

Behavioral Health Service System Bill House File 2673

*As amended by Senate amendment H-8336
(Strike everything after the enacting clause)*

Last Action:
Senate Floor
April 16, 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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EXECUTIVE SUMMARY

H8336

BEHAVIORAL HEALTH SERVICE SYSTEM BILL - AS AMENDED

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 82, Line 9
Appropriates \$3.0 in FY 2025 from the Region Incentive Fund of the MHDS Regional Services Fund to the HHS to be used to support the Statewide 988 suicide and crisis line.	Page 82, Line 23
Appropriates \$1.0 in FY 2025 from the Region Incentive Fund of the MHDS Regional Services Fund to the HHS to be used to implement the provisions of Division IV of the Bill.	Page 82, Line 31

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 3, Line 4
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 13
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 14
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 8
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 15, Line 2
Prohibits an ASO from spending more than 7.0% of its funding in a given fiscal year on administrative costs.	Page 15, Line 33
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 8
Recognizes a brain injury as a distinct disability in the State of Iowa.	Page 62, Line 13

EXECUTIVE SUMMARY

H8336

BEHAVIORAL HEALTH SERVICE SYSTEM BILL - AS AMENDED

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 29

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.

Page 77, Line 25

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 21

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 25

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 31

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 5, Line 11

- 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.

EXECUTIVE SUMMARY

H8336

BEHAVIORAL HEALTH SERVICE SYSTEM BILL - AS AMENDED

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

Page 51, Line 5

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.

Page 83, Line 4

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 8

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 32

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 9

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 76, Line 8

EFFECTIVE DATE

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

Page 17, Line 17

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

Page 61, Line 13

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

Page 83, Line 21

EXECUTIVE SUMMARY

BEHAVIORAL HEALTH SERVICE SYSTEM BILL - AS AMENDED

H8336

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

Page 88, Line 4

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

Page 91, Line 33

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

Page 92, Line 20

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

Page 92, Line 32

H8336 provides for the following changes to the Code of Iowa.

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

H8336 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
32	5	52	Amend	222.92.1
32	22	53	Strike	222.92.3.a
32	24	54	Amend	225.1.2
33	2	55	New	225.4
33	7	56	Amend	225.11
33	28	57	Amend	225.12
34	6	58	Amend	225.13
34	14	59	Amend	225.15
35	12	60	Amend	225.16.1
35	31	61	Amend	225.17.2
36	6	62	Amend	225.18
36	19	63	Amend	225.22
36	34	64	Amend	225.24
37	14	65	Amend	225.27
37	32	66	Add	226.1.4.0a
38	1	67	Strike	226.1.4.d,f
38	3	68	Amend	226.8.2
38	12	69	Amend	226.32
38	22	70	Strike	226.34.2.d
38	24	71	Amend	228.6.1
38	33	72	Add	229.1.01
39	2	73	Strike	229.1.11,18,19
39	4	74	Amend	229.1B
39	15	75	Amend	229.2.1.b.(3)
39	29	76	Amend	229.2.2.a
40	1	77	Amend	229.8.1
40	17	78	Amend	229.10.1.a
40	35	79	Amend	229.11.1
41	30	80	Amend	229.13.1.a
42	4	81	Amend	229.13.7.b
42	11	82	Amend	229.14.2.a
42	21	83	Amend	229.14A.7,9
42	34	84	Amend	229.15.4
43	16	85	Amend	229.19.1.a,b
43	35	86	Amend	229.19.4
44	7	87	Amend	229.22.2.b
45	14	88	Amend	229.24.3
45	25	89	Amend	229.38
46	8	90	Add	230.1.01
46	12	91	Strike	230.1.4,5
46	14	92	Amend	230.10
46	23	93	Amend	230.11
47	5	94	Amend	230.15.1,2
48	22	95	New	230.23
48	29	96	Amend	230.30
49	6	97	Amend	232.78.5
49	18	98	Amend	232.83.2
49	32	99	Amend	235.7.2
50	15	100	Strike	235A.15.2.c.(5),(8)

H8336 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
50	18	101	Strike	249A.4.15
50	20	102	Strike	249A.12.4
50	22	103	New	249A.38A
51	5	104	Strike and Replace	249N.8
51	14	105	Amend	252.24.1,3
51	24	106	Amend	256.25.2,3
52	28	107	Amend	321.189.10
53	13	108	Amend	321.190.1.b.(6)
53	29	109	Amend	321J.25.1.b
54	2	110	Amend	321J.25.2
54	19	111	Strike	331.321.1.e
54	21	112	Strike	331.323.1.a.(7)
54	24	113	Amend	331.381.4,5
54	33	114	Strike	331.382.1.e,f,g
54	35	115	Strike	331.382.3
55	2	116	Strike	331.432.3
55	4	117	Strike	331.502.10
55	6	118	Amend	331.502.12
55	12	119	Strike	331.552.13
55	14	120	Strike	331.756.25,38,41
55	16	121	Add	331.910.2.0a
55	20	122	Strike	331.910.2.d
55	22	123	Amend	331.910.3.a,c
56	4	124	Amend	347.16.3
56	25	125	Amend	423.3.18.d
56	30	126	Amend	426B.1.2
57	3	127	Amend	437A.8.4.d
57	31	128	Amend	437A.15.3.f
58	26	129	Amend	483A.24.7
59	12	130	Amend	602.8102.39
59	19	131	Amend	714.8.12
60	6	132	Amend	812.6.1
60	20	133	Amend	904.201.8
60	32	134	Repeal	142A; 225C; 227; 230A; 347B
60	34	135	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; 218.99; 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; 222.75; 225.10; 225.19; 225.21; 226.45; 229.42; 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; 230.27; 426B.2; 426B.4; 426B.5
61	17	138	Amend	231.3
62	20	139	Add	231.4.1.0c
62	24	140	Amend	231.4.1.d
62	29	141	Amend	231.14
64	22	142	Amend	231.21
64	30	143	Amend	231.23
66	33	144	Amend	231.23A.1,3
67	6	145	Add	231.23A.7A
67	12	146	Amend	231.31
67	19	147	Amend	231.32

H8336 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
69	8	148	Amend	231.33.1,13
69	14	149	New	231.35
70	4	150	Amend	231.56
70	23	151	Amend	231.57
70	35	152	Amend	231.58
71	12	153	Amend	231.64
72	27	154	New	231.75
72	34	155	New	231.76
73	25	156	New	231.77
74	7	157	New	231.78
74	30	158	New	231.79
74	35	159	Amend	231E.3
76	6	160	Repeal	231.11; 231.12; 231.13
83	25	167	Strike	222.1.3
83	27	168	Strike	222.2.8
83	29	169	Amend	222.5
84	1	170	Amend	222.7
84	10	171	Amend	222.8
84	20	172	Amend	222.9
84	32	173	Amend	222.12.1
85	9	174	Amend	222.73.1,3,5
86	24	175	Amend	222.83
87	4	176	Amend	222.84
87	14	177	Amend	222.85.1
87	26	178	Amend	222.87
88	2	179	Repeal	222.88; 222.89; 222.90; 222.91
88	8	181	New	331.190
90	27	182	Amend	35D.9
91	1	183	Amend	232.141.7,8
92	2	185	Amend	123.17.5
92	24	187	Amend	225C.21.1

H8336 Senate Amendment to

1 1 Amend House File 2673, as amended, passed, and reprinted by
 1 2 the House, as follows:
 1 3 #1. By striking everything after the enacting clause and
 1 4 inserting:

1 5 #1.
 1 6 BEHAVIORAL HEALTH SERVICE SYSTEM

1 7 #1.NEW SECTION 225A.1 DEFINITIONS.

1 8 As used in this chapter unless the context otherwise
 1 9 requires:

1 10 1. "Administrative services organization" means an entity
 1 11 designated by the department pursuant to section 225A.4, to
 1 12 develop and perform planning and administrative services in
 1 13 accordance with a district behavioral health service system
 1 14 plan.

1 15 2. "Behavioral health condition" means a substantial
 1 16 limitation in major life activities due to a mental,
 1 17 behavioral, or addictive disorder or condition diagnosed in
 1 18 accordance with the criteria provided in the most current
 1 19 edition of the diagnostic and statistical manual of mental
 1 20 disorders, published by the American psychiatric association.

1 21 3. "Behavioral health district" or "district" means a
 1 22 geographic, multicounty, sub-state area as designated by the
 1 23 department under section 225A.4.

1 24 4. "Behavioral health provider" or "provider" means an
 1 25 individual, firm, corporation, association, or institution
 1 26 that, pursuant to this chapter, is providing or has been
 1 27 approved by the department to provide services to an individual
 1 28 with a behavioral health condition.

1 29 5. "Behavioral health service system" means the behavioral
 1 30 health service system established in section 225A.3.

1 31 6. "Caregiver" means an adult family member, or other
 1 32 individual, who is providing care to a person outside of a
 1 33 formal program.

1 34 7. "Community mental health center" means an entity
 1 35 designated by the department to address the mental health needs
 2 1 of one or more counties.

2 2 8. "Department" means the department of health and human
 2 3 services.

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

2 4 9. "Director" means the director of the department of health
2 5 and human services.

2 6 10. "District behavioral health advisory council"
2 7 or "advisory council" means a council established by an
2 8 administrative services organization under section 225A.5, to
2 9 identify opportunities, address challenges, and advise the
2 10 administrative services organization in accordance with section
2 11 225A.5.

2 12 11. "District behavioral health service system plan" or
2 13 "district behavioral health plan" means a plan developed by
2 14 an administrative services organization and approved by the
2 15 department to outline the services intended to be provided
2 16 within the administrative services organization's behavioral
2 17 health district.

2 18 12. "Indicated prevention" means prevention activities
2 19 designed to prevent the onset of substance use disorders in
2 20 individuals who do not meet the medical criteria for addiction,
2 21 but who show early signs of developing a substance use disorder
2 22 in the future.

2 23 13. "Selective prevention" means prevention activities
2 24 designed to target subsets of the total population who are
2 25 considered at-risk for a substance use disorder by virtue of
2 26 their membership in a particular segment of the population.
2 27 Selective prevention targets the entire subgroup, regardless of
2 28 the degree of risk of any individual within the group.

2 29 14. "State behavioral health service system plan" or
2 30 "state behavioral health plan" means the plan developed by the
2 31 department that describes the key components of the state's
2 32 behavioral health service system.

2 33 15. "Universal prevention" means prevention activities
2 34 designed to address an entire population class for the purpose
2 35 of preventing or delaying the use of alcohol, tobacco, and
3 1 other drugs. Population classes include but are not limited
3 2 to the national population, local populations, community
3 3 populations, school populations, and neighborhood populations.

3 4 #2.NEW SECTION 225A.2 STATE MENTAL HEALTH AUTHORITY
3 5 — STATE AGENCY FOR SUBSTANCE ABUSE.

3 6 1. The department is designated as the state mental health
3 7 authority as defined in 42 U.S.C. §201(m) for the purpose of
3 8 directing benefits from the federal community mental health
3 9 services block grant, 42 U.S.C. §300x et seq., and the state

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 10 authority designated for the purpose of directing benefits
 3 11 from the federal substance abuse prevention and treatment
 3 12 block grant, 42 U.S.C. §300x-21 et seq. This designation
 3 13 does not preclude the state board of regents from authorizing
 3 14 or directing any institution under the board of regents'
 3 15 jurisdiction to carry out educational, prevention, and research
 3 16 activities in the areas of mental health and intellectual
 3 17 disability.

3 18 2. The department is designated as the single state agency
 3 19 for substance abuse for the purposes of 42 U.S.C. §1396a et
 3 20 seq.

3 21 3. For the purposes of effectuating the department's roles
 3 22 designated in this section, the department shall have the
 3 23 following powers and the authority to take all of the following
 3 24 actions:
 3 25 a. Plan, establish, and maintain prevention, education,
 3 26 early intervention, treatment, recovery support, and crisis
 3 27 services programs as necessary or desirable for the behavioral
 3 28 health service system established in section 225A.3.
 3 29 b. Develop and submit a state plan as required by, and in
 3 30 accordance with, 42 U.S.C. §300x-1.
 3 31 c. Review and approve district behavioral health service
 3 32 system plans developed in accordance with the state behavioral
 3 33 health service system plan.
 3 34 d. Perform all necessary acts to cooperate with any state
 3 35 agency, political subdivision, or federal government agency to
 4 1 apply for grants.
 4 2 e. Solicit and accept for use any gift of money by will or
 4 3 otherwise, and any grant of money or services from the federal
 4 4 government, the state, or any political subdivision thereof,
 4 5 or any private source.
 4 6 f. Collect and maintain records, engage in studies and
 4 7 analyses, and gather relevant statistics.
 4 8 g. Take any other actions as necessary to execute the
 4 9 duties granted to the department in this chapter, or that
 4 10 are otherwise required to maintain compliance with federal
 4 11 requirements related to the department's roles as designated in
 4 12 this section.

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.

4 13 #3.NEW SECTION 225A.3 BEHAVIORAL HEALTH SERVICE
4 14 SYSTEM — DEPARTMENT POWERS AND DUTIES.

4 15 1. a. A behavioral health service system is established
4 16 under the control of the department for the purposes of
4 17 implementing a statewide system of prevention, education, early
4 18 intervention, treatment, recovery support, and crisis services
4 19 related to mental health and addictive disorders, including but
4 20 not limited to alcohol use, substance use, tobacco use, and
4 21 problem gambling.

4 22 b. The behavioral health service system shall support
4 23 equitable statewide access to all services offered through
4 24 the behavioral health service system and offer specialized
4 25 services with a focus on at-risk populations including but not
4 26 limited to children, youth, young adults, individuals with
4 27 disabilities, pregnant and parenting women, older adults, and
4 28 people with limited access to financial resources.

4 29 c. Services offered through the behavioral health service
4 30 system shall, at a minimum, include all of the following:

- 4 31 (1) Prevention intervention services and education
4 32 programs designed to reduce and mitigate behavioral health
4 33 conditions and future behavioral health conditions. Prevention
4 34 intervention programs shall incorporate indicated prevention,
4 35 selective prevention, and universal prevention activities.
- 5 1 (2) Evidence-based and evidence-informed early intervention
5 2 and treatment services.
- 5 3 (3) Comprehensive recovery support services with a focus on
5 4 community-based services that avoid, divert, or offset the need
5 5 for long-term inpatient services, law enforcement involvement,
5 6 or incarceration.
- 5 7 (4) Crisis services with a focus on reducing the escalation
5 8 of crisis situations, relieving the immediate distress of
5 9 individuals experiencing a crisis situation, and reducing the
5 10 risk that individuals in a crisis situation harm themselves.

5 11 2. To the extent funding is available, the department shall
5 12 perform all of the following duties to develop and administer
5 13 the behavioral health service system:

- 5 14 a. (1) Develop a state behavioral health service system
5 15 plan that accomplishes all of the following:
5 16 (a) Identifies the goals, objectives, and targeted outcomes

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.

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

5 17 for the behavioral health service system.

5 18 (b) Identifies the strategies to meet system objectives and
 5 19 ensure equitable access statewide to prevention, education,
 5 20 early intervention, treatment, recovery support, and crisis
 5 21 services.

5 22 (c) Is consistent with the state health improvement plan
 5 23 developed under section 217.17.

5 24 (d) Is consistent with the department's agency strategic
 5 25 plan adopted pursuant to section 8E.206.

5 26 (2) The department shall do all of the following when
 5 27 developing the state behavioral health service system plan:

5 28 (a) Collaborate with stakeholders including but not limited
 5 29 to county supervisors and other local elected officials,
 5 30 experienced behavioral health providers, and organizations that
 5 31 represent populations, including but not limited to children,
 5 32 served by the behavioral health service system.

5 33 (b) Publish the proposed state behavioral health service
 5 34 system plan on the department's internet site and allow the
 5 35 public to review and comment on the proposed state behavioral
 6 1 health system plan prior to the adoption of the proposed state
 6 2 behavioral health plan.

6 3 b. Administer and distribute state appropriations, federal
 6 4 aid, and grants that have been deposited into the behavioral
 6 5 health fund established in section 225A.7.

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

6 10 d. Collaborate with the department of inspections, appeals,
 6 11 and licensing on the accreditation, certification, and
 6 12 licensure of behavioral health providers including but not
 6 13 limited to the approval, denial, revocation, or suspension of
 6 14 a behavioral health provider's accreditation, certification,
 6 15 or licensure.

6 16 e. Develop and adopt minimum accreditation standards for
 6 17 the maintenance and operation of community mental health
 6 18 centers to ensure that each community mental health center,
 6 19 and each entity that provides services under contract with a
 6 20 community mental health center, furnishes high-quality mental
 6 21 health services to the community that the community mental
 6 22 health center serves in accordance with rules adopted by the

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.
- 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 23 department.
- 6 24 f. Designate community mental health centers.
- 6 25 g. Conduct formal accreditation reviews of community mental
6 26 health centers based on minimum accreditation standards adopted
6 27 by the department pursuant to paragraph “e”.
- 6 28 h. Establish and maintain a data collection and management
6 29 information system to identify, collect, and analyze service
6 30 outcome and performance data to address the needs of patients,
6 31 providers, the department, and programs operating within the
6 32 behavioral health service system.
- 6 33 i. Collect, monitor, and utilize information including but
6 34 not limited to behavioral health service system patient records
6 35 and syndromic surveillance data to understand emerging needs,
7 1 and to deploy information, resources, and technical assistance
7 2 in response.
- 7 3 j. Collaborate with the department of revenue for
7 4 enforcement of tobacco laws, regulations, and ordinances and
7 5 engage in tobacco control activities.
- 7 6 k. Adopt rules pursuant to chapter 17A to administer this
7 7 chapter. Such rules shall include but not be limited to rules
7 8 that provide for all of the following:
- 7 9 (1) Minimum access standards to ensure equitable access to
7 10 services provided through the behavioral health service system
7 11 including but not limited to when services are available, who
7 12 is eligible for services, and where services are available.
- 7 13 (2) Methods to ensure each individual who is eligible
7 14 for services receives an uninterrupted continuum of care for
7 15 prevention, education, early intervention, treatment, recovery
7 16 support, and crisis services.
- 7 17 (3) Standards for the implementation and maintenance
7 18 of behavioral health programs and services offered by the
7 19 behavioral health service system, and by each administrative
7 20 services organization.
- 7 21 (4) Procedures for the management and oversight of
7 22 behavioral health providers to ensure compliance with the terms
7 23 of the behavioral health providers’ contracts relating to the
7 24 behavioral health service system, and with state and federal
7 25 law and rules.
- 7 26 (5) Procedures for the suspension of an administrative
7 27 services organization’s services due to the administrative
7 28 services organization’s failure to comply with the terms and

7 29 conditions of its contract with the department.
 7 30 (6) Procedures for the reallocation of funds from
 7 31 an administrative services organization that is not in
 7 32 compliance with the terms of its contract with the department
 7 33 to an alternative administrative services organization or
 7 34 a behavioral health provider to provide for services the
 7 35 noncompliant administrative services organization failed to
 8 1 provide.

8 2 (7) Procedures for the termination of an administrative
 8 3 services organization's designation as an administrative
 8 4 services organization.

8 5 (8) Procedures for the collection, utilization, and
 8 6 maintenance of the data necessary to establish a central data
 8 7 repository in accordance with section 225A.6.

8 8 (9) Any other requirements the department deems necessary
 8 9 to ensure that an administrative services organization
 8 10 fulfills the administrative services organization's duties
 8 11 as established in this chapter, and as established in the
 8 12 administrative services organization's district behavioral
 8 13 health plan.

8 14 #4.NEW SECTION 225A.4 BEHAVIORAL HEALTH SERVICE
 8 15 SYSTEM — DISTRICTS AND ADMINISTRATIVE SERVICES ORGANIZATIONS.

Requires the HHS to divide the State of Iowa into designated Behavioral Health Districts.

8 16 1. a. The department shall divide the entirety of the
 8 17 state into designated behavioral health districts. Behavioral
 8 18 health prevention, education, early intervention, treatment,
 8 19 recovery support, and crisis services related to mental health
 8 20 and addictive disorders, including but not limited to alcohol
 8 21 use, substance use, tobacco use, and problem gambling, shall
 8 22 be made available through each behavioral health district in a
 8 23 manner consistent with directives each district receives from
 8 24 the department.

8 25 b. For the purpose of providing equitable access to all
 8 26 services provided through the behavioral health service
 8 27 system, the department shall consider all of the following when
 8 28 designating behavioral health districts:

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 29 (1) City and county lines.
 8 30 (2) The maximum population size that behavioral health
 8 31 services available in an area are able to effectively serve.
 8 32 (3) Areas of high need for behavioral health services.
 8 33 (4) Patterns various populations exhibit when accessing or

8 34 receiving behavioral health services.

8 35 c. Notwithstanding chapter 17A, the manner in which the
9 1 department designates behavioral health districts including but
9 2 not limited to the determination of the boundaries for each
9 3 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.

9 4 2. a. The department shall designate an administrative
9 5 services organization for each behavioral health district to
9 6 oversee and organize each district and the behavioral health
9 7 services associated with the district. The department shall
9 8 issue requests for proposals for administrative services
9 9 organization candidates.

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

9 10 b. At the department's discretion, the department may
9 11 designate any of the following entities as an administrative
9 12 services organization:
9 13 (1) An organization that coordinated administrative
9 14 services or mental health and disability services for a mental
9 15 health and disability services region formed on or before June
9 16 30, 2024.

Allows the HHS to select Mental Health and Disability Services (MHDS) regional administrators formed prior to July 1, 2025, public or private nonprofit agencies in a Behavioral Health District, or separate organizational units within the public or private nonprofit agency to serve as ASOs.

9 17 (2) A public or private nonprofit agency located in a
9 18 behavioral health district, or any separate organizational
9 19 unit within the public or private nonprofit agency, that has
9 20 the capabilities to engage in the planning or provision of a
9 21 broad range of behavioral health prevention, education, early
9 22 intervention, treatment, recovery support, and crisis services
9 23 related to mental health and addictive disorders, including but
9 24 not limited to alcohol use, substance use, tobacco use, and
9 25 problem gambling, only as directed by the department.

9 26 c. The department shall consider all of the following
9 27 factors in determining whether to designate an entity as an
9 28 administrative services organization:
9 29 (1) Whether the entity has demonstrated the capacity to
9 30 manage and utilize available resources in a manner required of
9 31 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 32 (2) Whether the entity has demonstrated the ability to
9 33 ensure the delivery of behavioral health services within the
9 34 district as required by the department by rule.

9 35 (3) Whether the entity has demonstrated the ability to
10 1 fulfill the monitoring, oversight, and provider compliance

10 2 responsibilities as required by the department by rule.
10 3 (4) Whether the entity has demonstrated the capacity to
10 4 function as a subrecipient for the purposes of the federal
10 5 community mental health services block grant, 42 U.S.C.
10 6 §300x et seq., and the federal substance abuse prevention and
10 7 treatment block grant, 42 U.S.C. §300x-21 et seq., and the
10 8 ability to comply with all federal requirements applicable to
10 9 subrecipients under the block grants.

10 10 3. a. Upon designation by the department, an administrative
10 11 services organization shall be considered an instrumentality of
10 12 the state and shall adhere to all state and federal mandates
10 13 and prohibitions applicable to an instrumentality of the state.

10 14 b. An entity's designation as an administrative services
10 15 organization shall continue until the designation is removed
10 16 by the department, the administrative services organization
10 17 withdraws, or a change in state or federal law necessitates the
10 18 removal of the designation.

10 19 4. Each administrative services organization shall function
10 20 as a subrecipient for the purposes of the federal community
10 21 mental health services block grant, 42 U.S.C. §300x et seq.,
10 22 and the federal substance abuse prevention and treatment block
10 23 grant, 42 U.S.C. §300x-21 et seq., and shall comply with all
10 24 federal requirements applicable to subrecipients under the
10 25 block grants.

