

Behavioral Health Service System Bill House File 2673

Last Action:

House Floor

April 2, 2024

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

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

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

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FUNDING SUMMARY

Appropriates \$645,000 from the Region Incentive Fund of the Mental Health and Disability Services Regional Services Fund to the HHS for the establishment of a central data repository. Page 81, Line 8

NEW PROGRAMS, SERVICES, OR ACTIVITIES

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

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

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

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

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

Prohibits an ASO from spending more than 7.0% of its funding in a given fiscal year on administrative costs. Page 15, Line 28

Requires the HHS to develop, implement, and administer a State Health Improvement Plan to improve health statewide to be developed and updated in collaboration with other State departments, stakeholders, and statewide organizations. Page 24, Line 3

Recognizes a brain injury as a distinct disability in the State of Iowa. Page 62, Line 9

Changes the body that oversees Aging and Disability Services from the Commission on Aging to the Council on Health and Human Services. Page 62, Line 25

Establishes a BHSS under the control of the HHS. For FY 2026, and annually thereafter, the BHSS will be responsible for implementing and maintaining a statewide system of services related to mental health and Page 76, Line 31

BEHAVIORAL HEALTH SERVICE SYSTEM BILL

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

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Transfers an amount equal to \$42 multiplied by the State's population from the General Fund to the Behavioral Health Fund for the fiscal year beginning on July 1, 2025 (FY 2026). Page 15, Line 16

Transfers from the General Fund to the Behavioral Health Fund for the fiscal year beginning July 1, 2026 (FY 2027), and continuing annually an amount equal to the State's population in a given fiscal year multiplied by the dollar amount of the previous fiscal year's transfer, plus the State growth factor for the given fiscal year. Page 15, Line 20

Amends Iowa Code section [123.17\(5\)](#) by increasing the amount transferred from the Beer and Liquor Control Fund to HHS's special revenue account from \$2.0 million to \$3.0 million and stipulates that the transfer will be directed to the Behavioral Health Fund. Page 17, Line 26

Allocates \$100,000 of the amount appropriated annually to the University of Iowa Hospitals and Clinics to each of the specified medical centers for the residency positions approved and awarded. Page 94, Line 34

STUDIES AND INTENT

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#), and requires the administrative rules to provide for the following: Page 6, Line 34

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

Requires the HHS to submit a report to the Governor and the General Assembly reviewing the funds Page 51, Line 1

administered by , and the outcomes and effectiveness of, the BHSS.

Requires the HHS to review the benefits included in a qualified child health plan under the Healthy and Well Kids in Iowa (Hawki) program and to specifically address the inclusion of applied behavior analysis services, and requires the HHS to report the findings to the General Assembly by December 1, 2024.

Page 92, Line 35

SIGNIFICANT CODE CHANGES

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

Page 17, Line 3

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

Page 60, Line 28

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

Page 61, Line 5

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

Page 75, Line 14

EFFECTIVE DATE

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

Page 17, Line 12

Specifies certain amended sections of Division III of the Bill takes effect July 1, 2025.

Page 61, Line 9

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

Page 61, Line 9

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

Page 78, Line 14

EXECUTIVE SUMMARY
BEHAVIORAL HEALTH SERVICE SYSTEM BILL

HOUSE FILE 2673

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

Page 82, Line 3

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

Page 86, Line 21

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

Page 90, Line 15

House File 2673 provides for the following changes to the Code of Iowa.

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

House File 2673 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
32	1	52	Amend	222.92.1
3218	53	Strike		222.92.3.a
3220	54	Amend		225.1.2
3233	55	New		225.4
33	3	56	Amend	225.11
3324	57	Amend		225.12
34	2	58	Amend	225.13
3410	59	Amend		225.15
35	8	60	Amend	225.16.1
3527	61	Amend		225.17.2
36	2	62	Amend	225.18
3615	63	Amend		225.22
3630	64	Amend		225.24
3710	65	Amend		225.27
3728	66	Add		226.1.4.0a
3732	67	Strike		226.1.4.d,f
3734	68	Amend		226.8.2
38	8	69	Amend	226.32
3818	70	Strike		226.34.2.d
3820	71	Amend		228.6.1
3829	72	Add		229.1.01
3833	73	Strike		229.1.11,18,19
3835	74	Amend		229.1B
3911	75	Amend		229.2.1.b.(3)
3925	76	Amend		229.2.2.a
3932	77	Amend		229.8.1
4013	78	Amend		229.10.1.a
4031	79	Amend		229.11.1
4126	80	Amend		229.13.1.a
4135	81	Amend		229.13.7.b
42	7	82	Amend	229.14.2.a
4217	83	Amend		229.14A.7,9
4230	84	Amend		229.15.4
4312	85	Amend		229.19.1.a,b
4331	86	Amend		229.19.4
44	3	87	Amend	229.22.2.b
4510	88	Amend		229.24.3
4521	89	Amend		229.38
46	4	90	Add	230.1.01
46	8	91	Strike	230.1.4,5
4610	92	Amend		230.10
4619	93	Amend		230.11
47	1	94	Amend	230.15.1,2
4818	95	New		230.23
4825	96	Amend		230.30
49	2	97	Amend	232.78.5
4914	98	Amend		232.83.2
4928	99	Amend		235.7.2
5011100	Strike			235A.15.2.c.(5),(8)

House File 2673 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
5014101	Strike	249A.4.15		
5016102	Strike	249A.12.4		
5018103	New	249A.38A		
51 1 104	Strike	249N.8		
	and			
	Replace			
5110105	Amend	252.24.1,3		
5120106	Amend	256.25.2,3		
5224107	Amend	321.189.10		
53 9 108	Amend	321.190.1.b.(6)		
5325109	Amend	321J.25.1.b		
5333110	Amend	321J.25.2		
5415111	Strike	331.321.1.e		
5417112	Strike	331.323.1.a.(7)		
5420113	Amend	331.381.4,5		
5429114	Strike	331.382.1.e,f,g		
5431115	Strike	331.382.3		
5433116	Strike	331.432.3		
5435117	Strike	331.502.10		
55 2 118	Amend	331.502.12		
55 8 119	Strike	331.552.13		
5510120	Strike	331.756.25,38,41		
5512121	Add	331.910.2.0a		
5516122	Strike	331.910.2.d		
5518123	Amend	331.910.3.a,c		
5535124	Amend	347.16.3		
5621125	Amend	423.3.18.d		
5626126	Amend	426B.1.2		
5634127	Amend	437A.8.4.d		
5727128	Amend	437A.15.3.f		
5822129	Amend	483A.24.7		
59 8 130	Amend	602.8102.39		
5915131	Amend	714.8.12		
60 2 132	Amend	812.6.1		
6016133	Amend	904.201.8		
6028134	Repeal	142A;225C;227;230A;347B		
6030135	Repeal	125.1;125.3;125.7;125.9;125.10;125.12;125.25;125.32A;125.34;125.37;125.38;125.39;125.40;125.41;125.42;125.43;125.43A;125.46;125.48;125.54;125.55;125.58;125.59;125.60;135B.18;21		
6113138	Amend	231.3		
6216139	Add	231.4.1.0c		
6220140	Amend	231.4.1.d		
6225141	Amend	231.14		
6418142	Amend	231.21		
6426143	Amend	231.23		
6629144	Amend	231.23A.1,3		
67 2 145	Add	231.23A.7A		
67 8 146	Amend	231.31		
6715147	Amend	231.32		
69 4 148	Amend	231.33.1,13		
6910149	Amend	231.56		

House File 2673 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
69	29	150	Amend	231.57
70	6	151	Amend	231.58
70	18	152	Amend	231.64
71	33	153	New	231.75
72	5	154	New	231.76
72	31	155	New	231.77
73	13	156	New	231.78
74	1	157	New	231.79
74	6	158	Amend	231E.3
75	12	159	Repeal	231.11;231.12;231.13
82	7	166	Strike	222.1.3
82	9	167	Strike	222.2.8
82	11	168	Amend	222.5
82	18	169	Amend	222.7
82	27	170	Amend	222.8
83	2	171	Amend	222.9
83	14	172	Amend	222.12.1
83	26	173	Amend	222.73.1,3,5
85	6	174	Amend	222.83
85	21	175	Amend	222.84
85	31	176	Amend	222.85.1
86	8	177	Amend	222.87
86	19	178	Repeal	222.88;222.89;222.90;222.91
86	25	180	New	331.190
89	9	181	Amend	35D.9
89	18	182	Amend	232.141.7,8
93	10	186	Amend	135.180

1 1 DIVISION I
1 2 BEHAVIORAL HEALTH SERVICE SYSTEM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 21 a. Plan, establish, and maintain prevention, education,
3 22 early intervention, treatment, recovery support, and crisis
3 23 services programs as necessary or desirable for the behavioral
3 24 health service system established in section 225A.3.

3 25 b. Develop and submit a state plan as required by, and in
3 26 accordance with, 42 U.S.C. §300x-1.

3 27 c. Review and approve district behavioral health service
3 28 system plans developed in accordance with the state behavioral
3 29 health service system plan.

3 30 d. Perform all necessary acts to cooperate with any state
3 31 agency, political subdivision, or federal government agency to
3 32 apply for grants.

3 33 e. Solicit and accept for use any gift of money by will or
3 34 otherwise, and any grant of money or services from the federal
3 35 government, the state, or any political subdivision thereof,
4 1 or any private source.

4 2 f. Collect and maintain records, engage in studies and
4 3 analyses, and gather relevant statistics.

4 4 g. Take any other actions as necessary to execute the
4 5 duties granted to the department in this chapter, or that
4 6 are otherwise required to maintain compliance with federal
4 7 requirements related to the department's roles as designated in
4 8 this section.

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

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

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

Establishes the HHS as the authority responsible for the following:

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

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

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

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

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

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

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

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

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

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

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

5 19 developed under section 217.17.

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

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

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

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

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

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

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

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

6 20 f. Designate community mental health centers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 7 Sec. 4. NEW SECTION 225A.4 BEHAVIORAL HEALTH SERVICE SYSTEM — DISTRICTS AND ADMINISTRATIVE SERVICES ORGANIZATIONS. Requires the HHS to divide the State of Iowa into designated Behavioral Health Districts.

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

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

- 8 22 (1) City and county lines.
- 8 23 (2) The maximum population size that behavioral health
 8 24 services available in an area are able to effectively serve.
- 8 25 (3) Areas of high need for behavioral health services.
- 8 26 (4) Patterns various populations exhibit when accessing or
 8 27 receiving behavioral health services.

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

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

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

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

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

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

Behavioral Health District.

9 3 b. At the department's discretion, the department may
 9 4 designate any of the following entities as an administrative
 9 5 services organization:
 9 6 (1) An organization that coordinated administrative
 9 7 services or mental health and disability services for a mental
 9 8 health and disability services region formed on or before June
 9 9 30, 2024.

Allows the HHS to select Mental Health and Disability Services (MHDS) regional administrators formed prior to July 1, 2024, public or private agencies in a Behavioral Health District, or separate organizational units within the public or private agency to serve as ASOs.

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

9 19 c. The department shall consider all of the following
 9 20 factors in determining whether to designate an entity as an
 9 21 administrative services organization:
 9 22 (1) Whether the entity has demonstrated the capacity to
 9 23 manage and utilize available resources in a manner required of
 9 24 an administrative services organization.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 16 3. For the fiscal year beginning July 1, 2025, there
 15 17 is transferred from the general fund of the state to the

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

DETAIL: The Fund will consist of moneys deposited pursuant to Iowa Code section 225A.7, which is being established in the Bill, and Iowa Code section [426B.1](#) related to the Property Tax Relief Fund under the authority of the HHS, gifts of moneys or property received by the State of Iowa or the HHS for support services related to this Iowa Code chapter 225A, which is being established in the Bill, or Iowa Code chapter [231](#) related to aging, and moneys appropriated by the General Assembly. Moneys in the Fund will be distributed to the ASOs as well as providers of tobacco use services, substance use disorder services, and problem gambling services. Moneys in the Fund will also be used to fund disability services and administrative costs associated with the Behavioral Health Service System.

Transfers an amount equal to \$42 multiplied by the State's population from the General Fund to the Behavioral Health Fund for the fiscal

15 18 behavioral health fund an amount equal to forty-two dollars
 15 19 multiplied by the state's population for the fiscal year.

year beginning on July 1, 2025 (FY 2026).

DETAIL: 2021 Iowa Acts, [Chapter 177](#) (Division XXV [Taxation and Other Provisions Act](#)) created a General Fund standing appropriation for the Mental Health and Disability Services Regional Services Fund. The amount appropriated in FY 2024 was \$127,723,160. According to the 2020 decennial census, Iowa's population is 3,190,369 and the estimated amount for FY 2025 is approximately \$134,421,714.

15 20 4. For the fiscal year beginning July 1, 2026, and each
 15 21 succeeding fiscal year, there is transferred from the general
 15 22 fund of the state to the behavioral health fund an amount equal
 15 23 to the state's population for the fiscal year multiplied by
 15 24 the sum of the dollar amount used to calculate the transfer
 15 25 from the general fund to the behavioral health fund for the
 15 26 immediately preceding fiscal year, plus the state growth factor
 15 27 for the fiscal year for which the transfer is being made.

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

15 28 5. For each fiscal year, an administrative services
 15 29 organization shall not spend on administrative costs an amount
 15 30 more than seven percent of the total amount distributed to the
 15 31 administrative services organization through this section and
 15 32 all other appropriations for the same fiscal year.

Prohibits an ASO from spending more than 7.00% of its funding in a given fiscal year on administrative costs.

15 33 6. Moneys in the behavioral health fund may be used by the
 15 34 department for cash flow purposes, provided that any moneys so
 15 35 allocated are returned to the behavioral health fund by the end
 16 1 of each fiscal year.

Permits the use of Behavioral Health Fund moneys for cash flow purposes, provided any moneys so allocated are returned to the Fund by the end of each fiscal year.

16 2 7. Notwithstanding section 12C.7, subsection 2, interest
 16 3 or earnings on moneys deposited in the behavioral health fund
 16 4 shall be credited to the behavioral health fund.

Credits any interest or earnings on the moneys deposited in the Behavioral Health Fund to the Fund.

16 5 8. Notwithstanding section 8.33, moneys appropriated in
 16 6 this section that remain unencumbered or unobligated at the
 16 7 close of the fiscal year shall not revert but shall remain
 16 8 available for expenditure for the purposes designated.

Allows any unexpended funds appropriated to the Behavioral Health Fund to remain available for expenditure.

16 9 Sec. 8.NEW SECTION 225A.8 ADDICTIVE DISORDERS PREVENTION
 16 10 — PROHIBITIONS.

Defines the term "entity" for this section of the Bill.

16 11 1. For purposes of this section, "entity" means a
 16 12 manufacturer, distributor, wholesaler, retailer, or

16 13 distributing agent, or an agent of a manufacturer, distributor,
 16 14 wholesaler, retailer, or distributing agent as those terms are
 16 15 defined in section 453A.1.

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

16 20 a. Give away cigarettes or tobacco products.

16 21 b. Provide free articles, products, commodities, gifts, or
 16 22 concessions in any exchange for the purchase of cigarettes or
 16 23 tobacco products.

16 24 3. The prohibitions in this section shall not apply to
 16 25 transactions between manufacturers, distributors, wholesalers,
 16 26 or retailers as those terms are defined in section 453A.1.

16 27 Sec. 9. NEW SECTION 225A.9 APPLICATION FOR SERVICES —
 16 28 MINORS.

16 29 A minor who is twelve years of age or older shall have
 16 30 the legal capacity to act and give consent to the provision
 16 31 of tobacco cessation coaching services pursuant to a tobacco
 16 32 cessation telephone and internet-based program approved by
 16 33 the department through the behavioral health service system
 16 34 established in section 225A.3. Consent shall not be subject to
 16 35 later disaffirmance by reason of such minority. The consent of
 17 1 another person, including but not limited to the consent of a
 17 2 spouse, parent, custodian, or guardian, shall not be necessary.

17 3 Sec. 10. CODE EDITOR DIRECTIVE. The Code editor is directed
 17 4 to do all of the following:

17 5 1. Designate sections 225A.1 through 225A.9, as enacted
 17 6 in this division of this Act, as Code chapter 225A entitled
 17 7 “Department of Health and Human Services — Behavioral Health
 17 8 Service System”.

17 9 2. Correct internal references in the Code and in any
 17 10 enacted legislation as necessary due to the enactment of this
 17 11 division of this Act.

17 12 Sec. 11. EFFECTIVE DATE. This division of this Act takes
 17 13 effect July 1, 2025.

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

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

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

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

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

PG LN	GA:90 HF2673	Explanation
17 14	DIVISION II	
17 15	BEHAVIORAL HEALTH SERVICE SYSTEM — CONFORMING CHANGES	
17 16 17 17	Sec. 12. Section 11.6, subsection 1, paragraph b, Code 2024, is amended to read as follows:	Adopts conforming changes to Iowa Code section 11.6(1)(b) (Consultative Services to Audits of Governmental Subdivisions and Related Organizations).
17 18 17 19 17 20 17 21 17 22	b. The financial condition and transactions of community mental health centers organized under chapter 230A , substance use disorder programs organized <u>licensed</u> under chapter 125; and community action agencies organized under chapter 216A; shall be audited at least once each year.	
17 23 17 24 17 25	Sec. 13. Section 97B.1A, subsection 8, paragraph a, subparagraph (13), Code 2024, is amended by striking the subparagraph.	Adopts conforming changes to Iowa Code section 97B.1A(8)(a)(13) to maintain the defined population of the term "employees" as it related to the Iowa Public Employees Retirement System (IPERS) while removing mention of the MHDS regions.
17 26 17 27	Sec. 14. Section 123.17, subsection 5, Code 2024, is amended to read as follows:	Increases the annual amount of funds transferred from the Beer and Liquor Control Fund from \$2,000,000 to \$3,000,000 which is to the special revenue account to be transferred to the Behavioral Health Fund.
17 28 17 29 17 30 17 31 17 32 17 33 17 34 17 35 18 1 18 2 18 3 18 4 18 5 18 6 18 7 18 8 18 9 18 10	5. After any transfer provided for in subsection 3 is made, the department shall transfer into a special revenue account in the general fund of the state, a sum of money at least equal to seven percent of the gross amount of sales made by the department from the beer and liquor control fund on a monthly basis but not less than nine million dollars annually. Of the amounts transferred, twothree million dollars, plus an additional amount determined by the general assembly , shall be appropriated to the department of health and human services for use by the staff who administer the comprehensive substance use disorder program under chapter 125 for substance use disorder treatment and prevention programs shall be transferred to the <u>behavioral health fund established under section 225A.7</u> . Any amounts received in excess of the amounts appropriated to the department of health and human services for use by the staff who administer the comprehensive substance use disorder program under chapter 125 transferred to the behavioral health fund shall be considered <u>part of the general fund balance</u> .	
18 11 18 12	Sec. 15. Section 123.17, subsection 8, Code 2024, is amended by striking the subsection.	Repeals Iowa Code section 123.17(8) .
		DETIAL: Eliminates the \$1,000,000 transfer from the Beer and Liquor Control Fund to the HHS for county program funding under Iowa Code section 125.59 .

18 13 Sec. 16. Section 123.17, subsection 9, Code 2024, is amended
18 14 to read as follows:

18 15 9. After any transfers provided for in subsections 3, 5,
18 16 6, ~~and 7, and 8~~ are made, and before any other transfer to the
18 17 general fund, the department shall transfer to the economic
18 18 development authority from the beer and liquor control fund the
18 19 lesser of two hundred fifty thousand dollars or one percent of
18 20 the gross sales of native distilled spirits by all class "A"
18 21 native distilled spirits license holders made by the department
18 22 for the purposes of promoting Iowa wine, beer, and spirits.

18 23 Sec. 17. Section 124.409, subsection 2, Code 2024, is
18 24 amended by striking the subsection.

18 25 Sec. 18. Section 125.2, subsections 4, 5, and 10, Code 2024,
18 26 are amended by striking the subsections.

18 27 Sec. 19. Section 125.91, subsection 1, Code 2024, is amended
18 28 to read as follows:

18 29 1. The procedure prescribed by this section shall only
18 30 be used for a person with a substance use disorder due to
18 31 intoxication or substance-induced incapacitation who has
18 32 threatened, attempted, or inflicted physical self-harm or harm
18 33 on another, and is likely to inflict physical self-harm or harm
18 34 on another unless immediately detained, or who is incapacitated
18 35 by a chemical substance, if an application has not been filed
19 1 naming the person as the respondent pursuant to section 125.75
19 2 and the person cannot be ordered into immediate custody and
19 3 detained pursuant to section 125.81.

19 4 Sec. 20. Section 125.93, Code 2024, is amended to read as

Adopts conforming changes to Iowa Code section [123.17\(8\)](#) (Beer and Liquor Control Fund — Allocations to Substance Use Disorder Programs — Use of Civil Penalties).

Repeals Iowa Code section [124.409\(2\)](#).

DETAIL: Removes the requirement that a patient who does not possess sufficient income or estate to make payment of the costs of treatment will be considered a State patient.

Repeals Iowa Code section [125.2\(4\)](#), [125.2\(5\)](#), and [125.2\(10\)](#).

DETAIL: Removes the following terms from the definitions associated with Iowa Code chapter [125](#) related to substance use disorders: "council," meaning the Council of Health and Human Services; "county of residence," meaning the same as defined in Iowa Code section [225C.61](#); and "incompetent person," meaning a person who has been adjudged incompetent by a court of law.

