agency, organization,
 65 13 association, or individual representing the needs of older
 65 14 individuals or individuals with disabilities.

target population for advocacy.

65 15 ~~5. Assist the commission in dividing~~ Divide the state into
 65 16 distinct planning and service areas after considering the
 65 17 geographical distribution of older individuals and individuals
 65 18 with disabilities in the state, the incidence of the need
 65 19 for supportive services, nutrition services, multipurpose
 65 20 senior centers, and legal services, the distribution of older
 65 21 individuals and individuals with disabilities with low income
 65 22 residing in such areas, the distribution of resources available
 65 23 to provide such services or centers, the boundaries of existing
 65 24 areas within the state which are drawn for the planning or
 65 25 administration of supportive services programs, the location of
 65 26 units of general purpose, local government within the state,
 65 27 and any other relevant factors.

Instructs the HHS to divide the State into distinct planning and service areas after considering the geographical distribution of older individuals and individuals with disabilities in the State, the incidence of the need for various supportive services or centers, the distribution of individuals with low income residing in such areas, the distribution of resources available to provide services or centers, the boundaries of existing areas within the State, the location of units of general purpose, local government within the State, and any other relevant factors.

65 28 ~~6. Assist the commission in designating~~ Designate for each
 65 29 area a public or private nonprofit agency or organization as
 65 30 the area agency on aging for that area. The department may
 65 31 revoke the designation of an area agency on aging pursuant to
 65 32 section 231.32.

Instructs the HHS to designate a public or private nonprofit agency as the Area Agency on Aging for each area, and establishes that the HHS has the right to revoke the designation pursuant to Iowa Code section [231.32](#).

65 33 ~~7. Pursuant to commission policy, take~~ Take into account the
 65 34 views of older lowans and lowans with disabilities.

Adds language to include lowans with disabilities in the target population.

65 35 ~~8. Assist the commission in adopting~~ Adopt a method for
 66 1 the distribution of funds available from the federal Act
 66 2 and state appropriations and allocations that takes into
 66 3 account, to the extent feasible, the best available data on the
 66 4 geographic distribution of older individuals and individuals
 66 5 with disabilities in the state.

Directs the HHS to adopt a method for the distribution of funds that takes into account the best available data on the geographic distribution of older individuals and individuals with disabilities in the State.

66 6 ~~9. Assist the commission in assuring~~ Adopt policies and
 66 7 measures to ensure that preference will be given to providing
 66 8 services to older individuals and individuals with disabilities
 66 9 with the greatest economic or social needs, with particular
 66 10 attention to low-income minority ~~older~~ individuals, ~~older~~

Adds language to include lowans with disabilities in the target population, and instructs the HHS to adopt policies and measures to ensure that preference will be given to providing services to older individuals and individuals with disabilities with the greatest economic or social needs.

66 11 individuals with limited English proficiency, and ~~older~~
66 12 individuals residing in rural areas.

66 13 ~~10. Assist the commission in developing, adopting, and~~
66 14 ~~enforcing~~ Develop, adopt, and enforce administrative rules,
66 15 ~~including by issuing necessary forms and procedures, to~~
66 16 ~~administer the duties specified in this chapter.~~

Directs the HHS to develop, adopt, and enforce administrative rules to administer the duties specific to Iowa Code chapter [231](#).

66 17 11. Apply for, receive, and administer grants, devises,
66 18 donations, and gifts, ~~or bequests of real or personal property~~
66 19 from any source to conduct projects consistent with the
66 20 purposes of the department. Notwithstanding section 8.33,
66 21 moneys received by the department pursuant to this section are
66 22 not subject to reversion to the general fund of the state.

Removes bequests of real or personal property from Iowa Code [231.23](#).

66 23 12. Administer state authorized programs.

66 24 13. Establish a procedure for an area agency on aging to
66 25 use in selection of members of the agency's board of directors.
66 26 The selection procedure shall be incorporated into the bylaws
66 27 of the board of directors.

66 28 14. Adopt rules pursuant to chapter 17A that support the
66 29 capabilities of the area agencies on aging, and aging and
66 30 disabilities resource centers, to serve older individuals and
66 31 individuals with disabilities.

Instructs the HHS to adopt rules pursuant to Iowa Code chapter [17A](#) to support the capabilities of the Area Agencies on Aging and aging and disabilities resource centers.

66 32 Sec. 144. Section 231.23A, subsections 1 and 3, Code 2024,
66 33 are amended to read as follows:

Adopts conforming language to Iowa Code section [231.23A](#) (Programs and Services).

66 34 1. Services for older individuals, ~~persons with~~
66 35 ~~disabilities eighteen years of age and older,~~ family
67 1 caregivers, and veterans as defined by the department in the
67 2 most current version of the department's reporting manual and
67 3 pursuant to the federal Act and regulations.
67 4 3. ~~The aging~~ Aging and disability resource ~~center~~ centers.

67 5 Sec. 145. Section 231.23A, Code 2024, is amended by adding
67 6 the following new subsection:
67 7 NEW SUBSECTION 7A. Services and supports available to
67 8 individuals with disabilities including but not limited to
67 9 individuals with mental illness, an intellectual disability or
67 10 other developmental disability, or a brain injury.

Includes services and supports available to individuals with disabilities in the list of programs and services the HHS must provide or administer under Iowa Code section [231.23A](#).

67 11 Sec. 146. Section 231.31, Code 2024, is amended to read as

Adopts conforming changes to Iowa Code section [231.31](#) (State Plan

67 12 follows:

67 13 231.31 STATE PLAN ON AGING.

67 14 The department shall develop, and submit to the ~~commission~~
67 15 ~~on aging for approval~~, a multiyear state plan on aging.

67 16 The state plan on aging shall meet all applicable federal
67 17 requirements.

on Aging).

67 18 Sec. 147. Section 231.32, Code 2024, is amended to read as
67 19 follows:

67 20 231.32 CRITERIA FOR DESIGNATION OF AREA AGENCIES ON AGING.

67 21 1. The ~~commission~~ department shall designate an area
67 22 agency on aging for each planning and service area. The
67 23 ~~commission shall continue the designation~~ shall continue until
67 24 an area agency on aging's designation is removed for cause as
67 25 determined by the ~~commission~~ department, until the time of
67 26 renewal or the annual update of an area plan, until the agency
67 27 voluntarily withdraws as an area agency on aging, or until a
67 28 change in the designation of planning and service areas or area
67 29 agencies on aging is required by state or federal law. In that
67 30 event, the ~~commission~~ department shall proceed in accordance
67 31 with subsections 2, 3, and 4. Designated area agencies on
67 32 aging shall comply with the requirements of the federal Act.

67 33 2. The ~~commission~~ department shall designate an area
67 34 agency on aging to serve each planning and service area, after
67 35 consideration of the views offered by units of general purpose
68 1 local government. An area agency on aging may be:

68 2 a. An established office of aging which is operating within
68 3 a planning and service area designated by the ~~commission~~
68 4 department.

68 5 b. Any office or agency of a unit of general purpose local
68 6 government, which is designated to function only for the
68 7 purpose of serving as an area agency on aging by the chief
68 8 elected official of such unit.

68 9 c. Any office or agency designated by the appropriate
68 10 chief elected officials of any combination of units of
68 11 general purpose local government to act only on behalf of such
68 12 combination for such purpose.

68 13 d. Any public or nonprofit private agency in a planning and
68 14 service area or any separate organizational unit within such
68 15 agency which is under the supervision or direction for this
68 16 purpose of the department and which can and will engage only in
68 17 the planning or provision of a broad range of long-term living

Adopts conforming changes to Iowa Code section [231.32](#) (Criteria for Designation of Area Agencies on Aging).