10 26 5. Each administrative services organization shall perform
10 27 all of the following duties:
10 28 a. Develop and administer a district behavioral health plan
10 29 in accordance with the standards adopted by the department by
10 30 rule.
10 31 b. Coordinate the administration of the district behavioral
10 32 health plan with federal, state, and local resources in order
10 33 to develop a comprehensive and coordinated local behavioral
10 34 health service system.
10 35 c. Enter into contracts necessary to provide services under
11 1 the district behavioral health plan.
11 2 d. Oversee, provide technical assistance to, and monitor
11 3 the compliance of providers contracted by the administrative
11 4 services organization to provide behavioral health services in

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.

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.

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.

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 5 accordance with the district behavioral health plan.
 11 6 e. Establish a district behavioral health advisory council
 11 7 pursuant to section 225A.5.

11 8 **#5.NEW SECTION 225A.5 DISTRICT BEHAVIORAL HEALTH**
 11 9 **ADVISORY COUNCILS.**

11 10 1. Each administrative services organization shall
 11 11 establish a district behavioral health advisory council that
 11 12 shall do all of the following:

11 13 a. Identify opportunities and address challenges based on
 11 14 updates received from the administrative services organization
 11 15 regarding the implementation of the district behavioral health
 11 16 plan.

11 17 b. Advise the administrative services organization while the
 11 18 administrative services organization is developing behavioral
 11 19 health policies.

11 20 c. Advise the administrative services organization on
 11 21 how to best provide access to behavioral health prevention,
 11 22 education, early intervention, treatment, recovery support,
 11 23 and crisis services related to mental health and addictive
 11 24 disorders, including but not limited to alcohol use, substance
 11 25 use, tobacco use, and problem gambling, throughout the district
 11 26 as directed by the department.

11 27 2. An advisory council shall consist of ten members.
 11 28 Members shall be appointed by the administrative services
 11 29 organization subject to the following requirements:

11 30 a. Three members shall be local elected public officials
 11 31 currently holding office within the behavioral health district,
 11 32 or the public official's designated representative.

11 33 b. Three members shall be chosen in accordance with
 11 34 procedures established by the administrative services
 11 35 organization to ensure representation of the populations
 12 1 served within the behavioral health district. At least one
 12 2 member chosen under this paragraph shall represent child and
 12 3 adolescent persons.

12 4 c. Three members shall be chosen who have experience
 12 5 or education related to core behavioral health functions,
 12 6 essential behavioral health services, behavioral health
 12 7 prevention, behavioral health treatment, population-based
 12 8 behavioral health services, or community-based behavioral
 12 9 health initiatives.

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 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.

12 10 d. One member shall be a law enforcement representative from
12 11 within the behavioral health district.

12 12 3. An advisory council shall perform the duties required
12 13 under this section regardless of whether any seat on the
12 14 advisory council is vacant.

12 15 #6.NEW SECTION 225A.6 BEHAVIORAL HEALTH SERVICE
12 16 SYSTEM — DATA COLLECTION AND USE.

12 17 1. The department shall take all of the following actions
12 18 for data related to the behavioral health service system:

12 19 a. Collect and analyze the data, including but not
12 20 limited to Medicaid and community services network data, as
12 21 necessary to issue cost estimates for serving populations,
12 22 providing treatment, making and receiving payments, conducting
12 23 operations, and performing prevention and health promotion
12 24 activities. In doing so, the department shall maintain
12 25 compliance with applicable federal and state privacy laws
12 26 to ensure the confidentiality and integrity of individually
12 27 identifiable data. The department shall periodically assess
12 28 the status of the department's compliance to ensure that data
12 29 collected by and stored with the department is protected.

12 30 b. Establish and administer a central data repository for
12 31 collecting and analyzing state, behavioral health district, and
12 32 contracted behavioral health provider data.

12 33 c. Establish a record for each individual receiving publicly
12 34 funded services from an administrative services organization.
12 35 Each record shall include a unique client identifier for the
13 1 purposes of identifying and tracking the individual's record.

13 2 d. Consult with administrative services organizations,
13 3 behavioral health service providers, and other behavioral
13 4 health service system stakeholders on an ongoing basis to
13 5 implement and maintain the central data repository.

13 6 e. Engage with all entities that maintain information the
13 7 department is required to collect pursuant to this section in
13 8 order to integrate all data concerning individuals receiving
13 9 services within the behavioral health service system.

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 applicable federal and State privacy laws to ensure confidentiality of data.

Requires the HHS to establish and administer a central data repository for the BHSS.

Requires the HHS to establish a record for each individual receiving publicly funded services from an ASO, including in the record a unique client identifier.

Requires the HHS to consult with the ASOs, behavioral health service providers, and other BHSS stakeholders on the central data repository.

Requires the HHS to engage with all entities that maintain information relevant to this section in order to integrate data within the BHSS.

13 10 f. Engage with all entities that maintain general population
13 11 data relating to behavioral health in order to develop action
13 12 plans, create projections relating to a population's behavioral
13 13 health needs, develop policies concerning behavioral health,
13 14 and otherwise perform acts as necessary to enhance the state's
13 15 overall behavioral health.

Requires the HHS to engage with entities maintaining general population data relating to behavioral health in order to perform acts as necessary to enhance Iowa's overall behavioral health.

13 16 2. Administrative services organizations shall report all
13 17 data required to be maintained in the central data repository
13 18 to the department in a manner as established by the department
13 19 by rule. For the purpose of making such data reports, an
13 20 administrative services organization shall do one of the
13 21 following:

Requires the ASOs to report all data required to be maintained in the central data repository to the HHS in a manner as established by administrative rule.

13 22 a. Utilize a data system that integrates with the data
13 23 systems used by the department.

13 24 b. Utilize a data system that has the capacity to securely
13 25 exchange information with the department, other behavioral
13 26 health districts, contractors, and other entities involved with
13 27 the behavioral health service system who are authorized to
13 28 access the central data repository.

13 29 3. Data and information maintained by and exchanged between
13 30 an administrative services organization and the department
13 31 shall be labeled consistently, share the same definitions,
13 32 utilize the same common coding and nomenclature, and be in a
13 33 form and format as required by the department by rule.

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.

13 34 4. Administrative services organizations shall report
13 35 to the department, in a manner specified by the department,
14 1 information including but not limited to demographic
14 2 information, expenditure data, and data concerning the
14 3 behavioral health services and other support provided to
14 4 individuals in the administrative service organization's
14 5 district.

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.

14 6 5. The department shall ensure that public and private
14 7 agencies, organizations, and individuals that operate within
14 8 the behavioral health service system, or that make formal
14 9 requests for the release of data collected by the department,
14 10 maintain uniform methods for keeping statistical information
14 11 relating to behavioral health service system outcomes and
14 12 performance.

Requires the HHS to ensure that all entities operating within the BHSS maintain uniform methods for keeping statistical information.

14 13 6. The department shall develop and implement a
 14 14 communication plan that details how outcome and performance
 14 15 data will be shared with stakeholders including but not limited
 14 16 to the public, persons involved with the behavioral health
 14 17 service system, and the general assembly.

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.

14 18 #7.NEW SECTION 225A.7 BEHAVIORAL HEALTH FUND.

Establishes definitions for the terms "population" and "state growth factor" in relation to the newly created Behavioral Health Fund.

14 19 1. For purposes of this section:

14 20 a. "Population" means, as of July 1 of the fiscal year
 14 21 preceding the fiscal year in which the population figure is
 14 22 applied, the population shown by the latest preceding certified
 14 23 federal census or the latest applicable population estimate
 14 24 issued by the United States census bureau, whichever is most
 14 25 recent.

14 26 b. "State growth factor" for a fiscal year means an amount
 14 27 equal to the dollar amount used to calculate the appropriation
 14 28 under this section for the immediately preceding fiscal year
 14 29 multiplied by the percent increase, if any, in the amount of
 14 30 sales tax revenue deposited into the general fund of the state
 14 31 under section 423.2A, subsection 1, paragraph "a", less the
 14 32 transfers required under section 423.2A, subsection 2, between
 14 33 the fiscal year beginning three years prior to the applicable
 14 34 fiscal year and the fiscal year beginning two years prior
 14 35 to the applicable year, but not to exceed one and one-half
 15 1 percent.

15 2 2. A behavioral health fund is established in the state
 15 3 treasury under the control of the department. The fund shall
 15 4 consist of moneys deposited into the fund pursuant to this
 15 5 section and section 426B.1, gifts of money or property accepted
 15 6 by the state or the department to support any services under
 15 7 this chapter or chapter 231, and moneys otherwise appropriated
 15 8 by the general assembly. Moneys in the fund are appropriated
 15 9 to the department to implement and administer the behavioral
 15 10 health service system and related programs including but not
 15 11 limited to all of the following:

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

15 12 a. Distributions to administrative services organizations
 15 13 to provide services as outlined in the organizations' district
 15 14 behavioral health plan.

15 15 b. Distributions to providers of mental health services
 15 16 and addictive disorder services, including but not limited to

DETAIL: The Fund will consist of moneys deposited pursuant to this Iowa Code section 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 to support services related to this Iowa Code chapter 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.

15 17 tobacco use services, substance use disorder services, and
 15 18 problem gambling services.
 15 19 c. Funding of disability services pursuant to chapter 231.
 15 20 This paragraph is repealed July 1, 2028.

15 21 3. For the fiscal year beginning July 1, 2025, there
 15 22 is transferred from the general fund of the state to the
 15 23 behavioral health fund an amount equal to forty-two dollars
 15 24 multiplied by the state's population for the fiscal year.

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).

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 25 4. For the fiscal year beginning July 1, 2026, and each
 15 26 succeeding fiscal year, there is transferred from the general
 15 27 fund of the state to the behavioral health fund an amount equal
 15 28 to the state's population for the fiscal year multiplied by
 15 29 the sum of the dollar amount used to calculate the transfer
 15 30 from the general fund to the behavioral health fund for the
 15 31 immediately preceding fiscal year, plus the state growth factor
 15 32 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 33 5. For each fiscal year, an administrative services
 15 34 organization shall not spend on administrative costs an amount
 15 35 more than seven percent of the total amount distributed to the
 16 1 administrative services organization through this section and
 16 2 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.

16 3 6. Moneys in the behavioral health fund may be used by the
 16 4 department for cash flow purposes, provided that any moneys so
 16 5 allocated are returned to the behavioral health fund by the end
 16 6 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 7 7. Notwithstanding section 12C.7, subsection 2, interest
 16 8 or earnings on moneys deposited in the behavioral health fund
 16 9 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 10 8. Notwithstanding section 8.33, moneys appropriated in
 16 11 this section that remain unencumbered or unobligated at the

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

16 12 close of the fiscal year shall not revert but shall remain
 16 13 available for expenditure for the purposes designated.

16 14 #8.NEW SECTION 225A.8 ADDICTIVE DISORDERS PREVENTION
 16 15 — PROHIBITIONS.

16 16 1. For purposes of this section, “entity” means a
 16 17 manufacturer, distributor, wholesaler, retailer, or
 16 18 distributing agent, or an agent of a manufacturer, distributor,
 16 19 wholesaler, retailer, or distributing agent as those terms are
 16 20 defined in section 453A.1.

16 21 2. To promote comprehensive tobacco use prevention and
 16 22 control initiatives outlined in the state behavioral health
 16 23 service system plan, an entity shall not perform any of the
 16 24 following acts:

16 25 a. Give away cigarettes or tobacco products.
 16 26 b. Provide free articles, products, commodities, gifts, or
 16 27 concessions in any exchange for the purchase of cigarettes or
 16 28 tobacco products.

16 29 3. The prohibitions in this section shall not apply to
 16 30 transactions between manufacturers, distributors, wholesalers,
 16 31 or retailers as those terms are defined in section 453A.1.

16 32 #9.NEW SECTION 225A.9 APPLICATION FOR SERVICES —
 16 33 MINORS.

16 34 A minor who is twelve years of age or older shall have
 16 35 the legal capacity to act and give consent to the provision
 17 1 of tobacco cessation coaching services pursuant to a tobacco
 17 2 cessation telephone and internet-based program approved by
 17 3 the department through the behavioral health service system
 17 4 established in section 225A.3. Consent shall not be subject to
 17 5 later disaffirmance by reason of such minority. The consent of
 17 6 another person, including but not limited to the consent of a
 17 7 spouse, parent, custodian, or guardian, shall not be necessary.

17 8 #10. CODE EDITOR DIRECTIVE. The Code editor is directed
 17 9 to do all of the following:

17 10 1. Designate sections 225A.1 through 225A.9, as enacted
 17 11 in this division of this Act, as Code chapter 225A entitled
 17 12 “Department of Health and Human Services — Behavioral Health
 17 13 Service System”.

Defines the term "entity" for Section 8 of the Bill.

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.

17 14 2. Correct internal references in the Code and in any
 17 15 enacted legislation as necessary due to the enactment of this
 17 16 division of this Act.

17 17 #11. EFFECTIVE DATE. This division of this Act takes
 17 18 effect July 1, 2025.

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

17 19 #II.
 17 20 BEHAVIORAL HEALTH SERVICE SYSTEM — CONFORMING CHANGES

17 21 #12. Section 11.6, subsection 1, paragraph b, Code 2024,
 17 22 is amended to read as follows:
 17 23 b. The financial condition and transactions of ~~community~~
 17 24 ~~mental health centers organized under chapter 230A;~~ substance
 17 25 use disorder programs ~~organized~~ licensed under chapter 125; and
 17 26 community action agencies organized under chapter 216A; shall
 17 27 be audited at least once each year.

Adopts conforming changes to Iowa Code section [11.6\(1\)\(b\)](#)
 (Consultative Services to Audits of Governmental Subdivisions and
 Related Organizations).

17 28 #13. Section 97B.1A, subsection 8, paragraph a,
 17 29 subparagraph (13), Code 2024, is amended by striking the
 17 30 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 31 #14. Section 123.17, subsection 5, Code 2024, is amended
 17 32 to read as follows:
 17 33 5. After any transfer provided for in subsection 3 is made,
 17 34 the department shall transfer into a special revenue account
 17 35 in the general fund of the state, a sum of money at least equal
 18 1 to seven percent of the gross amount of sales made by the
 18 2 department from the beer and liquor control fund on a monthly
 18 3 basis but not less than nine million dollars annually. Of
 18 4 the amounts transferred, ~~two~~ three million dollars, ~~plus an~~
 18 5 ~~additional amount determined by the general assembly, shall be~~
 18 6 ~~appropriated to the department of health and human services for~~
 18 7 ~~use by the staff who administer the comprehensive substance use~~
 18 8 ~~disorder program under chapter 125 for substance use disorder~~
 18 9 ~~treatment and prevention programs shall be transferred to the~~
 18 10 behavioral health fund established under section 225A.7. Any
 18 11 amounts received in excess of the amounts ~~appropriated to the~~
 18 12 ~~department of health and human services for use by the staff~~
 18 13 ~~who administer the comprehensive substance use disorder program~~
 18 14 ~~under chapter 125~~ transferred to the behavioral health fund

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.

DETAIL: Section 15 of the Bill eliminates the \$1,000,000 transfer
 under Iowa Code section [123.17\(8\)](#) resulting in no change in the total
 amount transferred from the Beer and Liquor Control Fund to the HHS.

18 15 shall be considered part of the general fund balance.

18 16 #15. Section 123.17, subsection 8, Code 2024, is amended
18 17 by striking the subsection.

Repeals Iowa Code section 123.17(8) eliminating the \$1,000,000 transfer resulting in no change in the total amount transferred from the Beer and Liquor Control Fund to the HHS for county program funding under Iowa Code section [125.59](#).

DETAIL: Section 14 of the Bill increases the transfer from the Beer and Liquor Control Fund under Iowa Code section 123.17(5) from \$2,000,000 to \$3,000,000 which is to be transferred to the Behavioral Health Fund.

18 18 #16. Section 123.17, subsection 9, Code 2024, is amended
18 19 to read as follows:
18 20 9. After any transfers provided for in subsections 3, 5,
18 21 6, and 7, ~~and 8~~ are made, and before any other transfer to the
18 22 general fund, the department shall transfer to the economic
18 23 development authority from the beer and liquor control fund the
18 24 lesser of two hundred fifty thousand dollars or one percent of
18 25 the gross sales of native distilled spirits by all class "A"
18 26 native distilled spirits license holders made by the department
18 27 for the purposes of promoting Iowa wine, beer, and spirits.

Adopts conforming changes to Iowa Code section 123.17(9) (Beer and Liquor Control Fund — Allocations to Substance Use Disorder Programs — Use of Civil Penalties).

18 28 #17. Section 124.409, subsection 2, Code 2024, is
18 29 amended by striking the subsection.

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.

18 30 #18. Section 125.2, subsections 4, 5, and 10, Code 2024,
18 31 are amended by striking the subsections.

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.

18 32 #19. Section 125.91, subsection 1, Code 2024, is amended
18 33 to read as follows:
18 34 1. The procedure prescribed by this section shall only

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).

18 35 be used for a person with a substance use disorder due to
 19 1 intoxication or substance-induced incapacitation who has
 19 2 threatened, attempted, or inflicted physical self-harm or harm
 19 3 on another, and is likely to inflict physical self-harm or harm
 19 4 on another unless immediately detained, or who is incapacitated
 19 5 by a chemical substance, if an application has not been filed
 19 6 naming the person as the respondent pursuant to section 125.75
 19 7 and the person cannot be ordered into immediate custody and
 19 8 detained pursuant to section 125.81.

19 9 #20. Section 125.93, Code 2024, is amended to read as
 19 10 follows:
 19 11 125.93 COMMITMENT RECORDS — CONFIDENTIALITY.
 19 12 Records of the identity, diagnosis, prognosis, or treatment
 19 13 of a person which are maintained in connection with the
 19 14 provision of substance use disorder treatment services are
 19 15 confidential, consistent with ~~the requirements of section~~
 19 16 ~~125.37, and with the federal confidentiality regulations~~
 19 17 ~~authorized by the federal Drug Abuse Office and Treatment Act,~~
 19 18 ~~42 U.S.C. §290ee and the federal Comprehensive Alcohol Abuse~~
 19 19 ~~and Alcoholism Prevention, Treatment and Rehabilitation Act, 42~~
 19 20 ~~U.S.C. §290dd-2. However, such records may be disclosed to an~~
 19 21 ~~employee of the department of corrections, if authorized by the~~
 19 22 ~~director of the department of corrections, or to an employee~~
 19 23 ~~of a judicial district department of correctional services, if~~
 19 24 ~~authorized by the director of the judicial district department~~
 19 25 ~~of correctional services.~~

Changes confidentiality requirements for commitment records to be 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 26 #21. Section 135.11, subsection 11, Code 2024, is
 19 27 amended to read as follows:
 19 28 11. Administer chapters 125, 136A, 136C, 139A, 142,
 19 29 ~~142A~~, 144, and 147A.

Adopts conforming changes to Iowa Code section [135.11](#)(11) (Public Health Duties of Department).

19 30 #22. Section 135C.2, subsection 5, unnumbered paragraph
 19 31 1, Code 2024, is amended to read as follows:
 19 32 The department shall establish a special classification
 19 33 within the residential care facility category in order to
 19 34 foster the development of residential care facilities which
 19 35 serve persons with an intellectual disability, chronic mental
 20 1 illness, a developmental disability, or brain injury, ~~as~~
 20 2 ~~described under section 225C.26,~~ and which contain five or
 20 3 fewer residents. A facility within the special classification

Adopts conforming changes to Iowa Code section [135C.2](#)(5) (Purpose — Rules — Special Classifications — Protection and Advocacy Agency).

20 4 established pursuant to this subsection is exempt from the
 20 5 requirements of section 10A.713. The department shall adopt
 20 6 rules which are consistent with rules previously developed for
 20 7 the ~~waiver~~ demonstration waiver project pursuant to 1986 Iowa
 20 8 Acts, ch.1246, §206, and which include all of the following
 20 9 provisions:

20 10 #23. Section 135C.6, subsection 1, Code 2024, is amended
 20 11 to read as follows:

20 12 1. A person or governmental unit acting severally or
 20 13 jointly with any other person or governmental unit shall not
 20 14 establish or operate a health care facility in this state
 20 15 without a license for the facility. A supported community
 20 16 living service, as defined in section ~~225C.21~~ 249A.38A, is not
 20 17 required to be licensed under this chapter, but is subject to
 20 18 approval under section ~~225C.21~~ 249A.38A in order to receive
 20 19 public funding.

Adopts conforming changes to Iowa Code section [135C.6\(1\)](#) (License Required — Exemptions).

20 20 #24. Section 135C.23, subsection 1, unnumbered
 20 21 paragraph 1, Code 2024, is amended to read as follows:

20 22 Each resident shall be covered by a contract executed
 20 23 by the resident, or the resident's legal representative,
 20 24 and the health care facility at or prior to the time of the
 20 25 resident's admission or prior thereto by the resident, or the
 20 26 legal representative, and the health care facility, except as
 20 27 otherwise provided by subsection 5 with respect to residents
 20 28 admitted at public expense to a county care facility operated
 20 29 under chapter ~~347B~~. Each party to the contract shall be
 20 30 entitled to a duplicate of the original thereof contract, and
 20 31 the health care facility shall keep on file all contracts
 20 32 which it has with residents and shall not destroy or otherwise
 20 33 dispose of any such contract for at least one year after its
 20 34 expiration. Each such contract shall expressly set forth:

Adopts conforming changes to Iowa Code section [135C.23\(1\)](#) (Express Requirements for Admission or Residence).

20 35 #25. Section 135C.23, subsection 2, paragraph b, Code
 21 1 2024, is amended to read as follows:

21 2 b. This section does not prohibit the admission of a
 21 3 patient with a history of dangerous or disturbing behavior to
 21 4 an intermediate care facility for persons with mental illness,
 21 5 intermediate care facility for persons with an intellectual
 21 6 disability, or nursing facility, or county care facility when
 21 7 the intermediate care facility for persons with mental illness,

Adopts conforming changes to Iowa Code section 135C.23(2) (Express Requirements for Admission or Residence).

21 8 intermediate care facility for persons with an intellectual
21 9 disability, or nursing facility, or county care facility has a
21 10 program which has received prior approval from the department
21 11 to properly care for and manage the patient. An intermediate
21 12 care facility for persons with mental illness, intermediate
21 13 care facility for persons with an intellectual disability,
21 14 or nursing facility, or county care facility is required to
21 15 transfer or discharge a resident with dangerous or disturbing
21 16 behavior when the intermediate care facility for persons with
21 17 mental illness, intermediate care facility for persons with an
21 18 intellectual disability, or nursing facility, or county care
21 19 facility cannot control the resident's dangerous or disturbing
21 20 behavior. The department, in coordination with the state
21 21 mental health and disability services commission created in
21 22 section 225C.5, shall adopt rules pursuant to chapter 17A for
21 23 programs to be required in intermediate care facilities for
21 24 persons with mental illness, intermediate care facilities
21 25 for persons with an intellectual disability, and nursing
21 26 facilities, and county care facilities that admit patients
21 27 or have residents with histories of dangerous or disturbing
21 28 behavior.

21 29 #26. Section 135C.23, subsection 5, Code 2024, is
21 30 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 31 #27. Section 135C.24, subsection 5, Code 2024, is
21 32 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 33 #28. Section 135G.1, subsection 12, Code 2024, is
21 34 amended to read as follows:
21 35 12. a. "Subacute mental health services" means ~~the same~~

Defines "subacute mental health services."

