House Study Bill 653 - Introduced

SENATE/HOUSE FILE _____ BY (PROPOSED GOVERNOR BILL)

A BILL FOR

l An	Act relating to the transition of behavioral health services
2	from a mental health and disability services system to
3	a behavioral health service system, and the transfer of
4	disability services to the division of aging and disability
5	services of the department of health and human services,
6	making appropriations, and including effective date
7	provisions.
8 BE	IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

S.F. H.F.

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

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1 administrative services organization under section 225A.5, to

2 identify opportunities, address challenges, and advise the 3 administrative services organization in accordance with section 4 225A.5.

5 10. "District behavioral health service system plan" or 6 "district behavioral health plan" means a plan developed by 7 an administrative services organization and approved by the 8 department to outline the services intended to be provided 9 within the administrative services organization's behavioral 10 health district.

11 11. "Indicated prevention" means prevention activities 12 designed to prevent the onset of substance use disorders in 13 individuals who do not meet the medical criteria for addiction, 14 but who show early signs of developing a substance use disorder 15 in the future.

16 12. "Selective prevention" means prevention activities 17 designed to target subsets of the total population who are 18 considered at-risk for a substance use disorder by virtue of 19 their membership in a particular segment of the population. 20 Selective prevention targets the entire subgroup, regardless of 21 the degree of risk of any individual within the group.

13. "State behavioral health service system plan" or 3 "state behavioral health plan" means the plan developed by the 4 department that describes the key components of the state's 5 behavioral health service system.

14. "Universal prevention" means prevention activities designed to address an entire population class for the purpose of preventing or delaying the use of alcohol, tobacco, and other drugs. Population classes include but are not limited to the national population, local populations, community populations, school populations, and neighborhood populations. Sec. 2. <u>NEW SECTION</u>. 225A.2 State mental health authority a state agency for substance abuse.

34 1. The department is designated as the state mental health 35 authority as defined in 42 U.S.C. §201(m) for the purpose of

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

11 2. The department is designated as the single state agency 12 for substance abuse for the purposes of 42 U.S.C. §1396a et 13 seq.

14 3. For the purposes of effectuating the department's roles 15 designated in this section, the department shall have the 16 following powers and the authority to take all the following 17 actions:

a. Plan, establish, and maintain prevention, education,
early intervention, treatment, recovery support, and crisis
services programs as necessary or desirable in accordance with
a comprehensive behavioral health service system.

22 b. Develop and submit a state plan as required by 42 U.S.C.
23 §300x-1, in accordance with 42 C.F.R. §431.10.

c. Review and approve district behavioral health service
system plans developed in accordance with the state behavioral
health service system plan.

27 d. Perform all necessary acts to cooperate with any state
28 agency, political subdivision, or federal government agency to
29 apply for grants.

e. Solicit and accept for use any gift of money or property
by will or otherwise, and any grant of money, services,
or property from the federal government, the state, or any
political subdivision thereof or any private source. *f.* Collect and maintain records, engage in studies and

35 analyses, and gather relevant statistics.

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1 g. Take any other actions as necessary to execute the 2 duties granted to the department in this chapter, or that 3 are otherwise required to maintain compliance with federal 4 requirements related to the department's roles established in 5 this section.

6 Sec. 3. <u>NEW SECTION</u>. 225A.3 Behavioral health service
7 system — department powers and duties.

8 1. A behavioral health service system is established 9 under the control of the department for the purposes of 10 implementing a statewide system of prevention, education, early 11 intervention, treatment, recovery support, and crisis services 12 related to mental health, substance use, tobacco use, and 13 problem gambling.

14 2. To the extent funding is available, the department 15 shall perform all of the following duties to administer the 16 behavioral health service system:

a. Consistent with the department's agency strategic plan
adopted pursuant to section 8E.206, prepare and administer
the state behavioral health service system plan. The state
behavioral health service system plan shall identify strategies
and targeted outcomes for the behavioral health service system
to continuously improve the provision of all of the following:
(1) Universal prevention, selective prevention, and

24 indicated prevention.

25 (2) Evidence-based and evidence-informed early intervention26 and treatment services.

(3) Comprehensive recovery support services with a focus on community-based services that avoid, divert, or offset the need for acute inpatient services, long-term services provided in large institutional settings, law enforcement involvement, and incarceration.

32 (4) Crisis services with a focus on reducing escalation 33 of crisis situations, relieving the immediate distress of 34 individuals experiencing a crisis situation, reducing the 35 risk that individuals in a crisis situation harm themselves

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or others, and promoting timely access to behavioral health
 services for those who require ongoing treatment.

b. Administer and distribute state appropriations, federal
4 aid, and grants deposited into the behavioral health fund
5 established in section 225A.7.

6 c. Oversee, provide technical assistance to, and
7 monitor administrative services organizations to ensure the
8 administrative services organizations' compliance with district
9 behavioral health plans.

10 d. Oversee behavioral health provider licensure, 11 accreditation, and certification, and issue determinations 12 to approve, deny, revoke, or suspend a behavioral health 13 provider's licensure, accreditation, or certification status. 14 e. Establish and maintain a data collection and management 15 information system to identify, collect, and analyze service 16 outcome and performance data to address the needs of patients, 17 providers, the department, and programs operating within the 18 behavioral health service system.

19 f. Collect, monitor, and utilize information including but 20 not limited to behavioral health service system patient records 21 and syndromic surveillance data to understand emerging needs, 22 and to swiftly deploy information, resources, and technical 23 assistance in response.

24 g. Adopt rules pursuant to chapter 17A to administer this
25 chapter. Such rules shall include but not be limited to rules
26 that provide for all of the following:

(1) Minimum access standards to ensure equitable access to services provided through the behavioral health service system including but not limited to when services are available, who services are available.

31 (2) Methods to ensure each individual receives an 32 uninterrupted continuum of care for prevention, education, 33 early intervention, treatment, recovery support, and crisis 34 services.

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35 (3) Standards for the implementation and maintenance

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of behavioral health programs and services offered by the
 behavioral health service system, and by each administrative
 services organization.

4 (4) Procedures for the management and oversight of
5 behavioral health providers to ensure provider compliance with
6 the terms of the behavioral health providers' contracts and
7 with state and federal law and rules.

8 (5) Procedures for the termination of an administrative
9 services organization's designation as an administrative
10 services organization.

11 (6) Procedures for the collection, utilization, and 12 maintenance of the data necessary to establish a central data 13 repository in accordance with section 225A.6.

14 (7) Any other requirements the department deems necessary 15 to ensure that an administrative services organization 16 fulfills the administrative services organization's duties 17 as established in this chapter, and as established in the 18 administrative services organization's district behavioral 19 health plan.

20 Sec. 4. <u>NEW SECTION</u>. 225A.4 Behavioral health service 21 system — districts and administrative services organizations.

1. a. The department shall divide the entirety of the state and designated behavioral health districts. Behavioral health prevention, education, early intervention, treatment, recovery support, and crisis services shall be made available through each behavioral health district in a manner consistent with directives each district receives from the department.

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

32 (1) City and county lines.

33 (2) The maximum population size that behavioral health
34 services available in an area are able to effectively serve.
35 (3) Areas of high need for behavioral health services.

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(4) Patterns various populations exhibit when accessing or
 2 receiving behavioral health services.

3 c. Notwithstanding chapter 17A, the manner in which the 4 department designates behavioral health districts including but 5 not limited to the determination of the boundaries for each 6 district shall not be subject to judicial review.

7 2. a. The department shall designate an administrative 8 services organization for each behavioral health district to 9 oversee and organize each district and the behavioral health 10 services associated with the district. The department shall 11 issue requests for proposals for administrative services 12 organization candidates.

13 b. At the department's discretion, the department may 14 designate any of the following as an administrative services 15 organization:

16 (1) A mental health and disability services regional 17 administrator formed prior to July 1, 2025.

18 (2) A public or private agency in a behavioral health 19 district, or any separate organizational unit within the 20 public or private agency, that has the capabilities to engage 21 in the planning or provision of a broad range of behavioral 22 health prevention, education, early intervention, treatment, 23 recovery support, and crisis services only as directed by the 24 department.

25 c. The department shall consider all of the following
26 factors in determining whether to designate an entity as an
27 administrative services organization:

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

31 (2) Whether the entity has demonstrated the ability to 32 ensure the delivery of behavioral health services within the 33 district as required by the department by rule.

34 (3) Whether the entity has demonstrated the ability to 35 fulfill the monitoring, oversight, and provider compliance

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1 responsibilities as required by the department by rule.

3. a. Upon designation by the department, an administrative
3 services organization shall be considered an instrumentality of
4 the state and shall adhere to all state and federal mandates
5 and prohibitions applicable to an instrumentality of the state.
6 b. The designation as an administrative services
7 organization shall continue until the designation is removed
8 by the department, the administrative services organization
9 withdraws, or a change in state or federal law necessitates the
10 removal of the designation.

4. Each administrative services organization shall function as a subrecipient for the purposes of the federal community mental health services block grant, 42 U.S.C. §300x et seq., 4 and the federal substance abuse prevention and treatment block 5 grant, 42 U.S.C. §300x-21 et seq., and shall comply with all 6 federal requirements applicable to subrecipients under the 17 block grants.

18 5. Each administrative services organization shall perform 19 all of the following duties:

20 a. Develop and administer a district behavioral health
21 plan as approved by the department, and in accordance with the
22 standards adopted by the department by rule.

b. Coordinate the administration of the district behavioral health plan with federal, state, and local resources in order to develop a comprehensive and coordinated local behavioral health service system.

27 c. Enter into contracts necessary to provide services under28 the district behavioral health plan.

29 d. Oversee, provide technical assistance to, and monitor 30 the compliance of providers contracted by the administrative 31 services organization to provide behavioral health services in 32 accordance with the district behavioral health plan.

33 *e.* Establish a district behavioral health advisory council 34 pursuant to section 225A.5.

35 Sec. 5. NEW SECTION. 225A.5 District behavioral health

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1 advisory councils.

2 1. Each administrative services organization shall
3 establish a district behavioral health advisory council that
4 shall do all of the following:

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

9 b. Advise the administrative services organization while 10 the administrative services organization is developing a 11 comprehensive behavioral health policy.

12 c. Advise the administrative services organization on how to 13 best provide access to behavioral health prevention, education, 14 early intervention, treatment, recovery support, and crisis 15 services throughout the district as directed by the department. 16 2. An advisory council shall consist of nine members.

17 Members shall be appointed by the administrative services 18 organization subject to the following requirements:

19 a. Three members shall be elected public officials 20 currently holding office, or the public official's designated 21 representative. However, if the number of elected public 22 officials available and willing to serve is less than three 23 members, this requirement shall be waived until an elected 24 public official currently holding office is willing to serve. 25 b. Three members shall be chosen in accordance with

26 procedures established by the administrative services
27 organization to ensure representation of the populations served
28 within the behavioral health district.

c. Three members shall be chosen who have experience or education related to core behavioral health functions, essential behavioral health services, behavioral health prevention, behavioral health treatment, population-based behavioral health services, or community-based behavioral health initiatives.

35 Sec. 6. NEW SECTION. 225A.6 Behavioral health service

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1 system — data collection and use.

2 1. The department shall take all of the following actions 3 for data related to the behavioral health service system: a. Collect and analyze the data, including but not 4 5 limited to Medicaid and community services network data, as 6 necessary to issue cost estimates for serving populations, 7 providing treatment, making and receiving payments, conducting 8 operations, and performing duties related to the behavioral 9 health service system. In doing so, the department shall 10 maintain compliance with applicable federal and state 11 privacy laws to ensure the confidentiality and integrity 12 of individually identifiable data. The department may 13 periodically assess the status of the department's compliance 14 to ensure that data collected by and stored with the department 15 is protected.

b. Establish and administer a central data repository for
17 collecting and analyzing state, behavioral health district, and
18 contracted behavioral health provider data.

c. Establish a record for each individual receiving publicly
 funded services from an administrative services organization.
 Each record shall include a unique client identifier for the
 purposes of identifying and tracking the individual's record.

d. Consult with administrative services organizations,
behavioral health service providers, and other behavioral
health service system stakeholders on an ongoing basis to
implement and maintain the central data repository.

e. Engage with all entities that maintain information the department is required to collect pursuant to this section in order to integrate all data concerning individuals receiving services within the behavioral health service system.

f. Engage with all entities that maintain general population data relating to behavioral health in order to develop action plans, create projections relating to a population's behavioral health needs, develop policies concerning behavioral health, and otherwise perform acts as necessary to enhance the state's

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1 overall behavioral health.

2 2. Administrative services organizations shall report all 3 data required to be maintained in the central data repository 4 to the department in a manner as established by the department 5 by rule. For the purpose of making such data reports, an 6 administrative services organization shall do one of the 7 following:

8 a. Utilize a data system that integrates with the data9 systems used by the department.

10 b. Utilize a data system that has the capacity to securely 11 exchange information with the department, other behavioral 12 health districts, contractors, and other entities involved with 13 the behavioral health service system who are authorized to 14 access the central data repository.

Data and information maintained by and exchanged between
 an administrative services organization and the department
 shall be labeled consistently, share the same definitions,
 utilize the same common coding and nomenclature, and be in a
 form and format as required by the department by rule.
 Administrative services organizations shall report,

21 to the department in a manner specified by the department, 22 information including but not limited to demographic 23 information, expenditure data, and data concerning the 24 behavioral health services and other support provided to 25 individuals in the administrative service organization's 26 district.

5. The department shall ensure that administrative services organizations, behavioral health providers, and contracting entities operating within the behavioral health service system maintain uniform methods for keeping statistical information relating to behavioral health service system outcomes and performance.

33 6. The department shall develop and implement a means to 34 provide key outcome and performance data to the public and to 35 persons involved with the behavioral health service system.

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Sec. 7. <u>NEW SECTION</u>. 225A.7 Behavioral health fund.
 For purposes of this section:

a. "Population" means, as of July 1 of the fiscal year 4 preceding the fiscal year in which the population figure is 5 applied, the population shown by the latest preceding certified 6 federal census or the latest applicable population estimate 7 issued by the United States census bureau, whichever is most 8 recent.

9 b. "State growth factor" for a fiscal year means an amount 10 equal to the dollar amount used to calculate the appropriation 11 under this section for the immediately preceding fiscal year 12 multiplied by the percent increase, if any, in the amount of 13 sales tax revenue deposited into the general fund of the state 14 under section 423.2A, subsection 1, paragraph "a", less the 15 transfers required under section 423.2A, subsection 2, between 16 the fiscal year beginning three years prior to the applicable 17 fiscal year and the fiscal year beginning two years prior 18 to the applicable year, but not to exceed one and one-half 19 percent.

20 2. A behavioral health fund is established in the state 21 treasury under the control of the department. The fund shall 22 consist of moneys deposited into the fund pursuant to this 23 section and section 426B.1, gifts of money or property accepted 24 by the state or the department to support any services under 25 this chapter or chapter 231, and moneys otherwise appropriated 26 by the general assembly. Moneys in the fund are appropriated 27 to the department to implement and administer the behavioral 28 health service system and related programs including but not 29 limited to all of the following:

30 *a.* Distributions to administrative services organizations 31 to provide services as outlined in the organizations' district 32 behavioral health plan.

b. Distributions to providers of tobacco use services,
substance use disorder services, and problem gambling services. *c.* Funding of disability services pursuant to chapter 231.

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1 *d*. Payment of administrative costs associated with services 2 described under paragraphs $a^{,}, b^{,}$, and $c^{,}$.

