

CHAPTER 1075

HEALTH AND HUMAN SERVICES — INTERNAL ADOPTION INFORMATION SHARING, DEPENDENT ADULT ABUSE, JUVENILE JUSTICE, MANDATORY REPORTER TRAINING, AND HEALTH CARE COORDINATION AND INTERVENTION TEAMS

H.F. 2404

AN ACT relating to processes overseen by the department of health and human services, including internal adoption information sharing, dependent adult abuse matters, juvenile justice court filings, mandatory reporter training, and health care coordination and intervention teams, and including effective date provisions.

Be It Enacted by the General Assembly of the State of Iowa:

DIVISION I INTERNAL ADOPTION INFORMATION SHARING

Section 1. [Section 600.16A, subsection 6](#), Code 2024, is amended to read as follows:

6. Any person, other than the adopting parents or the adopted person, who discloses information in violation of [this section](#), is guilty of a simple misdemeanor. [This subsection shall not apply to department personnel who disclose information to personnel within the department for the purposes of ensuring continuity of the department's services to the child.](#)

DIVISION II DEPENDENT ADULT ABUSE

Sec. 2. [Section 235B.6, subsection 2](#), paragraph d, Code 2024, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (7) To a tribal court as defined in [section 626D.2](#), a tribal prosecutor, or tribal services provided that the dependent adult is an Indian as defined in [section 232B.3](#).

Sec. 3. [Section 235B.6, subsection 3](#), Code 2024, is amended by striking the subsection and inserting in lieu thereof the following:

3. Access to unfounded dependent adult abuse information is authorized only to those persons identified in any of the following:

- a. [Subsection 2](#), paragraph “a”.
- b. [Subsection 2](#), paragraph “b”, subparagraphs (2), (5), and (6).
- c. [Subsection 2](#), paragraph “d”, subparagraph (7).
- d. [Subsection 2](#), paragraph “e”, subparagraphs (2), (5), (10), (20), (21), and (22).

DIVISION III ACCESS TO JUVENILE COURT SOCIAL RECORDS

Sec. 4. [Section 232.147](#), Code 2024, is amended by adding the following new subsection:

NEW SUBSECTION. 20. Notwithstanding any other provision of law to the contrary, the department may inspect, and the court shall disclose to the department, records that are confidential under [this section](#) if the records were filed in a proceeding under [subchapter III, IV, or V of this chapter](#) to which the department is a participant.

DIVISION IV MANDATORY REPORTER TRAINING

Sec. 5. [Section 232.69, subsection 3](#), paragraphs b and e, Code 2024, are amended to read as follows:

b. A person required to make a report under [subsection 1](#), other than a physician whose professional practice does not regularly involve providing primary health care to children, shall complete ~~two hours of the core~~ training curriculum relating to the identification and reporting of child abuse within six months of initial employment or self-employment

involving the examination, attending, counseling, or treatment of children on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete ~~at least two hours of additional~~ the core training curriculum relating to the identification and reporting of child abuse ~~identification and reporting training~~ every three years. ~~If the person completes at least one hour of additional child abuse identification and reporting training prior to the three-year expiration period, the person shall be deemed in compliance with the training requirements of this section for an additional three years.~~

e. A licensing board with authority over the license of a person required to make a report under [subsection 1](#) shall require as a condition of licensure that the person is in compliance with the requirements for ~~abuse the core training curriculum relating to the identification and reporting of child abuse~~ under [this subsection](#). The licensing board shall require the person upon licensure renewal to accurately document for the licensing board the person's completion of the training requirements. However, the licensing board may adopt rules providing for waiver or suspension of the compliance requirements, if the waiver or suspension is in the public interest, applicable to a person who is engaged in active duty in the military service of this state or of the United States, to a person for whom compliance with the training requirements would impose a significant hardship, or to a person who is practicing a licensed profession outside this state or is otherwise subject to circumstances that would preclude the person from encountering child abuse in this state.

