House File 2673 - Reprinted

HOUSE FILE 2673 BY COMMITTEE ON APPROPRIATIONS

(SUCCESSOR TO HF 2509) (SUCCESSOR TO HSB 653)

(As Amended and Passed by the House April 2, 2024)

## A BILL FOR

1 An Act related to state behavioral health, disability, and 2 addictive disorder services and related programs, including 3 the transition of behavioral health services from a mental health and disability services system to a behavioral health 4 5 service system, the transfer of disability services to the division of aging and disability services of the department 6 7 of health and human services, the elimination of the 8 commission on aging, the elimination of special intellectual 9 disability units at state mental health institutes, making appropriations, and including effective date provisions. 10 11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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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: "Administrative services organization" means an entity 1. 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. 7. "Community mental health center" means an entity 30 31 designated by the department to address the mental health needs 32 of one or more counties. 33 8. "Department" means the department of health and human 34 services. 9. "Director" means the director of the department of health 35

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1 and human services.

2 10. "District behavioral health advisory council" 3 or "advisory council" means a council established by an 4 administrative services organization under section 225A.5, to 5 identify opportunities, address challenges, and advise the 6 administrative services organization in accordance with section 7 225A.5.

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

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

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

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

29 15. "Universal prevention" means prevention activities 30 designed to address an entire population class for the purpose 31 of preventing or delaying the use of alcohol, tobacco, and 32 other drugs. Population classes include but are not limited 33 to the national population, local populations, community 34 populations, school populations, and neighborhood populations. 35 Sec. 2. NEW SECTION. **225A.2 State mental health authority** 

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## 1 — state agency for substance abuse.

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

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

17 3. For the purposes of effectuating the department's roles 18 designated in this section, the department shall have the 19 following powers and the authority to take all of the following 20 actions:

*a.* Plan, establish, and maintain prevention, education,
early intervention, treatment, recovery support, and crisis
services programs as necessary or desirable for the behavioral
health service system established in section 225A.3.

25 b. Develop and submit a state plan as required by, and in
26 accordance with, 42 U.S.C. §300x-1.

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

30 *d*. Perform all necessary acts to cooperate with any state 31 agency, political subdivision, or federal government agency to 32 apply for grants.

*e.* Solicit and accept for use any gift of money by will or otherwise, and any grant of money or services from the federal government, the state, or any political subdivision thereof,

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1 or any private source.

2 f. Collect and maintain records, engage in studies and 3 analyses, and gather relevant statistics.

*g.* Take any other actions as necessary to execute the 5 duties granted to the department in this chapter, or that 6 are otherwise required to maintain compliance with federal 7 requirements related to the department's roles as designated in 8 this section.

9 Sec. 3. <u>NEW SECTION</u>. 225A.3 Behavioral health service 10 system — department powers and duties.

11 1. a. A behavioral health service system is established 12 under the control of the department for the purposes of 13 implementing a statewide system of prevention, education, early 14 intervention, treatment, recovery support, and crisis services 15 related to mental health and addictive disorders, including but 16 not limited to alcohol use, substance use, tobacco use, and 17 problem gambling.

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

25 c. Services offered through the behavioral health service
26 system shall, at a minimum, include all of the following:

(1) Prevention intervention services and education
programs designed to reduce and mitigate behavioral health
conditions and future behavioral health conditions. Prevention
intervention programs shall incorporate indicated prevention,
selective prevention, and universal prevention activities.

32 (2) Evidence-based and evidence-informed early intervention33 and treatment services.

34 (3) Comprehensive recovery support services with a focus on35 community-based services that avoid, divert, or offset the need

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1 for long-term inpatient services, law enforcement involvement, 2 or incarceration.

3 (4) Crisis services with a focus on reducing the escalation 4 of crisis situations, relieving the immediate distress of 5 individuals experiencing a crisis situation, and reducing the 6 risk that individuals in a crisis situation harm themselves.

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

10 *a.* (1) Develop a state behavioral health service system 11 plan that accomplishes all of the following:

12 (a) Identifies the goals, objectives, and targeted outcomes13 for the behavioral health service system.

14 (b) Identifies the strategies to meet system objectives and 15 ensure equitable access statewide to prevention, education, 16 early intervention, treatment, recovery support, and crisis 17 services.

18 (c) Is consistent with the state health improvement plan 19 developed under section 217.17.

20 (d) Is consistent with the department's agency strategic21 plan adopted pursuant to section 8E.206.

(2) The department shall do all of the following when
23 developing the state behavioral health service system plan:
(a) Collaborate with stakeholders including but not limited
25 to county supervisors and other local elected officials,
26 experienced behavioral health providers, and organizations that
27 represent populations, including but not limited to children,
28 served by the behavioral health service system.

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

34 *b.* Administer and distribute state appropriations, federal 35 aid, and grants that have been deposited into the behavioral

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1 health fund established in section 225A.7.

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

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

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

20 f. Designate community mental health centers.

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

*h.* Establish and maintain a data collection and management
information system to identify, collect, and analyze service
outcome and performance data to address the needs of patients,
providers, the department, and programs operating within the
behavioral health service system.

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

*j.* Adopt rules pursuant to chapter 17A to administer this35 chapter. Such rules shall include but not be limited to rules

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1 that provide for all of the following:

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

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

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

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

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

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

30 (7) Procedures for the termination of an administrative
31 services organization's designation as an administrative
32 services organization.

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

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

Sec. 4. 225A.4 Behavioral health service 7 NEW SECTION. 8 system — districts and administrative services organizations. 9 1. *a.* The department shall divide the entirety of the 10 state into designated behavioral health districts. Behavioral 11 health prevention, education, early intervention, treatment, 12 recovery support, and crisis services related to mental health 13 and addictive disorders, including but not limited to alcohol 14 use, substance use, tobacco use, and problem gambling, shall 15 be made available through each behavioral health district in a 16 manner consistent with directives each district receives from 17 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:

22 (1) City and county lines.

(2) The maximum population size that behavioral health24 services available in an area are able to effectively serve.

25 (3) Areas of high need for behavioral health services.
26 (4) Patterns various populations exhibit when accessing or
27 receiving behavioral health services.

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

32 2. *a.* The department shall designate an administrative 33 services organization for each behavioral health district to 34 oversee and organize each district and the behavioral health 35 services associated with the district. The department shall

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1 issue requests for proposals for administrative services
2 organization candidates.

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

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

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

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

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

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

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

31 (4) Whether the entity has demonstrated the capacity to 32 function as a subrecipient for the purposes of the federal 33 community mental health services block grant, 42 U.S.C. 34 §300x et seq., and the federal substance abuse prevention and 35 treatment block grant, 42 U.S.C. §300x-21 et seq., and the

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1 ability to comply with all federal requirements applicable to
2 subrecipients under the block grants.

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

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

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

19 5. Each administrative services organization shall perform 20 all of the following duties:

21 a. Develop and administer a district behavioral health plan
22 in accordance with the standards adopted by the department by
23 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.

28 c. Enter into contracts necessary to provide services under29 the district behavioral health plan.

30 *d.* Oversee, provide technical assistance to, and monitor 31 the compliance of providers contracted by the administrative 32 services organization to provide behavioral health services in 33 accordance with the district behavioral health plan.

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

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1 Sec. 5. <u>NEW SECTION</u>. 225A.5 District behavioral health
2 advisory councils.

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

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

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

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

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

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

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

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

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1 behavioral health services, or community-based behavioral
2 health initiatives.

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

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

8 Sec. 6. <u>NEW SECTION</u>. 225A.6 Behavioral health service
9 system — data collection and use.

10 The department shall take all of the following actions 1. ll for data related to the behavioral health service system: 12 а. Collect and analyze the data, including but not 13 limited to Medicaid and community services network data, as 14 necessary to issue cost estimates for serving populations, 15 providing treatment, making and receiving payments, conducting 16 operations, and performing prevention and health promotion 17 activities. In doing so, the department shall maintain 18 compliance with applicable federal and state privacy laws 19 to ensure the confidentiality and integrity of individually 20 identifiable data. The department shall periodically assess 21 the status of the department's compliance to ensure that data 22 collected by and stored with the department is protected.

*b.* Establish and administer a central data repository for
collecting and analyzing state, behavioral health district, and
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.

30 *d.* Consult with administrative services organizations, 31 behavioral health service providers, and other behavioral 32 health service system stakeholders on an ongoing basis to 33 implement and maintain the central data repository.

34 *e.* Engage with all entities that maintain information the 35 department is required to collect pursuant to this section in

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order to integrate all data concerning individuals receiving
 services within the behavioral health service system.

*f.* Engage with all entities that maintain general population 4 data relating to behavioral health in order to develop action 5 plans, create projections relating to a population's behavioral 6 health needs, develop policies concerning behavioral health, 7 and otherwise perform acts as necessary to enhance the state's 8 overall behavioral health.

9 2. Administrative services organizations shall report all 10 data required to be maintained in the central data repository 11 to the department in a manner as established by the department 12 by rule. For the purpose of making such data reports, an 13 administrative services organization shall do one of the 14 following:

15 a. Utilize a data system that integrates with the data 16 systems used by the department.

17 b. Utilize a data system that has the capacity to securely 18 exchange information with the department, other behavioral 19 health districts, contractors, and other entities involved with 20 the behavioral health service system who are authorized to 21 access the central data repository.

3. Data and information maintained by and exchanged between an administrative services organization and the department shall be labeled consistently, share the same definitions, tuilize the same common coding and nomenclature, and be in a form and format as required by the department by rule. A. Administrative services organizations shall report to the department, in a manner specified by the department, information including but not limited to demographic information, expenditure data, and data concerning the behavioral health services and other support provided to individuals in the administrative service organization's district.

5. The department shall ensure that public and private squares, organizations, and individuals that operate within

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1 the behavioral health service system, or that make formal 2 requests for the release of data collected by the department, 3 maintain uniform methods for keeping statistical information 4 relating to behavioral health service system outcomes and 5 performance.

6 6. The department shall develop and implement a
7 communication plan that details how outcome and performance
8 data will be shared with stakeholders including but not limited
9 to the public, persons involved with the behavioral health
10 service system, and the general assembly.

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

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

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

2. A behavioral health fund is established in the state 31 treasury under the control of the department. The fund shall 32 consist of moneys deposited into the fund pursuant to this 33 section and section 426B.1, gifts of money or property accepted 34 by the state or the department to support any services under 35 this chapter or chapter 231, and moneys otherwise appropriated

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1 by the general assembly. Moneys in the fund are appropriated 2 to the department to implement and administer the behavioral 3 health service system and related programs including but not 4 limited to all of the following:

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

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

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

14 d. Administrative costs associated with services described 15 under this subsection.

16 3. For the fiscal year beginning July 1, 2025, there 17 is transferred from the general fund of the state to the 18 behavioral health fund an amount equal to forty-two dollars 19 multiplied by the state's population for the fiscal year. For the fiscal year beginning July 1, 2026, and each 20 4. 21 succeeding fiscal year, there is transferred from the general 22 fund of the state to the behavioral health fund an amount equal 23 to the state's population for the fiscal year multiplied by 24 the sum of the dollar amount used to calculate the transfer 25 from the general fund to the behavioral health fund for the 26 immediately preceding fiscal year, plus the state growth factor 27 for the fiscal year for which the transfer is being made.

5. For each fiscal year, an administrative services organization shall not spend on administrative costs an amount more than seven percent of the total amount distributed to the administrative services organization through this section and all other appropriations for the same fiscal year.

33 6. Moneys in the behavioral health fund may be used by the 34 department for cash flow purposes, provided that any moneys so 35 allocated are returned to the behavioral health fund by the end

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1 of each fiscal year.

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

5 8. Notwithstanding section 8.33, moneys appropriated in 6 this section that remain unencumbered or unobligated at the 7 close of the fiscal year shall not revert but shall remain 8 available for expenditure for the purposes designated.

9 Sec. 8. <u>NEW SECTION</u>. 225A.8 Addictive disorders prevention 10 — prohibitions.

11 1. For purposes of this section, "entity" means a 12 manufacturer, distributor, wholesaler, retailer, or 13 distributing agent, or an agent of a manufacturer, distributor, 14 wholesaler, retailer, or distributing agent as those terms are 15 defined in section 453A.1.

16 2. To promote comprehensive tobacco use prevention and 17 control initiatives outlined in the state behavioral health 18 service system plan, an entity shall not perform any of the 19 following acts:

20 a. Give away cigarettes or tobacco products.

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

The prohibitions in this section shall not apply to
 transactions between manufacturers, distributors, wholesalers,
 or retailers as those terms are defined in section 453A.1.
 Sec. 9. <u>NEW SECTION</u>. 225A.9 Application for services —
 minors.

A minor who is twelve years of age or older shall have the legal capacity to act and give consent to the provision of tobacco cessation coaching services pursuant to a tobacco cessation telephone and internet-based program approved by the department through the behavioral health service system destablished in section 225A.3. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of

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1 another person, including but not limited to the consent of a 2 spouse, parent, custodian, or guardian, shall not be necessary. Sec. 10. CODE EDITOR DIRECTIVE. The Code editor is directed 3 4 to do all of the following: 1. Designate sections 225A.1 through 225A.9, as enacted 5 6 in this division of this Act, as Code chapter 225A entitled 7 "Department of Health and Human Services — Behavioral Health 8 Service System". 9 2. Correct internal references in the Code and in any 10 enacted legislation as necessary due to the enactment of this 11 division of this Act. 12 Sec. 11. EFFECTIVE DATE. This division of this Act takes 13 effect July 1, 2025. 14 DIVISION II BEHAVIORAL HEALTH SERVICE SYSTEM - CONFORMING CHANGES 15 16 Sec. 12. Section 11.6, subsection 1, paragraph b, Code 2024, 17 is amended to read as follows: The financial condition and transactions of community 18 b. 19 mental health centers organized under chapter 230Ar substance 20 use disorder programs organized licensed under chapter 125, and 21 community action agencies organized under chapter 216A<sub>7</sub> shall 22 be audited at least once each year. 23 Sec. 13. Section 97B.1A, subsection 8, paragraph a, 24 subparagraph (13), Code 2024, is amended by striking the 25 subparagraph. 26 Sec. 14. Section 123.17, subsection 5, Code 2024, is amended 27 to read as follows: 5. After any transfer provided for in subsection 3 is made, 28 29 the department shall transfer into a special revenue account 30 in the general fund of the state, a sum of money at least equal 31 to seven percent of the gross amount of sales made by the 32 department from the beer and liquor control fund on a monthly 33 basis but not less than nine million dollars annually. Of 34 the amounts transferred, two three million dollars, plus an 35 additional amount determined by the general assembly, shall be

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1 appropriated to the department of health and human services for 2 use by the staff who administer the comprehensive substance use 3 disorder program under chapter 125 for substance use disorder 4 treatment and prevention programs shall be transferred to the 5 behavioral health fund established under section 225A.7. Any 6 amounts received in excess of the amounts appropriated to the 7 department of health and human services for use by the staff 8 who administer the comprehensive substance use disorder program 9 under chapter 125 transferred to the behavioral health fund 10 shall be considered part of the general fund balance. Section 123.17, subsection 8, Code 2024, is amended 11 Sec. 15. 12 by striking the subsection. 13 Sec. 16. Section 123.17, subsection 9, Code 2024, is amended 14 to read as follows: 9. After any transfers provided for in subsections 3, 5, 15 16 6, and 7, and 8 are made, and before any other transfer to the 17 general fund, the department shall transfer to the economic 18 development authority from the beer and liquor control fund the 19 lesser of two hundred fifty thousand dollars or one percent of 20 the gross sales of native distilled spirits by all class "A" 21 native distilled spirits license holders made by the department 22 for the purposes of promoting Iowa wine, beer, and spirits. 23 Section 124.409, subsection 2, Code 2024, is Sec. 17. 24 amended by striking the subsection. Sec. 18. Section 125.2, subsections 4, 5, and 10, Code 2024, 25 26 are amended by striking the subsections. 27 Sec. 19. Section 125.91, subsection 1, Code 2024, is amended 28 to read as follows: 29 1. The procedure prescribed by this section shall only 30 be used for a person with a substance use disorder due to 31 intoxication or substance-induced incapacitation who has 32 threatened, attempted, or inflicted physical self-harm or harm 33 on another, and is likely to inflict physical self-harm or harm 34 on another unless immediately detained, or who is incapacitated 35 by a chemical substance, if an application has not been filed

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1 naming the person as the respondent pursuant to section 125.75
2 and the person cannot be ordered into immediate custody and
3 detained pursuant to section 125.81.

