

House File 626

1 Amend House File 626 as follows:

2 1. By striking everything after the enacting clause
3 and inserting:

4 <DIVISION I

5 SERVICES SYSTEM REDESIGN — FUNDING

6 Section 1. MENTAL HEALTH SERVICES SYSTEM REDESIGN.

7 1. The general assembly intends to implement
8 service system redesign for mental health services
9 in which the department of human services assumes
10 responsibility for administering publicly funded mental
11 health services for children and adults beginning on
12 July 1, 2012.

13 2. The department of human services shall consult
14 with stakeholder groups formed by the department in
15 developing a plan for implementing the redesigned
16 mental health services system for children and adults.
17 The plan is subject to approval by the council on human
18 services and shall be submitted to the council on or
19 before December 1, 2011. The plan approved by the
20 council shall be submitted to the governor and general
21 assembly on or before January 1, 2012. The plan shall
22 include but is not limited to all of the following:

23 a. Identifying clear definitions and requirements
24 for the following:

25 (1) Characteristics of the service populations.

26 (2) The array of core services to be delivered by
27 providers in a manner that promotes cost-effectiveness,
28 uniformity, accessibility, and best practices
29 approaches.

30 (3) Outcome measures.

31 (4) Quality assurance measures.

32 (5) Provider accreditation, certification, or
33 licensure requirements.

34 b. A proposal developed in conjunction with the
35 department of public health to emphasize service
36 providers addressing co-occurring mental health and
37 substance abuse disorders.

38 c. A proposal for developing treatment services in
39 this state to meet the needs of children who are placed
40 out of state due to the lack of treatment services in
41 this state.

42 d. A proposal for implementing the delivery of
43 regionally coordinated and community-based information
44 and referral, options counseling, care coordination,
45 and targeted case management services.

46 e. A proposal to address service provider
47 shortages. In developing the proposal, the department
48 and appropriate stakeholders shall examine barriers
49 to recruiting providers, including but not limited to
50 variation in health insurance payment provisions for

1 the services provided by different types of providers.

2 Sec. 2. INTELLECTUAL AND OTHER DEVELOPMENTAL
3 DISABILITY AND BRAIN INJURY SERVICES SYSTEM REDESIGN.

4 1. In addition to mental health services, the
5 general assembly intends to implement service system
6 redesign in which the department of human services
7 assumes responsibility for the administration of
8 intellectual and other developmental disability and
9 brain injury services for adults and children at a
10 later time.

11 2. The department of human services shall consult
12 with stakeholder groups formed by the department in
13 developing a plan for implementation of the redesigned
14 disability services system for adults and children.
15 The plan is subject to approval by the council on human
16 services and shall be submitted to the council on or
17 before December 1, 2012. The plan approved by the
18 council shall be submitted to the governor and general
19 assembly on or before January 1, 2013. The plan shall
20 include but is not limited to all of the following:

21 a. Identifying clear definitions and requirements
22 for the following:

23 (1) Characteristics of the service populations.

24 (2) The array of core services to be delivered by
25 providers in a manner that promotes cost-effectiveness,
26 accessibility, and the best practices approaches.

27 (3) Outcome measures.

28 (4) Quality assurance measures.

29 (5) Provider accreditation, certification, or
30 licensure requirements.

31 b. A proposal developed in conjunction with the
32 department of public health to emphasize service
33 providers addressing co-occurring mental health,
34 intellectual disability, or substance abuse disorders.

35 c. A proposal for implementing the delivery of
36 regionally coordinated and community-based information
37 and referral, options counseling, care coordination,
38 and targeted case management services.

39 Sec. 3. CASE MANAGER LIMITATION. The department
40 of human services shall consult with a stakeholder
41 group formed by the department to develop a plan
42 and recommendations for each consumer of publicly
43 funded services in order that a single case manager
44 for all such services is provided to the consumer,
45 regardless of the numbers or types of funding streams,
46 public agencies, or private agencies associated
47 with the provision of each service. The plan and
48 recommendations are subject to approval by the
49 council on human services and shall be submitted to
50 the council on or before December 1, 2011. The plan

1 and recommendations approved by the council shall be
2 submitted to the governor and general assembly on or
3 before January 1, 2012.

4 Sec. 4. CONTINUATION OF WORKGROUP BY JUDICIAL
5 BRANCH AND DEPARTMENT OF HUMAN SERVICES. The judicial
6 branch and department of human services shall continue
7 the workgroup implemented pursuant to 2010 Iowa Acts,
8 chapter 1192, section 24, subsection 2, to improve
9 the processes for involuntary commitment for chronic
10 substance abuse under chapter 125 and serious mental
11 illness under chapter 229. The recommendations issued
12 by the workgroup shall address options to the current
13 provision of transportation by the county sheriff;
14 to the role, supervision, and funding of mental
15 health patient advocates; and for civil commitment
16 prescreening. Additional stakeholders shall be added
17 as necessary to facilitate the workgroup efforts. the
18 workgroup shall complete deliberations and submit a
19 final report providing findings and recommendations on
20 or before December 15, 2011.

21 Sec. 5. SERVICE SYSTEM DATA AND STATISTICAL
22 INFORMATION INTEGRATION. The department of human
23 services, department of public health, and the
24 community services affiliate of the Iowa state
25 association of counties shall agree on implementation
26 provisions for an integrated data and statistical
27 information system for mental health, disability
28 services, and substance abuse services. The
29 departments and affiliate shall report on the
30 integrated system to the governor, the joint
31 appropriations subcommittee on health and human
32 services, and the legislative services agency,
33 providing findings and recommendations, on or before
34 December 15, 2011.

35 Sec. 6. NEW SECTION. 225C.7A Disability services
36 system redesign savings fund.

37 1. A disability services system redesign savings
38 fund is created in the state treasury under the
39 authority of the department. Moneys credited to
40 the fund are not subject to section 8.33. Moneys
41 available in the fund for a fiscal year shall be used
42 in accordance with appropriations made by the general
43 assembly to implement disability services system
44 improvements.

45 2. Notwithstanding section 8.33, appropriations
46 made to the department for disabilities services
47 that remain unencumbered or unobligated at the close
48 of the fiscal year as a result of implementation of
49 disabilities services system efficiencies shall not
50 revert but shall be credited to the disability services

1 system redesign savings fund.

2 DIVISION II

3 APPROPRIATIONS AND CONFORMING PROVISIONS

4 Sec. 7. CONFORMING PROVISIONS. The legislative
5 services agency shall prepare a study bill for
6 consideration by the committees on human resources of
7 the senate and house of representatives for the 2012
8 legislative session, providing any necessary conforming
9 Code changes for implementation of the system redesign
10 provisions contained in this Act.

11 Sec. 8. IMPLEMENTATION. There is appropriated from
12 the general fund of the state to the department of
13 human services for the fiscal year beginning July 1,
14 2011, and ending June 30, 2012, the following amount,
15 or so much thereof as is necessary, to be used for the
16 purposes designated:

17 For costs associated with implementation of this
18 Act:

19 \$ 50,000

20 DIVISION III

21 PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

22 Sec. 9. Section 135H.1, subsection 9, Code 2011, is
23 amended to read as follows:

24 9. "*Psychiatric services*" means services provided
25 under the direction of a physician or psychiatric
26 advanced registered nurse practitioner which address
27 mental, emotional, medical, or behavioral problems.

28 Sec. 10. Section 135H.6, subsection 8, Code 2011,
29 is amended to read as follows:

30 8. The department of human services may give
31 approval to conversion of beds approved under
32 subsection 6, to beds which are specialized to provide
33 substance abuse treatment. However, the total number
34 of beds approved under subsection 6 and this subsection
35 shall not exceed four hundred thirty. Conversion of
36 beds under this subsection shall not require a revision
37 of the certificate of need issued for the psychiatric
38 institution making the conversion. Beds for children
39 who do not reside in this state and whose service costs
40 are not paid by public funds in this state are not
41 subject to the limitations on the number of beds and
42 certificate of need requirements otherwise applicable
43 under this section.

44 Sec. 11. Section 249A.31, subsection 2, Code 2011,
45 is amended to read as follows:

46 2. Effective July 1, ~~2010~~ 2012, ~~the department~~
47 ~~shall apply a cost-based reimbursement methodology~~
48 ~~for reimbursement of services provided by psychiatric~~
49 ~~medical institution for children providers shall be~~
50 reimbursed as determined in accordance with the managed

1 care contract awarded for authorizing payment for such
2 services under the medical assistance program.

3 Sec. 12. PSYCHIATRIC MEDICAL INSTITUTIONS FOR
4 CHILDREN — MANAGED CARE CONTRACT. The department of
5 human services shall issue a request for proposals
6 to procure a contractor to authorize, reimburse, and
7 manage benefits for psychiatric medical institution
8 for children services reimbursed under the medical
9 assistance program beginning July 1, 2012. The
10 department shall not procure this contract through a
11 sole source contract process or other limited selection
12 process.

13 Sec. 13. PSYCHIATRIC MEDICAL INSTITUTIONS FOR
14 CHILDREN — LEVEL 2.

15 1. For the purposes of this section, unless the
16 context otherwise requires:

17 a. "Psychiatric institution-level 1" means a
18 psychiatric medical institution for children licensed
19 under chapter 135H and receiving medical assistance
20 program reimbursement.