3 3. For the fiscal year beginning July 1, 2025, there 4 is transferred from the general fund of the state to the 5 behavioral health fund an amount equal to forty-two dollars 6 multiplied by the state's population for the fiscal year.

7 4. For the fiscal year beginning July 1, 2026, and each 8 succeeding fiscal year, there is transferred from the general 9 fund of the state to the behavioral health fund an amount equal 10 to the state's population for the fiscal year multiplied by 11 the sum of the dollar amount used to calculate the transfer 12 from the general fund to the behavioral health fund for the 13 immediately preceding fiscal year, plus the state growth factor 14 for the fiscal year for which the transfer is being made. 15 5. For each fiscal year, an administrative services

16 organization shall not spend on administrative costs an amount 17 more than seven percent of the total amount distributed to the 18 administrative services organization through this section and 19 other appropriations for that fiscal year.

6. Moneys in the behavioral health fund may be used by the department for cash flow purposes, provided that any moneys so allocated are returned to the behavioral health fund by the end of each fiscal year.

7. Notwithstanding section 12C.7, subsection 2, interest
or earnings on moneys deposited in the behavioral health fund
shall be credited to the behavioral health fund.

8. Notwithstanding section 8.33, moneys appropriated in this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

32 Sec. 8. CODE EDITOR DIRECTIVE. The Code editor is directed 33 to do all of the following:

Designate sections 225A.1 through 225A.7, as enacted
 in this division of this Act, as Code chapter 225A entitled

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1 "Department of Health and Human Services - Behavioral Health 2 Service System". 2. Correct internal references in the Code and in any 3 4 enacted legislation as necessary due to the enactment of this 5 division of this Act. Sec. 9. EFFECTIVE DATE. This division of this Act takes 6 7 effect July 1, 2025. DIVISION II 8 BEHAVIORAL HEALTH SERVICE SYSTEM - CONFORMING CHANGES 9 Sec. 10. Section 11.6, subsection 1, paragraph b, Code 2024, 10 11 is amended to read as follows: 12 b. The financial condition and transactions of community 13 mental health centers organized under chapter 230A, substance 14 use disorder programs organized licensed under chapter 125_{T} and 15 community action agencies organized under chapter 216A, shall 16 be audited at least once each year. Sec. 11. Section 35D.9, Code 2024, is amended to read as 17 18 follows: 19 35D.9 County of residence upon discharge. 20 1. A member of the home does not acquire residency in 21 the county in which the home is located unless the member is 22 voluntarily or involuntarily discharged from the home and the 23 member meets county of residence requirements. 24 2. For purposes of this section, "county of residence" 25 means the same as defined in section 225C.61 the county in 26 this state in which, at the time a person applies for or 27 receives services, the person is living and has established 28 an ongoing presence with the declared, good faith intention 29 of living for a permanent or indefinite period of time. The 30 county of residence of a homeless person is the county in 31 which the homeless person usually sleeps. A person maintains 32 residency in the county or state in which the person last 33 resided during the time period that the person is present in 34 a different county or state receiving services in a hospital, 35 a correctional facility, a halfway house for community-based

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1 corrections or substance use disorder treatment, a nursing 2 facility, an intermediate care facility for persons with an 3 intellectual disability, a residential care facility, or for 4 the purpose of attending a college or university. 5 3. a. The dispute resolution process in this subsection 6 shall apply to county of residence disputes. The dispute 7 resolution process shall not be applicable to any of the 8 following: 9 (1) Disputes involving persons committed to a state 10 facility pursuant to chapter 812. (2) Disputes involving Iowa rule of criminal procedure 11 12 2.22(8)(b), commitment for evaluation. 13 (3) Disputes involving chapter 12 of Iowa court rules, rules 14 for involuntary hospitalization of mentally ill persons. 15 b. If a county objects to a billing for services or a 16 residency determination and asserts that either the person 17 has residency in a different county or the person is not a 18 resident of this state, the person's county of residence 19 shall be determined as provided in this subsection. If the 20 county asserts that the person has residency in a different 21 county in this state, the county shall notify that county in 22 writing within one hundred twenty calendar days of receiving 23 the billing for services or of the county of residence 24 determination. c. The county that receives the notification under paragraph 25 26 "b'' shall respond in writing to the county that provided the 27 notification within forty-five calendar days of receiving the 28 notification. If the parties cannot agree as to the person's 29 county of residence within ninety calendar days of the date of 30 notification, on motion of either of the parties, the matter 31 shall be referred to the administrative hearings division of 32 the department of inspections, appeals, and licensing for 33 a contested case proceeding under chapter 17A, before an 34 administrative law judge assigned in accordance with section 35 10A.801, to determine the person's county of residence.

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1 d. (1) Notwithstanding section 17A.15, the administrative 2 law judge's determination of a person's county of residence 3 shall be considered final agency action. Judicial review of 4 the determination may be sought in accordance with section 5 17A.19. (2) If following the determination of a person's county of 6 7 residence under this subsection additional evidence becomes 8 available that merits a change in the determination of the 9 person's county of residence, the affected parties may change 10 the determination of county of residence by mutual agreement. 11 Otherwise, a party may move that the matter be reconsidered 12 by the county, or by an administrative law judge assigned in 13 accordance with section 10A.801. 14 e. Unless a petition is filed for judicial review, the 15 administrative law judge's determination of the person's county 16 of residence shall result in one of the following: (1) If a county is determined to be the person's county 17 18 of residence, that county shall pay any amounts due and shall 19 reimburse the other county for any amounts paid for services 20 provided to the person by the other county prior to the county 21 of residence determination. (2) If it is determined that the person is not a resident of 22 23 this state, neither the state nor either county shall be liable 24 for payment of amounts due for services provided to the person 25 prior to the determination of the person's county of residence. 26 f. (1) The party that does not prevail in a contested 27 case proceeding or a subsequent judicial review pursuant to 28 this subsection shall be liable for costs associated with 29 the proceeding or judicial review, including reimbursement 30 of the administrative hearings division of the department of 31 inspections, appeals, and licensing's actual costs associated 32 with the administrative proceeding, court costs, and reasonable 33 attorney fees. 34 (2) A payment or reimbursement pursuant to this subsection 35 shall be remitted within forty-five calendar days of the

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1 date the county of residence determination is issued by the

2 administrative law judge or the date the court files an order

3 determining the person's county of residence, whichever is

4 later. After forty-five calendar days, the prevailing party

5 may add a penalty of up to one percent per month to any amounts
6 due.

Sec. 12. Section 97B.1A, subsection 8, paragraph a,
8 subparagraph (13), Code 2024, is amended by striking the
9 subparagraph.

10 Sec. 13. Section 123.17, subsections 5 and 8, Code 2024, are 11 amended to read as follows:

12 5. After any transfer provided for in subsection 3 is 13 made, the department shall transfer into a special revenue 14 account in the general fund of the state, a sum of money at 15 least equal to seven percent of the gross amount of sales 16 made by the department from the beer and liquor control fund 17 on a monthly basis but not less than nine million dollars 18 annually. Of the amounts transferred, two million dollars, 19 plus an additional amount determined by the general assembly, 20 shall be appropriated to the department of health and human 21 services for use by the staff who administer the comprehensive 22 substance use disorder program under chapter 125 for substance 23 use disorder treatment and prevention programs the purposes of 24 planning, establishing, and maintaining prevention, education,

25 <u>early intervention, treatment, and recovery support services</u>
26 <u>programs for substance use</u>. Any amounts received in excess of
27 the amounts appropriated to the department of health and human
28 services for use by the staff who administer the comprehensive
29 substance use disorder program under chapter 125 the purposes
30 of planning, establishing, and maintaining prevention,

31 <u>education, early intervention, treatment, and recovery support</u>
32 <u>services programs for substance use</u> shall be considered part of
33 the general fund balance.

34 8. After any transfers provided for in subsections 3, 5,35 6, and 7, and before any other transfer to the general fund,

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1 the department shall transfer from the beer and liquor control 2 fund one million dollars to the department of health and human 3 services for distribution pursuant to section 125.59 behavioral 4 health fund established under section 225A.7.

5 Sec. 14. Section 124.409, subsection 2, Code 2024, is 6 amended by striking the subsection.

7 Sec. 15. Section 125.2, subsections 4, 5, and 10, Code 2024, 8 are amended by striking the subsections.

9 Sec. 16. Section 125.91, subsection 1, Code 2024, is amended 10 to read as follows:

11 1. The procedure prescribed by this section shall only 12 be used for a person with a substance use disorder due to 13 intoxication or substance-induced incapacitation who has 14 threatened, attempted, or inflicted physical self-harm or harm 15 on another, and is likely to inflict physical self-harm or harm 16 on another unless immediately detained, or who is incapacitated 17 by a <u>chemical</u> substance, if an application has not been filed 18 naming the person as the respondent pursuant to <u>section 125.75</u> 19 and the person cannot be ordered into immediate custody and 20 detained pursuant to <u>section 125.81</u>.

21 Sec. 17. Section 125.93, Code 2024, is amended to read as 22 follows:

23 125.93 Commitment records — confidentiality.

Records of the identity, diagnosis, prognosis, or treatment of a person which are maintained in connection with the provision of substance use disorder treatment services are confidential, consistent with the requirements of section <u>125.37, and with the federal confidentiality regulations</u> authorized by the federal Drug Abuse Office and Treatment Act, <u>42 U.S.C. §290ee and the federal Comprehensive Alcohol Abuse</u> and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. §290dd-2. However, such records may be disclosed to an employee of the department of corrections, if authorized by the director of the department of corrections, or to an employee of a judicial district department of correctional services, if

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1 authorized by the director of the judicial district department

2 of correctional services. Sec. 18. Section 135.11, subsection 11, Code 2024, is 3 4 amended to read as follows: 11. Administer chapters 125, 136A, 136C, 139A, 142, 142A, 5 6 144, and 147A. Sec. 19. Section 135C.2, subsection 5, unnumbered paragraph 7 8 1, Code 2024, is amended to read as follows: 9 The department shall establish a special classification 10 within the residential care facility category in order to 11 foster the development of residential care facilities which 12 serve persons with an intellectual disability, chronic mental 13 illness, a developmental disability, or brain injury, as 14 described under section 225C.26, and which contain five or 15 fewer residents. A facility within the special classification 16 established pursuant to this subsection is exempt from the 17 requirements of section 10A.713. The department shall adopt 18 rules which are consistent with rules previously developed for 19 the waiver demonstration waiver project pursuant to 1986 Iowa 20 Acts, ch. 1246, §206, and which include all of the following 21 provisions: 22 Sec. 20. Section 135C.6, subsection 1, Code 2024, is amended 23 to read as follows: 24 1. A person or governmental unit acting severally or 25 jointly with any other person or governmental unit shall not 26 establish or operate a health care facility in this state 27 without a license for the facility. A supported community 28 living service, as defined in section 225C.21 249A.38A, is not 29 required to be licensed under this chapter, but is subject to 30 approval under section 225C.21 249A.38A in order to receive 31 public funding. 32 Sec. 21. Section 135C.23, subsection 1, unnumbered 33 paragraph 1, Code 2024, is amended to read as follows: 34 Each resident shall be covered by a contract executed at

35 the time of admission or prior thereto by the resident, or the

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1 resident's legal representative, and the health care facility; 2 except as otherwise provided by subsection 5 with respect to 3 residents admitted at public expense to a county care facility 4 operated under chapter 347B. Each party to the contract shall 5 be entitled to a duplicate original thereof, and the health 6 care facility shall keep on file all contracts which it has 7 with residents and shall not destroy or otherwise dispose of 8 any such contract for at least one year after its expiration. 9 Each such contract shall expressly set forth:

10 Sec. 22. Section 135C.23, subsection 2, paragraph b, Code
11 2024, is amended to read as follows:

12 b. This section does not prohibit the admission of a 13 patient with a history of dangerous or disturbing behavior to 14 an intermediate care facility for persons with mental illness, 15 intermediate care facility for persons with an intellectual 16 disability, or nursing facility, or county care facility when 17 the intermediate care facility for persons with mental illness, 18 intermediate care facility for persons with an intellectual 19 disability, or nursing facility, or county care facility has a 20 program which has received prior approval from the department 21 to properly care for and manage the patient. An intermediate 22 care facility for persons with mental illness, intermediate 23 care facility for persons with an intellectual disability, 24 or nursing facility, or county care facility is required to 25 transfer or discharge a resident with dangerous or disturbing 26 behavior when the intermediate care facility for persons with 27 mental illness, intermediate care facility for persons with an 28 intellectual disability, or nursing facility, or county care 29 facility cannot control the resident's dangerous or disturbing 30 behavior. The department, in coordination with the state 31 mental health and disability services commission created in 32 section 225C.5, shall adopt rules pursuant to chapter 17A for 33 programs to be required in intermediate care facilities for 34 persons with mental illness, intermediate care facilities 35 for persons with an intellectual disability, and nursing

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1 facilities, and county care facilities that admit patients 2 or have residents with histories of dangerous or disturbing 3 behavior. Section 135C.23, subsection 5, Code 2024, is 4 Sec. 23. 5 amended by striking the subsection. Sec. 24. Section 135C.24, subsection 5, Code 2024, is 6 7 amended by striking the subsection. 8 Sec. 25. Section 135G.1, subsection 12, Code 2024, is 9 amended to read as follows: 10 "Subacute mental health services" means the same 12. a. 11 as defined in section 225C.6 services that provide all of the 12 following: 13 (1) A comprehensive set of wraparound services for a 14 person who has had, or is at imminent risk of having, acute or 15 crisis mental health symptoms that do not permit the person to 16 remain in or threatens removal of the person from the person's 17 home and community, but who has been determined by a mental 18 health professional and a licensed health care professional, 19 subject to the professional's scope of practice, not to need 20 inpatient acute hospital services. For the purposes of this 21 subparagraph, "licensed health care professional" means a person 22 licensed under chapter 148, an advanced registered nurse 23 practitioner, or a physician assistant. 24 (2) Intensive, recovery-oriented treatment and monitoring 25 of a person. Treatment may be provided directly or remotely 26 by a licensed psychiatrist or an advanced registered nurse 27 practitioner. (3) An outcome-focused, interdisciplinary approach designed 28 29 to return a person to living successfully in the community. 30 b. Subacute mental health services may include services 31 provided in a wide array of settings ranging from a person's 32 home to a specialized facility with restricted means of egress. 33 c. Subacute mental health services shall be limited to a 34 period not to exceed ten calendar days or another time period 35 determined in accordance with rules adopted by the department

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1 for this purpose, whichever is longer.

2 Sec. 26. Section 142.1, Code 2024, is amended to read as 3 follows:

4 142.1 Delivery of bodies.

5 The body of every person dying who died in a public asylum, 6 hospital, county care facility, penitentiary, or reformatory 7 in this state, or found dead within the state, or which who 8 is to be buried at public expense in this state, except those 9 buried under the provisions of chapter 144C or 249, and which 10 is suitable for scientific purposes, shall be delivered to the 11 medical college of the state university, or some osteopathic 12 or chiropractic college or school located in this state, which 13 has been approved under the law regulating the practice of 14 osteopathic medicine or chiropractic; but no such body shall 15 be delivered to any such college or school if the deceased 16 person expressed a desire during the person's last illness 17 that the person's body should be buried or cremated, nor if 18 such is the desire of the person's relatives. Such bodies 19 shall be equitably distributed among said colleges and schools 20 according to their needs for teaching anatomy in accordance 21 with such rules as may be adopted by the department of health 22 and human services. The expense of transporting said bodies to 23 such college or school shall be paid by the college or school 24 receiving the same. If the deceased person has not expressed 25 a desire during the person's last illness that the person's 26 body should be buried or cremated and no person authorized to 27 control the deceased person's remains under section 144C.5 28 requests the person's body for burial or cremation, and if a 29 friend objects to the use of the deceased person's body for 30 scientific purposes, said deceased person's body shall be 31 forthwith delivered to such friend for burial or cremation at 32 no expense to the state or county. Unless such friend provides 33 for burial and burial expenses within five days, the body shall 34 be used for scientific purposes under this chapter. Sec. 27. Section 142.3, Code 2024, is amended to read as 35

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1 follows:

2 142.3 Notification of department.