4 Sec. 20. Section 125.93, Code 2024, is amended to read as 5 follows:

6 125.93 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 11 125.37, and with the federal confidentiality regulations authorized by the federal Drug Abuse Office and Treatment Act, 42 U.S.C. §290ee and the federal Comprehensive Alcohol Abuse 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 authorized by the director of the judicial district department of correctional services.

21 Sec. 21. Section 135.11, subsection 11, Code 2024, is 22 amended to read as follows:

23 11. Administer chapters 125, 136A, 136C, 139A, 142, 142A, 24 144, and 147A.

25 Sec. 22. Section 135C.2, subsection 5, unnumbered paragraph 26 1, Code 2024, is amended to read as follows:

The department shall establish a special classification within the residential care facility category in order to foster the development of residential care facilities which serve persons with an intellectual disability, chronic mental illness, a developmental disability, or brain injury, as described under section 225C.26, and which contain five or fewer residents. A facility within the special classification established pursuant to this subsection is exempt from the requirements of section 10A.713. The department shall adopt

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1 rules which are consistent with rules previously developed for 2 the waiver demonstration waiver project pursuant to 1986 Iowa 3 Acts, ch. 1246, §206, and which include all of the following 4 provisions:

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

1. A person or governmental unit acting severally or 8 jointly with any other person or governmental unit shall not 9 establish or operate a health care facility in this state 10 without a license for the facility. A supported community 11 living service, as defined in section <u>225C.21</u> <u>249A.38A</u>, is not 12 required to be licensed under this chapter, but is subject to 13 approval under section <u>225C.21</u> <u>249A.38A</u> in order to receive 14 public funding.

Section 135C.23, subsection 1, unnumbered 15 Sec. 24. 16 paragraph 1, Code 2024, is amended to read as follows: Each resident shall be covered by a contract executed 17 18 by the resident, or the resident's legal representative, 19 and the health care facility at or prior to the time of the 20 resident's admission or prior thereto by the resident, or the 21 legal representative, and the health care facility, except as 22 otherwise provided by subsection 5 with respect to residents 23 admitted at public expense to a county care facility operated 24 under chapter 347B. Each party to the contract shall be 25 entitled to a duplicate of the original thereof contract, and 26 the health care facility shall keep on file all contracts 27 which it has with residents and shall not destroy or otherwise 28 dispose of any such contract for at least one year after its 29 expiration. Each such contract shall expressly set forth: 30 Sec. 25. Section 135C.23, subsection 2, paragraph b, Code 31 2024, is amended to read as follows:

32 b. This section does not prohibit the admission of a 33 patient with a history of dangerous or disturbing behavior to 34 an intermediate care facility for persons with mental illness, 35 intermediate care facility for persons with an intellectual

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1 disability, or nursing facility, or county care facility when 2 the intermediate care facility for persons with mental illness, 3 intermediate care facility for persons with an intellectual 4 disability, or nursing facility, or county care facility has a 5 program which has received prior approval from the department 6 to properly care for and manage the patient. An intermediate 7 care facility for persons with mental illness, intermediate 8 care facility for persons with an intellectual disability, 9 or nursing facility, or county care facility is required to 10 transfer or discharge a resident with dangerous or disturbing 11 behavior when the intermediate care facility for persons with 12 mental illness, intermediate care facility for persons with an 13 intellectual disability, or nursing facility, or county care 14 facility cannot control the resident's dangerous or disturbing 15 behavior. The department, in coordination with the state 16 mental health and disability services commission created in 17 section 225C.5, shall adopt rules pursuant to chapter 17A for 18 programs to be required in intermediate care facilities for 19 persons with mental illness, intermediate care facilities 20 for persons with an intellectual disability, and nursing 21 facilities, and county care facilities that admit patients 22 or have residents with histories of dangerous or disturbing 23 behavior.

24 Sec. 26. Section 135C.23, subsection 5, Code 2024, is 25 amended by striking the subsection.

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

28 Sec. 28. Section 135G.1, subsection 12, Code 2024, is 29 amended to read as follows:

30 12. <u>a.</u> "Subacute mental health services" means the same 31 as defined in section 225C.6 services that provide all of the 32 following:

33 (1) A comprehensive set of wraparound services for a 34 person who has had, or is at imminent risk of having, acute or 35 crisis mental health symptoms that do not permit the person to H.F. 2673

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

22 Sec. 29. Section 142.1, Code 2024, is amended to read as 23 follows:

24 142.1 Delivery of bodies.

The body of every person dying who died in a public asylum, hospital, county care facility, penitentiary, or reformatory in this state, or found dead within the state, or which who is to be buried at public expense in this state, except those buried under the provisions of chapter 144C or 249, and which is suitable for scientific purposes, shall be delivered to the medical college of the state university, or some osteopathic or chiropractic college or school located in this state, which has been approved under the law regulating the practice of osteopathic medicine or chiropractic; but no such body shall be delivered to any such college or school if the deceased

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1 person expressed a desire during the person's last illness 2 that the person's body should be buried or cremated, nor if 3 such is the desire of the person's relatives. Such bodies 4 shall be equitably distributed among said colleges and schools 5 according to their needs for teaching anatomy in accordance 6 with such rules as may be adopted by the department of health 7 and human services. The expense of transporting said bodies to 8 such college or school shall be paid by the college or school 9 receiving the same. If the deceased person has not expressed 10 a desire during the person's last illness that the person's 11 body should be buried or cremated and no person authorized to 12 control the deceased person's remains under section 144C.5 13 requests the person's body for burial or cremation, and if a 14 friend objects to the use of the deceased person's body for 15 scientific purposes, said deceased person's body shall be 16 forthwith delivered to such friend for burial or cremation at 17 no expense to the state or county. Unless such friend provides 18 for burial and burial expenses within five days, the body shall 19 be used for scientific purposes under this chapter.

20 Sec. 30. Section 142.3, Code 2024, is amended to read as 21 follows:

22 142.3 Notification of department.

Every county medical examiner, funeral director or embalmer, and the managing officer of every public asylum, hospital, county care facility, penitentiary, or reformatory, as soon as any dead body shall come into the person's custody which may be rused for scientific purposes as provided in sections 142.1 and 142.2, shall at once notify the nearest relative or friend of the deceased, if known, and the department of health and human services, and hold such body unburied for forty-eight hours. Upon receipt of notification, the department shall issue verbal or written instructions relative to the disposition to be made of said body. Complete jurisdiction over said bodies is vested exclusively in the department of health and human services. No sautopsy or post mortem, except as are legally ordered by county

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1 medical examiners, shall be performed on any of said bodies
2 prior to their delivery to the medical schools.

3 Sec. 31. <u>NEW SECTION</u>. 217.17 State health improvement plan. 4 1. The department shall develop, implement, and administer 5 a state health improvement plan to identify health priorities, 6 goals, and measurable objectives, and outline strategies to 7 improve health statewide.

8 2. The state health improvement plan shall be developed 9 and updated in collaboration and in coordination with other 10 state departments, stakeholders, and statewide organizations 11 the department determines to be relevant.

12 3. The state health improvement plan may be updated by the 13 department at the department's discretion.

14 Sec. 32. <u>NEW SECTION</u>. 217.37 Recovery of payment — 15 assignment of liens — county attorney to enforce.

16 l. For purposes of this section, "assistance" means all of 17 the following:

18 a. A payment by the state for services rendered through
19 the behavioral health service system established under section
20 225A.3.

21 b. A payment by the state for aging and disability services22 rendered in accordance with chapter 231.

23 2. The department shall have the authority to investigate if
24 a person is eligible to have assistance paid on the person's
25 behalf and whether payment of assistance was proper.

3. Notwithstanding any provision of law to the contrary, assistance shall not be recoverable unless the department finds that the assistance was paid for the benefit of a person who was not entitled to have assistance paid on the person's behalf.

31 4. Assistance paid for the benefit of a person who was 32 not entitled to have assistance paid on the person's behalf 33 shall be recoverable from the entity to which the assistance 34 was paid, from the person on whose behalf assistance was paid, 35 or from a third party who is liable for the person's debts or

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1 support.

5. Upon the death of a person who was not entitled to have assistance paid on the person's behalf, the department shall have a lien equivalent in priority to liens described in section 633.425, subsection 6, against the person's estate for the portion of the assistance improperly paid which the department had not recovered at the time of the person's death. 6. The department may waive all or a portion of improperly paid assistance, or a lien created under subsection 5, if the department finds that collection would result in undue hardship.

12 7. The department shall adopt rules pursuant to chapter 17A13 to implement and administer this section.

14 Sec. 33. Section 218.30, Code 2024, is amended to read as 15 follows:

16 218.30 Investigation of other facilities.

17 The director may investigate or cause the investigation of 18 charges of abuse, neglect, or mismanagement on the part of an 19 officer or employee of a private facility which is subject to 20 the director's supervision or control. The director shall also 21 investigate or cause the investigation of charges concerning 22 county care facilities in which persons with mental illness are 23 served.

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

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

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

3 1. This chapter addresses the public and private services 4 available in this state to meet the needs of persons with an 5 intellectual disability. The responsibility of the mental 6 health and disability services regions formed by counties and

7 of the state for the costs and administration of publicly

8 funded services shall be as set out in section 222.60 and other
9 pertinent sections of this chapter.

10 Sec. 36. Section 222.2, Code 2024, is amended by adding the 11 following new subsection:

12 <u>NEW SUBSECTION</u>. 01. "Administrative services organization" 13 means the same as defined in section 225A.1.

14 Sec. 37. Section 222.2, subsections 6 and 7, Code 2024, are 15 amended by striking the subsections.

16 Sec. 38. Section 222.12, subsection 2, Code 2024, is amended 17 by striking the subsection.

18 Sec. 39. Section 222.13, Code 2024, is amended to read as 19 follows:

20 222.13 Voluntary admissions.

If an adult person is believed to be a person with an 21 1. 22 intellectual disability, the adult person or the adult person's 23 guardian may apply to the department and the superintendent of 24 any state resource center for the voluntary admission of the 25 adult person either as an inpatient or an outpatient of the 26 resource center. If the expenses of the person's admission 27 or placement are payable in whole or in part by the person's 28 county of residence, application for the admission shall be 29 made through the regional administrator. An application for 30 admission to a special unit of any adult person believed to be 31 in need of any of the services provided by the special unit 32 under section 222.88 may be made in the same manner. The 33 superintendent shall accept the application if a preadmission 34 diagnostic evaluation confirms or establishes the need for 35 admission, except that an application shall not be accepted if

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1 the institution does not have adequate facilities available or 2 if the acceptance will result in an overcrowded condition. 2. If the resource center does not have an appropriate 3 4 program for the treatment of an adult or minor person with an 5 intellectual disability applying under this section or section 6 222.13A, the regional administrator for the person's county 7 of residence or the department, as applicable, shall arrange 8 for the placement of the person in any public or private 9 facility within or without outside of the state, approved by 10 the director, which offers appropriate services for the person. 11 If the expenses of the placement are payable in whole or in 12 part by a county, the placement shall be made by the regional 13 administrator for the county. 14 3. If the expenses of an admission of an adult to a resource 15 center or a special unit, or of the placement of the person 16 in a public or private facility are payable in whole or in 17 part by a mental health and disability services region, the 18 regional administrator shall make a full investigation into 19 the financial circumstances of the person and those liable for 20 the person's support under section 222.78 to determine whether 21 or not any of them are able to pay the expenses arising out of 22 the admission of the person to a resource center, special unit, 23 or public or private facility. If the regional administrator 24 finds that the person or those legally responsible for 25 the person are presently unable to pay the expenses, the 26 regional administrator shall pay the expenses. The regional 27 administrator may review such a finding at any subsequent 28 time while the person remains at the resource center, or is 29 otherwise receiving care or treatment for which this chapter 30 obligates the region to pay. If the regional administrator 31 finds upon review that the person or those legally responsible 32 for the person are presently able to pay the expenses, the 33 finding shall apply only to the charges incurred during the 34 period beginning on the date of the review and continuing 35 thereafter, unless and until the regional administrator again

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1 changes such a finding. If the regional administrator finds
2 that the person or those legally responsible for the person
3 are able to pay the expenses, the regional administrator shall
4 collect the charges to the extent required by section 222.78,
5 and the regional administrator shall be responsible for the
6 payment of the remaining charges.

7 Sec. 40. Section 222.13A, subsections 3 and 4, Code 2024, 8 are amended to read as follows:

9 3. During the preadmission diagnostic evaluation, the 10 minor shall be informed both orally and in writing that the 11 minor has the right to object to the voluntary admission. If 12 Notwithstanding section 222.33, if the preadmission diagnostic 13 evaluation determines that the voluntary admission is 14 appropriate but the minor objects to the admission, the minor 15 shall not be admitted to the state resource center unless the 16 court approves of the admission. A petition for approval of 17 the minor's admission may be submitted to the juvenile court by 18 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 <u>an attorney</u> to the minor <del>an attorney</del>. If the minor is unable to pay for an attorney, the attorney shall be compensated by the mental health and disability services region an administrative services organization at an hourly rate to be established by the regional administrator in substantially the same manner as provided in section 815.7.

29 Sec. 41. Section 222.14, Code 2024, is amended to read as 30 follows:

31 222.14 Care by region pending admission.

32 If the institution is unable to receive a patient, the 33 superintendent shall notify the regional administrator 34 for the county of residence of the prospective patient <u>an</u> 35 <u>administrative services organization</u>. Until such time as the

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1 patient is able to be received by the institution, or when 2 application has been made for admission to a public or private 3 facility as provided in section 222.13 and the application 4 is pending, the care of the patient shall be provided as 5 arranged by the regional administrator <u>administrative services</u> 6 organization.

7 Sec. 42. <u>NEW SECTION</u>. 222.33 State resource center — 8 admissions and discharge.

9 1. The department shall make all final determinations 10 concerning whether a person may be admitted to a state resource 11 center.

12 2. If a patient is admitted to a state resource center 13 pursuant to section 222.13 or 222.13A, and the patient 14 wishes to be placed outside of the state resource center, the 15 discharge of the patient shall be made in accordance with 16 section 222.15.

17 Sec. 43. <u>NEW SECTION</u>. 222.35 State — payor of last resort. 18 The department shall implement services and adopt rules 19 pursuant to chapter 17A in a manner that ensures that the state 20 is the payor of last resort, and that the department shall not 21 make any payments for services that have been provided until 22 the department has determined that the services provided are 23 not payable by a third-party source.

24 Sec. 44. Section 222.73, subsections 2 and 4, Code 2024, are 25 amended by striking the subsections.

26 Sec. 45. Section 222.77, Code 2024, is amended to read as 27 follows:

28 222.77 Patients on leave.

The cost of support of patients placed on convalescent leave or removed as a habilitation measure from a resource center, i <del>or a special unit,</del> except when living in the home of a person legally bound for the support of the patient, shall be paid by the county of residence or the state as provided in section 4 <del>222.60</del>.