21 b. "Psychiatric institution-level 2" means a
22 psychiatric medical institution for children licensed
23 under chapter 135H and receiving medical assistance
24 program reimbursement and providing more intensive
25 treatment as described in this section.

26 2. The department of human services shall work
27 with the department of inspections and appeals to
28 develop a second level of care for psychiatric medical
29 institutions for children licensed under chapter
30 135H, to be known as "psychiatric institution-level
31 2" to address the needs of children in need of more
32 intensive treatment. The number of beds authorized for
33 psychiatric institution-level 2 shall not exceed 60
34 beds. The number of beds in a level 2 program shall be
35 limited to 12 beds.

36 3. The department of human services shall select
37 providers to be authorized to provide psychiatric
38 institution-level 2 beds using a request-for-proposal
39 process. The providers shall be selected and contracts
40 finalized on or before January 1, 2012. At least three
41 but not more than five providers shall be selected
42 based upon the following criteria:

43 a. Geographic accessibility.

44 b. Ability to provide needed expertise, including
45 but not limited to psychiatry, nursing, specialized
46 medical care, or specialized programming.

47 c. Ability to meet and report on standardized
48 outcome measures.

49 d. Ability to provide treatment to children whose
50 treatment needs have resulted in an out-of-state

1 placement.

2 e. Ability to transition children from
3 psychiatric institution-level 2 care to psychiatric
4 institution-level 1 care.

5 4. a. Notwithstanding any provision of law to
6 the contrary, for the fiscal year beginning July
7 1, 2011, the reimbursement rate for psychiatric
8 institution-level 1 providers shall be the actual cost
9 of care, not to exceed 103 percent of the statewide
10 average of the costs of psychiatric institution-level
11 1 providers for the fiscal year. The costs shall not
12 incorporate the uniform 5 percent reduction applied
13 to such provider rates in fiscal year 2010-2011.
14 It is the intent of the general assembly that such
15 reimbursement rates in subsequent years be recalculated
16 annually at the beginning of the fiscal year. The
17 average of the costs limitation shall not apply to the
18 psychiatric medical institution for children located at
19 the state mental health institute at Independence.

20 b. Notwithstanding any provision of law to the
21 contrary, for the fiscal year beginning July 1,
22 2011, the initial reimbursement rate for psychiatric
23 institution-level 2 providers shall be based on a
24 prospective cost of care basis, not to exceed the
25 actual cost of care for the psychiatric medical
26 institution for children located at the state mental
27 health institute at Independence. In subsequent years,
28 it is the intent of the general assembly that the
29 reimbursement rate for psychiatric institution-level
30 2 providers be the actual cost of care, not to exceed
31 103 percent of the statewide average of the costs of
32 psychiatric institution-level 2 providers for the
33 fiscal year.

34 5. The department of human services shall create
35 an oversight committee comprised of psychiatric
36 institution-level 2 providers and representatives
37 of other mental health organizations with expertise
38 in children's mental health treatment to address
39 the following issues concerning psychiatric
40 institution-level 2 providers and report to the
41 department, governor, and general assembly as needed:

42 a. Identifying the target population to be served
43 by providers.

44 b. Identifying admission and continued state
45 criteria for the providers.

46 c. Reviewing potential changes in licensing
47 standards for psychiatric institution-level 1 providers
48 in order to accommodate the higher acuity level and
49 increased treatment needs of children to be served by
50 psychiatric institution-level 2 providers.

1 d. Reviewing the children in out-of-state
2 placements with providers similar to psychiatric
3 medical institutions for children to determine which
4 children could be better served in this state by a
5 psychiatric institution-level 2 provider.
6 6. The department of human services shall annually
7 report not later than December 15 to the chairpersons
8 and ranking members of the joint appropriations
9 subcommittee on health and human services through
10 2016 regarding implementation of this section. The
11 report shall include but is not limited to information
12 on children served by both level 1 and level 2
13 providers, the types of locations to which children are
14 discharged after level 1 and level 2 treatment and the
15 community-based services available to such children,
16 and the incidence of readmission for level 1 and level
17 2 treatment within 12 months of discharge.

18 DIVISION IV

19 MEDICATION THERAPY MANAGEMENT

20 Sec. 14. NEW SECTION. **249A.20B Medication therapy**
21 **management.**

22 1. Beginning July 1, 2011, the department shall
23 utilize a request for proposals process to select an
24 entity to contract beginning July 1, 2012, for the
25 provision of medication therapy management for any
26 medical assistance program recipient who meets any of
27 the following criteria:

28 a. Is an individual who takes prescription drugs
29 to treat or prevent chronic mental illness, or is
30 an individual who takes four or more prescription
31 drugs to treat or prevent two or more chronic medical
32 conditions.

33 b. Is an individual with a prescription drug
34 therapy problem who is identified by the prescribing
35 physician or other appropriate prescriber, and referred
36 to a pharmacist for medication therapy management
37 services.

38 c. Is an individual who meets other criteria
39 established by the department.

40 2. For the initial contract period beginning
41 July 1, 2012, the primary focus shall be provision of
42 medication therapy management services to individuals
43 with chronic mental illness.

44 3. a. The contract shall require the selected
45 entity to provide annual reports to the general
46 assembly detailing the costs, savings, estimated
47 cost avoidance and return on investment, and patient
48 outcomes related to the medication therapy management
49 services provided.

50 b. The entity shall guarantee demonstrated annual

1 savings, including any savings associated with cost
2 avoidance at least equal to the medication therapy
3 management services program's costs with any shortfall
4 amount refunded to the state.

5 c. As a proof of concept in the program for the
6 initial year of the contract, the entity shall offer
7 a dollar-for-dollar guarantee for drug product costs
8 savings alone.

9 d. Prior to entering into a contract with an
10 entity, the department and the entity shall agree on
11 the terms, conditions, and applicable measurement
12 standards associated with the demonstration of savings.
13 The department shall verify that the demonstrated
14 savings reported by the entity was performed in
15 accordance with the agreed upon measurement standards.

16 e. The entity shall contract with Iowa licensed
17 pharmacies, pharmacists, or physicians to provide the
18 medication therapy management services.

19 4. The fees for pharmacist-delivered medication
20 therapy management services shall be separate from
21 the reimbursement for prescription drug product or
22 dispensing services; shall be determined under the
23 terms of the contract; and must be reasonable based
24 on the resources and time required to provide the
25 services.

26 5. A fee shall be established for physician
27 reimbursement for services delivered for medication
28 therapy management as determined under the terms of the
29 contract, and must be reasonable based on the resources
30 and time required to provide the services.

31 6. If any part of the medication therapy management
32 plan developed by a pharmacist incorporates services
33 which are outside the pharmacist's independent scope
34 of practice, including the initiation of therapy,
35 modification of dosages, therapeutic interchange, or
36 changes in drug therapy, the express authorization
37 of the individual's physician or other appropriate
38 prescriber is required.

39 7. For the purposes of this section, "*medication*
40 *therapy management*" means a systematic process
41 performed by a licensed pharmacist, designed to
42 optimize therapeutic outcomes through improved
43 medication use and reduced risk of adverse drug events
44 in order to reduce overall health care costs, including
45 all of the following services:

46 a. A medication therapy review and consultation
47 relating to all medications, vitamins, and herbal
48 supplements currently being taken by an eligible
49 individual.

50 b. A medication action plan, subject to the

1 limitations specified in this section, communicated
2 to the individual and the individual's primary care
3 physician or other appropriate prescriber to address
4 safety issues, inconsistencies, duplicative therapy,
5 omissions, and medication costs. The medication action
6 plan may include recommendations to the prescriber for
7 changes in drug therapy.

8 c. Documentation and followup to ensure consistent
9 levels of pharmacy services and positive outcomes.

10 Sec. 15. EFFECTIVE UPON ENACTMENT. This division
11 of this Act, being deemed of immediate importance,
12 takes effect upon enactment.

13 DIVISION V

14 COMMUNITY MENTAL HEALTH CENTERS

15 COMMUNITY MENTAL HEALTH CENTERS — CATCHMENT AREAS

16 Sec. 16. NEW SECTION. 230A.101 **Services system**
17 **roles.**

18 1. The role of the department of human services,
19 through the division of the department designated as
20 the state mental health authority with responsibility
21 for state policy concerning mental health and
22 disability services, is to develop and maintain
23 policies for the mental health and disability services
24 system. The policies shall address the service
25 needs of individuals of all ages with disabilities
26 in this state, regardless of the individuals' places
27 of residence or economic circumstances, and shall be
28 consistent with the requirements of chapter 225C and
29 other applicable law.

30 2. The role of community mental health centers in
31 the mental health and disability services system is
32 to provide an organized set of services in order to
33 adequately meet the mental health needs of this state's
34 citizens based on organized catchment areas.

35 Sec. 17. NEW SECTION. 230A.102 **Definitions.**

36 As used in this chapter, unless the context
37 otherwise requires:

38 1. "Administrator", "commission", "department",
39 "disability services", and "division" mean the same as
40 defined in section 225C.2.

41 2. "Catchment area" means a community mental health
42 center catchment area identified in accordance with
43 this chapter.

44 3. "Community mental health center" or "center"
45 means a community mental health center designated in
46 accordance with this chapter.