Every county medical examiner, funeral director or embalmer, 3 4 and the managing officer of every public asylum, hospital, 5 county care facility, penitentiary, or reformatory, as soon as 6 any dead body shall come into the person's custody which may be 7 used for scientific purposes as provided in sections 142.1 and 8 142.2, shall at once notify the nearest relative or friend of 9 the deceased, if known, and the department of health and human 10 services, and hold such body unburied for forty-eight hours. 11 Upon receipt of notification, the department shall issue verbal 12 or written instructions relative to the disposition to be made 13 of said body. Complete jurisdiction over said bodies is vested 14 exclusively in the department of health and human services. No 15 autopsy or post mortem, except as are legally ordered by county 16 medical examiners, shall be performed on any of said bodies 17 prior to their delivery to the medical schools.

18 Sec. 28. Section 218.30, Code 2024, is amended to read as 19 follows:

20 218.30 Investigation of other facilities.

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

28 Sec. 29. Section 218.78, subsection 1, Code 2024, is amended 29 to read as follows:

30 1. All institutional receipts of the department, including 31 funds received from client participation at the state resource 32 centers under section 222.78 and at the state mental health 33 institutes under section 230.20, shall be deposited in the 34 general fund except for reimbursements for services provided 35 to another institution or state agency, for receipts deposited

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1 in the revolving farm fund under section 904.706, for deposits
2 into the medical assistance fund under section 249A.11, and for
3 rentals charged to employees or others for room, apartment, or
4 house and meals, which shall be available to the institutions.
5 Sec. 30. Section 222.1, subsection 1, Code 2024, is amended
6 to read as follows:

7 1. This chapter addresses the public and private services 8 available in this state to meet the needs of persons with an 9 intellectual disability. The responsibility of the mental

10 health and disability services regions formed by counties and 11 of the state for the costs and administration of publicly

12 funded services shall be as set out in section 222.60 and other

13 pertinent sections of this chapter.

14 Sec. 31. Section 222.2, Code 2024, is amended by adding the 15 following new subsection:

16 <u>NEW SUBSECTION</u>. 01. "Administrative services organization"
17 means the same as defined in section 225A.1.

18 Sec. 32. Section 222.2, subsections 6 and 7, Code 2024, are 19 amended by striking the subsections.

20 Sec. 33. Section 222.12, subsection 2, Code 2024, is amended 21 by striking the subsection.

22 Sec. 34. Section 222.13, Code 2024, is amended to read as 23 follows:

24 222.13 Voluntary admissions.

1. If an adult person is believed to be a person with an intellectual disability, the adult person or the adult person's guardian may apply to the department and the superintendent of any state resource center for the voluntary admission of the adult person either as an inpatient or an outpatient of the resource center. If the expenses of the person's admission or placement are payable in whole or in part by the person's county of residence, application for the admission shall be made through the regional administrator. An application for admission to a special unit of any adult person believed to be in need of any of the services provided by the special unit

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1 under section 222.88 may be made in the same manner. The 2 superintendent shall accept the application if a preadmission 3 diagnostic evaluation confirms or establishes the need for 4 admission, except that an application shall not be accepted if 5 the institution does not have adequate facilities available or 6 if the acceptance will result in an overcrowded condition. 2. If the resource center does not have an appropriate 7 8 program for the treatment of an adult or minor person with an 9 intellectual disability applying under this section or section 10 222.13A, the regional administrator for the person's county 11 of residence or the department, as applicable, shall arrange 12 for the placement of the person in any public or private 13 facility within or without outside of the state, approved by 14 the director, which offers appropriate services for the person. 15 If the expenses of the placement are payable in whole or in 16 part by a county, the placement shall be made by the regional 17 administrator for the county. 18 3. If the expenses of an admission of an adult to a resource 19 center or a special unit, or of the placement of the person 20 in a public or private facility are payable in whole or in 21 part by a mental health and disability services region, the 22 regional administrator shall make a full investigation into 23 the financial circumstances of the person and those liable for 24 the person's support under section 222.78 to determine whether 25 or not any of them are able to pay the expenses arising out of 26 the admission of the person to a resource center, special unit, 27 or public or private facility. If the regional administrator 28 finds that the person or those legally responsible for 29 the person are presently unable to pay the expenses, the

30 regional administrator shall pay the expenses. The regional

31 administrator may review such a finding at any subsequent

32 time while the person remains at the resource center, or is

33 otherwise receiving care or treatment for which this chapter

34 obligates the region to pay. If the regional administrator

35 finds upon review that the person or those legally responsible

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1 for the person are presently able to pay the expenses, the 2 finding shall apply only to the charges incurred during the 3 period beginning on the date of the review and continuing 4 thereafter, unless and until the regional administrator again 5 changes such a finding. If the regional administrator finds 6 that the person or those legally responsible for the person 7 are able to pay the expenses, the regional administrator shall 8 collect the charges to the extent required by section 222.78, 9 and the regional administrator shall be responsible for the 10 payment of the remaining charges.

11 Sec. 35. Section 222.13A, subsections 3 and 4, Code 2024,
12 are amended to read as follows:

3. During the preadmission diagnostic evaluation, the minor shall be informed both orally and in writing that the minor has the right to object to the voluntary admission. If <u>Notwithstanding section 222.33, if</u> the preadmission diagnostic revaluation determines that the voluntary admission is appropriate but the minor objects to the admission, the minor shall not be admitted to the state resource center unless the court approves of the admission. A petition for approval of the minor's admission may be submitted to the juvenile court by the minor's parent, guardian, or custodian.

4. As soon as practicable after the filing of a petition for approval of the voluntary admission, the court shall determine whether the minor has an attorney to represent the minor in the proceeding. If the minor does not have an attorney, the court shall assign to the minor an attorney. If the minor is unable to pay for an attorney, the attorney shall be compensated by the mental health and disability services region <u>applicable</u> <u>administrative services organization</u> at an hourly rate to be established by the regional administrator in substantially the same manner as provided in section 815.7.

33 Sec. 36. Section 222.14, Code 2024, is amended to read as 34 follows:

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35 222.14 Care by region pending admission.

1 If the institution is unable to receive a patient, the 2 superintendent shall notify the regional administrator for 3 the county of residence of the prospective patient <u>applicable</u> 4 <u>administrative services organization</u>. Until such time as the 5 patient is able to be received by the institution, or when 6 application has been made for admission to a public or private 7 facility as provided in section 222.13 and the application 8 is pending, the care of the patient shall be provided as 9 arranged by the regional administrator <u>administrative services</u> 10 organization.

11 Sec. 37. <u>NEW SECTION</u>. 222.33 State resource center and 12 special units — admissions and discharge.

13 1. The department shall make all final determinations
 14 concerning whether a person may be admitted to a state resource
 15 center or to a special unit.

16 2. If a patient is admitted to a state resource center or a 17 special unit pursuant to section 222.13, or a state resource 18 center pursuant to section 222.13A, and the patient wishes to 19 be placed outside of the state resource center or the special 20 unit, the discharge of the patient shall be made in accordance 21 with section 222.15.

22 Sec. 38. <u>NEW SECTION</u>. 222.35 State — payor of last resort. 23 The department shall implement services and adopt rules 24 pursuant to this chapter in a manner that ensures that the 25 state is the payor of last resort, and that the department 26 shall not make any payments for services that have been 27 provided until the department has determined that the services 28 provided are not payable by a third-party source.

29 Sec. 39. Section 222.73, subsections 2 and 4, Code 2024, are 30 amended by striking the subsections.

31 Sec. 40. Section 222.77, Code 2024, is amended to read as 32 follows:

33 222.77 Patients on leave.

34 The cost of support of patients placed on convalescent leave 35 or removed as a habilitation measure from a resource center,

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1 or a special unit, except when living in the home of a person 2 legally bound for the support of the patient, shall be paid by 3 the county of residence or the state as provided in section 4 222.60.

5 Sec. 41. Section 222.78, subsection 1, Code 2024, is amended 6 to read as follows:

1. The father and mother of any patient admitted to a resource center or to a special unit, as either an inpatient or an outpatient, and any person, firm, or corporation bound by contract made for support of the patient are liable for the support of the patient. The patient and those legally bound for the support of the patient shall be liable to the county or state, as applicable, for all sums advanced in accordance with the provisions of sections 222.60 and 222.77 relating to reasonable attorney fees and court costs for the patient's admission to the resource center or special unit, and for the treatment, training, instruction, care, habilitation, support, transportation, or other expenditures made on behalf of the

19 patient pursuant to this chapter.

20 Sec. 42. Section 222.79, Code 2024, is amended to read as 21 follows:

22 222.79 Certification statement presumed correct.

In actions to enforce the liability imposed by section 24 222.78, the superintendent or the county of residence, as 25 applicable, shall submit a certification statement stating 26 the sums charged, and the certification statement shall be 27 considered presumptively correct.

28 Sec. 43. Section 222.80, Code 2024, is amended to read as 29 follows:

30 222.80 Liability to county or state.

A person admitted to a county institution or home or admitted at county or state expense to a private hospital, sanitarium, and or other facility for treatment, training, instruction, care, habilitation, and support as a patient with an intellectual be liable to the county or state, as

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1 applicable, for the reasonable cost of the support as provided
2 in section 222.78.

3 Sec. 44. Section 222.82, Code 2024, is amended to read as 4 follows:

5 222.82 Collection of liabilities and claims.

If liabilities and claims exist as provided in section 6 7 222.78 or any other provision of this chapter, the county of 8 residence or the state, as applicable, may proceed as provided 9 in this section. If the liabilities and claims are owed to 10 a county of residence, the county's board of supervisors may 11 direct the county attorney to proceed with the collection of 12 the liabilities and claims as a part of the duties of the 13 county attorney's office when the board of supervisors deems 14 such action advisable. If the liabilities and claims are owed 15 to the state, the state shall proceed with the collection. 16 The board of supervisors or the state, as applicable, may 17 compromise any and all liabilities to the county or state 18 arising under this chapter when such compromise is deemed to be 19 in the best interests of the county or state. Any collections 20 and liens shall be limited in conformance to section 614.1, 21 subsection 4.

22 Sec. 45. Section 222.85, subsection 2, Code 2024, is amended 23 to read as follows:

24 2. Moneys paid to a resource center from any source other 25 than state appropriated funds and intended to pay all or a 26 portion of the cost of care of a patient, which cost would 27 otherwise be paid from state or county funds or from the 28 patient's own funds, shall not be deemed "funds belonging to a 29 patient" for the purposes of this section.

30 Sec. 46. Section 222.86, Code 2024, is amended to read as 31 follows:

32 222.86 Payment for care from fund.

33 If a patient is not receiving medical assistance under 34 chapter 249A and the amount in the account of any patient 35 in the patients' personal deposit fund exceeds two hundred

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1 dollars, the department may apply any amount of the excess to 2 reimburse the county of residence or the state for liability 3 incurred by the county or the state for the payment of care, 4 support, and maintenance of the patient, when billed by the 5 county or state, as applicable.

6 Sec. 47. Section 222.92, subsection 1, Code 2024, is amended 7 to read as follows:

The department shall operate the state resource centers 8 1. 9 on the basis of net appropriations from the general fund of 10 the state. The appropriation amounts shall be the net amounts 11 of state moneys projected to be needed for the state resource 12 centers for the fiscal year of the appropriations. The purpose 13 of utilizing net appropriations is to encourage the state 14 resource centers to operate with increased self-sufficiency, to 15 improve quality and efficiency, and to support collaborative 16 efforts between the state resource centers and counties and 17 other providers of funding for the services available from 18 the state resource centers. The state resource centers shall 19 not be operated under the net appropriations in a manner that 20 results in a cost increase to the state or in cost shifting 21 between the state, the medical assistance program, counties, or 22 other sources of funding for the state resource centers.

23 Sec. 48. Section 222.92, subsection 3, paragraph a, Code 24 2024, is amended by striking the paragraph.

25 Sec. 49. Section 225.1, subsection 2, Code 2024, is amended 26 to read as follows:

27 2. For the purposes of this chapter, unless the context28 otherwise requires:

29 a. <u>Mental health and disability services region</u> means
30 a mental health and disability services region approved in
31 accordance with section 225C.56. <u>Administrative services</u>
32 <u>organization</u> means the same as defined in section 225A.1.
33 b. <u>Regional administrator</u> means the administrator of a
34 mental health and disability services region, as defined in

35 section 225C.55. "Department" means the department of health

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1 and human services.

2 c. "Respondent" means the same as defined in section 229.1.
3 Sec. 50. <u>NEW SECTION</u>. 225.4 State psychiatric hospital —
4 admissions.

5 The department shall make all final determinations 6 concerning whether a person may be admitted to the state 7 psychiatric hospital.

8 Sec. 51. Section 225.11, Code 2024, is amended to read as 9 follows:

10 225.11 Initiating commitment procedures.

When a court finds upon completion of a hearing held pursuant 11 12 to section 229.12 that the contention that a respondent is 13 seriously mentally impaired has been sustained by clear and 14 convincing evidence, and the application filed under section 15 229.6 also contends or the court otherwise concludes that it 16 would be appropriate to refer the respondent to the state 17 psychiatric hospital for a complete psychiatric evaluation and 18 appropriate treatment pursuant to section 229.13, the judge 19 may order that a financial investigation be made in the manner 20 prescribed by section 225.13. If the costs of a respondent's 21 evaluation or treatment are payable in whole or in part by 22 a county an administrative services organization, an order 23 under this section shall be for referral of the respondent 24 through the regional administrator for the respondent's county 25 of residence administrative services organization for an 26 evaluation and referral of the respondent to an appropriate 27 placement or service, which may include the state psychiatric 28 hospital for additional evaluation or treatment.

29 Sec. 52. Section 225.12, Code 2024, is amended to read as 30 follows:

31 225.12 Voluntary public patient — physician's or physician 32 assistant's report.

33 A physician or a physician assistant who meets the 34 qualifications set forth in the definition of a mental health 35 professional in section 228.1 filing information under

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1 section 225.10 shall include a written report to the regional 2 administrator for the county of residence of the person named 3 in the information, giving shall submit a detailed history of 4 the case to the applicable administrative services organization 5 as will be likely to aid in the observation, treatment, and 6 hospital care of the person and describing the history in 7 detail.

8 Sec. 53. Section 225.13, Code 2024, is amended to read as 9 follows:

10 225.13 Financial condition.

11 The regional administrator for the county of residence 12 applicable administrative services organization of a person 13 being admitted to the state psychiatric hospital is responsible 14 for investigating the financial condition of the person and of 15 those legally responsible for the person's support.

16 Sec. 54. Section 225.15, Code 2024, is amended to read as
17 follows:

18 225.15 Examination and treatment.