35 Sec. 46. Section 222.78, subsection 1, Code 2024, is amended

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1 to read as follows:

1. The father and mother of any patient admitted to a 2 3 resource center or to a special unit, as either an inpatient 4 or an outpatient, and any person, firm, or corporation bound 5 by contract made for support of the patient, are liable for 6 the support of the patient. The patient and those legally 7 bound for the support of the patient shall be liable to 8 the county or state, as applicable, for all sums advanced 9 in accordance with the provisions of sections 222.60 and 10 222.77 relating to reasonable attorney fees and court costs for 11 the patient's admission to the resource center, and for the 12 treatment, training, instruction, care, habilitation, support, 13 transportation, or other expenditures made on behalf of the 14 patient pursuant to this chapter. Sec. 47. Section 222.79, Code 2024, is amended to read as 15

16 follows:

17 222.79 Certification statement presumed correct.

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

23 Sec. 48. Section 222.80, Code 2024, is amended to read as 24 follows:

25 222.80 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 other facility for treatment, training, instruction, care, habilitation, and support as a patient with an intellectual disability shall be liable to the county or state, as applicable, for the reasonable cost of the support as provided in section 222.78.

33 Sec. 49. Section 222.82, Code 2024, is amended to read as 34 follows:

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35 222.82 Collection of liabilities and claims.

1 If liabilities and claims exist as provided in section 2 222.78 or any other provision of this chapter, the county of 3 residence or the state, as applicable, may proceed as provided 4 in this section. If the liabilities and claims are owed to 5 a county of residence, the county's board of supervisors may 6 direct the county attorney to proceed with the collection of 7 the liabilities and claims as a part of the duties of the 8 county attorney's office when the board of supervisors deems 9 such action advisable. If the liabilities and claims are owed 10 to the state, the state shall proceed with the collection. 11 The board of supervisors or the state, as applicable, may 12 compromise any and all liabilities to the county or state 13 arising under this chapter when such compromise is deemed to be 14 in the best interests of the county or state. Any collections 15 and liens shall be limited in conformance to section 614.1, 16 subsection 4. Sec. 50. Section 222.85, subsection 2, Code 2024, is amended 17 18 to read as follows: 19

19 2. Moneys paid to a resource center from any source other 20 than state appropriated funds and intended to pay all or a 21 portion of the cost of care of a patient, which cost would 22 otherwise be paid from state or county funds or from the 23 patient's own funds, shall not be deemed "funds belonging to a 24 patient" for the purposes of this section.

25 Sec. 51. Section 222.86, Code 2024, is amended to read as 26 follows:

27 222.86 Payment for care from fund.

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

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

1. The department shall operate the state resource centers 3 4 on the basis of net appropriations from the general fund of 5 the state. The appropriation amounts shall be the net amounts 6 of state moneys projected to be needed for the state resource 7 centers for the fiscal year of the appropriations. The purpose 8 of utilizing net appropriations is to encourage the state 9 resource centers to operate with increased self-sufficiency, to 10 improve quality and efficiency, and to support collaborative 11 efforts between the state resource centers and counties and 12 other providers of funding for the services available from 13 the state resource centers. The state resource centers shall 14 not be operated under the net appropriations in a manner that 15 results in a cost increase to the state or in cost shifting 16 between the state, the medical assistance program, counties, or 17 other sources of funding for the state resource centers.

18 Sec. 53. Section 222.92, subsection 3, paragraph a, Code 19 2024, is amended by striking the paragraph.

20 Sec. 54. Section 225.1, subsection 2, Code 2024, is amended 21 to read as follows:

22 2. For the purposes of this chapter, unless the context 23 otherwise requires:

24 a. <u>Mental health and disability services region</u> means
25 a mental health and disability services region approved in
26 accordance with section 225C.56. <u>Administrative services</u>
27 <u>organization</u> means the same as defined in section 225A.1.
28 b. <u>Regional administrator</u> means the administrator of a
29 mental health and disability services region, as defined in
30 section 225C.55. *Department* means the department of health

31 and human services.

32 c. "Respondent" means the same as defined in section 229.1.
33 Sec. 55. <u>NEW SECTION</u>. 225.4 State psychiatric hospital —
34 admissions.

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35 The department shall make all final determinations

1 concerning whether a person may be admitted to the state
2 psychiatric hospital.

3 Sec. 56. Section 225.11, Code 2024, is amended to read as 4 follows:

5 225.11 Initiating commitment procedures.

When a court finds upon completion of a hearing held pursuant 6 7 to section 229.12 that the contention that a respondent is 8 seriously mentally impaired has been sustained by clear and 9 convincing evidence, and the application filed under section 10 229.6 also contends or the court otherwise concludes that it 11 would be appropriate to refer the respondent to the state 12 psychiatric hospital for a complete psychiatric evaluation and 13 appropriate treatment pursuant to section 229.13, the judge 14 may order that a financial investigation be made in the manner 15 prescribed by section 225.13. If the costs of a respondent's 16 evaluation or treatment are payable in whole or in part by a 17 county an administrative services organization, an order under 18 this section shall be for referral of the respondent through 19 the regional administrator for the respondent's county of 20 residence by an administrative services organization for an 21 evaluation and referral of the respondent to an appropriate 22 placement or service, which may include the state psychiatric 23 hospital for additional evaluation or treatment.

24 Sec. 57. Section 225.12, Code 2024, is amended to read as 25 follows:

26 225.12 Voluntary public patient — physician's or physician27 assistant's report.

A physician or a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 filing information under section 225.10 shall include a written report to the regional administrator for the county of residence of the person named in the information, giving shall submit a detailed history of the case to an administrative services organization as will be likely to aid in the observation, treatment, and hospital care

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1 of the person and describing the history in detail.

2 Sec. 58. Section 225.13, Code 2024, is amended to read as 3 follows:

4 225.13 Financial condition.

5 The regional administrator for the county of residence of 6 a person being admitted to the state psychiatric hospital is 7 Administrative services organizations shall be responsible for 8 investigating the financial condition of the <u>a</u> person and of 9 those legally responsible for the person's support.

10 Sec. 59. Section 225.15, Code 2024, is amended to read as 11 follows:

12 225.15 Examination and treatment.

13 1. When a respondent arrives at the state psychiatric 14 hospital, the admitting physician, or a physician assistant 15 who meets the qualifications set forth in the definition of a 16 mental health professional in section 228.1, shall examine the 17 respondent and determine whether or not, in the physician's 18 or physician assistant's judgment, the respondent is a fit 19 subject for observation, treatment, and hospital care. If, 20 upon examination, the physician or physician assistant who 21 meets the qualifications set forth in the definition of a 22 mental health professional in section 228.1 decides that the 23 respondent should be admitted to the hospital, the respondent 24 shall be provided a proper bed in the hospital. The physician 25 or physician assistant who meets the qualifications set forth 26 in the definition of a mental health professional in section 27 228.1 who has charge of the respondent shall proceed with 28 observation, medical treatment, and hospital care as in the 29 physician's or physician assistant's judgment are proper and 30 necessary, in compliance with sections 229.13, 229.14, this 31 section, and section 229.16. After the respondent's admission, 32 the observation, medical treatment, and hospital care of the 33 respondent may be provided by a mental health professional, 34 as defined in section 228.1, who is licensed as a physician, 35 advanced registered nurse practitioner, or physician assistant.

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2. A proper and competent nurse shall also be assigned to
 2 look after and care for the respondent during observation,
 3 treatment, and care. Observation, treatment, and hospital
 4 care under this section which are payable in whole or in part
 5 by a county shall only be provided as determined through
 6 the regional administrator for the respondent's county of
 7 residence.

8 Sec. 60. Section 225.16, subsection 1, Code 2024, is amended 9 to read as follows:

10 If the regional administrator for a person's county of 1. 11 residence department finds from the physician's information 12 or from the information of a physician assistant who 13 meets the qualifications set forth in the definition of 14 a mental health professional in section 228.1 which was 15 filed under the provisions of section 225.10 225.12 that it 16 would be appropriate for the person to be admitted to the 17 state psychiatric hospital, and the report of the regional 18 administrator made pursuant to section 225.13 shows the 19 department finds that the person and those who are legally 20 responsible for the person are not able to pay the expenses 21 incurred at the hospital, or are able to pay only a part of 22 the expenses, the person shall be considered to be a voluntary 23 public patient and the regional administrator shall direct that 24 the person shall be sent to the state psychiatric hospital at 25 the state university of Iowa for observation, treatment, and 26 hospital care.

27 Sec. 61. Section 225.17, subsection 2, Code 2024, is amended 28 to read as follows:

29 2. When the respondent arrives at the hospital, the 30 respondent shall receive the same treatment as is provided for 31 committed public patients in section 225.15, in compliance 32 with sections 229.13 through 229.16. However, observation, 33 treatment, and hospital care under this section of a respondent 34 whose expenses are payable in whole or in part by a county 35 shall only be provided as determined through the regional

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1 administrator for the respondent's county of residence.

2 Sec. 62. Section 225.18, Code 2024, is amended to read as 3 follows:

4 225.18 Attendants.

5 The regional administrator <u>An administrative services</u> 6 <u>organization</u> may appoint an attendant to accompany the 7 committed public patient or the voluntary public patient 8 or the committed private patient from the place where the 9 patient may be to the state psychiatric hospital, or to 10 accompany the patient from the hospital to a place as may 11 be designated by the <u>regional administrator</u> <u>administrative</u> 12 <u>services organization</u>. If a patient is moved pursuant to this 13 section, at least one attendant shall be of the same gender as 14 the patient.

15 Sec. 63. Section 225.22, Code 2024, is amended to read as 16 follows:

17 225.22 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.

30 Sec. 64. Section 225.24, Code 2024, is amended to read as 31 follows:

32 225.24 Collection of preliminary expense.

33 Unless a committed private patient or those legally 34 responsible for the patient's support offer to settle the 35 amount of the claims, the regional administrator for the

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1 person's county of residence department shall collect, by 2 action if necessary, the amount of all claims for per diem and 3 expenses that have been approved by the regional administrator 4 for the county an administrative services organization and 5 paid by the regional administrator as provided under section 6 225.21 administrative services organization. Any amount 7 collected shall be credited to the mental health and disability 8 services region combined account created behavioral health fund 9 established in accordance with section 225C.58 225A.7.

10 Sec. 65. Section 225.27, Code 2024, is amended to read as 11 follows:

12 225.27 Discharge — transfer.

13 The state psychiatric hospital may, at any time, discharge 14 any patient as recovered, as improved, or as not likely to 15 be benefited by further treatment. If the patient being so 16 discharged was involuntarily hospitalized, the hospital shall 17 notify the committing judge or court of the discharge as 18 required by section 229.14 or section 229.16, whichever is as 19 applicable, and the applicable regional administrator. Upon 20 receiving the notification, the court shall issue an order 21 confirming the patient's discharge from the hospital or from 22 care and custody, as the case may be, and shall terminate the 23 proceedings pursuant to which the order was issued. The court 24 or judge shall, if necessary, appoint a person to accompany the 25 discharged patient from the state psychiatric hospital to such 26 place as the hospital or the court may designate, or authorize 27 the hospital to appoint such attendant.

28 Sec. 66. Section 226.1, subsection 4, Code 2024, is amended 29 by adding the following new paragraph:

30 <u>NEW PARAGRAPH</u>. *Oa.* "Administrative services organization" 31 means the same as defined in section 225A.1.

32 Sec. 67. Section 226.1, subsection 4, paragraphs d and f,33 Code 2024, are amended by striking the paragraphs.

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34 Sec. 68. Section 226.8, subsection 2, Code 2024, is amended 35 to read as follows:

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

8 Sec. 69. Section 226.32, Code 2024, is amended to read as 9 follows:

10 226.32 Overcrowded conditions.

11 The director shall order the discharge or removal from the 12 mental health institute of incurable and harmless patients 13 whenever it is necessary to make room for recent cases. If 14 a patient who is to be discharged entered the mental health 15 institute voluntarily, the director shall notify the regional 16 administrator for the county interested at least ten days in 17 advance of the day of actual discharge.

18 Sec. 70. Section 226.34, subsection 2, paragraph d, Code 19 2024, is amended by striking the paragraph.

20 Sec. 71. Section 228.6, subsection 1, Code 2024, is amended 21 to read as follows:

1. A mental health professional or an employee of or agent for a mental health facility may disclose mental health information if and to the extent necessary, to meet the

25 requirements of section 229.24, 229.25, 230.20, 230.21, 230.25, 26 230.26, 230A.108, 232.74, or 232.147, or to meet the compulsory 27 reporting or disclosure requirements of other state or federal 28 law relating to the protection of human health and safety.

29 Sec. 72. Section 229.1, Code 2024, is amended by adding the 30 following new subsection:

31 <u>NEW SUBSECTION</u>. 01. "Administrative services organization" 32 means the same as defined in section 225A.1.

33 Sec. 73. Section 229.1, subsections 11, 18, and 19, Code 34 2024, are amended by striking the subsections.

35 Sec. 74. Section 229.1B, Code 2024, is amended to read as

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1 follows:

## 2 229.1B Regional administrator Administrative services 3 organization.

4 Notwithstanding any provision of this chapter to the 5 contrary, any person whose hospitalization expenses are 6 payable in whole or in part by <u>a mental health and disability</u> 7 services region <u>an administrative services organization</u> 8 shall be subject to all administrative requirements of the 9 regional administrator for the county <u>administrative services</u> 10 organization.

Sec. 75. Section 229.2, subsection 1, paragraph b, 11 12 subparagraph (3), Code 2024, is amended to read as follows: (3) As soon as is practicable after the filing of a 13 14 petition for juvenile court approval of the admission of the 15 minor, the juvenile court shall determine whether the minor 16 has an attorney to represent the minor in the hospitalization 17 proceeding, and if not, the court shall assign to the minor 18 an attorney. If the minor is financially unable to pay for 19 an attorney, the attorney shall be compensated by the mental 20 health and disability services region an administrative 21 services organization at an hourly rate to be established 22 by the regional administrator for the county in which the 23 proceeding is held administrative services organization in 24 substantially the same manner as provided in section 815.7. 25 Sec. 76. Section 229.2, subsection 2, paragraph a, Code 26 2024, is amended to read as follows:

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

32 Sec. 77. Section 229.8, subsection 1, Code 2024, is amended 33 to read as follows:

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Determine whether the respondent has an attorney
 who is able and willing to represent the respondent in the

1 hospitalization proceeding, and if not, whether the respondent 2 is financially able to employ an attorney and capable of 3 meaningfully assisting in selecting one. In accordance with 4 those determinations, the court shall if necessary allow the 5 respondent to select, or shall assign to the respondent, an 6 attorney. If the respondent is financially unable to pay an 7 attorney, the attorney shall be compensated by the mental 8 health and disability services region an administrative 9 services organization at an hourly rate to be established 10 by the regional administrator for the county in which the 11 proceeding is held administrative services organization in 12 substantially the same manner as provided in section 815.7. 13 Sec. 78. Section 229.10, subsection 1, paragraph a, Code 14 2024, is amended to read as follows: 15 a. An examination of the respondent shall be conducted by 16 one or more licensed physicians or mental health professionals, 17 as required by the court's order, within a reasonable time. 18 If the respondent is detained pursuant to section 229.11, 19 subsection 1, paragraph b'', the examination shall be conducted 20 within twenty-four hours. If the respondent is detained 21 pursuant to section 229.11, subsection 1, paragraph "a" or 22 "c", the examination shall be conducted within forty-eight 23 hours. If the respondent so desires, the respondent shall be 24 entitled to a separate examination by a licensed physician or 25 mental health professional of the respondent's own choice. The 26 reasonable cost of the examinations shall, if the respondent 27 lacks sufficient funds to pay the cost, be paid by the regional 28 administrator from mental health and disability services region 29 funds an administrative services organization upon order of the 30 court.