68 18 and community support services or nutrition services within the
 68 19 planning and service area.
 68 20 3. When the ~~commission~~ department designates a new area
 68 21 agency on aging, the ~~commission~~ department shall give the right
 68 22 of first refusal to a unit of general purpose local government
 68 23 if:
 68 24 a. Such unit can meet the requirements of subsection 1.
 68 25 b. The boundaries of such a unit and the boundaries of the
 68 26 area are reasonably contiguous.
 68 27 4. Each area agency on aging shall provide assurance,
 68 28 determined adequate by the ~~commission~~ department, that the
 68 29 area agency on aging has the ability to develop an area plan
 68 30 and to carry out, directly or through contractual or other
 68 31 arrangements, a program in accordance with the plan within the
 68 32 planning and service area. In designating an area agency on
 68 33 aging within the planning and service area, the ~~commission~~
 68 34 department shall give preference to an established office of
 68 35 aging, unless the ~~commission~~ department finds that no such
 69 1 office within the planning and service area has the capacity to
 69 2 carry out the area plan.
 69 3 5. Upon designation, an area agency on aging shall be
 69 4 considered an instrumentality of the state and shall adhere to
 69 5 all state and federal mandates applicable to an instrumentality
 69 6 of the state.

69 7 Sec. 148. Section 231.33, subsections 1 and 13, Code 2024,
 69 8 are amended to read as follows:
 69 9 1. Develop and administer an area plan on aging approved by
 69 10 the ~~commission~~ department.
 69 11 13. Submit all fiscal and performance reports in accordance
 69 12 with the policies of the ~~commission~~ department.

69 13 Sec. 149. Section 231.56, Code 2024, is amended to read as
 69 14 follows:
 69 15 231.56 SERVICES AND PROGRAMS.
 69 16 The department shall administer long-term living and
 69 17 community support services and programs that allow older
 69 18 individuals and individuals with disabilities to secure and
 69 19 maintain maximum independence and dignity in a home environment
 69 20 that provides for self-care with appropriate supportive
 69 21 services, assist in removing individual and social barriers
 69 22 to economic and personal independence for older individuals

Adopts conforming changes to Iowa Code section [231.33](#) (Area Agencies on Aging Duties).

Adds language to include individuals with disabilities in the target population, administrative rules, and instructs the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) that allow the HHS to collect information as necessary to administer Iowa Code section [231.56](#).

69 23 and individuals with disabilities, and provide a continuum of
 69 24 care for older individuals and individuals with disabilities.
 69 25 Funds appropriated for this purpose shall be allocated based
 69 26 on ~~administrative~~ rules adopted by the ~~commission~~ department
 69 27 pursuant to chapter 17A. The department shall ~~require such~~
 69 28 ~~records as needed~~ adopt rules pursuant to chapter 17A that
 69 29 allow the department to collect information as necessary from
 69 30 long-term living and community support services, program
 69 31 providers, and patients to administer this section.

69 32 Sec. 150. Section 231.57, Code 2024, is amended to read as
 69 33 follows:

69 34 231.57 COORDINATION OF ADVOCACY.

69 35 The department shall administer a program for the
 70 1 coordination of information and assistance provided within
 70 2 the state to assist older individuals and individuals with
 70 3 disabilities, and their caregivers, in obtaining and protecting
 70 4 their rights and benefits. State and local agencies providing
 70 5 information and assistance to older individuals and individuals
 70 6 with disabilities, and their caregivers, in seeking their
 70 7 rights and benefits shall cooperate with the department in
 70 8 administering this program.

Adds language to include individuals with disabilities in the target population.

70 9 Sec. 151. Section 231.58, Code 2024, is amended to read as
 70 10 follows:

70 11 231.58 LONG-TERM LIVING COORDINATION.

70 12 The director may convene meetings, as necessary, of the
 70 13 director and the director of inspections, appeals, and
 70 14 licensing, to assist in the coordination of policy, service
 70 15 delivery, and long-range planning relating to the long-term
 70 16 living system and older lowans and lowans with disabilities
 70 17 in the state. The group may consult with individuals,
 70 18 institutions, and entities with expertise in the area of the
 70 19 long-term living system and older lowans and lowans with
 70 20 disabilities, as necessary, to facilitate the group's efforts.

Adds language to include lowans with disabilities in the target population.

70 21 Sec. 152. Section 231.64, Code 2024, is amended to read as
 70 22 follows:

70 23 231.64 AGING AND DISABILITY RESOURCE ~~CENTER~~ CENTERS .

70 24 1. ~~The aging and disability resource center shall be~~
 70 25 ~~administered by the department consistent with the federal~~
 70 26 ~~Act~~. The department shall designate area agencies on aging and

Removes mention of the Area Agencies on Aging, and instead clarifies language directing the HHS to designate aging and disability resource centers to establish a coordinated local aging and disability service system. Specifies that aging and disability resource centers must

70 27 disability resource centers to establish, in consultation with
 70 28 other stakeholders including organizations representing the
 70 29 disability community, a coordinated local aging and disability
 70 30 service system for providing. In addition to services required
 70 31 by the department by rules adopted pursuant to chapter 17A,
 70 32 aging and disability resource centers shall provide for all of
 70 33 the following:

70 34 a. Comprehensive information, referral, and assistance
 70 35 regarding the full range of available public and private
 71 1 long-term living and community support services, options,
 71 2 service providers, and resources within a community, including
 71 3 information on the availability of integrated long-term care.
 71 4 b. Options counseling to assist individuals in assessing
 71 5 their existing or anticipated long-term care needs and
 71 6 developing and implementing a plan for long-term living and
 71 7 community support services designed to meet their specific
 71 8 needs and circumstances. The plan for long-term living
 71 9 and community support services may include support with
 71 10 person-centered care transitions to assist consumers and family
 71 11 caregivers with transitions between home and care settings.
 71 12 c. Consumer access to the range of publicly-supported
 71 13 long-term living and community support services for which
 71 14 consumers may be eligible, by serving as a convenient point
 71 15 of entry for such services. ~~The aging~~ Aging and disability
 71 16 resource center centers shall offer information online and
 71 17 be available via a toll-free telephone number, electronic
 71 18 communications, and in person.

71 19 2. The following entities shall be eligible to be designated
 71 20 as an aging and disability resource center by the department:
 71 21 a. An area agency on aging established on or before June 30,
 71 22 2024.
 71 23 b. A public or private nonprofit agency, or any separate
 71 24 organizational unit within the public or private nonprofit
 71 25 agency, that has the capabilities to engage in the planning or
 71 26 provision of aging and disability services only as directed by
 71 27 the department.

71 28 ~~2. 3. The aging~~ Aging and disability resource ~~center~~
 71 29 centers shall assist older individuals, ~~persons~~ individuals
 71 30 with disabilities age eighteen or older, family caregivers,
 71 31 and people who inquire about or request assistance on behalf

provide services required by the HHS by rules adopted pursuant to Iowa Code chapter 17A in addition to other required services, and adopts conforming changes.

Specifies that an Area Agency on Aging established on or before June 30, 2024, or a public or private nonprofit agency that has the capabilities to engage in the planning or provision of aging and disability services are the two entities eligible to be designated as an aging and disability resource center by the HHS.

Makes nonsubstantive language changes.

71 32 of members of these groups, as they seek long-term living and
71 33 community support services.