47 Sec. 18. NEW SECTION. 230A.103 **Designation of**
48 **community mental health centers.**

49 1. The division, subject to agreement by any
50 community mental health center that would provide

1 services for the catchment area and approval by the
2 commission, shall designate at least one community
3 mental health center under this chapter to serve as
4 lead agency for addressing the mental health needs of
5 the county or counties comprising the catchment area.
6 The designation process shall provide for the input
7 of potential service providers regarding designation
8 of the initial catchment area or a change in the
9 designation.

10 2. The division shall utilize objective criteria
11 for designating a community mental health center
12 to serve a catchment area and for withdrawing such
13 designation. The commission shall adopt rules
14 outlining the criteria. The criteria shall include but
15 are not limited to provisions for meeting all of the
16 following requirements:

17 a. An appropriate means shall be used for
18 determining which prospective designee is best able to
19 serve all ages of the targeted population within the
20 catchment area with minimal or no service denials.

21 b. An effective means shall be used for determining
22 the relative ability of a prospective designee to
23 appropriately provide mental health services and other
24 support to consumers residing within a catchment area
25 as well as consumers residing outside the catchment
26 area. The criteria shall address the duty for a
27 prospective designee to arrange placements outside the
28 catchment area when such placements best meet consumer
29 needs and to provide services within the catchment area
30 to consumers who reside outside the catchment area when
31 the services are necessary and appropriate.

32 3. The board of directors for a designated
33 community mental health center shall enter into
34 an agreement with the division. The terms of the
35 agreement shall include but are not limited to all of
36 the following:

37 a. The period of time the agreement will be in
38 force.

39 b. The services and other support the center will
40 offer or provide for the residents of the catchment
41 area.

42 c. The standards to be followed by the center in
43 determining whether and to what extent the persons
44 seeking services from the center shall be considered to
45 be able to pay the costs of the services.

46 d. The policies regarding availability of the
47 services offered by the center to the residents of the
48 catchment area as well as consumers residing outside
49 the catchment area.

50 e. The requirements for preparation and submission

1 to the division of annual audits, cost reports, program
2 reports, performance measures, and other financial and
3 service accountability information.

4 4. This section does not limit the authority of
5 the board or the boards of supervisors of any county
6 or group of counties to continue to expend money to
7 support operation of a center.

8 **Sec. 19. NEW SECTION. 230A.104 Catchment areas.**

9 1. The division shall collaborate with affected
10 counties in identifying community mental health center
11 catchment areas in accordance with this section.

12 2. *a.* Unless the division has determined that
13 exceptional circumstances exist, a catchment area
14 shall be served by one community mental health center.
15 The purpose of this general limitation is to clearly
16 designate the center responsible and accountable for
17 providing core mental health services to the target
18 population in the catchment area and to protect the
19 financial viability of the centers comprising the
20 mental health services system in the state.

21 *b.* A formal review process shall be used in
22 determining whether exceptional circumstances exist
23 that justify designating more than one center to
24 serve a catchment area. The criteria for the review
25 process shall include but are not limited to a means
26 of determining whether the catchment area can support
27 more than one center.

28 *c.* Criteria shall be provided that would allow
29 the designation of more than one center for all
30 or a portion of a catchment area if designation or
31 approval for more than one center was provided by the
32 division as of October 1, 2010. The criteria shall
33 require a determination that all such centers would be
34 financially viable if designation is provided for all.

35 **Sec. 20. NEW SECTION. 230A.105 Target population**
36 **— eligibility.**

37 1. The target population residing in a catchment
38 area to be served by a community mental health
39 center shall include but is not limited to all of the
40 following:

41 *a.* Individuals of any age who are experiencing a
42 mental health crisis.

43 *b.* Individuals of any age who have a mental health
44 disorder.

45 *c.* Adults who have a serious mental illness or
46 chronic mental illness.

47 *d.* Children and youth who are experiencing a
48 serious emotional disturbance.

49 *e.* Individuals described in paragraph "a", "b",
50 "c", or "d" who have a co-occurring disorder, including

1 but not limited to substance abuse, mental retardation,
2 a developmental disability, brain injury, autism
3 spectrum disorder, or another disability or special
4 health care need.

5 2. Specific eligibility criteria for members of the
6 target population shall be identified in administrative
7 rules adopted by the commission. The eligibility
8 criteria shall address both clinical and financial
9 eligibility.

10 Sec. 21. NEW SECTION. 230A.106 **Services offered.**

11 1. A community mental health center designated
12 in accordance with this chapter shall offer core
13 services and support addressing the basic mental health
14 and safety needs of the target population and other
15 residents of the catchment area served by the center
16 and may offer other services and support. The core
17 services shall be identified in administrative rules
18 adopted by the commission for this purpose.

19 2. The initial core services identified shall
20 include all of the following:

21 *a. Outpatient services.* Outpatient services shall
22 consist of evaluation and treatment services provided
23 on an ambulatory basis for the target population.
24 Outpatient services include psychiatric evaluations,
25 medication management, and individual, family, and
26 group therapy. In addition, outpatient services shall
27 include specialized outpatient services directed to the
28 following segments of the target population: children,
29 elderly, individuals who have serious and persistent
30 mental illness, and residents of the service area
31 who have been discharged from inpatient treatment
32 at a mental health facility. Outpatient services
33 shall provide elements of diagnosis, treatment, and
34 appropriate follow-up. The provision of only screening
35 and referral services does not constitute outpatient
36 services.

37 *b. Twenty-four-hour emergency services.*
38 Twenty-four-hour emergency services shall be
39 provided through a system that provides access to a
40 clinician and appropriate disposition with follow-up
41 documentation of the emergency service provided.
42 A patient shall have access to evaluation and
43 stabilization services after normal business hours.
44 The range of emergency services that shall be available
45 to a patient may include but are not limited to direct
46 contact with a clinician, medication evaluation,
47 and hospitalization. The emergency services may be
48 provided directly by the center or in collaboration
49 or affiliation with other appropriately accredited
50 providers.

1 *c. Day treatment, partial hospitalization, or*
2 *psychosocial rehabilitation services.* Such services
3 shall be provided as structured day programs in
4 segments of less than twenty-four hours using a
5 multidisciplinary team approach to develop treatment
6 plans that vary in intensity of services and the
7 frequency and duration of services based on the needs
8 of the patient. These services may be provided
9 directly by the center or in collaboration or
10 affiliation with other appropriately accredited
11 providers.

12 *d. Admission screening for voluntary patients.*
13 Admission screening services shall be available for
14 patients considered for voluntary admission to a state
15 mental health institute to determine the patient's
16 appropriateness for admission.

17 *e. Community support services.* Community support
18 services shall consist of support and treatment
19 services focused on enhancing independent functioning
20 and assisting persons in the target population who
21 have a serious and persistent mental illness to live
22 and work in their community setting, by reducing or
23 managing mental illness symptoms and the associated
24 functional disabilities that negatively impact such
25 persons' community integration and stability.

26 *f. Consultation services.* Consultation services
27 may include provision of professional assistance and
28 information about mental health and mental illness to
29 individuals, service providers, or groups to increase
30 such persons' effectiveness in carrying out their
31 responsibilities for providing services. Consultations
32 may be case-specific or program-specific.

33 *g. Education services.* Education services may
34 include information and referral services regarding
35 available resources and information and training
36 concerning mental health, mental illness, availability
37 of services and other support, the promotion
38 of mental health, and the prevention of mental
39 illness. Education services may be made available to
40 individuals, groups, organizations, and the community
41 in general.

42 3. A community mental health center shall be
43 responsible for coordinating with associated services
44 provided by other unaffiliated agencies to members
45 of the target population in the catchment area and
46 to integrate services in the community with services
47 provided to the target population in residential or
48 inpatient settings.

49 Sec. 22. NEW SECTION. 230A.107 Form of
50 organization.

1 1. Except as authorized in subsection 2, a
2 community mental health center designated in accordance
3 with this chapter shall be organized and administered
4 as a nonprofit corporation.

5 2. A for-profit corporation, nonprofit corporation,
6 or county hospital providing mental health services to
7 county residents pursuant to a waiver approved under
8 section 225C.7, subsection 3, Code 2011, as of October
9 1, 2010, may also be designated as a community mental
10 health center.

11 **Sec. 23. NEW SECTION. 230A.108 Administrative,**
12 **diagnostic, and demographic information.**

13 Release of administrative and diagnostic
14 information, as defined in section 228.1, and
15 demographic information necessary for aggregated
16 reporting to meet the data requirements established by
17 the division, relating to an individual who receives
18 services from a community mental health center, may
19 be made a condition of support of that center by the
20 division.

21 **Sec. 24. NEW SECTION. 230A.109 Funding —**
22 **legislative intent.**

23 1. It is the intent of the general assembly that
24 public funding for community mental health centers
25 designated in accordance with this chapter shall be
26 provided as a combination of federal and state funding.

27 2. It is the intent of the general assembly that
28 the state funding provided to centers be a sufficient
29 amount for the core services and support addressing the
30 basic mental health and safety needs of the residents
31 of the catchment area served by each center to be
32 provided regardless of individual ability to pay for
33 the services and support.

34 3. While a community mental health center must
35 comply with the core services requirements and other
36 standards associated with designation, provision of
37 services is subject to the availability of a payment
38 source for the services.