31 Sec. 79. Section 229.11, subsection 1, unnumbered paragraph 32 1, Code 2024, is amended to read as follows:

33 If the applicant requests that the respondent be taken into 34 immediate custody and the judge, upon reviewing the application 35 and accompanying documentation, finds probable cause to believe

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1 that the respondent has a serious mental impairment and is 2 likely to injure the respondent or other persons if allowed 3 to remain at liberty, the judge may enter a written order 4 directing that the respondent be taken into immediate custody 5 by the sheriff or the sheriff's deputy and be detained until 6 the hospitalization hearing. The hospitalization hearing shall 7 be held no more than five days after the date of the order, 8 except that if the fifth day after the date of the order is 9 a Saturday, Sunday, or a holiday, the hearing may be held 10 on the next succeeding business day. If the expenses of a 11 respondent are payable in whole or in part by a mental health 12 and disability services region an administrative services 13 organization, for a placement in accordance with paragraph a'', 14 the judge shall give notice of the placement to the regional 15 administrator for the county in which the court is located an 16 administrative services organization, and for a placement in 17 accordance with paragraph "b'' or "c'', the judge shall order 18 the placement in a hospital or facility designated through 19 the regional administrator by an administrative services 20 organization. The judge may order the respondent detained for 21 the period of time until the hearing is held, and no longer, 22 in accordance with paragraph  $a^{a}$ , if possible, and if not then 23 in accordance with paragraph "b", or, only if neither of these 24 alternatives is available, in accordance with paragraph  $c^{-}$ . 25 Detention may be in any of the following: 26 Sec. 80. Section 229.13, subsection 1, paragraph a, Code 27 2024, is amended to read as follows: а. The court shall order a respondent whose expenses are 28 29 payable in whole or in part by a mental health and disability 30 services region an administrative services organization 31 placed under the care of an appropriate hospital or facility 32 designated through the regional administrator for the county 33 by an administrative services organization on an inpatient or 34 outpatient basis. 35 Sec. 81. Section 229.13, subsection 7, paragraph b, Code

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1 2024, is amended to read as follows:

b. A region An administrative services organization shall
contract with mental health professionals to provide the
appropriate treatment including treatment by the use of oral
medicine or injectable antipsychotic medicine pursuant to this
section.

7 Sec. 82. Section 229.14, subsection 2, paragraph a, Code 8 2024, is amended to read as follows:

9 a. For a respondent whose expenses are payable in whole 10 or in part by a mental health and disability services region 11 <u>an administrative services organization</u>, placement as 12 designated through the regional administrator for the county 13 <u>by an administrative services organization</u> in the care of an 14 appropriate hospital or facility on an inpatient or outpatient 15 basis, or other appropriate treatment, or in an appropriate 16 alternative placement.

17 Sec. 83. Section 229.14A, subsections 7 and 9, Code 2024, 18 are amended to read as follows:

19 7. If a respondent's expenses are payable in whole or in 20 part by a mental health and disability services region through 21 the regional administrator for the county <u>an administrative</u> 22 <u>services organization</u>, notice of a placement hearing shall be 23 provided to the county attorney and the regional administrator 24 <u>an administrative services organization</u>. At the hearing, the 25 county may present evidence regarding appropriate placement. 26 9. A placement made pursuant to an order entered under

27 section 229.13 or 229.14 or this section shall be considered to 28 be authorized through the regional administrator for the county 29 by an administrative services organization.

30 Sec. 84. Section 229.15, subsection 4, Code 2024, is amended 31 to read as follows:

32 4. When a patient has been placed in an alternative facility 33 other than a hospital pursuant to a report issued under section 34 229.14, subsection 1, paragraph d'', a report on the patient's 35 condition and prognosis shall be made to the court which placed

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1 the patient, at least once every six months, unless the court 2 authorizes annual reports. If an evaluation of the patient is 3 performed pursuant to section 227.2, subsection 4, a copy of 4 the evaluation report shall be submitted to the court within 5 fifteen days of the evaluation's completion. The court may in 6 its discretion waive the requirement of an additional report 7 between the annual evaluations. If the department exercises 8 the authority to remove residents or patients from a county 9 care facility or other county or private facility under section 10 227.6, the department shall promptly notify each court which 11 placed in that facility any resident or patient removed. 12 Sec. 85. Section 229.19, subsection 1, paragraphs a and b, 13 Code 2024, are amended to read as follows: In each county the board of supervisors shall appoint 14 a. 15 an individual who has demonstrated by prior activities an 16 informed concern for the welfare and rehabilitation of persons 17 with mental illness, and who is not an officer or employee of 18 the department, an officer or employee of a region, an officer 19 or employee of a county performing duties for a region, or 20 an officer or employee of any agency or facility providing 21 care or treatment to persons with mental illness, to act as an 22 advocate representing the interests of patients involuntarily 23 hospitalized by the court, in any matter relating to the 24 patients' hospitalization or treatment under section 229.14 or 25 229.15.

26 b. The committing court shall assign the advocate for the 27 county where the patient is located. A county or region may 28 seek reimbursement from the patient's county of residence or 29 from the region in which the patient's county of residence is 30 located an administrative services organization.

31 Sec. 86. Section 229.19, subsection 4, unnumbered paragraph 32 1, Code 2024, is amended to read as follows:

33 The state mental health and disability services commission 34 created in section 225C.5 department, in consultation with 35 advocates and county and judicial branch representatives, shall

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1 adopt rules pursuant to chapter 17A relating to advocates that 2 include but are not limited to all of the following topics: 3 Sec. 87. Section 229.22, subsection 2, paragraph b, Code 4 2024, is amended to read as follows:

5 b. If the magistrate orders that the person be detained, 6 the magistrate shall, by the close of business on the next 7 working day, file a written order with the clerk in the county 8 where it is anticipated that an application may be filed 9 under section 229.6. The order may be filed by facsimile if 10 necessary. A peace officer from the law enforcement agency 11 that took the person into custody, if no request was made 12 under paragraph "a", may inform the magistrate that an arrest 13 warrant has been issued for or charges are pending against the 14 person and request that any written order issued under this 15 paragraph require the facility or hospital to notify the law 16 enforcement agency about the discharge of the person prior to 17 discharge. The order shall state the circumstances under which 18 the person was taken into custody or otherwise brought to a 19 facility or hospital, and the grounds supporting the finding 20 of probable cause to believe that the person is seriously 21 mentally impaired and likely to injure the person's self or 22 others if not immediately detained. The order shall also 23 include any law enforcement agency notification requirements if 24 applicable. The order shall confirm the oral order authorizing 25 the person's detention including any order given to transport 26 the person to an appropriate facility or hospital. A peace 27 officer from the law enforcement agency that took the person 28 into custody may also request an order, separate from the 29 written order, requiring the facility or hospital to notify the 30 law enforcement agency about the discharge of the person prior 31 to discharge. The clerk shall provide a copy of the written 32 order or any separate order to the chief medical officer of 33 the facility or hospital to which the person was originally 34 taken, to any subsequent facility to which the person was 35 transported, and to any law enforcement department, ambulance

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1 service, or transportation service under contract with a 2 mental health and disability services region an administrative 3 services organization that transported the person pursuant 4 to the magistrate's order. A transportation service that 5 contracts with a mental health and disability services region 6 an administrative services organization for purposes of this 7 paragraph shall provide a secure transportation vehicle and 8 shall employ staff that has received or is receiving mental 9 health training. 10 Section 229.24, subsection 3, unnumbered paragraph Sec. 88. 11 1, Code 2024, is amended to read as follows: 12 If all or part of the costs associated with hospitalization 13 of an individual under this chapter are chargeable to a county 14 of residence an administrative services organization, the 15 clerk of the district court shall provide to the regional 16 administrator for the county of residence and to the regional 17 administrator for the county in which the hospitalization 18 order is entered an administrative services organization the 19 following information pertaining to the individual which would 20 be confidential under subsection 1:

21 Sec. 89. Section 229.38, Code 2024, is amended to read as 22 follows:

23 229.38 Cruelty or official misconduct.

If any person having the care of a person with mental illness who has voluntarily entered a hospital or other facility for treatment or care, or who is responsible for psychiatric examination care, treatment, and maintenance of any person involuntarily hospitalized under sections 229.6 through 229.15, whether in a hospital or elsewhere, with or without proper authority, shall treat such patient with unnecessary severity, harshness, or cruelty, or in any way abuse the patient or if any person unlawfully detains or deprives of liberty any person with mental illness or any person who is alleged to have mental illness, or if any officer required by the provisions of this chapter and <del>chapters</del> chapter 226 <del>and 227</del>, to perform any act

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1 shall willfully refuse or neglect to perform the same, the

2 offending person shall, unless otherwise provided, be guilty of 3 a serious misdemeanor.

4 Sec. 90. Section 230.1, Code 2024, is amended by adding the 5 following new subsection:

6 <u>NEW SUBSECTION</u>. 01. "Administrative service organization" 7 means the same as defined in section 225A.1.

8 Sec. 91. Section 230.1, subsections 4 and 5, Code 2024, are 9 amended by striking the subsections.

10 Sec. 92. Section 230.10, Code 2024, is amended to read as 11 follows:

12 230.10 Payment of costs.

13 All legal costs and expenses for the taking into custody, 14 care, investigation, and admission or commitment of a person to 15 a state mental health institute <del>under a finding that the person</del> 16 <del>has residency in another county of this state</del> shall be charged 17 <del>against the regional administrator of the person's county of</del> 18 <del>residence</del> to an administrative services organization.

19 Sec. 93. Section 230.11, Code 2024, is amended to read as 20 follows:

21 230.11 Recovery of costs from state.

22 Costs and expenses for the taking into custody, care, and 23 investigation of a person who has been admitted or committed 24 to a state mental health institute, United States department 25 of veterans affairs hospital, or other agency of the United 26 States government, for persons with mental illness and 27 who has no residence in this state or whose residence is 28 unknown, including cost of commitment, if any, shall be paid 29 as approved by the department. The amount of the costs and 30 expenses approved by the department is appropriated to the 31 department from any moneys in the state treasury not otherwise 32 appropriated. Payment shall be made by the department on 33 itemized vouchers executed by the regional administrator of 34 the person's county which has paid them, and approved by the 35 department.

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

1. A person with mental illness and a person legally liable 3 4 for the person's support remain liable for the support of 5 the person with mental illness as provided in this section. 6 Persons legally liable for the support of a person with mental 7 illness include the spouse of the person, and any person 8 bound by contract for support of the person. The regional 9 administrator of the person's county of residence, subject to 10 the direction of the region's governing board, shall enforce 11 the obligation created in this section as to all sums advanced 12 by the regional administrator. The liability to the regional 13 administrator incurred by a person with mental illness or a 14 person legally liable for the person's support under this 15 section is limited to an amount equal to one hundred percent 16 of the cost of care and treatment of the person with mental 17 illness at a state mental health institute for one hundred 18 twenty days of hospitalization. This limit of liability may 19 be reached by payment of the cost of care and treatment of the 20 person with mental illness subsequent to a single admission 21 or multiple admissions to a state mental health institute or, 22 if the person is not discharged as cured, subsequent to a 23 single transfer or multiple transfers to a county care facility 24 pursuant to section 227.11. After reaching this limit of 25 liability, a person with mental illness or a person legally 26 liable for the person's support is liable to the regional 27 administrator state for the care and treatment of the person 28 with mental illness at a state mental health institute or, 29 if transferred but not discharged as cured, at a county care 30 facility in an amount not in excess of to exceed the average 31 minimum cost of the maintenance of an individual who is 32 physically and mentally healthy residing in the individual's 33 own home, which standard shall be as established and may be 34 revised by the department by rule. A lien imposed by section 35 230.25 shall not exceed the amount of the liability which may

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1 be incurred under this section on account of a person with
2 mental illness.

2. A person with a substance use disorder is legally 3 4 liable for the total amount of the cost of providing care, 5 maintenance, and treatment for the person with a substance 6 use disorder while a voluntary or committed patient. When 7 a portion of the cost is paid by a county an administrative 8 services organization, the person with a substance use disorder 9 is legally liable to the county administrative services 10 organization for the amount paid. The person with a substance 11 use disorder shall assign any claim for reimbursement under any 12 contract of indemnity, by insurance or otherwise, providing 13 for the person's care, maintenance, and treatment in a state 14 mental health institute to the state. Any payments received 15 by the state from or on behalf of a person with a substance use 16 disorder shall be in part credited to the county in proportion 17 to the share of the costs paid by the county.

18 Sec. 95. <u>NEW SECTION</u>. 230.23 State — payor of last resort. 19 The department shall implement services and adopt rules 20 pursuant to chapter 17A in a manner that ensures that the state 21 is the payor of last resort, and that the department does not 22 make any payments for services that have been provided until 23 the department has determined that the services provided are 24 not payable by a third-party source.

25 Sec. 96. Section 230.30, Code 2024, is amended to read as 26 follows:

## 27 230.30 Claim against estate.

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

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1 allowed against that estate.

2 Sec. 97. Section 232.78, subsection 5, unnumbered paragraph
3 1, Code 2024, is amended to read as follows:

4 The juvenile court, before or after the filing of a petition 5 under this chapter, may enter an ex parte order authorizing 6 a physician or physician assistant or hospital to conduct an 7 outpatient physical examination or authorizing a physician or 8 physician assistant, a psychologist certified under section 9 154B.7, or a community mental health center accredited pursuant 10 to chapter 230A section 225A.3 to conduct an outpatient mental 11 examination of a child if necessary to identify the nature, 12 extent, and cause of injuries to the child as required by 13 section 232.71B, provided all of the following apply: Sec. 98. Section 232.83, subsection 2, unnumbered paragraph 14 15 1, Code 2024, is amended to read as follows: 16 Anyone authorized to conduct a preliminary investigation in

17 response to a complaint may apply for, or the court on its own 18 motion may enter, an ex parte order authorizing a physician 19 or physician assistant or hospital to conduct an outpatient 20 physical examination or authorizing a physician or physician 21 assistant, a psychologist certified under section 154B.7, or a 22 community mental health center accredited pursuant to <del>chapter</del> 23 <del>230A</del> <u>section 225A.3</u> to conduct an outpatient mental examination 24 of a child if necessary to identify the nature, extent, and 25 causes of any injuries, emotional damage, or other such needs 26 of a child as specified in section 232.96A, subsection 3, 5, or 27 6, provided that all of the following apply:

28 Sec. 99. Section 235.7, subsection 2, Code 2024, is amended 29 to read as follows:

30 2. Membership. The department may authorize the governance 31 boards of decategorization of child welfare and juvenile 32 justice funding projects established under section 232.188 to 33 appoint the transition committee membership and may utilize 34 the boundaries of decategorization projects to establish 35 the service areas for transition committees. The committee

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1 membership may include but is not limited to department staff

2 involved with foster care, child welfare, and adult services, 3 juvenile court services staff, staff involved with county 4 general assistance or emergency relief under chapter 251 or 5 252, or a regional administrator of the county mental health 6 and disability services region, as defined in section 225C.55, 7 in the area, school district and area education agency staff 8 involved with special education, and a child's court appointed 9 special advocate, guardian ad litem, service providers, and 10 other persons knowledgeable about the child. 11 Sec. 100. Section 235A.15, subsection 2, paragraph c, 12 subparagraphs (5) and (8), Code 2024, are amended by striking 13 the subparagraphs. 14 Sec. 101. Section 249A.4, subsection 15, Code 2024, is 15 amended by striking the subsection. 16 Sec. 102. Section 249A.12, subsection 4, Code 2024, is 17 amended by striking the subsection. 249A.38A Supported community living 18 Sec. 103. NEW SECTION. 19 services. 20 As used in this section, "supported community living 1. 21 service" means a service provided in a noninstitutional 22 setting to adult persons with mental illness, an intellectual 23 disability, or developmental disabilities to meet the persons' 24 daily living needs. 25 2. The department shall adopt rules pursuant to chapter 17A 26 establishing minimum standards for supported community living 27 services. 28 3. The department shall determine whether to grant, deny, or 29 revoke approval for any supported community living service. Approved supported community living services may receive 30 4. 31 funding from the state, federal and state social services block 32 grant funds, and other appropriate funding sources, consistent 33 with state legislation and federal regulations. The funding 34 may be provided on a per diem, per hour, or grant basis, as 35 appropriate.