71 34 4. The department shall adopt rules pursuant to chapter 17A
71 35 to implement this section.

Instructs the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) to implement Iowa Code section [231.64](#).

72 1 Sec. 153.NEW SECTION 231.75 SCOPE.
72 2 The service quality standards and rights in this subchapter
72 3 VII shall apply to any person with an intellectual disability,
72 4 a developmental disability, brain injury, or chronic mental
72 5 illness who receives services which are funded in whole or in
72 6 part by public funds, or services which are permitted under
72 7 Iowa law.

Specifies that the service quality standards and rights of subchapter VII of Iowa Code chapter [231](#) shall apply to any person with an intellectual disability, developmental disability, brain injury, or chronic mental illness who receives services either funded by public funds or permitted under Iowa law.

72 8 Sec. 154.NEW SECTION 231.76 SERVICE QUALITY STANDARDS.

Specifies that it is the intent of the General Assembly that the State will seek to attain the following quality standards in the provision of services for persons fitting an eligible disability category:

72 9 As the state participates more fully in funding services
72 10 and other support for persons with an intellectual disability,
72 11 developmental disability, brain injury, or chronic mental
72 12 illness, it is the intent of the general assembly that the
72 13 state shall seek to attain the following quality standards in
72 14 the provision of services and other supports:
72 15 1. Provide comprehensive evaluation and diagnosis adapted
72 16 to the cultural background, primary language, and ethnic origin
72 17 of a person.
72 18 2. Provide an individual treatment, habilitation, and
72 19 program services plan.
72 20 3. Provide treatment, habilitation, and program services
72 21 that are individualized, flexible, cost-effective, and produce
72 22 results.
72 23 4. Provide periodic review of an individual's treatment,
72 24 habilitation, and program services plan.
72 25 5. Provide for the least restrictive environment, and
72 26 age-appropriate services.
72 27 6. Provide appropriate training and employment
72 28 opportunities so that a person's ability to contribute to, and
72 29 participate in, the community is maximized.
72 30 7. Provide an ongoing process to determine the degree of
72 31 access to, and the effectiveness of, the services and other
72 32 supports in achieving the disability service outcomes and
72 33 indicators identified by the department.

- Provide comprehensive evaluation and diagnosis that takes into account the personal cultural and ethnic origins of a person.
- Provide an individual treatment plan.
- Provide services that are individualized and cost-effective while ensuring flexibility and produced results.
- Provide periodic review of an individual's treatment plan.
- Provide for the least restrictive environment.
- Provide for the most age-appropriate services.
- Provide appropriate training and employment opportunities.
- Provide an ongoing process to determine the degree of access to the services and other supports in achieving the disability service outcomes and indicators identified by the HHS.

72 34 Sec. 155.NEW SECTION 231.77 RIGHTS.
 72 35 All of the following rights shall apply to a person with an
 73 1 intellectual disability, a developmental disability, a brain
 73 2 injury, or a chronic mental illness:
 73 3 1. WAGE PROTECTION. A person engaged in a work program
 73 4 shall be paid wages commensurate with the going rate for
 73 5 comparable work and productivity.
 73 6 2. INSURANCE PROTECTION. Pursuant to section 507B.4,
 73 7 subsection 3, paragraph "g", a person or designated group
 73 8 of persons shall not be unfairly discriminated against for
 73 9 purposes of insurance coverage.
 73 10 3. CITIZENSHIP. A person retains the right to citizenship
 73 11 in accordance with the laws of the state.
 73 12 4. PARTICIPATION IN PLANNING ACTIVITIES. A person has
 73 13 the right to participate in the formulation of an individual
 73 14 treatment, habilitation, and program plan developed for the
 73 15 person.

Clarifies that the following rights must apply to a person with an intellectual disability, a developmental disability, a brain injury, or a chronic mental illness: wage protection, insurance protection, citizenship, and participation in planning activities.

73 16 Sec. 156.NEW SECTION 231.78 COMPLIANCE.
 73 17 1. A person's sole remedy for a violation of a rule adopted
 73 18 by the department to implement sections 231.75 through 231.77
 73 19 shall be to initiate a proceeding with the department by
 73 20 request pursuant to chapter 17A.
 73 21 a. Any decision of the department shall be in accordance
 73 22 with due process of law. A person or party who is aggrieved or
 73 23 adversely affected by the department's action may seek judicial
 73 24 review pursuant to section 17A.19. A person or party who is
 73 25 aggrieved or adversely affected by a final judgment of the
 73 26 district court may appeal under section 17A.20.
 73 27 b. Either the department or a party in interest may apply
 73 28 to the Iowa district court for an order to enforce a final
 73 29 decision of the department.

Establishes that a person's sole remedy for a violation of an administrative rule adopted by the HHS to implement Iowa Code sections 231.75 through 231.77 shall be to initiate a proceeding with the HHS by request pursuant to Iowa Code chapter [17A](#).

73 30 2. Any rules adopted by the department to implement sections
 73 31 231.76 and 231.77 shall not create any right, entitlement,
 73 32 property or liberty right or interest, or private cause of
 73 33 action for damages against the state or a political subdivision
 73 34 of the state, or for which the state or a political subdivision
 73 35 of the state would be responsible.

Requires that any administrative rules adopted by the HHS to implement Iowa Code sections 231.76 and 231.77 shall not create any right, entitlement, property or liberty right or interest, or private cause of action for damages against the State, or for which the State would be responsible.

74 1 3. Notwithstanding subsection 1, any violation of section
 74 2 231.77, subsection 2, shall be subject to enforcement by the

Requires that any violations of Iowa Code section 231.77(2) shall be subject to enforcement by the Commissioner of Insurance pursuant to

74 3 commissioner of insurance pursuant to chapter 507B.

Iowa Code chapter [507B](#).

74 4 Sec. 157. NEW SECTION 231.79 APPEALS PROCESS.

74 5 The department shall establish an appeals process by which a
74 6 person or the person's representative may appeal a decision of
74 7 the department concerning the provision or denial of aging or
74 8 disability services to the person.

Requires the HHS to establish an appeals process concerning the provision or denial of aging or disability services to an individual.

74 9 Sec. 158. Section 231E.3, Code 2024, is amended to read as
74 10 follows:

Removes the definition for the term "commission" from Iowa Code section [231E.3](#), and renumbers the Iowa Code section.

74 11 231E.3 DEFINITIONS.

74 12 As used in this chapter, unless the context otherwise
74 13 requires:

74 14 1. "Client" means an individual for whom a representative
74 15 payee is appointed.

74 16 ~~2.~~ "Commission" means the commission on aging.

74 17 ~~3.~~ 2. "Conservator" means conservator as defined in section
74 18 633.3.

74 19 ~~4.~~ 3. "Court" means court as defined in section 633.3.

74 20 ~~5.~~ 4. "Department" means the department of health and human
74 21 services.

74 22 ~~6.~~ 5. "Director" means the director of health and human
74 23 services.

74 24 ~~7.~~ 6. "Guardian" means guardian as defined in section
74 25 633.3.

74 26 ~~8.~~ 7. "Incompetent" means incompetent as defined in section
74 27 633.3.

74 28 ~~9.~~ 8. "Local office" means a local office of public
74 29 guardian.

74 30 ~~10.~~ 9. "Local public guardian" means an individual under
74 31 contract with the department to act as a guardian, conservator,
74 32 or representative payee.

74 33 ~~11.~~ 10. "Public guardian" means the state public guardian
74 34 or a local public guardian.