39 **Sec. 25. NEW SECTION. 230A.110 Standards.**

40 1. The division shall recommend and the commission
41 shall adopt standards for designated community
42 mental health centers and comprehensive community
43 mental health programs, with the overall objective of
44 ensuring that each center and each affiliate providing
45 services under contract with a center furnishes
46 high-quality mental health services within a framework
47 of accountability to the community it serves. The
48 standards adopted shall be in substantial conformity
49 with the applicable behavioral health standards
50 adopted by the joint commission, formerly known as

1 the joint commission on accreditation of health care
2 organizations, and other recognized national standards
3 for evaluation of psychiatric facilities unless in
4 the judgment of the division, with approval of the
5 commission, there are sound reasons for departing from
6 the standards.

7 2. When recommending standards under this section,
8 the division shall designate an advisory committee
9 representing boards of directors and professional
10 staff of designated community mental health centers to
11 assist in the formulation or revision of standards.
12 The membership of the advisory committee shall include
13 representatives of professional and nonprofessional
14 staff and other appropriate individuals.

15 3. The standards recommended under this section
16 shall include requirements that each community mental
17 health center designated under this chapter do all of
18 the following:

19 a. Maintain and make available to the public a
20 written statement of the services the center offers
21 to residents of the catchment area being served. The
22 center shall employ or contract for services with
23 affiliates to employ staff who are appropriately
24 credentialed or meet other qualifications in order to
25 provide services.

26 b. If organized as a nonprofit corporation, be
27 governed by a board of directors which adequately
28 represents interested professions, consumers of
29 the center's services, socioeconomic, cultural, and
30 age groups, and various geographical areas in the
31 catchment area served by the center. If organized
32 as a for-profit corporation, the corporation's policy
33 structure shall incorporate such representation.

34 c. Arrange for the financial condition and
35 transactions of the community mental health center to
36 be audited once each year by the auditor of state.
37 However, in lieu of an audit by state accountants,
38 the local governing body of a community mental health
39 center organized under this chapter may contract with
40 or employ certified public accountants to conduct the
41 audit, pursuant to the applicable terms and conditions
42 prescribed by sections 11.6 and 11.19 and audit format
43 prescribed by the auditor of state. Copies of each
44 audit shall be furnished by the accountant to the
45 administrator of the division of mental health and
46 disability services.

47 d. Comply with the accreditation standards
48 applicable to the center.

49 **Sec. 26. NEW SECTION. 230A.111 Review and**
50 **evaluation.**

1 1. The review and evaluation of designated centers
2 shall be performed through a formal accreditation
3 review process as recommended by the division and
4 approved by the commission. The accreditation process
5 shall include all of the following:

6 a. Specific time intervals for full accreditation
7 reviews based upon levels of accreditation.

8 b. Use of random or complaint-specific, on-site
9 limited accreditation reviews in the interim between
10 full accreditation reviews, as a quality review
11 approach. The results of such reviews shall be
12 presented to the commission.

13 c. Use of center accreditation self-assessment
14 tools to gather data regarding quality of care and
15 outcomes, whether used during full or limited reviews
16 or at other times.

17 2. The accreditation process shall include but is
18 not limited to addressing all of the following:

19 a. Measures to address centers that do not meet
20 standards, including authority to revoke accreditation.

21 b. Measures to address noncompliant centers that
22 do not develop a corrective action plan or fail to
23 implement steps included in a corrective action plan
24 accepted by the division.

25 c. Measures to appropriately recognize centers that
26 successfully complete a corrective action plan.

27 d. Criteria to determine when a center's
28 accreditation should be denied, revoked, suspended, or
29 made provisional.

30 Sec. 27. REPEAL. Sections 230A.1 through 230A.18,
31 Code 2011, are repealed.

32 Sec. 28. IMPLEMENTATION — EFFECTIVE DATE.

33 1. Community mental health centers operating
34 under the provisions of chapter 230A, Code 2011, and
35 associated standards, rules, and other requirements as
36 of June 30, 2012, may continue to operate under such
37 requirements until the department of human services,
38 division of mental health and disability services, and
39 the mental health and disability services commission
40 have completed the rules adoption process to implement
41 the amendments to chapter 230A enacted by this Act,
42 identified catchment areas, and completed designations
43 of centers.

44 2. The division and the commission shall complete
45 the rules adoption process and other requirements
46 addressed in subsection 1 on or before June 30, 2012.

47 3. Except for this section, which shall take effect
48 July 1, 2011, this division of this Act takes effect
49 July 1, 2012.>

50 DIVISION VI

1 PERSONS WITH SUBSTANCE-RELATED DISORDERS
2 AND PERSONS WITH MENTAL ILLNESS

3 Sec. 29. Section 125.1, subsection 1, Code 2011, is
4 amended to read as follows:

5 1. ~~That substance abusers and persons suffering~~
6 from chemical dependency persons with substance-related
7 disorders be afforded the opportunity to receive
8 quality treatment and directed into rehabilitation
9 services which will help them resume a socially
10 acceptable and productive role in society.

11 Sec. 30. Section 125.2, subsection 2, Code 2011, is
12 amended by striking the subsection.

13 Sec. 31. Section 125.2, subsection 5, Code 2011,
14 is amended by striking the subsection and inserting in
15 lieu thereof the following:

16 5. "*Substance-related disorder*" means a diagnosable
17 substance abuse disorder of sufficient duration to meet
18 diagnostic criteria specified within the most current
19 diagnostic and statistical manual of mental disorders
20 published by the American psychiatric association that
21 results in a functional impairment.

22 Sec. 32. Section 125.2, subsection 9, Code 2011, is
23 amended to read as follows:

24 9. "*Facility*" means an institution, a
25 detoxification center, or an installation providing
26 care, maintenance and treatment for ~~substance abusers~~
27 persons with substance-related disorders licensed
28 by the department under section 125.13, hospitals
29 licensed under chapter 135B, or the state mental health
30 institutes designated by chapter 226.

31 Sec. 33. Section 125.2, subsections 13, 17, and 18,
32 Code 2011, are amended by striking the subsections.

33 Sec. 34. Section 125.9, subsections 2 and 4, Code
34 2011, are amended to read as follows:

35 2. Make contracts necessary or incidental to the
36 performance of the duties and the execution of the
37 powers of the director, including contracts with public
38 and private agencies, organizations and individuals
39 to pay them for services rendered or furnished to
40 ~~substance abusers, chronic substance abusers, or~~
41 intoxicated persons persons with substance-related
42 disorders.

43 4. Coordinate the activities of the department and
44 cooperate with substance abuse programs in this and
45 other states, and make contracts and other joint or
46 cooperative arrangements with state, local or private
47 agencies in this and other states for the treatment
48 of ~~substance abusers, chronic substance abusers, and~~
49 intoxicated persons persons with substance-related
50 disorders and for the common advancement of substance

1 abuse programs.

2 Sec. 35. Section 125.10, subsections 2, 3, 4, 5,
3 7, 8, 9, 11, 13, 15, and 17, Code 2011, are amended to
4 read as follows:

5 2. Develop, encourage, and foster statewide,
6 regional and local plans and programs for the
7 prevention of substance ~~abuse~~ misuse and the treatment
8 of ~~substance abusers, chronic substance abusers, and~~
9 ~~intoxicated persons~~ persons with substance-related
10 disorders in cooperation with public and private
11 agencies, organizations and individuals, and provide
12 technical assistance and consultation services for
13 these purposes.

14 3. Coordinate the efforts and enlist the assistance
15 of all public and private agencies, organizations and
16 individuals interested in the prevention of substance
17 abuse and the treatment of ~~substance abusers, chronic~~
18 ~~substance abusers, and intoxicated persons~~ persons with
19 substance-related disorders.

20 4. Cooperate with the department of human
21 services and the Iowa department of public health
22 in establishing and conducting programs to provide
23 treatment for ~~substance abusers, chronic substance~~
24 ~~abusers, and intoxicated persons~~ persons with
25 substance-related disorders.

26 5. Cooperate with the department of education,
27 boards of education, schools, police departments,
28 courts, and other public and private agencies,
29 organizations, and individuals in establishing programs
30 for the prevention of substance abuse and the treatment
31 of ~~substance abusers, chronic substance abusers, and~~
32 ~~intoxicated persons~~ persons with substance-related
33 disorders, and in preparing relevant curriculum
34 materials for use at all levels of school education.

35 7. Develop and implement, as an integral part
36 of treatment programs, an educational program for
37 use in the treatment of ~~substance abusers, chronic~~
38 ~~substance abusers, and intoxicated persons~~ persons
39 with substance-related disorders, which program shall
40 include the dissemination of information concerning the
41 nature and effects of ~~chemical~~ substances.

42 8. Organize and implement, in cooperation with
43 local treatment programs, training programs for all
44 persons engaged in treatment of ~~substance abusers,~~
45 ~~chronic substance abusers, and intoxicated persons~~
46 persons with substance-related disorders.

47 9. Sponsor and implement research in cooperation
48 with local treatment programs into the causes and
49 nature of substance ~~abuse~~ misuse and treatment of
50 ~~substance abusers, chronic substance abusers, and~~

1 ~~intoxicated persons~~ persons with substance-related
2 disorders, and serve as a clearing house for
3 information relating to substance abuse.