Amends Iowa Code section [125.91\(1\)](#) by specifying that an individual who is incapacitated by a chemical substance is eligible to be taken to the nearest available facility as referenced in Iowa Code section [125.81\(2\)](#).

Changes confidentiality requirements for commitment records to be

19 5 follows:
 19 6 125.93 COMMITMENT RECORDS — CONFIDENTIALITY.
 19 7 Records of the identity, diagnosis, prognosis, or treatment
 19 8 of a person which are maintained in connection with the
 19 9 provision of substance use disorder treatment services are
 19 10 confidential, consistent with the requirements of section
 19 11 ~~125.37, and with the federal confidentiality regulations~~
 19 12 ~~authorized by the federal Drug Abuse Office and Treatment Act,~~
 19 13 ~~42 U.S.C. §290ee and the federal Comprehensive Alcohol Abuse~~
 19 14 ~~and Alcoholism Prevention, Treatment and Rehabilitation Act, 42~~
 19 15 ~~U.S.C. §290dd-2. However, such records may be disclosed to an~~
 19 16 ~~employee of the department of corrections, if authorized by the~~
 19 17 ~~director of the department of corrections, or to an employee~~
 19 18 ~~of a judicial district department of correctional services, if~~
 19 19 ~~authorized by the director of the judicial district department~~
 19 20 ~~of correctional services.~~

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

19 21 Sec. 21. Section 135.11, subsection 11, Code 2024, is
 19 22 amended to read as follows:
 19 23 11. Administer chapters 125, 136A, 136C, 139A, 142, ~~142A,~~
 19 24 144, and 147A.

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

19 25 Sec. 22. Section 135C.2, subsection 5, unnumbered paragraph
 19 26 1, Code 2024, is amended to read as follows:
 19 27 The department shall establish a special classification
 19 28 within the residential care facility category in order to
 19 29 foster the development of residential care facilities which
 19 30 serve persons with an intellectual disability, chronic mental
 19 31 illness, a developmental disability, or brain injury, ~~as~~
 19 32 ~~described under section 225C.26,~~ and which contain five or
 19 33 fewer residents. A facility within the special classification
 19 34 established pursuant to this subsection is exempt from the
 19 35 requirements of section 10A.713. The department shall adopt
 20 1 rules which are consistent with rules previously developed for
 20 2 the ~~waiver~~ demonstration waiver project pursuant to 1986 Iowa
 20 3 Acts, ch.1246, §206, and which include all of the following
 20 4 provisions:

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

20 5 Sec. 23. Section 135C.6, subsection 1, Code 2024, is amended
 20 6 to read as follows:
 20 7 1. A person or governmental unit acting severally or
 20 8 jointly with any other person or governmental unit shall not

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

20 9 establish or operate a health care facility in this state
 20 10 without a license for the facility. A supported community
 20 11 living service, as defined in section ~~225C.21~~ 249A.38A, is not
 20 12 required to be licensed under this chapter, but is subject to
 20 13 approval under section ~~225C.21~~ 249A.38A in order to receive
 20 14 public funding.

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

20 30 Sec. 25. Section 135C.23, subsection 2, paragraph b, Code
 20 31 2024, is amended to read as follows:
 20 32 b. This section does not prohibit the admission of a
 20 33 patient with a history of dangerous or disturbing behavior to
 20 34 an intermediate care facility for persons with mental illness,
 20 35 intermediate care facility for persons with an intellectual
 21 1 disability, or nursing facility, or county care facility when
 21 2 the intermediate care facility for persons with mental illness,
 21 3 intermediate care facility for persons with an intellectual
 21 4 disability, or nursing facility, or county care facility has a
 21 5 program which has received prior approval from the department
 21 6 to properly care for and manage the patient. An intermediate
 21 7 care facility for persons with mental illness, intermediate
 21 8 care facility for persons with an intellectual disability,
 21 9 or nursing facility, or county care facility is required to
 21 10 transfer or discharge a resident with dangerous or disturbing
 21 11 behavior when the intermediate care facility for persons with
 21 12 mental illness, intermediate care facility for persons with an
 21 13 intellectual disability, or nursing facility, or county care

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

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

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

21 24 Sec. 26. Section 135C.23, subsection 5, Code 2024, is
 21 25 amended by striking the subsection.

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

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

21 26 Sec. 27. Section 135C.24, subsection 5, Code 2024, is
 21 27 amended by striking the subsection.

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

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

21 28 Sec. 28. Section 135G.1, subsection 12, Code 2024, is
 21 29 amended to read as follows:

21 30 12. a. "Subacute mental health services" means ~~the same~~
 21 31 as defined in section 225C.6 services that provide all of the
 21 32 following:

21 33 (1) A comprehensive set of wraparound services for a
 21 34 person who has had, or is at imminent risk of having, acute or
 21 35 crisis mental health symptoms that do not permit the person to
 22 1 remain in or threatens removal of the person from the person's
 22 2 home and community, but who has been determined by a mental
 22 3 health professional and a licensed health care professional,
 22 4 subject to the professional's scope of practice, not to need
 22 5 inpatient acute hospital services. For the purposes of this
 22 6 subparagraph, "licensed health care professional" means a person

Defines "subacute mental health services."

22 7 licensed under chapter 148, an advanced registered nurse
 22 8 practitioner, or a physician assistant.
 22 9 (2) Intensive, recovery-oriented treatment and monitoring
 22 10 of a person. Treatment may be provided directly or remotely
 22 11 by a licensed psychiatrist or an advanced registered nurse
 22 12 practitioner.
 22 13 (3) An outcome-focused, interdisciplinary approach designed
 22 14 to return a person to living successfully in the community.
 22 15 b. Subacute mental health services may include services
 22 16 provided in a wide array of settings ranging from a person's
 22 17 home to a specialized facility with restricted means of egress.
 22 18 c. Subacute mental health services shall be limited to a
 22 19 period not to exceed ten calendar days or another time period
 22 20 determined in accordance with rules adopted by the department
 22 21 for this purpose, whichever is longer.

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

22 24 142.1 DELIVERY OF BODIES.

22 25 The body of every person ~~dying~~ who died in a public asylum,
 22 26 hospital, ~~county care facility~~, penitentiary, or reformatory
 22 27 in this state, or found dead within the state, or ~~which~~ who
 22 28 is to be buried at public expense in this state, except those
 22 29 buried under the provisions of chapter 144C or 249, and which
 22 30 is suitable for scientific purposes, shall be delivered to the
 22 31 medical college of the state university, or some osteopathic
 22 32 or chiropractic college or school located in this state, which
 22 33 has been approved under the law regulating the practice of
 22 34 osteopathic medicine or chiropractic; but no such body shall
 22 35 be delivered to any such college or school if the deceased
 23 1 person expressed a desire during the person's last illness
 23 2 that the person's body should be buried or cremated, nor if
 23 3 such is the desire of the person's relatives. Such bodies
 23 4 shall be equitably distributed among said colleges and schools
 23 5 according to their needs for teaching anatomy in accordance
 23 6 with such rules as may be adopted by the department of health
 23 7 and human services. The expense of transporting said bodies to
 23 8 such college or school shall be paid by the college or school
 23 9 receiving the same. If the deceased person has not expressed
 23 10 a desire during the person's last illness that the person's
 23 11 body should be buried or cremated and no person authorized to
 23 12 control the deceased person's remains under section 144C.5

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

23 13 requests the person's body for burial or cremation, and if a
 23 14 friend objects to the use of the deceased person's body for
 23 15 scientific purposes, said deceased person's body shall be
 23 16 ~~forthwith~~ delivered to such friend for burial or cremation at
 23 17 no expense to the state or county. Unless such friend provides
 23 18 for burial and burial expenses within five days, the body shall
 23 19 be used for scientific purposes under this chapter.

23 20 Sec. 30. Section 142.3, Code 2024, is amended to read as
 23 21 follows:

23 22 142.3 NOTIFICATION OF DEPARTMENT.

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

24 3 Sec. 31. NEW SECTION 217.17 STATE HEALTH IMPROVEMENT PLAN.

24 4 1. The department shall develop, implement, and administer
 24 5 a state health improvement plan to identify health priorities,
 24 6 goals, and measurable objectives, and outline strategies to
 24 7 improve health statewide.

24 8 2. The state health improvement plan shall be developed
 24 9 and updated in collaboration and in coordination with other
 24 10 state departments, stakeholders, and statewide organizations
 24 11 the department determines to be relevant.

24 12 3. The state health improvement plan may be updated by the
 24 13 department at the department's discretion.

24 14 Sec. 32. NEW SECTION 217.37 RECOVERY OF PAYMENT —
 24 15 ASSIGNMENT OF LIENS — COUNTY ATTORNEY TO ENFORCE.

24 16 1. For purposes of this section, "assistance" means all of

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

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

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

Defines "assistance" for Iowa Code section 217.37 as a payment by the State for services rendered through the BHSS or a payment by the State for aging and disability services.

24 17	the following:	
24 18	a. A payment by the state for services rendered through	
24 19	the behavioral health service system established under section	
24 20	225A.3.	
24 21	b. A payment by the state for aging and disability services	
24 22	rendered in accordance with chapter 231.	
24 23	2. The department shall have the authority to investigate if	Grants the HHS the authority to investigate whether a person is
24 24	a person is eligible to have assistance paid on the person's	eligible to have assistance paid on the person's behalf and whether
24 25	behalf and whether payment of assistance was proper.	that payment was proper.
24 26	3. Notwithstanding any provision of law to the contrary,	Requires assistance to be unrecoverable unless the HHS finds that
24 27	assistance shall not be recoverable unless the department	the assistance was paid for the benefit of a person who was not
24 28	finds that the assistance was paid for the benefit of a person	entitled to have assistance paid on the person's behalf.
24 29	who was not entitled to have assistance paid on the person's	
24 30	behalf.	
24 31	4. Assistance paid for the benefit of a person who was	Establishes that assistance that is eligible for recovery can be
24 32	not entitled to have assistance paid on the person's behalf	recoverable from either the entity to which the assistance was paid,
24 33	shall be recoverable from the entity to which the assistance	from the person on whose behalf the assistance was paid, or from a
24 34	was paid, from the person on whose behalf assistance was paid,	third party who is liable for the person's debts or support.
24 35	or from a third party who is liable for the person's debts or	
25 1	support.	
25 2	5. Upon the death of a person who was not entitled to	Establishes that upon the death of a person who was not entitled to
25 3	have assistance paid on the person's behalf, the department	have assistance paid on the person's behalf, the HHS has a right to
25 4	shall have a lien equivalent in priority to liens described	keep possession of property belonging to the person's estate for the
25 5	in section 633.425, subsection 6, against the person's estate	portion of the assistance improperly paid. These debts shall be
25 6	for the portion of the assistance improperly paid which the	categorize equivalent in priority to all taxes having preference under
25 7	department had not recovered at the time of the person's death.	the laws of Iowa.
25 8	6. The department may waive all or a portion of improperly	Grants the HHS the right to waive all or a portion of improperly paid
25 9	paid assistance, or a lien created under subsection 5, if	assistance if it is found that collection would result in undue hardship.
25 10	the department finds that collection would result in undue	
25 11	hardship.	
25 12	7. The department shall adopt rules pursuant to chapter 17A	Requires the HHS to adopt administrative rules pursuant to Iowa Code
25 13	to implement and administer this section.	chapter 17A to implement and administer this section.
25 14	Sec. 33. Section 218.30, Code 2024, is amended to read as	Adopts conforming changes to Iowa Code section 218.30
25 15	follows:	(Investigation of Other Facilities) that removes the requirement for the

<p>25 16 218.30 INVESTIGATION OF OTHER FACILITIES. 25 17 The director may investigate or cause the investigation of 25 18 charges of abuse, neglect, or mismanagement on the part of an 25 19 officer or employee of a private facility which is subject to 25 20 the director's supervision or control. The director shall also 25 21 investigate or cause the investigation of charges concerning 25 22 county care facilities in which persons with mental illness are 25 23 served.</p>	<p>Director of HHS to investigate or cause the investigation of charges concerning county care facilities.</p>
<p>25 24 Sec. 34. Section 218.78, subsection 1, Code 2024, is amended 25 25 to read as follows: 25 26 1. All institutional receipts of the department, including 25 27 funds received from client participation at the state resource 25 28 centers under section 222.78 and at the state mental health 25 29 institutes under section 230.20, shall be deposited in the 25 30 general fund except for reimbursements for services provided 25 31 to another institution or state agency, for receipts deposited 25 32 in the revolving farm fund under section 904.706, for deposits 25 33 into the medical assistance fund under section 249A.11, and for 25 34 rentals charged to employees or others for room, apartment, or 25 35 house and meals, which shall be available to the institutions.</p>	<p>Adopts conforming changes to Iowa Code section 218.78 (Institutional Receipts Deposited).</p>
<p>26 1 Sec. 35. Section 222.1, subsection 1, Code 2024, is amended 26 2 to read as follows: 26 3 1. This chapter addresses the public and private services 26 4 available in this state to meet the needs of persons with an 26 5 intellectual disability. The responsibility of the mental 26 6 health and disability services regions formed by counties and 26 7 of the state for the costs and administration of publicly 26 8 funded services shall be as set out in section 222.60 and other 26 9 pertinent sections of this chapter.</p>	<p>Adopts conforming changes to Iowa Code section 222.1 (Purpose of Chapter — State Resource Centers — Special Unit at State Mental Health Institute).</p>
<p>26 10 Sec. 36. Section 222.2, Code 2024, is amended by adding the 26 11 following new subsection: 26 12 NEW SUBSECTION 01. "Administrative services organization" 26 13 means the same as defined in section 225A.1.</p>	<p>Defines, pursuant to Iowa Code chapter 222 regarding persons with an intellectual disability, "administrative services organization" as an entity designated by the HHS to develop and perform planning and administrative services in accordance with a district BHSS plan.</p>
<p>26 14 Sec. 37. Section 222.2, subsections 6 and 7, Code 2024, are 26 15 amended by striking the subsections.</p>	<p>Repeals Iowa Code section 222.2(6) and 222.2(7). DETAIL: Removes "mental health and disability services region" and "regional administrator" from the definitions in Iowa Code chapter 222 regarding persons with an intellectual disability.</p>

26 16 Sec. 38. Section 222.12, subsection 2, Code 2024, is amended
26 17 by striking the subsection.

Repeals Iowa Code section [222.12](#)(2).

DETAIL: The repealed Iowa Code section directs notice of the death of a patient, and the cause of death, to be sent to the regional administrator for the patient's county of residence.

26 18 Sec. 39. Section 222.13, Code 2024, is amended to read as
26 19 follows:
26 20 222.13 VOLUNTARY ADMISSIONS.
26 21 1. If an adult person is believed to be a person with an
26 22 intellectual disability, the adult person or the adult person's
26 23 guardian may apply to the department and the superintendent of
26 24 any state resource center for the voluntary admission of the
26 25 adult person either as an inpatient or an outpatient of the
26 26 resource center. ~~If the expenses of the person's admission~~
26 27 ~~or placement are payable in whole or in part by the person's~~
26 28 ~~county of residence, application for the admission shall be~~
26 29 ~~made through the regional administrator. An application for~~
26 30 ~~admission to a special unit of any adult person believed to be~~
26 31 ~~in need of any of the services provided by the special unit~~
26 32 ~~under section 222.88 may be made in the same manner. The~~
26 33 ~~superintendent shall accept the application if a preadmission~~
26 34 ~~diagnostic evaluation confirms or establishes the need for~~
26 35 ~~admission, except that an application shall not be accepted if~~
27 1 ~~the institution does not have adequate facilities available or~~
27 2 ~~if the acceptance will result in an overcrowded condition.~~
27 3 2. If the resource center does not have an appropriate
27 4 program for the treatment of an adult or minor person with an
27 5 intellectual disability applying under this section or section
27 6 222.13A, ~~the regional administrator for the person's county~~
27 7 ~~of residence or the department, as applicable, shall arrange~~
27 8 ~~for the placement of the person in any public or private~~
27 9 ~~facility within or without outside of the state, approved by~~
27 10 ~~the director, which offers appropriate services for the person.~~
27 11 ~~If the expenses of the placement are payable in whole or in~~
27 12 ~~part by a county, the placement shall be made by the regional~~
27 13 ~~administrator for the county.~~
27 14 ~~3. If the expenses of an admission of an adult to a resource~~
27 15 ~~center or a special unit, or of the placement of the person~~
27 16 ~~in a public or private facility are payable in whole or in~~

Adopts conforming changes to Iowa Code section [222.13](#) (Voluntary Admissions).

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

28 7 Sec. 40. Section 222.13A, subsections 3 and 4, Code 2024,
 28 8 are amended to read as follows:

28 9 3. During the preadmission diagnostic evaluation, the
 28 10 minor shall be informed both orally and in writing that the
 28 11 minor has the right to object to the voluntary admission. ff
 28 12 Notwithstanding section 222.33, if the preadmission diagnostic
 28 13 evaluation determines that the voluntary admission is
 28 14 appropriate but the minor objects to the admission, the minor
 28 15 shall not be admitted to the state resource center unless the
 28 16 court approves of the admission. A petition for approval of
 28 17 the minor's admission may be submitted to the juvenile court by
 28 18 the minor's parent, guardian, or custodian.

28 19 4. As soon as practicable after the filing of a petition for
 28 20 approval of the voluntary admission, the court shall determine
 28 21 whether the minor has an attorney to represent the minor in the

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

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

28 22 proceeding. If the minor does not have an attorney, the court
 28 23 shall assign an attorney to the minor ~~an attorney~~. If the
 28 24 minor is unable to pay for an attorney, the attorney shall be
 28 25 compensated by ~~the mental health and disability services region~~
 28 26 an administrative services organization at an hourly rate to be
 28 27 established by ~~the regional administrator~~ in substantially the
 28 28 same manner as provided in section 815.7.

28 29 Sec. 41. Section 222.14, Code 2024, is amended to read as
 28 30 follows:

28 31 222.14 CARE ~~BY REGION~~ PENDING ADMISSION.

28 32 If the institution is unable to receive a patient, the
 28 33 superintendent shall notify ~~the regional administrator~~
 28 34 for the county of residence of the prospective patient an
 28 35 administrative services organization. Until such time as the
 29 1 patient is able to be received by the institution, or when
 29 2 application has been made for admission to a public or private
 29 3 facility as provided in section 222.13 and the application
 29 4 is pending, the care of the patient shall be provided as
 29 5 arranged by the ~~regional administrator~~ administrative services
 29 6 organization.

29 7 Sec. 42. NEW SECTION 222.33 STATE RESOURCE CENTER —
 29 8 ADMISSIONS AND DISCHARGE.

29 9 1. The department shall make all final determinations
 29 10 concerning whether a person may be admitted to a state resource
 29 11 center.

29 12 2. If a patient is admitted to a state resource center
 29 13 pursuant to section 222.13 or 222.13A, and the patient
 29 14 wishes to be placed outside of the state resource center, the
 29 15 discharge of the patient shall be made in accordance with
 29 16 section 222.15.

29 17 Sec. 43. NEW SECTION 222.35 STATE — PAYOR OF LAST RESORT.

29 18 The department shall implement services and adopt rules
 29 19 pursuant to chapter 17A in a manner that ensures that the state
 29 20 is the payor of last resort, and that the department shall not
 29 21 make any payments for services that have been provided until
 29 22 the department has determined that the services provided are
 29 23 not payable by a third-party source.

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

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

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

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

29 24 Sec. 44. Section 222.73, subsections 2 and 4, Code 2024, are
29 25 amended by striking the subsections.

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

29 26 Sec. 45. Section 222.77, Code 2024, is amended to read as
29 27 follows:

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

29 28 222.77 PATIENTS ON LEAVE.

29 29 The cost of support of patients placed on convalescent leave
29 30 or removed as a habilitation measure from a resource center,
29 31 ~~or a special unit~~, except when living in the home of a person
29 32 legally bound for the support of the patient, shall be paid by
29 33 ~~the county of residence or the state as provided in section~~
29 34 ~~222.60.~~

29 35 Sec. 46. Section 222.78, subsection 1, Code 2024, is amended
30 1 to read as follows:

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

30 2 1. The father and mother of any patient admitted to a
30 3 resource center ~~or to a special unit~~, as either an inpatient
30 4 or an outpatient, and any person, firm, or corporation bound
30 5 by contract made for support of the patient, are liable for
30 6 the support of the patient. The patient and those legally
30 7 bound for the support of the patient shall be liable to
30 8 ~~the county or state, as applicable~~, for all sums advanced
30 9 ~~in accordance with the provisions of sections 222.60 and~~
30 10 ~~222.77 relating to reasonable attorney fees and court costs for~~
30 11 the patient's admission to the resource center, and for the
30 12 treatment, training, instruction, care, habilitation, support,
30 13 transportation, or other expenditures made on behalf of the
30 14 patient pursuant to this chapter.

30 15 Sec. 47. Section 222.79, Code 2024, is amended to read as
30 16 follows:

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

30 17 222.79 CERTIFICATION STATEMENT PRESUMED CORRECT.

30 18 In actions to enforce the liability imposed by section
30 19 222.78, the superintendent ~~or the county of residence, as~~
30 20 ~~applicable~~, shall submit a certification statement stating
30 21 the sums charged, and the certification statement shall be
30 22 considered presumptively correct.

30 23 Sec. 48. Section 222.80, Code 2024, is amended to read as
30 24 follows:

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

30 25 222.80 LIABILITY TO ~~COUNTY OR~~ STATE.