1. When a respondent arrives at the state psychiatric 19 20 hospital, the admitting physician, or a physician assistant 21 who meets the qualifications set forth in the definition of a 22 mental health professional in section 228.1, shall examine the 23 respondent and determine whether or not, in the physician's 24 or physician assistant's judgment, the respondent is a fit 25 subject for observation, treatment, and hospital care. If, 26 upon examination, the physician or physician assistant who 27 meets the qualifications set forth in the definition of a 28 mental health professional in section 228.1 decides that the 29 respondent should be admitted to the hospital, the respondent 30 shall be provided a proper bed in the hospital. The physician 31 or physician assistant who meets the qualifications set forth 32 in the definition of a mental health professional in section 33 228.1 who has charge of the respondent shall proceed with 34 observation, medical treatment, and hospital care as in the 35 physician's or physician assistant's judgment are proper and

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1 necessary, in compliance with sections 229.13, 229.14, this 2 section, and section 229.16. After the respondent's admission, 3 the observation, medical treatment, and hospital care of the 4 respondent may be provided by a mental health professional, 5 as defined in section 228.1, who is licensed as a physician, 6 advanced registered nurse practitioner, or physician assistant. 7 2. A proper and competent nurse shall also be assigned to 8 look after and care for the respondent during observation, 9 treatment, and care. Observation, treatment, and hospital 10 care under this section which are payable in whole or in part 11 by a county shall only be provided as determined through 12 the regional administrator for the respondent's county of 13 residence. 14 Section 225.16, subsection 1, Code 2024, is amended Sec. 55. 15 to read as follows: 1. If the regional administrator for a person's county of 16 17 residence department finds from the physician's information 18 or from the information of a physician assistant who 19 meets the qualifications set forth in the definition of 20 a mental health professional in section 228.1 which was 21 filed under the provisions of section 225.10 225.12 that it 22 would be appropriate for the person to be admitted to the 23 state psychiatric hospital, and the report of the regional 24 administrator made pursuant to section 225.13 shows the 25 department finds that the person and those who are legally 26 responsible for the person are not able to pay the expenses 27 incurred at the hospital, or are able to pay only a part of 28 the expenses, the person shall be considered to be a voluntary 29 public patient and the regional administrator shall direct that 30 the person shall be sent to the state psychiatric hospital at 31 the state university of Iowa for observation, treatment, and 32 hospital care. 33 Sec. 56. Section 225.17, subsection 2, Code 2024, is amended 34 to read as follows:

35 2. When the respondent arrives at the hospital, the

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1 respondent shall receive the same treatment as is provided for 2 committed public patients in section 225.15, in compliance 3 with sections 229.13 through 229.16. However, observation, 4 treatment, and hospital care under this section of a respondent 5 whose expenses are payable in whole or in part by a county 6 shall only be provided as determined through the regional 7 administrator for the respondent's county of residence. 8 Sec. 57. Section 225.18, Code 2024, is amended to read as

9 follows:

10 225.18 Attendants.

11 The regional administrator <u>An administrative services</u> 12 <u>organization</u> may appoint an attendant to accompany the 13 committed public patient or the voluntary public patient 14 or the committed private patient from the place where the 15 patient may be to the state psychiatric hospital, or to 16 accompany the patient from the hospital to a place as may 17 be designated by the <u>regional administrator administrative</u> 18 <u>services organization</u>. If a patient is moved pursuant to this 19 section, at least one attendant shall be of the same gender as 20 the patient.

21 Sec. 58. Section 225.22, Code 2024, is amended to read as 22 follows:

23 225.22 Liability of private patients — payment.

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

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1 Sec. 59. Section 225.24, Code 2024, is amended to read as
2 follows:

3 225.24 Collection of preliminary expense.

4 Unless a committed private patient or those legally 5 responsible for the patient's support offer to settle the 6 amount of the claims, the regional administrator for the 7 person's county of residence department shall collect, by 8 action if necessary, the amount of all claims for per diem and 9 expenses that have been approved by the regional administrator 10 for the county an administrative services organization and 11 paid by the regional administrator as provided under section 12 225.21 administrative services organization. Any amount 13 collected shall be credited to the mental health and disability 14 services region combined account created behavioral health fund 15 established in accordance with section 2256.58 225A.7.

16 Sec. 60. Section 225.27, Code 2024, is amended to read as
17 follows:

18 225.27 Discharge — transfer.

The state psychiatric hospital may, at any time, discharge 19 20 any patient as recovered, as improved, or as not likely to 21 be benefited by further treatment. If the patient being so 22 discharged was involuntarily hospitalized, the hospital shall 23 notify the committing judge or court of the discharge as 24 required by section 229.14 or section 229.16, whichever is as 25 applicable, and the applicable regional administrator. Upon 26 receiving the notification, the court shall issue an order 27 confirming the patient's discharge from the hospital or from 28 care and custody, as the case may be, and shall terminate the 29 proceedings pursuant to which the order was issued. The court 30 or judge shall, if necessary, appoint a person to accompany the 31 discharged patient from the state psychiatric hospital to such 32 place as the hospital or the court may designate, or authorize 33 the hospital to appoint such attendant.

34 Sec. 61. Section 226.1, subsection 4, Code 2024, is amended 35 by adding the following new paragraph:

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NEW PARAGRAPH. Oa. "Administrative services organization"
means the same as defined in section 225A.1.

3 Sec. 62. Section 226.1, subsection 4, paragraphs d and f,
4 Code 2024, are amended by striking the paragraphs.

5 Sec. 63. Section 226.8, subsection 2, Code 2024, is amended 6 to read as follows:

7 2. Charges for the care of any person with a diagnosis of 8 an intellectual disability admitted to a state mental health 9 institute shall be made by the institute in the manner provided 10 by chapter 230, but the liability of any other person to any 11 mental health and disability services region the state for the 12 cost of care of such person with a diagnosis of an intellectual 13 disability shall be as prescribed by section 222.78.

14 Sec. 64. Section 226.32, Code 2024, is amended to read as 15 follows:

16 226.32 Overcrowded conditions.

17 The director shall order the discharge or removal from the 18 mental health institute of incurable and harmless patients 19 whenever it is necessary to make room for recent cases. If 20 a patient who is to be discharged entered the mental health 21 institute voluntarily, the director shall notify the regional 22 administrator for the county interested at least ten days in 23 advance of the day of actual discharge.

24 Sec. 65. Section 226.34, subsection 2, paragraph d, Code 25 2024, is amended to read as follows:

26 d. The regional administrator for the county from which
27 the patient was committed applicable administrative services
28 organization.

29 Sec. 66. Section 228.6, subsection 1, Code 2024, is amended 30 to read as follows:

31 1. A mental health professional or an employee of or 32 agent for a mental health facility may disclose mental health 33 information if and to the extent necessary, to meet the 34 requirements of section 229.24, 229.25, 230.20, 230.21, 230.25, 35 230.26, 230A.108, 232.74, or 232.147, or to meet the compulsory

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1 reporting or disclosure requirements of other state or federal 2 law relating to the protection of human health and safety. Sec. 67. Section 229.1, Code 2024, is amended by adding the 3 4 following new subsection: NEW SUBSECTION. 01. "Administrative services organization" 5 6 means the same as defined in section 225A.1. Sec. 68. Section 229.1, subsections 11, 18, and 19, Code 7 2024, are amended by striking the subsections. 8 9 Sec. 69. Section 229.1B, Code 2024, is amended to read as 10 follows: 229.1B Regional administrator Administrative services 11 12 organization. 13 Notwithstanding any provision of this chapter to the 14 contrary, any person whose hospitalization expenses are 15 payable in whole or in part by a mental health and disability 16 services region an administrative services organization 17 shall be subject to all administrative requirements of the 18 regional administrator for the county administrative services 19 organization. 20 Sec. 70. Section 229.2, subsection 1, paragraph b, 21 subparagraph (3), Code 2024, is amended to read as follows: 22 (3) As soon as is practicable after the filing of a 23 petition for juvenile court approval of the admission of the 24 minor, the juvenile court shall determine whether the minor 25 has an attorney to represent the minor in the hospitalization 26 proceeding, and if not, the court shall assign to the minor 27 an attorney. If the minor is financially unable to pay for 28 an attorney, the attorney shall be compensated by the mental 29 health and disability services region administrative services 30 organization responsible for the minor's behavioral health 31 care at an hourly rate to be established by the regional 32 administrator for the county in which the proceeding is held 33 administrative services organization in substantially the same 34 manner as provided in section 815.7. 35 Sec. 71. Section 229.2, subsection 2, paragraph a, Code

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1 2024, is amended to read as follows:

a. The chief medical officer of a public hospital shall
3 receive and may admit the person whose admission is sought,
4 subject in cases other than medical emergencies to availability
5 of suitable accommodations and to the provisions of sections
6 section 229.41 and 229.42.

7 Sec. 72. Section 229.8, subsection 1, Code 2024, is amended 8 to read as follows:

9 1. Determine whether the respondent has an attorney 10 who is able and willing to represent the respondent in the 11 hospitalization proceeding, and if not, whether the respondent 12 is financially able to employ an attorney and capable of 13 meaningfully assisting in selecting one. In accordance with 14 those determinations, the court shall if necessary allow the 15 respondent to select, or shall assign to the respondent, an 16 attorney. If the respondent is financially unable to pay an 17 attorney, the attorney shall be compensated by the mental 18 health and disability services region administrative services 19 organization responsible for the respondent's behavioral health 20 care at an hourly rate to be established by the regional 21 administrator for the county in which the proceeding is held 22 administrative services organization in substantially the same 23 manner as provided in section 815.7.

24 Sec. 73. Section 229.10, subsection 1, paragraph a, Code 25 2024, is amended to read as follows:

26 a. An examination of the respondent shall be conducted by 27 one or more licensed physicians or mental health professionals, 28 as required by the court's order, within a reasonable time. 29 If the respondent is detained pursuant to section 229.11, 30 subsection 1, paragraph "b", the examination shall be conducted 31 within twenty-four hours. If the respondent is detained 32 pursuant to section 229.11, subsection 1, paragraph "a" or 33 "c", the examination shall be conducted within forty-eight 34 hours. If the respondent so desires, the respondent shall be 35 entitled to a separate examination by a licensed physician or

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1 mental health professional of the respondent's own choice. The 2 reasonable cost of the examinations shall, if the respondent 3 lacks sufficient funds to pay the cost, be paid by the regional 4 administrator from mental health and disability services region 5 funds an administrative services organization upon order of the 6 court.

7 Sec. 74. Section 229.11, subsection 1, unnumbered paragraph 8 1, Code 2024, is amended to read as follows:

9 If the applicant requests that the respondent be taken into 10 immediate custody and the judge, upon reviewing the application 11 and accompanying documentation, finds probable cause to believe 12 that the respondent has a serious mental impairment and is 13 likely to injure the respondent or other persons if allowed 14 to remain at liberty, the judge may enter a written order 15 directing that the respondent be taken into immediate custody 16 by the sheriff or the sheriff's deputy and be detained until 17 the hospitalization hearing. The hospitalization hearing shall 18 be held no more than five days after the date of the order, 19 except that if the fifth day after the date of the order is 20 a Saturday, Sunday, or a holiday, the hearing may be held 21 on the next succeeding business day. If the expenses of a 22 respondent are payable in whole or in part by a mental health 23 and disability services region an administrative services 24 organization, for a placement in accordance with paragraph "a'', 25 the judge shall give notice of the placement to the regional 26 administrator for the county in which the court is located 27 applicable administrative services organization, and for a 28 placement in accordance with paragraph "b'' or "c'', the judge 29 shall order the placement in a hospital or facility designated 30 through by the regional administrator applicable administrative 31 services organization. The judge may order the respondent 32 detained for the period of time until the hearing is held, 33 and no longer, in accordance with paragraph a'', if possible, 34 and if not then in accordance with paragraph "b'', or, only if 35 neither of these alternatives is available, in accordance with

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1 paragraph "c". Detention may be in any of the following: Sec. 75. Section 229.13, subsection 1, paragraph a, Code 2 3 2024, is amended to read as follows: 4 a. The court shall order a respondent whose expenses are 5 payable in whole or in part by a mental health and disability 6 services region an administrative services organization 7 placed under the care of an appropriate hospital or facility 8 designated through by the regional administrator for the 9 county administrative services organization on an inpatient or 10 outpatient basis. Sec. 76. Section 229.13, subsection 7, paragraph b, Code 11 12 2024, is amended to read as follows: b. A region An administrative services organization shall 13 14 contract with mental health professionals to provide the 15 appropriate treatment including treatment by the use of oral 16 medicine or injectable antipsychotic medicine pursuant to this 17 section. Sec. 77. Section 229.14, subsection 2, paragraph a, Code 18 19 2024, is amended to read as follows: For a respondent whose expenses are payable in whole 20 a. 21 or in part by a mental health and disability services 22 region an administrative services organization, placement 23 as designated through the regional administrator for the 24 county administrative services organization in the care of an 25 appropriate hospital or facility on an inpatient or outpatient 26 basis, or other appropriate treatment, or in an appropriate 27 alternative placement. Sec. 78. Section 229.14A, subsections 7 and 9, Code 2024, 28 29 are amended to read as follows: If a respondent's expenses are payable in whole or in 30 7. 31 part by a mental health and disability services region through 32 the regional administrator for the county an administrative 33 services organization, notice of a placement hearing shall be 34 provided to the county attorney and the regional administrator

35 administrative services organization. At the hearing, the

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1 county may present evidence regarding appropriate placement.

9. A placement made pursuant to an order entered under
 3 section 229.13 or 229.14 or this section shall be considered to
 4 be authorized through the regional administrator for the county
 5 applicable administrative services organization.

6 Sec. 79. Section 229.15, subsection 4, Code 2024, is amended 7 to read as follows:

8 4. When a patient has been placed in an alternative facility 9 other than a hospital pursuant to a report issued under section 10 229.14, subsection 1, paragraph d'', a report on the patient's 11 condition and prognosis shall be made to the court which placed 12 the patient, at least once every six months, unless the court 13 authorizes annual reports. If an evaluation of the patient is 14 performed pursuant to section 227.2, subsection 4, a copy of 15 the evaluation report shall be submitted to the court within 16 fifteen days of the evaluation's completion. The court may in 17 its discretion waive the requirement of an additional report 18 between the annual evaluations. If the department exercises 19 the authority to remove residents or patients from a county 20 care facility or other county or private facility under section 21 227.6, the department shall promptly notify each court which 22 placed in that facility any resident or patient removed. 23 Sec. 80. Section 229.19, subsection 1, paragraphs a and b, 24 Code 2024, are amended to read as follows: 25 a. In each county the board of supervisors shall appoint 26 an individual who has demonstrated by prior activities an 27 informed concern for the welfare and rehabilitation of persons 28 with mental illness, and who is not an officer or employee of 29 the department, an officer or employee of a region, an officer 30 or employee of a county performing duties for a region, or 31 an officer or employee of any agency or facility providing 32 care or treatment to persons with mental illness, to act as an 33 advocate representing the interests of patients involuntarily 34 hospitalized by the court, in any matter relating to the 35 patients' hospitalization or treatment under section 229.14 or

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1 229.15.

b. The committing court shall assign the advocate for the county where the patient is located. A county or region may seek reimbursement from the patient's county of residence or from the region in which the patient's county of residence is located applicable administrative services organization.