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

22 27 #29. Section 142.1, Code 2024, is amended to read as
 22 28 follows:
 22 29 142.1 DELIVERY OF BODIES.
 22 30 The body of every person ~~dying~~ who died in a public asylum,
 22 31 hospital, ~~county care facility~~, penitentiary, or reformatory
 22 32 in this state, or found dead within the state, or ~~which~~ who
 22 33 is to be buried at public expense in this state, except those
 22 34 buried under the provisions of chapter 144C or 249, and which
 22 35 is suitable for scientific purposes, shall be delivered to the
 23 1 medical college of the state university, or some osteopathic
 23 2 or chiropractic college or school located in this state, which
 23 3 has been approved under the law regulating the practice of
 23 4 osteopathic medicine or chiropractic; but no such body shall
 23 5 be delivered to any such college or school if the deceased
 23 6 person expressed a desire during the person's last illness

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

23 7 that the person's body should be buried or cremated, nor if
 23 8 such is the desire of the person's relatives. Such bodies
 23 9 shall be equitably distributed among said colleges and schools
 23 10 according to their needs for teaching anatomy in accordance
 23 11 with such rules as may be adopted by the department of health
 23 12 and human services. The expense of transporting said bodies to
 23 13 such college or school shall be paid by the college or school
 23 14 receiving the same. If the deceased person has not expressed
 23 15 a desire during the person's last illness that the person's
 23 16 body should be buried or cremated and no person authorized to
 23 17 control the deceased person's remains under section 144C.5
 23 18 requests the person's body for burial or cremation, and if a
 23 19 friend objects to the use of the deceased person's body for
 23 20 scientific purposes, said deceased person's body shall be
 23 21 ~~forthwith~~ delivered to such friend for burial or cremation at
 23 22 no expense to the state or county. Unless such friend provides
 23 23 for burial and burial expenses within five days, the body shall
 23 24 be used for scientific purposes under this chapter.

23 25 #30. Section 142.3, Code 2024, is amended to read as
 23 26 follows:
 23 27 142.3 NOTIFICATION OF DEPARTMENT.
 23 28 Every county medical examiner, funeral director or embalmer,
 23 29 and the managing officer of every public asylum, hospital,
 23 30 ~~county care facility~~, penitentiary, or reformatory, as soon as
 23 31 any dead body shall come into the person's custody which may be
 23 32 used for scientific purposes as provided in sections 142.1 and
 23 33 142.2, shall at once notify the nearest relative or friend of
 23 34 the deceased, if known, and the department of health and human
 23 35 services, and hold such body unburied for forty-eight hours.
 24 1 Upon receipt of notification, the department shall issue verbal
 24 2 or written instructions relative to the disposition to be made
 24 3 of said body. Complete jurisdiction over said bodies is vested
 24 4 exclusively in the department of health and human services. No
 24 5 autopsy or post mortem, except as are legally ordered by county
 24 6 medical examiners, shall be performed on any of said bodies
 24 7 prior to their delivery to the medical schools.

24 8 #31.NEW SECTION 217.17 STATE HEALTH IMPROVEMENT PLAN.
 24 9 1. The department shall develop, implement, and administer
 24 10 a state health improvement plan to identify health priorities,
 24 11 goals, and measurable objectives, and outline strategies to

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

<p>24 12 improve health statewide. 24 13 2. The state health improvement plan shall be developed 24 14 and updated in collaboration and in coordination with other 24 15 state departments, stakeholders, and statewide organizations 24 16 the department determines to be relevant. 24 17 3. The state health improvement plan may be updated by the 24 18 department at the department's discretion.</p>	<p>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.</p>
<p>24 19 #32.NEW SECTION 217.37 RECOVERY OF PAYMENT — 24 20 ASSIGNMENT OF LIENS — COUNTY ATTORNEY TO ENFORCE. 24 21 1. For purposes of this section, "assistance" means all of 24 22 the following: 24 23 a. A payment by the state for services rendered through 24 24 the behavioral health service system established under section 24 25 225A.3. 24 26 b. A payment by the state for aging and disability services 24 27 rendered in accordance with chapter 231.</p>	<p>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.</p>
<p>24 28 2. The department shall have the authority to investigate if 24 29 a person is eligible to have assistance paid on the person's 24 30 behalf and whether payment of assistance was proper.</p>	<p>Grants the HHS the authority to investigate whether a person is eligible to have assistance paid on the person's behalf and whether that payment was proper.</p>
<p>24 31 3. Notwithstanding any provision of law to the contrary, 24 32 assistance shall not be recoverable unless the department 24 33 finds that the assistance was paid for the benefit of a person 24 34 who was not entitled to have assistance paid on the person's 24 35 behalf.</p>	<p>Requires assistance to be unrecoverable unless the HHS finds that the assistance was paid for the benefit of a person who was not entitled to have assistance paid on the person's behalf.</p>
<p>25 1 4. Assistance paid for the benefit of a person who was 25 2 not entitled to have assistance paid on the person's behalf 25 3 shall be recoverable from the entity to which the assistance 25 4 was paid, from the person on whose behalf assistance was paid, 25 5 or from a third party who is liable for the person's debts or 25 6 support.</p>	<p>Establishes that assistance that is eligible for recovery can be recoverable from either the entity to which the assistance was paid, from the person on whose behalf the assistance was paid, or from a third party who is liable for the person's debts or support.</p>
<p>25 7 5. Upon the death of a person who was not entitled to 25 8 have assistance paid on the person's behalf, the department 25 9 shall have a lien equivalent in priority to liens described 25 10 in section 633.425, subsection 6, against the person's estate 25 11 for the portion of the assistance improperly paid which the 25 12 department had not recovered at the time of the person's death.</p>	<p>Establishes that upon the death of a person who was not entitled to have assistance paid on the person's behalf, the HHS has a right to keep possession of property belonging to the person's estate for the portion of the assistance improperly paid. These debts shall be categorize equivalent in priority to all taxes having preference under the laws of Iowa.</p>

25 13 6. The department may waive all or a portion of improperly
 25 14 paid assistance, or a lien created under subsection 5, if
 25 15 the department finds that collection would result in undue
 25 16 hardship.

Grants the HHS the right to waive all or a portion of improperly paid assistance if it is found that collection would result in undue hardship.

25 17 7. The department shall adopt rules pursuant to chapter 17A
 25 18 to implement and administer this section.

Requires the HHS to adopt administrative rules pursuant to Iowa Code chapter [17A](#) to implement and administer this section.

25 19 ~~#33.~~ Section 218.30, Code 2024, is amended to read as
 25 20 follows:
 25 21 218.30 INVESTIGATION OF OTHER FACILITIES.
 25 22 The director may investigate or cause the investigation of
 25 23 charges of abuse, neglect, or mismanagement on the part of an
 25 24 officer or employee of a private facility which is subject to
 25 25 the director's supervision or control. ~~The director shall also~~
 25 26 ~~investigate or cause the investigation of charges concerning~~
 25 27 ~~county care facilities in which persons with mental illness are~~
 25 28 ~~served.~~

Adopts conforming changes to Iowa Code section [218.30](#) (Investigation of Other Facilities) that removes the requirement for the Director of HHS to investigate or cause the investigation of charges concerning county care facilities.

25 29 ~~#34.~~ Section 218.78, subsection 1, Code 2024, is amended
 25 30 to read as follows:
 25 31 1. All institutional receipts of the department, including
 25 32 funds received from client participation at the state resource
 25 33 centers under section 222.78 ~~and at the state mental health~~
 25 34 ~~institutes under section 230.20~~, shall be deposited in the
 25 35 general fund except for reimbursements for services provided
 26 1 to another institution or state agency, for receipts deposited
 26 2 in the revolving farm fund under section 904.706, for deposits
 26 3 into the medical assistance fund under section 249A.11, and for
 26 4 rentals charged to employees or others for room, apartment, or
 26 5 house and meals, which shall be available to the institutions.

Adopts conforming changes to Iowa Code section [218.78\(1\)](#) (Institutional Receipts Deposited).

26 6 ~~#35.~~ Section 222.1, subsection 1, Code 2024, is amended
 26 7 to read as follows:
 26 8 1. This chapter addresses the public and private services
 26 9 available in this state to meet the needs of persons with an
 26 10 intellectual disability. ~~The responsibility of the mental~~
 26 11 ~~health and disability services regions formed by counties and~~
 26 12 ~~of the state for the costs and administration of publicly~~
 26 13 ~~funded services shall be as set out in section 222.60 and other~~
 26 14 ~~pertinent sections of this chapter.~~

Adopts conforming changes to Iowa Code section [222.1\(1\)](#) (Purpose of Chapter — State Resource Centers — Special Unit at State Mental Health Institute).

26 15 #36. Section 222.2, Code 2024, is amended by adding the
 26 16 following new subsection:
 26 17 NEW SUBSECTION 01. "Administrative services organization"
 26 18 means the same as defined in section 225A.1.

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.

26 19 #37. Section 222.2, subsections 6 and 7, Code 2024, are
 26 20 amended by striking the subsections.

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.

26 21 #38. Section 222.12, subsection 2, Code 2024, is amended
 26 22 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 23 #39. Section 222.13, Code 2024, is amended to read as
 26 24 follows:
 26 25 222.13 VOLUNTARY ADMISSIONS.
 26 26 1. If an adult person is believed to be a person with an
 26 27 intellectual disability, the adult person or the adult person's
 26 28 guardian may apply to the department and the superintendent of
 26 29 any state resource center for the voluntary admission of the
 26 30 adult person either as an inpatient or an outpatient of the
 26 31 resource center. ~~If the expenses of the person's admission~~
 26 32 ~~or placement are payable in whole or in part by the person's~~
 26 33 ~~county of residence, application for the admission shall be~~
 26 34 ~~made through the regional administrator. An application for~~
 26 35 ~~admission to a special unit of any adult person believed to be~~
 27 1 ~~in need of any of the services provided by the special unit~~
 27 2 ~~under section 222.88 may be made in the same manner. The~~
 27 3 superintendent shall accept the application if a preadmission
 27 4 diagnostic evaluation confirms or establishes the need for
 27 5 admission, except that an application shall not be accepted if
 27 6 the institution does not have adequate facilities available or
 27 7 if the acceptance will result in an overcrowded condition.
 27 8 2. If the resource center does not have an appropriate
 27 9 program for the treatment of an adult or minor person with an
 27 10 intellectual disability applying under this section or section
 27 11 222.13A, the regional administrator for the person's county

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

27 12 of residence or the department, as applicable, shall arrange
 27 13 for the placement of the person in any public or private
 27 14 facility within or ~~without~~ outside of the state, approved by
 27 15 the director, which offers appropriate services for the person.
 27 16 If the expenses of the placement are payable in whole or in
 27 17 part by a county, the placement shall be made by the regional
 27 18 administrator for the county.

27 19 ~~3.~~ If the expenses of an admission of an adult to a resource
 27 20 center or a special unit, or of the placement of the person
 27 21 in a public or private facility are payable in whole or in
 27 22 part by a mental health and disability services region, the
 27 23 regional administrator shall make a full investigation into
 27 24 the financial circumstances of the person and those liable for
 27 25 the person's support under section 222.78 to determine whether
 27 26 or not any of them are able to pay the expenses arising out of
 27 27 the admission of the person to a resource center, special unit,
 27 28 or public or private facility. If the regional administrator
 27 29 finds that the person or those legally responsible for
 27 30 the person are presently unable to pay the expenses, the
 27 31 regional administrator shall pay the expenses. The regional
 27 32 administrator may review such a finding at any subsequent
 27 33 time while the person remains at the resource center, or is
 27 34 otherwise receiving care or treatment for which this chapter
 27 35 obligates the region to pay. If the regional administrator
 28 1 finds upon review that the person or those legally responsible
 28 2 for the person are presently able to pay the expenses, the
 28 3 finding shall apply only to the charges incurred during the
 28 4 period beginning on the date of the review and continuing
 28 5 thereafter, unless and until the regional administrator again
 28 6 changes such a finding. If the regional administrator finds
 28 7 that the person or those legally responsible for the person
 28 8 are able to pay the expenses, the regional administrator shall
 28 9 collect the charges to the extent required by section 222.78,
 28 10 and the regional administrator shall be responsible for the
 28 11 payment of the remaining charges.

28 12 #40. Section 222.13A, subsections 3 and 4, Code 2024,
 28 13 are amended to read as follows:

28 14 3. During the preadmission diagnostic evaluation, the
 28 15 minor shall be informed both orally and in writing that the
 28 16 minor has the right to object to the voluntary admission. ff
 28 17 Notwithstanding section 222.33, if the preadmission diagnostic

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

28 18 evaluation determines that the voluntary admission is
 28 19 appropriate but the minor objects to the admission, the minor
 28 20 shall not be admitted to the state resource center unless the
 28 21 court approves of the admission. A petition for approval of
 28 22 the minor's admission may be submitted to the juvenile court by
 28 23 the minor's parent, guardian, or custodian.

28 24 4. As soon as practicable after the filing of a petition for
 28 25 approval of the voluntary admission, the court shall determine
 28 26 whether the minor has an attorney to represent the minor in the
 28 27 proceeding. If the minor does not have an attorney, the court
 28 28 shall assign an attorney to the minor ~~an attorney~~. If the
 28 29 minor is unable to pay for an attorney, the attorney shall be
 28 30 compensated by ~~the mental health and disability services region~~
 28 31 an administrative services organization at an hourly rate to be
 28 32 established ~~by the regional administrator~~ in substantially the
 28 33 same manner as provided in section 815.7.

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

28 34 #41. Section 222.14, Code 2024, is amended to read as
 28 35 follows:

29 1 222.14 CARE ~~BY REGION~~ PENDING ADMISSION.
 29 2 If the institution is unable to receive a patient, the
 29 3 superintendent shall notify ~~the regional administrator for the~~
 29 4 ~~county of residence of the prospective patient~~ an administrative
 29 5 services organization. Until such time as the patient is able
 29 6 to be received by the institution, or when application has been
 29 7 made for admission to a public or private facility as provided
 29 8 in section 222.13 and the application is pending, the care
 29 9 of the patient shall be provided as arranged by the ~~regional~~
 29 10 ~~administrator~~ administrative services organization.

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

29 11 #42. NEW SECTION 222.33 STATE RESOURCE CENTER —
 29 12 ADMISSIONS AND DISCHARGE.

29 13 1. The department shall make all final determinations
 29 14 concerning whether a person may be admitted to a state resource
 29 15 center.

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

29 16 2. If a patient is admitted to a state resource center
 29 17 pursuant to section 222.13 or 222.13A, and the patient
 29 18 wishes to be placed outside of the state resource center, the
 29 19 discharge of the patient shall be made in accordance with
 29 20 section 222.15.

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.

29 21 #43.NEW SECTION 222.35 STATE — PAYOR OF LAST RESORT.

29 22 The department shall implement services and adopt rules
 29 23 pursuant to chapter 17A in a manner that ensures that the state
 29 24 is the payor of last resort, and that the department shall not
 29 25 make any payments for services that have been provided until
 29 26 the department has determined that the services provided are
 29 27 not payable by a third-party source.

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 28 #44. Section 222.73, subsections 2 and 4, Code 2024, are
 29 29 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 30 #45. Section 222.77, Code 2024, is amended to read as
 29 31 follows:

29 32 222.77 PATIENTS ON LEAVE.

29 33 The cost of support of patients placed on convalescent leave
 29 34 or removed as a habilitation measure from a resource center,
 29 35 ~~or a special unit~~, except when living in the home of a person
 30 1 legally bound for the support of the patient, shall be paid by
 30 2 ~~the county of residence or the state as provided in section~~
 30 3 ~~222.60~~.

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

30 4 #46. Section 222.78, subsection 1, Code 2024, is amended
 30 5 to read as follows:

30 6 1. The father and mother of any patient admitted to a
 30 7 resource center ~~or to a special unit~~, as either an inpatient
 30 8 or an outpatient, and any person, firm, or corporation bound
 30 9 by contract made for support of the patient, are liable for
 30 10 the support of the patient. The patient and those legally
 30 11 bound for the support of the patient shall be liable to
 30 12 ~~the county or state, as applicable~~, for all sums advanced
 30 13 ~~in accordance with the provisions of sections 222.60 and~~
 30 14 ~~222.77 relating to reasonable attorney fees and court costs for~~
 30 15 the patient's admission to the resource center, and for the
 30 16 treatment, training, instruction, care, habilitation, support,
 30 17 transportation, or other expenditures made on behalf of the
 30 18 patient pursuant to this chapter.

Adopts conforming changes to Iowa Code section [222.78](#)(1) (Parents and Others Liable for Support) that remove county responsibility for expenses.

30 19 #47. Section 222.79, Code 2024, is amended to read as
 30 20 follows:

30 21 222.79 CERTIFICATION STATEMENT PRESUMED CORRECT.
 30 22 In actions to enforce the liability imposed by section

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

30 23 222.78, the superintendent ~~or the county of residence, as~~
 30 24 ~~applicable~~, shall submit a certification statement stating
 30 25 the sums charged, and the certification statement shall be
 30 26 considered presumptively correct.

30 27 #48. Section 222.80, Code 2024, is amended to read as
 30 28 follows:
 30 29 222.80 LIABILITY TO ~~COUNTY OR~~ STATE.
 30 30 A person admitted to a county institution ~~or home~~ or admitted
 30 31 at ~~county or~~ state expense to a private hospital, sanitarium,
 30 32 or other facility for treatment, training, instruction, care,
 30 33 habilitation, and support as a patient with an intellectual
 30 34 disability shall be liable to the ~~county or state, as~~
 30 35 ~~applicable~~, for the reasonable cost of the support as provided
 31 1 in section 222.78.

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

31 2 #49. Section 222.82, Code 2024, is amended to read as
 31 3 follows:
 31 4 222.82 COLLECTION OF LIABILITIES AND CLAIMS.
 31 5 If liabilities and claims exist as provided in section
 31 6 222.78 or any other provision of this chapter, ~~the county of~~
 31 7 ~~residence or the state, as applicable~~, may proceed as provided
 31 8 in this section. ~~If the liabilities and claims are owed to~~
 31 9 ~~a county of residence, the county's board of supervisors may~~
 31 10 ~~direct the county attorney to proceed with the collection of~~
 31 11 ~~the liabilities and claims as a part of the duties of the~~
 31 12 ~~county attorney's office when the board of supervisors deems~~
 31 13 ~~such action advisable. If the liabilities and claims are owed~~
 31 14 ~~to the state, the state shall proceed with the collection.~~
 31 15 The ~~board of supervisors or the state, as applicable~~, may
 31 16 compromise any and all liabilities to the ~~county or~~ state
 31 17 arising under this chapter when such compromise is deemed to be
 31 18 in the best interests of the ~~county or~~ state. Any collections
 31 19 and liens shall be limited in conformance to section 614.1,
 31 20 subsection 4.

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

31 21 #50. Section 222.85, subsection 2, Code 2024, is amended
 31 22 to read as follows:
 31 23 2. Moneys paid to a resource center from any source other
 31 24 than state appropriated funds and intended to pay all or a
 31 25 portion of the cost of care of a patient, which cost would
 31 26 otherwise be paid from state ~~or county~~ funds or from the

Adopts conforming changes to Iowa Code section [222.85](#)(2) (Deposit of Moneys — Exception to Guardians).

31 27 patient's own funds, shall not be deemed "funds belonging to a
31 28 patient" for the purposes of this section.

31 29 #51. Section 222.86, Code 2024, is amended to read as
31 30 follows:

31 31 222.86 PAYMENT FOR CARE FROM FUND.

31 32 If a patient is not receiving medical assistance under
31 33 chapter 249A and the amount in the account of any patient
31 34 in the patients' personal deposit fund exceeds two hundred
31 35 dollars, the department may apply any amount of the excess to
32 1 reimburse the ~~county of residence or the~~ state for liability
32 2 incurred by ~~the county or~~ the state for the payment of care,
32 3 support, and maintenance of the patient; when billed by the
32 4 ~~county or state, as applicable.~~

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

32 5 #52. Section 222.92, subsection 1, Code 2024, is amended
32 6 to read as follows:

32 7 1. The department shall operate the state resource centers
32 8 on the basis of net appropriations from the general fund of
32 9 the state. The appropriation amounts shall be the net amounts
32 10 of state moneys projected to be needed for the state resource
32 11 centers for the fiscal year of the appropriations. The purpose
32 12 of utilizing net appropriations is to encourage the state
32 13 resource centers to operate with increased self-sufficiency, to
32 14 improve quality and efficiency, and to support collaborative
32 15 efforts between the state resource centers and ~~counties and~~
32 16 ~~other~~ providers of funding for the services available from
32 17 the state resource centers. The state resource centers shall
32 18 not be operated under the net appropriations in a manner that
32 19 results in a cost increase to the state or in cost shifting
32 20 between the state, the medical assistance program, ~~counties~~, or
32 21 other sources of funding for the state resource centers.

Adopts conforming changes to Iowa Code section [222.92](#)(1) (Net General Fund Appropriation — State Resource Center).

32 22 #53. Section 222.92, subsection 3, paragraph a, Code
32 23 2024, is amended by striking the paragraph.

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.

32 24 #54. Section 225.1, subsection 2, Code 2024, is amended
32 25 to read as follows:

32 26 2. For the purposes of this chapter, unless the context

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

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

33 28 #57. Section 225.12, Code 2024, is amended to read as
 33 29 follows:
 33 30 225.12 VOLUNTARY PUBLIC PATIENT — PHYSICIAN'S OR PHYSICIAN
 33 31 ASSISTANT'S REPORT.
 33 32 A physician or a physician assistant who meets the
 33 33 qualifications set forth in the definition of a mental
 33 34 health professional in section 228.1 ~~fitting information under~~
 33 35 ~~section 225.10 shall include a written report to the regional~~
 34 1 ~~administrator for the county of residence of the person named~~
 34 2 ~~in the information, giving shall submit a detailed history of~~
 34 3 ~~the case to an administrative services organization as will be~~
 34 4 likely to aid in the observation, treatment, and hospital care
 34 5 of the person ~~and describing the history in detail.~~

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.

34 6 #58. Section 225.13, Code 2024, is amended to read as
 34 7 follows:
 34 8 225.13 FINANCIAL CONDITION.
 34 9 ~~The regional administrator for the county of residence of~~
 34 10 ~~a person being admitted to the state psychiatric hospital is~~
 34 11 Administrative services organizations shall be responsible for
 34 12 investigating the financial condition of ~~the~~ a person and of
 34 13 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 14 #59. Section 225.15, Code 2024, is amended to read as
 34 15 follows:
 34 16 225.15 EXAMINATION AND TREATMENT.
 34 17 ~~—~~ When a respondent arrives at the state psychiatric
 34 18 hospital, the admitting physician, or a physician assistant
 34 19 who meets the qualifications set forth in the definition of a
 34 20 mental health professional in section 228.1, shall examine the
 34 21 respondent and determine whether or not, in the physician's
 34 22 or physician assistant's judgment, the respondent is a fit
 34 23 subject for observation, treatment, and hospital care. If,
 34 24 upon examination, the physician or physician assistant who
 34 25 meets the qualifications set forth in the definition of a
 34 26 mental health professional in section 228.1 decides that the
 34 27 respondent should be admitted to the hospital, the respondent
 34 28 shall be provided a proper bed in the hospital. The physician
 34 29 or physician assistant who meets the qualifications set forth
 34 30 in the definition of a mental health professional in section
 34 31 228.1 who has charge of the respondent shall proceed with
 34 32 observation, medical treatment, and hospital care as in the

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

34 33 physician's or physician assistant's judgment are proper and
 34 34 necessary, in compliance with sections 229.13, 229.14, this
 34 35 section, and section 229.16. After the respondent's admission,
 35 1 the observation, medical treatment, and hospital care of the
 35 2 respondent may be provided by a mental health professional,
 35 3 as defined in section 228.1, who is licensed as a physician,
 35 4 advanced registered nurse practitioner, or physician assistant.
 35 5 ~~2. A proper and competent nurse shall also be assigned to
 35 6 look after and care for the respondent during observation,
 35 7 treatment, and care. Observation, treatment, and hospital
 35 8 care under this section which are payable in whole or in part
 35 9 by a county shall only be provided as determined through
 35 10 the regional administrator for the respondent's county of
 35 11 residence.~~

35 12 #60. Section 225.16, subsection 1, Code 2024, is amended
 35 13 to read as follows:

35 14 1. If the ~~regional administrator for a person's county of~~
 35 15 ~~residence~~ department finds from the physician's information
 35 16 or from the information of a physician assistant who
 35 17 meets the qualifications set forth in the definition of
 35 18 a mental health professional in section 228.1 which was
 35 19 filed under the provisions of section ~~225.10~~ 225.12 that it
 35 20 would be appropriate for the person to be admitted to the
 35 21 state psychiatric hospital, and ~~the report of the regional~~
 35 22 ~~administrator made pursuant to section 225.13 shows the~~
 35 23 department finds that the person and those who are legally
 35 24 responsible for the person are not able to pay the expenses
 35 25 incurred at the hospital, or are able to pay only a part of
 35 26 the expenses, the person shall be considered to be a voluntary
 35 27 public patient and ~~the regional administrator shall direct that~~
 35 28 ~~the person shall be sent to the state psychiatric hospital at~~
 35 29 ~~the state university of iowa~~ for observation, treatment, and
 35 30 hospital care.