30 26 A person admitted to a county institution ~~or home~~ or admitted
 30 27 at ~~county~~ or state expense to a private hospital, sanitarium,
 30 28 or other facility for treatment, training, instruction, care,
 30 29 habilitation, and support as a patient with an intellectual
 30 30 disability shall be liable to the ~~county~~ or state, ~~as~~
 30 31 ~~applicable~~, for the reasonable cost of the support as provided
 30 32 in section 222.78.

30 33 Sec. 49. Section 222.82, Code 2024, is amended to read as
 30 34 follows:

30 35 222.82 COLLECTION OF LIABILITIES AND CLAIMS.

31 1 If liabilities and claims exist as provided in section
 31 2 222.78 or any other provision of this chapter, ~~the county of~~
 31 3 ~~residence~~ or the state, ~~as applicable~~, may proceed as provided
 31 4 in this section. ~~If the liabilities and claims are owed to~~
 31 5 ~~a county of residence, the county's board of supervisors may~~
 31 6 ~~direct the county attorney to proceed with the collection of~~
 31 7 ~~the liabilities and claims as a part of the duties of the~~
 31 8 ~~county attorney's office when the board of supervisors deems~~
 31 9 ~~such action advisable. If the liabilities and claims are owed~~
 31 10 ~~to the state, the state shall proceed with the collection.~~
 31 11 The ~~board of supervisors~~ or the state, ~~as applicable~~, may
 31 12 compromise any and all liabilities to the ~~county~~ or state
 31 13 arising under this chapter when such compromise is deemed to be
 31 14 in the best interests of the ~~county~~ or state. Any collections
 31 15 and liens shall be limited in conformance to section 614.1,
 31 16 subsection 4.

31 17 Sec. 50. Section 222.85, subsection 2, Code 2024, is amended
 31 18 to read as follows:

31 19 2. Moneys paid to a resource center from any source other
 31 20 than state appropriated funds and intended to pay all or a
 31 21 portion of the cost of care of a patient, which cost would
 31 22 otherwise be paid from state ~~or county~~ funds or from the
 31 23 patient's own funds, shall not be deemed "funds belonging to a
 31 24 patient" for the purposes of this section.

31 25 Sec. 51. Section 222.86, Code 2024, is amended to read as
 31 26 follows:

31 27 222.86 PAYMENT FOR CARE FROM FUND.

31 28 If a patient is not receiving medical assistance under
 31 29 chapter 249A and the amount in the account of any patient

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

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

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

31 30 in the patients' personal deposit fund exceeds two hundred
 31 31 dollars, the department may apply any amount of the excess to
 31 32 reimburse the ~~county of residence or the state~~ for liability
 31 33 incurred by ~~the county or the state~~ for the payment of care,
 31 34 support, and maintenance of the patient; when billed by the
 31 35 ~~county or state, as applicable.~~

32 1 Sec. 52. Section 222.92, subsection 1, Code 2024, is amended
 32 2 to read as follows:

32 3 1. The department shall operate the state resource centers
 32 4 on the basis of net appropriations from the general fund of
 32 5 the state. The appropriation amounts shall be the net amounts
 32 6 of state moneys projected to be needed for the state resource
 32 7 centers for the fiscal year of the appropriations. The purpose
 32 8 of utilizing net appropriations is to encourage the state
 32 9 resource centers to operate with increased self-sufficiency, to
 32 10 improve quality and efficiency, and to support collaborative
 32 11 efforts between the state resource centers and ~~counties and~~
 32 12 ~~other~~ providers of funding for the services available from
 32 13 the state resource centers. The state resource centers shall
 32 14 not be operated under the net appropriations in a manner that
 32 15 results in a cost increase to the state or in cost shifting
 32 16 between the state, the medical assistance program, ~~counties~~, or
 32 17 other sources of funding for the state resource centers.

32 18 Sec. 53. Section 222.92, subsection 3, paragraph a, Code
 32 19 2024, is amended by striking the paragraph.

32 20 Sec. 54. Section 225.1, subsection 2, Code 2024, is amended
 32 21 to read as follows:

32 22 2. For the purposes of this chapter, unless the context
 32 23 otherwise requires:

32 24 a. ~~“Mental health and disability services region” means~~
 32 25 ~~a mental health and disability services region approved in~~
 32 26 ~~accordance with section 225C.56. “Administrative services~~
 32 27 ~~organization” means the same as defined in section 225A.1.~~

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

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

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

Replaces the definition for "mental health and disability services region" with the definition for "administrative services organization" in Iowa Code section [225.1](#) regarding the definitions relevant to psychiatric hospitals.

<p>32 28 b. “Regional administrator” means the administrator of a 32 29 mental health and disability services region, as defined in 32 30 section 225C.55. “Department” means the department of health 32 31 and human services.</p>	<p>Replaces the definition for "regional administrator" with the definition for "department" in Iowa Code section 225.1 regarding the definitions relevant to psychiatric hospitals.</p>
<p>32 32 c. “Respondent” means the same as defined in section 229.1.</p>	<p>Defines "respondent" as the same as defined in Iowa Code section 229.1 regarding hospitalization of persons with mental illness.</p>
<p>32 33 Sec. 55. NEW SECTION 225.4 STATE PSYCHIATRIC HOSPITAL ——— 32 34 ADMISSIONS. 32 35 The department shall make all final determinations 33 1 concerning whether a person may be admitted to the state 33 2 psychiatric hospital.</p>	<p>Requires the HHS to make all final determinations concerning whether a person may be admitted to the State psychiatry hospital.</p>
<p>33 3 Sec. 56. Section 225.11, Code 2024, is amended to read as 33 4 follows: 33 5 225.11 INITIATING COMMITMENT PROCEDURES. 33 6 When a court finds upon completion of a hearing held pursuant 33 7 to section 229.12 that the contention that a respondent is 33 8 seriously mentally impaired has been sustained by clear and 33 9 convincing evidence, and the application filed under section 33 10 229.6 also contends or the court otherwise concludes that it 33 11 would be appropriate to refer the respondent to the state 33 12 psychiatric hospital for a complete psychiatric evaluation and 33 13 appropriate treatment pursuant to section 229.13, the judge 33 14 may order that a financial investigation be made in the manner 33 15 prescribed by section 225.13. If the costs of a respondent's 33 16 evaluation or treatment are payable in whole or in part by a 33 17 county <u>an administrative services organization</u>, an order under 33 18 this section shall be for referral of the respondent through 33 19 the regional administrator for the respondent's county of 33 20 residence <u>by an administrative services organization</u> for an 33 21 evaluation and referral of the respondent to an appropriate 33 22 placement or service, which may include the state psychiatric 33 23 hospital for additional evaluation or treatment.</p>	<p>Adopts conforming changes to Iowa Code section 225.11 (Initiating Commitment Procedures).</p>
<p>33 24 Sec. 57. Section 225.12, Code 2024, is amended to read as 33 25 follows: 33 26 225.12 VOLUNTARY PUBLIC PATIENT ——— PHYSICIAN'S OR PHYSICIAN 33 27 ASSISTANT'S REPORT. 33 28 A physician or a physician assistant who meets the</p>	<p>Removes the requirement for physicians to submit written reports to the regional administrator for the county of residence, and instead requires physicians to submit a detailed history of a relevant case to an ASO.</p>

33 29 qualifications set forth in the definition of a mental health
 33 30 professional in section 228.1 ~~filling information under~~
 33 31 ~~section 225.10 shall include a written report to the regional~~
 33 32 ~~administrator for the county of residence of the person named~~
 33 33 ~~in the information, giving shall submit a detailed history of~~
 33 34 ~~the case to an administrative services organization as will be~~
 33 35 likely to aid in the observation, treatment, and hospital care
 34 1 of the person ~~and describing the history in detail.~~

34 2 Sec. 58. Section 225.13, Code 2024, is amended to read as
 34 3 follows:
 34 4 225.13 FINANCIAL CONDITION.
 34 5 ~~The regional administrator for the county of residence of~~
 34 6 ~~a person being admitted to the state psychiatric hospital is~~
 34 7 Administrative services organizations shall be responsible for
 34 8 investigating the financial condition of ~~the~~ a person and of
 34 9 those legally responsible for the person's support.

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

34 10 Sec. 59. Section 225.15, Code 2024, is amended to read as
 34 11 follows:
 34 12 225.15 EXAMINATION AND TREATMENT.
 34 13 ~~—~~ When a respondent arrives at the state psychiatric
 34 14 hospital, the admitting physician, or a physician assistant
 34 15 who meets the qualifications set forth in the definition of a
 34 16 mental health professional in section 228.1, shall examine the
 34 17 respondent and determine whether or not, in the physician's
 34 18 or physician assistant's judgment, the respondent is a fit
 34 19 subject for observation, treatment, and hospital care. If,
 34 20 upon examination, the physician or physician assistant who
 34 21 meets the qualifications set forth in the definition of a
 34 22 mental health professional in section 228.1 decides that the
 34 23 respondent should be admitted to the hospital, the respondent
 34 24 shall be provided a proper bed in the hospital. The physician
 34 25 or physician assistant who meets the qualifications set forth
 34 26 in the definition of a mental health professional in section
 34 27 228.1 who has charge of the respondent shall proceed with
 34 28 observation, medical treatment, and hospital care as in the
 34 29 physician's or physician assistant's judgment are proper and
 34 30 necessary, in compliance with sections 229.13, 229.14, this
 34 31 section, and section 229.16. After the respondent's admission,
 34 32 the observation, medical treatment, and hospital care of the
 34 33 respondent may be provided by a mental health professional,

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

34 34 as defined in section 228.1, who is licensed as a physician,
 34 35 advanced registered nurse practitioner, or physician assistant.
 35 1 ~~2. A proper and competent nurse shall also be assigned to~~
 35 2 ~~look after and care for the respondent during observation,~~
 35 3 ~~treatment, and care. Observation, treatment, and hospital~~
 35 4 ~~care under this section which are payable in whole or in part~~
 35 5 ~~by a county shall only be provided as determined through~~
 35 6 ~~the regional administrator for the respondent's county of~~
 35 7 ~~residence.~~

35 8 Sec. 60. Section 225.16, subsection 1, Code 2024, is amended
 35 9 to read as follows:

35 10 1. If the ~~regional administrator for a person's county of~~
 35 11 ~~residence~~ department finds from the physician's information
 35 12 or from the information of a physician assistant who
 35 13 meets the qualifications set forth in the definition of
 35 14 a mental health professional in section 228.1 which was
 35 15 filed under the provisions of section ~~225.10~~ 225.12 that it
 35 16 would be appropriate for the person to be admitted to the
 35 17 state psychiatric hospital, and ~~the report of the regional~~
 35 18 ~~administrator made pursuant to section 225.13 shows the~~
 35 19 department finds that the person and those who are legally
 35 20 responsible for the person are not able to pay the expenses
 35 21 incurred at the hospital, or are able to pay only a part of
 35 22 the expenses, the person shall be considered to be a voluntary
 35 23 public patient and ~~the regional administrator shall direct that~~
 35 24 ~~the person shall be sent to the state psychiatric hospital at~~
 35 25 ~~the state university of iowa~~ for observation, treatment, and
 35 26 hospital care.

35 27 Sec. 61. Section 225.17, subsection 2, Code 2024, is amended
 35 28 to read as follows:

35 29 2. When the respondent arrives at the hospital, the
 35 30 respondent shall receive the same treatment as is provided for
 35 31 committed public patients in section 225.15, in compliance
 35 32 with sections 229.13 through 229.16. ~~However, observation,~~
 35 33 ~~treatment, and hospital care under this section of a respondent~~
 35 34 ~~whose expenses are payable in whole or in part by a county~~
 35 35 ~~shall only be provided as determined through the regional~~
 36 1 ~~administrator for the respondent's county of residence.~~

36 2 Sec. 62. Section 225.18, Code 2024, is amended to read as

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

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

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

36 3 follows:
 36 4 225.18 ATTENDANTS.
 36 5 ~~The regional administrator~~ An administrative services
 36 6 organization may appoint an attendant to accompany the
 36 7 committed public patient or the voluntary public patient
 36 8 or the committed private patient from the place where the
 36 9 patient may be to the state psychiatric hospital, or to
 36 10 accompany the patient from the hospital to a place as may
 36 11 be designated by the ~~regional administrator~~ administrative
 36 12 services organization. If a patient is moved pursuant to this
 36 13 section, at least one attendant shall be of the same gender as
 36 14 the patient.

36 15 Sec. 63. Section 225.22, Code 2024, is amended to read as
 36 16 follows:
 36 17 225.22 LIABILITY OF PRIVATE PATIENTS — PAYMENT.
 36 18 Every committed private patient, if the patient has an
 36 19 estate sufficient for that purpose, or if those legally
 36 20 responsible for the patient's support are financially able,
 36 21 shall be liable to the ~~county and~~ state for all expenses paid
 36 22 by ~~them in~~ the state on behalf of such patient. All bills
 36 23 for the care, nursing, observation, treatment, medicine, and
 36 24 maintenance of such patients shall be paid by the director of
 36 25 the department of administrative services in the same manner as
 36 26 those of committed and voluntary public patients as provided in
 36 27 this chapter, unless the patient or those legally responsible
 36 28 for the patient make such settlement with the state psychiatric
 36 29 hospital.

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

36 30 Sec. 64. Section 225.24, Code 2024, is amended to read as
 36 31 follows:
 36 32 225.24 COLLECTION OF PRELIMINARY EXPENSE.
 36 33 Unless a committed private patient or those legally
 36 34 responsible for the patient's support offer to settle the
 36 35 amount of the claims, the ~~regional administrator for the~~
 37 1 ~~person's county of residence~~ department shall collect, by
 37 2 action if necessary, the amount of all claims for per diem and
 37 3 expenses that have been approved by the ~~regional administrator~~
 37 4 ~~for the county~~ an administrative services organization and
 37 5 paid by the ~~regional administrator~~ as provided under section
 37 6 ~~225.24~~ administrative services organization. Any amount
 37 7 collected shall be credited to the ~~mental health and disability~~

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

37 8 ~~services region combined account created behavioral health fund~~
 37 9 ~~established in accordance with section 225C.58~~ 225A.7.

37 10 Sec. 65. Section 225.27, Code 2024, is amended to read as
 37 11 follows:

37 12 225.27 DISCHARGE — TRANSFER.

37 13 The state psychiatric hospital may, at any time, discharge
 37 14 any patient as recovered, as improved, or as not likely to
 37 15 be benefited by further treatment. If the patient being so
 37 16 discharged was involuntarily hospitalized, the hospital shall
 37 17 notify the committing judge or court of the discharge as
 37 18 required by section 229.14 or section 229.16, whichever is as
 37 19 applicable, and the applicable regional administrator. Upon
 37 20 receiving the notification, the court shall issue an order
 37 21 confirming the patient's discharge from the hospital or from
 37 22 care and custody, as the case may be, and shall terminate the
 37 23 proceedings pursuant to which the order was issued. The court
 37 24 or judge shall, if necessary, appoint a person to accompany the
 37 25 discharged patient from the state psychiatric hospital to such
 37 26 place as the hospital or the court may designate, or authorize
 37 27 the hospital to appoint such attendant.

37 28 Sec. 66. Section 226.1, subsection 4, Code 2024, is amended
 37 29 by adding the following new paragraph:

37 30 NEW PARAGRAPH 0a. "Administrative services organization"
 37 31 means the same as defined in section 225A.1.

37 32 Sec. 67. Section 226.1, subsection 4, paragraphs d and f,
 37 33 Code 2024, are amended by striking the paragraphs.

37 34 Sec. 68. Section 226.8, subsection 2, Code 2024, is amended
 37 35 to read as follows:

38 1 2. Charges for the care of any person with a diagnosis of
 38 2 an intellectual disability admitted to a state mental health
 38 3 institute shall be made by the institute in the manner provided
 38 4 by chapter 230, but the liability of any other person to ~~any~~
 38 5 ~~mental health and disability services region~~ the state for the
 38 6 cost of care of such person with a diagnosis of an intellectual

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

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

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

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

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

38 7 disability shall be as prescribed by section 222.78.

38 8 Sec. 69. Section 226.32, Code 2024, is amended to read as
38 9 follows:

38 10 226.32 OVERCROWDED CONDITIONS.

38 11 The director shall order the discharge or removal from the
38 12 mental health institute of incurable and harmless patients
38 13 whenever it is necessary to make room for recent cases. If
38 14 a patient who is to be discharged entered the mental health
38 15 institute voluntarily, the director shall notify the regional
38 16 administrator for the county interested at least ten days in
38 17 advance of the day of actual discharge.

38 18 Sec. 70. Section 226.34, subsection 2, paragraph d, Code
38 19 2024, is amended by striking the paragraph.

38 20 Sec. 71. Section 228.6, subsection 1, Code 2024, is amended
38 21 to read as follows:

38 22 1. A mental health professional or an employee of or
38 23 agent for a mental health facility may disclose mental health
38 24 information if and to the extent necessary, to meet the
38 25 requirements of section 229.24, 229.25, ~~230.20, 230.21, 230.25,~~
38 26 ~~230.26,~~ 230A.108, 232.74, or 232.147, or to meet the compulsory
38 27 reporting or disclosure requirements of other state or federal
38 28 law relating to the protection of human health and safety.

38 29 Sec. 72. Section 229.1, Code 2024, is amended by adding the
38 30 following new subsection:

38 31 NEW SUBSECTION 01. "Administrative services organization"
38 32 means the same as defined in section 225A.1.

38 33 Sec. 73. Section 229.1, subsections 11, 18, and 19, Code
38 34 2024, are amended by striking the subsections.

38 35 Sec. 74. Section 229.1B, Code 2024, is amended to read as

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

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

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

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

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

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

DETAIL: The repeal removes "mental health and disability services region," "region," and "regional administrator" from the list of definitions for Iowa Code chapter [229](#) regarding hospitalization of persons with mental illness.

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

<p>39 1 follows: 39 2 229.1B REGIONAL ADMINISTRATOR <u>ADMINISTRATIVE SERVICES</u> 39 3 <u>ORGANIZATION</u> . 39 4 Notwithstanding any provision of this chapter to the 39 5 contrary, any person whose hospitalization expenses are 39 6 payable in whole or in part by a mental health and disability 39 7 services region <u>an administrative services organization</u> 39 8 shall be subject to all administrative requirements of the 39 9 regional administrator for the county <u>administrative services</u> 39 10 <u>organization</u>.</p>	<p>Administrator).</p>
<p>39 11 Sec. 75. Section 229.2, subsection 1, paragraph b, 39 12 subparagraph (3), Code 2024, is amended to read as follows: 39 13 (3) As soon as is practicable after the filing of a 39 14 petition for juvenile court approval of the admission of the 39 15 minor, the juvenile court shall determine whether the minor 39 16 has an attorney to represent the minor in the hospitalization 39 17 proceeding, and if not, the court shall assign to the minor 39 18 an attorney. If the minor is financially unable to pay for 39 19 an attorney, the attorney shall be compensated by the mental 39 20 health and disability services region <u>an administrative</u> 39 21 <u>services organization</u> at an hourly rate to be established 39 22 by the regional administrator for the county in which the 39 23 proceeding is held <u>administrative services organization</u> in 39 24 substantially the same manner as provided in section 815.7.</p>	<p>Adopts conforming changes to Iowa Code section 229.2 (Application for Voluntary Admission — Authority to Receive Voluntary Patients).</p>
<p>39 25 Sec. 76. Section 229.2, subsection 2, paragraph a, Code 39 26 2024, is amended to read as follows: 39 27 a. The chief medical officer of a public hospital shall 39 28 receive and may admit the person whose admission is sought, 39 29 subject in cases other than medical emergencies to availability 39 30 of suitable accommodations and to the provisions of sections 39 31 <u>section</u> 229.41 and 229.42.</p>	<p>Adopts conforming changes to Iowa Code section 229.2 (Application for Voluntary Admission — Authority to Receive Voluntary Patients).</p>
<p>39 32 Sec. 77. Section 229.8, subsection 1, Code 2024, is amended 39 33 to read as follows: 39 34 1. Determine whether the respondent has an attorney 39 35 who is able and willing to represent the respondent in the 40 1 hospitalization proceeding, and if not, whether the respondent 40 2 is financially able to employ an attorney and capable of 40 3 meaningfully assisting in selecting one. In accordance with 40 4 those determinations, the court shall if necessary allow the</p>	<p>Adopts conforming changes to Iowa Code section 229.8 (Procedure After Application is Filed).</p>

40 5 respondent to select, or shall assign to the respondent, an
 40 6 attorney. If the respondent is financially unable to pay an
 40 7 attorney, the attorney shall be compensated by ~~the mental~~
 40 8 ~~health and disability services region~~ an administrative
 40 9 services organization at an hourly rate to be established
 40 10 by the ~~regional~~ administrator for the county in which the
 40 11 ~~proceeding is held~~ administrative services organization in
 40 12 substantially the same manner as provided in section 815.7.

40 13 Sec. 78. Section 229.10, subsection 1, paragraph a, Code
 40 14 2024, is amended to read as follows:

40 15 a. An examination of the respondent shall be conducted by
 40 16 one or more licensed physicians or mental health professionals,
 40 17 as required by the court's order, within a reasonable time.
 40 18 If the respondent is detained pursuant to section 229.11,
 40 19 subsection 1, paragraph "b", the examination shall be conducted
 40 20 within twenty-four hours. If the respondent is detained
 40 21 pursuant to section 229.11, subsection 1, paragraph "a" or
 40 22 "c", the examination shall be conducted within forty-eight
 40 23 hours. If the respondent so desires, the respondent shall be
 40 24 entitled to a separate examination by a licensed physician or
 40 25 mental health professional of the respondent's own choice. The
 40 26 reasonable cost of the examinations shall, if the respondent
 40 27 lacks sufficient funds to pay the cost, be paid by ~~the regional~~
 40 28 ~~administrator from mental health and disability services region~~
 40 29 ~~funds~~ an administrative services organization upon order of the
 40 30 court.

