

**House File 385 - Reprinted**

HOUSE FILE 385  
BY COMMITTEE ON HEALTH AND HUMAN  
SERVICES

(SUCCESSOR TO HF 124)

(As Amended and Passed by the House March 20, 2025)

**A BILL FOR**

1 An Act relating to discharge of involuntarily committed persons  
2 from a facility or a hospital.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. Section 125.2, Code 2025, is amended by adding the  
2 following new subsections:

3 NEW SUBSECTION. 01. "Administrative services organization"  
4 means the same as defined in section 225A.1.

5 001. "Behavioral health district" means the same as defined  
6 in section 225A.1.

7 Sec. 2. Section 125.85, subsection 4, Code 2025, is amended  
8 by striking the subsection.

9 Sec. 3. Section 125.85, Code 2025, is amended by adding the  
10 following new subsections:

11 NEW SUBSECTION. 6. Prior to a discharge of a respondent  
12 under this section, the facility treating the respondent shall do  
13 all of the following:

14 a. Refer the respondent to an administrative services  
15 organization for evaluation, system navigation, and postdischarge  
16 services.

17 b. Assess the respondent for suicide risk.

18 c. Provide the respondent with a fifteen-day supply of each  
19 medication prescribed for the respondent before or during the  
20 respondent's treatment, including psychiatric and nonpsychiatric  
21 medications. If payment for a medication provided under this  
22 paragraph is not covered by insurance or Medicaid, the facility  
23 may make a request for reimbursement from an administrative  
24 services organization for the cost of the medication.

25 d. Provide the respondent or the respondent's legal  
26 representative with a discharge report. The discharge report  
27 shall include all of the following:

28 (1) The respondent's name and address.

29 (2) The dates, times, and locations of all postdischarge  
30 appointments scheduled for the respondent.

31 (3) A list of each medication provided to the respondent  
32 under paragraph "c".

33 (4) Contact information for the administrative services  
34 organization to which the respondent was referred under paragraph  
35 "a".

1 (5) A written patient-centered aftercare plan, including  
2 crisis prevention and steps to address the respondent's ongoing  
3 care needs.

4 (6) (a) Educational materials for the respondent and  
5 individuals who are willing to support the respondent after the  
6 respondent's discharge.

7 (b) Educational materials shall be developed by the  
8 department for distribution to facilities. Educational materials  
9 shall include but not be limited to all of the following:

10 (i) Descriptions of the symptoms of a substance use disorder.

11 (ii) Warning signs of decompensation.

12 (iii) Information regarding the availability of other  
13 educational services, services offered in the respondent's  
14 community, and services offered statewide.

15 e. Notify all of the following persons:

16 (1) The administrative services organization to which the  
17 respondent was referred under paragraph "a".

18 (2) The respondent's legal guardian, parent, spouse, attorney  
19 in fact under chapter 144B, or adult siblings, as applicable.

20 NEW SUBSECTION. 7. a. The administrative services  
21 organization to which a respondent was referred under subsection  
22 6, paragraph "a", shall do all of the following in relation to  
23 the discharged respondent:

24 (1) Coordinate postdischarge care, including but not limited  
25 to contacting the respondent to ensure the respondent attends  
26 scheduled appointments and receives necessary care and services.

27 (2) Follow up with the respondent in a timely manner.  
28 Follow-ups shall include but not be limited to home visits,  
29 telephone calls, and other means of contacting the respondent.

30 b. An administrative services organization may delegate  
31 duties required under this subsection to a managed care  
32 organization acting pursuant to a contract with the department  
33 to administer the Medicaid program under chapter 249A, if the  
34 respondent referred to the administrative services organization  
35 qualifies for Medicaid.

1 NEW SUBSECTION. 8. a. Each administrative services  
2 organization shall make a quarterly report to the department, and  
3 the report shall include all of the following:

4 (1) The number of respondents discharged and referred to the  
5 administrative services organization during the reporting period.

6 (2) The outcome of each discharged respondent.

7 (3) Any issues encountered while ensuring each respondent's  
8 postdischarge continuity of care.

9 b. A report under this section shall be considered a  
10 confidential record under section 22.7.

11 c. A report under this section shall comply with the federal  
12 Health Insurance Portability and Accountability Act of 1996,  
13 Pub. L. No. 104-191.

14 NEW SUBSECTION. 9. Following a respondent's discharge from  
15 a facility or from treatment, the administrator of the facility  
16 shall immediately report the discharge to the court which ordered  
17 the respondent's commitment or treatment. The court shall issue  
18 an order confirming the respondent's discharge and terminating  
19 the proceedings in which the respondent's commitment or treatment  
20 was ordered. Copies of the order confirming the discharge and  
21 terminating the proceedings shall be sent by regular mail to the  
22 facility and the respondent.

23 NEW SUBSECTION. 10. The department shall adopt rules  
24 pursuant to chapter 17A to implement and administer this section.