4 11. Develop and implement, with the counsel and
5 approval of the board, the comprehensive plan for
6 treatment of ~~substance abusers, chronic substance~~
7 ~~abusers, and intoxicated persons~~ persons with
8 substance-related disorders in accordance with this
9 chapter.

10 13. Utilize the support and assistance of
11 interested persons in the community, particularly
12 ~~recovered substance abusers and chronic substance~~
13 ~~abusers,~~ persons who have recovered from
14 substance-related disorders to encourage ~~substance~~
15 ~~abusers and chronic substance abusers~~ persons with
16 substance-related disorders to voluntarily undergo
17 treatment.

18 15. Encourage general hospitals and other
19 appropriate health facilities to admit without
20 discrimination ~~substance abusers, chronic substance~~
21 ~~abusers, and intoxicated persons~~ persons with
22 substance-related disorders and to provide them with
23 adequate and appropriate treatment. The director may
24 negotiate and implement contracts with hospitals and
25 other appropriate health facilities with adequate
26 detoxification facilities.

27 17. Review all state health, welfare, education and
28 treatment proposals to be submitted for federal funding
29 under federal legislation, and advise the governor on
30 provisions to be included relating to substance abuse,
31 ~~substance abusers, chronic substance abusers, and~~
32 ~~intoxicated persons~~ and persons with substance-related
33 disorders.

34 Sec. 36. Section 125.12, subsections 1 and 3, Code
35 2011, are amended to read as follows:

36 1. The board shall review the comprehensive
37 substance abuse program implemented by the department
38 for the treatment of ~~substance abusers, chronic~~
39 ~~substance abusers, intoxicated persons~~ persons with
40 substance-related disorders, and concerned family
41 members. Subject to the review of the board, the
42 director shall divide the state into appropriate
43 regions for the conduct of the program and establish
44 standards for the development of the program on
45 the regional level. In establishing the regions,
46 consideration shall be given to city and county lines,
47 population concentrations, and existing substance abuse
48 treatment services.

49 3. The director shall provide for adequate and
50 appropriate treatment for ~~substance abusers, chronic~~

1 ~~substance abusers, intoxicated persons~~ persons with
2 substance-related disorders, and concerned family
3 members admitted under sections 125.33 and 125.34, or
4 under section 125.75, 125.81, or 125.91. Treatment
5 shall not be provided at a correctional institution
6 except for inmates.

7 Sec. 37. Section 125.13, subsection 1, paragraph a,
8 Code 2011, is amended to read as follows:

9 a. Except as provided in subsection 2, a person
10 shall not maintain or conduct any chemical substitutes
11 or antagonists program, residential program, or
12 nonresidential outpatient program, the primary purpose
13 of which is the treatment and rehabilitation of
14 ~~substance abusers or chronic substance abusers~~ persons
15 with substance-related disorders without having first
16 obtained a written license for the program from the
17 department.

18 Sec. 38. Section 125.13, subsection 2, paragraphs a
19 and c, Code 2011, are amended to read as follows:

20 a. A hospital providing care or treatment to
21 ~~substance abusers or chronic substance abusers~~ persons
22 with substance-related disorders licensed under chapter
23 135B which is accredited by the joint commission
24 on the accreditation of health care organizations,
25 the commission on accreditation of rehabilitation
26 facilities, the American osteopathic association, or
27 another recognized organization approved by the board.
28 All survey reports from the accrediting or licensing
29 body must be sent to the department.

30 c. Private institutions conducted by and
31 for persons who adhere to the faith of any well
32 recognized church or religious denomination for the
33 purpose of providing care, treatment, counseling,
34 or rehabilitation to ~~substance abusers or chronic~~
35 ~~substance abusers~~ persons with substance-related
36 disorders and who rely solely on prayer or other
37 spiritual means for healing in the practice of religion
38 of such church or denomination.

39 Sec. 39. Section 125.15, Code 2011, is amended to
40 read as follows:

41 **125.15 Inspections.**

42 The department may inspect the facilities and review
43 the procedures utilized by any chemical substitutes
44 or antagonists program, residential program, or
45 nonresidential outpatient program that has as a
46 primary purpose the treatment and rehabilitation of
47 ~~substance abusers or chronic substance abusers~~ persons
48 with substance-related disorders, for the purpose of
49 ensuring compliance with this chapter and the rules
50 adopted pursuant to this chapter. The examination

1 and review may include case record audits and
2 interviews with staff and patients, consistent with the
3 confidentiality safeguards of state and federal law.

4 Sec. 40. Section 125.32, unnumbered paragraph 1,
5 Code 2011, is amended to read as follows:

6 The department shall adopt and may amend and repeal
7 rules for acceptance of persons into the treatment
8 program, subject to chapter 17A, considering available
9 treatment resources and facilities, for the purpose of
10 early and effective treatment of ~~substance abusers,~~
11 ~~chronic substance abusers, intoxicated persons, persons~~
12 with substance-related disorders and concerned family
13 members. In establishing the rules the department
14 shall be guided by the following standards:

15 Sec. 41. Section 125.33, subsections 1, 3, and 4,
16 Code 2011, are amended to read as follows:

17 1. A ~~substance abuser or chronic substance abuser~~
18 person with a substance-related disorder may apply
19 for voluntary treatment or rehabilitation services
20 directly to a facility or to a licensed physician and
21 surgeon or osteopathic physician and surgeon. If the
22 proposed patient is a minor or an incompetent person, a
23 parent, a legal guardian or other legal representative
24 may make the application. The licensed physician
25 and surgeon or osteopathic physician and surgeon or
26 any employee or person acting under the direction or
27 supervision of the physician and surgeon or osteopathic
28 physician and surgeon, or the facility shall not
29 report or disclose the name of the person or the fact
30 that treatment was requested or has been undertaken
31 to any law enforcement officer or law enforcement
32 agency; nor shall such information be admissible as
33 evidence in any court, grand jury, or administrative
34 proceeding unless authorized by the person seeking
35 treatment. If the person seeking such treatment or
36 rehabilitation is a minor who has personally made
37 application for treatment, the fact that the minor
38 sought treatment or rehabilitation or is receiving
39 treatment or rehabilitation services shall not be
40 reported or disclosed to the parents or legal guardian
41 of such minor without the minor's consent, and the
42 minor may give legal consent to receive such treatment
43 and rehabilitation.

44 3. A ~~substance abuser or chronic substance abuser~~
45 person with a substance-related disorder seeking
46 treatment or rehabilitation and who is either addicted
47 or dependent on a chemical substance may first be
48 examined and evaluated by a licensed physician and
49 surgeon or osteopathic physician and surgeon who may
50 prescribe a proper course of treatment and medication,

1 if needed. The licensed physician and surgeon
2 or osteopathic physician and surgeon may further
3 prescribe a course of treatment or rehabilitation
4 and authorize another licensed physician and surgeon
5 or osteopathic physician and surgeon or facility to
6 provide the prescribed treatment or rehabilitation
7 services. Treatment or rehabilitation services may
8 be provided to a person individually or in a group.
9 A facility providing or engaging in treatment or
10 rehabilitation shall not report or disclose to a law
11 enforcement officer or law enforcement agency the name
12 of any person receiving or engaged in the treatment
13 or rehabilitation; nor shall a person receiving or
14 participating in treatment or rehabilitation report
15 or disclose the name of any other person engaged in
16 or receiving treatment or rehabilitation or that the
17 program is in existence, to a law enforcement officer
18 or law enforcement agency. Such information shall
19 not be admitted in evidence in any court, grand jury,
20 or administrative proceeding. However, a person
21 engaged in or receiving treatment or rehabilitation
22 may authorize the disclosure of the person's name and
23 individual participation.

24 4. If a patient receiving inpatient or residential
25 care leaves a facility, the patient shall be encouraged
26 to consent to appropriate outpatient or halfway house
27 treatment. If it appears to the administrator in
28 charge of the facility that the patient is a ~~substance~~
29 ~~abuser or chronic substance abuser~~ person with a
30 substance-related disorder who requires help, the
31 director may arrange for assistance in obtaining
32 supportive services.

33 Sec. 42. Section 125.34, Code 2011, is amended to
34 read as follows:

35 **125.34 Treatment and services for intoxicated**
36 **~~persons and persons incapacitated by alcohol~~ persons**
37 **with substance-related disorders due to intoxication and**
38 **substance-induced incapacitation.**

39 ~~An intoxicated~~ A person with a substance-related
40 disorder due to intoxication or substance-induced
41 incapacitation may come voluntarily to a facility
42 for emergency treatment. A person who appears to be
43 intoxicated or incapacitated by a ~~chemical~~ substance
44 in a public place and in need of help may be taken to a
45 facility by a peace officer under section 125.91. If
46 the person refuses the proffered help, the person may
47 be arrested and charged with intoxication under section
48 123.46, if applicable.

49 2. If no facility is readily available the
50 person may be taken to an emergency medical service

1 customarily used for incapacitated persons. The
2 peace officer in detaining the person and in taking
3 the person to a facility shall make every reasonable
4 effort to protect the person's health and safety. In
5 detaining the person the detaining officer may take
6 reasonable steps for self-protection. Detaining a
7 person under section 125.91 is not an arrest and no
8 entry or other record shall be made to indicate that
9 the person who is detained has been arrested or charged
10 with a crime.