74 35 ~~12.~~ 11. "Public guardianship services" means guardianship,
75 1 conservatorship, or representative payee services provided by
75 2 the state public guardian or a local public guardian.

75 3 ~~13.~~ 12. "Representative payee" means an individual
75 4 appointed by a government entity to receive funds on behalf of
75 5 a client pursuant to federal regulation.

75 6 ~~14.~~ 13. "State agency" means any executive department,

75 7 commission, board, institution, division, bureau, office,
 75 8 agency, or other executive entity of state government.
 75 9 ~~15.~~ 14. "State office" means the state office of public
 75 10 guardian.
 75 11 ~~16.~~ 15. "State public guardian" means the administrator of
 75 12 the state office of public guardian.
 75 13 ~~17.~~ 16. "Ward" means the individual for whom a guardianship
 75 14 or conservatorship is established.

75 15 Sec. 159. REPEAL. Sections 231.11, 231.12, and 231.13, Code
 75 16 2024, are repealed.

75 17 Sec. 160. CODE EDITOR DIRECTIVE. The Code editor is
 75 18 directed to do all of the following:
 75 19 1. Entitle Code chapter 231 "Department of Health and Human
 75 20 Services — Aging and Disability Services".
 75 21 2. Designate sections 231.75 through 231.79, as enacted in
 75 22 this division of this Act, as subchapter VII entitled "Bill
 75 23 of Rights and Service Quality Standards for Persons with an
 75 24 Intellectual Disability, Developmental Disability, Brain
 75 25 Injury, or Chronic Mental Illness".
 75 26 3. Correct internal references in the Code and in any
 75 27 enacted legislation as necessary due to the enactment of this
 75 28 division of this Act.

75 29 Sec. 161. EFFECTIVE DATE. The following take effect July
 75 30 1, 2025:

75 31 1. The parts of the sections of this division of this Act
 75 32 amending the following:
 75 33 a. Section 231.3.
 75 34 b. Section 231.4, subsection 1.
 75 35 c. Section 231.23, subsections 4 and 7.
 76 1 d. Section 231.23A, subsection 1.
 76 2 e. Sections 231.56, 231.57, and 231.58.
 76 3 f. Section 231.64, subsection 2.
 76 4 2. The parts of the sections of this division of this Act
 76 5 enacting the following: sections 231.23A, subsection 7A,
 76 6 231.75, 231.76, 231.77, 231.78, and 231.79.

Repeals Iowa Code sections [231.11](#), [231.12](#), and [231.13](#) related to the Commission on Aging.

Provides directives to the Iowa Code Editor for the implementation of this Chapter.

Specifies that the following amended sections of Division III of the Bill will be take effect on July 1, 2025:

- Iowa Code section 231.3
- Iowa Code 231.4(1)
- Iowa Code section 231.23(4)
- Iowa Code section 231.23 (7)
- Iowa Code section 231.23A(1)
- Iowa Code section 231.56
- Iowa Code section 231.57
- Iowa Code section 231.58
- Iowa Code section 231.64(2)

In addition, it is specified that the following enacted sections of Division III of the Bill will be take effect on July 1, 2025:

- Iowa Code section 231.23A(7A)

- Iowa Code section 231.75
- Iowa Code section 231.77
- Iowa Code section 231.78
- Iowa Code section 231.79.

76 7 DIVISION IV
76 8 TRANSITION PROVISIONS

76 9 Sec. 162. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
76 10 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER
76 11 SERVICES, AND DISABILITY SERVICES.

Establishes definitions for Division IV of the Bill.

76 12 1. For purposes of this division:
76 13 a. “Administrative services organization” means the same
76 14 as defined in section 225A.1, as enacted in division I of this
76 15 Act.
76 16 b. “Behavioral health district” means the same as defined in
76 17 section 225A.1, as enacted in division I of this Act.
76 18 c. “Department” means the department of health and human
76 19 services.
76 20 d. “District behavioral health service system plan” means
76 21 the same as defined in section 225A.1, as enacted in division
76 22 I of this Act.
76 23 e. “Mental health and disability services region” means the
76 24 same as defined in section 225C.2, subsection 9.
76 25 f. “State behavioral health service system” means the state
76 26 behavioral health service system as established in section
76 27 225A.3, as enacted in division I of this Act.
76 28 g. “State behavioral health service system plan” means the
76 29 same as defined in section 225A.1, as enacted in division I of
76 30 this Act.
76 31 h. “Transition period” means the period beginning on the
76 32 date of enactment of this division of this Act and concluding
76 33 on June 30, 2025.

76 34 2. There is created a behavioral health service system under
76 35 the control of the department. For the fiscal year beginning
77 1 July 1, 2025, and each succeeding fiscal year, the behavioral
77 2 health service system shall be responsible for implementing and
77 3 maintaining a statewide system of prevention, education, early
77 4 intervention, treatment, recovery support, and crisis services
77 5 related to mental health and addictive disorders, including

Establishes a BHSS under the control of the HHS. For FY 2026, and annually thereafter, the BHSS will be responsible for implementing and maintaining a statewide system of services related to mental health and addictive disorders, including but not limited to substance use, tobacco use, and problem gambling.

For FY 2026, and annually thereafter, the HHS's Division of Aging and Disability Services will be responsible for disability services.

77 6 but not limited to substance use, tobacco use, and problem
 77 7 gambling. For the fiscal year beginning July 1, 2025, and each
 77 8 succeeding fiscal year, the department's division of aging
 77 9 and disability services shall be responsible for disability
 77 10 services.

77 11 3. During the transition period, the department may
 77 12 exercise all policymaking functions and regulatory powers
 77 13 established in division I of this Act, as necessary to
 77 14 establish the state behavioral health service system.

77 15 4. To ensure the state behavioral health service system
 77 16 and the division of aging and disability services are able to
 77 17 operate as intended at the conclusion of the transition period,
 77 18 the department shall perform all the following duties:

77 19 a. Make contracts as necessary to set up services and
 77 20 administrative functions.

77 21 b. Adopt rules as necessary to establish and administer the
 77 22 state's behavioral health service system.

77 23 c. Establish policies as necessary to ensure efficient
 77 24 implementation and operation of the behavioral health service
 77 25 system.

77 26 d. Prepare forms necessary for the implementation and
 77 27 administration of behavioral health services.

77 28 e. Prepare a state behavioral health service system plan for
 77 29 the state behavioral health service system.

77 30 f. Designate behavioral health districts on or before
 77 31 August 1, 2024. The behavioral health district designation
 77 32 process shall include an opportunity for the public to
 77 33 review and to comment on proposed behavioral health district
 77 34 boundaries.

77 35 g. Designate an administrative services organization for
 78 1 each behavioral health district on or before December 31, 2024.

78 2 h. Review and approve district behavioral health service
 78 3 system plans for services related to the behavioral health
 78 4 service system.

78 5 i. Issue all necessary licenses and certifications.

78 6 j. Establish contractual rights, privileges, and
 78 7 responsibilities as necessary to establish and implement the
 78 8 state behavioral health service system.

78 9 k. Develop and implement a plan to ensure that persons
 78 10 currently receiving disability services or early intervention,

Places all policymaking functions and regulatory powers established in Division I of this Bill, as necessary to establish the State BHSS, with the HHS.