25 Sec. 4. Section 229.1, Code 2025, is amended by adding the  
26 following new subsections:

27 NEW SUBSECTION. 01. "Administrative services organization"  
28 means the same as defined in section 225A.1.

29 001. "Behavioral health district" means the same as defined  
30 in section 225A.1.

31 Sec. 5. Section 229.16, Code 2025, is amended to read as  
32 follows:

33 **229.16 Discharge and termination of proceeding.**

34 1. When the condition of, in the opinion of the chief medical  
35 officer, a patient who is hospitalized pursuant to a report

1 issued whose treatment was recommended under section 229.14,  
 2 subsection 1, paragraph "b", or is receiving treatment pursuant  
 3 to a report issued under section 229.14, subsection 1, paragraph  
 4 "c", or is in full-time care and custody pursuant to a report  
 5 issued under section 229.14, subsection 1, paragraph "d", is  
 6 such that in the opinion of the chief medical officer the  
 7 patient no longer requires treatment or care for serious mental  
 8 impairment, the chief medical officer shall tentatively discharge  
 9 the patient and immediately report that fact the discharge to  
 10 the court which ordered the patient's hospitalization or care  
 11 and custody treatment. Upon receiving the report, the court  
 12 shall issue an order confirming the patient's discharge from the  
 13 hospital or from care and custody, as the case may be, and shall  
 14 terminate terminating the proceedings pursuant to in which the  
 15 order patient's treatment was issued ordered. Copies of the  
 16 order shall be sent by regular mail to the hospital, the patient,  
 17 and the applicant if the applicant has filed a written waiver  
 18 signed by the patient.

19 2. If a patient is receiving inpatient care, prior to a  
 20 discharge of the patient under subsection 1, the facility or  
 21 hospital treating the patient shall do all of the following:  
 22 a. Refer the patient to an administrative services  
 23 organization for evaluation, system navigation, and postdischarge  
 24 services.

25 b. Assess the patient for suicide risk.

26 c. Provide the patient with a fifteen-day supply of each  
 27 medication prescribed for the patient before or during the  
 28 patient's treatment, including psychiatric and nonpsychiatric  
 29 medications. If payment for a medication provided under this  
 30 paragraph is not covered by insurance or Medicaid, the facility  
 31 may make a request for reimbursement from an administrative  
 32 services organization for the cost of the medication.

33 d. Provide the patient or the patient's legal representative  
 34 with a discharge report. The discharge report shall include all  
 35 of the following:

- 1     (1) The patient's name and address.
- 2     (2) The dates, times, and locations of all postdischarge  
3 appointments scheduled for the patient.
- 4     (3) A list of each medication provided to the patient under  
5 paragraph "c".
- 6     (4) Contact information for the administrative services  
7 organization to which the patient was referred under paragraph  
8 "a".
- 9     (5) A written patient-centered aftercare plan, including  
10 crisis prevention and steps to address the patient's ongoing care  
11 needs.
- 12     (6) (a) Educational materials for the patient and  
13 individuals who are willing to support the patient after the  
14 patient's discharge.
- 15         (b) Educational materials shall be developed by the  
16 department for distribution to facilities and hospitals treating  
17 persons with a mental illness. Educational materials shall  
18 include but not be limited to all of the following:
  - 19         (i) Descriptions of the symptoms of mental illness.
  - 20         (ii) Warning signs of decompensation.
  - 21         (iii) Information regarding the availability of other  
22 educational services, services offered in the patient's  
23 community, and services offered statewide.
- 24         e. Notify all of the following persons:
  - 25             (1) The administrative services organization to which the  
26 patient was referred under paragraph "a".
  - 27             (2) The patient's legal guardian, parent, spouse, attorney in  
28 fact under chapter 144B, or adult siblings, as applicable.
- 29     3.     a. The administrative services organization to which a  
30 patient was referred under subsection 2, paragraph "a", shall do  
31 all of the following in relation to the discharged patient:
  - 32             (1) Coordinate postdischarge care, including but not limited  
33 to contacting the patient to ensure the patient attends scheduled  
34 appointments and receives necessary care and services.
  - 35             (2) Follow up with the patient in a timely manner.

1 Follow-ups shall include but not be limited to home visits,  
2 telephone calls, and other means of contacting the patient.

3 b. An administrative services organization may delegate  
4 duties required under this subsection to a managed care  
5 organization acting pursuant to a contract with the department  
6 to administer the Medicaid program under chapter 249A, if the  
7 patient referred to the administrative services organization  
8 qualifies for Medicaid.

9 4. a. Each administrative services organization shall make a  
10 quarterly report to the department, and the report shall include  
11 all of the following:

12 (1) The number of patients discharged and referred to the  
13 administrative services organization during the reporting period.

14 (2) The outcomes of each discharged patient.

15 (3) Any issue encountered while ensuring each patient's  
16 postdischarge continuity of care.

17 b. A report under this section shall be considered a  
18 confidential record under section 22.7.

19 c. A report under this section shall comply with the federal  
20 Health Insurance Portability and Accountability Act of 1996,  
21 Pub. L. No. 104-191.

22 5. The department shall adopt rules pursuant to chapter 17A  
23 to implement this section.