7 Sec. 81. Section 229.19, subsection 4, unnumbered paragraph 8 1, Code 2024, is amended to read as follows:

9 The state mental health and disability services commission 10 <u>council on health and human services</u> created in section 225C.5 11 <u>217.2</u>, in consultation with advocates and county and judicial 12 branch representatives, shall adopt rules pursuant to chapter 13 17A relating to advocates that include but are not limited to 14 all of the following topics:

15 Sec. 82. Section 229.22, subsection 2, paragraph b, Code 16 2024, is amended to read as follows:

If the magistrate orders that the person be detained, 17 b. 18 the magistrate shall, by the close of business on the next 19 working day, file a written order with the clerk in the county 20 where it is anticipated that an application may be filed 21 under section 229.6. The order may be filed by facsimile if 22 necessary. A peace officer from the law enforcement agency 23 that took the person into custody, if no request was made 24 under paragraph a^{\prime} , may inform the magistrate that an arrest 25 warrant has been issued for or charges are pending against the 26 person and request that any written order issued under this 27 paragraph require the facility or hospital to notify the law 28 enforcement agency about the discharge of the person prior to 29 discharge. The order shall state the circumstances under which 30 the person was taken into custody or otherwise brought to a 31 facility or hospital, and the grounds supporting the finding 32 of probable cause to believe that the person is seriously 33 mentally impaired and likely to injure the person's self or 34 others if not immediately detained. The order shall also 35 include any law enforcement agency notification requirements if

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1 applicable. The order shall confirm the oral order authorizing 2 the person's detention including any order given to transport 3 the person to an appropriate facility or hospital. A peace 4 officer from the law enforcement agency that took the person 5 into custody may also request an order, separate from the 6 written order, requiring the facility or hospital to notify the 7 law enforcement agency about the discharge of the person prior 8 to discharge. The clerk shall provide a copy of the written 9 order or any separate order to the chief medical officer of 10 the facility or hospital to which the person was originally 11 taken, to any subsequent facility to which the person was 12 transported, and to any law enforcement department, ambulance 13 service, or transportation service under contract with a 14 mental health and disability services region an administrative 15 services organization that transported the person pursuant 16 to the magistrate's order. A transportation service that 17 contracts with a mental health and disability services region 18 an administrative services organization for purposes of this 19 paragraph shall provide a secure transportation vehicle and 20 shall employ staff that has received or is receiving mental 21 health training. Sec. 83. Section 229.24, subsection 3, unnumbered paragraph 22 23 1, Code 2024, is amended to read as follows: 24 If all or part of the costs associated with hospitalization 25 of an individual under this chapter are chargeable to a county 26 of residence an administrative services organization, the 27 clerk of the district court shall provide to the regional

28 administrator for the county of residence and to the regional

29 administrator for the county in which the hospitalization

30 order is entered administrative services organization the

31 following information pertaining to the individual which would 32 be confidential under subsection 1:

33 Sec. 84. Section 229.38, Code 2024, is amended to read as 34 follows:

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35 229.38 Cruelty or official misconduct.

1 If any person having the care of a person with mental illness 2 who has voluntarily entered a hospital or other facility for 3 treatment or care, or who is responsible for psychiatric 4 examination care, treatment, and maintenance of any person 5 involuntarily hospitalized under sections 229.6 through 229.15, 6 whether in a hospital or elsewhere, with or without proper 7 authority, shall treat such patient with unnecessary severity, 8 harshness, or cruelty, or in any way abuse the patient or if 9 any person unlawfully detains or deprives of liberty any person 10 with mental illness or any person who is alleged to have mental ll illness, or if any officer required by the provisions of this 12 chapter and chapters chapter 226 and 227, to perform any act 13 shall willfully refuse or neglect to perform the same, the 14 offending person shall, unless otherwise provided, be guilty of 15 a serious misdemeanor.

16 Sec. 85. Section 230.1, Code 2024, is amended by adding the 17 following new subsection:

18 <u>NEW SUBSECTION</u>. 01. "Administrative service organization" 19 means the same as defined in section 225A.1.

20 Sec. 86. Section 230.1, subsections 4 and 5, Code 2024, are 21 amended by striking the subsections.

22 Sec. 87. Section 230.10, Code 2024, is amended to read as 23 follows:

24 230.10 Payment of costs.

All legal costs and expenses for the taking into custody, care, investigation, and admission or commitment of a person to a state mental health institute under a finding that the person has residency in another county of this state shall be charged against <u>to</u> the regional administrator of the person's county of the residence applicable administrative services organization.

31 Sec. 88. Section 230.11, Code 2024, is amended to read as 32 follows:

33 230.11 Recovery of costs from state.

34 Costs and expenses for the taking into custody, care, and 35 investigation of a person who has been admitted or committed

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1 to a state mental health institute, United States department 2 of veterans affairs hospital, or other agency of the United 3 States government, for persons with mental illness and 4 who has no residence in this state or whose residence is 5 unknown, including cost of commitment, if any, shall be paid 6 as approved by the department. The amount of the costs and 7 expenses approved by the department is appropriated to the 8 department from any moneys in the state treasury not otherwise 9 appropriated. Payment shall be made by the department on 10 itemized vouchers executed by the regional administrator of 11 the person's county which has paid them, and approved by the 12 department. 13 Sec. 89. Section 230.15, subsections 1 and 2, Code 2024, are 14 amended to read as follows: 1. A person with mental illness and a person legally liable 15 16 for the person's support remain liable for the support of 17 the person with mental illness as provided in this section. 18 Persons legally liable for the support of a person with mental 19 illness include the spouse of the person, and any person 20 bound by contract for support of the person. The regional 21 administrator of the person's county of residence, subject to 22 the direction of the region's governing board, shall enforce 23 the obligation created in this section as to all sums advanced 24 by the regional administrator. The liability to the regional 25 administrator incurred by a person with mental illness or a 26 person legally liable for the person's support under this 27 section is limited to an amount equal to one hundred percent 28 of the cost of care and treatment of the person with mental 29 illness at a state mental health institute for one hundred 30 twenty days of hospitalization. This limit of liability may 31 be reached by payment of the cost of care and treatment of the 32 person with mental illness subsequent to a single admission 33 or multiple admissions to a state mental health institute or, 34 if the person is not discharged as cured, subsequent to a 35 single transfer or multiple transfers to a county care facility

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1 pursuant to section 227.11. After reaching this limit of 2 liability, a person with mental illness or a person legally 3 liable for the person's support is liable to the regional 4 administrator state for the care and treatment of the person 5 with mental illness at a state mental health institute or, 6 if transferred but not discharged as cured, at a county care 7 facility in an amount not in excess of to exceed the average 8 minimum cost of the maintenance of an individual who is 9 physically and mentally healthy residing in the individual's 10 own home, which standard shall be as established and may be 11 revised by the department by rule. A lien imposed by section 12 230.25 shall not exceed the amount of the liability which may 13 be incurred under this section on account of a person with 14 mental illness.

15 2. A person with a substance use disorder is legally 16 liable for the total amount of the cost of providing care, 17 maintenance, and treatment for the person with a substance 18 use disorder while a voluntary or committed patient. When 19 a portion of the cost is paid by a county an administrative 20 services organization, the person with a substance use disorder 21 is legally liable to the county administrative services 22 organization for the amount paid. The person with a substance 23 use disorder shall assign any claim for reimbursement under any 24 contract of indemnity, by insurance or otherwise, providing 25 for the person's care, maintenance, and treatment in a state 26 mental health institute to the state. Any payments received 27 by the state from or on behalf of a person with a substance use 28 disorder shall be in part credited to the county in proportion 29 to the share of the costs paid by the county.

30 Sec. 90. <u>NEW SECTION</u>. 230.23 State — payor of last resort. 31 The department shall implement services and adopt rules 32 pursuant to this chapter in a manner that ensures that the 33 state is the payor of last resort, and that the department 34 shall not make any payments for services that have been 35 provided until the department has determined that the services

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1 provided are not payable by a third-party source.

2 Sec. 91. Section 230.30, Code 2024, is amended to read as 3 follows:

4 230.30 Claim against estate.

5 On the death of a person receiving or who has received 6 assistance under the provisions of this chapter, and whom the 7 board department has previously found, under section 230.25, 8 is able to pay, there shall be allowed against the estate of 9 such decedent a claim of the sixth class for that portion of 10 the total amount paid for that person's care which exceeds 11 the total amount of all claims of the first through the fifth 12 classes, inclusive, as defined in section 633.425, which are 13 allowed against that estate.

14 Sec. 92. Section 232.78, subsection 5, unnumbered paragraph
15 1, Code 2024, is amended to read as follows:

The juvenile court, before or after the filing of a petition 17 under this chapter, may enter an ex parte order authorizing 18 a physician or physician assistant or hospital to conduct an 19 outpatient physical examination or authorizing a physician or 20 physician assistant, <u>or</u> a psychologist certified under section 21 154B.7, or a community mental health center accredited pursuant 22 to chapter 230A to conduct an outpatient mental examination 23 of a child if necessary to identify the nature, extent, and 24 cause of injuries to the child as required by section 232.71B, 25 provided all of the following apply:

26 Sec. 93. Section 232.83, subsection 2, unnumbered paragraph 27 1, Code 2024, is amended to read as follows:

Anyone authorized to conduct a preliminary investigation in response to a complaint may apply for, or the court on its own motion may enter, an ex parte order authorizing a physician or physician assistant or hospital to conduct an outpatient physical examination or authorizing a physician or physician assistant, <u>or</u> a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to chapter 35 230A to conduct an outpatient mental examination of a child if

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1 necessary to identify the nature, extent, and causes of any 2 injuries, emotional damage, or other such needs of a child as 3 specified in section 232.96A, subsection 3, 5, or 6, provided 4 that all of the following apply:

5 Sec. 94. Section 232.141, subsections 7 and 8, Code 2024, 6 are amended to read as follows:

7 7. A county charged with the costs and expenses under 8 subsections 2 and 3 may recover the costs and expenses from 9 the child's custodial parent's county of residence, as defined 10 in section 225C.61 35D.9, by filing verified claims which are 11 payable as are other claims against the county. A detailed 12 statement of the facts upon which a claim is based shall 13 accompany the claim.

14 This subsection applies only to placements in a juvenile 8. 15 shelter care home which is publicly owned, operated as a county 16 or multicounty shelter care home, organized under a chapter 17 28E agreement, or operated by a private juvenile shelter care 18 home. If the actual and allowable costs of a child's shelter 19 care placement exceed the amount the department is authorized 20 to pay, the unpaid costs may be recovered from the child's 21 custodial parent's county of residence. However, the maximum 22 amount of the unpaid costs which may be recovered under this 23 subsection is limited to the difference between the amount 24 the department is authorized to pay and the statewide average 25 of the actual and allowable rates as reasonably determined 26 by the department annually. A home may only be reimbursed 27 for the lesser of the home's actual and allowable costs or 28 the statewide average of the actual and allowable rates as 29 determined by the department in effect on the date the costs 30 were paid. The unpaid costs are payable pursuant to filing of 31 verified claims against the child's custodial parent's county 32 of residence. A detailed statement of the facts upon which a 33 claim is based shall accompany the claim. Any dispute between 34 counties arising from filings of claims filed pursuant to this 35 subsection shall be settled in the manner provided to determine

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1 residency county of residence in section 225C.61 35D.9.

2 Sec. 95. Section 235.7, subsection 2, Code 2024, is amended 3 to read as follows:

4 2. Membership. The department may authorize the governance 5 boards of decategorization of child welfare and juvenile 6 justice funding projects established under section 232.188 to 7 appoint the transition committee membership and may utilize 8 the boundaries of decategorization projects to establish 9 the service areas for transition committees. The committee 10 membership may include but is not limited to department staff 11 involved with foster care, child welfare, and adult services, 12 juvenile court services staff, staff involved with county 13 general assistance or emergency relief under chapter 251 or 14 252, or a regional administrator of the county mental health 15 and disability services region, as defined in section 225C.55, 16 in the area, school district and area education agency staff 17 involved with special education, and a child's court appointed 18 special advocate, guardian ad litem, service providers, and 19 other persons knowledgeable about the child.

Sec. 96. Section 235A.15, subsection 2, paragraph c, 21 subparagraphs (5) and (8), Code 2024, are amended by striking 22 the subparagraphs.

Sec. 97. Section 235B.6, subsection 2, paragraph d, subparagraph (6), Code 2024, is amended by striking the subparagraph.

26 Sec. 98. Section 249A.4, subsection 15, Code 2024, is 27 amended by striking the subsection.

28 Sec. 99. Section 249A.12, subsection 4, paragraph a, 29 unnumbered paragraph 1, Code 2024, is amended to read as 30 follows:

31 The mental health and disability services commission council 32 on health and human services created pursuant to section 217.2, 33 shall recommend to the department the actions necessary to 34 assist in the transition of individuals being served in an 35 intermediate care facility for persons with an intellectual

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1 disability, who are appropriate for the transition, to services 2 funded under a medical assistance home and community-based 3 services waiver for persons with an intellectual disability in 4 a manner which maximizes the use of existing public and private 5 facilities. The actions may include but are not limited to 6 submitting any of the following or a combination of any of the 7 following as a request for a revision of the medical assistance 8 home and community-based services waiver for persons with an 9 intellectual disability:

10 Sec. 100. Section 249A.12, subsection 4, paragraph b, Code
11 2024, is amended to read as follows:

12 *b*. In implementing the provisions of this subsection, the 13 mental health and disability services commission council on 14 health and human services shall consult with other states. The 15 waiver revision request or other action necessary to assist 16 in the transition of service provision from intermediate care 17 facilities for persons with an intellectual disability to 18 alternative programs shall be implemented by the department in 19 a manner that can appropriately meet the needs of individuals 20 at an overall lower cost to counties, the federal government, 21 and the state. In addition, the department shall take into 22 consideration significant federal changes to the medical 23 assistance program in formulating the department's actions 24 under this subsection. The department shall consult with the 25 mental health and disability services commission council on 26 health and human services in adopting rules for oversight of 27 facilities converted pursuant to this subsection. A transition 28 approach described in paragraph a'' may be modified as necessary 29 to obtain federal waiver approval.

30 Sec. 101. <u>NEW SECTION</u>. 249A.38A Supported community living 31 services.

32 1. As used in this section, "supported community living 33 service" means a service provided in a noninstitutional 34 setting to adult persons with mental illness, an intellectual 35 disability, or developmental disabilities to meet the persons'

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1 daily living needs.

2 2. The department shall adopt rules pursuant to chapter 17A
3 establishing minimum standards for supported community living
4 services.

5 3. The department shall determine whether to grant, deny, or 6 revoke approval for any supported community living service.

7 4. Approved supported community living services may receive 8 funding from the state, federal and state social services block 9 grant funds, and other appropriate funding sources, consistent 10 with state legislation and federal regulations. The funding 11 may be provided on a per diem, per hour, or grant basis, as 12 appropriate.

13 Sec. 102. Section 249N.8, Code 2024, is amended by striking 14 the section and inserting in lieu thereof the following:

15 249N.8 Behavioral health services reports.

16 The department shall annually submit a report to the 17 governor and the general assembly with details related to the 18 department's review of the funds administered by, and the 19 outcomes and effectiveness of the behavioral health services 20 provided by, the behavioral health service system established 21 in chapter 225A.

22 Sec. 103. Section 252.24, subsections 1 and 3, Code 2024, 23 are amended to read as follows:

1. The county of residence, as defined in section 225C.61
5 35D.9, shall be liable to the county granting assistance for
all reasonable charges and expenses incurred in the assistance
and care of a poor person.

This section shall apply to assistance or maintenance
 provided by a county through the county's mental health
 and disability services <u>behavioral health service</u> system
 implemented under <u>established in chapter 225C 225A</u>.