11 3. A person who arrives at a facility and
12 voluntarily submits to examination shall be examined
13 by a licensed physician as soon as possible after the
14 person arrives at the facility. The person may then
15 be admitted as a patient or referred to another health
16 facility. The referring facility shall arrange for
17 transportation.

18 4. If a person is voluntarily admitted to a
19 facility, the person's family or next of kin shall be
20 notified as promptly as possible. If an adult patient
21 who is not incapacitated requests that there be no
22 notification, the request shall be respected.

23 5. A peace officer who acts in compliance with
24 this section is acting in the course of the officer's
25 official duty and is not criminally or civilly liable
26 therefor, unless such acts constitute willful malice
27 or abuse.

28 6. If the physician in charge of the facility
29 determines it is for the patient's benefit, the patient
30 shall be encouraged to agree to further diagnosis and
31 appropriate voluntary treatment.

32 7. A licensed physician and surgeon or osteopathic
33 physician and surgeon, facility administrator, or an
34 employee or a person acting as or on behalf of the
35 facility administrator, is not criminally or civilly
36 liable for acts in conformity with this chapter, unless
37 the acts constitute willful malice or abuse.

38 Sec. 43. Section 125.43, Code 2011, is amended to
39 read as follows:

40 **125.43 Funding at mental health institutes.**

41 Chapter 230 governs the determination of the
42 costs and payment for treatment provided to ~~substance~~
43 ~~abusers or chronic substance abusers~~ persons with
44 substance-related disorders in a mental health
45 institute under the department of human services,
46 except that the charges are not a lien on real estate
47 owned by persons legally liable for support of the
48 ~~substance abuser or chronic substance abuser person~~
49 with a substance-related disorder and the daily per
50 diem shall be billed at twenty-five percent. The

1 superintendent of a state hospital shall total only
2 those expenditures which can be attributed to the
3 cost of providing inpatient treatment to ~~substance~~
4 ~~abusers or chronic substance abusers~~ persons with
5 substance-related disorders for purposes of determining
6 the daily per diem. Section 125.44 governs the
7 determination of who is legally liable for the cost
8 of care, maintenance, and treatment of a ~~substance~~
9 ~~abuser or chronic substance abuser~~ person with a
10 substance-related disorder and of the amount for which
11 the person is liable.

12 Sec. 44. Section 125.43A, Code 2011, is amended to
13 read as follows:

14 **125.43A Prescreening — exception.**

15 Except in cases of medical emergency or
16 court-ordered admissions, a person shall be admitted
17 to a state mental health institute for substance
18 abuse treatment only after a preliminary intake and
19 assessment by a department-licensed treatment facility
20 or a hospital providing care or treatment for ~~substance~~
21 ~~abusers~~ persons with substance-related disorders
22 licensed under chapter 135B and accredited by the
23 joint commission on the accreditation of health care
24 organizations, the commission on accreditation of
25 rehabilitation facilities, the American osteopathic
26 association, or another recognized organization
27 approved by the board, or by a designee of a
28 department-licensed treatment facility or a hospital
29 other than a state mental health institute, which
30 confirms that the admission is appropriate to the
31 person's substance abuse service needs. A county board
32 of supervisors may seek an admission of a patient
33 to a state mental health institute who has not been
34 confirmed for appropriate admission and the county
35 shall be responsible for one hundred percent of the
36 cost of treatment and services of the patient.

37 Sec. 45. Section 125.44, Code 2011, is amended to
38 read as follows:

39 **125.44 Agreements with facilities — liability for**
40 **costs.**

41 The director may, consistent with the comprehensive
42 substance abuse program, enter into written
43 agreements with a facility as defined in section
44 125.2 to pay for one hundred percent of the cost of
45 the care, maintenance, and treatment of ~~substance~~
46 ~~abusers and chronic substance abusers~~ persons with
47 substance-related disorders, except when section
48 125.43A applies. All payments for state patients shall
49 be made in accordance with the limitations of this
50 section. Such contracts shall be for a period of no

1 more than one year.

2 The contract may be in the form and contain
3 provisions as agreed upon by the parties. The contract
4 shall provide that the facility shall admit and
5 ~~treat substance abusers and chronic substance abusers~~
6 persons with substance-related disorders regardless
7 of where they have residence. If one payment for
8 care, maintenance, and treatment is not made by the
9 patient or those legally liable for the patient, the
10 payment shall be made by the department directly to
11 the facility. Payments shall be made each month and
12 shall be based upon the rate of payment for services
13 negotiated between the department and the contracting
14 facility. If a facility projects a temporary cash flow
15 deficit, the department may make cash advances at the
16 beginning of each fiscal year to the facility. The
17 repayment schedule for advances shall be part of the
18 contract between the department and the facility. This
19 section does not pertain to patients treated at the
20 mental health institutes.

21 If the appropriation to the department is
22 insufficient to meet the requirements of this section,
23 the department shall request a transfer of funds and
24 section 8.39 shall apply.

25 The ~~substance abuser or chronic substance abuser~~
26 person with a substance-related disorder is legally
27 liable to the facility for the total amount of the cost
28 of providing care, maintenance, and treatment for the
29 ~~substance abuser or chronic substance abuser~~ person
30 with a substance-related disorder while a voluntary or
31 committed patient in a facility. This section does not
32 prohibit any individual from paying any portion of the
33 cost of treatment.

34 The department is liable for the cost of
35 care, treatment, and maintenance of ~~substance~~
36 ~~abusers and chronic substance abusers~~ persons with
37 substance-related disorders admitted to the facility
38 voluntarily or pursuant to section 125.75, 125.81,
39 or 125.91 or section 321J.3 or 124.409 only to those
40 facilities that have a contract with the department
41 under this section, only for the amount computed
42 according to and within the limits of liability
43 prescribed by this section, and only when the ~~substance~~
44 ~~abuser or chronic substance abuser~~ person with a
45 substance-related disorder is unable to pay the costs
46 and there is no other person, firm, corporation, or
47 insurance company bound to pay the costs.

48 The department's maximum liability for the costs
49 of care, treatment, and maintenance of ~~substance~~
50 ~~abusers and chronic substance abusers~~ persons with

1 substance-related disorders in a contracting facility
2 is limited to the total amount agreed upon by the
3 parties and specified in the contract under this
4 section.

5 Sec. 46. Section 125.46, Code 2011, is amended to
6 read as follows:

7 **125.46 County of residence determined.**

8 The facility shall, when a ~~substance abuser~~
9 or chronic substance abuser person with a
10 substance-related disorder is admitted, or as
11 soon thereafter as it receives the proper information,
12 determine and enter upon its records the Iowa county of
13 residence of the ~~substance abuser or chronic substance~~
14 abuser person with a substance-related disorder, or
15 that the person resides in some other state or country,
16 or that the person is unclassified with respect to
17 residence.

18 Sec. 47. Section 125.75, unnumbered paragraph 1,
19 Code 2011, is amended to read as follows:

20 Proceedings for the involuntary commitment or
21 treatment of a ~~chronic substance abuser person with~~
22 a substance-related disorder to a facility may be
23 commenced by the county attorney or an interested
24 person by filing a verified application with the
25 clerk of the district court of the county where
26 the respondent is presently located or which is
27 the respondent's place of residence. The clerk or
28 the clerk's designee shall assist the applicant in
29 completing the application. The application shall:

30 Sec. 48. Section 125.75, subsection 1, Code 2011,
31 is amended to read as follows:

32 1. State the applicant's belief that the
33 respondent is a ~~chronic substance abuser person with a~~
34 substance-related disorder.

35 Sec. 49. Section 125.80, subsections 3 and 4, Code
36 2011, are amended to read as follows:

37 3. If the report of a court-designated physician
38 is to the effect that the respondent is not a ~~chronic~~
39 substance abuser person with a substance-related
40 disorder, the court, without taking further action, may
41 terminate the proceeding and dismiss the application on
42 its own motion and without notice.

43 4. If the report of a court-designated physician
44 is to the effect that the respondent is a ~~chronic~~
45 substance abuser person with a substance-related
46 disorder, the court shall schedule a commitment
47 hearing as soon as possible. The hearing shall be
48 held not more than forty-eight hours after the report
49 is filed, excluding Saturdays, Sundays, and holidays,
50 unless an extension for good cause is requested by

1 the respondent, or as soon thereafter as possible if
2 the court considers that sufficient grounds exist for
3 delaying the hearing.

4 Sec. 50. Section 125.81, subsection 1, Code 2011,
5 is amended to read as follows:

6 1. If a person filing an application requests that
7 a respondent be taken into immediate custody, and the
8 court upon reviewing the application and accompanying
9 documentation, finds probable cause to believe that the
10 respondent is a ~~chronic substance abuser~~ person with
11 a substance-related disorder who is likely to injure
12 the person or other persons if allowed to remain at
13 liberty, the court may enter a written order directing
14 that the respondent be taken into immediate custody
15 by the sheriff, and be detained until the commitment
16 hearing, which shall be held no more than five days
17 after the date of the order, except that if the fifth
18 day after the date of the order is a Saturday, Sunday,
19 or a holiday, the hearing may be held on the next
20 business day. The court may order the respondent
21 detained for the period of time until the hearing is
22 held, and no longer except as provided in section
23 125.88, in accordance with subsection 2, paragraph
24 "a", if possible, and if not, then in accordance with
25 subsection 2, paragraph "b", or, only if neither of
26 these alternatives is available in accordance with
27 subsection 2, paragraph "c".