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Sec. 104. Section 249N.8, Code 2024, is amended by striking
 the section and inserting in lieu thereof the following:

249N.8 Behavioral health services reports.

3

The department shall annually submit a report to the governor and the general assembly with details related to the department's review of the funds administered by, and the outcomes and effectiveness of, the behavioral health services provided by, the behavioral health service system established

9 in section 225A.3.

10 Sec. 105. Section 252.24, subsections 1 and 3, Code 2024, 11 are amended to read as follows:

12 1. The county of residence, as defined in section 225C.61
13 331.190, shall be liable to the county granting assistance for
14 all reasonable charges and expenses incurred in the assistance
15 and care of a poor person.

3. This section shall apply to assistance or maintenance
provided by a county through the county's mental health
and disability services behavioral health service system
implemented under chapter 225C established in section 225A.3.
Sec. 106. Section 256.25, subsections 2 and 3, Code 2024,
are amended to read as follows:

A school district, which may collaborate and partner
 with one or more school districts, area education agencies,
 accredited nonpublic schools, nonprofit agencies, and
 institutions that provide children's mental health services,
 located in mental health and disability services regions
 providing children's behavioral health services in accordance
 with chapter 225C, subchapter VII operating within the state's
 behavioral health service system under chapter 225A, may apply
 for a grant under this program to establish a therapeutic
 classroom in the school district in accordance with this
 section.

33 3. The department shall develop a grant application
34 and selection and evaluation criteria. Selection criteria
35 shall include a method for prioritizing grant applications

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

24 Sec. 107. Section 321.189, subsection 10, Code 2024, is 25 amended to read as follows:

10. Autism spectrum disorder status. A licensee who has autism spectrum disorder, as defined in section 514C.28, may request that the license be marked to reflect the licensee's autism spectrum disorder status on the face of the license when the licensee applies for the issuance or renewal of a license. The department may adopt rules pursuant to chapter 217A establishing criteria under which a license may be marked, aincluding requiring the licensee to submit medical proof of the licensee's autism spectrum disorder status. When a driver's license is so marked, the licensee's autism spectrum disorder

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1 status shall be noted in the electronic database used by 2 the department and law enforcement to access registration, 3 titling, and driver's license information. The department, in 4 consultation with the mental health and disability services 5 commission department of health and human services, shall 6 develop educational media to raise awareness of a licensee's 7 ability to request the license be marked to reflect the 8 licensee's autism spectrum disorder status.

9 Sec. 108. Section 321.190, subsection 1, paragraph b, 10 subparagraph (6), Code 2024, is amended to read as follows: (6) An applicant for a nonoperator's identification 11 12 card who has autism spectrum disorder, as defined in section 13 514C.28, may request that the card be marked to reflect 14 the applicant's autism spectrum disorder status on the face 15 of the card when the applicant applies for the issuance or 16 renewal of a card. The department may adopt rules pursuant to 17 chapter 17A establishing criteria under which a card may be 18 marked, including requiring the applicant to submit medical 19 proof of the applicant's autism spectrum disorder status. 20 The department, in consultation with the mental health and 21 disability services commission department of health and human 22 services, shall develop educational media to raise awareness of 23 an applicant's ability to request the card be marked to reflect 24 the applicant's autism spectrum disorder status. 25

25 Sec. 109. Section 321J.25, subsection 1, paragraph b, Code 26 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 or an administrative services organization as defined in section 225A.1.

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

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1 in each of the regions established by the director of health 2 and human services pursuant to section 125.12 behavioral 3 health district designated pursuant to section 225A.4. The 4 program shall consist of an insight class and a substance 5 use disorder evaluation, which shall be attended by the 6 participant, to discuss issues related to the potential 7 consequences of substance use disorder. The parent or parents 8 of the participant shall also be encouraged to participate 9 in the program. The program provider shall consult with the 10 participant or the parents of the participant in the program 11 to determine the timing and appropriate level of participation 12 for the participant and any participation by the participant's 13 parents. The program may also include a supervised educational 14 tour by the participant to any or all of the following: 15 Sec. 111. Section 331.321, subsection 1, paragraph e, Code 16 2024, is amended by striking the paragraph. Section 331.323, subsection 1, paragraph a, 17 Sec. 112. 18 subparagraph (7), Code 2024, is amended by striking the 19 subparagraph. Sec. 113. Section 331.381, subsections 4 and 5, Code 2024, 20 21 are amended to read as follows: 22 4. Comply with chapter 222, including but not limited to 23 sections 222.13, 222.14, 222.59 through 222.70, 222.73 through 24 222.75, and 222.77 through 222.82, in regard to the care of 25 persons with an intellectual disability. 26 5. Comply with chapters 227, 229 and 230, including but not 27 limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and 28 230.35, in regard to the care of persons with mental illness. 29 Sec. 114. Section 331.382, subsection 1, paragraphs e, f, 30 and g, Code 2024, are amended by striking the paragraphs. Sec. 115. Section 331.382, subsection 3, Code 2024, is 31 32 amended by striking the subsection. 33 Sec. 116. Section 331.432, subsection 3, Code 2024, is 34 amended by striking the subsection. 35 Sec. 117. Section 331.502, subsection 10, Code 2024, is

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1 amended by striking the subsection.

2 Sec. 118. Section 331.502, subsection 12, Code 2024, is 3 amended to read as follows:

4 12. Carry out duties relating to the hospitalization and 5 support of persons with mental illness as provided in sections 6 <del>229.42, 230.3,</del> 230.11, and 230.15, 230.21, 230.22, 230.25, and 7 <del>230.26</del>.

8 Sec. 119. Section 331.552, subsection 13, Code 2024, is 9 amended by striking the subsection.

10 Sec. 120. Section 331.756, subsections 25, 38, and 41, Code 11 2024, are amended by striking the subsections.

12 Sec. 121. Section 331.910, subsection 2, Code 2024, is 13 amended by adding the following new paragraph:

14 <u>NEW PARAGRAPH</u>. Oa. "Administrative services organization" 15 means the same as defined in section 225A.1.

16 Sec. 122. Section 331.910, subsection 2, paragraph d, Code 17 2024, is amended by striking the paragraph.

18 Sec. 123. Section 331.910, subsection 3, paragraphs a and c, 19 Code 2024, are amended to read as follows:

*a.* A region <u>An administrative services organization</u> may
contract with a receiving agency in a bordering state to secure
substance use disorder or mental health care and treatment
under this subsection for persons who receive substance use
disorder or mental health care and treatment pursuant to
section 125.33, 125.91, 229.2, or 229.22 through a region. *c.* A region <u>An administrative services organization</u> may

27 contract with a sending agency in a bordering state to provide 28 care and treatment under this subsection for residents of 29 the bordering state in approved substance use disorder and 30 mental health care and treatment hospitals, centers, and 31 facilities in this state, except that care and treatment shall 32 not be provided for residents of the bordering state who are 33 involved in criminal proceedings substantially similar to the 34 involvement described in paragraph "b".

35 Sec. 124. Section 347.16, subsection 3, Code 2024, is

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1 amended to read as follows:

2 3. Care and treatment may be furnished in a county public 3 hospital to any sick or injured person who has residence 4 outside the county which maintains the hospital, subject to 5 such policies and rules as the board of hospital trustees 6 may adopt. If care and treatment is provided under this 7 subsection to a person who is indigent, the person's county of 8 residence, as defined in section 225C.61 331.190, shall pay to 9 the board of hospital trustees the fair and reasonable cost of 10 the care and treatment provided by the county public hospital ll unless the cost of the indigent person's care and treatment is 12 otherwise provided for. If care and treatment is provided to 13 an indigent person under this subsection, the county public 14 hospital furnishing the care and treatment shall immediately 15 notify, by regular mail, the auditor of the county of residence 16 of the indigent person of the provision of care and treatment 17 to the indigent person including care and treatment provided 18 by a county through the county's mental health and disability 19 services system implemented under chapter 225C behavioral 20 health service system established in section 225A.3. 21 Sec. 125. Section 423.3, subsection 18, paragraph d, Code 22 2024, is amended to read as follows: 23 Community mental health centers accredited by the d. 24 department of health and human services pursuant to chapter 25 225C section 225A.3. Sec. 126. Section 426B.1, subsection 2, Code 2024, is 26 27 amended to read as follows: 28 2. Moneys shall be distributed from the property tax relief 29 fund to the mental health and disability services regional 30 service system for mental health and disability services, 31 behavioral health fund established in section 225A.7 in 32 accordance with the appropriations made to the fund and other 33 statutory requirements. 34 Sec. 127. Section 437A.8, subsection 4, paragraph d, Code 35 2024, is amended to read as follows:

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1 d. (1) Notwithstanding paragraph "a", a taxpayer who owns 2 or leases a new electric power generating plant and who has 3 no other operating property in the state of Iowa except for 4 operating property directly serving the new electric power 5 generating plant as described in section 437A.16 shall pay 6 the replacement generation tax associated with the allocation 7 of the local amount to the county treasurer of the county in 8 which the local amount is located and shall remit the remaining 9 replacement generation tax, if any, to the director according 10 to paragraph "a" for remittance of the tax to county treasurers. 11 The director shall notify each taxpayer on or before August 31 12 following a tax year of its remaining replacement generation 13 tax to be remitted to the director. All remaining replacement 14 generation tax revenues received by the director shall be 15 deposited in the property tax relief fund created in section 16 426B.1, and shall be distributed as provided in section 426B.2.

17 (2) If a taxpayer has paid an amount of replacement tax, 18 penalty, or interest which was deposited into the property tax 19 relief fund and which was not due, all of the provisions of 20 section 437A.14, subsection 1, paragraph "b", shall apply with 21 regard to any claim for refund or credit filed by the taxpayer. 22 The director shall have sole discretion as to whether the 23 erroneous payment will be refunded to the taxpayer or credited 24 against any replacement tax due, or to become due, from the 25 taxpayer that would be subject to deposit in the property tax 26 relief fund.

27 Sec. 128. Section 437A.15, subsection 3, paragraph f, Code 28 2024, is amended to read as follows:

*f.* Notwithstanding the provisions of this section, if a taxpayer is a municipal utility or a municipal owner of an electric power facility financed under the provisions of chapter 28F or 476A, the assessed value, other than the local amount, of a new electric power generating plant shall be allocated to each taxing district in which the municipal utility or municipal owner is serving customers and has

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

22 Sec. 129. Section 483A.24, subsection 7, Code 2024, is 23 amended to read as follows:

7. A license shall not be required of minor pupils of the Iowa school for the deaf or of minor residents of other state institutions under the control of the department of health and human services. In addition, a person who is on active duty with the armed forces of the United States, on authorized leave from a duty station located outside of this state, and a resident of the state of Iowa shall not be required to have a license to hunt or fish in this state. The military person shall carry the person's leave papers and a copy of the person's current earnings statement showing a deduction for Iowa income taxes while hunting or fishing. In lieu of carrying the person's earnings statement, the military person

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1 may also claim residency if the person is registered to vote 2 in this state. If a deer or wild turkey is taken, the military 3 person shall immediately contact a state conservation officer 4 to obtain an appropriate tag to transport the animal. A 5 license shall not be required of residents of county care 6 facilities or any person who is receiving supplementary 7 assistance under chapter 249.

8 Sec. 130. Section 602.8102, subsection 39, Code 2024, is 9 amended to read as follows:

10 39. Refer persons applying for voluntary admission to a 11 community mental health center <u>accredited by the department</u> 12 <u>of health and human services under section 225A.3</u>, for a 13 preliminary diagnostic evaluation <del>as provided in section</del> 14 <del>225C.16, subsection 2</del>.

15 Sec. 131. Section 714.8, subsection 12, Code 2024, is 16 amended to read as follows:

12. Knowingly transfers or assigns a legal or equitable 17 18 interest in property, as defined in section 702.14, for less 19 than fair consideration, with the intent to obtain public 20 assistance under chapters 16, 35B, and 35D, and 347B, or Title 21 VI, subtitles 2 through 6, or accepts a transfer of or an 22 assignment of a legal or equitable interest in property, as 23 defined in section 702.14, for less than fair consideration, 24 with the intent of enabling the party transferring the property 25 to obtain public assistance under chapters 16, 35B, and 35D, 26 and 347B, or Title VI, subtitles 2 through 6. A transfer or 27 assignment of property for less than fair consideration within 28 one year prior to an application for public assistance benefits 29 shall be evidence of intent to transfer or assign the property 30 in order to obtain public assistance for which a person is 31 not eligible by reason of the amount of the person's assets. 32 If a person is found guilty of a fraudulent practice in the 33 transfer or assignment of property under this subsection the 34 maximum sentence shall be the penalty established for a serious 35 misdemeanor and sections 714.9, 714.10, and 714.11 shall not

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1 apply.

2 Sec. 132. Section 812.6, subsection 1, Code 2024, is amended 3 to read as follows:

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

16 Sec. 133. Section 904.201, subsection 8, Code 2024, is
17 amended to read as follows:

18 8. Chapter 230 governs the determination of costs and 19 charges for the care and treatment of persons with mental 20 illness admitted to the forensic psychiatric hospital<sub>7</sub> 21 except that charges for the care and treatment of any person 22 transferred to the forensic psychiatric hospital from an adult 23 correctional institution or from a state training school shall 24 be paid entirely from state funds. Charges for all other 25 persons at the forensic psychiatric hospital shall be billed to 26 the respective counties at the same ratio as for patients at 27 state mental health institutes under section 230.20.

28 Sec. 134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B, 29 Code 2024, are repealed.

30 Sec. 135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9,
31 125.10, 125.12, 125.25, 125.32A, 125.34, 125.37, 125.38,
32 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 125.46,
33 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 135B.18,
34 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 222.64, 222.65,
35 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 222.75, 225.10,

1 225.19, 225.21, 226.45, 229.42, 230.1A, 230.2, 230.3, 230.4, 2 230.5, 230.6, 230.9, 230.12, 230.16, 230.17, 230.18, 230.19, 3 230.20, 230.21, 230.22, 230.25, 230.26, 230.27, 426B.2, 426B.4, 4 and 426B.5, Code 2024, are repealed. 5 Sec. 136. CODE EDITOR DIRECTIVE. The Code editor is 6 directed to correct internal references in the Code and in any 7 enacted legislation as necessary due to the enactment of this 8 division of this Act. 9 Sec. 137. EFFECTIVE DATE. This division of this Act takes 10 effect July 1, 2025. 11 DIVISION III 12 AGING AND DISABILITY 13 Sec. 138. Section 231.3, Code 2024, is amended to read as 14 follows: 15 231.3 State policy and objectives. 1. The general assembly declares that it is the policy of 16 17 the state to work toward attainment of the following objectives 18 for Iowa's older individuals and individuals with disabilities: 19 1. a. An adequate income. 2. b. Access to physical and mental health care and 20 21 long-term living and community support services without regard 22 to economic status. 3. c. Suitable and affordable housing that reflects the 23 24 needs of older individuals. 25 4. d. Access to comprehensive information and a community 26 navigation system providing all available options related to 27 long-term living and community support services that assist 28 older individuals in the preservation of personal assets and 29 the ability to entirely avoid or significantly delay reliance 30 on entitlement programs. 31 5. e. Full restorative services for those who require 32 institutional care, and a comprehensive array of long-term 33 living and community support services adequate to sustain older 34 people in their communities and, whenever possible, in their 35 homes, including support for caregivers.