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

40 31 Sec. 79. Section 229.11, subsection 1, unnumbered paragraph
 40 32 1, Code 2024, is amended to read as follows:

40 33 If the applicant requests that the respondent be taken into
 40 34 immediate custody and the judge, upon reviewing the application
 40 35 and accompanying documentation, finds probable cause to believe
 41 1 that the respondent has a serious mental impairment and is
 41 2 likely to injure the respondent or other persons if allowed
 41 3 to remain at liberty, the judge may enter a written order
 41 4 directing that the respondent be taken into immediate custody
 41 5 by the sheriff or the sheriff's deputy and be detained until
 41 6 the hospitalization hearing. The hospitalization hearing shall
 41 7 be held no more than five days after the date of the order,
 41 8 except that if the fifth day after the date of the order is
 41 9 a Saturday, Sunday, or a holiday, the hearing may be held

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

41 10 on the next succeeding business day. If the expenses of a
41 11 respondent are payable in whole or in part by ~~a mental health~~
41 12 ~~and disability services region~~ an administrative services
41 13 organization, for a placement in accordance with paragraph “a”,
41 14 the judge shall give notice of the placement to ~~the regional~~
41 15 ~~administrator for the county in which the court is located~~ an
41 16 administrative services organization, and for a placement in
41 17 accordance with paragraph “b” or “c”, the judge shall order
41 18 the placement in a hospital or facility designated ~~through~~
41 19 ~~the regional administrator~~ by an administrative services
41 20 organization. The judge may order the respondent detained for
41 21 the period of time until the hearing is held, and no longer,
41 22 in accordance with paragraph “a”, if possible, and if not then
41 23 in accordance with paragraph “b”, or, only if neither of these
41 24 alternatives is available, in accordance with paragraph “c”.
41 25 Detention may be in any of the following:

41 26 Sec. 80. Section 229.13, subsection 1, paragraph a, Code
41 27 2024, is amended to read as follows:

41 28 a. The court shall order a respondent whose expenses are
41 29 payable in whole or in part by ~~a mental health and disability~~
41 30 ~~services region~~ an administrative services organization
41 31 placed under the care of an appropriate hospital or facility
41 32 designated ~~through the regional administrator for the county~~
41 33 by an administrative services organization on an inpatient or
41 34 outpatient basis.

41 35 Sec. 81. Section 229.13, subsection 7, paragraph b, Code
42 1 2024, is amended to read as follows:

42 2 b. ~~A region~~ An administrative services organization shall
42 3 contract with mental health professionals to provide the
42 4 appropriate treatment including treatment by the use of oral
42 5 medicine or injectable antipsychotic medicine pursuant to this
42 6 section.

42 7 Sec. 82. Section 229.14, subsection 2, paragraph a, Code
42 8 2024, is amended to read as follows:

42 9 a. For a respondent whose expenses are payable in whole
42 10 or in part by ~~a mental health and disability services region~~
42 11 an administrative services organization, placement as
42 12 ~~designated through the regional administrator for the county~~
42 13 by an administrative services organization in the care of an

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

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

Adopts conforming changes to Iowa Code section [229.14](#) (Chief Medical Officer's Report).

42 14 appropriate hospital or facility on an inpatient or outpatient
 42 15 basis, or other appropriate treatment, or in an appropriate
 42 16 alternative placement.

42 17 Sec. 83. Section 229.14A, subsections 7 and 9, Code 2024,
 42 18 are amended to read as follows:

42 19 7. If a respondent's expenses are payable in whole or in
 42 20 part by ~~a mental health and disability services region through~~
 42 21 ~~the regional administrator for the county~~ an administrative
 42 22 services organization, notice of a placement hearing shall be
 42 23 provided to the county attorney and ~~the regional administrator~~
 42 24 an administrative services organization. At the hearing, the
 42 25 county may present evidence regarding appropriate placement.

42 26 9. A placement made pursuant to an order entered under
 42 27 section 229.13 or 229.14 or this section shall be considered to
 42 28 be authorized ~~through the regional administrator for the county~~
 42 29 by an administrative services organization.

42 30 Sec. 84. Section 229.15, subsection 4, Code 2024, is amended
 42 31 to read as follows:

42 32 4. When a patient has been placed in an alternative facility
 42 33 other than a hospital pursuant to a report issued under section
 42 34 229.14, subsection 1, paragraph "d", a report on the patient's
 42 35 condition and prognosis shall be made to the court which placed
 43 1 the patient, at least once every six months, unless the court
 43 2 authorizes annual reports. ~~If an evaluation of the patient is~~
 43 3 ~~performed pursuant to section 227.2, subsection 4, a copy of~~
 43 4 ~~the evaluation report shall be submitted to the court within~~
 43 5 ~~fifteen days of the evaluation's completion. The court may in~~
 43 6 ~~its discretion waive the requirement of an additional report~~
 43 7 ~~between the annual evaluations. If the department exercises~~
 43 8 ~~the authority to remove residents or patients from a county~~
 43 9 ~~care facility or other county or private facility under section~~
 43 10 ~~227.6, the department shall promptly notify each court which~~
 43 11 ~~placed in that facility any resident or patient removed.~~

43 12 Sec. 85. Section 229.19, subsection 1, paragraphs a and b,
 43 13 Code 2024, are amended to read as follows:

43 14 a. In each county the board of supervisors shall appoint
 43 15 an individual who has demonstrated by prior activities an
 43 16 informed concern for the welfare and rehabilitation of persons
 43 17 with mental illness, and who is not an officer or employee of

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

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

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

43 18 the department, ~~an officer or employee of a region, an officer~~
 43 19 ~~or employee of a county performing duties for a region, or~~
 43 20 an officer or employee of any agency or facility providing
 43 21 care or treatment to persons with mental illness, to act as an
 43 22 advocate representing the interests of patients involuntarily
 43 23 hospitalized by the court, in any matter relating to the
 43 24 patients' hospitalization or treatment under section 229.14 or
 43 25 229.15.

43 26 b. The committing court shall assign the advocate for the
 43 27 county where the patient is located. A county ~~or region~~ may
 43 28 seek reimbursement from ~~the patient's county of residence or~~
 43 29 ~~from the region in which the patient's county of residence is~~
 43 30 ~~located~~ an administrative services organization.

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

43 31 Sec. 86. Section 229.19, subsection 4, unnumbered paragraph
 43 32 1, Code 2024, is amended to read as follows:

43 33 ~~The state mental health and disability services commission~~
 43 34 ~~created in section 225C.5~~ department, in consultation with
 43 35 advocates and county and judicial branch representatives, shall
 44 1 adopt rules pursuant to chapter 17A relating to advocates that
 44 2 include but are not limited to all of the following topics:

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

44 3 Sec. 87. Section 229.22, subsection 2, paragraph b, Code
 44 4 2024, is amended to read as follows:

44 5 b. If the magistrate orders that the person be detained,
 44 6 the magistrate shall, by the close of business on the next
 44 7 working day, file a written order with the clerk in the county
 44 8 where it is anticipated that an application may be filed
 44 9 under section 229.6. The order may be filed by facsimile if
 44 10 necessary. A peace officer from the law enforcement agency
 44 11 that took the person into custody, if no request was made
 44 12 under paragraph "a", may inform the magistrate that an arrest
 44 13 warrant has been issued for or charges are pending against the
 44 14 person and request that any written order issued under this
 44 15 paragraph require the facility or hospital to notify the law
 44 16 enforcement agency about the discharge of the person prior to
 44 17 discharge. The order shall state the circumstances under which
 44 18 the person was taken into custody or otherwise brought to a
 44 19 facility or hospital, and the grounds supporting the finding
 44 20 of probable cause to believe that the person is seriously
 44 21 mentally impaired and likely to injure the person's self or

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

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

45 10 Sec. 88. Section 229.24, subsection 3, unnumbered paragraph
 45 11 1, Code 2024, is amended to read as follows:
 45 12 If all or part of the costs associated with hospitalization
 45 13 of an individual under this chapter are chargeable to ~~a county~~
 45 14 ~~of residence~~ an administrative services organization, the
 45 15 clerk of the district court shall provide to ~~the regional~~
 45 16 ~~administrator for the county of residence~~ and to the regional
 45 17 ~~administrator for the county in which the hospitalization~~
 45 18 ~~order is entered~~ an administrative services organization the
 45 19 following information pertaining to the individual which would
 45 20 be confidential under subsection 1:

45 21 Sec. 89. Section 229.38, Code 2024, is amended to read as
 45 22 follows:
 45 23 229.38 CRUELTY OR OFFICIAL MISCONDUCT.
 45 24 If any person having the care of a person with mental illness
 45 25 who has voluntarily entered a hospital or other facility for
 45 26 treatment or care, or who is responsible for psychiatric

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

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

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

46 4 Sec. 90. Section 230.1, Code 2024, is amended by adding the
 46 5 following new subsection:
 46 6 NEW SUBSECTION 01. "Administrative service organization"
 46 7 means the same as defined in section 225A.1.

46 8 Sec. 91. Section 230.1, subsections 4 and 5, Code 2024, are
 46 9 amended by striking the subsections.

46 10 Sec. 92. Section 230.10, Code 2024, is amended to read as
 46 11 follows:
 46 12 230.10 PAYMENT OF COSTS.
 46 13 All legal costs and expenses for the taking into custody,
 46 14 care, investigation, and admission or commitment of a person to
 46 15 a state mental health institute ~~under a finding that the person~~
 46 16 ~~has residency in another county of this state~~ shall be charged
 46 17 ~~against the regional administrator of the person's county of~~
 46 18 ~~residence~~ to an administrative services organization.

46 19 Sec. 93. Section 230.11, Code 2024, is amended to read as
 46 20 follows:
 46 21 230.11 RECOVERY OF COSTS FROM STATE.
 46 22 Costs and expenses for the taking into custody, care, and
 46 23 investigation of a person who has been admitted or committed
 46 24 to a state mental health institute, United States department
 46 25 of veterans affairs hospital, or other agency of the United
 46 26 States government, for persons with mental illness and

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

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

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

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

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

46 27 who has no residence in this state or whose residence is
46 28 unknown, including cost of commitment, if any, shall be paid
46 29 as approved by the department. The amount of the costs and
46 30 expenses approved by the department is appropriated to the
46 31 department from any moneys in the state treasury not otherwise
46 32 appropriated. ~~Payment shall be made by the department on~~
46 33 ~~itemized vouchers executed by the regional administrator of~~
46 34 ~~the person's county which has paid them, and approved by the~~
46 35 ~~department.~~

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

47 3 1. A person with mental illness and a person legally liable
47 4 for the person's support remain liable for the support of
47 5 the person with mental illness as provided in this section.
47 6 Persons legally liable for the support of a person with mental
47 7 illness include the spouse of the person, and any person
47 8 bound by contract for support of the person. ~~The regional~~
47 9 ~~administrator of the person's county of residence, subject to~~
47 10 ~~the direction of the region's governing board, shall enforce~~
47 11 ~~the obligation created in this section as to all sums advanced~~
47 12 ~~by the regional administrator. The liability to the regional~~
47 13 ~~administrator incurred by a person with mental illness or a~~
47 14 ~~person legally liable for the person's support under this~~
47 15 ~~section is limited to an amount equal to one hundred percent~~
47 16 ~~of the cost of care and treatment of the person with mental~~
47 17 ~~illness at a state mental health institute for one hundred~~
47 18 ~~twenty days of hospitalization. This limit of liability may~~
47 19 ~~be reached by payment of the cost of care and treatment of the~~
47 20 ~~person with mental illness subsequent to a single admission~~
47 21 ~~or multiple admissions to a state mental health institute or,~~
47 22 ~~if the person is not discharged as cured, subsequent to a~~
47 23 ~~single transfer or multiple transfers to a county care facility~~
47 24 ~~pursuant to section 227.11. After reaching this limit of~~
47 25 ~~liability, a person with mental illness or a person legally~~
47 26 ~~liable for the person's support is liable to the regional~~
47 27 ~~administrator state for the care and treatment of the person~~
47 28 ~~with mental illness at a state mental health institute or,~~
47 29 ~~if transferred but not discharged as cured, at a county care~~
47 30 ~~facility in an amount not in excess of to exceed the average~~
47 31 ~~minimum cost of the maintenance of an individual who is~~
47 32 ~~physically and mentally healthy residing in the individual's~~

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

47 33 own home, which standard shall be as established and may be
 47 34 revised by the department by rule. A lien imposed by section
 47 35 230.25 shall not exceed the amount of the liability which may
 48 1 be incurred under this section on account of a person with
 48 2 mental illness.

48 3 2. A person with a substance use disorder is legally
 48 4 liable for the total amount of the cost of providing care,
 48 5 maintenance, and treatment for the person with a substance
 48 6 use disorder while a voluntary or committed patient. When
 48 7 a portion of the cost is paid by a county an administrative
 48 8 services organization, the person with a substance use disorder
 48 9 is legally liable to the county administrative services
 48 10 organization for the amount paid. The person with a substance
 48 11 use disorder shall assign any claim for reimbursement under any
 48 12 contract of indemnity, by insurance or otherwise, providing
 48 13 for the person's care, maintenance, and treatment in a state
 48 14 mental health institute to the state. Any payments received
 48 15 by the state from or on behalf of a person with a substance use
 48 16 disorder shall be in part credited to the county in proportion
 48 17 to the share of the costs paid by the county.

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

48 18 Sec. 95. NEW SECTION 230.23 STATE — PAYOR OF LAST RESORT.
 48 19 The department shall implement services and adopt rules
 48 20 pursuant to chapter 17A in a manner that ensures that the state
 48 21 is the payor of last resort, and that the department does not
 48 22 make any payments for services that have been provided until
 48 23 the department has determined that the services provided are
 48 24 not payable by a third-party source.

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

48 25 Sec. 96. Section 230.30, Code 2024, is amended to read as
 48 26 follows:

48 27 230.30 CLAIM AGAINST ESTATE.

48 28 On the death of a person receiving or who has received
 48 29 assistance under the provisions of this chapter, and whom the
 48 30 board department has previously found, under section 230.25,
 48 31 is able to pay, there shall be allowed against the estate of
 48 32 such decedent a claim of the sixth class for that portion of
 48 33 the total amount paid for that person's care which exceeds
 48 34 the total amount of all claims of the first through the fifth
 48 35 classes, inclusive, as defined in section 633.425, which are
 49 1 allowed against that estate.

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

49 2 Sec. 97. Section 232.78, subsection 5, unnumbered paragraph
49 3 1, Code 2024, is amended to read as follows:
49 4 The juvenile court, before or after the filing of a petition
49 5 under this chapter, may enter an ex parte order authorizing
49 6 a physician or physician assistant or hospital to conduct an
49 7 outpatient physical examination or authorizing a physician or
49 8 physician assistant, a psychologist certified under section
49 9 154B.7, or a community mental health center accredited pursuant
49 10 to ~~chapter 230A~~ section 225A.3 to conduct an outpatient mental
49 11 examination of a child if necessary to identify the nature,
49 12 extent, and cause of injuries to the child as required by
49 13 section 232.71B, provided all of the following apply:

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

49 14 Sec. 98. Section 232.83, subsection 2, unnumbered paragraph
49 15 1, Code 2024, is amended to read as follows:
49 16 Anyone authorized to conduct a preliminary investigation in
49 17 response to a complaint may apply for, or the court on its own
49 18 motion may enter, an ex parte order authorizing a physician
49 19 or physician assistant or hospital to conduct an outpatient
49 20 physical examination or authorizing a physician or physician
49 21 assistant, a psychologist certified under section 154B.7, or a
49 22 community mental health center accredited pursuant to ~~chapter~~
49 23 ~~230A~~ section 225A.3 to conduct an outpatient mental examination
49 24 of a child if necessary to identify the nature, extent, and
49 25 causes of any injuries, emotional damage, or other such needs
49 26 of a child as specified in section 232.96A, subsection 3, 5, or
49 27 6, provided that all of the following apply:

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

49 28 Sec. 99. Section 235.7, subsection 2, Code 2024, is amended
49 29 to read as follows:
49 30 2. MEMBERSHIP. The department may authorize the governance
49 31 boards of decategorization of child welfare and juvenile
49 32 justice funding projects established under section 232.188 to
49 33 appoint the transition committee membership and may utilize
49 34 the boundaries of decategorization projects to establish
49 35 the service areas for transition committees. The committee
50 1 membership may include but is not limited to department staff
50 2 involved with foster care, child welfare, and adult services,
50 3 juvenile court services staff, staff involved with county
50 4 general assistance or emergency relief under chapter 251 or
50 5 252, or a regional administrator of the county mental health

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

50 6 ~~and disability services region, as defined in section 225C.55,~~
 50 7 ~~in the area,~~ school district and area education agency staff
 50 8 involved with special education, and a child's court appointed
 50 9 special advocate, guardian ad litem, service providers, and
 50 10 other persons knowledgeable about the child.

50 11 Sec. 100. Section 235A.15, subsection 2, paragraph c,
 50 12 subparagraphs (5) and (8), Code 2024, are amended by striking
 50 13 the subparagraphs.

50 14 Sec. 101. Section 249A.4, subsection 15, Code 2024, is
 50 15 amended by striking the subsection.

50 16 Sec. 102. Section 249A.12, subsection 4, Code 2024, is
 50 17 amended by striking the subsection.

50 18 Sec. 103. NEW SECTION 249A.38A SUPPORTED COMMUNITY LIVING
 50 19 SERVICES.

50 20 1. As used in this section, "supported community living
 50 21 service" means a service provided in a noninstitutional
 50 22 setting to adult persons with mental illness, an intellectual
 50 23 disability, or developmental disabilities to meet the persons'
 50 24 daily living needs.

50 25 2. The department shall adopt rules pursuant to chapter 17A
 50 26 establishing minimum standards for supported community living
 50 27 services.

50 28 3. The department shall determine whether to grant, deny, or

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

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

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

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

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

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

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

Instructs the HHS to adopt administrative rules to establish minimum standards for supported community living services.

Instructs the HHS to determine whether to grant, deny, or revoke

50 29 revoke approval for any supported community living service.

approval for any supported community living service.

50 30 4. Approved supported community living services may receive
50 31 funding from the state, federal and state social services block
50 32 grant funds, and other appropriate funding sources, consistent
50 33 with state legislation and federal regulations. The funding
50 34 may be provided on a per diem, per hour, or grant basis, as
50 35 appropriate.

Stipulates that approved supported community living services may receive funding from State, federal, block grant, and other funding sources consistent with State legislation and federal regulation.

51 1 Sec. 104. Section 249N.8, Code 2024, is amended by striking
51 2 the section and inserting in lieu thereof the following:
51 3 249N.8 BEHAVIORAL HEALTH SERVICES REPORTS.
51 4 The department shall annually submit a report to the
51 5 governor and the general assembly with details related to the
51 6 department's review of the funds administered by, and the
51 7 outcomes and effectiveness of, the behavioral health services
51 8 provided by, the behavioral health service system established
51 9 in section 225A.3.

Repeals Iowa Code section [249N.8](#) and instead requires the HHS to annually submit a report to the Governor and the General Assembly reviewing the funds administered by the BHSS established in Iowa Code section 225A.3, as created by the Bill.

DETAIL: The repealed Iowa Code section requires the HHS to submit a report to the Governor and the General Assembly reviewing the funds administered by the MHDS regions.

51 10 Sec. 105. Section 252.24, subsections 1 and 3, Code 2024,
51 11 are amended to read as follows:

51 12 1. The county of residence, as defined in section ~~225C.61~~
51 13 331.190, shall be liable to the county granting assistance for
51 14 all reasonable charges and expenses incurred in the assistance
51 15 and care of a poor person.

51 16 3. This section shall apply to assistance or maintenance
51 17 provided by a county through the county's mental health
51 18 and disability services behavioral health service system
51 19 ~~implemented under chapter 225C~~ established in section 225A.3.

Adopts conforming changes to Iowa Code section [252.24](#) (County of Residence Liable — Exception).

51 20 Sec. 106. Section 256.25, subsections 2 and 3, Code 2024,
51 21 are amended to read as follows:

51 22 2. A school district, which may collaborate and partner
51 23 with one or more school districts, area education agencies,
51 24 accredited nonpublic schools, nonprofit agencies, and
51 25 institutions that provide children's mental health services,
51 26 ~~located in mental health and disability services regions~~
51 27 ~~providing children's behavioral health services in accordance~~
51 28 ~~with chapter 225C, subchapter VII operating within the state's~~
51 29 behavioral health service system under chapter 225A, may apply
51 30 for a grant under this program to establish a therapeutic

Adopt conforming changes to Iowa Code section [256.25](#) (Therapeutic Classroom Incentive Grant Program — Fund).