28 Sec. 51. Section 125.82, subsection 4, Code 2011,
29 is amended to read as follows:

30 4. The respondent's welfare is paramount, and the
31 hearing shall be tried as a civil matter and conducted
32 in as informal a manner as is consistent with orderly
33 procedure. Discovery as permitted under the Iowa rules
34 of civil procedure is available to the respondent. The
35 court shall receive all relevant and material evidence,
36 but the court is not bound by the rules of evidence.
37 A presumption in favor of the respondent exists, and
38 the burden of evidence and support of the contentions
39 made in the application shall be upon the person who
40 filed the application. If upon completion of the
41 hearing the court finds that the contention that the
42 respondent is a ~~chronic substance abuser~~ person with a
43 substance-related disorder has not been sustained by
44 clear and convincing evidence, the court shall deny the
45 application and terminate the proceeding.

46 Sec. 52. Section 125.83, Code 2011, is amended to
47 read as follows:

48 **125.83 Placement for evaluation.**

49 If upon completion of the commitment hearing,
50 the court finds that the contention that the

1 respondent is a chronic substance abuser person with
2 a substance-related disorder has been sustained by
3 clear and convincing evidence, the court shall order
4 the respondent placed at a facility or under the
5 care of a suitable facility on an outpatient basis as
6 expeditiously as possible for a complete evaluation
7 and appropriate treatment. The court shall furnish to
8 the facility at the time of admission or outpatient
9 placement, a written statement of facts setting forth
10 the evidence on which the finding is based. The
11 administrator of the facility shall report to the court
12 no more than fifteen days after the individual is
13 admitted to or placed under the care of the facility,
14 which shall include the chief medical officer's
15 recommendation concerning substance abuse treatment.
16 An extension of time may be granted for a period not
17 to exceed seven days upon a showing of good cause. A
18 copy of the report shall be sent to the respondent's
19 attorney who may contest the need for an extension of
20 time if one is requested. If the request is contested,
21 the court shall make an inquiry as it deems appropriate
22 and may either order the respondent released from
23 the facility or grant extension of time for further
24 evaluation. If the administrator fails to report to
25 the court within fifteen days after the individual is
26 admitted to the facility, and no extension of time has
27 been requested, the administrator is guilty of contempt
28 and shall be punished under chapter 665. The court
29 shall order a rehearing on the application to determine
30 whether the respondent should continue to be held at
31 the facility.

32 Sec. 53. Section 125.83A, subsection 1, Code 2011,
33 is amended to read as follows:

34 1. If upon completion of the commitment hearing,
35 the court finds that the contention that the
36 respondent is a chronic substance abuser person with a
37 substance-related disorder has been sustained by clear
38 and convincing evidence, and the court is furnished
39 evidence that the respondent is eligible for care
40 and treatment in a facility operated by the United
41 States department of veterans affairs or another
42 agency of the United States government and that the
43 facility is willing to receive the respondent, the
44 court may so order. The respondent, when so placed in
45 a facility operated by the United States department
46 of veterans affairs or another agency of the United
47 States government within or outside of this state,
48 shall be subject to the rules of the United States
49 department of veterans affairs or other agency, but
50 shall not lose any procedural rights afforded the

1 respondent by this chapter. The chief officer of the
2 facility shall have, with respect to the respondent
3 so placed, the same powers and duties as the chief
4 medical officer of a hospital in this state would
5 have in regard to submission of reports to the court,
6 retention of custody, transfer, convalescent leave, or
7 discharge. Jurisdiction is retained in the court to
8 maintain surveillance of the respondent's treatment and
9 care, and at any time to inquire into the respondent's
10 condition and the need for continued care and custody.

11 Sec. 54. Section 125.84, subsections 2, 3, and 4,
12 Code 2011, are amended to read as follows:

13 2. That the respondent is a ~~chronic substance~~
14 abuser person with a substance-related disorder who
15 is in need of full-time custody, care, and treatment
16 in a facility, and is considered likely to benefit
17 from treatment. If the report so states, the court
18 shall enter an order which may require the respondent's
19 continued placement and commitment to a facility for
20 appropriate treatment.

21 3. That the respondent is a ~~chronic substance~~
22 abuser person with a substance-related disorder who is
23 in need of treatment, but does not require full-time
24 placement in a facility. If the report so states,
25 the report shall include the chief medical officer's
26 recommendation for treatment of the respondent on an
27 outpatient or other appropriate basis, and the court
28 shall enter an order which may direct the respondent to
29 submit to the recommended treatment. The order shall
30 provide that if the respondent fails or refuses to
31 submit to treatment, as directed by the court's order,
32 the court may order that the respondent be taken into
33 immediate custody as provided by section 125.81 and,
34 following notice and hearing held in accordance with
35 the procedures of sections 125.77 and 125.82, may order
36 the respondent treated as a patient requiring full-time
37 custody, care, and treatment as provided in subsection
38 2, and may order the respondent involuntarily committed
39 to a facility.

40 4. That the respondent is a ~~chronic substance~~
41 abuser person with a substance-related disorder who is
42 in need of treatment, but in the opinion of the chief
43 medical officer is not responding to the treatment
44 provided. If the report so states, the report shall
45 include the facility administrator's recommendation
46 for alternative placement, and the court shall enter
47 an order which may direct the respondent's transfer
48 to the recommended placement or to another placement
49 after consultation with respondent's attorney and the
50 facility administrator who made the report under this

1 subsection.

2 Sec. 55. Section 125.91, subsections 1, 2, and 3,
3 Code 2011, are amended to read as follows:

4 1. The procedure prescribed by this section
5 shall only be used for ~~an intoxicated~~ a person with
6 a substance-related disorder due to intoxication or
7 substance-induced incapacitation who has threatened,
8 attempted, or inflicted physical self-harm or harm on
9 another, and is likely to inflict physical self-harm or
10 harm on another unless immediately detained, or who is
11 incapacitated by a ~~chemical~~ substance, if that person
12 cannot be taken into immediate custody under sections
13 125.75 and 125.81 because immediate access to the court
14 is not possible.

15 2. a. A peace officer who has reasonable
16 grounds to believe that the circumstances described
17 in subsection 1 are applicable may, without a
18 warrant, take or cause that person to be taken to the
19 nearest available facility referred to in section
20 125.81, subsection 2, paragraph "b" or "c". Such
21 ~~an intoxicated or incapacitated~~ a person with a
22 substance-related disorder due to intoxication or
23 substance-induced incapacitation who also demonstrates
24 a significant degree of distress or dysfunction may
25 also be delivered to a facility by someone other than
26 a peace officer upon a showing of reasonable grounds.
27 Upon delivery of the person to a facility under this
28 section, the examining physician may order treatment
29 of the person, but only to the extent necessary to
30 preserve the person's life or to appropriately control
31 the person's behavior if the behavior is likely to
32 result in physical injury to the person or others
33 if allowed to continue. The peace officer or other
34 person who delivered the person to the facility
35 shall describe the circumstances of the matter to
36 the examining physician. If the person is a peace
37 officer, the peace officer may do so either in person
38 or by written report. If the examining physician has
39 reasonable grounds to believe that the circumstances in
40 subsection 1 are applicable, the examining physician
41 shall at once communicate with the nearest available
42 magistrate as defined in section 801.4, subsection 10.
43 The magistrate shall, based upon the circumstances
44 described by the examining physician, give the
45 examining physician oral instructions either directing
46 that the person be released forthwith, or authorizing
47 the person's detention in an appropriate facility.
48 The magistrate may also give oral instructions and
49 order that the detained person be transported to an
50 appropriate facility.

1 b. If the magistrate orders that the person be
2 detained, the magistrate shall, by the close of
3 business on the next working day, file a written order
4 with the clerk in the county where it is anticipated
5 that an application may be filed under section 125.75.
6 The order may be filed by facsimile if necessary. The
7 order shall state the circumstances under which the
8 person was taken into custody or otherwise brought to
9 a facility and the grounds supporting the finding of
10 probable cause to believe that the person is a ~~chronic~~
11 ~~substance abuser~~ person with a substance-related
12 disorder likely to result in physical injury to the
13 person or others if not detained. The order shall
14 confirm the oral order authorizing the person's
15 detention including any order given to transport the
16 person to an appropriate facility. The clerk shall
17 provide a copy of that order to the ~~chief medical~~
18 ~~officer of the facility~~ attending physician, to
19 which the person was originally taken, any subsequent
20 facility to which the person was transported, and
21 to any law enforcement department or ambulance
22 service that transported the person pursuant to the
23 magistrate's order.