Adopts conforming changes to Iowa Code section [225.16](#)(1)
 (Voluntary Public Patients — Admission).

35 31 #61. Section 225.17, subsection 2, Code 2024, is amended
 35 32 to read as follows:

35 33 2. When the respondent arrives at the hospital, the
 35 34 respondent shall receive the same treatment as is provided for
 35 35 committed public patients in section 225.15, in compliance
 36 1 with sections 229.13 through 229.16. ~~However, observation,
 36 2 treatment, and hospital care under this section of a respondent~~

Adopt conforming changes to Iowa Code section [225.17](#)(2)
 (Committed Private Patient — Treatment).

36 3 ~~whose expenses are payable in whole or in part by a county~~
36 4 ~~shall only be provided as determined through the regional~~
36 5 ~~administrator for the respondent's county of residence.~~

36 6 #62. Section 225.18, Code 2024, is amended to read as
36 7 follows:

36 8 225.18 ATTENDANTS.

36 9 ~~The regional administrator~~ An administrative services
36 10 organization may appoint an attendant to accompany the
36 11 committed public patient or the voluntary public patient
36 12 or the committed private patient from the place where the
36 13 patient may be to the state psychiatric hospital, or to
36 14 accompany the patient from the hospital to a place as may
36 15 be designated by the ~~regional administrator~~ administrative
36 16 services organization. If a patient is moved pursuant to this
36 17 section, at least one attendant shall be of the same gender as
36 18 the patient.

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

36 19 #63. Section 225.22, Code 2024, is amended to read as
36 20 follows:

36 21 225.22 LIABILITY OF PRIVATE PATIENTS — PAYMENT.

36 22 Every committed private patient, if the patient has an
36 23 estate sufficient for that purpose, or if those legally
36 24 responsible for the patient's support are financially able,
36 25 shall be liable to the ~~county and~~ state for all expenses paid
36 26 by ~~them in the state~~ on behalf of such patient. All bills
36 27 for the care, nursing, observation, treatment, medicine, and
36 28 maintenance of such patients shall be paid by the director of
36 29 the department of administrative services in the same manner as
36 30 those of committed and voluntary public patients as provided in
36 31 this chapter, unless the patient or those legally responsible
36 32 for the patient make such settlement with the state psychiatric
36 33 hospital.

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

36 34 #64. Section 225.24, Code 2024, is amended to read as
36 35 follows:

37 1 225.24 COLLECTION OF PRELIMINARY EXPENSE.

37 2 Unless a committed private patient or those legally
37 3 responsible for the patient's support offer to settle the
37 4 amount of the claims, the ~~regional administrator for the~~
37 5 ~~person's county of residence~~ department shall collect, by
37 6 action if necessary, the amount of all claims for per diem and

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

37 7 expenses that have been approved by the regional administrator
 37 8 for the county an administrative services organization and
 37 9 paid by the regional administrator as provided under section
 37 10 ~~225.21~~ administrative services organization. Any amount
 37 11 collected shall be credited to the ~~mental health and disability~~
 37 12 ~~services region combined account created~~ behavioral health fund
 37 13 established in accordance with section 225C.58 225A.7.

37 14 #65. Section 225.27, Code 2024, is amended to read as
 37 15 follows:

37 16 225.27 DISCHARGE — TRANSFER.

37 17 The state psychiatric hospital may, at any time, discharge
 37 18 any patient as recovered, as improved, or as not likely to
 37 19 be benefited by further treatment. If the patient being so
 37 20 discharged was involuntarily hospitalized, the hospital shall
 37 21 notify the committing judge or court of the discharge as
 37 22 required by section 229.14 or section 229.16, whichever is as
 37 23 applicable, and the applicable regional administrator. Upon
 37 24 receiving the notification, the court shall issue an order
 37 25 confirming the patient's discharge from the hospital or from
 37 26 care and custody, as the case may be, and shall terminate the
 37 27 proceedings pursuant to which the order was issued. The court
 37 28 or judge shall, if necessary, appoint a person to accompany the
 37 29 discharged patient from the state psychiatric hospital to such
 37 30 place as the hospital or the court may designate, or authorize
 37 31 the hospital to appoint such attendant.

37 32 #66. Section 226.1, subsection 4, Code 2024, is amended
 37 33 by adding the following new paragraph:

37 34 NEW PARAGRAPH 0a. "Administrative services organization"
 37 35 means the same as defined in section 225A.1.

38 1 #67. Section 226.1, subsection 4, paragraphs d and f,
 38 2 Code 2024, are amended by striking the paragraphs.

38 3 #68. Section 226.8, subsection 2, Code 2024, is amended
 38 4 to read as follows:

38 5 2. Charges for the care of any person with a diagnosis of

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](#)(2) (Persons with Diagnosis of Intellectual Disability — Admission or Transfer to State Mental Health Institute).

38 6 an intellectual disability admitted to a state mental health
 38 7 institute shall be made by the institute in the manner provided
 38 8 by chapter 230, but the liability of any other person to any
 38 9 mental health and disability services region the state for the
 38 10 cost of care of such person with a diagnosis of an intellectual
 38 11 disability shall be as prescribed by section 222.78.

38 12 #69. Section 226.32, Code 2024, is amended to read as
 38 13 follows:
 38 14 226.32 OVERCROWDED CONDITIONS.
 38 15 The director shall order the discharge or removal from the
 38 16 mental health institute of incurable and harmless patients
 38 17 whenever it is necessary to make room for recent cases. If
 38 18 a patient who is to be discharged entered the mental health
 38 19 institute voluntarily, the director shall notify the regional
 38 20 administrator for the county interested at least ten days in
 38 21 advance of the day of actual discharge.

38 22 #70. Section 226.34, subsection 2, paragraph d, Code
 38 23 2024, is amended by striking the paragraph.

38 24 #71. Section 228.6, subsection 1, Code 2024, is amended
 38 25 to read as follows:
 38 26 1. A mental health professional or an employee of or
 38 27 agent for a mental health facility may disclose mental health
 38 28 information if and to the extent necessary, to meet the
 38 29 requirements of section 229.24, 229.25, ~~230.20, 230.21, 230.25,~~
 38 30 ~~230.26,~~230A.108, 232.74, or 232.147, or to meet the compulsory
 38 31 reporting or disclosure requirements of other state or federal
 38 32 law relating to the protection of human health and safety.

38 33 #72. Section 229.1, Code 2024, is amended by adding the
 38 34 following new subsection:
 38 35 NEW SUBSECTION 01. "Administrative services organization"
 39 1 means the same as defined in section 225A.1.

39 2 #73. Section 229.1, subsections 11, 18, and 19, Code
 39 3 2024, are amended by striking the subsections.

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](#)(1) (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.

39 4 #74. Section 229.1B, Code 2024, is amended to read as
 39 5 follows:
 39 6 ~~229.1B REGIONAL ADMINISTRATOR~~ ADMINISTRATIVE SERVICES
 39 7 ORGANIZATION .
 39 8 Notwithstanding any provision of this chapter to the
 39 9 contrary, any person whose hospitalization expenses are
 39 10 payable in whole or in part by ~~a mental health and disability~~
 39 11 ~~services region~~ an administrative services organization
 39 12 shall be subject to all administrative requirements of the
 39 13 ~~regional administrator for the county~~ administrative services
 39 14 organization.

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

39 15 #75. Section 229.2, subsection 1, paragraph b,
 39 16 subparagraph (3), Code 2024, is amended to read as follows:
 39 17 (3) As soon as is practicable after the filing of a
 39 18 petition for juvenile court approval of the admission of the
 39 19 minor, the juvenile court shall determine whether the minor
 39 20 has an attorney to represent the minor in the hospitalization
 39 21 proceeding, and if not, the court shall assign to the minor
 39 22 an attorney. If the minor is financially unable to pay for
 39 23 an attorney, the attorney shall be compensated by ~~the mental~~
 39 24 ~~health and disability services region~~ an administrative
 39 25 services organization at an hourly rate to be established
 39 26 by the ~~regional administrator for the county in which the~~
 39 27 ~~proceeding is held~~ administrative services organization in
 39 28 substantially the same manner as provided in section 815.7.

Adopts conforming changes to Iowa Code section [229.2\(1\)](#) (Application for Voluntary Admission — Authority to Receive Voluntary Patients).

39 29 #76. Section 229.2, subsection 2, paragraph a, Code
 39 30 2024, is amended to read as follows:
 39 31 a. The chief medical officer of a public hospital shall
 39 32 receive and may admit the person whose admission is sought,
 39 33 subject in cases other than medical emergencies to availability
 39 34 of suitable accommodations and to the provisions of ~~sections~~
 39 35 section 229.41 and 229.42.

Adopts conforming changes to Iowa Code section 229.2(2) (Application for Voluntary Admission — Authority to Receive Voluntary Patients).

40 1 #77. Section 229.8, subsection 1, Code 2024, is amended
 40 2 to read as follows:

Adopts conforming changes to Iowa Code section [229.8\(1\)](#) (Procedure After Application is Filed).

40 3 1. Determine whether the respondent has an attorney
 40 4 who is able and willing to represent the respondent in the
 40 5 hospitalization proceeding, and if not, whether the respondent
 40 6 is financially able to employ an attorney and capable of
 40 7 meaningfully assisting in selecting one. In accordance with
 40 8 those determinations, the court shall if necessary allow the
 40 9 respondent to select, or shall assign to the respondent, an
 40 10 attorney. If the respondent is financially unable to pay an
 40 11 attorney, the attorney shall be compensated by ~~the mental~~
 40 12 ~~health and disability services region~~ an administrative
 40 13 services organization at an hourly rate to be established
 40 14 by the ~~regional~~ administrator for the county in which the
 40 15 ~~proceeding is held~~ administrative services organization in
 40 16 substantially the same manner as provided in section 815.7.

40 17 #78. Section 229.10, subsection 1, paragraph a, Code
 40 18 2024, is amended to read as follows:
 40 19 a. An examination of the respondent shall be conducted by
 40 20 one or more licensed physicians or mental health professionals,
 40 21 as required by the court's order, within a reasonable time.
 40 22 If the respondent is detained pursuant to section 229.11,
 40 23 subsection 1, paragraph "b", the examination shall be conducted
 40 24 within twenty-four hours. If the respondent is detained
 40 25 pursuant to section 229.11, subsection 1, paragraph "a" or
 40 26 "c", the examination shall be conducted within forty-eight
 40 27 hours. If the respondent so desires, the respondent shall be
 40 28 entitled to a separate examination by a licensed physician or
 40 29 mental health professional of the respondent's own choice. The
 40 30 reasonable cost of the examinations shall, if the respondent
 40 31 lacks sufficient funds to pay the cost, be paid by ~~the regional~~
 40 32 ~~administrator from mental health and disability services region~~
 40 33 ~~funds~~ an administrative services organization upon order of the
 40 34 court.

Adopts conforming changes to Iowa Code section [229.10\(1\)](#)
 (Physicians' or Mental Health Professionals' Examination — Report).

40 35 #79. Section 229.11, subsection 1, unnumbered paragraph
 41 1 1, Code 2024, is amended to read as follows:
 41 2 If the applicant requests that the respondent be taken into
 41 3 immediate custody and the judge, upon reviewing the application
 41 4 and accompanying documentation, finds probable cause to believe
 41 5 that the respondent has a serious mental impairment and is
 41 6 likely to injure the respondent or other persons if allowed
 41 7 to remain at liberty, the judge may enter a written order

Adopts conforming changes to Iowa Code section [229.11\(1\)](#) (Judge
 May Order Immediate Custody).

41 8 directing that the respondent be taken into immediate custody
 41 9 by the sheriff or the sheriff's deputy and be detained until
 41 10 the hospitalization hearing. The hospitalization hearing shall
 41 11 be held no more than five days after the date of the order,
 41 12 except that if the fifth day after the date of the order is
 41 13 a Saturday, Sunday, or a holiday, the hearing may be held
 41 14 on the next succeeding business day. If the expenses of a
 41 15 respondent are payable in whole or in part by ~~a mental health~~
 41 16 ~~and disability services region~~ an administrative services
 41 17 organization, for a placement in accordance with paragraph "a",
 41 18 the judge shall give notice of the placement to ~~the regional~~
 41 19 ~~administrator for the county in which the court is located~~ an
 41 20 administrative services organization, and for a placement in
 41 21 accordance with paragraph "b" or "c", the judge shall order
 41 22 the placement in a hospital or facility designated ~~through~~
 41 23 ~~the regional administrator~~ by an administrative services
 41 24 organization. The judge may order the respondent detained for
 41 25 the period of time until the hearing is held, and no longer,
 41 26 in accordance with paragraph "a", if possible, and if not then
 41 27 in accordance with paragraph "b", or, only if neither of these
 41 28 alternatives is available, in accordance with paragraph "c".
 41 29 Detention may be in any of the following:

41 30 #80. Section 229.13, subsection 1, paragraph a, Code
 41 31 2024, is amended to read as follows:
 41 32 a. The court shall order a respondent whose expenses are
 41 33 payable in whole or in part by ~~a mental health and disability~~
 41 34 ~~services region~~ an administrative services organization
 41 35 placed under the care of an appropriate hospital or facility
 42 1 designated ~~through the regional administrator for the county~~
 42 2 by an administrative services organization on an inpatient or
 42 3 outpatient basis.

42 4 #81. Section 229.13, subsection 7, paragraph b, Code
 42 5 2024, is amended to read as follows:
 42 6 b. ~~A region~~ An administrative services organization shall
 42 7 contract with mental health professionals to provide the
 42 8 appropriate treatment including treatment by the use of oral
 42 9 medicine or injectable antipsychotic medicine pursuant to this
 42 10 section.

42 11 #82. Section 229.14, subsection 2, paragraph a, Code

Adopts conforming changes to Iowa Code section [229.13\(1\)](#)
 (Evaluation Order — Treatment — Unauthorized Departure or Failure
 to Appear).

Adopts conforming changes to Iowa Code section [229.13\(7\)\(b\)](#)
 (Evaluation Order — Treatment — Unauthorized Departure or Failure
 to Appear).

Adopts conforming changes to Iowa Code section [229.14\(2\)\(a\)](#) (Chief

42 12 2024, is amended to read as follows:

42 13 a. For a respondent whose expenses are payable in whole
42 14 or in part by ~~a mental health and disability services region~~
42 15 an administrative services organization, placement as
42 16 designated through the regional administrator for the county
42 17 by an administrative services organization in the care of an
42 18 appropriate hospital or facility on an inpatient or outpatient
42 19 basis, or other appropriate treatment, or in an appropriate
42 20 alternative placement.

Medical Officer's Report).

42 21 #83. Section 229.14A, subsections 7 and 9, Code 2024,
42 22 are amended to read as follows:

42 23 7. If a respondent's expenses are payable in whole or in
42 24 part by ~~a mental health and disability services region through~~
42 25 ~~the regional administrator for the county~~ an administrative
42 26 services organization, notice of a placement hearing shall be
42 27 provided to the county attorney and ~~the regional administrator~~
42 28 an administrative services organization. At the hearing, the
42 29 county may present evidence regarding appropriate placement.
42 30 9. A placement made pursuant to an order entered under
42 31 section 229.13 or 229.14 or this section shall be considered to
42 32 be authorized through the regional administrator for the county
42 33 by an administrative services organization.

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

42 34 #84. Section 229.15, subsection 4, Code 2024, is amended
42 35 to read as follows:

43 1 4. When a patient has been placed in an alternative facility
43 2 other than a hospital pursuant to a report issued under section
43 3 229.14, subsection 1, paragraph "d", a report on the patient's
43 4 condition and prognosis shall be made to the court which placed
43 5 the patient, at least once every six months, unless the court
43 6 authorizes annual reports. ~~If an evaluation of the patient is~~
43 7 ~~performed pursuant to section 227.2, subsection 4, a copy of~~
43 8 ~~the evaluation report shall be submitted to the court within~~
43 9 ~~fifteen days of the evaluation's completion. The court may in~~
43 10 ~~its discretion waive the requirement of an additional report~~
43 11 ~~between the annual evaluations. If the department exercises~~
43 12 ~~the authority to remove residents or patients from a county~~
43 13 ~~care facility or other county or private facility under section~~
43 14 ~~227.6, the department shall promptly notify each court which~~
43 15 ~~placed in that facility any resident or patient removed.~~

Adopts conforming changes to Iowa Code section [229.15\(4\)](#) (Periodic
Reports Required) related to submission to the court of a patient's
evaluation report.

43 16 #85. Section 229.19, subsection 1, paragraphs a and b, 43 17 Code 2024, are amended to read as follows: 43 18 a. In each county the board of supervisors shall appoint 43 19 an individual who has demonstrated by prior activities an 43 20 informed concern for the welfare and rehabilitation of persons 43 21 with mental illness, and who is not an officer or employee of 43 22 the department, an officer or employee of a region, an officer 43 23 or employee of a county performing duties for a region, or 43 24 an officer or employee of any agency or facility providing 43 25 care or treatment to persons with mental illness, to act as an 43 26 advocate representing the interests of patients involuntarily 43 27 hospitalized by the court, in any matter relating to the 43 28 patients' hospitalization or treatment under section 229.14 or 43 29 229.15.	Adopts conforming changes to Iowa Code section 229.19 (Advocates — Appointment — Duties — Employment and Compensation).
43 30 b. The committing court shall assign the advocate for the 43 31 county where the patient is located. A county or region may 43 32 seek reimbursement from the patient's county of residence or 43 33 from the region in which the patient's county of residence is 43 34 located <u>an administrative services organization.</u>	Adopts conforming changes to Iowa Code section 229.19 (Advocates — Appointment — Duties — Employment and Compensation).
43 35 #86. Section 229.19, subsection 4, unnumbered paragraph 44 1 1, Code 2024, is amended to read as follows: 44 2 The state mental health and disability services commission 44 3 created in section 225C.5 <u>department</u> , in consultation with 44 4 advocates and county and judicial branch representatives, shall 44 5 adopt rules pursuant to chapter 17A relating to advocates that 44 6 include but are not limited to all of the following topics:	Adopts conforming changes to Iowa Code section 229.19(4) (Advocates — Appointment — Duties — Employment and Compensation).
44 7 #87. Section 229.22, subsection 2, paragraph b, Code 44 8 2024, is amended to read as follows: 44 9 b. If the magistrate orders that the person be detained, 44 10 the magistrate shall, by the close of business on the next 44 11 working day, file a written order with the clerk in the county 44 12 where it is anticipated that an application may be filed 44 13 under section 229.6. The order may be filed by facsimile if 44 14 necessary. A peace officer from the law enforcement agency 44 15 that took the person into custody, if no request was made 44 16 under paragraph “a”, may inform the magistrate that an arrest 44 17 warrant has been issued for or charges are pending against the 44 18 person and request that any written order issued under this 44 19 paragraph require the facility or hospital to notify the law	Adopts conforming changes to Iowa Code section 229.22 (2)(b) (Hospitalization — Emergency Procedure).

44 20 enforcement agency about the discharge of the person prior to
 44 21 discharge. The order shall state the circumstances under which
 44 22 the person was taken into custody or otherwise brought to a
 44 23 facility or hospital, and the grounds supporting the finding
 44 24 of probable cause to believe that the person is seriously
 44 25 mentally impaired and likely to injure the person's self or
 44 26 others if not immediately detained. The order shall also
 44 27 include any law enforcement agency notification requirements if
 44 28 applicable. The order shall confirm the oral order authorizing
 44 29 the person's detention including any order given to transport
 44 30 the person to an appropriate facility or hospital. A peace
 44 31 officer from the law enforcement agency that took the person
 44 32 into custody may also request an order, separate from the
 44 33 written order, requiring the facility or hospital to notify the
 44 34 law enforcement agency about the discharge of the person prior
 44 35 to discharge. The clerk shall provide a copy of the written
 45 1 order or any separate order to the chief medical officer of
 45 2 the facility or hospital to which the person was originally
 45 3 taken, to any subsequent facility to which the person was
 45 4 transported, and to any law enforcement department, ambulance
 45 5 service, or transportation service under contract with a
 45 6 ~~mental health and disability services region~~ an administrative
 45 7 services organization that transported the person pursuant
 45 8 to the magistrate's order. A transportation service that
 45 9 contracts with a ~~mental health and disability services region~~
 45 10 an administrative services organization for purposes of this
 45 11 paragraph shall provide a secure transportation vehicle and
 45 12 shall employ staff that has received or is receiving mental
 45 13 health training.

45 14 #88. Section 229.24, subsection 3, unnumbered paragraph
 45 15 1, Code 2024, is amended to read as follows:
 45 16 If all or part of the costs associated with hospitalization
 45 17 of an individual under this chapter are chargeable to a ~~county~~
 45 18 ~~of residence~~ an administrative services organization, the
 45 19 clerk of the district court shall provide to the ~~regional~~
 45 20 ~~administrator for the county of residence~~ and to the ~~regional~~
 45 21 ~~administrator for the county in which the hospitalization~~
 45 22 ~~order is entered~~ an administrative services organization the
 45 23 following information pertaining to the individual which would
 45 24 be confidential under subsection 1:

Adopts conforming changes to Iowa Code section [229.24\(3\)](#) (Records of Involuntary Hospitalization Proceeding to be Confidential).

<p>45 25 <u>#89.</u> Section 229.38, Code 2024, is amended to read as 45 26 follows: 45 27 229.38 CRUELTY OR OFFICIAL MISCONDUCT. 45 28 If any person having the care of a person with mental illness 45 29 who has voluntarily entered a hospital or other facility for 45 30 treatment or care, or who is responsible for psychiatric 45 31 examination care, treatment, and maintenance of any person 45 32 involuntarily hospitalized under sections 229.6 through 229.15, 45 33 whether in a hospital or elsewhere, with or without proper 45 34 authority, shall treat such patient with unnecessary severity, 45 35 harshness, or cruelty, or in any way abuse the patient or if 46 1 any person unlawfully detains or deprives of liberty any person 46 2 with mental illness or any person who is alleged to have mental 46 3 illness, or if any officer required by the provisions of this 46 4 chapter and chapters <u>chapter</u> 226 and 227, to perform any act 46 5 shall willfully refuse or neglect to perform the same, the 46 6 offending person shall, unless otherwise provided, be guilty of 46 7 a serious misdemeanor.</p>	<p>Adopts conforming changes to Iowa Code section 229.38 (Cruelty or Official Misconduct).</p>
<p>46 8 <u>#90.</u> Section 230.1, Code 2024, is amended by adding the 46 9 following new subsection: 46 10 NEW SUBSECTION 01. "Administrative service organization" 46 11 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, which is being established by the Bill.</p>
<p>46 12 <u>#91.</u> Section 230.1, subsections 4 and 5, Code 2024, are 46 13 amended by striking the subsections.</p>	<p>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.</p>
<p>46 14 <u>#92.</u> Section 230.10, Code 2024, is amended to read as 46 15 follows: 46 16 230.10 PAYMENT OF COSTS. 46 17 All legal costs and expenses for the taking into custody, 46 18 care, investigation, and admission or commitment of a person to 46 19 a state mental health institute under a finding that the person 46 20 has residency in another county of this state shall be charged 46 21 against the regional administrator of the person's county of 46 22 <u>residence to an administrative services organization.</u></p>	<p>Adopts conforming changes to Iowa Code section 230.10 (Payment of Costs).</p>
<p>46 23 <u>#93.</u> Section 230.11, Code 2024, is amended to read as 46 24 follows:</p>	<p>Removes the requirement for payment to be made by the HHS on itemized vouchers executed by the regional administrator of a person's</p>

46 25 230.11 RECOVERY OF COSTS FROM STATE.
 46 26 Costs and expenses for the taking into custody, care, and
 46 27 investigation of a person who has been admitted or committed
 46 28 to a state mental health institute, United States department
 46 29 of veterans affairs hospital, or other agency of the United
 46 30 States government, for persons with mental illness and
 46 31 who has no residence in this state or whose residence is
 46 32 unknown, including cost of commitment, if any, shall be paid
 46 33 as approved by the department. The amount of the costs and
 46 34 expenses approved by the department is appropriated to the
 46 35 department from any moneys in the state treasury not otherwise
 47 1 appropriated. ~~Payment shall be made by the department on~~
 47 2 ~~itemized vouchers executed by the regional administrator of~~
 47 3 ~~the person's county which has paid them, and approved by the~~
 47 4 ~~department.~~

county.