Sec. 6. [Section 235B.16, subsection 5](#), paragraphs b and e, Code 2024, are amended to read as follows:

b. A person required to report cases of dependent adult abuse pursuant to [sections 235B.3 and 235E.2](#), other than a physician whose professional practice does not regularly involve providing primary health care to adults, shall complete ~~two hours of the core training curriculum~~ relating to the identification and reporting of dependent adult abuse within six months of initial employment or self-employment which involves the examination, attending, counseling, or treatment of adults on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete ~~at least two hours of additional~~ the core training curriculum relating to the identification and reporting of dependent adult abuse ~~identification and reporting training~~ every three years. ~~If the person completes at least one hour of additional dependent adult abuse identification and reporting training prior to the three-year expiration period, the person shall be deemed in compliance with the training requirements of this section for an additional three years.~~

e. A licensing board with authority over the license of a person required to report cases of dependent adult abuse pursuant to [sections 235B.3 and 235E.2](#) shall require as a condition of licensure that the person is in compliance with the requirements for ~~abuse the core training curriculum relating to the identification and reporting of dependent adult abuse~~ under [this subsection](#). The licensing board shall require the person upon licensure renewal to accurately document for the licensing board the person's completion of the training requirements. However, the licensing board may adopt rules providing for waiver or suspension of the compliance requirements, if the waiver or suspension is in the public interest, applicable to a person who is engaged in active duty in the military service of this state or of the United States, to a person for whom compliance with the training requirements would impose a significant hardship, or to a person who is practicing a licensed profession outside this state or is otherwise subject to circumstances that would preclude the person from encountering dependent adult abuse in this state.

DIVISION V
HEALTH CARE COORDINATION AND INTERVENTION TEAMS

Sec. 7. [NEW SECTION. 249A.4A](#) **Health care coordination and intervention teams.**

1. For purposes of [this section](#), “*health care provider*” means a health care provider as defined in [section 135.24](#), a mental health professional, or a substance use professional.

2. The director may establish health care coordination and intervention teams as part of the state medical assistance program to conduct individual case reviews to determine whether additional health services or interventions may be appropriate for an individual’s care needs.

3. *a.* A health care coordination and intervention team shall review individual cases including but not limited to cases involving individuals with complex conditions who are in need of urgent placement and services.

b. A review of an individual case by a health care coordination and intervention team may be initiated by the department or by a health care provider.

c. In conducting an individual case review, a health care coordination and intervention team shall:

(1) Review and analyze all relevant case information for the purpose of recommending additional health services, treatments, and interventions as appropriate to meet the individual’s needs and to ensure the protection of human health and safety.

(2) Consult with the individual’s health care providers to assist and facilitate care coordination and treatment referral actions as appropriate.

(3) Collect and review clinical records and other pertinent information, both confidential and nonconfidential, from hospitals and health care providers as necessary to review the individual’s health treatment needs.

4. *a.* Upon request of a health care coordination and intervention team, a hospital or health care provider shall provide records relating to an individual case being reviewed by the health care coordination and intervention team.

b. Upon request of a health care coordination and intervention team, a person in possession or control of medical, investigative, assessment, or other information pertaining to an individual case under review by the health care coordination and intervention team shall provide the information to the health care coordination and intervention team.

c. Confidential records and information provided to a health care coordination and intervention team under [this subsection](#) shall remain confidential and the health care coordination and intervention team shall not release the records or information to any person or entity without a court order.

d. A person or entity shall not be liable for providing records or information requested by a health care coordination and intervention team under [this subsection](#) to the health care coordination and intervention team or to the department.

5. A health care coordination and intervention team member, and an agent of a health care coordination and intervention team member, shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of any act, omission, proceeding, decision, or determination undertaken or performed, or recommendation made provided that the team member or agent acted in good faith and without malice in carrying out official duties as a member of a health care coordination and intervention team or an agent of a health care coordination and intervention team member.

6. Subject to federal law, individual case reviews conducted pursuant to [this section](#) shall be considered care coordination as defined in [section 135D.2](#).

Sec. 8. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Approved April 19, 2024