Assigns duties to the HHS to ensure the State BHSS and the Division of Aging and Disability Services are able to operate as intended by requiring the following:

- Contract as necessary to set up services and administrative functions.
- Adopt administrative rules to establish and administer the BHSS.
- Establish policies and prepare forms for the implementation, operation, and administrations of the BHSS.
- Prepare a State Behavioral Health Service System Plan for the BHSS.
- By August 1, 2024, designate behavioral health districts.
- By December 31, 2024, designate administrative services organizations.
- Review and approve district behavioral health service system plans.
- Issue licenses and certifications.
- Establish contracts to implement the BHSS.
- Develop and implement a plan to ensure an uninterrupted continuum of care.
- Establish a central data repository.

78 11 treatment, recovery support, or crisis services related
 78 12 to mental health or addictive disorders, including but not
 78 13 limited to alcohol use, substance use, tobacco use, and problem
 78 14 gambling, have an uninterrupted continuum of care.
 78 15 I. Establish a central data repository as described in
 78 16 section 225A.6, as enacted in division I of this Act.

78 17 5. If the department determines that a federal waiver or
 78 18 authorization is necessary to administer any provision of this
 78 19 division of this Act or to effectuate the state behavioral
 78 20 health service system by the conclusion of the transition
 78 21 period, the department shall timely request the federal waiver
 78 22 or authorization. Notwithstanding any other effective date to
 78 23 the contrary, a provision the department determines requires a
 78 24 federal waiver or authorization shall be effective only upon
 78 25 receipt of federal approval for the waiver or authorization.

78 26 6. a. On or before July 1, 2024, the department shall
 78 27 publish on the department's internet site an initial transition
 78 28 plan for establishing the state behavioral health service
 78 29 system. The transition plan shall describe, at a minimum, all
 78 30 of the following:

78 31 (1) All tasks that require completion before July 1, 2025.
 78 32 The description of tasks shall include a description of how the
 78 33 department will solicit comments from stakeholders, including
 78 34 employees of the department, persons served by the department,
 78 35 partners of the department, members of the public, and members
 79 1 of the general assembly, and a detailed timeline for the
 79 2 completion of the tasks described.

79 3 (2) The proposed organizational structure of the state
 79 4 behavioral health service system.

79 5 (3) The transition of service delivery sites from locations
 79 6 where people currently receive behavioral health services to
 79 7 where the people will receive behavioral health services under
 79 8 the state behavioral health service system.

79 9 (4) Procedures for the transfer and reconciliation of
 79 10 budgeting and funding between the mental health and disability
 79 11 services regions and the department.

79 12 (5) A description of how responsibilities for disability
 79 13 services programs will be transferred from current program
 79 14 administrators to the department's division of aging and
 79 15 disability services by the end of the transition period.

Requires the HHS to request a federal waiver for authorization if it is deemed necessary to administer any provision of Division IV of this Bill or to effectuate the BHSS by the conclusion of the transition period.

Requires the HHS to publish an initial transition plan for establishing the BHSS on the HHS's website on or before July 1, 2024. The transition plan must describe all of the following:

- All tasks that require completion before July 1, 2025.
- The proposed organizational structure of the BHSS.
- The transition of service delivery sites from locations where people currently receive services to where people will receive services under the BHSS.
- Procedures for the transfer and reconciliation of budgeting and funding between the Mental Health and Disability Services regions and the HHS.
- A new description for how responsibilities for disability services programs will be transferred from current administrators to the HHS's Division of Aging and Disability Services.
- Any additional known tasks that may require completion after the transition on July 1, 2025.

79 16 (6) Any additional known tasks that may require completion
79 17 after the transition on July 1, 2025.

79 18 b. The transition plan published under paragraph “a” shall:
79 19 (1) Be updated no less than quarterly during the transition
79 20 period with the current status of completing the tasks
79 21 identified in paragraph “a”, subparagraph (1).

79 22 (2) Describe how information regarding any changes in
79 23 service delivery will be provided to persons receiving services
79 24 from the mental health and disability services regions or
79 25 current behavioral health care providers contracted with the
79 26 department.

79 27 (3) Describe how the transition is being funded, including
79 28 how expenses associated with the transition will be managed.

79 29 7. a. Before the end of the transition period, the
79 30 governing board of each mental health and disability services
79 31 region that maintains a combined account pursuant to section
79 32 225C.58, subsection 1, shall transfer all unencumbered and
79 33 unobligated moneys remaining in the combined account to the
79 34 treasurer of state for deposit into the behavioral health fund
79 35 as established in section 225A.7 as enacted in division I of
80 1 this Act.

80 2 b. Before the end of the transition period, each county
80 3 which maintains a county mental health and disability services
80 4 fund pursuant to section 225C.58, subsection 1, shall transfer
80 5 all unencumbered and unobligated moneys remaining in the mental
80 6 health and disability services fund to the treasurer of state
80 7 for deposit into the behavioral health fund as established in
80 8 section 225A.7 as enacted in division I of this Act.

80 9 c. Moneys in the behavioral health fund as established
80 10 in section 225A.7 as enacted in division I of this Act are
80 11 appropriated to the department for the purposes established in
80 12 section 225A.7 as enacted in division I of this Act, and as
80 13 otherwise necessary to effectuate this division of this Act.

80 14 8. a. All debts, claims, or other liabilities owed to a
80 15 county, a mental health and disability services region, or
80 16 the state due to services rendered pursuant to chapter 125,
80 17 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the

Requires the transition plan to be updated no less than quarterly during the transition period with the current status of completing the tasks identified, descriptions of how information regarding any changes in service delivery will be provided to persons receiving services from the MHDS Regions or current providers contracted with the HHS, and a description of how the transition is being funded.

Requires the governing board of each MHDS region to transfer all unencumbered and unobligated moneys remaining in their combined account to the Treasurer of State for deposit into the Behavioral Health Fund.

Requires each county which maintains a county MHDS fund to transfer all unencumbered and unobligated moneys remaining in its fund to the Treasurer of State for deposit into the Behavioral Health Fund.

Requires that moneys in the Behavioral Health Fund be appropriated to the HHS for the purposes described in Iowa Code section 225A.7 as established by the Bill.

Specifies that all debts, claims, or other liabilities owed to a county, a MHDS region, or the State at the conclusion of the transition period will remain due and owing after the transition period concludes.

80 18 conclusion of the transition period shall remain due and owing
80 19 after the transition period concludes.

80 20 b. After the transition period concludes, each county
80 21 auditor shall collect outstanding debts, claims, or other
80 22 liabilities owed to the county for services rendered pursuant
80 23 to chapter 125, 222, 225, 225C, 226, 227, 229, 230, or 230A,
80 24 Code 2024, before the transition period concluded. The county
80 25 attorney may bring a judicial action as necessary to collect
80 26 the outstanding debts, claims, or other liabilities.

Requires each county auditor to collect outstanding debts, claims, or other liabilities owed to the county for services after the transition period concludes. The county attorney is given permission to bring judicial action as necessary to collect outstanding debts, claims, or other liabilities.

80 27 9. With input from appropriate stakeholders, the department
80 28 shall identify each contract that will be impacted by mental
80 29 health and disability services being transferred to the state
80 30 behavioral health service system, or by responsibilities
80 31 being transferred to the department's division of aging and
80 32 disabilities, pursuant to this Act. On or before June 30,
80 33 2025, a party to a contract identified by the department
80 34 under this subsection shall exercise the option, if available
80 35 pursuant to the terms of the contract, to terminate the
81 1 contract in accordance with the terms of the contract which
81 2 provide for termination. Contracts that do not provide for
81 3 termination shall not be renewed or extended at the end of the
81 4 current contract term.