47 5 #94. Section 230.15, subsections 1 and 2, Code 2024, are
 47 6 amended to read as follows:
 47 7 1. A person with mental illness and a person legally liable
 47 8 for the person's support remain liable for the support of
 47 9 the person with mental illness as provided in this section.
 47 10 Persons legally liable for the support of a person with mental
 47 11 illness include the spouse of the person, and any person
 47 12 bound by contract for support of the person. ~~The regional~~
 47 13 ~~administrator of the person's county of residence, subject to~~
 47 14 ~~the direction of the region's governing board, shall enforce~~
 47 15 ~~the obligation created in this section as to all sums advanced~~
 47 16 ~~by the regional administrator. The liability to the regional~~
 47 17 ~~administrator incurred by a person with mental illness or a~~
 47 18 ~~person legally liable for the person's support under this~~
 47 19 ~~section is limited to an amount equal to one hundred percent~~
 47 20 ~~of the cost of care and treatment of the person with mental~~
 47 21 ~~illness at a state mental health institute for one hundred~~
 47 22 ~~twenty days of hospitalization. This limit of liability may~~
 47 23 ~~be reached by payment of the cost of care and treatment of the~~
 47 24 ~~person with mental illness subsequent to a single admission~~
 47 25 ~~or multiple admissions to a state mental health institute or,~~
 47 26 ~~if the person is not discharged as cured, subsequent to a~~
 47 27 ~~single transfer or multiple transfers to a county care facility~~
 47 28 ~~pursuant to section 227.11. After reaching this limit of~~
 47 29 ~~liability, a person with mental illness or a person legally~~
 47 30 ~~liable for the person's support is liable to the regional~~

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

47 31 ~~administrator state~~ for the care and treatment of the person
 47 32 with mental illness at a state mental health institute ~~or,~~
 47 33 if transferred but not discharged as cured, at a county care
 47 34 facility in an amount not ~~in excess of to exceed~~ the average
 47 35 minimum cost of the maintenance of an individual who is
 48 1 physically and mentally healthy residing in the individual's
 48 2 own home, ~~which standard shall be as established and may be~~
 48 3 ~~revised~~ by the department ~~by rule~~. A ~~lien imposed by section~~
 48 4 ~~230.25 shall not exceed the amount of the liability which may~~
 48 5 ~~be incurred under this section on account of a person with~~
 48 6 ~~mental illness.~~

48 7 2. A person with a substance use disorder is legally
 48 8 liable for the total amount of the cost of providing care,
 48 9 maintenance, and treatment for the person with a substance
 48 10 use disorder while a voluntary or committed patient. When
 48 11 a portion of the cost is paid by ~~a county an administrative~~
 48 12 ~~services organization~~, the person with a substance use disorder
 48 13 is legally liable to the ~~county administrative services~~
 48 14 ~~organization~~ for the amount paid. The person with a substance
 48 15 use disorder shall assign any claim for reimbursement under any
 48 16 contract of indemnity, by insurance or otherwise, providing
 48 17 for the person's care, maintenance, and treatment in a state
 48 18 mental health institute to the state. ~~Any payments received~~
 48 19 ~~by the state from or on behalf of a person with a substance use~~
 48 20 ~~disorder shall be in part credited to the county in proportion~~
 48 21 ~~to the share of the costs paid by the county.~~

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

48 22 ~~#95~~.NEW SECTION 230.23 STATE — PAYOR OF LAST RESORT.
 48 23 The department shall implement services and adopt rules
 48 24 pursuant to chapter 17A in a manner that ensures that the state
 48 25 is the payor of last resort, and that the department does not
 48 26 make any payments for services that have been provided until
 48 27 the department has determined that the services provided are
 48 28 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 29 ~~#96~~. Section 230.30, Code 2024, is amended to read as
 48 30 follows:
 48 31 230.30 CLAIM AGAINST ESTATE.
 48 32 On the death of a person receiving or who has received
 48 33 assistance under the provisions of this chapter, and whom the
 48 34 ~~board department~~ has previously found, ~~under section 230.25,~~

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

48 35 is able to pay, there shall be allowed against the estate of
49 1 such decedent a claim of the sixth class for that portion of
49 2 the total amount paid for that person's care which exceeds
49 3 the total amount of all claims of the first through the fifth
49 4 classes, inclusive, as defined in section 633.425, which are
49 5 allowed against that estate.

49 6 #97. Section 232.78, subsection 5, unnumbered paragraph
49 7 1, Code 2024, is amended to read as follows:
49 8 The juvenile court, before or after the filing of a petition
49 9 under this chapter, may enter an ex parte order authorizing
49 10 a physician or physician assistant or hospital to conduct an
49 11 outpatient physical examination or authorizing a physician or
49 12 physician assistant, a psychologist certified under section
49 13 154B.7, or a community mental health center accredited pursuant
49 14 to ~~chapter 230A~~ section 225A.3 to conduct an outpatient mental
49 15 examination of a child if necessary to identify the nature,
49 16 extent, and cause of injuries to the child as required by
49 17 section 232.71B, provided all of the following apply:

49 18 #98. Section 232.83, subsection 2, unnumbered paragraph
49 19 1, Code 2024, is amended to read as follows:
49 20 Anyone authorized to conduct a preliminary investigation in
49 21 response to a complaint may apply for, or the court on its own
49 22 motion may enter, an ex parte order authorizing a physician
49 23 or physician assistant or hospital to conduct an outpatient
49 24 physical examination or authorizing a physician or physician
49 25 assistant, a psychologist certified under section 154B.7, or a
49 26 community mental health center accredited pursuant to ~~chapter~~
49 27 ~~230A~~ section 225A.3 to conduct an outpatient mental examination
49 28 of a child if necessary to identify the nature, extent, and
49 29 causes of any injuries, emotional damage, or other such needs
49 30 of a child as specified in section 232.96A, subsection 3, 5, or
49 31 6, provided that all of the following apply:

49 32 #99. Section 235.7, subsection 2, Code 2024, is amended
49 33 to read as follows:
49 34 2. MEMBERSHIP. The department may authorize the governance
49 35 boards of decategorization of child welfare and juvenile
50 1 justice funding projects established under section 232.188 to
50 2 appoint the transition committee membership and may utilize
50 3 the boundaries of decategorization projects to establish

Adopts conforming changes to Iowa Code section [232.78\(5\)](#)
(Temporary Custody of a Child Pursuant to Ex Parte Court Order).

Adopts conforming changes to Iowa Code section [232.83\(2\)](#) (Child
Sexual Abuse Involving a Person Not Responsible for the Care of the
Child).

Adopts conforming changes to Iowa Code section [235.7\(2\)](#) (Transition
Committee).

50 4 the service areas for transition committees. The committee
 50 5 membership may include but is not limited to department staff
 50 6 involved with foster care, child welfare, and adult services,
 50 7 juvenile court services staff, staff involved with county
 50 8 general assistance or emergency relief under chapter 251 or
 50 9 252, ~~or a regional administrator of the county mental health
 50 10 and disability services region, as defined in section 225C.55,
 50 11 in the area,~~ school district and area education agency staff
 50 12 involved with special education, and a child's court appointed
 50 13 special advocate, guardian ad litem, service providers, and
 50 14 other persons knowledgeable about the child.

50 15 #100. Section 235A.15, subsection 2, paragraph c,
 50 16 subparagraphs (5) and (8), Code 2024, are amended by striking
 50 17 the subparagraphs.

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.

50 18 #101. Section 249A.4, subsection 15, Code 2024, is
 50 19 amended by striking the subsection.

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.

50 20 #102. Section 249A.12, subsection 4, Code 2024, is
 50 21 amended by striking the subsection.

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.

50 22 #103.NEW SECTION 249A.38A SUPPORTED COMMUNITY LIVING
 50 23 SERVICES.

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

50 24 1. As used in this section, "supported community living
 50 25 service" means a service provided in a noninstitutional setting
 50 26 to persons sixteen years of age and older with mental illness,
 50 27 an intellectual disability, brain injury, or developmental
 50 28 disabilities to meet the persons' daily living needs.

50 29 2. The department shall adopt rules pursuant to chapter 17A
 50 30 establishing minimum standards for supported community living
 50 31 services.

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

50 32 3. The department shall determine whether to grant, deny, or
 50 33 revoke approval for any supported community living service.

Instructs the HHS to determine whether to grant, deny, or revoke approval for any supported community living service.

50 34 4. Approved supported community living services may receive
 50 35 funding from the state, federal and state social services block
 51 1 grant funds, and other appropriate funding sources, consistent
 51 2 with state legislation and federal regulations. The funding
 51 3 may be provided on a per diem, per hour, or grant basis, as
 51 4 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 5 ~~#104.~~ Section 249N.8, Code 2024, is amended by striking
 51 6 the section and inserting in lieu thereof the following:

51 7 249N.8 BEHAVIORAL HEALTH SERVICES REPORTS.

51 8 The department shall annually submit a report to the
 51 9 governor and the general assembly with details related to the
 51 10 department's review of the funds administered by, and the
 51 11 outcomes and effectiveness of, the behavioral health services
 51 12 provided by, the behavioral health service system established
 51 13 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 14 ~~#105.~~ Section 252.24, subsections 1 and 3, Code 2024,
 51 15 are amended to read as follows:

51 16 1. The county of residence, as defined in section ~~225C.61~~
 51 17 [331.190](#), shall be liable to the county granting assistance for
 51 18 all reasonable charges and expenses incurred in the assistance
 51 19 and care of a poor person.

51 20 3. This section shall apply to assistance or maintenance
 51 21 provided by a county through the county's mental health
 51 22 and disability services behavioral health service system
 51 23 implemented under chapter 225C established in section 225A.3.

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

51 24 ~~#106.~~ Section 256.25, subsections 2 and 3, Code 2024,
 51 25 are amended to read as follows:

51 26 2. A school district, which may collaborate and partner
 51 27 with one or more school districts, area education agencies,
 51 28 accredited nonpublic schools, nonprofit agencies, and
 51 29 institutions that provide children's mental health services,

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

51 30 ~~located in mental health and disability services regions~~
51 31 ~~providing children's behavioral health services in accordance~~
51 32 ~~with chapter 225C, subchapter VII operating within the state's~~
51 33 ~~behavioral health service system under chapter 225A, may apply~~
51 34 ~~for a grant under this program to establish a therapeutic~~
51 35 ~~classroom in the school district in accordance with this~~
52 1 ~~section.~~

52 2 3. The department shall develop a grant application
52 3 and selection and evaluation criteria. Selection criteria
52 4 shall include a method for prioritizing grant applications
52 5 submitted by school districts. First priority shall be
52 6 given to applications submitted by school districts that
52 7 submitted an application pursuant to this section for the
52 8 ~~previous immediately preceding~~ fiscal year. Second priority
52 9 shall be given to applications submitted by school districts
52 10 that, pursuant to subsection 2, are collaborating and
52 11 partnering with one or more school districts, area education
52 12 agencies, accredited nonpublic schools, nonprofit agencies,
52 13 or institutions that provide mental health services for
52 14 children. Third priority shall be given to applications
52 15 submitted by school districts located in ~~mental health and~~
52 16 ~~disability services regions~~ behavioral health districts as
52 17 defined in section 225A.1, and that are providing behavioral
52 18 health services for children in accordance with chapter 225C,
52 19 subchapter VII 225A. Grant awards shall be distributed as
52 20 equitably as possible among small, medium, and large school
52 21 districts. For purposes of this subsection, a small school
52 22 district is a district with an actual enrollment of fewer than
52 23 six hundred pupils; a medium school district is a district
52 24 with an actual enrollment that is at least six hundred pupils,
52 25 but less than two thousand five hundred pupils; and a large
52 26 school district is a district with an actual enrollment of two
52 27 thousand five hundred or more pupils.

52 28 #107. Section 321.189, subsection 10, Code 2024, is
52 29 amended to read as follows:
52 30 10. AUTISM SPECTRUM DISORDER STATUS. A licensee who has
52 31 autism spectrum disorder, as defined in section 514C.28, may
52 32 request that the license be marked to reflect the licensee's
52 33 autism spectrum disorder status on the face of the license
52 34 when the licensee applies for the issuance or renewal of a
52 35 license. The department may adopt rules pursuant to chapter

Adopts conforming changes to Iowa Code section [321.189](#)(10)
(Driver's License — Content).

53 1 17A establishing criteria under which a license may be marked,
53 2 including requiring the licensee to submit medical proof of the
53 3 licensee's autism spectrum disorder status. When a driver's
53 4 license is so marked, the licensee's autism spectrum disorder
53 5 status shall be noted in the electronic database used by
53 6 the department and law enforcement to access registration,
53 7 titling, and driver's license information. The department, in
53 8 consultation with the ~~mental health and disability services~~
53 9 ~~commission~~ department of health and human services, shall
53 10 develop educational media to raise awareness of a licensee's
53 11 ability to request the license be marked to reflect the
53 12 licensee's autism spectrum disorder status.

53 13 #108. Section 321.190, subsection 1, paragraph b,
53 14 subparagraph (6), Code 2024, is amended to read as follows:
53 15 (6) An applicant for a nonoperator's identification
53 16 card who has autism spectrum disorder, as defined in section
53 17 514C.28, may request that the card be marked to reflect
53 18 the applicant's autism spectrum disorder status on the face
53 19 of the card when the applicant applies for the issuance or
53 20 renewal of a card. The department may adopt rules pursuant to
53 21 chapter 17A establishing criteria under which a card may be
53 22 marked, including requiring the applicant to submit medical
53 23 proof of the applicant's autism spectrum disorder status.
53 24 The department, in consultation with the ~~mental health and~~
53 25 ~~disability services commission~~ department of health and human
53 26 services, shall develop educational media to raise awareness of
53 27 an applicant's ability to request the card be marked to reflect
53 28 the applicant's autism spectrum disorder status.

53 29 #109. Section 321J.25, subsection 1, paragraph b, Code
53 30 2024, is amended to read as follows:
53 31 b. "Program" means a substance use disorder awareness
53 32 program, licensed under chapter 125, and provided under a
53 33 contract entered into between the provider and the department
53 34 of health and human services under chapter 125 or an
53 35 administrative services organization as defined in section
54 1 225A.1.

54 2 #110. Section 321J.25, subsection 2, unnumbered
54 3 paragraph 1, Code 2024, is amended to read as follows:
54 4 A substance use disorder awareness program is established

Adopts conforming changes to Iowa Code section [321.190\(1\)\(b\)\(6\)](#)
(Issuance of Nonoperator's Identification Cards — Fee).

Adopts conforming changes to Iowa Code section [321J.25\(1\)\(b\)](#)
(Youthful Offender Substance Use Disorder Awareness Program).

Adopts conforming changes to Iowa Code section [321J.25\(2\)](#)
(Youthful Offender Substance Use Disorder Awareness Program).

54 5 in each of the regions established by the director of health
 54 6 ~~and human services pursuant to section 125.12 behavioral~~
 54 7 ~~health district designated pursuant to section 225A.4.~~ The
 54 8 program shall consist of an insight class and a substance
 54 9 use disorder evaluation, which shall be attended by the
 54 10 participant, to discuss issues related to the potential
 54 11 consequences of substance use disorder. The parent or parents
 54 12 of the participant shall also be encouraged to participate
 54 13 in the program. The program provider shall consult with the
 54 14 participant or the parents of the participant in the program
 54 15 to determine the timing and appropriate level of participation
 54 16 for the participant and any participation by the participant's
 54 17 parents. The program may also include a supervised educational
 54 18 tour by the participant to any or all of the following:

54 19 #111. Section 331.321, subsection 1, paragraph e, Code
 54 20 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 21 #112. Section 331.323, subsection 1, paragraph a,
 54 22 subparagraph (7), Code 2024, is amended by striking the
 54 23 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 24 #113. Section 331.381, subsections 4 and 5, Code 2024,
 54 25 are amended to read as follows:
 54 26 4. Comply with chapter 222, ~~including but not limited to~~
 54 27 ~~sections 222.13, 222.14, 222.59 through 222.70, 222.73 through~~
 54 28 ~~222.75, and 222.77 through 222.82;~~ in regard to the care of
 54 29 persons with an intellectual disability.
 54 30 5. Comply with chapters ~~227, 229~~ and 230, ~~including but not~~
 54 31 ~~limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and~~
 54 32 ~~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 33 #114. Section 331.382, subsection 1, paragraphs e, f,
 54 34 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	35	<u>#115.</u> Section 331.382, subsection 3, Code 2024, is	Repeals Iowa Code section 331.382 (3).
55	1	amended by striking the subsection.	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.
55	2	<u>#116.</u> Section 331.432, subsection 3, Code 2024, is	Repeals Iowa Code section 331.432 (3).
55	3	amended by striking the subsection.	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.
55	4	<u>#117.</u> Section 331.502, subsection 10, Code 2024, is	Repeals Iowa Code section 331.502 (10).
55	5	amended by striking the subsection.	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	6	<u>#118.</u> Section 331.502, subsection 12, Code 2024, is	Adopts conforming changes to Iowa Code section 331.502 (12)
55	7	amended to read as follows:	(General Duties).
55	8	12. Carry out duties relating to the hospitalization and	
55	9	support of persons with mental illness as provided in sections	
55	10	229.42, 230.3, 230.11, and 230.15, 230.21, 230.22, 230.25, and	
55	11	230.26.	
55	12	<u>#119.</u> Section 331.552, subsection 13, Code 2024, is	Repeals Iowa Code section 331.552 (13).
55	13	amended by striking the subsection.	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 14 #120. Section 331.756, subsections 25, 38, and 41, Code
55 15 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 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.

55 16 #121. Section 331.910, subsection 2, Code 2024, is
55 17 amended by adding the following new paragraph:
55 18 NEW PARAGRAPH 0a. "Administrative services organization"
55 19 means the same as defined in section 225A.1.

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

55 20 #122. Section 331.910, subsection 2, paragraph d, Code
55 21 2024, is amended by striking the paragraph.

Repeals Iowa Code section [331.910](#)(2)(d).

DETAIL: The repealed Iowa Code section defines the term "region" as a MHDS region.

55 22 #123. Section 331.910, subsection 3, paragraphs a and c,
55 23 Code 2024, are amended to read as follows:
55 24 a. ~~A region~~ An administrative services organization may
55 25 contract with a receiving agency in a bordering state to secure
55 26 substance use disorder or mental health care and treatment
55 27 under this subsection for persons who receive substance use
55 28 disorder or mental health care and treatment pursuant to
55 29 section 125.33, 125.91, 229.2, or 229.22 ~~through a region~~.
55 30 c. ~~A region~~ An administrative services organization may
55 31 contract with a sending agency in a bordering state to provide
55 32 care and treatment under this subsection for residents of
55 33 the bordering state in approved substance use disorder and
55 34 mental health care and treatment hospitals, centers, and
55 35 facilities in this state, except that care and treatment shall
56 1 not be provided for residents of the bordering state who are
56 2 involved in criminal proceedings substantially similar to the
56 3 involvement described in paragraph "b".

Adopts conforming changes to Iowa Code section [331.910](#) (Interstate Contracts for Mental Health and Substance Use Disorder Treatment).

56 4 #124. Section 347.16, subsection 3, Code 2024, is
56 5 amended to read as follows:

Adopts conforming changes to Iowa Code section [347.16](#)(3) (Treatment in County Hospital — Terms).

56 6 3. Care and treatment may be furnished in a county public
 56 7 hospital to any sick or injured person who has residence
 56 8 outside the county which maintains the hospital, subject to
 56 9 such policies and rules as the board of hospital trustees
 56 10 may adopt. If care and treatment is provided under this
 56 11 subsection to a person who is indigent, the person's county of
 56 12 residence, as defined in section ~~225C.61~~ 331.190, shall pay to
 56 13 the board of hospital trustees the fair and reasonable cost of
 56 14 the care and treatment provided by the county public hospital
 56 15 unless the cost of the indigent person's care and treatment is
 56 16 otherwise provided for. If care and treatment is provided to
 56 17 an indigent person under this subsection, the county public
 56 18 hospital furnishing the care and treatment shall immediately
 56 19 notify, by regular mail, the auditor of the county of residence
 56 20 of the indigent person of the provision of care and treatment
 56 21 to the indigent person including care and treatment provided
 56 22 ~~by a county through the county's mental health and disability~~
 56 23 ~~services system implemented under chapter 225C behavioral~~
 56 24 ~~health service system established in section 225A.3.~~

56 25 #125. Section 423.3, subsection 18, paragraph d, Code
 56 26 2024, is amended to read as follows:
 56 27 d. Community mental health centers accredited by the
 56 28 department of health and human services pursuant to ~~chapter~~
 56 29 ~~225C~~ section 225A.3.

Adopts conforming changes to Iowa Code section [423.3\(18\)\(d\)](#)
(Exemptions).

56 30 #126. Section 426B.1, subsection 2, Code 2024, is
 56 31 amended to read as follows:
 56 32 2. Moneys shall be distributed from the property tax relief
 56 33 fund to the ~~mental health and disability services regional~~
 56 34 ~~service system for mental health and disability services;~~
 56 35 behavioral health fund established in section 225A.7 in
 57 1 accordance with the appropriations made to the fund and other
 57 2 statutory requirements.

Adopts conforming changes to Iowa Code section [426B.1\(2\)](#)
(Appropriations — Property Tax Relief Fund).

57 3 #127. Section 437A.8, subsection 4, paragraph d, Code
 57 4 2024, is amended to read as follows:
 57 5 d. (1) Notwithstanding paragraph "a", a taxpayer who owns
 57 6 or leases a new electric power generating plant and who has
 57 7 no other operating property in the state of Iowa except for
 57 8 operating property directly serving the new electric power
 57 9 generating plant as described in section 437A.16 shall pay

Adopts conforming changes to Iowa Code section [437A.8\(4\)\(d\)](#)
(Return and Payment Requirements — Rate Adjustments).

57 10 the replacement generation tax associated with the allocation
57 11 of the local amount to the county treasurer of the county in
57 12 which the local amount is located and shall remit the remaining
57 13 replacement generation tax, if any, to the director according
57 14 to paragraph "a" for remittance of the tax to county treasurers.
57 15 The director shall notify each taxpayer on or before August 31
57 16 following a tax year of its remaining replacement generation
57 17 tax to be remitted to the director. All remaining replacement
57 18 generation tax revenues received by the director shall be
57 19 deposited in the property tax relief fund created in section
57 20 426B.1, and shall be distributed as provided in section 426B.2.
57 21 (2) If a taxpayer has paid an amount of replacement tax,
57 22 penalty, or interest which was deposited into the property tax
57 23 relief fund and which was not due, all of the provisions of
57 24 section 437A.14, subsection 1, paragraph "b", shall apply with
57 25 regard to any claim for refund or credit filed by the taxpayer.
57 26 The director shall have sole discretion as to whether the
57 27 erroneous payment will be refunded to the taxpayer or credited
57 28 against any replacement tax due, or to become due, from the
57 29 taxpayer that would be subject to deposit in the property tax
57 30 relief fund.