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6. f. Pursuit of meaningful activity within the widest 1 2 range of civic, cultural, educational, recreational, and 3 employment opportunities. 4 7. g. Suitable community transportation systems to assist 5 in the attainment of independent movement. 8. h. Freedom, independence, and the free exercise of 6 7 individual initiative in planning and managing their own lives. 8 9. *i*. Freedom from abuse, neglect, and exploitation. 9 2. The general assembly declares that the state of Iowa 10 recognizes a brain injury as a disability, and each agency and 11 subdivision of this state shall recognize a brain injury as a 12 distinct disability. 3. It is the policy of this state that each state agency 13 14 shall make reasonable efforts to identify those persons with 15 brain injuries among the persons served by the state agency. 16 Sec. 139. Section 231.4, subsection 1, Code 2024, is amended 17 by adding the following new paragraph: 18 NEW PARAGRAPH. Oc. "Brain injury" means the same as defined 19 in section 135.22. 20 Sec. 140. Section 231.4, subsection 1, paragraph d, Code 21 2024, is amended to read as follows: d. "Commission" means the commission on aging. "Council" 22 23 means the council on health and human services created in 24 section 217.2. 25 Sec. 141. Section 231.14, Code 2024, is amended to read as 26 follows: 27 231.14 Commission Council duties and authority. 28 1. The commission is the policymaking body of the sole state 29 agency responsible for administration of the federal Act. The 30 commission council shall do all of the following: 31 a. 1. Approve Make recommendations to the department 32 regarding approval of the state plan on aging developed under 33 section 231.31 and area plans on aging, developed under section 34 231.33. b. 2. Adopt Recommend policies to coordinate state 35

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1 activities related to the purposes of this chapter.

2 c. <u>3.</u> Serve as an effective and visible advocate for older 3 individuals <u>and individuals with disabilities</u> by <del>establishing</del> 4 <u>recommending</u> policies for reviewing and commenting upon 5 all state plans, budgets, and policies which affect older 6 individuals and for providing technical assistance to any 7 agency, organization, association, or individual representing 8 the needs of older individuals with disabilities.

9 d. Divide the state into distinct planning and service
10 areas after considering the geographical distribution of
11 older individuals in the state, the incidence of the need
12 for supportive services, nutrition services, multipurpose
13 senior centers, and legal services, the distribution of older
14 individuals who have low incomes residing in such areas, the
15 distribution of resources available to provide such services
16 or centers, the boundaries of existing areas within the
17 state which are drawn for the planning or administration of
18 supportive services programs, the location of units of general
19 purpose, local government within the state, and any other
20 relevant factors.
21 e. Designate for each planning and service area a public or

22 private nonprofit agency or organization as the area agency on
23 aging for that area. The commission may revoke the designation
24 of an area agency on aging pursuant to section 231.32.

25 f. <u>4.</u> Adopt policies to assure <u>Make recommendations to</u>
26 <u>ensure</u> that the department will take into account the views
27 of older individuals <u>and individuals with disabilities</u> in the
28 development of policy.

29 g. Adopt a method for the distribution of federal 30 Act and state funds taking into account, to the maximum 31 extent feasible, the best available data on the geographic 32 distribution of older individuals in the state, and publish the 33 method for review and comment.

34 h. 5. Adopt <u>Recommend</u> policies and measures to assure
 35 <u>ensure</u> that preference will be given to providing services to

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1 older individuals and individuals with disabilities with the 2 greatest economic or social needs, with particular attention to 3 low-income minority <del>older</del> individuals, <del>older</del> individuals with 4 limited English proficiency, and <del>older</del> individuals residing in 5 rural areas.

6 *i*. <u>Adopt</u> <u>Recommend</u> policies to administer state programs
7 authorized by this chapter.

8 *j*. <u>7</u>. Adopt <u>Recommend</u> policies and administrative rules 9 pursuant to chapter 17A that support the capabilities of the 10 area agencies on aging and the aging and disabilities resource 11 centers to serve older individuals and <u>persons</u> <u>individuals</u> 12 with disabilities experiencing Alzheimer's disease or related 13 dementias.

14 2. The commission shall adopt administrative rules pursuant 15 to chapter 17A to administer the duties specified in this 16 chapter and in all other chapters under the department's

17 <del>jurisdiction.</del>

18 Sec. 142. Section 231.21, Code 2024, is amended to read as 19 follows:

20 231.21 Administration of chapter — department of health and 21 human services.

22 The department of health and human services shall administer
23 this chapter under the policy direction of the commission
24 on aging consider the recommendations of the council when

25 administering this chapter.

26 Sec. 143. Section 231.23, Code 2024, is amended to read as 27 follows:

28 231.23 Department — duties and authority.

29 The department shall:

30 1. Develop and administer a Administer the state plan on 31 aging developed pursuant to section 231.31.

Assist the commission in the review and approval of
 Review and approve area plans developed under section 231.33.
 Pursuant to commission policy, coordinate Coordinate

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35 state activities related to the purposes of this chapter

1 and all other chapters under the department's jurisdiction. 2 State activities shall include, at a minimum, home and 3 community-based services such as employment support, community 4 living, and service coordination. 4. Advocate for older individuals and individuals with 5 6 disabilities by reviewing and commenting upon all state plans, 7 budgets, laws, rules, regulations, and policies which affect 8 older individuals or individuals with disabilities and by 9 providing technical assistance to any agency, organization, 10 association, or individual representing the needs of older ll individuals or individuals with disabilities. 12 5. Assist the commission in dividing Divide the state into 13 distinct planning and service areas after considering the 14 geographical distribution of older individuals and individuals 15 with disabilities in the state, the incidence of the need 16 for supportive services, nutrition services, multipurpose 17 senior centers, and legal services, the distribution of older 18 individuals and individuals with disabilities with low income 19 residing in such areas, the distribution of resources available 20 to provide such services or centers, the boundaries of existing 21 areas within the state which are drawn for the planning or 22 administration of supportive services programs, the location of 23 units of general purpose, local government within the state, 24 and any other relevant factors. 25 6. Assist the commission in designating Designate for each 26 area a public or private nonprofit agency or organization as 27 the area agency on aging for that area. The department may 28 revoke the designation of an area agency on aging pursuant to 29 section 231.32. 30 7. Pursuant to commission policy, take Take into account the 31 views of older Iowans and Iowans with disabilities. 8. Assist the commission in adopting Adopt a method for 32 33 the distribution of funds available from the federal Act 34 and state appropriations and allocations that takes into 35 account, to the extent feasible, the best available data on the

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1 geographic distribution of older individuals and individuals
2 with disabilities in the state.

9. Assist the commission in assuring Adopt policies and <u>measures to ensure</u> that preference will be given to providing services to older individuals <u>and individuals with disabilities</u> with the greatest economic or social needs, with particular attention to low-income minority <del>older</del> individuals, <del>older</del> individuals with limited English proficiency, and <del>older</del> individuals residing in rural areas.

10 10. Assist the commission in developing, adopting, and 11 enforcing Develop, adopt, and enforce administrative rules, 12 <u>including</u> by issuing necessary forms and procedures, to 13 administer the duties specified in this chapter.

14 11. Apply for, receive, and administer grants, devises, 15 donations, <u>and gifts, or bequests of real or personal property</u> 16 from any source to conduct projects consistent with the 17 purposes of the department. Notwithstanding section 8.33, 18 moneys received by the department pursuant to this section are 19 not subject to reversion to the general fund of the state.

20 12. Administer state authorized programs.

21 13. Establish a procedure for an area agency on aging to 22 use in selection of members of the agency's board of directors. 23 The selection procedure shall be incorporated into the bylaws 24 of the board of directors.

<u>14. Adopt rules pursuant to chapter 17A that support the</u>
<u>capabilities of the area agencies on aging, and aging and</u>
<u>disabilities resource centers, to serve older individuals and</u>
individuals with disabilities.

29 Sec. 144. Section 231.23A, subsections 1 and 3, Code 2024, 30 are amended to read as follows:

31 1. Services for older individuals, persons with 32 disabilities eighteen years of age and older, family 33 caregivers, and veterans as defined by the department in the 34 most current version of the department's reporting manual and 35 pursuant to the federal Act and regulations.

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3. The aging Aging and disability resource center centers.
 Sec. 145. Section 231.23A, Code 2024, is amended by adding
 3 the following new subsection:

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

8 Sec. 146. Section 231.31, Code 2024, is amended to read as 9 follows:

10 231.31 State plan on aging.

11 The department shall develop, and submit to the commission 12 on aging for approval, a multiyear state plan on aging. 13 The state plan on aging shall meet all applicable federal 14 requirements.

15 Sec. 147. Section 231.32, Code 2024, is amended to read as 16 follows:

231.32 Criteria for designation of area agencies on aging. 17 18 The commission department shall designate an area 1. 19 agency on aging for each planning and service area. The 20 commission shall continue the designation shall continue until 21 an area agency on aging's designation is removed for cause as 22 determined by the commission department, until the time of 23 renewal or the annual update of an area plan, until the agency 24 voluntarily withdraws as an area agency on aging, or until a 25 change in the designation of planning and service areas or area 26 agencies on aging is required by state or federal law. In that 27 event, the commission department shall proceed in accordance 28 with subsections 2, 3, and 4. Designated area agencies on 29 aging shall comply with the requirements of the federal Act. 30 The commission department shall designate an area 2. 31 agency on aging to serve each planning and service area, after 32 consideration of the views offered by units of general purpose 33 local government. An area agency on aging may be: 34 a. An established office of aging which is operating within 35 a planning and service area designated by the commission

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1 department.

2 b. Any office or agency of a unit of general purpose local 3 government, which is designated to function only for the 4 purpose of serving as an area agency on aging by the chief 5 elected official of such unit.

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

10 d. Any public or nonprofit private agency in a planning and 11 service area or any separate organizational unit within such 12 agency which is under the supervision or direction for this 13 purpose of the department and which can and will engage only in 14 the planning or provision of a broad range of long-term living 15 and community support services or nutrition services within the 16 planning and service area.

17 3. When the commission <u>department</u> designates a new area 18 agency on aging, the commission <u>department</u> shall give the right 19 of first refusal to a unit of general purpose local government 20 if:

21 a. Such unit can meet the requirements of subsection 1.
22 b. The boundaries of such a unit and the boundaries of the
23 area are reasonably contiguous.

4. Each area agency <u>on aging</u> shall provide assurance, determined adequate by the <u>commission</u> <u>department</u>, that the area agency <u>on aging</u> has the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area, the <u>commission</u> <u>department</u> shall give preference to an established office of aging, unless the <u>commission</u> <u>department</u> finds that no such office within the planning and service area has the capacity to a carry out the area plan.

35 5. Upon designation, an area agency on aging shall be

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1 considered an instrumentality of the state and shall adhere to
2 all state and federal mandates applicable to an instrumentality
3 of the state.

4 Sec. 148. Section 231.33, subsections 1 and 13, Code 2024, 5 are amended to read as follows:

6 l. Develop and administer an area plan on aging approved by7 the commission department.

8 13. Submit all fiscal and performance reports in accordance9 with the policies of the commission department.

10 Sec. 149. Section 231.56, Code 2024, is amended to read as 11 follows:

12 231.56 Services and programs.

The department shall administer long-term living and 13 14 community support services and programs that allow older 15 individuals and individuals with disabilities to secure and 16 maintain maximum independence and dignity in a home environment 17 that provides for self-care with appropriate supportive 18 services, assist in removing individual and social barriers 19 to economic and personal independence for older individuals 20 and individuals with disabilities, and provide a continuum of 21 care for older individuals and individuals with disabilities. 22 Funds appropriated for this purpose shall be allocated based 23 on administrative rules adopted by the commission department 24 pursuant to chapter 17A. The department shall require such 25 records as needed adopt rules pursuant to chapter 17A that 26 allow the department to collect information as necessary from 27 long-term living and community support services, program 28 providers, and patients to administer this section.

29 Sec. 150. Section 231.57, Code 2024, is amended to read as 30 follows:

31 231.57 Coordination of advocacy.

32 The department shall administer a program for the 33 coordination of information and assistance provided within 34 the state to assist older individuals <u>and individuals with</u> 35 disabilities, and their caregivers, in obtaining and protecting

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1 their rights and benefits. State and local agencies providing 2 information and assistance to older individuals <u>and individuals</u> 3 <u>with disabilities</u>, and their caregivers, in seeking their 4 rights and benefits shall cooperate with the department in 5 administering this program.

6 Sec. 151. Section 231.58, Code 2024, is amended to read as 7 follows:

8 231.58 Long-term living coordination.

9 The director may convene meetings, as necessary, of the 10 director and the director of inspections, appeals, and 11 licensing, to assist in the coordination of policy, service 12 delivery, and long-range planning relating to the long-term 13 living system and older Iowans <u>and Iowans with disabilities</u> 14 in the state. The group may consult with individuals, 15 institutions, and entities with expertise in the area of the 16 long-term living system and older Iowans <u>and Iowans with</u> 17 <u>disabilities</u>, as necessary, to facilitate the group's efforts. 18 Sec. 152. Section 231.64, Code 2024, is amended to read as 19 follows:

20 231.64 Aging and disability resource center centers.

1. The aging and disability resource center shall be administered by the department consistent with the federal Act. The department shall designate area agencies on aging and disability resource centers to establish, in consultation with other stakeholders including organizations representing the disability community, a coordinated <u>local aging and disability</u> service system for providing. In addition to services required by the department by rules adopted pursuant to chapter 17A, aging and disability resource centers shall provide for all of the following:

31 a. Comprehensive information, referral, and assistance 32 regarding the full range of available public and private 33 long-term living and community support services, options, 34 service providers, and resources within a community, including 35 information on the availability of integrated long-term care.

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1 b. Options counseling to assist individuals in assessing 2 their existing or anticipated long-term care needs and 3 developing and implementing a plan for long-term living and 4 community support services designed to meet their specific 5 needs and circumstances. The plan for long-term living 6 and community support services may include support with 7 person-centered care transitions to assist consumers and family 8 caregivers with transitions between home and care settings. 9 C. Consumer access to the range of publicly-supported 10 long-term living and community support services for which 11 consumers may be eligible, by serving as a convenient point 12 of entry for such services. The aging Aging and disability 13 resource center centers shall offer information online and 14 be available via a toll-free telephone number, electronic 15 communications, and in person.

16 <u>2. The following entities shall be eligible to be designated</u> 17 <u>as an aging and disability resource center by the department:</u> 18 <u>a. An area agency on aging established on or before June 30,</u> 19 <u>2024.</u>

20 <u>b.</u> A public or private nonprofit agency, or any separate 21 organizational unit within the public or private nonprofit 22 agency, that has the capabilities to engage in the planning or 23 provision of aging and disability services only as directed by 24 the department.

25 2. <u>3.</u> The aging Aging and disability resource center
26 centers shall assist older individuals, persons individuals
27 with disabilities age eighteen or older, family caregivers,
28 and people who inquire about or request assistance on behalf
29 of members of these groups, as they seek long-term living and
30 community support services.

31 <u>4. The department shall adopt rules pursuant to chapter 17A</u>
32 to implement this section.

33 Sec. 153. NEW SECTION. 231.75 Scope.

The service quality standards and rights in this subchapter S VII shall apply to any person with an intellectual disability,

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1 a developmental disability, brain injury, or chronic mental 2 illness who receives services which are funded in whole or in 3 part by public funds, or services which are permitted under 4 Iowa law.

5 Sec. 154. <u>NEW SECTION</u>. 231.76 Service quality standards. 6 As the state participates more fully in funding services 7 and other support for persons with an intellectual disability, 8 developmental disability, brain injury, or chronic mental 9 illness, it is the intent of the general assembly that the 10 state shall seek to attain the following quality standards in 11 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.

15 2. Provide an individual treatment, habilitation, and 16 program services plan.

17 3. Provide treatment, habilitation, and program services 18 that are individualized, flexible, cost-effective, and produce 19 results.