32 Sec. 104. Section 256.25, subsections 2 and 3, Code 2024, 33 are amended to read as follows:

A school district, which may collaborate and partner
 with one or more school districts, area education agencies,

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1 accredited nonpublic schools, nonprofit agencies, and 2 institutions that provide children's mental health services, 3 located in mental health and disability services regions 4 providing children's behavioral health services in accordance 5 with chapter 225C, subchapter VII operating within the state's 6 behavioral health service system under chapter 225A, may apply 7 for a grant under this program to establish a therapeutic 8 classroom in the school district in accordance with this 9 section.

10 3. The department shall develop a grant application 11 and selection and evaluation criteria. Selection criteria 12 shall include a method for prioritizing grant applications 13 submitted by school districts. First priority shall be 14 given to applications submitted by school districts that 15 submitted an application pursuant to this section for the 16 previous immediately preceding fiscal year. Second priority 17 shall be given to applications submitted by school districts 18 that, pursuant to subsection 2, are collaborating and 19 partnering with one or more school districts, area education 20 agencies, accredited nonpublic schools, nonprofit agencies, 21 or institutions that provide mental health services for 22 children. Third priority shall be given to applications 23 submitted by school districts located in mental health and 24 disability services regions behavioral health districts as 25 defined in section 225A.1, and that are providing behavioral 26 health services for children in accordance with chapter 225C, 27 subchapter VII 225A. Grant awards shall be distributed as 28 equitably as possible among small, medium, and large school 29 districts. For purposes of this subsection, a small school 30 district is a district with an actual enrollment of fewer than 31 six hundred pupils; a medium school district is a district 32 with an actual enrollment that is at least six hundred pupils, 33 but less than two thousand five hundred pupils; and a large 34 school district is a district with an actual enrollment of two 35 thousand five hundred or more pupils.

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1 Sec. 105. Section 321.189, subsection 10, Code 2024, is
2 amended to read as follows:

3 10. Autism spectrum disorder status. A licensee who has 4 autism spectrum disorder, as defined in section 514C.28, may 5 request that the license be marked to reflect the licensee's 6 autism spectrum disorder status on the face of the license 7 when the licensee applies for the issuance or renewal of a 8 license. The department may adopt rules pursuant to chapter 9 17A establishing criteria under which a license may be marked, 10 including requiring the licensee to submit medical proof of the 11 licensee's autism spectrum disorder status. When a driver's 12 license is so marked, the licensee's autism spectrum disorder 13 status shall be noted in the electronic database used by 14 the department and law enforcement to access registration, 15 titling, and driver's license information. The department, in 16 consultation with the mental health and disability services 17 commission department of health and human services, shall 18 develop educational media to raise awareness of a licensee's 19 ability to request the license be marked to reflect the 20 licensee's autism spectrum disorder status.

21 Sec. 106. Section 321.190, subsection 1, paragraph b, 22 subparagraph (6), Code 2024, is amended to read as follows: 23 (6) An applicant for a nonoperator's identification 24 card who has autism spectrum disorder, as defined in section 25 514C.28, may request that the card be marked to reflect 26 the applicant's autism spectrum disorder status on the face 27 of the card when the applicant applies for the issuance or 28 renewal of a card. The department may adopt rules pursuant to 29 chapter 17A establishing criteria under which a card may be 30 marked, including requiring the applicant to submit medical 31 proof of the applicant's autism spectrum disorder status. 32 The department, in consultation with the mental health and 33 disability services commission department of health and human 34 services, shall develop educational media to raise awareness of 35 an applicant's ability to request the card be marked to reflect

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1 the applicant's autism spectrum disorder status.

2 Sec. 107. Section 321J.1, Code 2024, is amended by adding 3 the following new subsection:

<u>NEW SUBSECTION</u>. 01. "Administrative services organization"
5 means the same as defined in section 225A.1.

6 Sec. 108. Section 321J.3, subsection 1, paragraph e, Code 7 2024, is amended to read as follows:

8 e. A person committed under this section who does not 9 possess sufficient income or estate to make payment of the 10 costs of the treatment in whole or in part shall be considered 11 a state patient and the costs of treatment shall be paid as 12 provided in section 125.44 by the applicable administrative 13 services organization.

14 Sec. 109. Section 321J.3, subsection 2, paragraph c, Code 15 2024, is amended to read as follows:

16 c. A person committed under this section who does not 17 possess sufficient income or estate to make payment of the 18 costs of the treatment in whole or in part shall be considered 19 a state patient and the costs of treatment shall be paid as 20 provided in section 125.44 by the applicable administrative 21 services organization.

22 Sec. 110. Section 321J.3, subsection 3, Code 2024, is 23 amended to read as follows:

3. The state department of transportation, in cooperation with the judicial branch, shall adopt rules, <u>pursuant to the</u> <u>procedure in section 125.33</u> <u>in accordance with procedures</u> <u>established by the department of health and human services</u> <u>relating to the voluntary treatment of persons with a substance</u> <u>use disorder</u>, regarding the assignment of persons ordered under section 321J.17 to submit to substance use disorder evaluation and treatment. The rules shall be applicable only to persons other than those committed to the custody of the director of the department of corrections under <u>section 321J.2</u>. The rules shall be consistent with the practices and procedures of the judicial branch in sentencing persons to substance

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1 use disorder evaluation and treatment under section 321J.2. 2 The rules shall include the requirement that the treatment 3 programs utilized by a person pursuant to an order of the 4 department of transportation meet the licensure standards of 5 the department of health and human services for substance use 6 disorder treatment programs under chapter 125. The rules shall 7 also include provisions for payment of costs by the offenders, 8 including insurance reimbursement on behalf of offenders, 9 or other forms of funding, and shall also address reporting 10 requirements of the facility, consistent with the provisions of 11 sections 125.84 and 125.86. The department of transportation 12 shall be entitled to treatment information contained in reports 13 to the department of transportation, notwithstanding any 14 provision of chapter 125 that would restrict department access 15 to treatment information and records. 16 Sec. 111. Section 321J.25, subsection 1, paragraph b, Code 17 2024, is amended to read as follows:

b. "*Program*" means a substance use disorder awareness
program, licensed under chapter 125, and provided under a
contract entered into between the provider and the department
of health and human services under chapter 125.

Sec. 112. Section 321J.25, subsection 2, unnumbered paragraph 1, Code 2024, is amended to read as follows: A substance use disorder awareness program is established in each of the regions established by the director of health and human services pursuant to section 125.12 behavioral health district designated pursuant to section 225A, subsection <u>4</u>. The program shall consist of an insight class and a substance use disorder evaluation, which shall be attended by the participant, to discuss issues related to the potential consequences of substance use disorder. The parent or parents

32 of the participant shall also be encouraged to participate 33 in the program. The program provider shall consult with the 34 participant or the parents of the participant in the program 35 to determine the timing and appropriate level of participation

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1 for the participant and any participation by the participant's 2 parents. The program may also include a supervised educational 3 tour by the participant to any or all of the following: 4 Sec. 113. Section 331.321, subsection 1, paragraph e, Code 5 2024, is amended by striking the paragraph. Sec. 114. Section 331.323, subsection 1, paragraph a, 6 7 subparagraph (7), Code 2024, is amended by striking the 8 subparagraph. 9 Sec. 115. Section 331.381, subsections 4 and 5, Code 2024, 10 are amended to read as follows: 4. Comply with chapter 222, including but not limited to 11 12 sections 222.13, 222.14, 222.59 through 222.70, 222.73 through 13 222.75, and 222.77 through 222.82, in regard to the care of 14 persons with an intellectual disability. 15 5. Comply with chapters 227, 229 and 230, including but not 16 limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and 17 $\frac{230.35}{r}$ in regard to the care of persons with mental illness. Sec. 116. Section 331.382, subsection 1, paragraphs e, f, 18 19 and g, Code 2024, are amended by striking the paragraphs. 20 Sec. 117. Section 331.382, subsection 3, Code 2024, is 21 amended by striking the subsection. 22 Sec. 118. Section 331.432, subsection 3, Code 2024, is 23 amended by striking the subsection. 24 Sec. 119. Section 331.502, subsection 10, Code 2024, is 25 amended by striking the subsection. 26 Sec. 120. Section 331.502, subsection 12, Code 2024, is 27 amended to read as follows: 28 12. Carry out duties relating to the hospitalization and 29 support of persons with mental illness as provided in sections 30 229.42, 230.3, 230.11, and 230.15, 230.21, 230.22, 230.25, and 31 230.26. Sec. 121. Section 331.552, subsection 13, Code 2024, is 32 33 amended to read as follows: 34 Make transfer payments to the state for school expenses 13.

35 for deaf and hard-of-hearing children and support of persons

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1 with mental illness behavioral health services as provided in 2 section 230.21 chapter 225A. Sec. 122. Section 331.756, subsection 25, Code 2024, is 3 4 amended by striking the subsection. 5 Sec. 123. Section 331.756, subsection 38, Code 2024, is 6 amended to read as follows: 38. Proceed to collect, as requested by the county, 7 8 the reasonable costs for the care, treatment, training, 9 instruction, and support of a person with an intellectual 10 disability from parents or other persons who are legally liable 11 for the support of the person with an intellectual disability 12 as provided in section 222.82. 13 Sec. 124. Section 331.756, subsection 41, Code 2024, is 14 amended to read as follows: 15 41. Carry out duties relating to the collection of the costs 16 for the care, treatment, and support of persons with mental 17 illness as provided in sections 230.25 and section 230.27. Sec. 125. Section 331.910, subsection 2, Code 2024, is 18 19 amended by adding the following new paragraph: 20 NEW PARAGRAPH. *Oa.* "Administrative services organization" 21 means the same as defined in section 225A.1. 22 Sec. 126. Section 331.910, subsection 2, paragraph d, Code 23 2024, is amended by striking the paragraph. 24 Sec. 127. Section 331.910, subsection 3, paragraphs a and c, 25 Code 2024, are amended to read as follows: 26 a. A region An administrative services organization may 27 contract with a receiving agency in a bordering state to secure 28 substance use disorder or mental health care and treatment 29 under this subsection for persons who receive substance use 30 disorder or mental health care and treatment pursuant to 31 section 125.33, 125.91, 229.2, or 229.22 through a region. c. A region An administrative services organization may 32 33 contract with a sending agency in a bordering state to provide 34 care and treatment under this subsection for residents of 35 the bordering state in approved substance use disorder and

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1 mental health care and treatment hospitals, centers, and 2 facilities in this state, except that care and treatment shall 3 not be provided for residents of the bordering state who are 4 involved in criminal proceedings substantially similar to the 5 involvement described in paragraph b''.

6 Sec. 128. Section 347.16, subsection 3, Code 2024, is 7 amended to read as follows:

3. Care and treatment may be furnished in a county public 8 9 hospital to any sick or injured person who has residence 10 outside the county which maintains the hospital, subject to 11 such policies and rules as the board of hospital trustees 12 may adopt. If care and treatment is provided under this 13 subsection to a person who is indigent, the person's county of 14 residence, as defined in section 225C.61 35D.9, shall pay to 15 the board of hospital trustees the fair and reasonable cost of 16 the care and treatment provided by the county public hospital 17 unless the cost of the indigent person's care and treatment is 18 otherwise provided for. If care and treatment is provided to 19 an indigent person under this subsection, the county public 20 hospital furnishing the care and treatment shall immediately 21 notify, by regular mail, the auditor of the county of residence 22 of the indigent person of the provision of care and treatment 23 to the indigent person including care and treatment provided 24 by a county through the county's mental health and disability 25 services system implemented under behavioral health service 26 system established in chapter 225C 225A.

27 Sec. 129. Section 423.3, subsection 18, paragraph d, Code 28 2024, is amended to read as follows:

29 d. Community mental health centers accredited by the 30 department of health and human services pursuant to chapter 31 225C on or before June 30, 2025.

32 Sec. 130. Section 426B.1, subsection 2, Code 2024, is 33 amended to read as follows:

34 2. Moneys shall be distributed from the property tax relief 35 fund to the mental health and disability services regional

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1 service system for mental health and disability services

2 <u>behavioral health fund established in section 225A.7</u>, in 3 accordance with the appropriations made to the fund and other

4 statutory requirements.

5 Sec. 131. Section 437A.8, subsection 4, paragraph d, Code 6 2024, is amended to read as follows:

d. (1) Notwithstanding paragraph "a", a taxpayer who owns 7 8 or leases a new electric power generating plant and who has 9 no other operating property in the state of Iowa except for 10 operating property directly serving the new electric power 11 generating plant as described in section 437A.16 shall pay 12 the replacement generation tax associated with the allocation 13 of the local amount to the county treasurer of the county in 14 which the local amount is located and shall remit the remaining 15 replacement generation tax, if any, to the director according 16 to paragraph "a" for remittance of the tax to county treasurers. 17 The director shall notify each taxpayer on or before August 31 18 following a tax year of its remaining replacement generation 19 tax to be remitted to the director. All remaining replacement 20 generation tax revenues received by the director shall be 21 deposited in the property tax relief behavioral health fund 22 created established in section 426B.1, and shall be distributed 23 as provided in section 426B.2 225A.7.

24 (2) If a taxpayer has paid an amount of replacement tax, 25 penalty, or interest which was deposited into the property tax 26 relief fund and which was not due, all of the provisions of 27 section 437A.14, subsection 1, paragraph "b", shall apply with 28 regard to any claim for refund or credit filed by the taxpayer. 29 The director shall have sole discretion as to whether the 30 erroneous payment will be refunded to the taxpayer or credited 31 against any replacement tax due, or to become due, from the 32 taxpayer that would be subject to deposit in the property tax 33 relief fund.

34 Sec. 132. Section 437A.15, subsection 3, paragraph f, Code 35 2024, is amended to read as follows:

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1 f. Notwithstanding the provisions of this section, if 2 a taxpayer is a municipal utility or a municipal owner of 3 an electric power facility financed under the provisions 4 of chapter 28F or 476A, the assessed value, other than the 5 local amount, of a new electric power generating plant shall 6 be allocated to each taxing district in which the municipal 7 utility or municipal owner is serving customers and has 8 electric meters in operation in the ratio that the number of 9 operating electric meters of the municipal utility or municipal 10 owner located in the taxing district bears to the total number 11 of operating electric meters of the municipal utility or 12 municipal owner in the state as of January 1 of the tax year. 13 If the municipal utility or municipal owner of an electric 14 power facility financed under the provisions of chapter 28F 15 or 476A has a new electric power generating plant but the 16 municipal utility or municipal owner has no operating electric 17 meters in this state, the municipal utility or municipal owner 18 shall pay the replacement generation tax associated with the 19 new electric power generating plant allocation of the local 20 amount to the county treasurer of the county in which the local 21 amount is located and shall remit the remaining replacement 22 generation tax, if any, to the director at the times contained 23 in section 437A.8, subsection 4, for remittance of the tax to 24 the county treasurers. All remaining replacement generation 25 tax revenues received by the director shall be deposited in the 26 property tax relief behavioral health fund created established 27 in section 426B.1, and shall be distributed as provided in 28 section 426B.2 225A.7.

29 Sec. 133. Section 462A.14, subsection 12, paragraph f, Code 30 2024, is amended to read as follows:

31 f. A defendant committed under this section who does not 32 possess sufficient income or estate to make payment of the 33 costs of the treatment in whole or in part shall be considered 34 a state patient and the costs of treatment shall be paid as 35 provided in section 125.44 by the applicable administrative

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1 services organization designated pursuant to section 225A.4.