57 31 #128. Section 437A.15, subsection 3, paragraph f, Code
57 32 2024, is amended to read as follows:
57 33 f. Notwithstanding the provisions of this section, if
57 34 a taxpayer is a municipal utility or a municipal owner of
57 35 an electric power facility financed under the provisions
58 1 of chapter 28F or 476A, the assessed value, other than the
58 2 local amount, of a new electric power generating plant shall
58 3 be allocated to each taxing district in which the municipal
58 4 utility or municipal owner is serving customers and has
58 5 electric meters in operation in the ratio that the number of
58 6 operating electric meters of the municipal utility or municipal
58 7 owner located in the taxing district bears to the total number
58 8 of operating electric meters of the municipal utility or
58 9 municipal owner in the state as of January 1 of the tax year.
58 10 If the municipal utility or municipal owner of an electric
58 11 power facility financed under the provisions of chapter 28F
58 12 or 476A has a new electric power generating plant but the
58 13 municipal utility or municipal owner has no operating electric
58 14 meters in this state, the municipal utility or municipal owner
58 15 shall pay the replacement generation tax associated with the

Adopts conforming changes to Iowa Code section [437A.15\(3\)\(f\)](#)
(Allocation of Revenue).

58 16 new electric power generating plant allocation of the local
 58 17 amount to the county treasurer of the county in which the local
 58 18 amount is located and shall remit the remaining replacement
 58 19 generation tax, if any, to the director at the times contained
 58 20 in section 437A.8, subsection 4, for remittance of the tax to
 58 21 the county treasurers. All remaining replacement generation
 58 22 tax revenues received by the director shall be deposited in the
 58 23 property tax relief behavioral health fund created established
 58 24 in section ~~426B.1~~, and shall be distributed as provided in
 58 25 section 426B.2 225A.7.

58 26 #129. Section 483A.24, subsection 7, Code 2024, is
 58 27 amended to read as follows:
 58 28 7. A license shall not be required of minor pupils of the
 58 29 Iowa school for the deaf or of minor residents of other state
 58 30 institutions under the control of the department of health
 58 31 and human services. In addition, a person who is on active
 58 32 duty with the armed forces of the United States, on authorized
 58 33 leave from a duty station located outside of this state, and
 58 34 a resident of the state of Iowa shall not be required to
 58 35 have a license to hunt or fish in this state. The military
 59 1 person shall carry the person's leave papers and a copy of
 59 2 the person's current earnings statement showing a deduction
 59 3 for Iowa income taxes while hunting or fishing. In lieu of
 59 4 carrying the person's earnings statement, the military person
 59 5 may also claim residency if the person is registered to vote
 59 6 in this state. If a deer or wild turkey is taken, the military
 59 7 person shall immediately contact a state conservation officer
 59 8 to obtain an appropriate tag to transport the animal. A
 59 9 license shall not be required of ~~residents of county care~~
 59 10 ~~facilities~~ or any person who is receiving supplementary
 59 11 assistance under chapter 249.

Adopts conforming changes to Iowa Code section [483A.24\(7\)](#) (When License Not Required — Special Licenses).

59 12 #130. Section 602.8102, subsection 39, Code 2024, is
 59 13 amended to read as follows:
 59 14 39. Refer persons applying for voluntary admission to a
 59 15 community mental health center accredited by the department
 59 16 of health and human services under section 225A.3, for a
 59 17 preliminary diagnostic evaluation ~~as provided in section~~
 59 18 ~~225C.16~~, subsection 2.

Adopts conforming changes to Iowa Code section [602.8102\(39\)](#) (General Duties).

59 19 #131. Section 714.8, subsection 12, Code 2024, is

Adopts conforming changes to Iowa Code section [714.8\(12\)](#)

59 20 amended to read as follows:

(Fraudulent Practices Defined).

59 21 12. Knowingly transfers or assigns a legal or equitable
 59 22 interest in property, as defined in section 702.14, for less
 59 23 than fair consideration, with the intent to obtain public
 59 24 assistance under chapters 16, 35B, and 35D, ~~and 347B~~, or Title
 59 25 VI, subtitles 2 through 6, or accepts a transfer of or an
 59 26 assignment of a legal or equitable interest in property, as
 59 27 defined in section 702.14, for less than fair consideration,
 59 28 with the intent of enabling the party transferring the property
 59 29 to obtain public assistance under chapters 16, 35B, and 35D,
 59 30 ~~and 347B~~, or Title VI, subtitles 2 through 6. A transfer or
 59 31 assignment of property for less than fair consideration within
 59 32 one year prior to an application for public assistance benefits
 59 33 shall be evidence of intent to transfer or assign the property
 59 34 in order to obtain public assistance for which a person is
 59 35 not eligible by reason of the amount of the person's assets.
 60 1 If a person is found guilty of a fraudulent practice in the
 60 2 transfer or assignment of property under this subsection the
 60 3 maximum sentence shall be the penalty established for a serious
 60 4 misdemeanor and sections 714.9, 714.10, and 714.11 shall not
 60 5 apply.

60 6 #132. Section 812.6, subsection 1, Code 2024, is amended
 60 7 to read as follows:

Adopts conforming changes to Iowa Code section [812.6](#)(1)
 (Placement and Treatment — Payment of Costs).

60 8 1. If the court finds the defendant does not pose a danger
 60 9 to the public peace and safety, is otherwise qualified for
 60 10 pretrial release, and is willing to cooperate with treatment,
 60 11 the court shall order, as a condition of pretrial release,
 60 12 that the defendant obtain mental health treatment designed to
 60 13 restore the defendant to competency. The costs of treatment
 60 14 pursuant to this subsection shall be paid by ~~the mental~~
 60 15 ~~health and disability services region for the county of the~~
 60 16 ~~defendant's residency pursuant to chapter 225C regardless of~~
 60 17 ~~whether the defendant meets financial eligibility requirements~~
 60 18 ~~under section 225C.62 or 225C.66~~ an administrative services
 60 19 organization designated pursuant to section 225A.4.

60 20 #133. Section 904.201, subsection 8, Code 2024, is
 60 21 amended to read as follows:

Adopts conforming changes to Iowa Code section [904.201](#)(8) (Iowa
 Medical and Classification Center).

60 22 8. Chapter 230 governs the determination of costs and
 60 23 charges for the care and treatment of persons with mental
 60 24 illness admitted to the forensic psychiatric hospital;

60 25 except that charges for the care and treatment of any person
 60 26 transferred to the forensic psychiatric hospital from an adult
 60 27 correctional institution or from a state training school shall
 60 28 be paid entirely from state funds. Charges for all other
 60 29 persons at the forensic psychiatric hospital shall be billed to
 60 30 the respective counties at the same ratio as for patients at
 60 31 state mental health institutes under section 230.20.

60 32 #134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B,
 60 33 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 34 #135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9,
 60 35 [125.10](#), [125.12](#), [125.25](#), [125.32A](#), [125.34](#), [125.37](#), [125.38](#),
 61 1 [125.39](#), [125.40](#), [125.41](#), [125.42](#), [125.43](#), [125.43A](#), [125.46](#),
 61 2 [125.48](#), [125.54](#), [125.55](#), [125.58](#), [125.59](#), [125.60](#), [135B.18](#),
 61 3 [218.99](#), [222.59](#), [222.60](#), [222.61](#), [222.62](#), [222.63](#), [222.64](#), [222.65](#),
 61 4 [222.66](#), [222.67](#), [222.68](#), [222.69](#), [222.70](#), [222.74](#), [222.75](#), [225.10](#),
 61 5 [225.19](#), [225.21](#), [226.45](#), [229.42](#), [230.1A](#), [230.2](#), [230.3](#), [230.4](#),
 61 6 [230.5](#), [230.6](#), [230.9](#), [230.12](#), [230.16](#), [230.17](#), [230.18](#), [230.19](#),
 61 7 [230.20](#), [230.21](#), [230.22](#), [230.25](#), [230.26](#), [230.27](#), [426B.2](#), [426B.4](#),
 61 8 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).

	<p>Repeals the following Iowa Code sections under Iowa Code chapter 230 (Support of Persons with Mental Illness):</p> <ul style="list-style-type: none"> • 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.
	<p>Repeals the following Iowa Code sections under Iowa Code chapter 426B (Property Tax Relief — Mental Health and Disabilities Services):</p> <ul style="list-style-type: none"> • 426B.2, 426B.4, and 426B.5.
<p>61 9 #136. CODE EDITOR DIRECTIVE. The Code editor is 61 10 directed to correct internal references in the Code and in any 61 11 enacted legislation as necessary due to the enactment of this 61 12 division of this Act.</p>	<p>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.</p>
<p>61 13 #137. EFFECTIVE DATE. This division of this Act takes 61 14 effect July 1, 2025.</p>	<p>Specifies that Division II of the Bill will take effect on July 1, 2025.</p>
<p>61 15 #III. 61 16 AGING AND DISABILITY</p>	
<p>61 17 #138. Section 231.3, Code 2024, is amended to read as 61 18 follows: 61 19 231.3 STATE POLICY AND OBJECTIVES. 61 20 <u>1.</u> The general assembly declares that it is the policy of 61 21 the state to work toward attainment of the following objectives 61 22 for Iowa's older individuals <u>and individuals with disabilities</u>: 61 23 1. <u>a.</u> An adequate income. 61 24 2. <u>b.</u> Access to physical and mental health care and 61 25 long-term living and community support services without regard 61 26 to economic status. 61 27 3. <u>c.</u> Suitable and affordable housing that reflects the 61 28 needs of older individuals. 61 29 4. <u>d.</u> Access to comprehensive information and a community 61 30 navigation system providing all available options related to 61 31 long-term living and community support services that assist 61 32 older individuals in the preservation of personal assets and 61 33 the ability to entirely avoid or significantly delay reliance 61 34 on entitlement programs.</p>	<p>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.</p>

61 35 ~~5. e.~~ Full restorative services for those who require
 62 1 institutional care, and a comprehensive array of long-term
 62 2 living and community support services adequate to sustain ~~order~~
 62 3 people in their communities and, whenever possible, in their
 62 4 homes, including support for caregivers.
 62 5 ~~6. f.~~ Pursuit of meaningful activity within the widest
 62 6 range of civic, cultural, educational, recreational, and
 62 7 employment opportunities.
 62 8 ~~7. g.~~ Suitable community transportation systems to assist
 62 9 in the attainment of independent movement.
 62 10 ~~8. h.~~ Freedom, independence, and the free exercise of
 62 11 individual initiative in planning and managing their own lives.
 62 12 ~~9. i.~~ Freedom from abuse, neglect, and exploitation.

62 13 2. The general assembly declares that the state of Iowa
 62 14 recognizes a brain injury as a disability, and each agency and
 62 15 subdivision of this state shall recognize a brain injury as a
 62 16 distinct disability.

Declares that the State of Iowa recognize a brain injury as a distinct disability.

62 17 3. It is the policy of this state that each state agency
 62 18 shall make reasonable efforts to identify those persons with
 62 19 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 20 #139. Section 231.4, subsection 1, Code 2024, is amended
 62 21 by adding the following new paragraph:
 62 22 NEW PARAGRAPH 0c. "Brain injury" means the same as defined
 62 23 in section 135.22.

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

62 24 #140. Section 231.4, subsection 1, paragraph d, Code
 62 25 2024, is amended to read as follows:
 62 26 d. "Commission" means the commission on aging. "Council"
 62 27 means the council on health and human services created in
 62 28 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 29 #141. Section 231.14, Code 2024, is amended to read as
 62 30 follows:
 62 31 231.14 ~~COMMISSION~~ COUNCIL DUTIES AND AUTHORITY.
 62 32 ~~1. The commission is the policymaking body of the sole state~~
 62 33 ~~agency responsible for administration of the federal Act. The~~
 62 34 ~~commission council shall do all of the following:~~
 62 35 ~~a. 1. Approve~~ Make recommendations to the department
 63 1 regarding approval of the state plan on aging developed under

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

63 2 section 231.31 and area plans ~~on aging, developed under section~~
 63 3 231.33.

63 4 ~~b. 2. Adopt~~ Recommend policies to coordinate state
 63 5 activities related to the purposes of this chapter.

Makes nonsubstantive language changes.

63 6 ~~c. 3. Serve as an effective and visible advocate for older~~
 63 7 individuals and individuals with disabilities by ~~establishing~~
 63 8 recommending policies for ~~reviewing and commenting upon~~
 63 9 ~~all state plans, budgets, and policies which affect older~~
 63 10 ~~individuals and for providing technical assistance to any~~
 63 11 ~~agency, organization, association, or individual representing~~
 63 12 ~~the needs of older individuals~~ with disabilities.

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

63 13 ~~d. Divide the state into distinct planning and service~~
 63 14 ~~areas after considering the geographical distribution of~~
 63 15 ~~older individuals in the state, the incidence of the need~~
 63 16 ~~for supportive services, nutrition services, multipurpose~~
 63 17 ~~senior centers, and legal services, the distribution of older~~
 63 18 ~~individuals who have low incomes residing in such areas, the~~
 63 19 ~~distribution of resources available to provide such services~~
 63 20 ~~or centers, the boundaries of existing areas within the~~
 63 21 ~~state which are drawn for the planning or administration of~~
 63 22 ~~supportive services programs, the location of units of general~~
 63 23 ~~purpose, local government within the state, and any other~~
 63 24 ~~relevant factors.~~

Strikes Iowa Code section [231.14](#)(d).

63 25 ~~e. Designate for each planning and service area a public or~~
 63 26 ~~private nonprofit agency or organization as the area agency on~~
 63 27 ~~aging for that area. The commission may revoke the designation~~
 63 28 ~~of an area agency on aging pursuant to section 231.32.~~

Strikes Iowa Code section 231.14(e).

63 29 ~~f. 4. Adopt policies to assure~~ Make recommendations to
 63 30 ensure that the department will take into account the views
 63 31 of older individuals and individuals with disabilities in the
 63 32 development of policy.

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

63 33 ~~g. Adopt a method for the distribution of federal~~
 63 34 ~~Act and state funds taking into account, to the maximum~~
 63 35 ~~extent feasible, the best available data on the geographic~~
 64 1 ~~distribution of older individuals in the state, and publish the~~
 64 2 ~~method for review and comment.~~

<p>64 3 fr. 5. Adopt Recommend policies and measures to assure 64 4 ensure that preference will be given to providing services to 64 5 older individuals and individuals with disabilities with the 64 6 greatest economic or social needs, with particular attention to 64 7 low-income minority older individuals, older individuals with 64 8 limited English proficiency, and older individuals residing in 64 9 rural areas.</p>	<p>Adds language to include individuals with disabilities in the target population.</p>
<p>64 10 fr. 6. Adopt Recommend policies to administer state programs 64 11 authorized by this chapter.</p>	<p>Makes nonsubstantive language changes.</p>
<p>64 12 fr. 7. Adopt Recommend policies and administrative rules 64 13 pursuant to chapter 17A that support the capabilities of the 64 14 area agencies on aging and the aging and disabilities resource 64 15 centers to serve older individuals and persons <u>individuals</u> 64 16 with disabilities experiencing Alzheimer's disease or related 64 17 dementias.</p>	<p>Removes the requirement for the HHS to adopt administrative rules pursuant to Iowa Code chapter 17A to support the capabilities of the Area Agencies on Aging, and makes nonsubstantive language changes.</p>
<p>64 18 2. The commission shall adopt administrative rules pursuant 64 19 to chapter 17A to administer the duties specified in this 64 20 chapter and in all other chapters under the department's 64 21 jurisdiction.</p>	<p>Removes the requirement for the HHS to adopt administrative rules pursuant to Iowa Code chapter 17A to administer the duties specified in Iowa Code chapter 231.</p>
<p>64 22 <u>#142.</u> Section 231.21, Code 2024, is amended to read as 64 23 follows: 64 24 231.21 ADMINISTRATION OF CHAPTER — DEPARTMENT OF HEALTH AND 64 25 HUMAN SERVICES. 64 26 The department of health and human services shall administer 64 27 this chapter under the policy direction of the commission 64 28 <u>or aging consider the recommendations of the council when</u> 64 29 <u>administering this chapter.</u></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>64 30 <u>#143.</u> Section 231.23, Code 2024, is amended to read as 64 31 follows: 64 32 231.23 DEPARTMENT — DUTIES AND AUTHORITY. 64 33 The department shall: 64 34 1. Develop and administer a <u>Administer the</u> state plan on 64 35 <u>aging developed pursuant to section 231.31.</u></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>65 1 2. Assist the commission in the review and approval of 65 2 <u>Review and approve</u> area plans <u>developed under section 231.33.</u></p>	<p>Directs the HHS to be the entity responsible for reviewing and approving area plans developed under Iowa Code section 231.33.</p>

65 3 ~~3. Pursuant to commission policy, coordinate~~ Coordinate
 65 4 state activities related to the purposes of this chapter and
 65 5 all other chapters under the department's jurisdiction.
 65 6 State activities shall include, at a minimum, home and
 65 7 community-based services such as employment support, community
 65 8 living, and service coordination.

Establishes the minimum requirements for what State activities relevant to Iowa Code chapter [231](#) should include.

65 9 4. Advocate for older individuals and individuals with
 65 10 disabilities by reviewing and commenting upon all state plans,
 65 11 budgets, laws, rules, ~~regulations~~, and policies which affect
 65 12 older individuals or individuals with disabilities and by
 65 13 providing technical assistance to any agency, organization,
 65 14 association, or individual representing the needs of older
 65 15 individuals or individuals with disabilities.

Expands existing language to include individuals with disabilities in the target population for advocacy.

65 16 5. ~~Assist the commission in dividing~~ Divide the state into
 65 17 distinct planning and service areas after considering the
 65 18 geographical distribution of older individuals and individuals
 65 19 with disabilities in the state, the incidence of the need
 65 20 for supportive services, nutrition services, multipurpose
 65 21 senior centers, and legal services, the distribution of older
 65 22 individuals and individuals with disabilities with low income
 65 23 residing in such areas, the distribution of resources available
 65 24 to provide such services or centers, the boundaries of existing
 65 25 areas within the state which are drawn for the planning or
 65 26 administration of supportive services programs, the location of
 65 27 units of general purpose, local government within the state,
 65 28 and any other relevant factors.

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.

65 29 6. ~~Assist the commission in designating~~ Designate for each
 65 30 area a public or private nonprofit agency or organization as
 65 31 the area agency on aging for that area. The department may
 65 32 revoke the designation of an area agency on aging pursuant to
 65 33 section 231.32.

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](#).

65 34 7. ~~Pursuant to commission policy, take~~ Take into account the
 65 35 views of older lowans and lowans with disabilities.

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

66 1 8. ~~Assist the commission in adopting~~ Adopt a method for
 66 2 the distribution of funds available from the federal Act
 66 3 and state appropriations and allocations that takes into
 66 4 account, to the extent feasible, the best available data on the

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.

66 5 geographic distribution of older individuals and individuals
66 6 with disabilities in the state.

66 7 ~~9. Assist the commission in assuring~~ Adopt policies and
66 8 measures to ensure that preference will be given to providing
66 9 services to older individuals and individuals with disabilities
66 10 with the greatest economic or social needs, with particular
66 11 attention to low-income minority ~~older~~ individuals, ~~older~~
66 12 individuals with limited English proficiency, and ~~older~~
66 13 individuals residing in rural areas.

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.

66 14 ~~10. Assist the commission in developing, adopting, and~~
66 15 ~~enforcing~~ Develop, adopt, and enforce administrative rules,
66 16 including by issuing necessary forms and procedures, to
66 17 administer the duties specified in this chapter.

Directs the HHS to develop, adopt, and enforce administrative rules to administer the duties specific to Iowa Code chapter [231](#).

66 18 11. Apply for, receive, and administer grants, devises,
66 19 donations, and gifts, or bequests of real or personal property
66 20 from any source to conduct projects consistent with the
66 21 purposes of the department. Notwithstanding section 8.33,
66 22 moneys received by the department pursuant to this section are
66 23 not subject to reversion to the general fund of the state.

Removes bequests of real or personal property from Iowa Code [231.23](#).

66 24 12. Administer state authorized programs.
66 25 13. Establish a procedure for an area agency on aging to
66 26 use in selection of members of the agency's board of directors.
66 27 The selection procedure shall be incorporated into the bylaws
66 28 of the board of directors.

66 29 14. Adopt rules pursuant to chapter 17A that support the
66 30 capabilities of the area agencies on aging, and aging and
66 31 disabilities resource centers, to serve older individuals and
66 32 individuals with disabilities.

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.

66 33 #144. Section 231.23A, subsections 1 and 3, Code 2024,
66 34 are amended to read as follows:

Adopts conforming language to Iowa Code section [231.23A](#) (Programs and Services).

66 35 1. Services for older individuals, persons with
67 1 disabilities eighteen years of age and older, family
67 2 caregivers, and veterans as defined by the department in the
67 3 most current version of the department's reporting manual and
67 4 pursuant to the federal Act and regulations.

67 5 3. ~~The aging~~ Aging and disability resource ~~center~~ centers.

67 6 #145. Section 231.23A, Code 2024, is amended by adding
67 7 the following new subsection:
67 8 NEW SUBSECTION 7A. Services and supports available to
67 9 individuals with disabilities including but not limited to
67 10 individuals with mental illness, an intellectual disability or
67 11 other developmental disability, or a brain injury.

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](#).

67 12 #146. Section 231.31, Code 2024, is amended to read as
67 13 follows:
67 14 231.31 STATE PLAN ON AGING.
67 15 The department shall develop, and submit to the commission
67 16 on aging for approval, a multiyear state plan on aging.
67 17 The state plan on aging shall meet all applicable federal
67 18 requirements.

Adopts conforming changes to Iowa Code section [231.31](#) (State Plan on Aging).

67 19 #147. Section 231.32, Code 2024, is amended to read as
67 20 follows:
67 21 231.32 CRITERIA FOR DESIGNATION OF AREA AGENCIES ON AGING.
67 22 1. The ~~commission~~ department shall designate an area
67 23 agency on aging for each planning and service area. The
67 24 ~~commission shall continue the designation~~ shall continue until
67 25 an area agency on aging's designation is removed for cause as
67 26 determined by the ~~commission~~ department, until the time of
67 27 renewal or the annual update of an area plan, until the agency
67 28 voluntarily withdraws as an area agency on aging, or until a
67 29 change in the designation of planning and service areas or area
67 30 agencies on aging is required by state or federal law. In that
67 31 event, the ~~commission~~ department shall proceed in accordance
67 32 with subsections 2, 3, and 4. Designated area agencies on
67 33 aging shall comply with the requirements of the federal Act.
67 34 2. The ~~commission~~ department shall designate an area
67 35 agency on aging to serve each planning and service area, after
68 1 consideration of the views offered by units of general purpose
68 2 local government. An area agency on aging may be:
68 3 a. An established office of aging which is operating within
68 4 a planning and service area designated by the ~~commission~~
68 5 department.
68 6 b. Any office or agency of a unit of general purpose local
68 7 government, which is designated to function only for the
68 8 purpose of serving as an area agency on aging by the chief
68 9 elected official of such unit.
68 10 c. Any office or agency designated by the appropriate

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

68 11 chief elected officials of any combination of units of
 68 12 general purpose local government to act only on behalf of such
 68 13 combination for such purpose.
 68 14 d. Any public or nonprofit private agency in a planning and
 68 15 service area or any separate organizational unit within such
 68 16 agency which is under the supervision or direction for this
 68 17 purpose of the department and which can and will engage only in
 68 18 the planning or provision of a broad range of long-term living
 68 19 and community support services or nutrition services within the
 68 20 planning and service area.
 68 21 3. When the ~~commission~~ department designates a new area
 68 22 agency on aging, the ~~commission~~ department shall give the right
 68 23 of first refusal to a unit of general purpose local government
 68 24 if:
 68 25 a. Such unit can meet the requirements of subsection 1.
 68 26 b. The boundaries of such a unit and the boundaries of the
 68 27 area are reasonably contiguous.
 68 28 4. Each area agency on aging shall provide assurance,
 68 29 determined adequate by the ~~commission~~ department, that the
 68 30 area agency on aging has the ability to develop an area plan
 68 31 and to carry out, directly or through contractual or other
 68 32 arrangements, a program in accordance with the plan within the
 68 33 planning and service area. In designating an area agency on
 68 34 aging within the planning and service area, the ~~commission~~
 68 35 department shall give preference to an established office of
 69 1 aging, unless the ~~commission~~ department finds that no such
 69 2 office within the planning and service area has the capacity to
 69 3 carry out the area plan.
 69 4 5. Upon designation, an area agency on aging shall be
 69 5 considered an instrumentality of the state and shall adhere to
 69 6 all state and federal mandates applicable to an instrumentality
 69 7 of the state.