51 31 classroom in the school district in accordance with this
 51 32 section.
 51 33 3. The department shall develop a grant application
 51 34 and selection and evaluation criteria. Selection criteria
 51 35 shall include a method for prioritizing grant applications
 52 1 submitted by school districts. First priority shall be
 52 2 given to applications submitted by school districts that
 52 3 submitted an application pursuant to this section for the
 52 4 previous immediately preceding fiscal year. Second priority
 52 5 shall be given to applications submitted by school districts
 52 6 that, pursuant to subsection 2, are collaborating and
 52 7 partnering with one or more school districts, area education
 52 8 agencies, accredited nonpublic schools, nonprofit agencies,
 52 9 or institutions that provide mental health services for
 52 10 children. Third priority shall be given to applications
 52 11 submitted by school districts located in ~~mental health and~~
 52 12 ~~disability services regions~~ behavioral health districts as
 52 13 defined in section 225A.1, and that are providing behavioral
 52 14 health services for children in accordance with chapter 225C,
 52 15 ~~subchapter VII 225A.~~ Grant awards shall be distributed as
 52 16 equitably as possible among small, medium, and large school
 52 17 districts. For purposes of this subsection, a small school
 52 18 district is a district with an actual enrollment of fewer than
 52 19 six hundred pupils; a medium school district is a district
 52 20 with an actual enrollment that is at least six hundred pupils,
 52 21 but less than two thousand five hundred pupils; and a large
 52 22 school district is a district with an actual enrollment of two
 52 23 thousand five hundred or more pupils.

52 24 Sec. 107. Section 321.189, subsection 10, Code 2024, is
 52 25 amended to read as follows:
 52 26 10. AUTISM SPECTRUM DISORDER STATUS. A licensee who has
 52 27 autism spectrum disorder, as defined in section 514C.28, may
 52 28 request that the license be marked to reflect the licensee's
 52 29 autism spectrum disorder status on the face of the license
 52 30 when the licensee applies for the issuance or renewal of a
 52 31 license. The department may adopt rules pursuant to chapter
 52 32 17A establishing criteria under which a license may be marked,
 52 33 including requiring the licensee to submit medical proof of the
 52 34 licensee's autism spectrum disorder status. When a driver's
 52 35 license is so marked, the licensee's autism spectrum disorder
 53 1 status shall be noted in the electronic database used by

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

53 2 the department and law enforcement to access registration,
 53 3 titling, and driver's license information. The department, in
 53 4 consultation with the ~~mental health and disability services~~
 53 5 ~~commission~~ department of health and human services, shall
 53 6 develop educational media to raise awareness of a licensee's
 53 7 ability to request the license be marked to reflect the
 53 8 licensee's autism spectrum disorder status.

53 9 Sec. 108. Section 321.190, subsection 1, paragraph b,
 53 10 subparagraph (6), Code 2024, is amended to read as follows:
 53 11 (6) An applicant for a nonoperator's identification
 53 12 card who has autism spectrum disorder, as defined in section
 53 13 514C.28, may request that the card be marked to reflect
 53 14 the applicant's autism spectrum disorder status on the face
 53 15 of the card when the applicant applies for the issuance or
 53 16 renewal of a card. The department may adopt rules pursuant to
 53 17 chapter 17A establishing criteria under which a card may be
 53 18 marked, including requiring the applicant to submit medical
 53 19 proof of the applicant's autism spectrum disorder status.
 53 20 The department, in consultation with the ~~mental health and~~
 53 21 ~~disability services commission~~ department of health and human
 53 22 services, shall develop educational media to raise awareness of
 53 23 an applicant's ability to request the card be marked to reflect
 53 24 the applicant's autism spectrum disorder status.

53 25 Sec. 109. Section 321J.25, subsection 1, paragraph b, Code
 53 26 2024, is amended to read as follows:
 53 27 b. "Program" means a substance use disorder awareness
 53 28 program, licensed under chapter 125, and provided under a
 53 29 contract entered into between the provider and the department
 53 30 of health and human services under chapter 125 or an
 53 31 administrative services organization as defined in section
 53 32 225A.1.

53 33 Sec. 110. Section 321J.25, subsection 2, unnumbered
 53 34 paragraph 1, Code 2024, is amended to read as follows:
 53 35 A substance use disorder awareness program is established
 54 1 in each of the regions established by the director of health
 54 2 and human services pursuant to section ~~125.12~~ behavioral
 54 3 health district designated pursuant to section 225A.4. The
 54 4 program shall consist of an insight class and a substance
 54 5 use disorder evaluation, which shall be attended by the

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

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

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

54 6 participant, to discuss issues related to the potential
 54 7 consequences of substance use disorder. The parent or parents
 54 8 of the participant shall also be encouraged to participate
 54 9 in the program. The program provider shall consult with the
 54 10 participant or the parents of the participant in the program
 54 11 to determine the timing and appropriate level of participation
 54 12 for the participant and any participation by the participant's
 54 13 parents. The program may also include a supervised educational
 54 14 tour by the participant to any or all of the following:

54 15 Sec. 111. Section 331.321, subsection 1, paragraph e, Code
 54 16 2024, is amended by striking the paragraph.

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

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

54 17 Sec. 112. Section 331.323, subsection 1, paragraph a,
 54 18 subparagraph (7), Code 2024, is amended by striking the
 54 19 subparagraph.

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

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

54 20 Sec. 113. Section 331.381, subsections 4 and 5, Code 2024,
 54 21 are amended to read as follows:

54 22 4. Comply with chapter 222, ~~including but not limited to~~
 54 23 ~~sections 222.13, 222.14, 222.59 through 222.70, 222.73 through~~
 54 24 ~~222.75, and 222.77 through 222.82~~; in regard to the care of
 54 25 persons with an intellectual disability.

54 26 5. Comply with chapters ~~227~~, 229 and 230, ~~including but not~~
 54 27 ~~limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and~~
 54 28 ~~230.35~~; in regard to the care of persons with mental illness.

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

54 29 Sec. 114. Section 331.382, subsection 1, paragraphs e, f,
 54 30 and g, Code 2024, are amended by striking the paragraphs.

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

DETAIL: The repealed Iowa Code sections list provision of preliminary diagnostic evaluation before admissions to state mental health institutes, establishment of a community mental health center, and establishment of a county care facility as powers that may be exercised under the home rule powers or other provisions of the law by the board of supervisors of a county.

54 31 Sec. 115. Section 331.382, subsection 3, Code 2024, is
54 32 amended by striking the subsection.

Repeals Iowa Code section [331.382](#)(3).

DETAIL: The repealed Iowa Code section states that the power to legislate in regard to chemical substance use is subject to Iowa Code section [125.40](#) regarding criminal law limitations for substance use disorders.

54 33 Sec. 116. Section 331.432, subsection 3, Code 2024, is
54 34 amended by striking the subsection.

Repeals Iowa Code section [331.432](#)(3).

DETAIL: The repealed Iowa Code section prohibits payments or transfers of moneys from any fund of a county to a MHDS region's combined account.

54 35 Sec. 117. Section 331.502, subsection 10, Code 2024, is
55 1 amended by striking the subsection.

Repeals Iowa Code section [331.502](#)(10).

DETAIL: The repealed Iowa Code section grants the Office of County Auditor the power to carry out duties relating to determination of residency, collection of funds due to the county, and support of persons with an intellectual disability.

55 2 Sec. 118. Section 331.502, subsection 12, Code 2024, is
55 3 amended to read as follows:
55 4 12. Carry out duties relating to the hospitalization and
55 5 support of persons with mental illness as provided in sections
55 6 ~~229.42, 230.3, 230.11; and 230.15, 230.21, 230.22, 230.25, and~~
55 7 ~~230.26.~~

Adopts conforming changes to Iowa Code section [331.502](#) (General Duties).

55 8 Sec. 119. Section 331.552, subsection 13, Code 2024, is
55 9 amended by striking the subsection.

Repeals Iowa Code section [331.552](#)(13).

DETAIL: The repealed Iowa Code section directs the Office of County Treasurer to make transfer payments to the State for school expenses for deaf and hard-of-hearing children and support of persons with mental illness provided in Iowa Code section [230.21](#).

55 10 Sec. 120. Section 331.756, subsections 25, 38, and 41, Code
55 11 2024, are amended by striking the subsections.

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

DETAIL: The repealed Iowa Code sections direct the Office of County Attorney to serve as attorney for the county health care facility

	<p>administrator in matters relating to the administrator's service as a conservator or guardian for a resident of the health care facility, proceed to collect the reasonable costs for the care and administrative supports of a person with an intellectual disability from parents or other persons who are legally liable for the support of said person, and carry out duties relating to the hospitalization of person for mental illness.</p>
<p>55 12 Sec. 121. Section 331.910, subsection 2, Code 2024, is 55 13 amended by adding the following new paragraph: 55 14 NEW PARAGRAPH 0a. "Administrative services organization" 55 15 means the same as defined in section 225A.1.</p>	<p>Defines "administrative services organization" as the same as defined in Iowa Code 225A.1, as established by the Bill.</p>
<p>55 16 Sec. 122. Section 331.910, subsection 2, paragraph d, Code 55 17 2024, is amended by striking the paragraph.</p>	<p>Repeals Iowa Code section 331.910(2)(d). DETAIL: The repealed Iowa Code section defines the term "region" as a MHDS region.</p>
<p>55 18 Sec. 123. Section 331.910, subsection 3, paragraphs a and c, 55 19 Code 2024, are amended to read as follows: 55 20 a. A region <u>An administrative services organization</u> may 55 21 contract with a receiving agency in a bordering state to secure 55 22 substance use disorder or mental health care and treatment 55 23 under this subsection for persons who receive substance use 55 24 disorder or mental health care and treatment pursuant to 55 25 section 125.33, 125.91, 229.2, or 229.22 through a region. 55 26 c. A region <u>An administrative services organization</u> may 55 27 contract with a sending agency in a bordering state to provide 55 28 care and treatment under this subsection for residents of 55 29 the bordering state in approved substance use disorder and 55 30 mental health care and treatment hospitals, centers, and 55 31 facilities in this state, except that care and treatment shall 55 32 not be provided for residents of the bordering state who are 55 33 involved in criminal proceedings substantially similar to the 55 34 involvement described in paragraph "b".</p>	<p>Adopts conforming changes to Iowa Code section 331.910 (Interstate Contracts for Mental Health and Substance Use Disorder Treatment).</p>
<p>55 35 Sec. 124. Section 347.16, subsection 3, Code 2024, is 56 1 amended to read as follows: 56 2 3. Care and treatment may be furnished in a county public 56 3 hospital to any sick or injured person who has residence 56 4 outside the county which maintains the hospital, subject to 56 5 such policies and rules as the board of hospital trustees</p>	<p>Adopts conforming changes to Iowa Code section 347.16 (Treatment in County Hospital — Terms).</p>

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

56 21 Sec. 125. Section 423.3, subsection 18, paragraph d, Code
 56 22 2024, is amended to read as follows:
 56 23 d. Community mental health centers accredited by the
 56 24 department of health and human services pursuant to ~~chapter~~
 56 25 ~~225C~~ section 225A.3.

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

56 26 Sec. 126. Section 426B.1, subsection 2, Code 2024, is
 56 27 amended to read as follows:
 56 28 2. Moneys shall be distributed from the property tax relief
 56 29 fund to the ~~mental health and disability services regional~~
 56 30 ~~service system for mental health and disability services;~~
 56 31 behavioral health fund established in section 225A.7 in
 56 32 accordance with the appropriations made to the fund and other
 56 33 statutory requirements.

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

56 34 Sec. 127. Section 437A.8, subsection 4, paragraph d, Code
 56 35 2024, is amended to read as follows:
 57 1 d. (1) Notwithstanding paragraph "a", a taxpayer who owns
 57 2 or leases a new electric power generating plant and who has
 57 3 no other operating property in the state of Iowa except for
 57 4 operating property directly serving the new electric power
 57 5 generating plant as described in section 437A.16 shall pay
 57 6 the replacement generation tax associated with the allocation
 57 7 of the local amount to the county treasurer of the county in
 57 8 which the local amount is located and shall remit the remaining
 57 9 replacement generation tax, if any, to the director according

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

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

57 27 Sec. 128. Section 437A.15, subsection 3, paragraph f, Code
57 28 2024, is amended to read as follows:

57 29 f. Notwithstanding the provisions of this section, if
57 30 a taxpayer is a municipal utility or a municipal owner of
57 31 an electric power facility financed under the provisions
57 32 of chapter 28F or 476A, the assessed value, other than the
57 33 local amount, of a new electric power generating plant shall
57 34 be allocated to each taxing district in which the municipal
57 35 utility or municipal owner is serving customers and has
58 1 electric meters in operation in the ratio that the number of
58 2 operating electric meters of the municipal utility or municipal
58 3 owner located in the taxing district bears to the total number
58 4 of operating electric meters of the municipal utility or
58 5 municipal owner in the state as of January 1 of the tax year.
58 6 If the municipal utility or municipal owner of an electric
58 7 power facility financed under the provisions of chapter 28F
58 8 or 476A has a new electric power generating plant but the
58 9 municipal utility or municipal owner has no operating electric
58 10 meters in this state, the municipal utility or municipal owner
58 11 shall pay the replacement generation tax associated with the
58 12 new electric power generating plant allocation of the local
58 13 amount to the county treasurer of the county in which the local
58 14 amount is located and shall remit the remaining replacement
58 15 generation tax, if any, to the director at the times contained

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

58 16 in section 437A.8, subsection 4, for remittance of the tax to
58 17 the county treasurers. All remaining replacement generation
58 18 tax revenues received by the director shall be deposited in the
58 19 property tax relief behavioral health fund created established
58 20 in section ~~426B.1~~, and shall be distributed as provided in
58 21 section 426B.2 225A.7.

58 22 Sec. 129. Section 483A.24, subsection 7, Code 2024, is
58 23 amended to read as follows:

58 24 7. A license shall not be required of minor pupils of the
58 25 Iowa school for the deaf or of minor residents of other state
58 26 institutions under the control of the department of health
58 27 and human services. In addition, a person who is on active
58 28 duty with the armed forces of the United States, on authorized
58 29 leave from a duty station located outside of this state, and
58 30 a resident of the state of Iowa shall not be required to
58 31 have a license to hunt or fish in this state. The military
58 32 person shall carry the person's leave papers and a copy of
58 33 the person's current earnings statement showing a deduction
58 34 for Iowa income taxes while hunting or fishing. In lieu of
58 35 carrying the person's earnings statement, the military person
59 1 may also claim residency if the person is registered to vote
59 2 in this state. If a deer or wild turkey is taken, the military
59 3 person shall immediately contact a state conservation officer
59 4 to obtain an appropriate tag to transport the animal. A
59 5 license shall not be required of ~~residents of county care~~
59 6 ~~facilities~~ or any person who is receiving supplementary
59 7 assistance under chapter 249.

59 8 Sec. 130. Section 602.8102, subsection 39, Code 2024, is
59 9 amended to read as follows:

59 10 39. Refer persons applying for voluntary admission to a
59 11 community mental health center accredited by the department
59 12 of health and human services under section 225A.3, for a
59 13 preliminary diagnostic evaluation ~~as provided in section~~
59 14 ~~225C.16~~, subsection 2.

59 15 Sec. 131. Section 714.8, subsection 12, Code 2024, is
59 16 amended to read as follows:

59 17 12. Knowingly transfers or assigns a legal or equitable
59 18 interest in property, as defined in section 702.14, for less
59 19 than fair consideration, with the intent to obtain public

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

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

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

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

60 2 Sec. 132. Section 812.6, subsection 1, Code 2024, is amended
 60 3 to read as follows:

60 4 1. If the court finds the defendant does not pose a danger
 60 5 to the public peace and safety, is otherwise qualified for
 60 6 pretrial release, and is willing to cooperate with treatment,
 60 7 the court shall order, as a condition of pretrial release,
 60 8 that the defendant obtain mental health treatment designed to
 60 9 restore the defendant to competency. The costs of treatment
 60 10 pursuant to this subsection shall be paid by ~~the mental~~
 60 11 ~~health and disability services region for the county of the~~
 60 12 ~~defendant's residency pursuant to chapter 225C regardless of~~
 60 13 ~~whether the defendant meets financial eligibility requirements~~
 60 14 ~~under section 225C.62 or 225C.66~~ an administrative services
 60 15 organization designated pursuant to section 225A.4.

60 16 Sec. 133. Section 904.201, subsection 8, Code 2024, is
 60 17 amended to read as follows:

60 18 8. Chapter 230 governs the determination of costs and
 60 19 charges for the care and treatment of persons with mental
 60 20 illness admitted to the forensic psychiatric hospital;
 60 21 ~~except that charges for the care and treatment of any person~~
 60 22 ~~transferred to the forensic psychiatric hospital from an adult~~
 60 23 ~~correctional institution or from a state training school shall~~
 60 24 ~~be paid entirely from state funds. Charges for all other~~

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

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

60 25 ~~persons at the forensic psychiatric hospital shall be billed to~~
 60 26 ~~the respective counties at the same ratio as for patients at~~
 60 27 ~~state mental health institutes under section 230.20.~~

60 28 Sec. 134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B,
 60 29 Code 2024, are repealed.

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

60 30 Sec. 135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9,
 60 31 125.10, 125.12, 125.25, 125.32A, 125.34, 125.37, 125.38,
 60 32 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 125.46,
 60 33 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 135B.18,
 60 34 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 222.64, 222.65,
 60 35 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 222.75, 225.10,
 61 1 225.19, 225.21, 226.45, 229.42, 230.1A, 230.2, 230.3, 230.4,
 61 2 230.5, 230.6, 230.9, 230.12, 230.16, 230.17, 230.18, 230.19,
 61 3 230.20, 230.21, 230.22, 230.25, 230.26, 230.27, 426B.2, 426B.4,
 61 4 and 426B.5, Code 2024, are repealed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

61 5 Sec. 136. CODE EDITOR DIRECTIVE. The Code editor is
61 6 directed to correct internal references in the Code and in any
61 7 enacted legislation as necessary due to the enactment of this
61 8 division of this Act.

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

61 9 Sec. 137. EFFECTIVE DATE. This division of this Act takes
61 10 effect July 1, 2025.

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

61 11 DIVISION III
61 12 AGING AND DISABILITY

61 13 Sec. 138. Section 231.3, Code 2024, is amended to read as
61 14 follows:

61 15 231.3 STATE POLICY AND OBJECTIVES.

61 16 1. The general assembly declares that it is the policy of
61 17 the state to work toward attainment of the following objectives
61 18 for Iowa's older individuals and individuals with disabilities:

61 19 ~~1.~~ a. An adequate income.

61 20 ~~2.~~ b. Access to physical and mental health care and
61 21 long-term living and community support services without regard
61 22 to economic status.

61 23 ~~3.~~ c. Suitable and affordable housing that reflects the
61 24 needs of ~~older~~ individuals.

61 25 ~~4.~~ d. Access to comprehensive information and a community
61 26 navigation system providing all available options related to
61 27 long-term living and community support services that assist
61 28 ~~older~~ individuals in the preservation of personal assets and
61 29 the ability to entirely avoid or significantly delay reliance
61 30 on entitlement programs.

61 31 ~~5.~~ e. Full restorative services for those who require
61 32 institutional care, and a comprehensive array of long-term
61 33 living and community support services adequate to sustain ~~older~~

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

61 34 people in their communities and, whenever possible, in their
 61 35 homes, including support for caregivers.
 62 1 ~~6.~~ f. Pursuit of meaningful activity within the widest
 62 2 range of civic, cultural, educational, recreational, and
 62 3 employment opportunities.
 62 4 ~~7.~~ g. Suitable community transportation systems to assist
 62 5 in the attainment of independent movement.
 62 6 ~~8.~~ h. Freedom, independence, and the free exercise of
 62 7 individual initiative in planning and managing their own lives.
 62 8 ~~9.~~ i. Freedom from abuse, neglect, and exploitation.

62 9 2. The general assembly declares that the state of Iowa
 62 10 recognizes a brain injury as a disability, and each agency and
 62 11 subdivision of this state shall recognize a brain injury as a
 62 12 distinct disability.

Issues a declaration from the General Assembly that the State of Iowa recognize a brain injury as a distinct disability.

62 13 3. It is the policy of this state that each state agency
 62 14 shall make reasonable efforts to identify those persons with
 62 15 brain injuries among the persons served by the state agency.

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

62 16 Sec. 139. Section 231.4, subsection 1, Code 2024, is amended
 62 17 by adding the following new paragraph:
 62 18 NEW PARAGRAPH 0c. "Brain injury" means the same as defined
 62 19 in section 135.22.

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

62 20 Sec. 140. Section 231.4, subsection 1, paragraph d, Code
 62 21 2024, is amended to read as follows:
 62 22 d. ~~"Commission" means the commission on aging. "Council"~~
 62 23 means the council on health and human services created in
 62 24 section 217.2.

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

62 25 Sec. 141. Section 231.14, Code 2024, is amended to read as
 62 26 follows:
 62 27 ~~231.14 COMMISSION COUNCIL DUTIES AND AUTHORITY.~~
 62 28 ~~1. The commission is the policymaking body of the sole state~~
 62 29 ~~agency responsible for administration of the federal Act. The~~
 62 30 ~~commission council shall do all of the following:~~
 62 31 ~~a. 1. Approve~~ Make recommendations to the department
 62 32 regarding approval of the state plan on aging developed under
 62 33 section 231.31 and area plans on aging, developed under section
 62 34 231.33.
 62 35 ~~b. 2. Adopt~~ Recommend policies to coordinate state

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

63 1 activities related to the purposes of this chapter.

63 2 ~~c.~~ 3. Serve as an effective and visible advocate for older
63 3 individuals and individuals with disabilities by ~~establishing~~
63 4 recommending policies for reviewing and commenting upon
63 5 ~~all state plans, budgets, and policies~~ which affect older
63 6 individuals and for providing technical assistance to any
63 7 agency, organization, association, or individual representing
63 8 the needs of older individuals with disabilities.

63 9 ~~d.~~ Divide the state into distinct planning and service
63 10 areas after considering the geographical distribution of
63 11 older individuals in the state, the incidence of the need
63 12 for supportive services, nutrition services, multipurpose
63 13 senior centers, and legal services, the distribution of older
63 14 individuals who have low incomes residing in such areas, the
63 15 distribution of resources available to provide such services
63 16 or centers, the boundaries of existing areas within the
63 17 state which are drawn for the planning or administration of
63 18 supportive services programs, the location of units of general
63 19 purpose, local government within the state, and any other
63 20 relevant factors.