Requires the HHS to identify each contract that will be impacted by the transition to the State BHSS or by responsibilities being transferred to the HHS's Division on Aging and Disabilities. Specifies that on or before June 30, 2025, a party to a contract identified as being impacted by the transition will have the option to terminate the contract in accordance with the terms of the contract. Contracts that do not provide for termination will not be renewed or extended at the end of the current contract term.

81 5 10. A mental health and disability services region, a
81 6 regional administrator as defined in section 225C.55, and
81 7 any subdivision of the state shall not enter into, renew, or
81 8 extend any contract for services related to mental health and
81 9 disability services or addictive disorder services beyond June
81 10 30, 2025.

Specifies that no contracts will be entered into, renewed, or extended for services related to mental health and disability services or addictive disorders beyond June 30, 2025.

81 11 Sec. 163. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
81 12 TRANSITION FUNDING. Notwithstanding any provision of law to
81 13 the contrary, there is appropriated from the region incentive
81 14 fund of the mental health and disability services regional
81 15 service fund created in section 225C.7A, subsection 8, to the
81 16 department of health and human services for the fiscal year
81 17 beginning July 1, 2024, and ending June 30, 2025, the following
81 18 amount, or so much thereof as is necessary, to be used for the
81 19 purposes designated:
81 20 For the establishment of a central data repository as

Appropriates \$645,179 in FY 2025 from the Region Incentive Fund of the MHDS Regional Services Fund to the HHS for the establishment of a central data repository.

81 21 described in section 225A.6, subsection 1, as enacted in
 81 22 division I of this Act:
 81 23 \$ 645,179

81 24 Notwithstanding section 8.33, moneys appropriated in this
 81 25 section that remain unencumbered or unobligated at the close
 81 26 of the fiscal year shall not revert to the credit of the region
 81 27 incentive fund of the mental health and disability services
 81 28 regional service fund, but shall be credited to the behavioral
 81 29 health fund created in section 225A.7, as enacted in division I
 81 30 of this Act, and are appropriated to the department of health
 81 31 and human services for expenditure for the purposes of the
 81 32 behavioral health fund.

Specifies that moneys appropriated in this section of the Bill that remain unencumbered or unobligated by the close of the fiscal year shall not revert to the credit of the Region Incentive Fund of the MHDS Regional Service Fund, but will be credited to the Behavioral Health Fund.

81 33 Sec. 164. EMERGENCY RULES. The department of health and
 81 34 human services may adopt emergency rules under section 17A.4,
 81 35 subsection 3, and section 17A.5, subsection 2, paragraph “b”,
 82 1 to implement the provisions of this division of this Act and
 82 2 the rules shall be effective immediately upon filing unless
 82 3 a later date is specified in the rules. Any rules adopted
 82 4 in accordance with this section shall also be published as a
 82 5 notice of intended action as provided in section 17A.4.

Allows the HHS to adopt emergency administrative rules under Iowa Code section [17A.4\(3\)](#) and [17A.5\(2\)\(b\)](#) to implement provisions of Division IV of this Bill.

82 6 Sec. 165. EFFECTIVE DATE. This division of this Act, being
 82 7 deemed of immediate importance, takes effect upon enactment.

Specifies that Division IV of the Bill will take effect upon enactment.

82 8 DIVISION V
 82 9 ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS

82 10 Sec. 166. Section 222.1, subsection 3, Code 2024, is amended
 82 11 by striking the subsection.

Repeals Iowa Code section [222.1\(3\)](#).

DETAIL: The repealed Iowa Code section stipulates that a special intellectual disability unit may be maintained at one of the State MHI.

82 12 Sec. 167. Section 222.2, subsection 8, Code 2024, is amended
 82 13 by striking the subsection.

Repeals Iowa Code section [222.2\(8\)](#).

DETAIL: The repealed Iowa Code section contains the definition for the term "special unit," which is defined as a special intellectual disability unit established at a State MHI.

82 14 Sec. 168. Section 222.5, Code 2024, is amended to read as
 82 15 follows:

Adopts conforming changes to Iowa Code section [222.5](#) (Preadmission Diagnostic Evaluation).

82 16 222.5 PREADMISSION DIAGNOSTIC EVALUATION.
82 17 A person shall not be eligible for admission to a resource
82 18 center ~~or a special unit~~ until a preadmission diagnostic
82 19 evaluation has been made by a resource center ~~or a special unit~~
82 20 which confirms or establishes the need for admission.

82 21 Sec. 169. Section 222.7, unnumbered paragraph 1, Code 2024,
82 22 is amended to read as follows:
82 23 The department may transfer patients from one state resource
82 24 center to the other and may at any time transfer patients from
82 25 the resource centers to the hospitals for persons with mental
82 26 illness; ~~or transfer patients in the resource centers to a~~
82 27 ~~special unit or vice versa.~~ The department may also transfer
82 28 patients from a hospital for persons with mental illness to a
82 29 resource center if consent is given or obtained as follows:

Removes language authorizing the transfer of patients in the resource centers to a special unit or vice versa.

82 30 Sec. 170. Section 222.8, Code 2024, is amended to read as
82 31 follows:

Adopts conforming changes to Iowa Code section [222.8](#) (Communications by Patients).

82 32 222.8 COMMUNICATIONS BY PATIENTS.

82 33 Persons admitted to the resource centers ~~or a special~~
82 34 ~~unit~~ shall have all reasonable opportunity and facility for
82 35 communication with their friends. Such persons shall be
83 1 permitted to write and send letters, provided the letters
83 2 contain nothing of an offensive character. Letters written by
83 3 any patient to the director or to any state or county official
83 4 shall be forwarded unopened.

83 5 Sec. 171. Section 222.9, Code 2024, is amended to read as
83 6 follows:

Adopts conforming changes to Iowa Code section [222.9](#) (Unauthorized Departures).

83 7 222.9 UNAUTHORIZED DEPARTURES.

83 8 If any person with an intellectual disability shall depart
83 9 without proper authorization from a resource center ~~or a~~
83 10 ~~special unit~~, it shall be the duty of the superintendent
83 11 and the superintendent's assistants and all peace officers
83 12 of any county in which such patient may be found to take
83 13 and detain the patient without a warrant or order and to
83 14 immediately report such detention to the superintendent who
83 15 shall immediately provide for the return of such patient to the
83 16 resource center ~~or special unit~~.

83 17 Sec. 172. Section 222.12, subsection 1, Code 2024, is
83 18 amended to read as follows:

Adopts conforming changes to Iowa Code section [222.12](#) (Deaths Investigated).

83 19 1. Upon the death of a patient of a resource center ~~or~~
 83 20 ~~special unit~~, a preliminary investigation of the death shall be
 83 21 conducted as required by section 218.64 by the county medical
 83 22 examiner as provided in section 331.802. Such a preliminary
 83 23 investigation shall also be conducted in the event of a sudden
 83 24 or mysterious death of a patient in a private institution
 83 25 for persons with an intellectual disability. The chief
 83 26 administrative officer of any private institution may request
 83 27 an investigation of the death of any patient by the county
 83 28 medical examiner.

83 29 Sec. 173. Section 222.73, subsections 1, 3, and 5, Code
 83 30 2024, are amended to read as follows:

83 31 1. The superintendent of each resource center ~~and special~~
 83 32 ~~unit~~ shall compute by February 1 the average daily patient
 83 33 charge and outpatient treatment charges for which each county
 83 34 will be billed for services provided to patients chargeable to
 83 35 the county during the fiscal year beginning the following July

84 1 1. The department shall certify the amount of the charges and
 84 2 notify the counties of the billing charges.