69 8 #148. Section 231.33, subsections 1 and 13, Code 2024,
 69 9 are amended to read as follows:
 69 10 1. Develop and administer an area plan on aging approved by
 69 11 the ~~commission~~ department.
 69 12 13. Submit all fiscal and performance reports in accordance
 69 13 with the policies of the ~~commission~~ department.

69 14 #149. NEW SECTION 231.35 PROCEDURES RELATED TO
 69 15 EXPENDITURE OF STATE AND FEDERAL FUNDS.

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

Requires the HHS to establish and enforce procedures relating to the expenditure of funds by Area Agencies on Aging that require

69 16 1. The department shall establish and enforce procedures
 69 17 relating to expenditure of state and federal funds by area
 69 18 agencies on aging that require compliance with both state and
 69 19 federal laws, rules, and regulations, including but not limited
 69 20 to all of the following:

- 69 21 a. Requiring that expenditures are incurred only for goods
 69 22 or services received or performed prior to the end of the
 69 23 fiscal period designated for use of the funds.
- 69 24 b. Prohibiting prepayment for goods or services not received
 69 25 or performed prior to the end of the fiscal period designated
 69 26 for use of the funds.
- 69 27 c. Prohibiting prepayment for goods or services not defined
 69 28 specifically by good or service, time period, or recipient.
- 69 29 d. Prohibiting the establishment of accounts from which
 69 30 future goods or services which are not defined specifically by
 69 31 good or service, time period, or recipient, may be purchased.

69 32 2. The procedures shall provide that if any funds are
 69 33 expended in a manner that is not in compliance with the
 69 34 procedures and applicable federal and state laws, rules, and
 69 35 regulations, and are subsequently subject to repayment, the
 70 1 area agency on aging expending such funds in contravention of
 70 2 such procedures, laws, rules and regulations, not the state,
 70 3 shall be liable for such repayment.

70 4 #150. Section 231.56, Code 2024, is amended to read as
 70 5 follows:

70 6 231.56 SERVICES AND PROGRAMS.

70 7 The department shall administer long-term living and
 70 8 community support services and programs that allow older
 70 9 individuals and individuals with disabilities to secure and
 70 10 maintain maximum independence and dignity in a home environment
 70 11 that provides for self-care with appropriate supportive
 70 12 services, assist in removing individual and social barriers
 70 13 to economic and personal independence for older individuals
 70 14 and individuals with disabilities, and provide a continuum of
 70 15 care for older individuals and individuals with disabilities.
 70 16 Funds appropriated for this purpose shall be allocated based
 70 17 on ~~administrative~~ rules adopted by the ~~commission~~ department
 70 18 pursuant to chapter 17A. The department shall ~~require such~~
 70 19 ~~records as needed~~ adopt rules pursuant to chapter 17A that
 70 20 allow the department to collect information as necessary from
 70 21 long-term living and community support services, program

compliance with State and federal laws. Requires the procedures to establish that repayment of any funds expended in a manner that is noncompliant with State and federal laws should be liable to the Area Agency on Aging. The areas of compliance that must be met include the following:

- Require that expenditures are incurred only for goods and services received or performed prior to the end of the fiscal period designated for use of the funds.
- Prohibit repayment for goods and services not used prior to the end of the fiscal period designated for use of the funds.
- Prohibit prepayment for goods and services.
- Prohibit the establishment of accounts from which future goods or services may be purchased.

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](#).

70 22 providers, and patients to administer this section.

70 23 #151. Section 231.57, Code 2024, is amended to read as
70 24 follows:

70 25 231.57 COORDINATION OF ADVOCACY.

70 26 The department shall administer a program for the
70 27 coordination of information and assistance provided within
70 28 the state to assist older individuals and individuals with
70 29 disabilities, and their caregivers, in obtaining and protecting
70 30 their rights and benefits. State and local agencies providing
70 31 information and assistance to older individuals and individuals
70 32 with disabilities, and their caregivers, in seeking their
70 33 rights and benefits shall cooperate with the department in
70 34 administering this program.

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

70 35 #152. Section 231.58, Code 2024, is amended to read as
71 1 follows:

71 2 231.58 LONG-TERM LIVING COORDINATION.

71 3 The director may convene meetings, as necessary, of the
71 4 director and the director of inspections, appeals, and
71 5 licensing, to assist in the coordination of policy, service
71 6 delivery, and long-range planning relating to the long-term
71 7 living system and older lowans and lowans with disabilities
71 8 in the state. The group may consult with individuals,
71 9 institutions, and entities with expertise in the area of the
71 10 long-term living system and older lowans and lowans with
71 11 disabilities, as necessary, to facilitate the group's efforts.

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

71 12 #153. Section 231.64, Code 2024, is amended to read as
71 13 follows:

71 14 231.64 AGING AND DISABILITY RESOURCE ~~CENTER~~ CENTERS .

71 15 ~~1. The aging and disability resource center shall be~~
71 16 ~~administered by the department consistent with the federal Act.~~
71 17 The department shall designate area agencies on aging and
71 18 disability resource centers to establish, in consultation with
71 19 other stakeholders including organizations representing the
71 20 disability community, a coordinated local aging and disability
71 21 service system for providing. In addition to services required
71 22 by the department by rules adopted pursuant to chapter 17A,
71 23 aging and disability resource centers shall provide for all of
71 24 the following:

71 25 a. Comprehensive information, referral, and assistance

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.

71 26 regarding the full range of available public and private
 71 27 long-term living and community support services, options,
 71 28 service providers, and resources within a community, including
 71 29 information on the availability of integrated long-term care.
 71 30 b. Options counseling to assist individuals in assessing
 71 31 their existing or anticipated long-term care needs and
 71 32 developing and implementing a plan for long-term living and
 71 33 community support services designed to meet their specific
 71 34 needs and circumstances. The plan for long-term living
 71 35 and community support services may include support with
 72 1 person-centered care transitions to assist consumers and family
 72 2 caregivers with transitions between home and care settings.
 72 3 c. Consumer access to the range of publicly-supported
 72 4 long-term living and community support services for which
 72 5 consumers may be eligible, by serving as a convenient point
 72 6 of entry for such services. ~~The aging~~ Aging and disability
 72 7 resource ~~center~~ centers shall offer information online and
 72 8 be available via a toll-free telephone number, electronic
 72 9 communications, and in person.

72 10 2. The following entities shall be eligible to be designated
 72 11 as an aging and disability resource center by the department:
 72 12 a. An area agency on aging established on or before June 30,
 72 13 2024.
 72 14 b. A public or private nonprofit agency, or any separate
 72 15 organizational unit within the public or private nonprofit
 72 16 agency, that has the capabilities to engage in the planning or
 72 17 provision of aging and disability services only as directed by
 72 18 the department.

72 19 ~~2. 3.~~ The aging Aging and disability resource ~~center~~
 72 20 centers shall assist older individuals, ~~persons~~ individuals
 72 21 with disabilities ~~age eighteen or older~~, family caregivers,
 72 22 and people who inquire about or request assistance on behalf
 72 23 of members of these groups, as they seek long-term living and
 72 24 community support services.

72 25 4. The department shall adopt rules pursuant to chapter 17A
 72 26 to implement this section.

72 27 #154.NEW SECTION 231.75 SCOPE.

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.

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

Specifies that the service quality standards and rights of subchapter VII of Iowa Code chapter [231](#) shall apply to any person with an

72 28 The service quality standards and rights in this subchapter
 72 29 VII shall apply to any person with an intellectual disability,
 72 30 a developmental disability, brain injury, or chronic mental
 72 31 illness who receives services which are funded in whole or in
 72 32 part by public funds, or services which are permitted under
 72 33 Iowa law.

intellectual disability, developmental disability, brain injury, or chronic mental illness who receives services either funded by public funds or permitted under Iowa law.

72 34 #155.NEW SECTION 231.76 SERVICE QUALITY STANDARDS.

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:

72 35 As the state participates more fully in funding services
 73 1 and other support for persons with an intellectual disability,
 73 2 developmental disability, brain injury, or chronic mental
 73 3 illness, it is the intent of the general assembly that the
 73 4 state shall seek to attain the following quality standards in
 73 5 the provision of services and other supports:
 73 6 1. Provide comprehensive evaluation and diagnosis adapted
 73 7 to the cultural background, primary language, and ethnic origin
 73 8 of a person.
 73 9 2. Provide an individual treatment, habilitation, and
 73 10 program services plan.
 73 11 3. Provide treatment, habilitation, and program services
 73 12 that are individualized, flexible, cost-effective, and produce
 73 13 results.
 73 14 4. Provide periodic review of an individual's treatment,
 73 15 habilitation, and program services plan.
 73 16 5. Provide for the least restrictive environment, and
 73 17 age-appropriate services.
 73 18 6. Provide appropriate training and employment
 73 19 opportunities so that a person's ability to contribute to, and
 73 20 participate in, the community is maximized.
 73 21 7. Provide an ongoing process to determine the degree of
 73 22 access to, and the effectiveness of, the services and other
 73 23 supports in achieving the disability service outcomes and
 73 24 indicators identified by the department.

- 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.

73 25 #156.NEW SECTION 231.77 RIGHTS.

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.

73 26 All of the following rights shall apply to a person with an
 73 27 intellectual disability, a developmental disability, a brain
 73 28 injury, or a chronic mental illness:
 73 29 1. WAGE PROTECTION. A person engaged in a work program
 73 30 shall be paid wages commensurate with the going rate for
 73 31 comparable work and productivity.
 73 32 2. INSURANCE PROTECTION. Pursuant to section 507B.4,

73 33 subsection 3, paragraph “g”, a person or designated group
 73 34 of persons shall not be unfairly discriminated against for
 73 35 purposes of insurance coverage.
 74 1 3. CITIZENSHIP. A person retains the right to citizenship
 74 2 in accordance with the laws of the state.
 74 3 4. PARTICIPATION IN PLANNING ACTIVITIES. A person has
 74 4 the right to participate in the formulation of an individual
 74 5 treatment, habilitation, and program plan developed for the
 74 6 person.

74 7 #157.NEW SECTION 231.78 COMPLIANCE.
 74 8 1. A person’s sole remedy for a violation of a rule adopted
 74 9 by the department to implement sections 231.75 through 231.77
 74 10 shall be to initiate a proceeding with the department by
 74 11 request pursuant to chapter 17A.
 74 12 a. Any decision of the department shall be in accordance
 74 13 with due process of law. A person or party who is aggrieved or
 74 14 adversely affected by the department’s action may seek judicial
 74 15 review pursuant to section 17A.19. A person or party who is
 74 16 aggrieved or adversely affected by a final judgment of the
 74 17 district court may appeal under section 17A.20.
 74 18 b. Either the department or a party in interest may apply
 74 19 to the Iowa district court for an order to enforce a final
 74 20 decision of the department.

74 21 2. Any rules adopted by the department to implement sections
 74 22 231.76 and 231.77 shall not create any right, entitlement,
 74 23 property or liberty right or interest, or private cause of
 74 24 action for damages against the state or a political subdivision
 74 25 of the state, or for which the state or a political subdivision
 74 26 of the state would be responsible.

74 27 3. Notwithstanding subsection 1, any violation of section
 74 28 231.77, subsection 2, shall be subject to enforcement by the
 74 29 commissioner of insurance pursuant to chapter 507B.

74 30 #158.NEW SECTION 231.79 APPEALS PROCESS.
 74 31 The department shall establish an appeals process by which a
 74 32 person or the person’s representative may appeal a decision of
 74 33 the department concerning the provision or denial of aging or
 74 34 disability services to the person.

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 provision or denial of aging or disability services to an individual.

74 35 ~~#159.~~ Section 231E.3, Code 2024, is amended to read as
75 1 follows:
75 2 231E.3 DEFINITIONS.
75 3 As used in this chapter, unless the context otherwise
75 4 requires:
75 5 1. "Client" means an individual for whom a representative
75 6 payee is appointed.
75 7 ~~2. "Commission" means the commission on aging.~~
75 8 ~~3.~~ 2. "Conservator" means conservator as defined in section
75 9 633.3.
75 10 ~~4.~~ 3. "Court" means court as defined in section 633.3.
75 11 ~~5.~~ 4. "Department" means the department of health and human
75 12 services.
75 13 ~~6.~~ 5. "Director" means the director of health and human
75 14 services.
75 15 ~~7.~~ 6. "Guardian" means guardian as defined in section
75 16 633.3.
75 17 ~~8.~~ 7. "Incompetent" means incompetent as defined in section
75 18 633.3.
75 19 ~~9.~~ 8. "Local office" means a local office of public
75 20 guardian.
75 21 ~~10.~~ 9. "Local public guardian" means an individual under
75 22 contract with the department to act as a guardian, conservator,
75 23 or representative payee.
75 24 ~~11.~~ 10. "Public guardian" means the state public guardian
75 25 or a local public guardian.
75 26 ~~12.~~ 11. "Public guardianship services" means guardianship,
75 27 conservatorship, or representative payee services provided by
75 28 the state public guardian or a local public guardian.
75 29 ~~13.~~ 12. "Representative payee" means an individual
75 30 appointed by a government entity to receive funds on behalf of
75 31 a client pursuant to federal regulation.
75 32 ~~14.~~ 13. "State agency" means any executive department,
75 33 commission, board, institution, division, bureau, office,
75 34 agency, or other executive entity of state government.
75 35 ~~15.~~ 14. "State office" means the state office of public
76 1 guardian.
76 2 ~~16.~~ 15. "State public guardian" means the administrator of
76 3 the state office of public guardian.
76 4 ~~17.~~ 16. "Ward" means the individual for whom a guardianship
76 5 or conservatorship is established.

Removes the definition for the term "commission" from Iowa Code section [231E.3](#), and renumbers the Iowa Code section.

76 6 #160. REPEAL. Sections 231.11, 231.12, and 231.13, Code
76 7 2024, are repealed.

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

76 8 #161. CODE EDITOR DIRECTIVE. The Code editor is
76 9 directed to do all of the following:
76 10 1. Entitle Code chapter 231 “Department of Health and Human
76 11 Services — Aging and Disability Services”.
76 12 2. Designate sections 231.75 through 231.79, as enacted in
76 13 this division of this Act, as subchapter VII entitled “Bill
76 14 of Rights and Service Quality Standards for Persons with an
76 15 Intellectual Disability, Developmental Disability, Brain
76 16 Injury, or Chronic Mental Illness”.
76 17 3. Correct internal references in the Code and in any
76 18 enacted legislation as necessary due to the enactment of this
76 19 division of this Act.

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

76 20 #162. EFFECTIVE DATE. The following take effect July
76 21 1, 2025:

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

76 22 1. The parts of the sections of this division of this Act
76 23 amending the following:
76 24 a. Section 231.3.
76 25 b. Section 231.4, subsection 1.
76 26 c. Section 231.23, subsections 4 and 7.
76 27 d. Section 231.23A, subsection 1.
76 28 e. Sections 231.56, 231.57, and 231.58.
76 29 f. Section 231.64, subsection 2.
76 30 2. The parts of the sections of this division of this Act
76 31 enacting the following: sections 231.23A, subsection 7A,
76 32 231.75, 231.76, 231.77, 231.78, and 231.79.

- 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 33 #IV.
76 34

TRANSITION PROVISIONS

76 35 #163. DEPARTMENT OF HEALTH AND HUMAN SERVICES —

Establishes definitions for Division IV of the Bill.

77 1 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER
77 2 SERVICES, AND DISABILITY SERVICES.

77 3 1. For purposes of this division:

77 4 a. "Administrative services organization" means the same
77 5 as defined in section 225A.1, as enacted in division I of this
77 6 Act.

77 7 b. "Behavioral health district" means the same as defined in
77 8 section 225A.1, as enacted in division I of this Act.

77 9 c. "Department" means the department of health and human
77 10 services.

77 11 d. "District behavioral health service system plan" means
77 12 the same as defined in section 225A.1, as enacted in division
77 13 I of this Act.

77 14 e. "Mental health and disability services region" means the
77 15 same as defined in section 225C.2, subsection 9.

77 16 f. "State behavioral health service system" means the state
77 17 behavioral health service system as established in section
77 18 225A.3, as enacted in division I of this Act.

77 19 g. "State behavioral health service system plan" means the
77 20 same as defined in section 225A.1, as enacted in division I of
77 21 this Act.

77 22 h. "Transition period" means the period beginning on the
77 23 date of enactment of this division of this Act and concluding
77 24 on June 30, 2025.

77 25 2. There is created a behavioral health service system under
77 26 the control of the department. For the fiscal year beginning
77 27 July 1, 2025, and each succeeding fiscal year, the behavioral
77 28 health service system shall be responsible for implementing and
77 29 maintaining a statewide system of prevention, education, early
77 30 intervention, treatment, recovery support, and crisis services
77 31 related to mental health and addictive disorders, including
77 32 but not limited to substance use, tobacco use, and problem
77 33 gambling. For the fiscal year beginning July 1, 2025, and each
77 34 succeeding fiscal year, the department's division of aging
77 35 and disability services shall be responsible for disability
78 1 services.

78 2 3. During the transition period, the department may
78 3 exercise all policymaking functions and regulatory powers
78 4 established in division I of this Act, as necessary to
78 5 establish the state behavioral health service system.

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. (put page break here) For FY 2026, and annually thereafter, the HHS's Division of Aging and Disability Services will be responsible for disability services.

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

78 6 4. To ensure the state behavioral health service system
 78 7 and the division of aging and disability services are able to
 78 8 operate as intended at the conclusion of the transition period,
 78 9 the department shall perform all the following duties:

78 10 a. Make contracts as necessary to set up services and
 78 11 administrative functions.

78 12 b. Adopt rules as necessary to establish and administer the
 78 13 state's behavioral health service system.

78 14 c. Establish policies as necessary to ensure efficient
 78 15 implementation and operation of the behavioral health service
 78 16 system.

78 17 d. Prepare forms necessary for the implementation and
 78 18 administration of behavioral health services.

78 19 e. Prepare a state behavioral health service system plan for
 78 20 the state behavioral health service system.

78 21 f. Designate behavioral health districts on or before
 78 22 August 1, 2024. The behavioral health district designation
 78 23 process shall include an opportunity for the public to
 78 24 review and to comment on proposed behavioral health district
 78 25 boundaries.

78 26 g. Designate an administrative services organization for
 78 27 each behavioral health district on or before December 31, 2024.

78 28 h. Review and approve district behavioral health service
 78 29 system plans for services related to the behavioral health
 78 30 service system.

78 31 i. Issue all necessary licenses and certifications.

78 32 j. Establish contractual rights, privileges, and
 78 33 responsibilities as necessary to establish and implement the
 78 34 state behavioral health service system.

78 35 k. Develop and implement a plan to ensure that persons
 79 1 currently receiving disability services or early intervention,
 79 2 treatment, recovery support, or crisis services related
 79 3 to mental health or addictive disorders, including but not
 79 4 limited to alcohol use, substance use, tobacco use, and problem
 79 5 gambling, have an uninterrupted continuum of care.

79 6 l. Establish a central data repository as described in
 79 7 section 225A.6, as enacted in division I of this Act.

79 8 m. Collaborate with the department of revenue for
 79 9 enforcement of tobacco laws, regulations, and ordinances and
 79 10 engage in tobacco control activities.

79 11 n. Submit a report to the general assembly no later

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:

- 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.
- Collaborate with the Department of Revenue for enforcement of tobacco laws and regulations.
- Submit a report to the General Assembly by January 13, 2025 which details the administration and operational costs associated with the BHSS.

79 12 than January 13, 2025, that details the administrative and
 79 13 operational costs for the establishment, implementation, and
 79 14 administration of the state behavioral health service system.

79 15 5. If the department determines that a federal waiver or
 79 16 authorization is necessary to administer any provision of this
 79 17 division of this Act or to effectuate the state behavioral
 79 18 health service system by the conclusion of the transition
 79 19 period, the department shall timely request the federal waiver
 79 20 or authorization. Notwithstanding any other effective date to
 79 21 the contrary, a provision the department determines requires a
 79 22 federal waiver or authorization shall be effective only upon
 79 23 receipt of federal approval for the waiver or authorization.

79 24 6. a. On or before July 1, 2024, the department shall
 79 25 publish on the department's internet site an initial transition
 79 26 plan for establishing the state behavioral health service
 79 27 system. The transition plan shall describe, at a minimum, all
 79 28 of the following:

79 29 (1) All tasks that require completion before July 1, 2025.
 79 30 The description of tasks shall include a description of how the
 79 31 department will solicit comments from stakeholders, including
 79 32 employees of the department, persons served by the department,
 79 33 partners of the department, members of the public, and members
 79 34 of the general assembly, and a detailed timeline for the
 79 35 completion of the tasks described.

80 1 (2) The proposed organizational structure of the state
 80 2 behavioral health service system.

80 3 (3) The transition of service delivery sites from locations
 80 4 where people currently receive behavioral health services to
 80 5 where the people will receive behavioral health services under
 80 6 the state behavioral health service system.

80 7 (4) Procedures for the transfer and reconciliation of
 80 8 budgeting and funding between the mental health and disability
 80 9 services regions and the department.

80 10 (5) A description of how responsibilities for disability
 80 11 services programs will be transferred from current program
 80 12 administrators to the department's division of aging and
 80 13 disability services by the end of the transition period.

80 14 (6) Any additional known tasks that may require completion
 80 15 after the transition on July 1, 2025.

Requires the HHS to request a federal waiver for authorization if it is deemed necessary to administer any provision of this division of this Bill or to effectuate the BHSS by the conclusion of the transition period. Specifies that a provision the HHS determines requires a federal waiver or authorization will be effective only upon receipt of federal approval.

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.

80 16 b. The transition plan published under paragraph "a" shall: 80 17 (1) Be updated no less than quarterly during the transition 80 18 period with the current status of completing the tasks 80 19 identified in paragraph "a", subparagraph (1). 80 20 (2) Describe how information regarding any changes in 80 21 service delivery will be provided to persons receiving services 80 22 from the mental health and disability services regions or 80 23 current behavioral health care providers contracted with the 80 24 department. 80 25 (3) Describe how the transition is being funded, including 80 26 how expenses associated with the transition will be managed.	Requires the transition plan to be updated no less than quarterly 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.
80 27 7. a. Before the end of the transition period, the 80 28 governing board of each mental health and disability services 80 29 region that maintains a combined account pursuant to section 80 30 225C.58, subsection 1, shall transfer all unencumbered and 80 31 unobligated moneys remaining in the combined account to the 80 32 treasurer of state for deposit into the behavioral health fund 80 33 as established in section 225A.7 as enacted in division I of 80 34 this Act.	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.
80 35 b. Before the end of the transition period, each county 81 1 which maintains a county mental health and disability services 81 2 fund pursuant to section 225C.58, subsection 1, shall transfer 81 3 all unencumbered and unobligated moneys remaining in the mental 81 4 health and disability services fund to the treasurer of state 81 5 for deposit into the behavioral health fund as established in 81 6 section 225A.7 as enacted in division I of this Act.	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.
81 7 c. Moneys in the behavioral health fund as established 81 8 in section 225A.7 as enacted in division I of this Act are 81 9 appropriated to the department for the purposes established in 81 10 section 225A.7 as enacted in division I of this Act, and as 81 11 otherwise necessary to effectuate this division of this Act.	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.
81 12 8. a. All debts, claims, or other liabilities owed to a 81 13 county, a mental health and disability services region, or 81 14 the state due to services rendered pursuant to chapter 125, 81 15 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the 81 16 conclusion of the transition period shall remain due and owing 81 17 after the transition period concludes.	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.