63 21 ~~e.~~ Designate for each planning and service area a public or
63 22 private nonprofit agency or organization as the area agency on
63 23 aging for that area. The commission may revoke the designation
63 24 of an area agency on aging pursuant to section 231.32.

63 25 ~~f.~~ 4. ~~Adopt policies to assure~~ Make recommendations to
63 26 ensure that the department will take into account the views
63 27 of older individuals and individuals with disabilities in the
63 28 development of policy.

63 29 ~~g.~~ Adopt a method for the distribution of federal
63 30 Act and state funds taking into account, to the maximum
63 31 extent feasible, the best available data on the geographic
63 32 distribution of older individuals in the state, and publish the
63 33 method for review and comment.

63 34 ~~h.~~ 5. ~~Adopt~~ Recommend policies and measures to ~~assure~~
63 35 ensure that preference will be given to providing services to
64 1 older individuals and individuals with disabilities with the
64 2 greatest economic or social needs, with particular attention to
64 3 low-income minority ~~older~~ individuals, ~~older~~ individuals with
64 4 limited English proficiency, and ~~older~~ individuals residing in
64 5 rural areas.

64 6 ~~i.~~ 6. ~~Adopt~~ Recommend policies to administer state programs

<p>64 7 authorized by this chapter.</p> <p>64 8 j. 7. Adopt Recommend policies and administrative rules</p> <p>64 9 pursuant to chapter 17A that support the capabilities of the</p> <p>64 10 area agencies on aging and the aging and disabilities resource</p> <p>64 11 centers to serve older individuals and persons individuals</p> <p>64 12 with disabilities experiencing Alzheimer's disease or related</p> <p>64 13 dementias.</p> <p>64 14 2. The commission shall adopt administrative rules pursuant</p> <p>64 15 to chapter 17A to administer the duties specified in this</p> <p>64 16 chapter and in all other chapters under the department's</p> <p>64 17 jurisdiction.</p> <p>64 18 Sec. 142. Section 231.21, Code 2024, is amended to read as</p> <p>64 19 follows:</p> <p>64 20 231.21 ADMINISTRATION OF CHAPTER — DEPARTMENT OF HEALTH AND</p> <p>64 21 HUMAN SERVICES.</p> <p>64 22 The department of health and human services shall administer</p> <p>64 23 this chapter under the policy direction of the commission</p> <p>64 24 <u>on aging consider the recommendations of the council when</u></p> <p>64 25 <u>administering this chapter.</u></p> <p>64 26 Sec. 143. Section 231.23, Code 2024, is amended to read as</p> <p>64 27 follows:</p> <p>64 28 231.23 DEPARTMENT — DUTIES AND AUTHORITY.</p> <p>64 29 The department shall:</p> <p>64 30 1. Develop and administer a <u>Administer the</u> state plan on</p> <p>64 31 <u>aging developed pursuant to section 231.31.</u></p> <p>64 32 2. Assist the commission in the review and approval of</p> <p>64 33 <u>Review and approve area plans developed under section 231.33.</u></p> <p>64 34 3. Pursuant to commission policy, coordinate <u>Coordinate</u></p> <p>64 35 <u>state activities related to the purposes of this chapter</u></p> <p>65 1 and all other chapters under the department's jurisdiction.</p> <p>65 2 <u>State activities shall include, at a minimum, home and</u></p> <p>65 3 <u>community-based services such as employment support, community</u></p> <p>65 4 <u>living, and service coordination.</u></p> <p>65 5 4. Advocate for older individuals and individuals with</p> <p>65 6 <u>disabilities</u> by reviewing and commenting upon all state plans,</p> <p>65 7 <u>budgets, laws, rules, regulations, and policies which affect</u></p> <p>65 8 <u>older individuals or individuals with disabilities</u> and by</p>	<p>Directs the HHS to consider the recommendations of the Council on Health and Human Services when administering Iowa Code chapter 231.</p> <p>Removes the requirement for the HHS to develop a State plan on aging, and instead directs the HHS to administer the plan developed pursuant to Iowa Code section 231.31.</p> <p>Directs the HHS to be the entity responsible for reviewing and approving area plans developed under Iowa Code section 231.33.</p> <p>Establishes the minimum requirements for what State activities relevant to Iowa Code chapter 231 should include.</p> <p>Expands existing language to include individuals with disabilities in the target population for advocacy.</p>
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65 9 providing technical assistance to any agency, organization,
 65 10 association, or individual representing the needs of older
 65 11 individuals or individuals with disabilities.

65 12 ~~5. Assist the commission in dividing~~ Divide the state into
 65 13 distinct planning and service areas after considering the
 65 14 geographical distribution of older individuals and individuals
 65 15 with disabilities in the state, the incidence of the need
 65 16 for supportive services, nutrition services, multipurpose
 65 17 senior centers, and legal services, the distribution of older
 65 18 individuals and individuals with disabilities with low income
 65 19 residing in such areas, the distribution of resources available
 65 20 to provide such services or centers, the boundaries of existing
 65 21 areas within the state which are drawn for the planning or
 65 22 administration of supportive services programs, the location of
 65 23 units of general purpose, local government within the state,
 65 24 and any other relevant factors.

65 25 ~~6. Assist the commission in designating~~ Designate for each
 65 26 area a public or private nonprofit agency or organization as
 65 27 the area agency on aging for that area. The department may
 65 28 revoke the designation of an area agency on aging pursuant to
 65 29 section 231.32.

65 30 ~~7. Pursuant to commission policy, take~~ Take into account the
 65 31 views of older lowans and lowans with disabilities.

65 32 ~~8. Assist the commission in adopting~~ Adopt a method for
 65 33 the distribution of funds available from the federal Act
 65 34 and state appropriations and allocations that takes into
 65 35 account, to the extent feasible, the best available data on the
 66 1 geographic distribution of older individuals and individuals
 66 2 with disabilities in the state.

66 3 ~~9. Assist the commission in assuring~~ Adopt policies and
 66 4 measures to ensure that preference will be given to providing
 66 5 services to older individuals and individuals with disabilities
 66 6 with the greatest economic or social needs, with particular
 66 7 attention to low-income minority ~~older~~ individuals, ~~older~~
 66 8 individuals with limited English proficiency, and ~~older~~
 66 9 individuals residing in rural areas.

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

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

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

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

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

<p>66 10 10. Assist the commission in developing, adopting, and 66 11 enforcing Develop, adopt, and enforce administrative rules, 66 12 including by issuing necessary forms and procedures, to 66 13 administer the duties specified in this chapter.</p>	<p>Directs the HHS to develop, adopt, and enforce administrative rules to administer the duties specific to Iowa Code chapter 231.</p>
<p>66 14 11. Apply for, receive, and administer grants, devises, 66 15 donations, and gifts, or bequests of real or personal property 66 16 from any source to conduct projects consistent with the 66 17 purposes of the department. Notwithstanding section 8.33, 66 18 moneys received by the department pursuant to this section are 66 19 not subject to reversion to the general fund of the state.</p>	<p>Removes bequests of real or personal property from Iowa Code 231.23.</p>
<p>66 20 12. Administer state authorized programs.</p>	
<p>66 21 13. Establish a procedure for an area agency on aging to 66 22 use in selection of members of the agency's board of directors. 66 23 The selection procedure shall be incorporated into the bylaws 66 24 of the board of directors.</p>	
<p>66 25 <u>14. Adopt rules pursuant to chapter 17A that support the</u> 66 26 <u>capabilities of the area agencies on aging, and aging and</u> 66 27 <u>disabilities resource centers, to serve older individuals and</u> 66 28 <u>individuals with disabilities.</u></p>	<p>Instructs the HHS to adopt rules pursuant to Iowa Code chapter 17A to support the capabilities of the Area Agencies on Aging and aging and disabilities resource centers.</p>
<p>66 29 Sec. 144. Section 231.23A, subsections 1 and 3, Code 2024, 66 30 are amended to read as follows:</p>	<p>Adopts conforming language to Iowa Code section 231.23A (Programs and Services).</p>
<p>66 31 1. Services for older individuals, persons with 66 32 disabilities eighteen years of age and older, family 66 33 caregivers, and veterans as defined by the department in the 66 34 most current version of the department's reporting manual and 66 35 pursuant to the federal Act and regulations.</p>	
<p>67 1 3. The aging <u>Aging</u> and disability resource center <u>centers</u>.</p>	
<p>67 2 Sec. 145. Section 231.23A, Code 2024, is amended by adding 67 3 the following new subsection:</p>	<p>Includes services and supports available to individuals with disabilities in the list of programs and services the HHS must provide or administer under Iowa Code section 231.23A.</p>
<p>67 4 NEW SUBSECTION 7A. Services and supports available to 67 5 individuals with disabilities including but not limited to 67 6 individuals with mental illness, an intellectual disability or 67 7 other developmental disability, or a brain injury.</p>	
<p>67 8 Sec. 146. Section 231.31, Code 2024, is amended to read as 67 9 follows:</p>	<p>Adopts conforming changes to Iowa Code section 231.31 (State Plan on Aging).</p>
<p>67 10 231.31 STATE PLAN ON AGING.</p>	
<p>67 11 The department shall develop, and submit to the commission</p>	

67 12 ~~on aging for approval~~, a multiyear state plan on aging.
67 13 The state plan on aging shall meet all applicable federal
67 14 requirements.

67 15 Sec. 147. Section 231.32, Code 2024, is amended to read as
67 16 follows:
67 17 231.32 CRITERIA FOR DESIGNATION OF AREA AGENCIES ON AGING.

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

67 18 1. The ~~commission~~ department shall designate an area
67 19 agency on aging for each planning and service area. The
67 20 ~~commission shall continue the designation~~ shall continue until
67 21 an area agency on aging's designation is removed for cause as
67 22 determined by the ~~commission~~ department, until the time of
67 23 renewal or the annual update of an area plan, until the agency
67 24 voluntarily withdraws as an area agency on aging, or until a
67 25 change in the designation of planning and service areas or area
67 26 agencies on aging is required by state or federal law. In that
67 27 event, the ~~commission~~ department shall proceed in accordance
67 28 with subsections 2, 3, and 4. Designated area agencies on
67 29 aging shall comply with the requirements of the federal Act.
67 30 2. The ~~commission~~ department shall designate an area
67 31 agency on aging to serve each planning and service area, after
67 32 consideration of the views offered by units of general purpose
67 33 local government. An area agency on aging may be:
67 34 a. An established office of aging which is operating within
67 35 a planning and service area designated by the ~~commission~~
68 1 department.
68 2 b. Any office or agency of a unit of general purpose local
68 3 government, which is designated to function only for the
68 4 purpose of serving as an area agency on aging by the chief
68 5 elected official of such unit.
68 6 c. Any office or agency designated by the appropriate
68 7 chief elected officials of any combination of units of
68 8 general purpose local government to act only on behalf of such
68 9 combination for such purpose.
68 10 d. Any public or nonprofit private agency in a planning and
68 11 service area or any separate organizational unit within such
68 12 agency which is under the supervision or direction for this
68 13 purpose of the department and which can and will engage only in
68 14 the planning or provision of a broad range of long-term living
68 15 and community support services or nutrition services within the
68 16 planning and service area.
68 17 3. When the ~~commission~~ department designates a new area

68 18 agency on aging, the ~~commission~~ department shall give the right
 68 19 of first refusal to a unit of general purpose local government
 68 20 if:

68 21 a. Such unit can meet the requirements of subsection 1.

68 22 b. The boundaries of such a unit and the boundaries of the
 68 23 area are reasonably contiguous.

68 24 4. Each area agency on aging shall provide assurance,
 68 25 determined adequate by the ~~commission~~ department, that the
 68 26 area agency on aging has the ability to develop an area plan
 68 27 and to carry out, directly or through contractual or other
 68 28 arrangements, a program in accordance with the plan within the
 68 29 planning and service area. In designating an area agency on
 68 30 aging within the planning and service area, the ~~commission~~
 68 31 department shall give preference to an established office of
 68 32 aging, unless the ~~commission~~ department finds that no such
 68 33 office within the planning and service area has the capacity to
 68 34 carry out the area plan.

68 35 5. Upon designation, an area agency on aging shall be
 69 1 considered an instrumentality of the state and shall adhere to
 69 2 all state and federal mandates applicable to an instrumentality
 69 3 of the state.

69 4 Sec. 148. Section 231.33, subsections 1 and 13, Code 2024,
 69 5 are amended to read as follows:

69 6 1. Develop and administer an area plan on aging approved by
 69 7 the ~~commission~~ department.

69 8 13. Submit all fiscal and performance reports in accordance
 69 9 with the policies of the ~~commission~~ department.

69 10 Sec. 149. Section 231.56, Code 2024, is amended to read as
 69 11 follows:

69 12 231.56 SERVICES AND PROGRAMS.

69 13 The department shall administer long-term living and
 69 14 community support services and programs that allow older
 69 15 individuals and individuals with disabilities to secure and
 69 16 maintain maximum independence and dignity in a home environment
 69 17 that provides for self-care with appropriate supportive
 69 18 services, assist in removing individual and social barriers
 69 19 to economic and personal independence for older individuals
 69 20 and individuals with disabilities, and provide a continuum of
 69 21 care for older individuals and individuals with disabilities.
 69 22 Funds appropriated for this purpose shall be allocated based

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

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

69 23 on ~~administrative~~ rules adopted by the ~~commission~~ department
 69 24 pursuant to chapter 17A. The department shall require such
 69 25 records as needed adopt rules pursuant to chapter 17A that
 69 26 allow the department to collect information as necessary from
 69 27 long-term living and community support services, program
 69 28 providers, and patients to administer this section.

69 29 Sec. 150. Section 231.57, Code 2024, is amended to read as
 69 30 follows:

69 31 231.57 COORDINATION OF ADVOCACY.

69 32 The department shall administer a program for the
 69 33 coordination of information and assistance provided within
 69 34 the state to assist older individuals and individuals with
 69 35 disabilities, and their caregivers, in obtaining and protecting
 70 1 their rights and benefits. State and local agencies providing
 70 2 information and assistance to older individuals and individuals
 70 3 with disabilities, and their caregivers, in seeking their
 70 4 rights and benefits shall cooperate with the department in
 70 5 administering this program.

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

70 6 Sec. 151. Section 231.58, Code 2024, is amended to read as
 70 7 follows:

70 8 231.58 LONG-TERM LIVING COORDINATION.

70 9 The director may convene meetings, as necessary, of the
 70 10 director and the director of inspections, appeals, and
 70 11 licensing, to assist in the coordination of policy, service
 70 12 delivery, and long-range planning relating to the long-term
 70 13 living system and older lowans and lowans with disabilities
 70 14 in the state. The group may consult with individuals,
 70 15 institutions, and entities with expertise in the area of the
 70 16 long-term living system and older lowans and lowans with
 70 17 disabilities, as necessary, to facilitate the group's efforts.

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

70 18 Sec. 152. Section 231.64, Code 2024, is amended to read as
 70 19 follows:

70 20 231.64 AGING AND DISABILITY RESOURCE ~~CENTER~~ CENTERS .

70 21 1. ~~The aging and disability resource center shall be~~
 70 22 ~~administered by the department consistent with the federal~~
 70 23 ~~Act~~. The department shall designate area agencies on aging and
 70 24 disability resource centers to establish, in consultation with
 70 25 other stakeholders including organizations representing the
 70 26 disability community, a coordinated local aging and disability

Removes mention of the Area Agencies on Aging, and instead clarifies language directing the HHS to designate aging and disability resource centers to establish a coordinated local aging and disability service system. Specifies that aging and disability resource centers must provide services required by the HHS by rules adopted pursuant to Iowa Code chapter [17A](#) in addition to other required services, and adopts conforming changes.

70 27 ~~service system for providing.~~ In addition to services required
 70 28 ~~by the department by rules adopted pursuant to chapter 17A,~~
 70 29 ~~aging and disability resource centers shall provide for all of~~
 70 30 ~~the following:~~

70 31 a. Comprehensive information, referral, and assistance
 70 32 regarding the full range of available public and private
 70 33 long-term living and community support services, options,
 70 34 service providers, and resources within a community, including
 70 35 information on the availability of integrated long-term care.

71 1 b. Options counseling to assist individuals in assessing
 71 2 their existing or anticipated long-term care needs and
 71 3 developing and implementing a plan for long-term living and
 71 4 community support services designed to meet their specific
 71 5 needs and circumstances. The plan for long-term living
 71 6 and community support services may include support with
 71 7 person-centered care transitions to assist consumers and family
 71 8 caregivers with transitions between home and care settings.

71 9 c. Consumer access to the range of publicly-supported
 71 10 long-term living and community support services for which
 71 11 consumers may be eligible, by serving as a convenient point
 71 12 of entry for such services. ~~The aging~~ Aging and disability
 71 13 resource ~~center~~ centers shall offer information online and
 71 14 be available via a toll-free telephone number, electronic
 71 15 communications, and in person.

71 16 2. The following entities shall be eligible to be designated
 71 17 as an aging and disability resource center by the department:

71 18 a. An area agency on aging established on or before June 30,
 71 19 2024.

71 20 b. A public or private nonprofit agency, or any separate
 71 21 organizational unit within the public or private nonprofit
 71 22 agency, that has the capabilities to engage in the planning or
 71 23 provision of aging and disability services only as directed by
 71 24 the department.

71 25 ~~2. 3.—The aging~~ Aging and disability resource ~~center~~
 71 26 centers shall assist older individuals, ~~persons~~ individuals
 71 27 with disabilities age eighteen or older, family caregivers,
 71 28 and people who inquire about or request assistance on behalf
 71 29 of members of these groups, as they seek long-term living and
 71 30 community support services.

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

Makes nonsubstantive language changes.

71 31 4. The department shall adopt rules pursuant to chapter 17A
 71 32 to implement this section.

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

71 33 Sec. 153.NEW SECTION 231.75 SCOPE.
 71 34 The service quality standards and rights in this subchapter
 71 35 VII shall apply to any person with an intellectual disability,
 72 1 a developmental disability, brain injury, or chronic mental
 72 2 illness who receives services which are funded in whole or in
 72 3 part by public funds, or services which are permitted under
 72 4 Iowa law.

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

72 5 Sec. 154.NEW SECTION 231.76 SERVICE QUALITY STANDARDS.
 72 6 As the state participates more fully in funding services
 72 7 and other support for persons with an intellectual disability,
 72 8 developmental disability, brain injury, or chronic mental
 72 9 illness, it is the intent of the general assembly that the
 72 10 state shall seek to attain the following quality standards in
 72 11 the provision of services and other supports:
 72 12 1. Provide comprehensive evaluation and diagnosis adapted
 72 13 to the cultural background, primary language, and ethnic origin
 72 14 of a person.
 72 15 2. Provide an individual treatment, habilitation, and
 72 16 program services plan.
 72 17 3. Provide treatment, habilitation, and program services
 72 18 that are individualized, flexible, cost-effective, and produce
 72 19 results.
 72 20 4. Provide periodic review of an individual's treatment,
 72 21 habilitation, and program services plan.
 72 22 5. Provide for the least restrictive environment, and
 72 23 age-appropriate services.
 72 24 6. Provide appropriate training and employment
 72 25 opportunities so that a person's ability to contribute to, and
 72 26 participate in, the community is maximized.
 72 27 7. Provide an ongoing process to determine the degree of
 72 28 access to, and the effectiveness of, the services and other
 72 29 supports in achieving the disability service outcomes and
 72 30 indicators identified by the department.

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

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

72 31 Sec. 155.NEW SECTION 231.77 RIGHTS.
 72 32 All of the following rights shall apply to a person with an
 72 33 intellectual disability, a developmental disability, a brain

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

72 34 injury, or a chronic mental illness:

72 35 1. WAGE PROTECTION. A person engaged in a work program

73 1 shall be paid wages commensurate with the going rate for

73 2 comparable work and productivity.

73 3 2. INSURANCE PROTECTION. Pursuant to section 507B.4,

73 4 subsection 3, paragraph "g", a person or designated group

73 5 of persons shall not be unfairly discriminated against for

73 6 purposes of insurance coverage.

73 7 3. CITIZENSHIP. A person retains the right to citizenship

73 8 in accordance with the laws of the state.

73 9 4. PARTICIPATION IN PLANNING ACTIVITIES. A person has

73 10 the right to participate in the formulation of an individual

73 11 treatment, habilitation, and program plan developed for the

73 12 person.

73 13 Sec. 156.NEW SECTION 231.78 COMPLIANCE.

73 14 1. A person's sole remedy for a violation of a rule adopted

73 15 by the department to implement sections 231.75 through 231.77

73 16 shall be to initiate a proceeding with the department by

73 17 request pursuant to chapter 17A.

73 18 a. Any decision of the department shall be in accordance

73 19 with due process of law. A person or party who is aggrieved or

73 20 adversely affected by the department's action may seek judicial

73 21 review pursuant to section 17A.19. A person or party who is

73 22 aggrieved or adversely affected by a final judgment of the

73 23 district court may appeal under section 17A.20.

73 24 b. Either the department or a party in interest may apply

73 25 to the Iowa district court for an order to enforce a final

73 26 decision of the department.

73 27 2. Any rules adopted by the department to implement sections

73 28 231.76 and 231.77 shall not create any right, entitlement,

73 29 property or liberty right or interest, or private cause of

73 30 action for damages against the state or a political subdivision

73 31 of the state, or for which the state or a political subdivision

73 32 of the state would be responsible.