84 3 a. The superintendent shall compute the average daily
 84 4 patient charge for a resource center ~~or special unit~~ for
 84 5 services provided in the following fiscal year, in accordance
 84 6 with generally accepted accounting procedures, by totaling
 84 7 the expenditures of the resource center ~~or special unit~~ for
 84 8 the immediately preceding calendar year, by adjusting the
 84 9 expenditures by a percentage not to exceed the percentage
 84 10 increase in the consumer price index for all urban consumers
 84 11 for the immediately preceding calendar year, and by dividing
 84 12 the adjusted expenditures by the total inpatient days of
 84 13 service provided during the immediately preceding calendar
 84 14 year.

84 15 b. The department shall compute the outpatient treatment
 84 16 charges, in accordance with generally accepted accounting
 84 17 procedures, on the basis of the actual cost of the outpatient
 84 18 treatment provided during the immediately preceding calendar
 84 19 year.

84 20 ~~3.~~ 2. The superintendent shall compute in January the
 84 21 actual per-patient-per-day cost for each resource center ~~or~~
 84 22 ~~special unit~~ for the immediately preceding calendar year, in
 84 23 accordance with generally accepted accounting procedures, by
 84 24 totaling the actual expenditures of the resource center ~~or~~

Adopts conforming changes to Iowa Code section [222.73](#) (Billing of Patient Charges — Computation of Actual Costs — Cost Settlement).

84 25 ~~special unit~~ for the calendar year and by dividing the total
 84 26 actual expenditures by the total inpatient days of service
 84 27 provided during the calendar year.
 84 28 ~~5. 3.~~ A superintendent of a resource center ~~or special~~
 84 29 ~~unit~~ may request that the director enter into a contract with
 84 30 a person for the resource center ~~or special unit~~ to provide
 84 31 consultation or treatment services or for fulfilling other
 84 32 purposes which are consistent with the purposes stated in
 84 33 section 222.1. The contract provisions shall include charges
 84 34 which reflect the actual cost of providing the services. Any
 84 35 income from a contract authorized under this subsection may
 85 1 be retained by the resource center ~~or special unit~~ to defray
 85 2 the costs of providing the services or fulfilling the other
 85 3 purposes. Except for a contract voluntarily entered into by a
 85 4 county under this subsection, the costs or income associated
 85 5 with a contract authorized under this subsection shall not
 85 6 be considered in computing charges and per diem costs in
 85 7 accordance with the provisions of subsections 1 ~~through 4~~ and
 85 8 2.

85 9 Sec. 174. Section 222.83, Code 2024, is amended to read as
 85 10 follows:
 85 11 222.83 NONRESIDENT PATIENTS.
 85 12 The estates of all nonresident patients who are provided
 85 13 treatment, training, instruction, care, habilitation, and
 85 14 support in or by a resource center ~~or a special unit~~, and all
 85 15 persons legally bound for the support of such persons, shall be
 85 16 liable to the state for the reasonable value of such services.
 85 17 The certificate of the superintendent of the resource center
 85 18 ~~or special unit~~ in which any nonresident is or has been a
 85 19 patient, showing the amounts drawn from the state treasury or
 85 20 due therefrom as provided by law on account of such nonresident
 85 21 patient, shall be presumptive evidence of the reasonable value
 85 22 of such services furnished such patient by the resource center
 85 23 ~~or special unit~~.

85 24 Sec. 175. Section 222.84, Code 2024, is amended to read as
 85 25 follows:
 85 26 222.84 PATIENTS' PERSONAL DEPOSIT FUND.
 85 27 There is established at each resource center ~~and special~~
 85 28 ~~unit~~ a patients' personal deposit fund. ~~In the case of a~~
 85 29 ~~special unit, the director may direct that the patients'~~

Adopts conforming changes to Iowa Code section [222.83](#)
(Nonresident Patients).

Adopts conforming changes to Iowa Code section [222.84](#) (Patients'
Personal Deposit Fund).

85 30 ~~personal deposit fund be maintained and administered as a part~~
 85 31 ~~of the fund established, pursuant to sections 226.43 through~~
 85 32 ~~226.46, by the state mental health institute where the special~~
 85 33 ~~unit is located.~~

85 34 Sec. 176. Section 222.85, subsection 1, Code 2024, is
 85 35 amended to read as follows:

86 1 1. Any funds coming into the possession of the
 86 2 superintendent or any employee of a resource center ~~or special~~
 86 3 ~~unit~~ belonging to any patient in that institution shall be
 86 4 deposited in the name of the patient in the patients' personal
 86 5 deposit fund, except that if a guardian of the property has
 86 6 been appointed for the person, the guardian shall have the
 86 7 right to demand and receive such funds. Funds belonging to a
 86 8 patient deposited in the patients' personal deposit fund may
 86 9 be used for the purchase of personal incidentals, desires, and
 86 10 comforts for the patient.

86 11 Sec. 177. Section 222.87, Code 2024, is amended to read as
 86 12 follows:

86 13 222.87 DEPOSIT IN BANK.

86 14 The department shall deposit the patients' personal deposit
 86 15 fund in a commercial account of a bank of reputable standing.
 86 16 When deposits in the commercial account exceed average monthly
 86 17 withdrawals, the department may deposit the excess at interest.
 86 18 The savings account shall be in the name of the patients'
 86 19 personal deposit fund and interest paid on the account may be
 86 20 used for recreational purposes for the patients at the resource
 86 21 center ~~or special unit~~.

86 22 Sec. 178. REPEAL. Sections 222.88, 222.89, 222.90, and
 86 23 222.91, Code 2024, are repealed.

86 24 Sec. 179. EFFECTIVE DATE. This division of this Act, being
 86 25 deemed of immediate importance, takes effect upon enactment.

86 26

DIVISION VI

Adopts conforming changes to Iowa Code section [222.85](#) (Deposit of Moneys — Exception to Guardians).

Adopts conforming changes to Iowa Code section [222.87](#) (Deposit in Bank).

Repeals the following Iowa Code sections related to the organization and direction of a special intellectual disability unit:

- [222.88](#)
- [222.89](#)
- [222.90](#)
- [222.91](#)

Specifies that Division V of the Bill takes effect upon enactment.

86 27 COUNTY OF RESIDENCE DETERMINATIONS

86 28 Sec. 180.NEW SECTION 331.190 COUNTY OF RESIDENCE —
86 29 DISPUTE RESOLUTION.

86 30 1. "County of residence" means the county in this state
86 31 in which, at the time a person applies for or receives
86 32 services, the person is living and has established an ongoing
86 33 presence with the declared, good faith intention of living
86 34 for a permanent or indefinite period of time. The county
86 35 of residence of a homeless person is the county in which
87 1 the homeless person usually sleeps. A person maintains
87 2 residency in the county or state in which the person last
87 3 resided during the time period that the person is present in
87 4 a different county or state receiving services in a hospital,
87 5 a correctional facility, a halfway house for community-based
87 6 corrections or substance use disorder treatment, a nursing
87 7 facility, an intermediate care facility for persons with an
87 8 intellectual disability, a residential care facility, or for
87 9 the purpose of attending a college or university.

87 10 2. a. The dispute resolution process in this subsection
87 11 shall apply to county of residence disputes. The dispute
87 12 resolution process shall not be applicable to any of the
87 13 following:
87 14 (1) Disputes involving persons committed to a state
87 15 facility pursuant to chapter 812.
87 16 (2) Disputes involving Iowa rule of criminal procedure
87 17 2.22(8)(b), commitment for evaluation.
87 18 (3) Disputes involving chapter 12 of Iowa court rules, rules
87 19 for involuntary hospitalization of mentally ill persons.