81 18 b. After the transition period concludes, each county
 81 19 auditor shall collect outstanding debts, claims, or other
 81 20 liabilities owed to the county for services rendered pursuant
 81 21 to chapter 125, 222, 225, 225C, 226, 227, 229, 230, or 230A,
 81 22 Code 2024, before the transition period concluded. The county
 81 23 attorney may bring a judicial action as necessary to collect
 81 24 the outstanding debts, claims, or other liabilities.

Requires each county auditor to collect outstanding debts, claims, or 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.

81 25 9. With input from appropriate stakeholders, the department
 81 26 shall identify each contract that will be impacted by mental
 81 27 health and disability services being transferred to the state
 81 28 behavioral health service system, or by responsibilities
 81 29 being transferred to the department's division of aging and
 81 30 disabilities, pursuant to this Act. On or before June 30,
 81 31 2025, a party to a contract identified by the department
 81 32 under this subsection shall exercise the option, if available
 81 33 pursuant to the terms of the contract, to terminate the
 81 34 contract in accordance with the terms of the contract which
 81 35 provide for termination. Contracts that do not provide for
 82 1 termination shall not be renewed or extended at the end of the
 82 2 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.

82 3 10. A mental health and disability services region, a
 82 4 regional administrator as defined in section 225C.55, and
 82 5 any subdivision of the state shall not enter into, renew, or
 82 6 extend any contract for services related to mental health and
 82 7 disability services or addictive disorder services beyond June
 82 8 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.

82 9 #164. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
 82 10 TRANSITION FUNDING.

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.

82 11 1. Notwithstanding any provision of law to the contrary,
 82 12 there is appropriated from the region incentive fund of the
 82 13 mental health and disability services regional service fund
 82 14 created in section 225C.7A, subsection 8, to the department of
 82 15 health and human services for the fiscal year beginning July
 82 16 1, 2024, and ending June 30, 2025, the following amount, or
 82 17 so much thereof as is necessary, to be used for the purposes
 82 18 designated:

82 19 For the establishment of a central data repository as
 82 20 described in section 225A.6, subsection 1, as enacted in
 82 21 division I of this Act:

82 22 \$ 645,179

82 23 2. There is appropriated from the region incentive fund
82 24 of the mental health and disability services regional service
82 25 fund created in section 225C.7A, to the department of health
82 26 and human services for the fiscal year beginning July 1, 2024,
82 27 and ending June 30, 2025, the following amount, or so much
82 28 thereof as is necessary, to be used to support the statewide
82 29 988 suicide and crisis line:

82 30 \$ 3,000,000

82 31 3. There is appropriated from the region incentive fund of
82 32 the mental health and disability services regional service fund
82 33 created in section 225C.7A, to the department of health and
82 34 human services for the fiscal year beginning July 1, 2024, and
82 35 ending June 30, 2025, the following amount, or so much thereof
83 1 as is necessary, to be used to implement the provisions of this
83 2 division of this Act:

83 3 \$ 1,000,000

83 4 4. Notwithstanding section 8.33, moneys appropriated in
83 5 this section that remain unencumbered or unobligated at the
83 6 close of the fiscal year shall not revert to the credit of
83 7 the region incentive fund of the mental health and disability
83 8 services regional service fund, but shall be credited to the
83 9 behavioral health fund created in section 225A.7, as enacted in
83 10 division I of this Act, and are appropriated to the department
83 11 of health and human services for expenditure for the purposes
83 12 of the behavioral health fund.

83 13 #165. EMERGENCY RULES. The department of health and
83 14 human services may adopt emergency rules under section 17A.4,
83 15 subsection 3, and section 17A.5, subsection 2, paragraph “b”,
83 16 to implement the provisions of this division of this Act and
83 17 the rules shall be effective immediately upon filing unless
83 18 a later date is specified in the rules. Any rules adopted
83 19 in accordance with this section shall also be published as a
83 20 notice of intended action as provided in section 17A.4.

83 21 #166. EFFECTIVE DATE. This division of this Act, being
83 22 deemed of immediate importance, takes effect upon enactment.

Appropriates \$3,000,000 in FY 2025 from the Region Incentive Fund of the MHDS Regional Services Fund to the HHS to be used to support the Statewide 988 suicide and crisis line.

Appropriates \$1,000,000 in FY 2025 from the Region Incentive Fund of the MHDS Regional Services Fund to the HHS to be used to implement the provisions of Division IV of the Bill.

CODE: 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.

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.

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

<p>83 23 <u>#V.</u> 83 24 ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS</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>83 25 <u>#167.</u> Section 222.1, subsection 3, Code 2024, is amended 83 26 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>83 27 <u>#168.</u> Section 222.2, subsection 8, Code 2024, is amended 83 28 by striking the subsection.</p>	<p>Adopts conforming changes to Iowa Code section 222.5 (Preadmission Diagnostic Evaluation).</p>
<p>83 29 <u>#169.</u> Section 222.5, Code 2024, is amended to read as 83 30 follows: 83 31 222.5 PREADMISSION DIAGNOSTIC EVALUATION. 83 32 A person shall not be eligible for admission to a resource 83 33 center or a special unit until a preadmission diagnostic 83 34 evaluation has been made by a resource center or a special unit 83 35 which confirms or establishes the need for admission.</p>	<p>Removes language authorizing the transfer of patients in the resource centers to a special unit or vice versa.</p>
<p>84 1 <u>#170.</u> Section 222.7, unnumbered paragraph 1, Code 2024, 84 2 is amended to read as follows: 84 3 The department may transfer patients from one state resource 84 4 center to the other and may at any time transfer patients from 84 5 the resource centers to the hospitals for persons with mental 84 6 illness; or transfer patients in the resource centers to a 84 7 special unit or vice versa. The department may also transfer 84 8 patients from a hospital for persons with mental illness to a 84 9 resource center if consent is given or obtained as follows:</p>	<p>Adopts conforming changes to Iowa Code section 222.8 (Communications by Patients).</p>
<p>84 10 <u>#171.</u> Section 222.8, Code 2024, is amended to read as 84 11 follows: 84 12 222.8 COMMUNICATIONS BY PATIENTS. 84 13 Persons admitted to the resource centers or a special 84 14 unit shall have all reasonable opportunity and facility for 84 15 communication with their friends. Such persons shall be 84 16 permitted to write and send letters, provided the letters 84 17 contain nothing of an offensive character. Letters written by 84 18 any patient to the director or to any state or county official</p>	

84 19 shall be forwarded unopened.

84 20 #172. Section 222.9, Code 2024, is amended to read as
84 21 follows:

84 22 222.9 UNAUTHORIZED DEPARTURES.

84 23 If any person with an intellectual disability shall depart
84 24 without proper authorization from a resource center ~~or a~~
84 25 ~~special unit~~, it shall be the duty of the superintendent
84 26 and the superintendent's assistants and all peace officers
84 27 of any county in which such patient may be found to take
84 28 and detain the patient without a warrant or order and to
84 29 immediately report such detention to the superintendent who
84 30 shall immediately provide for the return of such patient to the
84 31 resource center ~~or special unit~~.

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

84 32 #173. Section 222.12, subsection 1, Code 2024, is
84 33 amended to read as follows:

84 34 1. Upon the death of a patient of a resource center ~~or~~
84 35 ~~special unit~~, a preliminary investigation of the death shall be
85 1 conducted as required by section 218.64 by the county medical
85 2 examiner as provided in section 331.802. Such a preliminary
85 3 investigation shall also be conducted in the event of a sudden
85 4 or mysterious death of a patient in a private institution
85 5 for persons with an intellectual disability. The chief
85 6 administrative officer of any private institution may request
85 7 an investigation of the death of any patient by the county
85 8 medical examiner.

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

85 9 #174. Section 222.73, subsections 1, 3, and 5, Code
85 10 2024, are amended to read as follows:

85 11 1. The superintendent of each resource center ~~and special~~
85 12 ~~unit~~ shall compute by February 1 the average daily patient
85 13 charge and outpatient treatment charges for which each county
85 14 will be billed for services provided to patients chargeable to
85 15 the county during the fiscal year beginning the following July
85 16 1. The department shall certify the amount of the charges and
85 17 notify the counties of the billing charges.
85 18 a. The superintendent shall compute the average daily
85 19 patient charge for a resource center ~~or special unit~~ for
85 20 services provided in the following fiscal year, in accordance
85 21 with generally accepted accounting procedures, by totaling
85 22 the expenditures of the resource center ~~or special unit~~ for

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

85 23 the immediately preceding calendar year, by adjusting the
 85 24 expenditures by a percentage not to exceed the percentage
 85 25 increase in the consumer price index for all urban consumers
 85 26 for the immediately preceding calendar year, and by dividing
 85 27 the adjusted expenditures by the total inpatient days of
 85 28 service provided during the immediately preceding calendar
 85 29 year.

85 30 b. The department shall compute the outpatient treatment
 85 31 charges, in accordance with generally accepted accounting
 85 32 procedures, on the basis of the actual cost of the outpatient
 85 33 treatment provided during the immediately preceding calendar
 85 34 year.

85 35 ~~3.~~ 2. The superintendent shall compute in January the
 86 1 actual per-patient-per-day cost for each resource center ~~or~~
 86 2 ~~special unit~~ for the immediately preceding calendar year, in
 86 3 accordance with generally accepted accounting procedures, by
 86 4 totaling the actual expenditures of the resource center ~~or~~
 86 5 ~~special unit~~ for the calendar year and by dividing the total
 86 6 actual expenditures by the total inpatient days of service
 86 7 provided during the calendar year.

86 8 ~~5.~~ 3. A superintendent of a resource center ~~or special~~
 86 9 ~~unit~~ may request that the director enter into a contract with
 86 10 a person for the resource center ~~or special unit~~ to provide
 86 11 consultation or treatment services or for fulfilling other
 86 12 purposes which are consistent with the purposes stated in
 86 13 section 222.1. The contract provisions shall include charges
 86 14 which reflect the actual cost of providing the services. Any
 86 15 income from a contract authorized under this subsection may
 86 16 be retained by the resource center ~~or special unit~~ to defray
 86 17 the costs of providing the services or fulfilling the other
 86 18 purposes. Except for a contract voluntarily entered into by a
 86 19 county under this subsection, the costs or income associated
 86 20 with a contract authorized under this subsection shall not
 86 21 be considered in computing charges and per diem costs in
 86 22 accordance with the provisions of subsections 1 ~~through 4~~ and
 86 23 2.

86 24 #175. Section 222.83, Code 2024, is amended to read as
 86 25 follows:

86 26 222.83 NONRESIDENT PATIENTS.

86 27 The estates of all nonresident patients who are provided
 86 28 treatment, training, instruction, care, habilitation, and

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

86 29 support in or by a resource center ~~or a special unit~~, and all
 86 30 persons legally bound for the support of such persons, shall be
 86 31 liable to the state for the reasonable value of such services.
 86 32 The certificate of the superintendent of the resource center
 86 33 ~~or special unit~~ in which any nonresident is or has been a
 86 34 patient, showing the amounts drawn from the state treasury or
 86 35 due therefrom as provided by law on account of such nonresident
 87 1 patient, shall be presumptive evidence of the reasonable value
 87 2 of such services furnished such patient by the resource center
 87 3 ~~or special unit~~.

87 4 #176. Section 222.84, Code 2024, is amended to read as
 87 5 follows:

87 6 222.84 PATIENTS' PERSONAL DEPOSIT FUND.
 87 7 There is established at each resource center ~~and special~~
 87 8 ~~unit~~ a patients' personal deposit fund. ~~In the case of a~~
 87 9 ~~special unit, the director may direct that the patients'~~
 87 10 ~~personal deposit fund be maintained and administered as a part~~
 87 11 ~~of the fund established, pursuant to sections 226.43 through~~
 87 12 ~~226.46, by the state mental health institute where the special~~
 87 13 ~~unit is located.~~

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

87 14 #177. Section 222.85, subsection 1, Code 2024, is
 87 15 amended to read as follows:

87 16 1. Any funds coming into the possession of the
 87 17 superintendent or any employee of a resource center ~~or special~~
 87 18 ~~unit~~ belonging to any patient in that institution shall be
 87 19 deposited in the name of the patient in the patients' personal
 87 20 deposit fund, except that if a guardian of the property has
 87 21 been appointed for the person, the guardian shall have the
 87 22 right to demand and receive such funds. Funds belonging to a
 87 23 patient deposited in the patients' personal deposit fund may
 87 24 be used for the purchase of personal incidentals, desires, and
 87 25 comforts for the patient.

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

87 26 #178. Section 222.87, Code 2024, is amended to read as
 87 27 follows:

87 28 222.87 DEPOSIT IN BANK.
 87 29 The department shall deposit the patients' personal deposit
 87 30 fund in a commercial account of a bank of reputable standing.
 87 31 When deposits in the commercial account exceed average monthly
 87 32 withdrawals, the department may deposit the excess at interest.

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

87 33 The savings account shall be in the name of the patients'
 87 34 personal deposit fund and interest paid on the account may be
 87 35 used for recreational purposes for the patients at the resource
 88 1 center ~~or special unit~~.

88 2 ~~#179~~. REPEAL. Sections 222.88, 222.89, 222.90, and
 88 3 ~~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](#)

88 4 ~~#180~~. EFFECTIVE DATE. This division of this Act, being
 88 5 deemed of immediate importance, takes effect upon enactment.

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

88 6 ~~#VI~~.
 88 7 COUNTY OF RESIDENCE DETERMINATIONS
 88 8 ~~#181~~.NEW SECTION 331.190 COUNTY OF RESIDENCE —
 88 9 DISPUTE RESOLUTION.

88 10 1. "County of residence" means the county in this state
 88 11 in which, at the time a person applies for or receives
 88 12 services, the person is living and has established an ongoing
 88 13 presence with the declared, good faith intention of living
 88 14 for a permanent or indefinite period of time. The county
 88 15 of residence of a homeless person is the county in which
 88 16 the homeless person usually sleeps. A person maintains
 88 17 residency in the county or state in which the person last
 88 18 resided during the time period that the person is present in
 88 19 a different county or state receiving services in a hospital,
 88 20 a correctional facility, a halfway house for community-based
 88 21 corrections or substance use disorder treatment, a nursing
 88 22 facility, an intermediate care facility for persons with an
 88 23 intellectual disability, a residential care facility, or for
 88 24 the purpose of attending a college or university.

Defines "county of residence" as the county in Iowa in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living for a permanent or indefinite period of time.

88 25 2. a. The dispute resolution process in this subsection
 88 26 shall apply to county of residence disputes. The dispute
 88 27 resolution process shall not be applicable to any of the
 88 28 following:
 88 29 (1) Disputes involving persons committed to a state

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

88 30 facility pursuant to chapter 812. 88 31 (2) Disputes involving Iowa rule of criminal procedure 88 32 2.22(8)(b), commitment for evaluation. 88 33 (3) Disputes involving chapter 12 of Iowa court rules, rules 88 34 for involuntary hospitalization of mentally ill persons.	Court Rules chapter 12 regarding rules for involuntary hospitalization of mentally ill persons.
88 35 b. If a county objects to a billing for services or a 89 1 residency determination and asserts that either the person 89 2 has residency in a different county or the person is not a 89 3 resident of this state, the person's county of residence 89 4 shall be determined as provided in this subsection. If the 89 5 county asserts that the person has residency in a different 89 6 county in this state, the county shall notify that county in 89 7 writing within one hundred twenty calendar days of receiving 89 8 the billing for services or of the county of residence 89 9 determination.	Establishes the process for a county objecting to a billing for services or a residency determination.
89 10 c. The county that receives the notification under paragraph 89 11 "b" shall respond in writing to the county that provided the 89 12 notification within forty-five calendar days of receiving the 89 13 notification. If the parties cannot agree as to the person's 89 14 county of residence within ninety calendar days of the date of 89 15 notification, on motion of either of the parties, the matter 89 16 shall be referred to the administrative hearings division of 89 17 the department of inspections, appeals, and licensing for 89 18 a contested case proceeding under chapter 17A, before an 89 19 administrative law judge assigned in accordance with section 89 20 10A.801, to determine the person's county of residence.	Establishes the process a county must take to respond after receiving a notification pursuant to Iowa Code section 331.190(2)(b).
89 21 d. (1) Notwithstanding section 17A.15, the administrative 89 22 law judge's determination of a person's county of residence 89 23 shall be considered final agency action. Judicial review of 89 24 the determination may be sought in accordance with section 89 25 17A.19. 89 26 (2) If following the determination of a person's county of 89 27 residence under this subsection additional evidence becomes 89 28 available that merits a change in the determination of the 89 29 person's county of residence, the affected parties may change 89 30 the determination of county of residence by mutual agreement. 89 31 Otherwise, a party may move that the matter be reconsidered 89 32 by the county, or by an administrative law judge assigned in 89 33 accordance with section 10A.801.	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.

89 34 e. Unless a petition is filed for judicial review, the
 89 35 administrative law judge's determination of the person's county
 90 1 of residence shall result in one of the following:
 90 2 (1) If a county is determined to be the person's county
 90 3 of residence, that county shall pay any amounts due and shall
 90 4 reimburse the other county for any amounts paid for services
 90 5 provided to the person by the other county prior to the county
 90 6 of residence determination.
 90 7 (2) If it is determined that the person is not a resident of
 90 8 this state, neither the state nor either county shall be liable
 90 9 for payment of amounts due for services provided to the person
 90 10 prior to the determination of the person's county of residence.

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.

90 11 f. (1) The party that does not prevail in a contested
 90 12 case proceeding or a subsequent judicial review pursuant to
 90 13 this subsection shall be liable for costs associated with
 90 14 the proceeding or judicial review, including reimbursement
 90 15 of the administrative hearings division of the department of
 90 16 inspections, appeals, and licensing's actual costs associated
 90 17 with the administrative proceeding, court costs, and reasonable
 90 18 attorney fees.
 90 19 (2) A payment or reimbursement pursuant to this subsection
 90 20 shall be remitted within forty-five calendar days of the
 90 21 date the county of residence determination is issued by the
 90 22 administrative law judge or the date the court files an order
 90 23 determining the person's county of residence, whichever is
 90 24 later. After forty-five calendar days, the prevailing party
 90 25 may add a penalty of up to one percent per month to any amounts
 90 26 due.

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.

90 27 #182. Section 35D.9, Code 2024, is amended to read as
 90 28 follows:
 90 29 35D.9 COUNTY OF RESIDENCE UPON DISCHARGE.
 90 30 A member of the home does not acquire residency in the county
 90 31 in which the home is located unless the member is voluntarily
 90 32 or involuntarily discharged from the home and the member
 90 33 meets county of residence requirements. For purposes of this
 90 34 section, "county of residence" means the same as defined in
 90 35 section ~~225C.61~~ 331.190.

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

91 1 #183. Section 232.141, subsections 7 and 8, Code 2024,

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

91 2 are amended to read as follows:

91 3 7. A county charged with the costs and expenses under
 91 4 subsections 2 and 3 may recover the costs and expenses from the
 91 5 child's custodial parent's county of residence, as defined in
 91 6 section ~~225C.61~~ 331.190, by filing verified claims which are
 91 7 payable as are other claims against the county. A detailed
 91 8 statement of the facts upon which a claim is based shall
 91 9 accompany the claim.

91 10 8. This subsection applies only to placements in a juvenile
 91 11 shelter care home which is publicly owned, operated as a county
 91 12 or multicounty shelter care home, organized under a chapter
 91 13 28E agreement, or operated by a private juvenile shelter care
 91 14 home. If the actual and allowable costs of a child's shelter
 91 15 care placement exceed the amount the department is authorized
 91 16 to pay, the unpaid costs may be recovered from the child's
 91 17 custodial parent's county of residence. However, the maximum
 91 18 amount of the unpaid costs which may be recovered under this
 91 19 subsection is limited to the difference between the amount
 91 20 the department is authorized to pay and the statewide average
 91 21 of the actual and allowable rates as reasonably determined
 91 22 by the department annually. A home may only be reimbursed
 91 23 for the lesser of the home's actual and allowable costs or
 91 24 the statewide average of the actual and allowable rates as
 91 25 determined by the department in effect on the date the costs
 91 26 were paid. The unpaid costs are payable pursuant to filing of
 91 27 verified claims against the child's custodial parent's county
 91 28 of residence. A detailed statement of the facts upon which a
 91 29 claim is based shall accompany the claim. Any dispute between
 91 30 counties arising from ~~filings of claims filed~~ pursuant to this
 91 31 subsection shall be settled in the manner provided to determine
 91 32 ~~residency~~ county of residence in section ~~225C.61~~ 331.190.

91 33 #184. EFFECTIVE DATE. This division of this Act takes
 91 34 effect July 1, 2025.

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

91 35 #VII.
 92 1 _____ SUBSTANCE USE DISORDER — BEER AND LIQUOR CONTROL FUND

92 2 #185. Section 123.17, subsection 5, Code 2024, is
 92 3 amended to read as follows:

92 4 5. After any transfer provided for in subsection 3 is
 92 5 made, the department shall transfer into a special revenue

Removes an additional amount determined by the General Assembly
 from the appropriated amount for the HHS to be used for the

92 6 account in the general fund of the state, a sum of money at
 92 7 least equal to seven percent of the gross amount of sales made
 92 8 by the department from the beer and liquor control fund on a
 92 9 monthly basis but not less than nine million dollars annually.
 92 10 Of the amounts transferred, two million dollars, ~~plus an~~
 92 11 ~~additional amount determined by the general assembly~~, shall be
 92 12 appropriated to the department of health and human services for
 92 13 use by the staff who administer the comprehensive substance use
 92 14 disorder program under chapter 125 for substance use disorder
 92 15 treatment and prevention programs. Any amounts received in
 92 16 excess of the amounts appropriated to the department of health
 92 17 and human services for use by the staff who administer the
 92 18 comprehensive substance use disorder program under chapter 125
 92 19 shall be considered part of the general fund balance.

comprehensive substance use disorder program. This appropriation is derived from the transfer from the HHS into a special revenue account in the General Fund.

92 20 #186. EFFECTIVE DATE. This division of this Act, being
 92 21 deemed of immediate importance, takes effect upon enactment.

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

92 22 #VIII.

92 23 SUPPORTED COMMUNITY LIVING SERVICES

92 24 #187. Section 225C.21, subsection 1, Code 2024, is
 92 25 amended to read as follows:
 92 26 1. As used in this section, “supported community living
 92 27 services” means services provided in a noninstitutional
 92 28 setting to ~~adult~~ persons sixteen years of age and older with
 92 29 mental illness, an intellectual disability, brain injury, or
 92 30 developmental disabilities to meet the persons’ daily living
 92 31 needs.

CODE: Adds language to include individuals sixteen years of age and older and individuals with a brain injury in the target population.

92 32 #188. EFFECTIVE DATE. This division of this Act, being
 92 33 deemed of immediate importance, takes effect upon enactment.

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

Health and Human Services

Other Funds

	Actual FY 2023 (1)	Estimated FY 2024 (2)	Senate Action FY 2025 (3)	Senate 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 82 LN 9
988 Suicide and Crisis Line - MHDSRF	0	0	3,000,000	3,000,000	PG 82 LN 23
Behavioral Health Service System - MHDSRF	0	0	1,000,000	1,000,000	PG 82 LN 31
Total Health and Human Services, Department of	\$ 0	\$ 0	\$ 4,645,179	\$ 4,645,179	
Total Health and Human Services	\$ 0	\$ 0	\$ 4,645,179	\$ 4,645,179	