20 4. Provide periodic review of an individual's treatment,21 habilitation, and program services plan.

22 5. Provide for the least restrictive environment, and23 age-appropriate services.

24 6. Provide appropriate training and employment

25 opportunities so that a person's ability to contribute to, and 26 participate in, the community is maximized.

27 7. Provide an ongoing process to determine the degree of 28 access to, and the effectiveness of, the services and other 29 supports in achieving the disability service outcomes and 30 indicators identified by the department.

31 Sec. 155. NEW SECTION. 231.77 Rights.

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

35 1. Wage protection. A person engaged in a work program

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1 shall be paid wages commensurate with the going rate for 2 comparable work and productivity.

3 2. Insurance protection. Pursuant to section 507B.4, 4 subsection 3, paragraph "g", a person or designated group 5 of persons shall not be unfairly discriminated against for 6 purposes of insurance coverage.

7 3. *Citizenship.* A person retains the right to citizenship 8 in accordance with the laws of the state.

9 4. Participation in planning activities. A person has 10 the right to participate in the formulation of an individual 11 treatment, habilitation, and program plan developed for the 12 person.

13 Sec. 156. NEW SECTION. 231.78 Compliance.

14 l. A person's sole remedy for a violation of a rule adopted 15 by the department to implement sections 231.75 through 231.77 16 shall be to initiate a proceeding with the department by 17 request pursuant to chapter 17A.

18 a. Any decision of the department shall be in accordance 19 with due process of law. A person or party who is aggrieved or 20 adversely affected by the department's action may seek judicial 21 review pursuant to section 17A.19. A person or party who is 22 aggrieved or adversely affected by a final judgment of the 23 district court may appeal under section 17A.20.

24 b. Either the department or a party in interest may apply
25 to the Iowa district court for an order to enforce a final
26 decision of the department.

27 2. Any rules adopted by the department to implement sections 28 231.76 and 231.77 shall not create any right, entitlement, 29 property or liberty right or interest, or private cause of 30 action for damages against the state or a political subdivision 31 of the state, or for which the state or a political subdivision 32 of the state would be responsible.

33 3. Notwithstanding subsection 1, any violation of section 34 231.77, subsection 2, shall be subject to enforcement by the 35 commissioner of insurance pursuant to chapter 507B.

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1 Sec. 157. NEW SECTION. 231.79 Appeals process. 2 The department shall establish an appeals process by which a 3 person or the person's representative may appeal a decision of 4 the department concerning the provision or denial of aging or 5 disability services to the person. Sec. 158. Section 231E.3, Code 2024, is amended to read as 6 7 follows: 8 231E.3 Definitions. 9 As used in this chapter, unless the context otherwise 10 requires: 1. "Client" means an individual for whom a representative 11 12 payee is appointed. 13 2. "Commission" means the commission on aging. 3. 2. "Conservator" means conservator as defined in section 14 15 633.3. "Court" means court as defined in section 633.3. 4. 3. 16 "Department" means the department of health and human 17 <del>5.</del> 4. 18 services. "Director" means the director of health and human 19 <del>6.</del> 5. 20 services. 7. 6. "Guardian" means guardian as defined in section 21 22 633.3. 23 8. 7. "Incompetent" means incompetent as defined in section 24 633.3. <del>9.</del> 8. "Local office" means a local office of public 25 26 guardian. 27 10. "Local public guardian" means an individual under 28 contract with the department to act as a guardian, conservator, 29 or representative payee. 11. 10. "Public guardian" means the state public guardian 30 31 or a local public guardian. 12. 11. "Public guardianship services" means guardianship, 32 33 conservatorship, or representative payee services provided by 34 the state public guardian or a local public guardian. 13. 12. "Representative payee" means an individual 35

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1 appointed by a government entity to receive funds on behalf of 2 a client pursuant to federal regulation. 14. 13. "State agency" means any executive department, 3 4 commission, board, institution, division, bureau, office, 5 agency, or other executive entity of state government. 15. 14. "State office" means the state office of public 6 7 guardian. 16. 15. "State public guardian" means the administrator of 8 9 the state office of public guardian. 17. 16. "Ward" means the individual for whom a guardianship 10 11 or conservatorship is established. 12 Sec. 159. REPEAL. Sections 231.11, 231.12, and 231.13, Code 13 2024, are repealed. Sec. 160. CODE EDITOR DIRECTIVE. The Code editor is 14 15 directed to do all of the following: 16 Entitle Code chapter 231 "Department of Health and Human 1. 17 Services — Aging and Disability Services". 18 2. Designate sections 231.75 through 231.79, as enacted in 19 this division of this Act, as subchapter VII entitled "Bill 20 of Rights and Service Quality Standards for Persons with an 21 Intellectual Disability, Developmental Disability, Brain 22 Injury, or Chronic Mental Illness". 23 Correct internal references in the Code and in any 3. 24 enacted legislation as necessary due to the enactment of this 25 division of this Act. 26 Sec. 161. EFFECTIVE DATE. The following take effect July 27 1, 2025: 28 1. The parts of the sections of this division of this Act 29 amending the following: 30 a. Section 231.3. b. Section 231.4, subsection 1. 31 c. Section 231.23, subsections 4 and 7. 32 33 d. Section 231.23A, subsection 1. 34 e. Sections 231.56, 231.57, and 231.58. f. Section 231.64, subsection 2. 35

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1 2. The parts of the sections of this division of this Act 2 enacting the following: sections 231.23A, subsection 7A, 3 231.75, 231.76, 231.77, 231.78, and 231.79. 4 DIVISION IV TRANSITION PROVISIONS 5 Sec. 162. DEPARTMENT OF HEALTH AND HUMAN SERVICES -6 7 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER 8 SERVICES, AND DISABILITY SERVICES. 9 1. For purposes of this division: "Administrative services organization" means the same 10 a. 11 as defined in section 225A.1, as enacted in division I of this 12 Act. b. "Behavioral health district" means the same as defined in 13 14 section 225A.1, as enacted in division I of this Act. c. "Department" means the department of health and human 15 16 services. d. "District behavioral health service system plan" means 17 18 the same as defined in section 225A.1, as enacted in division 19 I of this Act. e. "Mental health and disability services region" means the 20 21 same as defined in section 225C.2, subsection 9. f. "State behavioral health service system" means the state 22 23 behavioral health service system as established in section 24 225A.3, as enacted in division I of this Act. 25 g. "State behavioral health service system plan" means the 26 same as defined in section 225A.1, as enacted in division I of 27 this Act. "Transition period" means the period beginning on the 28 h. 29 date of enactment of this division of this Act and concluding 30 on June 30, 2025. There is created a behavioral health service system under 31 2. 32 the control of the department. For the fiscal year beginning 33 July 1, 2025, and each succeeding fiscal year, the behavioral 34 health service system shall be responsible for implementing and 35 maintaining a statewide system of prevention, education, early

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1 intervention, treatment, recovery support, and crisis services 2 related to mental health and addictive disorders, including 3 but not limited to substance use, tobacco use, and problem 4 gambling. For the fiscal year beginning July 1, 2025, and each 5 succeeding fiscal year, the department's division of aging 6 and disability services shall be responsible for disability 7 services.

8 3. During the transition period, the department may 9 exercise all policymaking functions and regulatory powers 10 established in division I of this Act, as necessary to 11 establish the state behavioral health service system. 12 4. To ensure the state behavioral health service system

13 and the division of aging and disability services are able to 14 operate as intended at the conclusion of the transition period, 15 the department shall perform all the following duties:

16 a. Make contracts as necessary to set up services and 17 administrative functions.

18 b. Adopt rules as necessary to establish and administer the 19 state's behavioral health service system.

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

d. Prepare forms necessary for the implementation andadministration of behavioral health services.

25 e. Prepare a state behavioral health service system plan for26 the state behavioral health service system.

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

32 g. Designate an administrative services organization for 33 each behavioral health district on or before December 31, 2024. 34 h. Review and approve district behavioral health service 35 system plans for services related to the behavioral health

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1 service system.

2 i. Issue all necessary licenses and certifications.

3 j. Establish contractual rights, privileges, and 4 responsibilities as necessary to establish and implement the 5 state behavioral health service system.

k. Develop and implement a plan to ensure that persons
7 currently receiving disability services or early intervention,
8 treatment, recovery support, or crisis services related
9 to mental health or addictive disorders, including but not
10 limited to alcohol use, substance use, tobacco use, and problem
11 gambling, have an uninterrupted continuum of care.

12 l. Establish a central data repository as described in
 13 section 225A.6, as enacted in division I of this Act.

14 5. If the department determines that a federal waiver or 15 authorization is necessary to administer any provision of this 16 division of this Act or to effectuate the state behavioral 17 health service system by the conclusion of the transition 18 period, the department shall timely request the federal waiver 19 or authorization. Notwithstanding any other effective date to 20 the contrary, a provision the department determines requires a 21 federal waiver or authorization shall be effective only upon 22 receipt of federal approval for the waiver or authorization.

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

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

35 (2) The proposed organizational structure of the state

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1 behavioral health service system.

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

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

9 (5) A description of how responsibilities for disability 10 services programs will be transferred from current program 11 administrators to the department's division of aging and 12 disability services by the end of the transition period.

13 (6) Any additional known tasks that may require completion 14 after the transition on July 1, 2025.

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

19 (2) Describe how information regarding any changes in 20 service delivery will be provided to persons receiving services 21 from the mental health and disability services regions or 22 current behavioral health care providers contracted with the 23 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 225C.58, subsection 1, shall transfer all unencumbered and unobligated moneys remaining in the combined account to the 1 treasurer of state for deposit into the behavioral health fund as established in section 225A.7 as enacted in division I of this Act.

34 b. Before the end of the transition period, each county 35 which maintains a county mental health and disability services

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1 fund pursuant to section 225C.58, subsection 1, shall transfer 2 all unencumbered and unobligated moneys remaining in the mental 3 health and disability services fund to the treasurer of state 4 for deposit into the behavioral health fund as established in 5 section 225A.7 as enacted in division I of this Act.

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

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

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1 current contract term.

2 10. A mental health and disability services region, a 3 regional administrator as defined in section 225C.55, and 4 any subdivision of the state shall not enter into, renew, or 5 extend any contract for services related to mental health and 6 disability services or addictive disorder services beyond June 7 30, 2025.

8 Sec. 163. DEPARTMENT OF HEALTH AND HUMAN SERVICES — 9 TRANSITION FUNDING. Notwithstanding any provision of law to 10 the contrary, there is appropriated from the region incentive 11 fund of the mental health and disability services regional 12 service fund created in section 225C.7A, subsection 8, to the 13 department of health and human services for the fiscal year 14 beginning July 1, 2024, and ending June 30, 2025, the following 15 amount, or so much thereof as is necessary, to be used for the 16 purposes designated:

17 For the establishment of a central data repository as 18 described in section 225A.6, subsection 1, as enacted in 19 division I of this Act:

20 ..... \$ 645,179

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

30 Sec. 164. EMERGENCY RULES. The department of health and 31 human services may adopt emergency rules under section 17A.4, 32 subsection 3, and section 17A.5, subsection 2, paragraph "b", 33 to implement the provisions of this division of this Act and 34 the rules shall be effective immediately upon filing unless 35 a later date is specified in the rules. Any rules adopted

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1 in accordance with this section shall also be published as a 2 notice of intended action as provided in section 17A.4. Sec. 165. EFFECTIVE DATE. This division of this Act, being 3 4 deemed of immediate importance, takes effect upon enactment. DIVISION V 5 6 ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS Section 222.1, subsection 3, Code 2024, is amended 7 Sec. 166. 8 by striking the subsection. 9 Sec. 167. Section 222.2, subsection 8, Code 2024, is amended 10 by striking the subsection. Sec. 168. Section 222.5, Code 2024, is amended to read as 11 12 follows: 13 222.5 Preadmission diagnostic evaluation. A person shall not be eligible for admission to a resource 14 15 center or a special unit until a preadmission diagnostic 16 evaluation has been made by a resource center or a special unit 17 which confirms or establishes the need for admission. Sec. 169. Section 222.7, unnumbered paragraph 1, Code 2024, 18 19 is amended to read as follows: 20 The department may transfer patients from one state resource 21 center to the other and may at any time transfer patients from 22 the resource centers to the hospitals for persons with mental 23 illness, or transfer patients in the resource centers to a 24 special unit or vice versa. The department may also transfer 25 patients from a hospital for persons with mental illness to a 26 resource center if consent is given or obtained as follows: 27 Sec. 170. Section 222.8, Code 2024, is amended to read as 28 follows: 29 222.8 Communications by patients. 30 Persons admitted to the resource centers or a special 31 unit shall have all reasonable opportunity and facility for 32 communication with their friends. Such persons shall be 33 permitted to write and send letters, provided the letters 34 contain nothing of an offensive character. Letters written by 35 any patient to the director or to any state or county official

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1 shall be forwarded unopened.

2 Sec. 171. Section 222.9, Code 2024, is amended to read as 3 follows:

4 222.9 Unauthorized departures.

5 If any person with an intellectual disability shall depart 6 without proper authorization from a resource center or a 7 special unit, it shall be the duty of the superintendent 8 and the superintendent's assistants and all peace officers 9 of any county in which such patient may be found to take 10 and detain the patient without a warrant or order and to 11 immediately report such detention to the superintendent who 12 shall immediately provide for the return of such patient to the 13 resource center or special unit.

14 Sec. 172. Section 222.12, subsection 1, Code 2024, is 15 amended to read as follows:

16 1. Upon the death of a patient of a resource center or 17 special unit, a preliminary investigation of the death shall be 18 conducted as required by section 218.64 by the county medical 19 examiner as provided in section 331.802. Such a preliminary 20 investigation shall also be conducted in the event of a sudden 21 or mysterious death of a patient in a private institution 22 for persons with an intellectual disability. The chief 23 administrative officer of any private institution may request 24 an investigation of the death of any patient by the county 25 medical examiner.

26 Sec. 173. Section 222.73, subsections 1, 3, and 5, Code 27 2024, are amended to read as follows:

1. The superintendent of each resource center and special unit shall compute by February 1 the average daily patient charge and outpatient treatment charges for which each county will be billed for services provided to patients chargeable to the county during the fiscal year beginning the following July 1. The department shall certify the amount of the charges and anotify the counties of the billing charges.

35 *a*. The superintendent shall compute the average daily

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1 patient charge for a resource center or special unit for 2 services provided in the following fiscal year, in accordance 3 with generally accepted accounting procedures, by totaling 4 the expenditures of the resource center or special unit for 5 the immediately preceding calendar year, by adjusting the 6 expenditures by a percentage not to exceed the percentage 7 increase in the consumer price index for all urban consumers 8 for the immediately preceding calendar year, and by dividing 9 the adjusted expenditures by the total inpatient days of 10 service provided during the immediately preceding calendar 11 year.

12 b. The department shall compute the outpatient treatment 13 charges, in accordance with generally accepted accounting 14 procedures, on the basis of the actual cost of the outpatient 15 treatment provided during the immediately preceding calendar 16 year.

17 3. 2. The superintendent shall compute in January the 18 actual per-patient-per-day cost for each resource center or 19 special unit for the immediately preceding calendar year, in 20 accordance with generally accepted accounting procedures, by 21 totaling the actual expenditures of the resource center or 22 special unit for the calendar year and by dividing the total 23 actual expenditures by the total inpatient days of service 24 provided during the calendar year.

5. 3. A superintendent of a resource center or special unit may request that the director enter into a contract with a person for the resource center or special unit to provide consultation or treatment services or for fulfilling other purposes which are consistent with the purposes stated in section 222.1. The contract provisions shall include charges which reflect the actual cost of providing the services. Any income from a contract authorized under this subsection may be retained by the resource center or special unit to defray the costs of providing the services or fulfilling the other spurposes. Except for a contract voluntarily entered into by a

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1 county under this subsection, the costs or income associated 2 with a contract authorized under this subsection shall not 3 be considered in computing charges and per diem costs in 4 accordance with the provisions of subsections 1 through 4 and 5 2.