2 Sec. 134. Section 462A.14, subsection 13, paragraph c, Code 3 2024, is amended to read as follows:

c. A defendant committed under this section who does not
possess sufficient income or estate to make payment of the
costs of the treatment in whole or in part shall be considered
a state patient and the costs of treatment shall be paid as
provided in section 125.44 by the applicable administrative
services organization designated pursuant to section 225A.4.

10 Sec. 135. Section 483A.24, subsection 7, Code 2024, is 11 amended to read as follows:

12 7. A license shall not be required of minor pupils of the 13 Iowa school for the deaf or of minor residents of other state 14 institutions under the control of the department of health 15 and human services. In addition, a person who is on active 16 duty with the armed forces of the United States, on authorized 17 leave from a duty station located outside of this state, and 18 a resident of the state of Iowa shall not be required to 19 have a license to hunt or fish in this state. The military 20 person shall carry the person's leave papers and a copy of 21 the person's current earnings statement showing a deduction 22 for Iowa income taxes while hunting or fishing. In lieu of 23 carrying the person's earnings statement, the military person 24 may also claim residency if the person is registered to vote 25 in this state. If a deer or wild turkey is taken, the military 26 person shall immediately contact a state conservation officer 27 to obtain an appropriate tag to transport the animal. Α 28 license shall not be required of residents of county care 29 facilities or any person who is receiving supplementary 30 assistance under chapter 249.

31 Sec. 136. Section 602.8102, subsection 39, Code 2024, is 32 amended to read as follows:

33 39. Refer persons applying for voluntary admission to a
34 community mental health center <u>accredited by the department</u>
35 of health and human services on or before June 30, 2025, for

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1 a preliminary diagnostic evaluation as provided in section
2 225C.16, subsection 2.

3 Sec. 137. Section 714.8, subsection 12, Code 2024, is 4 amended to read as follows:

5 12. Knowingly transfers or assigns a legal or equitable 6 interest in property, as defined in section 702.14, for less 7 than fair consideration, with the intent to obtain public 8 assistance under chapters 16, 35B, and 35D, and 347B, or Title 9 VI, subtitles 2 through 6, or accepts a transfer of or an 10 assignment of a legal or equitable interest in property, as 11 defined in section 702.14, for less than fair consideration, 12 with the intent of enabling the party transferring the property 13 to obtain public assistance under chapters 16, 35B, and 35D, 14 and 347B, or Title VI, subtitles 2 through 6. A transfer or 15 assignment of property for less than fair consideration within 16 one year prior to an application for public assistance benefits 17 shall be evidence of intent to transfer or assign the property 18 in order to obtain public assistance for which a person is 19 not eligible by reason of the amount of the person's assets. 20 If a person is found guilty of a fraudulent practice in the 21 transfer or assignment of property under this subsection the 22 maximum sentence shall be the penalty established for a serious 23 misdemeanor and sections 714.9, 714.10, and 714.11 shall not 24 apply.

25 Sec. 138. Section 812.6, subsection 1, Code 2024, is amended 26 to read as follows:

1. If the court finds the defendant does not pose a danger to the public peace and safety, is otherwise qualified for pretrial release, and is willing to cooperate with treatment, the court shall order, as a condition of pretrial release, that the defendant obtain mental health treatment designed to restore the defendant to competency. The costs of treatment pursuant to this subsection shall be paid by the mental health and disability services region for the county of the defendant's residency pursuant to chapter 225C applicable

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1 administrative services organization designated pursuant to
2 section 225A.4, regardless of whether the defendant meets
3 financial eligibility requirements under section 225C.62 or
4 225C.66.

5 Sec. 139. Section 904.201, subsection 8, Code 2024, is 6 amended to read as follows:

8. Chapter 230 governs the determination of costs and charges for the care and treatment of persons with mental illness admitted to the forensic psychiatric hospital, except that charges for the care and treatment of any person transferred to the forensic psychiatric hospital from an adult correctional institution or from a state training school shall be paid entirely from state funds. Charges for all other persons at the forensic psychiatric hospital shall be billed to the respective counties at the same ratio as for patients at state mental health institutes under section 230.20.

17 Sec. 140. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B, 18 Code 2024, are repealed.

Sec. 141. REPEAL. Sections 125.1, 125.3, 125.7, 125.9, 19 20 125.10, 125.12, 125.25, 125.32A, 125.33, 125.34, 125.37, 21 125.38, 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 22 125.44, 125.46, 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 23 135B.18, 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 24 222.64, 222.65, 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 25 222.75, 225.10, 225.19, 225.21, 225.24, 226.45, 227.4, 229.42, 26 230.1A, 230.2, 230.3, 230.4, 230.5, 230.6, 230.9, 230.12, 27 230.16, 230.17, 230.18, 230.19, 230.20, 230.21, 230.22, 230.25, 28 230.26, 426B.2, 426B.4, and 426B.5, Code 2024, are repealed. 29 Sec. 142. EFFECTIVE DATE. This division of this Act takes 30 effect July 1, 2025. 31 DIVISION III 32 AGING AND DISABILITY

33 Sec. 143. Section 231.3, Code 2024, is amended to read as 34 follows:

35 231.3 State policy and objectives.

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<u>1.</u> The general assembly declares that it is the policy of
 the state to work toward attainment of the following objectives
 for Iowa's older individuals <u>and individuals with disabilities</u>:
 <u>1.</u> a. An adequate income.

5 2. b. Access to physical and mental health care and
6 long-term living and community support services without regard
7 to economic status.

8 3. c. Suitable and affordable housing that reflects the 9 needs of older individuals.

10 4. <u>d.</u> Access to comprehensive information and a community 11 navigation system providing all available options related to 12 long-term living and community support services that assist 13 older individuals in the preservation of personal assets and 14 the ability to entirely avoid or significantly delay reliance 15 on entitlement programs.

16 5. <u>e.</u> Full restorative services for those who require 17 institutional care, and a comprehensive array of long-term 18 living and community support services adequate to sustain older 19 people in their communities and, whenever possible, in their 20 homes, including support for caregivers.

21 6. <u>f.</u> Pursuit of meaningful activity within the widest
22 range of civic, cultural, educational, recreational, and
23 employment opportunities.

24 7. g. Suitable community transportation systems to assist 25 in the attainment of independent movement.

26 8. h. Freedom, independence, and the free exercise of
27 individual initiative in planning and managing their own lives.
28 9. i. Freedom from abuse, neglect, and exploitation.

29 <u>2. The general assembly declares that the state of Iowa</u> 30 recognizes a brain injury as a disability, and each agency and 31 <u>subdivision of this state shall recognize a brain injury as a</u> 32 <u>distinct disability.</u>

33 <u>3. It is the policy of this state that each state agency</u>
34 <u>shall make reasonable efforts to identify those persons with</u>
35 <u>brain injuries among the persons served by the state agency.</u>

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1 Sec. 144. Section 231.4, subsection 1, Code 2024, is amended 2 by adding the following new paragraph:

3 <u>NEW PARAGRAPH</u>. *Oc.* "*Brain injury*" means the same as defined 4 in section 135.22.

5 Sec. 145. Section 231.23, subsections 4, 7, and 9, Code 6 2024, are amended to read as follows:

7 4. Advocate for older individuals <u>and individuals with</u> 8 <u>disabilities</u> by reviewing and commenting upon all state plans, 9 budgets, laws, rules, regulations, and policies which affect 10 older individuals <u>and individuals with disabilities</u>, and by 11 providing technical assistance to any agency, organization, 12 association, or individual representing the needs of older 13 individuals and individuals with disabilities.

14 7. Pursuant to commission department policy, take into 15 account the views of older Iowans and Iowans with disabilities. 16 9. Assist the commission in assuring that preference will 17 be given to providing services to older individuals with the 18 greatest economic or social needs, with particular attention to 19 low-income minority older individuals, older individuals with 20 limited English proficiency, and older individuals residing in 21 rural areas.

22 Sec. 146. Section 231.23A, subsections 1 and 3, Code 2024, 23 are amended to read as follows:

Services for older individuals, persons with
 disabilities eighteen years of age and older, family
 caregivers, and veterans as defined by the department in the
 most current version of the department's reporting manual and
 pursuant to the federal Act and regulations.

3. The aging Aging and disability resource center centers.
Sec. 147. Section 231.23A, Code 2024, is amended by adding
the following new subsection:

32 <u>NEW SUBSECTION</u>. 7A. Services and supports available to 33 individuals with disabilities including but not limited to 34 individuals with mental illness, an intellectual disability or 35 other developmental disability, or a brain injury.

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1 Sec. 148. Section 231.56, Code 2024, is amended to read as
2 follows:

3 231.56 Services and programs.

4 The department shall administer long-term living and 5 community support services and programs that allow older 6 individuals and individuals with disabilities to secure and 7 maintain maximum independence and dignity in a home environment 8 that provides for self-care with appropriate supportive 9 services, assist in removing individual and social barriers 10 to economic and personal independence for older individuals 11 and individuals with disabilities, and provide a continuum of 12 care for older individuals and individuals with disabilities. 13 Funds appropriated for this purpose shall be allocated based 14 on administrative rules adopted by the commission department 15 pursuant to chapter 17A. The department shall require such 16 records as needed adopt rules pursuant to chapter 17A that 17 allow the department to collect information as necessary from 18 long-term living and community support services, program

19 providers, and patients to administer this section.

20 Sec. 149. Section 231.57, Code 2024, is amended to read as 21 follows:

22 231.57 Coordination of advocacy.

The department shall administer a program for the coordination of information and assistance provided within the state to assist older individuals <u>and individuals with</u> <u>disabilities</u>, and their caregivers, in obtaining and protecting their rights and benefits. State and local agencies providing information and assistance to older individuals <u>and individuals</u> <u>with disabilities</u>, and their caregivers, in seeking their irights and benefits shall cooperate with the department in administering this program.

32 Sec. 150. Section 231.58, Code 2024, is amended to read as 33 follows:

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34 231.58 Long-term living coordination.

35 The director may convene meetings, as necessary, of the

1 director and the director of inspections, appeals, and 2 licensing, to assist in the coordination of policy, service 3 delivery, and long-range planning relating to the long-term 4 living system and older Iowans <u>and Iowans with disabilities</u> 5 in the state. The group may consult with individuals, 6 institutions, and entities with expertise in the area of the 7 long-term living system and older Iowans <u>and Iowans with</u> 8 <u>disabilities</u>, as necessary, to facilitate the group's efforts. 9 Sec. 151. Section 231.64, Code 2024, is amended to read as 10 follows:

11 231.64 Aging and disability resource center centers.

12 1. The aging Aging and disability resource center centers 13 shall be administered by the department consistent with the 14 federal Act. The department shall designate area agencies on 15 aging aging and disability resource centers to establish, in 16 consultation with other stakeholders including organizations 17 representing the disability community, a coordinated system for 18 providing all of the following:

a. Comprehensive information, referral, and assistance 19 20 regarding the full range of available public and private 21 long-term living and community support services, options, 22 service providers, and resources within a community, including 23 information on the availability of integrated long-term care. 24 b. Options counseling to assist individuals in assessing 25 their existing or anticipated long-term care needs and 26 developing and implementing a plan for long-term living and 27 community support services designed to meet their specific 28 needs and circumstances. The plan for long-term living 29 and community support services may include support with 30 person-centered care transitions to assist consumers and family 31 caregivers with transitions between home and care settings. c. Consumer access to the range of publicly-supported 32 33 long-term living and community support services for which 34 consumers may be eligible, by serving as a convenient point 35 of entry for such services. The aging Aging and disability

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1 resource center centers shall offer information online and 2 be available via a toll-free telephone number, electronic 3 communications, and in person.

2. The aging Aging and disability resource center centers 5 shall assist older individuals, persons <u>individuals</u> with 6 disabilities age eighteen or older, family caregivers, and 7 people who inquire about or request assistance on behalf of 8 members of these groups, as they seek long-term living and 9 community support services.

10 Sec. 152. NEW SECTION. 231.75 Scope.

11 The service quality standards and rights in this subchapter 12 VII shall apply to any person with an intellectual disability, 13 a developmental disability, brain injury, or chronic mental 14 illness who receives services which are funded in whole or in 15 part by public funds, or services which are permitted under 16 Iowa law.

17 Sec. 153. <u>NEW SECTION</u>. 231.76 Service quality standards. 18 As the state participates more fully in funding services 19 and other support for persons with an intellectual disability, 20 developmental disability, brain injury, or chronic mental 21 illness, it is the intent of the general assembly that the 22 state shall seek to attain the following quality standards in 23 the provision of services and other supports:

Provide comprehensive evaluation and diagnosis adapted
 to the cultural background, primary language, and ethnic origin
 of a person.

27 2. Provide an individual treatment, habilitation, and28 program services plan.

3. Provide treatment, habilitation, and program services
that are individualized, flexible, cost-effective, and produce
results.

32 4. Provide periodic review of an individual's treatment,33 habilitation, and program services plan.

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34 5. Provide for the least restrictive environment, and 35 age-appropriate services.

1 6. Provide appropriate training and employment

2 opportunities so that a person's ability to contribute to, and 3 participate in, the community is maximized.

7. Provide an ongoing process to determine the degree of
5 access to, and the effectiveness of, the services and other
6 supports in achieving the disability service outcomes and
7 indicators identified by the department.

8 Sec. 154. NEW SECTION. 231.77 Rights.

9 All of the following rights shall apply to a person with an 10 intellectual disability, a developmental disability, a brain 11 injury, or a chronic mental illness:

12 1. Wage protection. A person engaged in a work program 13 shall be paid wages commensurate with the going rate for 14 comparable work and productivity.

15 2. Insurance protection. Pursuant to section 507B.4, 16 subsection 3, paragraph "g", a person or designated group 17 of persons shall not be unfairly discriminated against for 18 purposes of insurance coverage.

19 3. Citizenship. A person retains the right to citizenship
 20 in accordance with the laws of the state.

4. Participation in planning activities. A person has
the right to participate in the formulation of an individual
treatment, habilitation, and program plan developed for the
person.

25 Sec. 155. NEW SECTION. 231.78 Compliance.

1. A person's sole remedy for a violation of a rule adopted by the council on health and human services to mplement sections 231.75 through 231.77 shall be to initiate a proceeding with the department by request pursuant to chapter 30 17A.

31 *a.* Any decision of the department shall be in accordance 32 with due process of law. A person or party who is aggrieved or 33 adversely affected by the department's action may seek judicial 34 review pursuant to section 17A.19. A person or party who is 35 aggrieved or adversely affected by a final judgment of the

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1 district court may appeal under section 17A.20.

2 b. Either the department or a party in interest may apply
3 to the Iowa district court for an order to enforce a final
4 decision of the department.

5 2. Any rules adopted by the council to implement sections 6 231.76 and 231.77 shall not create any right, entitlement, 7 property, or liberty right or interest, or private cause of 8 action for damages against the state or a political subdivision 9 of the state, or for which the state or a political subdivision 10 of the state would be responsible.

11 3. Notwithstanding subsection 1, any violation of section 12 231.77, subsection 2, shall be subject to enforcement by the 13 commissioner of insurance pursuant to chapter 507B.

14 Sec. 156. <u>NEW SECTION</u>. 231.79 Plan appeals process.
15 1. *a*. The department shall establish an appeals process by
16 which an affected party may appeal a decision of a coordinating
17 board.

18 b. The department shall establish an appeals process by 19 which an affected party or a coordinating board may appeal a 20 decision relating to an appeal under paragraph a''.