87 20 b. If a county objects to a billing for services or a
87 21 residency determination and asserts that either the person
87 22 has residency in a different county or the person is not a
87 23 resident of this state, the person's county of residence
87 24 shall be determined as provided in this subsection. If the
87 25 county asserts that the person has residency in a different
87 26 county in this state, the county shall notify that county in
87 27 writing within one hundred twenty calendar days of receiving
87 28 the billing for services or of the county of residence
87 29 determination.

Defines "county of residence" as the county in Iowa in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living for a permanent or indefinite period of time.

Establishes that the dispute resolution process applies to all county of residence disputes unless the dispute is any of the following: a dispute involving persons committed to a State facility pursuant to Iowa Code chapter [812](#), a dispute involving Iowa Rule of Criminal Procedure [2.22\(8\)\(b\)](#) regarding commitment for evaluation, or a dispute involving Iowa Court Rules chapter [12](#) regarding rules for involuntary hospitalization of mentally ill persons.

Establishes the process for a county objecting to a billing for services or a residency determination.

87 30 c. The county that receives the notification under paragraph
87 31 "b" shall respond in writing to the county that provided the
87 32 notification within forty-five calendar days of receiving the
87 33 notification. If the parties cannot agree as to the person's
87 34 county of residence within ninety calendar days of the date of
87 35 notification, on motion of either of the parties, the matter
88 1 shall be referred to the administrative hearings division of
88 2 the department of inspections, appeals, and licensing for
88 3 a contested case proceeding under chapter 17A, before an
88 4 administrative law judge assigned in accordance with section
88 5 10A.801, to determine the person's county of residence.

Establishes the process a county must take to respond after receiving a notification pursuant to Iowa Code section 331.190(2)(b).

88 6 d. (1) Notwithstanding section 17A.15, the administrative
88 7 law judge's determination of a person's county of residence
88 8 shall be considered final agency action. Judicial review of
88 9 the determination may be sought in accordance with section
88 10 17A.19.

Establishes that the administrative law judge's determination of a person's county of residence will be considered the final agency action, and establishes the process for reevaluation of the final agency action.

88 11 (2) If following the determination of a person's county of
88 12 residence under this subsection additional evidence becomes
88 13 available that merits a change in the determination of the
88 14 person's county of residence, the affected parties may change
88 15 the determination of county of residence by mutual agreement.
88 16 Otherwise, a party may move that the matter be reconsidered
88 17 by the county, or by an administrative law judge assigned in
88 18 accordance with section 10A.801.

88 19 e. Unless a petition is filed for judicial review, the
88 20 administrative law judge's determination of the person's county
88 21 of residence shall result in one of the following:

Establishes that the administrative law judge's determination of the person's county of residence will result in either a county paying any amounts and reimbursement due if it is determined that the person's county of resident is that county, or neither the State nor either county being liable for payment of amounts due if it is determined that the person is not a resident of the State.

88 22 (1) If a county is determined to be the person's county
88 23 of residence, that county shall pay any amounts due and shall
88 24 reimburse the other county for any amounts paid for services
88 25 provided to the person by the other county prior to the county
88 26 of residence determination.

88 27 (2) If it is determined that the person is not a resident of
88 28 this state, neither the state nor either county shall be liable
88 29 for payment of amounts due for services provided to the person
88 30 prior to the determination of the person's county of residence.

88 31 f. (1) The party that does not prevail in a contested
88 32 case proceeding or a subsequent judicial review pursuant to
88 33 this subsection shall be liable for costs associated with

Establishes that the party that does not prevail in a contested case proceeding or a subsequent judicial review will be liable for costs and reimbursements associated with the proceeding or judicial review.

88 34 the proceeding or judicial review, including reimbursement
88 35 of the administrative hearings division of the department of
89 1 inspections, appeals, and licensing's actual costs associated
89 2 with the administrative proceeding, court costs, and reasonable
89 3 attorney fees.

89 4 (2) A payment or reimbursement pursuant to this subsection
89 5 shall be remitted within forty-five calendar days of the
89 6 date the county of residence determination is issued by the
89 7 administrative law judge or the date the court files an order
89 8 determining the person's county of residence, whichever is
89 9 later. After forty-five calendar days, the prevailing party
89 10 may add a penalty of up to one percent per month to any amounts
89 11 due.

89 12 Sec. 181. Section 35D.9, Code 2024, is amended to read as
89 13 follows:

89 14 35D.9 COUNTY OF RESIDENCE UPON DISCHARGE.

89 15 A member of the home does not acquire residency in the county
89 16 in which the home is located unless the member is voluntarily
89 17 or involuntarily discharged from the home and the member
89 18 meets county of residence requirements. For purposes of this
89 19 section, "county of residence" means the same as defined in
89 20 section ~~225C.61~~ 331.190.

Adopts conforming changes to Iowa Code section [35D.9](#) (County of Residence Upon Discharge).

89 21 Sec. 182. Section 232.141, subsections 7 and 8, Code 2024,
89 22 are amended to read as follows:

89 23 7. A county charged with the costs and expenses under
89 24 subsections 2 and 3 may recover the costs and expenses from the
89 25 child's custodial parent's county of residence, as defined in
89 26 section ~~225C.61~~ 331.190, by filing verified claims which are
89 27 payable as are other claims against the county. A detailed
89 28 statement of the facts upon which a claim is based shall
89 29 accompany the claim.

89 30 8. This subsection applies only to placements in a juvenile
89 31 shelter care home which is publicly owned, operated as a county
89 32 or multicounty shelter care home, organized under a chapter
89 33 28E agreement, or operated by a private juvenile shelter care
89 34 home. If the actual and allowable costs of a child's shelter
89 35 care placement exceed the amount the department is authorized
90 1 to pay, the unpaid costs may be recovered from the child's
90 2 custodial parent's county of residence. However, the maximum
90 3 amount of the unpaid costs which may be recovered under this

Adopts conforming rules to Iowa Code section [232.141](#) (Expenses).

90 4 subsection is limited to the difference between the amount
90 5 the department is authorized to pay and the statewide average
90 6 of the actual and allowable rates as reasonably determined
90 7 by the department annually. A home may only be reimbursed
90 8 for the lesser of the home's actual and allowable costs or
90 9 the statewide average of the actual and allowable rates as
90 10 determined by the department in effect on the date the costs
90 11 were paid. The unpaid costs are payable pursuant to filing of
90 12 verified claims against the child's custodial parent's county
90 13 of residence. A detailed statement of the facts upon which a
90 14 claim is based shall accompany the claim. Any dispute between
90 15 counties arising from ~~filing~~ of claims filed pursuant to this
90 16 subsection shall be settled in the manner provided to determine
90 17 ~~residency~~ county of residence in section ~~225C-61~~ 331.190.

90 18 Sec. 183. EFFECTIVE DATE. This division of this Act takes
90 19 effect July 1, 2025.

Specifies that Division VI of the Bill takes effect July 1, 2025.

Health and Human Services

Other Funds

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Senate Approp FY 2025 (3)	Sen Appr FY25 vs Est FY 2024 (4)	Page and Line # (5)
<u>Health and Human Services, Department of</u>					
HHS - Human Services					
Central Data Repository - MHDSRF	\$ 0	\$ 0	\$ 645,179	\$ 645,179	PG 81 LN 11
Total Health and Human Services, Department of	\$ 0	\$ 0	\$ 645,179	\$ 645,179	