6 Sec. 174. Section 222.83, Code 2024, is amended to read as 7 follows:

8 222.83 Nonresident patients.

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

21 Sec. 175. Section 222.84, Code 2024, is amended to read as 22 follows:

23 222.84 Patients' personal deposit fund.

There is established at each resource center and special unit a patients' personal deposit fund. In the case of a special unit, the director may direct that the patients' personal deposit fund be maintained and administered as a part of the fund established, pursuant to sections 226.43 through 29 226.46, by the state mental health institute where the special 30 unit is located.

31 Sec. 176. Section 222.85, subsection 1, Code 2024, is 32 amended to read as follows:

33 1. Any funds coming into the possession of the 34 superintendent or any employee of a resource center or special 35 unit belonging to any patient in that institution shall be

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1 deposited in the name of the patient in the patients' personal 2 deposit fund, except that if a guardian of the property has 3 been appointed for the person, the guardian shall have the 4 right to demand and receive such funds. Funds belonging to a 5 patient deposited in the patients' personal deposit fund may 6 be used for the purchase of personal incidentals, desires, and 7 comforts for the patient.

8 Sec. 177. Section 222.87, Code 2024, is amended to read as 9 follows:

10 222.87 Deposit in bank.

11 The department shall deposit the patients' personal deposit 12 fund in a commercial account of a bank of reputable standing. 13 When deposits in the commercial account exceed average monthly 14 withdrawals, the department may deposit the excess at interest. 15 The savings account shall be in the name of the patients' 16 personal deposit fund and interest paid on the account may be 17 used for recreational purposes for the patients at the resource 18 center or special unit.

19 Sec. 178. REPEAL. Sections 222.88, 222.89, 222.90, and 20 222.91, Code 2024, are repealed.

21 Sec. 179. EFFECTIVE DATE. This division of this Act, being 22 deemed of immediate importance, takes effect upon enactment.

DIVISION VI

23

24

COUNTY OF RESIDENCE DETERMINATIONS

25 Sec. 180. <u>NEW SECTION</u>. 331.190 County of residence — 26 dispute resolution.

1. "County of residence" means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living for a permanent or indefinite period of time. The county of residence of a homeless person is the county in which the homeless person usually sleeps. A person maintains residency in the county or state in which the person last resided during the time period that the person is present in

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1 a different county or state receiving services in a hospital, 2 a correctional facility, a halfway house for community-based 3 corrections or substance use disorder treatment, a nursing 4 facility, an intermediate care facility for persons with an 5 intellectual disability, a residential care facility, or for 6 the purpose of attending a college or university.

7 2. a. The dispute resolution process in this subsection
8 shall apply to county of residence disputes. The dispute
9 resolution process shall not be applicable to any of the
10 following:

11 (1) Disputes involving persons committed to a state
12 facility pursuant to chapter 812.

13 (2) Disputes involving Iowa rule of criminal procedure14 2.22(8)(b), commitment for evaluation.

(3) Disputes involving chapter 12 of Iowa court rules, rules 15 16 for involuntary hospitalization of mentally ill persons. If a county objects to a billing for services or a 17 b. 18 residency determination and asserts that either the person 19 has residency in a different county or the person is not a 20 resident of this state, the person's county of residence 21 shall be determined as provided in this subsection. If the 22 county asserts that the person has residency in a different 23 county in this state, the county shall notify that county in 24 writing within one hundred twenty calendar days of receiving 25 the billing for services or of the county of residence 26 determination.

27 c. The county that receives the notification under paragraph 28 "b" shall respond in writing to the county that provided the 29 notification within forty-five calendar days of receiving the 30 notification. If the parties cannot agree as to the person's 31 county of residence within ninety calendar days of the date of 32 notification, on motion of either of the parties, the matter 33 shall be referred to the administrative hearings division of 34 the department of inspections, appeals, and licensing for 35 a contested case proceeding under chapter 17A, before an

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1 administrative law judge assigned in accordance with section
2 10A.801, to determine the person's county of residence.

3 d. (1) Notwithstanding section 17A.15, the administrative 4 law judge's determination of a person's county of residence 5 shall be considered final agency action. Judicial review of 6 the determination may be sought in accordance with section 7 17A.19.

8 (2) If following the determination of a person's county of 9 residence under this subsection additional evidence becomes 10 available that merits a change in the determination of the 11 person's county of residence, the affected parties may change 12 the determination of county of residence by mutual agreement. 13 Otherwise, a party may move that the matter be reconsidered 14 by the county, or by an administrative law judge assigned in 15 accordance with section 10A.801.

16 e. Unless a petition is filed for judicial review, the 17 administrative law judge's determination of the person's county 18 of residence shall result in one of the following:

19 (1) If a county is determined to be the person's county 20 of residence, that county shall pay any amounts due and shall 21 reimburse the other county for any amounts paid for services 22 provided to the person by the other county prior to the county 23 of residence determination.

24 (2) If it is determined that the person is not a resident of 25 this state, neither the state nor either county shall be liable 26 for payment of amounts due for services provided to the person 27 prior to the determination of the person's county of residence. The party that does not prevail in a contested 28 f, (1)29 case proceeding or a subsequent judicial review pursuant to 30 this subsection shall be liable for costs associated with 31 the proceeding or judicial review, including reimbursement 32 of the administrative hearings division of the department of 33 inspections, appeals, and licensing's actual costs associated 34 with the administrative proceeding, court costs, and reasonable 35 attorney fees.

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1 (2) A payment or reimbursement pursuant to this subsection 2 shall be remitted within forty-five calendar days of the 3 date the county of residence determination is issued by the 4 administrative law judge or the date the court files an order 5 determining the person's county of residence, whichever is 6 later. After forty-five calendar days, the prevailing party 7 may add a penalty of up to one percent per month to any amounts 8 due.

9 Sec. 181. Section 35D.9, Code 2024, is amended to read as 10 follows:

11 35D.9 County of residence upon discharge.

12 A member of the home does not acquire residency in the county 13 in which the home is located unless the member is voluntarily 14 or involuntarily discharged from the home and the member 15 meets county of residence requirements. For purposes of this 16 section, "county of residence" means the same as defined in 17 section 225C.61 331.190.

18 Sec. 182. Section 232.141, subsections 7 and 8, Code 2024, 19 are amended to read as follows:

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

8. This subsection applies only to placements in a juvenile shelter care home which is publicly owned, operated as a county or multicounty shelter care home, organized under a chapter 28. agreement, or operated by a private juvenile shelter care 1 home. If the actual and allowable costs of a child's shelter 22. care placement exceed the amount the department is authorized 33 to pay, the unpaid costs may be recovered from the child's 34. custodial parent's county of residence. However, the maximum 35. amount of the unpaid costs which may be recovered under this

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1 subsection is limited to the difference between the amount 2 the department is authorized to pay and the statewide average 3 of the actual and allowable rates as reasonably determined 4 by the department annually. A home may only be reimbursed 5 for the lesser of the home's actual and allowable costs or 6 the statewide average of the actual and allowable rates as 7 determined by the department in effect on the date the costs 8 were paid. The unpaid costs are payable pursuant to filing of 9 verified claims against the child's custodial parent's county 10 of residence. A detailed statement of the facts upon which a 11 claim is based shall accompany the claim. Any dispute between 12 counties arising from filings of claims filed pursuant to this 13 subsection shall be settled in the manner provided to determine 14 residency county of residence in section 225C.61 331.190. Sec. 183. EFFECTIVE DATE. This division of this Act takes 15 16 effect July 1, 2025. DIVISION VII 17 CHILDREN'S BEHAVIORAL HEALTH - PSYCHIATRIC MEDICAL 18 19 INSTITUTIONS FOR CHILDREN - HAWKI PROGRAM BENEFITS 20 Sec. 184. REDUCTION OF REGULATORY BARRIERS AND RESTRICTIONS 21 — PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN. The 22 department of health and human services shall review the 23 department's administrative rules regarding psychiatric medical 24 institutions for children (PMICs) and shall update the rules, 25 informed by the findings of the association of children's 26 residential centers' most recent nationwide survey and scan 27 of psychiatric residential treatment facilities, and the 28 recommendations of the coalition for family and children's 29 services in Iowa, to do all of the following: 30 1. Allow a physician assistant or advanced registered nurse 31 practitioner to serve as a member of the plan of care team 32 as a member who is experienced in child psychiatry or child 33 psychology pursuant to 481 IAC 41.13(2). 34

34 2. Allow a physician assistant or advanced registered35 nurse practitioner to be a member of the team to complete

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1 the certification of need for services for a PMIC placement 2 pursuant to 481 IAC 41.9.

3. Remove the reserve bed day limitations for
 4 hospitalizations and expand the number of other therapeutic
 5 absences beyond thirty days to allow for skill acquisition,
 6 stabilization, and continuity of care as deemed necessary by
 7 the child's medical providers and in accordance with a child's
 8 discharge plan.

9 4. Allow licensed professionals, based on competencies 10 rather than license type, to order the use of restraints 11 or seclusions and to conduct post-restraint or seclusion 12 assessments, including via telehealth, to increase response 13 times and expand access to care. The department of 14 inspections, appeals, and licensing shall adopt rules pursuant 15 to chapter 17A to implement this subsection.

16 5. a. Allow therapy and behavioral health intervention 17 services to be included as billable services provided during 18 a placement at a PMIC to provide continuity of care, maintain 19 established clinical relationships, and avoid disruption in 20 services or delays in reestablishing care post discharge.

b. Allow family therapy and family behavioral health intervention services to be included in billable services aluring the placement of a child in a PMIC without requiring the child's presence for the family to work on targeted skills sessential for the child's success and to prepare the family for the child's return home.

27 c. Provide reimbursement codes to cover services beyond 28 those provided outside the PMIC care team as necessary to 29 adequately treat substance use disorder, sexualized behaviors, 30 autism, and other services needed to support the child.

31 6. Standardize all of the following across all managed care 32 organizations as follows:

a. Require that authorization for a PMIC placement shall
be retroactive to the date the request for authorization is
submitted to the managed care organization not the date the

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1 managed care organization responds; or require a managed care 2 organization to respond within five business days from receipt 3 of a request for authorization for a PMIC placement, if the 4 certification of need and independent assessment have been 5 received in a timely manner.

b. Prohibit a managed care organization from denying
7 authorization for a PMIC placement based on lack of parental
8 involvement, based on lack of participation in behavioral
9 health intervention services on an outpatient basis, or based
10 on other perceived behavioral issues.

11 c. Allow a managed care organization to authorize an initial 12 PMIC placement of sixty days upon admission with concurrent 13 stay reviews every thirty days thereafter. A PMIC shall submit 14 a care plan to the managed care organization within thirty days 15 of the admission.

16 d. Require concurrent stay reviews to be standardized 17 and limited to a brief description of progress, or lack of 18 progress, toward the child's goals and objectives.

19 e. Require a managed care organization to offer support to 20 families, including assistance with transportation to and from 21 a PMIC to visit a child.

7. Notwithstanding any provision of law to the contrary, including certificate of need requirements, allow a previously licensed PMIC that has the capacity to provide up to an additional four intermediate care facility for persons with an intellectual disability beds, and which additional beds meet all other licensing and state fire marshal requirements, to increase their licensed capacity to include the additional beds without further review including by the health facilities council.

31 8. Allow for step-down PMIC placements or supervised 32 apartment living for a child to utilize programming provided 33 in a PMIC while living independently in a smaller residential 34 setting without twenty-four-hour supervision.

35 Sec. 185. HAWKI PROGRAM — BENEFITS INCLUDED IN QUALIFIED

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1 CHILD HEALTH PLAN - REVIEW. The department of health 2 and human services shall review the benefits included in a 3 qualified child health plan under the Hawki program and shall 4 specifically address the inclusion of applied behavior analysis 5 services as a covered benefit. The department shall report the 6 findings of the review to the general assembly by December 1, 7 2024. 8 DIVISION VIII STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP POSITIONS 9 10 Sec. 186. Section 135.180, Code 2024, is amended to read as 11 follows: 12 135.180 State-funded psychiatry residency and fellowship 13 program positions — fund — appropriations. 14 1. *a*. The university of Iowa hospitals and clinics shall 15 administer a state-funded psychiatry residency and fellowship 16 program positions for up to nine seven residents and up to two 17 fellows, annually. In addition, a county medical center, and 18 a medical center operating for more than one hundred forty 19 years, that are members of separate health systems, administer 20 psychiatry residency programs, and are located in a county with 21 a population over five hundred thousand shall each administer 22 state-funded psychiatry residency positions for one resident, 23 annually. The university of Iowa hospitals and clinics and the 24 specified medical centers shall expand the their psychiatry 25 residency program programs to provide additional residency 26 positions by providing financial support for residency 27 positions which are in excess of the federal residency cap 28 established by the federal Balanced Budget Act of 1997, Pub. 29 L. No. 105-33. The university of Iowa hospitals and clinics and the 30 b. 31 specified medical centers shall cooperate with the state 32 mental health institutes at Independence and Cherokee, the

33 state resource center at Woodward, the state training school 34 at Eldora, and the Iowa medical and classification center 35 at Oakdale in administering the program the positions.

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1 Participating residents and fellows shall complete a portion 2 of their psychiatry training at one of the state mental health 3 institutes, the state resource center, the state training 4 school, or the Iowa medical and classification center at 5 Oakdale. For accreditation-required clinical experiences 6 not available at the state mental health institutes, the 7 state resource center, the state training school, or the Iowa 8 medical and classification center at Oakdale, the residents of 9 the psychiatry residency and fellowship program awarded the 10 residency positions administered by the university of Iowa ll hospitals and clinics may utilize clinical rotations at the 12 university of Iowa hospitals and clinics and its affiliates 13 across the state and the residents awarded the residency 14 positions administered by the specified medical centers may 15 utilize clinical rotations at affiliates of such medical 16 centers across the state.

The university of Iowa hospitals and clinics shall apply 17 2. 18 to the accreditation council for graduate medical education 19 for approval of nine seven additional residency positions 20 for each class of residents and the psychiatry residency and 21 fellowship program shall award the total number of residency 22 positions approved for each class of residents. The university 23 of Iowa hospitals and clinics shall approve and award up to 24 two fellowship positions annually. The specified medical 25 centers shall apply to the accreditation council for graduate 26 medical education for approval of one additional residency 27 position each for each class of residents and shall award the 28 total number of residency positions approved for each class 29 of residents. Preference in the awarding of residency and 30 fellowship positions shall be given to candidates who are 31 residents of Iowa, attended and earned an undergraduate degree 32 from an Iowa college or university, or attended and earned a 33 medical degree from a medical school in Iowa. 34 3. A psychiatry residency and fellowship program positions

35 fund is created in the state treasury consisting of the moneys

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1 appropriated or credited to the fund by law. Notwithstanding 2 section 8.33, moneys in the fund at the end of each fiscal 3 year shall not revert to any other fund but shall remain in 4 the psychiatry residency and fellowship program positions fund 5 for use in subsequent fiscal years. Moneys in the fund are 6 appropriated to the university of Iowa hospitals and clinics 7 to be used for the purposes of the program this section. For 8 the fiscal years beginning on or after July 1, 2023, there 9 is appropriated from the general fund of the state to the 10 psychiatry residency and fellowship program positions fund one 11 hundred thousand dollars for each residency position approved 12 and awarded under the program and one hundred fifty thousand 13 dollars for each fellowship position approved and awarded under 14 the program this section. Of the amount appropriated annually 15 from the fund to the university of Iowa hospitals and clinics, 16 the university of Iowa hospitals and clinics shall distribute 17 one hundred thousand dollars to each of the specified medical 18 centers for each residency position approved and awarded.