73 33 3. Notwithstanding subsection 1, any violation of section

73 34 231.77, subsection 2, shall be subject to enforcement by the

73 35 commissioner of insurance pursuant to chapter 507B.

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

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

Requires that any violations of Iowa Code section 231.77(2) shall be subject to enforcement by the Commissioner of Insurance pursuant to Iowa Code chapter [507B](#).

Requires the HHS to establish an appeals process concerning the

<p>74 1 Sec. 157. NEW SECTION 231.79 APPEALS PROCESS. 74 2 The department shall establish an appeals process by which a 74 3 person or the person's representative may appeal a decision of 74 4 the department concerning the provision or denial of aging or 74 5 disability services to the person.</p>	<p>provision or denial of aging or disability services to an individual.</p>
<p>74 6 Sec. 158. Section 231E.3, Code 2024, is amended to read as 74 7 follows: 74 8 231E.3 DEFINITIONS. 74 9 As used in this chapter, unless the context otherwise 74 10 requires: 74 11 1. "Client" means an individual for whom a representative 74 12 payee is appointed. 74 13 2. "Commission" means the commission on aging. 74 14 3. <u>2.</u> "Conservator" means conservator as defined in section 74 15 633.3. 74 16 4. <u>3.</u> "Court" means court as defined in section 633.3. 74 17 5. <u>4.</u> "Department" means the department of health and human 74 18 services. 74 19 6. <u>5.</u> "Director" means the director of health and human 74 20 services. 74 21 7. <u>6.</u> "Guardian" means guardian as defined in section 74 22 633.3. 74 23 8. <u>7.</u> "Incompetent" means incompetent as defined in section 74 24 633.3. 74 25 9. <u>8.</u> "Local office" means a local office of public 74 26 guardian. 74 27 10. <u>9.</u> "Local public guardian" means an individual under 74 28 contract with the department to act as a guardian, conservator, 74 29 or representative payee. 74 30 11. <u>10.</u> "Public guardian" means the state public guardian 74 31 or a local public guardian. 74 32 12. <u>11.</u> "Public guardianship services" means guardianship, 74 33 conservatorship, or representative payee services provided by 74 34 the state public guardian or a local public guardian. 74 35 13. <u>12.</u> "Representative payee" means an individual 75 1 appointed by a government entity to receive funds on behalf of 75 2 a client pursuant to federal regulation. 75 3 14. <u>13.</u> "State agency" means any executive department, 75 4 commission, board, institution, division, bureau, office, 75 5 agency, or other executive entity of state government. 75 6 15. <u>14.</u> "State office" means the state office of public</p>	<p>Removes the definition for the term "commission" from Iowa Code section 231E.3, and renumbers the Iowa Code section.</p>

75 7 guardian.
 75 8 ~~16.~~ 15. "State public guardian" means the administrator of
 75 9 the state office of public guardian.
 75 10 ~~17.~~ 16. "Ward" means the individual for whom a guardianship
 75 11 or conservatorship is established.

75 12 Sec. 159. REPEAL. Sections 231.11, 231.12, and 231.13, Code
 75 13 2024, are repealed.

75 14 Sec. 160. CODE EDITOR DIRECTIVE. The Code editor is
 75 15 directed to do all of the following:
 75 16 1. Entitle Code chapter 231 "Department of Health and Human
 75 17 Services — Aging and Disability Services".
 75 18 2. Designate sections 231.75 through 231.79, as enacted in
 75 19 this division of this Act, as subchapter VII entitled "Bill
 75 20 of Rights and Service Quality Standards for Persons with an
 75 21 Intellectual Disability, Developmental Disability, Brain
 75 22 Injury, or Chronic Mental Illness".
 75 23 3. Correct internal references in the Code and in any
 75 24 enacted legislation as necessary due to the enactment of this
 75 25 division of this Act.

75 26 Sec. 161. EFFECTIVE DATE. The following take effect July
 75 27 1, 2025:

75 28 1. The parts of the sections of this division of this Act
 75 29 amending the following:

- 75 30 a. Section 231.3.
- 75 31 b. Section 231.4, subsection 1.
- 75 32 c. Section 231.23, subsections 4 and 7.
- 75 33 d. Section 231.23A, subsection 1.
- 75 34 e. Sections 231.56, 231.57, and 231.58.
- 75 35 f. Section 231.64, subsection 2.

76 1 2. The parts of the sections of this division of this Act
 76 2 enacting the following: sections 231.23A, subsection 7A,
 76 3 231.75, 231.76, 231.77, 231.78, and 231.79.

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

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

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

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

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

- Iowa Code section 231.23A(7A)
- Iowa Code section 231.75
- Iowa Code section 231.77
- Iowa Code section 231.78
- Iowa Code section 231.79.

76 4 DIVISION IV
76 5 TRANSITION PROVISIONS

76 6 Sec. 162. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
76 7 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER
76 8 SERVICES, AND DISABILITY SERVICES.

Establishes definitions for Division IV of the Bill.

76 9 1. For purposes of this division:

76 10 a. “Administrative services organization” means the same
76 11 as defined in section 225A.1, as enacted in division I of this
76 12 Act.

76 13 b. “Behavioral health district” means the same as defined in
76 14 section 225A.1, as enacted in division I of this Act.

76 15 c. “Department” means the department of health and human
76 16 services.

76 17 d. “District behavioral health service system plan” means
76 18 the same as defined in section 225A.1, as enacted in division
76 19 I of this Act.

76 20 e. “Mental health and disability services region” means the
76 21 same as defined in section 225C.2, subsection 9.

76 22 f. “State behavioral health service system” means the state
76 23 behavioral health service system as established in section
76 24 225A.3, as enacted in division I of this Act.

76 25 g. “State behavioral health service system plan” means the
76 26 same as defined in section 225A.1, as enacted in division I of
76 27 this Act.

76 28 h. “Transition period” means the period beginning on the
76 29 date of enactment of this division of this Act and concluding
76 30 on June 30, 2025.

76 31 2. There is created a behavioral health service system under
76 32 the control of the department. For the fiscal year beginning
76 33 July 1, 2025, and each succeeding fiscal year, the behavioral
76 34 health service system shall be responsible for implementing and
76 35 maintaining a statewide system of prevention, education, early
77 1 intervention, treatment, recovery support, and crisis services
77 2 related to mental health and addictive disorders, including
77 3 but not limited to substance use, tobacco use, and problem
77 4 gambling. For the fiscal year beginning July 1, 2025, and each
77 5 succeeding fiscal year, the department’s division of aging
77 6 and disability services shall be responsible for disability

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

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

77 7 services.

77 8 3. During the transition period, the department may
77 9 exercise all policymaking functions and regulatory powers
77 10 established in division I of this Act, as necessary to
77 11 establish the state behavioral health service system.

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

77 12 4. To ensure the state behavioral health service system
77 13 and the division of aging and disability services are able to
77 14 operate as intended at the conclusion of the transition period,
77 15 the department shall perform all the following duties:

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

77 16 a. Make contracts as necessary to set up services and
77 17 administrative functions.

77 18 b. Adopt rules as necessary to establish and administer the
77 19 state's behavioral health service system.

77 20 c. Establish policies as necessary to ensure efficient
77 21 implementation and operation of the behavioral health service
77 22 system.

77 23 d. Prepare forms necessary for the implementation and
77 24 administration of behavioral health services.

77 25 e. Prepare a state behavioral health service system plan for
77 26 the state behavioral health service system.

77 27 f. Designate behavioral health districts on or before
77 28 August 1, 2024. The behavioral health district designation
77 29 process shall include an opportunity for the public to
77 30 review and to comment on proposed behavioral health district
77 31 boundaries.

77 32 g. Designate an administrative services organization for
77 33 each behavioral health district on or before December 31, 2024.

77 34 h. Review and approve district behavioral health service
77 35 system plans for services related to the behavioral health
78 1 service system.

78 2 i. Issue all necessary licenses and certifications.

78 3 j. Establish contractual rights, privileges, and
78 4 responsibilities as necessary to establish and implement the
78 5 state behavioral health service system.

78 6 k. Develop and implement a plan to ensure that persons
78 7 currently receiving disability services or early intervention,
78 8 treatment, recovery support, or crisis services related
78 9 to mental health or addictive disorders, including but not
78 10 limited to alcohol use, substance use, tobacco use, and problem
78 11 gambling, have an uninterrupted continuum of care.

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

78 12 I. Establish a central data repository as described in
78 13 section 225A.6, as enacted in division I of this Act.

78 14 5. If the department determines that a federal waiver or
78 15 authorization is necessary to administer any provision of this
78 16 division of this Act or to effectuate the state behavioral
78 17 health service system by the conclusion of the transition
78 18 period, the department shall timely request the federal waiver
78 19 or authorization. Notwithstanding any other effective date to
78 20 the contrary, a provision the department determines requires a
78 21 federal waiver or authorization shall be effective only upon
78 22 receipt of federal approval for the waiver or authorization.

78 23 6. a. On or before July 1, 2024, the department shall
78 24 publish on the department's internet site an initial transition
78 25 plan for establishing the state behavioral health service
78 26 system. The transition plan shall describe, at a minimum, all
78 27 of the following:

78 28 (1) All tasks that require completion before July 1, 2025.
78 29 The description of tasks shall include a description of how the
78 30 department will solicit comments from stakeholders, including
78 31 employees of the department, persons served by the department,
78 32 partners of the department, members of the public, and members
78 33 of the general assembly, and a detailed timeline for the
78 34 completion of the tasks described.

78 35 (2) The proposed organizational structure of the state
79 1 behavioral health service system.

79 2 (3) The transition of service delivery sites from locations
79 3 where people currently receive behavioral health services to
79 4 where the people will receive behavioral health services under
79 5 the state behavioral health service system.

79 6 (4) Procedures for the transfer and reconciliation of
79 7 budgeting and funding between the mental health and disability
79 8 services regions and the department.

79 9 (5) A description of how responsibilities for disability
79 10 services programs will be transferred from current program
79 11 administrators to the department's division of aging and
79 12 disability services by the end of the transition period.

79 13 (6) Any additional known tasks that may require completion
79 14 after the transition on July 1, 2025.

79 15 b. The transition plan published under paragraph "a" shall:

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

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

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

Requires the transition plan to be updated no less than quarterly

<p>79 16 (1) Be updated no less than quarterly during the transition 79 17 period with the current status of completing the tasks 79 18 identified in paragraph "a", subparagraph (1).</p>	<p>during the transition period with the current status of completing the tasks identified, descriptions of how information regarding any changes in service delivery will be provided to persons receiving services from the MHDS Regions or current providers contracted with the HHS, and a description of how the transition is being funded.</p>
<p>79 19 (2) Describe how information regarding any changes in 79 20 service delivery will be provided to persons receiving services 79 21 from the mental health and disability services regions or 79 22 current behavioral health care providers contracted with the 79 23 department.</p>	
<p>79 24 (3) Describe how the transition is being funded, including 79 25 how expenses associated with the transition will be managed.</p>	
<p>79 26 7. a. Before the end of the transition period, the 79 27 governing board of each mental health and disability services 79 28 region that maintains a combined account pursuant to section 79 29 225C.58, subsection 1, shall transfer all unencumbered and 79 30 unobligated moneys remaining in the combined account to the 79 31 treasurer of state for deposit into the behavioral health fund 79 32 as established in section 225A.7 as enacted in division I of 79 33 this Act.</p>	<p>Requires the governing board of each MHDS region to transfer all unencumbered and unobligated moneys remaining in their combined account to the Treasurer of State for deposit into the Behavioral Health Fund.</p>
<p>79 34 b. Before the end of the transition period, each county 79 35 which maintains a county mental health and disability services 80 1 fund pursuant to section 225C.58, subsection 1, shall transfer 80 2 all unencumbered and unobligated moneys remaining in the mental 80 3 health and disability services fund to the treasurer of state 80 4 for deposit into the behavioral health fund as established in 80 5 section 225A.7 as enacted in division I of this Act.</p>	<p>Requires each county which maintains a county MHDS fund to transfer all unencumbered and unobligated moneys remaining in its fund to the Treasurer of State for deposit into the Behavioral Health Fund.</p>
<p>80 6 c. Moneys in the behavioral health fund as established 80 7 in section 225A.7 as enacted in division I of this Act are 80 8 appropriated to the department for the purposes established in 80 9 section 225A.7 as enacted in division I of this Act, and as 80 10 otherwise necessary to effectuate this division of this Act.</p>	<p>Requires that moneys in the Behavioral Health Fund be appropriated to the HHS for the purposes described in Iowa Code section 225A.7 as established by the Bill.</p>
<p>80 11 8. a. All debts, claims, or other liabilities owed to a 80 12 county, a mental health and disability services region, or 80 13 the state due to services rendered pursuant to chapter 125, 80 14 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the 80 15 conclusion of the transition period shall remain due and owing 80 16 after the transition period concludes.</p>	<p>Specifies that all debts, claims, or other liabilities owed to a county, a MHDS region, or the State at the conclusion of the transition period will remain due and owing after the transition period concludes.</p>
<p>80 17 b. After the transition period concludes, each county</p>	<p>Requires each county auditor to collect outstanding debts, claims, or</p>

80 18 auditor shall collect outstanding debts, claims, or other
 80 19 liabilities owed to the county for services rendered pursuant
 80 20 to chapter 125, 222, 225, 225C, 226, 227, 229, 230, or 230A,
 80 21 Code 2024, before the transition period concluded. The county
 80 22 attorney may bring a judicial action as necessary to collect
 80 23 the outstanding debts, claims, or other liabilities.

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

80 24 9. With input from appropriate stakeholders, the department
 80 25 shall identify each contract that will be impacted by mental
 80 26 health and disability services being transferred to the state
 80 27 behavioral health service system, or by responsibilities
 80 28 being transferred to the department's division of aging and
 80 29 disabilities, pursuant to this Act. On or before June 30,
 80 30 2025, a party to a contract identified by the department
 80 31 under this subsection shall exercise the option, if available
 80 32 pursuant to the terms of the contract, to terminate the
 80 33 contract in accordance with the terms of the contract which
 80 34 provide for termination. Contracts that do not provide for
 80 35 termination shall not be renewed or extended at the end of the
 81 1 current contract term.

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

81 2 10. A mental health and disability services region, a
 81 3 regional administrator as defined in section 225C.55, and
 81 4 any subdivision of the state shall not enter into, renew, or
 81 5 extend any contract for services related to mental health and
 81 6 disability services or addictive disorder services beyond June
 81 7 30, 2025.

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

81 8 Sec. 163. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 81 9 TRANSITION FUNDING. Notwithstanding any provision of law to
 81 10 the contrary, there is appropriated from the region incentive
 81 11 fund of the mental health and disability services regional
 81 12 service fund created in section 225C.7A, subsection 8, to the
 81 13 department of health and human services for the fiscal year
 81 14 beginning July 1, 2024, and ending June 30, 2025, the following
 81 15 amount, or so much thereof as is necessary, to be used for the
 81 16 purposes designated:
 81 17 For the establishment of a central data repository as
 81 18 described in section 225A.6, subsection 1, as enacted in
 81 19 division I of this Act:

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

81 20 \$ 645,179

<p>81 21 Notwithstanding section 8.33, moneys appropriated in this 81 22 section that remain unencumbered or unobligated at the close 81 23 of the fiscal year shall not revert to the credit of the region 81 24 incentive fund of the mental health and disability services 81 25 regional service fund, but shall be credited to the behavioral 81 26 health fund created in section 225A.7, as enacted in division I 81 27 of this Act, and are appropriated to the department of health 81 28 and human services for expenditure for the purposes of the 81 29 behavioral health fund.</p>	<p>Specifies that moneys appropriated in this section of the Bill that remain unencumbered or unobligated by the close of the fiscal year shall not revert to the credit of the Region Incentive Fund of the MHDS Regional Service Fund, but will be credited to the Behavioral Health Fund.</p>
<p>81 30 Sec. 164. EMERGENCY RULES. The department of health and 81 31 human services may adopt emergency rules under section 17A.4, 81 32 subsection 3, and section 17A.5, subsection 2, paragraph “b”, 81 33 to implement the provisions of this division of this Act and 81 34 the rules shall be effective immediately upon filing unless 81 35 a later date is specified in the rules. Any rules adopted 82 1 in accordance with this section shall also be published as a 82 2 notice of intended action as provided in section 17A.4.</p>	<p>Allows the HHS to adopt emergency administrative rules under Iowa Code section 17A.4(3) and 17A.5(2)(b) to implement provisions of Division IV of this Bill.</p>
<p>82 3 Sec. 165. EFFECTIVE DATE. This division of this Act, being 82 4 deemed of immediate importance, takes effect upon enactment.</p>	<p>Specifies that Division IV of the Bill will take effect upon enactment.</p>
<p>82 5 82 6 DIVISION V ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS</p>	
<p>82 7 Sec. 166. Section 222.1, subsection 3, Code 2024, is amended 82 8 by striking the subsection.</p>	<p>Repeals Iowa Code section 222.1(3). DETAIL: The repealed Iowa Code section stipulates that a special intellectual disability unit may be maintained at one of the State MHI.</p>
<p>82 9 Sec. 167. Section 222.2, subsection 8, Code 2024, is amended 82 10 by striking the subsection.</p>	<p>Repeals Iowa Code section 222.2(8). DETAIL: The repealed Iowa Code section contains the definition for the term "special unit," which is defined as a special intellectual disability unit established at a State MHI.</p>
<p>82 11 Sec. 168. Section 222.5, Code 2024, is amended to read as 82 12 follows: 82 13 222.5 PREAMMISSION DIAGNOSTIC EVALUATION. 82 14 A person shall not be eligible for admission to a resource 82 15 center or a special unit until a preadmission diagnostic</p>	<p>Adopts conforming changes to Iowa Code section 222.5 (Preadmission Diagnostic Evaluation).</p>

82 16 evaluation has been made by a resource center ~~or a special unit~~
82 17 which confirms or establishes the need for admission.

82 18 Sec. 169. Section 222.7, unnumbered paragraph 1, Code 2024,
82 19 is amended to read as follows:

82 20 The department may transfer patients from one state resource
82 21 center to the other and may at any time transfer patients from
82 22 the resource centers to the hospitals for persons with mental
82 23 illness; ~~or transfer patients in the resource centers to a~~
82 24 ~~special unit or vice versa.~~ The department may also transfer
82 25 patients from a hospital for persons with mental illness to a
82 26 resource center if consent is given or obtained as follows:

82 27 Sec. 170. Section 222.8, Code 2024, is amended to read as
82 28 follows:

82 29 222.8 COMMUNICATIONS BY PATIENTS.

82 30 Persons admitted to the resource centers ~~or a special~~
82 31 ~~unit~~ shall have all reasonable opportunity and facility for
82 32 communication with their friends. Such persons shall be
82 33 permitted to write and send letters, provided the letters
82 34 contain nothing of an offensive character. Letters written by
82 35 any patient to the director or to any state or county official
83 1 shall be forwarded unopened.

83 2 Sec. 171. Section 222.9, Code 2024, is amended to read as
83 3 follows:

83 4 222.9 UNAUTHORIZED DEPARTURES.

83 5 If any person with an intellectual disability shall depart
83 6 without proper authorization from a resource center ~~or a~~
83 7 ~~special unit~~, it shall be the duty of the superintendent
83 8 and the superintendent's assistants and all peace officers
83 9 of any county in which such patient may be found to take
83 10 and detain the patient without a warrant or order and to
83 11 immediately report such detention to the superintendent who
83 12 shall immediately provide for the return of such patient to the
83 13 resource center ~~or special unit~~.

83 14 Sec. 172. Section 222.12, subsection 1, Code 2024, is
83 15 amended to read as follows:

83 16 1. Upon the death of a patient of a resource center ~~or~~
83 17 ~~special unit~~, a preliminary investigation of the death shall be
83 18 conducted as required by section 218.64 by the county medical

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

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

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

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

83 19 examiner as provided in section 331.802. Such a preliminary
 83 20 investigation shall also be conducted in the event of a sudden
 83 21 or mysterious death of a patient in a private institution
 83 22 for persons with an intellectual disability. The chief
 83 23 administrative officer of any private institution may request
 83 24 an investigation of the death of any patient by the county
 83 25 medical examiner.

83 26 Sec. 173. Section 222.73, subsections 1, 3, and 5, Code
 83 27 2024, are amended to read as follows:

83 28 1. The superintendent of each resource center ~~and special~~
 83 29 ~~unit~~ shall compute by February 1 the average daily patient
 83 30 charge and outpatient treatment charges for which each county
 83 31 will be billed for services provided to patients chargeable to
 83 32 the county during the fiscal year beginning the following July
 83 33 1. The department shall certify the amount of the charges and
 83 34 notify the counties of the billing charges.

83 35 a. The superintendent shall compute the average daily
 84 1 patient charge for a resource center ~~or special unit~~ for
 84 2 services provided in the following fiscal year, in accordance
 84 3 with generally accepted accounting procedures, by totaling
 84 4 the expenditures of the resource center ~~or special unit~~ for
 84 5 the immediately preceding calendar year, by adjusting the
 84 6 expenditures by a percentage not to exceed the percentage
 84 7 increase in the consumer price index for all urban consumers
 84 8 for the immediately preceding calendar year, and by dividing
 84 9 the adjusted expenditures by the total inpatient days of
 84 10 service provided during the immediately preceding calendar
 84 11 year.

84 12 b. The department shall compute the outpatient treatment
 84 13 charges, in accordance with generally accepted accounting
 84 14 procedures, on the basis of the actual cost of the outpatient
 84 15 treatment provided during the immediately preceding calendar
 84 16 year.