21 2. For the purposes of this section, "coordinating board"
22 means a board formed to coordinate mental health, intellectual
23 disability, and developmental disability services.

24 Sec. 157. REPEAL. Sections 225C.35, 225C.36, 225C.37, 25 225C.38, 225C.39, 225C.40, 225C.41, 225C.42, and 225C.45, Code 26 2024, are repealed.

27 Sec. 158. CODE EDITOR DIRECTIVE. The Code editor is 28 directed to do all of the following:

29 1. Entitle Code chapter 231 "Department of Health and Human
 30 Services — Aging and Disability Services".

31 2. Designate sections 231.75 through 231.79, as enacted in 32 this division of this Act, as subchapter VII entitled "Bill 33 of Rights and Service Quality Standards of Persons with an 34 Intellectual Disability, Developmental Disability, Brain 35 Injury, or Chronic Mental Injury".

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1 3. Correct internal references in the Code and in any 2 enacted legislation as necessary due to the enactment of this 3 division of this Act. Sec. 159. EFFECTIVE DATE. The following take effect July 4 5 1, 2025: 1. The sections of this division of this Act amending the 6 7 following: a. Section 231.3. 8 b. Section 231.4, subsection 1. 9 c. Section 231.23, subsections 4 and 7. 10 d. Section 231.23A, subsections 1 and 7A. 11 12 e. Sections 231.56, 231.57, and 231.58. 13 f. Section 231.64, subsection 2. 14 2. The sections of this division of this Act enacting 15 the following: sections 231.75, 231.76, 231.77, 231.78, and 16 231.79. 17 DIVISION IV 18 TRANSITION PROVISIONS 19 20 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER 21 SERVICES, AND DISABILITY SERVICES. 22 1. For the purposes of this section: 23 a. "Administrative services organization" means the same 24 as defined in section 225A.1, as enacted in division I of this 25 Act. b. "Behavioral health district" or "district" means the 26 27 same as defined in section 225A.1, as enacted in division I of 28 this Act. c. "Department" means the department of health and human 29 30 services. d. "District behavioral health service system plan" or 31 32 "district behavioral health plan" means the same as defined in 33 section 225A.1, as enacted in division I of this Act. 34 e. "Mental health and disability services region" means the 35 same as defined in section 225C.2, subsection 9.

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f. "State behavioral health service system" means the state
 behavioral health service system as established in section
 3 225A.3, as enacted in division I of this Act.

g. "State behavioral health service system plan" or "state
5 behavioral health plan" means the same as defined in section
6 225A.l, as enacted in division I of this Act.

7 h. "Transition period" means the period beginning July 1, 8 2024, and concluding June 30, 2025.

9 2. There is created a behavioral health service system under 10 the control of the department. For the fiscal year beginning 11 July 1, 2025, and each succeeding fiscal year, the behavioral 12 health service system shall be responsible for implementing and 13 maintaining a statewide system of prevention, education, early 14 intervention, treatment, recovery support, and crisis services 15 related to mental health, substance use disorders, tobacco 16 use, and problem gambling. For the fiscal year beginning July 17 1, 2025, and each succeeding fiscal year, the department's 18 division of aging and disability services shall be responsible 19 for disability services.

20 3. During the transition period, the department may 21 exercise all policymaking functions and regulatory powers 22 established in division I of this Act, as necessary to 23 establish the behavioral health service system.

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

a. Make contracts as necessary to set up services andadministrative functions.

30 b. Adopt rules as necessary to regulate the state's31 behavioral health service system.

32 c. Establish policies as necessary to ensure efficient 33 implementation and operation of the behavioral health service 34 system.

35 d. Prepare forms necessary for the implementation and

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S.F. H.F.

1 administration of behavioral health services.

2 e. Prepare a state behavioral health service system plan for3 the state's behavioral health service system.

4 f. Designate behavioral health districts on or before April 5 1, 2025.

6 g. Designate an administrative services organization for 7 each behavioral health district on or before April 1, 2025.

8 h. Review and approve district behavioral health service
9 system plans for services related to the behavioral health
10 service system's purpose.

i. Issue all necessary licenses and certifications.
j. Establish contractual rights, privileges, and
responsibilities as necessary to establish and implement the
behavioral health service system.

15 5. If the department determines that a federal waiver 16 or authorization is necessary to administer any provision of 17 this division of this Act or to effectuate the behavioral 18 health system by the conclusion of the transition period, 19 the department shall timely request the federal waiver or 20 authorization. Notwithstanding any other effective date to 21 the contrary, a provision the department determines requires a 22 federal waiver or authorization shall be effective only upon 23 receipt of federal approval for the waiver or authorization. 24 6. a. On or before September 30, 2024, the department shall 25 publish on the department's internet site an initial transition 26 plan for establishing the behavioral health service system. 27 The transition plan shall describe, at a minimum, all of the 28 following:

(1) All tasks that require completion before July 1, 2025. The description of tasks shall include a description of how the department shall solicit comment from stakeholders, including employees of the department, persons served by the department, apartners of the department, members of the public, and members the general assembly, and a detailed timeline for the completion of the tasks described.

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(2) The proposed organizational structure of the behavioral
 2 health service system.

3 (3) The transition of service delivery sites from locations 4 where people currently receive behavioral health services to 5 where they will receive behavioral health services under the 6 behavioral health service system.

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

10 (5) A description of how responsibilities for disability 11 services programs will be transferred from current program 12 administrators to the department's division of aging and 13 disability services by the end of the transition period. 14 (6) Any additional known tasks that may require completion 15 after the transition on July 1, 2025.

b. The transition plan published under paragraph "a" shall:
(1) Be updated quarterly during the transition period.
(2) Describe how information regarding any changes in
service delivery will be provided to persons receiving services
from the mental health and disability services regions or
current behavioral health care providers contracted with the
department.

(3) Describe how the transition is being funded, including how expenses associated with the transition will be managed. 7. a. Before the end of the transition period, the governing board of each mental health and disability services region that maintains a combined account pursuant to section 28 225C.58, subsection 1, shall transfer all unencumbered and unobligated moneys remaining in the combined account to the treasurer of state for deposit into the behavioral health fund as established in section 225A.7 as enacted in division I of this Act.

b. Before the end of the transition period, each county
which maintains a county mental health and disability services
fund pursuant to section 225C.58, subsection 1, shall transfer

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1 all unencumbered and unobligated moneys remaining in the mental 2 health and disability services fund to the treasurer of state 3 for deposit into the behavioral health fund as established in 4 section 225A.7 as enacted in division I of this Act.

5 c. Moneys in the behavioral health fund as established 6 in section 225A.7 as enacted in division I of this Act are 7 appropriated to the department for the purposes established 8 in section 225A.7 as enacted in division I of this Act, and 9 as otherwise necessary to effectuate the provisions of this 10 division of this Act.

11 8. a. All debts, claims, or other liabilities owed to a 12 county, a mental health and disability services region, or 13 the state due to services rendered pursuant to chapter 125, 14 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the 15 conclusion of the transition period shall remain due and owing 16 after the transition period concludes.

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

24

EXPLANATION

The inclusion of this explanation does not constitute agreement with the explanation's substance by the members of the general assembly.

This bill relates to the transition of behavioral health services from a mental health and disabilities services system of a behavioral health service system (BHSS), and the transfer of disability services to the department of health and human services' (HHS) division of aging and disability services. DIVISION I — BEHAVIORAL HEALTH SERVICE SYSTEM. This division relates to the establishment of the BHSS. The division defines terms related to the BHSS.

35 The division designates HHS as the state mental health

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1 authority for the purpose of directing benefits from the 2 federal community mental health services block grant, and the 3 state authority for the purpose of directing benefits from the 4 federal substance abuse prevention and treatment block grant. 5 The division also designates HHS as the single state agency for 6 substance abuse for the purposes of 42 U.S.C. \$1396a et seq.

7 The division establishes a BHSS for the purposes of 8 implementing a statewide system of prevention, education, early 9 intervention, treatment, recovery support, and crisis services 10 related to mental health, substance use, tobacco use, and 11 problem gambling.

12 The division requires HHS to divide the entirety of the state 13 into designated behavioral health districts. The division 14 requires each district to provide behavioral health prevention, 15 education, early intervention, treatment, recovery support, and 16 crisis services throughout the district in a manner consistent 17 with directives the district receives from HHS. HHS must 18 consider several factors, as detailed in the division, when 19 designating districts. The manner in which HHS designates 20 behavioral health districts including but not limited to the 21 determination of the boundaries for each district is not 22 subject to judicial review.

23 The division requires HHS to designate an administrative 24 services organization (ASO) to oversee and organize each 25 district and each BHSS service associated with the district. 26 HHS must issue requests for proposals for ASO candidates. An 27 ASO may be either a mental health and disability services 28 system regional administrator formed prior to July 1, 2025, or 29 a public or private agency in a behavioral health district, or 30 any separate organizational unit within the public or private 31 agency, that has the capabilities to engage in the planning or 32 provision of a broad range of behavioral health prevention, 33 education, early intervention, treatment, recovery support, 34 and crisis services only as directed by the department. HHS 35 is required to consider several factors as outlined in the

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1 division when determining whether to designate an entity as an 2 ASO. Upon an entity's designation as an ASO, the entity is 3 considered an instrumentality of the state and must adhere to 4 all state and federal mandates and prohibitions applicable to 5 an instrumentality of the state.

Each ASO must function as a subrecipient for the purposes 6 7 of the federal community mental health services block grant 8 and the federal substance abuse prevention and treatment 9 block grant. Duties an ASO must perform are detailed in 10 the division. The division requires each ASO to establish a 11 district behavioral health advisory council (advisory council). 12 An advisory council must perform duties as detailed in the 13 division to assist the ASO in carrying out the ASO's duties. 14 An advisory council must consist of nine members. Three 15 members must be elected public officials currently holding 16 office, or the public official's designated representative; 17 three members must be chosen in accordance with procedures 18 established by the ASO to ensure representation of the 19 populations served within the behavioral health district; and 20 three members must have experience or education related to 21 core behavioral health functions, essential behavioral health 22 services, behavioral health prevention, behavioral health 23 treatment, population-based behavioral health services, or 24 community-based behavioral health services.

The division requires HHS to take certain actions for data related to the BHSS including but not limited to the creation of a central data repository for collecting and analyzing state, behavioral health district, and contracted behavioral health provider data. Each ASO must either utilize a data system that integrates with the data systems used by HHS or utilize a data system that has the capacity to securely exchange information with the department, other behavioral health districts, contractors, and other entities involved with the BHSS who are authorized to access the central data repository. Data and information maintained by and exchanged

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1 between an ASO and HHS must be labeled consistently, share 2 the same definitions, utilize the same common coding and 3 nomenclature, and be in a form and format as required by HHS 4 by rule. Each ASO is required to report information including 5 but not limited to demographic information, expenditure data, 6 and data concerning the services and other support provided 7 to individuals, to HHS in a manner specified by HHS. HHS is 8 required to ensure that ASOs, behavioral health providers, and 9 contracting entities operating within the BHSS maintain uniform 10 methods for keeping statistical information relating to BHSS 11 outcomes and performance.

12 The division establishes a behavioral health fund (BHS 13 fund). For the purposes of the BHS fund, the division 14 defines the terms "population" and "state growth factor". 15 Moneys deposited into the BHS fund are appropriated to HHS 16 to implement and administer the BHSS and related programs, 17 including but not limited to distributions to ASOs for 18 services; distributions to providers of tobacco use services, 19 substance use disorder services, and problem gambling services; 20 funding of disability services pursuant to Code chapter 231 21 (department of health and human services — aging — older 22 Iowans); and payment of associated administrative costs.

For FY 2025-2026, the division transfers an amount equal to 24 \$42 multiplied by the state's population for the fiscal year 25 from the general fund of the state to the BHS fund.

For fiscal years beginning on or after July 1, 2026, the division transfers an amount from the general fund to the BHS fund equal to the state's population for the fiscal year ymultiplied by the sum of the dollar amount used to calculate the transfer from the general fund to the BHS fund for the immediately preceding fiscal year, plus the state growth factor for the fiscal year for which the transfer is being made. For each fiscal year, the bill prohibits an ASO from spending

34 more than 7 percent of the total amount distributed to the ASO 35 from HHS and other appropriations on administrative costs.

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1 The division allows moneys in the BHS fund to be used for 2 cash flow purposes, provided that any moneys so allocated 3 are returned to the BHS fund by the end of each fiscal year. 4 Interest and earnings on moneys deposited into the BHS fund are 5 to be credited to the BHS fund. Moneys in the BHS fund that 6 remain unencumbered or unobligated at the close of the fiscal 7 year are to remain in the BHS fund to be used for the purposes 8 designated.

9 This division of the bill is effective July 1, 2025.
10 DIVISION II — BEHAVIORAL HEALTH SERVICE SYSTEM —
11 CONFORMING CHANGES. This division of the bill makes conforming
12 changes related to the implementation of the BHSS.

13 The bill repeals Code chapters 142A (tobacco use prevention 14 and control), 225C (mental health and disability services), 227 15 (facilities for persons with mental illness or an intellectual 16 disability), 230A (community mental health centers), and 347B 17 (county care facilities).

18 The bill repeals Code sections 125.1, 125.3, 125.7, 125.9, 19 125.10, 125.12, 125.25, 125.32A, 125.33, 125.34, 125.37 through 20 125.44, 125.46, 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 21 135B.18, 218.99, 222.59 through 222.70, 222.74, 222.75, 225.10, 22 225.19, 225.21, 225.24, 226.45, 227.4, 229.42, 230.1A, 230.2 23 through 230.6, 230.9, 230.12, 230.16 through 230.22, 230.25, 24 230.26, 426B.2, 426B.4, and 426B.5.

This division of the bill takes effect July 1, 2025.
DIVISION III — AGING AND DISABILITY. This division of the
bill relates to aging and disability services.

The division adds individuals with disabilities as a class of individuals the general assembly intends to provide support for under Code chapter 231 (department of health and human services — aging — older Iowans).

32 The division declares the general assembly's recognition 33 of a brain injury as a disability, and directs each agency 34 and subdivision of the state to recognize a brain injury as a 35 distinct disability. The division defines "brain injury" for

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1 the purposes of Code chapter 231.

2 The division adds individuals with disabilities as a class 3 of persons that HHS is required to serve, advocate for, and 4 consult pursuant to Code chapter 231.

5 The division requires HHS to designate aging and disability 6 resource centers to establish a coordinated system of providing 7 assistance to persons interested in long-term living or 8 community support services.

9 Current Code sections 225C.25, 225C.26, 225C.28A, and 10 225C.28B, "the bill of rights and service quality standards 11 of persons with an intellectual disability, developmental 12 disabilities, brain injury, or chronic mental illness", are 13 amended and moved to Code sections 231.75 through 231.79.

14 The division repeals Code sections 225C.35 through 225C.42 15 (sections related to the family support subsidy) and 225C.45 16 (public housing program).

17 The sections of the division amending the following Code 18 sections take effect July 1, 2025: 231.3, 231.4(1), 231.23(4), 19 231.23(7), 231.23A(1), 231.23A(7A), 231.56, 231.57, 231.58, and 20 231.64(2).

21 The sections of the division enacting Code sections 231.7522 through 231.79 take effect July 1, 2025.

DIVISION IV — TRANSITION PROVISIONS. This division provides a process during the period beginning July 1, 2024, and concluding June 30, 2025, to transition the state's behavioral health services to the BHSS and the state's disability services to HHS's division of aging and disability services, effective July 1, 2025.

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