84 17 ~~3.~~ 2. The superintendent shall compute in January the
 84 18 actual per-patient-per-day cost for each resource center ~~or~~
 84 19 ~~special unit~~ for the immediately preceding calendar year, in
 84 20 accordance with generally accepted accounting procedures, by
 84 21 totaling the actual expenditures of the resource center ~~or~~
 84 22 ~~special unit~~ for the calendar year and by dividing the total
 84 23 actual expenditures by the total inpatient days of service
 84 24 provided during the calendar year.

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

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

85 6 Sec. 174. Section 222.83, Code 2024, is amended to read as
 85 7 follows:

85 8 222.83 NONRESIDENT PATIENTS.

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

85 21 Sec. 175. Section 222.84, Code 2024, is amended to read as
 85 22 follows:

85 23 222.84 PATIENTS' PERSONAL DEPOSIT FUND.

85 24 There is established at each resource center ~~and special~~
 85 25 ~~unit~~ a patients' personal deposit fund. ~~In the case of a~~
 85 26 ~~special unit, the director may direct that the patients'~~
 85 27 ~~personal deposit fund be maintained and administered as a part~~
 85 28 ~~of the fund established, pursuant to sections 226.43 through~~
 85 29 ~~226.46, by the state mental health institute where the special~~

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

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

85 30 unit is located.

85 31 Sec. 176. Section 222.85, subsection 1, Code 2024, is
85 32 amended to read as follows:

85 33 1. Any funds coming into the possession of the
85 34 superintendent or any employee of a resource center ~~or special~~
85 35 ~~unit~~ belonging to any patient in that institution shall be
86 1 deposited in the name of the patient in the patients' personal
86 2 deposit fund, except that if a guardian of the property has
86 3 been appointed for the person, the guardian shall have the
86 4 right to demand and receive such funds. Funds belonging to a
86 5 patient deposited in the patients' personal deposit fund may
86 6 be used for the purchase of personal incidentals, desires, and
86 7 comforts for the patient.

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

86 8 Sec. 177. Section 222.87, Code 2024, is amended to read as
86 9 follows:

86 10 222.87 DEPOSIT IN BANK.

86 11 The department shall deposit the patients' personal deposit
86 12 fund in a commercial account of a bank of reputable standing.
86 13 When deposits in the commercial account exceed average monthly
86 14 withdrawals, the department may deposit the excess at interest.
86 15 The savings account shall be in the name of the patients'
86 16 personal deposit fund and interest paid on the account may be
86 17 used for recreational purposes for the patients at the resource
86 18 center ~~or special unit~~.

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

86 19 Sec. 178. REPEAL. Sections 222.88, 222.89, 222.90, and
86 20 222.91, Code 2024, are repealed.

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

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

86 21 Sec. 179. EFFECTIVE DATE. This division of this Act, being
86 22 deemed of immediate importance, takes effect upon enactment.

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

86 23 DIVISION VI
86 24 COUNTY OF RESIDENCE DETERMINATIONS

86 25 Sec. 180. NEW SECTION 331.190 COUNTY OF RESIDENCE —

Defines "county of residence" as the county in Iowa in which, at the

86 26 DISPUTE RESOLUTION.

86 27 1. "County of residence" means the county in this state
86 28 in which, at the time a person applies for or receives
86 29 services, the person is living and has established an ongoing
86 30 presence with the declared, good faith intention of living
86 31 for a permanent or indefinite period of time. The county
86 32 of residence of a homeless person is the county in which
86 33 the homeless person usually sleeps. A person maintains
86 34 residency in the county or state in which the person last
86 35 resided during the time period that the person is present in
87 1 a different county or state receiving services in a hospital,
87 2 a correctional facility, a halfway house for community-based
87 3 corrections or substance use disorder treatment, a nursing
87 4 facility, an intermediate care facility for persons with an
87 5 intellectual disability, a residential care facility, or for
87 6 the purpose of attending a college or university.

87 7 2. a. The dispute resolution process in this subsection
87 8 shall apply to county of residence disputes. The dispute
87 9 resolution process shall not be applicable to any of the
87 10 following:

87 11 (1) Disputes involving persons committed to a state
87 12 facility pursuant to chapter 812.

87 13 (2) Disputes involving Iowa rule of criminal procedure
87 14 2.22(8)(b), commitment for evaluation.

87 15 (3) Disputes involving chapter 12 of Iowa court rules, rules
87 16 for involuntary hospitalization of mentally ill persons.

87 17 b. If a county objects to a billing for services or a
87 18 residency determination and asserts that either the person
87 19 has residency in a different county or the person is not a
87 20 resident of this state, the person's county of residence
87 21 shall be determined as provided in this subsection. If the
87 22 county asserts that the person has residency in a different
87 23 county in this state, the county shall notify that county in
87 24 writing within one hundred twenty calendar days of receiving
87 25 the billing for services or of the county of residence
87 26 determination.

87 27 c. The county that receives the notification under paragraph
87 28 "b" shall respond in writing to the county that provided the
87 29 notification within forty-five calendar days of receiving the

time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living for a permanent or indefinite period of time.

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

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

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

87 30 notification. If the parties cannot agree as to the person's
87 31 county of residence within ninety calendar days of the date of
87 32 notification, on motion of either of the parties, the matter
87 33 shall be referred to the administrative hearings division of
87 34 the department of inspections, appeals, and licensing for
87 35 a contested case proceeding under chapter 17A, before an
88 1 administrative law judge assigned in accordance with section
88 2 10A.801, to determine the person's county of residence.

88 3 d. (1) Notwithstanding section 17A.15, the administrative
88 4 law judge's determination of a person's county of residence
88 5 shall be considered final agency action. Judicial review of
88 6 the determination may be sought in accordance with section
88 7 17A.19.

88 8 (2) If following the determination of a person's county of
88 9 residence under this subsection additional evidence becomes
88 10 available that merits a change in the determination of the
88 11 person's county of residence, the affected parties may change
88 12 the determination of county of residence by mutual agreement.
88 13 Otherwise, a party may move that the matter be reconsidered
88 14 by the county, or by an administrative law judge assigned in
88 15 accordance with section 10A.801.

88 16 e. Unless a petition is filed for judicial review, the
88 17 administrative law judge's determination of the person's county
88 18 of residence shall result in one of the following:

88 19 (1) If a county is determined to be the person's county
88 20 of residence, that county shall pay any amounts due and shall
88 21 reimburse the other county for any amounts paid for services
88 22 provided to the person by the other county prior to the county
88 23 of residence determination.

88 24 (2) If it is determined that the person is not a resident of
88 25 this state, neither the state nor either county shall be liable
88 26 for payment of amounts due for services provided to the person
88 27 prior to the determination of the person's county of residence.

88 28 f. (1) The party that does not prevail in a contested
88 29 case proceeding or a subsequent judicial review pursuant to
88 30 this subsection shall be liable for costs associated with
88 31 the proceeding or judicial review, including reimbursement
88 32 of the administrative hearings division of the department of
88 33 inspections, appeals, and licensing's actual costs associated

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

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

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

88 34 with the administrative proceeding, court costs, and reasonable
88 35 attorney fees.

89 1 (2) A payment or reimbursement pursuant to this subsection
89 2 shall be remitted within forty-five calendar days of the
89 3 date the county of residence determination is issued by the
89 4 administrative law judge or the date the court files an order
89 5 determining the person's county of residence, whichever is
89 6 later. After forty-five calendar days, the prevailing party
89 7 may add a penalty of up to one percent per month to any amounts
89 8 due.

89 9 Sec. 181. Section 35D.9, Code 2024, is amended to read as
89 10 follows:

89 11 35D.9 COUNTY OF RESIDENCE UPON DISCHARGE.

89 12 A member of the home does not acquire residency in the county
89 13 in which the home is located unless the member is voluntarily
89 14 or involuntarily discharged from the home and the member
89 15 meets county of residence requirements. For purposes of this
89 16 section, "county of residence" means the same as defined in
89 17 section ~~225C.61~~ 331.190.

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

89 18 Sec. 182. Section 232.141, subsections 7 and 8, Code 2024,
89 19 are amended to read as follows:

89 20 7. A county charged with the costs and expenses under
89 21 subsections 2 and 3 may recover the costs and expenses from the
89 22 child's custodial parent's county of residence, as defined in
89 23 section ~~225C.61~~ 331.190, by filing verified claims which are
89 24 payable as are other claims against the county. A detailed
89 25 statement of the facts upon which a claim is based shall
89 26 accompany the claim.

89 27 8. This subsection applies only to placements in a juvenile
89 28 shelter care home which is publicly owned, operated as a county
89 29 or multicounty shelter care home, organized under a chapter
89 30 28E agreement, or operated by a private juvenile shelter care
89 31 home. If the actual and allowable costs of a child's shelter
89 32 care placement exceed the amount the department is authorized
89 33 to pay, the unpaid costs may be recovered from the child's
89 34 custodial parent's county of residence. However, the maximum
89 35 amount of the unpaid costs which may be recovered under this
90 1 subsection is limited to the difference between the amount
90 2 the department is authorized to pay and the statewide average
90 3 of the actual and allowable rates as reasonably determined

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

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

90 15 Sec. 183. EFFECTIVE DATE. This division of this Act takes
 90 16 effect July 1, 2025.

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

90 17 DIVISION VII
 90 18 CHILDREN'S BEHAVIORAL HEALTH — PSYCHIATRIC MEDICAL
 90 19 INSTITUTIONS FOR CHILDREN — HAWKI PROGRAM BENEFITS

90 20 Sec. 184. REDUCTION OF REGULATORY BARRIERS AND RESTRICTIONS
 90 21 — PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN. The
 90 22 department of health and human services shall review the
 90 23 department's administrative rules regarding psychiatric medical
 90 24 institutions for children (PMICs) and shall update the rules,
 90 25 informed by the findings of the association of children's
 90 26 residential centers' most recent nationwide survey and scan
 90 27 of psychiatric residential treatment facilities, and the
 90 28 recommendations of the coalition for family and children's
 90 29 services in Iowa, to do all of the following:
 90 30 1. Allow a physician assistant or advanced registered nurse
 90 31 practitioner to serve as a member of the plan of care team
 90 32 as a member who is experienced in child psychiatry or child
 90 33 psychology pursuant to 481 IAC 41.13(2).
 90 34 2. Allow a physician assistant or advanced registered
 90 35 nurse practitioner to be a member of the team to complete
 91 1 the certification of need for services for a PMIC placement
 91 2 pursuant to 481 IAC 41.9.
 91 3 3. Remove the reserve bed day limitations for
 91 4 hospitalizations and expand the number of other therapeutic
 91 5 absences beyond thirty days to allow for skill acquisition,
 91 6 stabilization, and continuity of care as deemed necessary by
 91 7 the child's medical providers and in accordance with a child's

Requires the HHS to review its administrative rules regarding psychiatric medical institutions for children (PMICs) and to update the administrative rules and the recommendations of the Coalition for Family and Children's Services in Iowa to enact the requirements of Division VII of the Bill to do the following:

- Allow a physician assistance (PA) or advanced registered nurse practitioner (ARNP) to serve as a member of the plan of care team who is experienced in child psychiatry or child psychology.
- Allow a PA or ARNP to be a member of the team to complete the certification of need for services for a PMIC placement.
- Remove the reserve bed day limitations for hospitalizations and expands the number of other therapeutic absences beyond 30 days as deemed necessary by the child's medical providers and in accordance with a child's discharge plan.
- Allow licensed professionals, based on competencies rather than license type, to order the use of restraints or seclusions and to conduct post-restraint or seclusions assessments to increase response times and expand access to care, and requires the Department of Inspections, Appeals, and Licensing to adopt administrative rules pursuant to Iowa Code chapter [17A](#) to implement this change.
- Allow therapy and behavioral health intervention services, as well as family therapy and family behavioral health intervention

91 8 discharge plan.

91 9 4. Allow licensed professionals, based on competencies
 91 10 rather than license type, to order the use of restraints
 91 11 or seclusions and to conduct post-restraint or seclusion
 91 12 assessments, including via telehealth, to increase response
 91 13 times and expand access to care. The department of
 91 14 inspections, appeals, and licensing shall adopt rules pursuant
 91 15 to chapter 17A to implement this subsection.

91 16 5. a. Allow therapy and behavioral health intervention
 91 17 services to be included as billable services provided during
 91 18 a placement at a PMIC to provide continuity of care, maintain
 91 19 established clinical relationships, and avoid disruption in
 91 20 services or delays in reestablishing care post discharge.

91 21 b. Allow family therapy and family behavioral health
 91 22 intervention services to be included in billable services
 91 23 during the placement of a child in a PMIC without requiring
 91 24 the child's presence for the family to work on targeted skills
 91 25 essential for the child's success and to prepare the family for
 91 26 the child's return home.

91 27 c. Provide reimbursement codes to cover services beyond
 91 28 those provided outside the PMIC care team as necessary to
 91 29 adequately treat substance use disorder, sexualized behaviors,
 91 30 autism, and other services needed to support the child.

91 31 6. Standardize all of the following across all managed care
 91 32 organizations as follows:

91 33 a. Require that authorization for a PMIC placement shall
 91 34 be retroactive to the date the request for authorization is
 91 35 submitted to the managed care organization not the date the
 92 1 managed care organization responds; or require a managed care
 92 2 organization to respond within five business days from receipt
 92 3 of a request for authorization for a PMIC placement, if the
 92 4 certification of need and independent assessment have been
 92 5 received in a timely manner.

92 6 b. Prohibit a managed care organization from denying
 92 7 authorization for a PMIC placement based on lack of parental
 92 8 involvement, based on lack of participation in behavioral
 92 9 health intervention services on an outpatient basis, or based
 92 10 on other perceived behavioral issues.

92 11 c. Allow a managed care organization to authorize an initial
 92 12 PMIC placement of sixty days upon admission with concurrent
 92 13 stay reviews every thirty days thereafter. A PMIC shall submit

services, to be included in billable services during the
 placement of a child in a PMIC.

- Require authorization for a PMIC placement to be standardized across all MCOs.
- Allow a previously licensed PMIC that has the capacity to provide up to an addition four "intermediate care facility for persons with an intellectual disability" beds, and that which has additional beds meet all other licensing and State requirements, to increase its licensed capacity to include the additional beds without further review.
- Allow for step-down PMIC placements or supervised apartment living for a child to utilize programming provided in a PMIC while living independently without all-day supervision.

92 14 a care plan to the managed care organization within thirty days
92 15 of the admission.

92 16 d. Require concurrent stay reviews to be standardized
92 17 and limited to a brief description of progress, or lack of
92 18 progress, toward the child's goals and objectives.

92 19 e. Require a managed care organization to offer support to
92 20 families, including assistance with transportation to and from
92 21 a PMIC to visit a child.

92 22 7. Notwithstanding any provision of law to the contrary,
92 23 including certificate of need requirements, allow a previously
92 24 licensed PMIC that has the capacity to provide up to an
92 25 additional four intermediate care facility for persons with an
92 26 intellectual disability beds, and which additional beds meet
92 27 all other licensing and state fire marshal requirements, to
92 28 increase their licensed capacity to include the additional
92 29 beds without further review including by the health facilities
92 30 council.

92 31 8. Allow for step-down PMIC placements or supervised
92 32 apartment living for a child to utilize programming provided
92 33 in a PMIC while living independently in a smaller residential
92 34 setting without twenty-four-hour supervision.

92 35 Sec. 185. HAWKI PROGRAM — BENEFITS INCLUDED IN QUALIFIED
93 1 CHILD HEALTH PLAN — REVIEW. The department of health
93 2 and human services shall review the benefits included in a
93 3 qualified child health plan under the Hawki program and shall
93 4 specifically address the inclusion of applied behavior analysis
93 5 services as a covered benefit. The department shall report the
93 6 findings of the review to the general assembly by December 1,
93 7 2024.

Requires the HHS to review the benefits included in a qualified child health plan under the Healthy and Well Kids in Iowa (Hawki) program and to specifically address the inclusion of applied behavior analysis services, and requires the HHS to report the findings to the General Assembly by December 1, 2024.

93 8 DIVISION VIII
93 9 STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP POSITIONS

93 10 Sec. 186. Section 135.180, Code 2024, is amended to read as
93 11 follows:
93 12 135.180 STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP
93 13 ~~PROGRAM POSITIONS~~ — FUND — APPROPRIATIONS.

93 14 1. a. The university of Iowa hospitals and clinics shall
93 15 administer ~~a~~ state-funded psychiatry residency and fellowship
93 16 ~~program positions~~ for up to ~~nine~~ seven residents and up to two
93 17 fellows, annually. In addition, a county medical center, and

Reduces the number of residents at the University of Iowa Hospitals and Clinics' State-funded psychiatry residency and fellowship program from nine to seven, and specifies one resident each for medical center meeting specified criteria.

93 18 a medical center operating for more than one hundred forty
 93 19 years, that are members of separate health systems, administer
 93 20 psychiatry residency programs, and are located in a county with
 93 21 a population over five hundred thousand shall each administer
 93 22 state-funded psychiatry residency positions for one resident,
 93 23 annually. The university of Iowa hospitals and clinics and the
 93 24 specified medical centers shall expand ~~the~~ their psychiatry
 93 25 residency ~~program~~ programs to provide additional residency
 93 26 positions by providing financial support for residency
 93 27 positions which are in excess of the federal residency cap
 93 28 established by the federal Balanced Budget Act of 1997, Pub.
 93 29 L. No.105-33.

93 30 b. The university of Iowa hospitals and clinics and the
 93 31 specified medical centers shall cooperate with the state
 93 32 mental health institutes at Independence and Cherokee, the
 93 33 state resource center at Woodward, the state training school
 93 34 at Eldora, and the Iowa medical and classification center
 93 35 at Oakdale in administering ~~the program~~ the positions.
 94 1 Participating residents and fellows shall complete a portion
 94 2 of their psychiatry training at one of the state mental health
 94 3 institutes, the state resource center, the state training
 94 4 school, or the Iowa medical and classification center at
 94 5 Oakdale. For accreditation-required clinical experiences
 94 6 not available at the state mental health institutes, the
 94 7 state resource center, the state training school, or the Iowa
 94 8 medical and classification center at Oakdale, the residents of
 94 9 ~~the psychiatry residency and fellowship program~~ awarded the
 94 10 residency positions administered by the university of Iowa
 94 11 hospitals and clinics may utilize clinical rotations at the
 94 12 university of Iowa hospitals and clinics and its affiliates
 94 13 across the state and the residents awarded the residency
 94 14 positions administered by the specified medical centers may
 94 15 utilize clinical rotations at affiliates of such medical
 94 16 centers across the state.

94 17 2. The university of Iowa hospitals and clinics shall apply
 94 18 to the accreditation council for graduate medical education
 94 19 for approval of ~~nine~~ seven additional residency positions
 94 20 for each class of residents and ~~the psychiatry residency and~~
 94 21 ~~fellowship program~~ shall award the total number of residency
 94 22 positions approved for each class of residents. The university
 94 23 of Iowa hospitals and clinics shall approve and award up to

Directs the specified medical centers to apply to the accreditation council for graduate medical education for approval of one additional residency position for each class of residents, and specifies that the University of Iowa Hospitals and Clinics will apply for approval of seven residency positions.

94 24 two fellowship positions annually. The specified medical
94 25 centers shall apply to the accreditation council for graduate
94 26 medical education for approval of one additional residency
94 27 position each for each class of residents and shall award the
94 28 total number of residency positions approved for each class
94 29 of residents. Preference in the awarding of residency and
94 30 fellowship positions shall be given to candidates who are
94 31 residents of Iowa, attended and earned an undergraduate degree
94 32 from an Iowa college or university, or attended and earned a
94 33 medical degree from a medical school in Iowa.

94 34 3. A psychiatry residency and fellowship program positions
94 35 fund is created in the state treasury consisting of the moneys
95 1 appropriated or credited to the fund by law. Notwithstanding
95 2 section 8.33, moneys in the fund at the end of each fiscal
95 3 year shall not revert to any other fund but shall remain in
95 4 the psychiatry residency and fellowship program positions fund
95 5 for use in subsequent fiscal years. Moneys in the fund are
95 6 appropriated to the university of Iowa hospitals and clinics
95 7 to be used for the purposes of the program this section. For
95 8 the fiscal years beginning on or after July 1, 2023, there
95 9 is appropriated from the general fund of the state to the
95 10 psychiatry residency and fellowship program positions fund one
95 11 hundred thousand dollars for each residency position approved
95 12 and awarded ~~under the program~~ and one hundred fifty thousand
95 13 dollars for each fellowship position approved and awarded under
95 14 the program this section. Of the amount appropriated annually
95 15 from the fund to the university of Iowa hospitals and clinics,
95 16 the university of Iowa hospitals and clinics shall distribute
95 17 one hundred thousand dollars to each of the specified medical
95 18 centers for each residency position approved and awarded.

Allocates \$100,000 of the amount appropriated annually to the University of Iowa Hospitals and Clinics to each of the specified medical centers for the residency positions approved and awarded.

Health and Human Services

Other Funds

	Actual FY 2023 (1)	Estimated FY 2024 (2)	House Action FY 2025 (3)	House Action vs Est FY 2024 (4)	Page and Line # (5)
<u>Health and Human Services, Department of</u>					
HHS - Human Services					
Central Data Repository - MHDSRF	\$ 0	\$ 0	\$ 645,179	\$ 645,179	PG 81 LN 8
Total Health and Human Services, Department of	\$ 0	\$ 0	\$ 645,179	\$ 645,179	