24 3. The ~~chief medical officer of the facility~~
25 attending physician shall examine and may detain the
26 person pursuant to the magistrate's order for a period
27 not to exceed forty-eight hours from the time the order
28 is dated, excluding Saturdays, Sundays, and holidays,
29 unless the order is dismissed by a magistrate. The
30 facility may provide treatment which is necessary to
31 preserve the person's life or to appropriately control
32 the person's behavior if the behavior is likely to
33 result in physical injury to the person or others if
34 allowed to continue or is otherwise deemed medically
35 necessary by the ~~chief medical officer attending~~
36 physician, but shall not otherwise provide treatment to
37 the person without the person's consent. The person
38 shall be discharged from the facility and released
39 from detention no later than the expiration of the
40 forty-eight-hour period, unless an application for
41 involuntary commitment is filed with the clerk pursuant
42 to section 125.75. The detention of a person by the
43 procedure in this section, and not in excess of the
44 period of time prescribed by this section, shall not
45 render the peace officer, attending physician, or
46 facility detaining the person liable in a criminal or
47 civil action for false arrest or false imprisonment
48 if the peace officer, physician, or facility had
49 reasonable grounds to believe that the circumstances
50 described in subsection 1 were applicable.

1 Sec. 56. NEW SECTION. 125.95 Advocates — duties
2 — compensation — state and county liability.

3 1. a. In each county with a population of three
4 hundred thousand or more inhabitants, the board
5 of supervisors shall appoint an individual who has
6 demonstrated by prior activities an informed concern
7 for the welfare and rehabilitation of persons with
8 substance-related disorders, and who is not an officer
9 or employee of the department of public health nor
10 of any agency or facility providing care or treatment
11 to persons with substance-related disorders, to act
12 as an advocate representing the interests of persons
13 involuntarily committed by the court, in any matter
14 relating to the persons' commitment for treatment
15 under section 125.84 or 125.86. In each county with a
16 population of under three hundred thousand inhabitants,
17 the chief judge of the judicial district encompassing
18 the county shall appoint the advocate.

19 b. The court or, if the advocate is appointed
20 by the county board of supervisors, the board shall
21 assign the advocate appointed from the person's county
22 of legal settlement to represent the interests of the
23 person. If a person has no county of legal settlement,
24 the court or, if the advocate is appointed by the
25 county board of supervisors, the board shall assign the
26 advocate appointed from the county where the treatment
27 facility is located to represent the interests of the
28 person.

29 c. The advocate's responsibility with respect to
30 any person shall begin at whatever time the attorney
31 employed or appointed to represent that person as
32 respondent in commitment proceedings, conducted under
33 sections 125.75 to 125.83, reports to the court that
34 the attorney's services are no longer required and
35 requests the court's approval to withdraw as counsel
36 for that person. However, if the person is found
37 to be a person with a substance-related disorder at
38 the commitment hearing, the attorney representing
39 the person shall automatically be relieved of
40 responsibility in the case and an advocate shall be
41 assigned to the person at the conclusion of the hearing
42 unless the attorney indicates an intent to continue the
43 attorney's services and the court so directs. If the
44 court directs the attorney to remain on the case, the
45 attorney shall assume all the duties of an advocate.
46 The clerk shall furnish the advocate with a copy of the
47 court's order approving the withdrawal and shall inform
48 the person of the name of the person's advocate.

49 d. With regard to each person whose interests the
50 advocate is required to represent pursuant to this

1 section, the advocate's duties shall include all of the
2 following:

3 (1) To review each report submitted pursuant to
4 sections 125.84 and 125.86.

5 (2) If the advocate is not an attorney, to advise
6 the court at any time it appears that the services
7 of an attorney are required to properly safeguard the
8 person's interests.

9 (3) To be readily accessible to communications from
10 the person and to originate communications with the
11 patient within five days of the person's commitment.

12 (4) To visit the person within fifteen days of the
13 person's commitment and periodically thereafter.

14 (5) To communicate with medical personnel treating
15 the person and to review the person's medical records
16 pursuant to section 125.93.

17 (6) To file with the court quarterly reports, and
18 additional reports as the advocate feels necessary
19 or as required by the court, in a form prescribed by
20 the court. The reports shall state what actions the
21 advocate has taken with respect to each person and the
22 amount of time spent.

23 2. The treatment facility to which a person is
24 committed shall grant all reasonable requests of the
25 advocate to visit the person, to communicate with
26 medical personnel treating the person, and to review
27 the person's medical records pursuant to section
28 125.93. An advocate shall not disseminate information
29 from a person's medical records to any other person
30 unless done for official purposes in connection with
31 the advocate's duties pursuant to this chapter or when
32 required by law.

33 3. The court or, if the advocate is appointed
34 by the county board of supervisors, the board shall
35 prescribe reasonable compensation for the services of
36 the advocate. The compensation shall be based upon
37 the reports filed by the advocate with the court. The
38 advocate's compensation shall be paid by the county
39 in which the court is located, either on order of the
40 court or, if the advocate is appointed by the county
41 board of supervisors, on the direction of the board.
42 If the advocate is appointed by the court, the advocate
43 is an employee of the state for purposes of chapter
44 669. If the advocate is appointed by the county board
45 of supervisors, the advocate is an employee of the
46 county for purposes of chapter 670. If the person or
47 another person who is legally liable for the person's
48 support is not indigent, the board shall recover the
49 costs of compensating the advocate from that other
50 person. If that other person has an income level as

1 determined pursuant to section 815.9 greater than
2 one hundred percent but not more than one hundred
3 fifty percent of the poverty guidelines, at least
4 one hundred dollars of the advocate's compensation
5 shall be recovered in the manner prescribed by the
6 county board of supervisors. If that other person
7 has an income level as determined pursuant to section
8 815.9 greater than one hundred fifty percent of the
9 poverty guidelines, at least two hundred dollars of
10 the advocate's compensation shall be recovered in
11 substantially the same manner prescribed by the county
12 board of supervisors as provided in section 815.9.

13 Sec. 57. Section 229.1, subsection 14, Code 2011,
14 is amended by striking the subsection and inserting in
15 lieu thereof the following:

16 14. "*Mental health professional*" means the same as
17 defined in section 228.1.

18 Sec. 58. Section 229.1, subsection 16, Code 2011,
19 is amended to read as follows:

20 16. "*Serious emotional injury*" is an injury
21 which does not necessarily exhibit any physical
22 characteristics, but which can be recognized and
23 diagnosed by a licensed physician or other ~~qualified~~
24 mental health professional and which can be causally
25 connected with the act or omission of a person who is,
26 or is alleged to be, mentally ill.

27 Sec. 59. Section 229.10, subsection 1, paragraphs b
28 and c, Code 2011, are amended to read as follows:

29 b. Any licensed physician conducting an examination
30 pursuant to this section may consult with or request
31 the participation in the examination of any ~~qualified~~
32 mental health professional, and may include with or
33 attach to the written report of the examination any
34 findings or observations by any ~~qualified~~ mental
35 health professional who has been so consulted or has so
36 participated in the examination.

37 c. If the respondent is not taken into custody
38 under section 229.11, but the court is subsequently
39 informed that the respondent has declined to be
40 examined by the licensed physician or physicians
41 pursuant to the court order, the court may order
42 ~~such limited detention of that the respondent as is~~
43 necessary be detained for a twenty-three-hour period
44 to facilitate the examination of the respondent by
45 the licensed physician or physicians or other mental
46 health professionals. Except as otherwise provided,
47 the court may also order that payment be made to the
48 appropriate provider for services associated with
49 the twenty-three-hour detention period under this
50 paragraph.

1 Sec. 60. Section 229.12, subsection 3, paragraph b,
2 Code 2011, is amended to read as follows:

3 b. The licensed physician or ~~qualified~~ mental
4 health professional who examined the respondent shall
5 be present at the hearing unless the court for good
6 cause finds that the licensed physician's or ~~qualified~~
7 mental health professional's presence or testimony
8 is not necessary. The applicant, respondent, and
9 the respondent's attorney may waive the presence or
10 the telephonic appearance of the licensed physician
11 or ~~qualified~~ mental health professional who examined
12 the respondent and agree to submit as evidence the
13 written report of the licensed physician or ~~qualified~~
14 mental health professional. The respondent's
15 attorney shall inform the court if the respondent's
16 attorney reasonably believes that the respondent, due
17 to diminished capacity, cannot make an adequately
18 considered waiver decision. "Good cause" for finding
19 that the testimony of the licensed physician or
20 ~~qualified~~ mental health professional who examined the
21 respondent is not necessary may include but is not
22 limited to such a waiver. If the court determines that
23 the testimony of the licensed physician or ~~qualified~~
24 mental health professional is necessary, the court may
25 allow the licensed physician or the ~~qualified~~ mental
26 health professional to testify by telephone.

27 Sec. 61. Section 229.21, subsection 2, Code 2011,
28 is amended to read as follows:

29 2. When an application for involuntary
30 hospitalization under this chapter or an application
31 for involuntary commitment or treatment of ~~chronic~~
32 ~~substance-abusers~~ persons with substance-related
33 disorders under sections 125.75 to 125.94 is filed with
34 the clerk of the district court in any county for which
35 a judicial hospitalization referee has been appointed,
36 and no district judge, district associate judge, or
37 magistrate who is admitted to the practice of law in
38 this state is accessible, the clerk shall immediately
39 notify the referee in the manner required by section
40 229.7 or section 125.77. The referee shall discharge
41 all of the duties imposed upon the court by sections
42 229.7 to 229.22 or sections 125.75 to 125.94 in the
43 proceeding so initiated. Subject to the provisions of
44 subsection 4, orders issued by a referee, in discharge
45 of duties imposed under this section, shall have the
46 same force and effect as if ordered by a district
47 judge. However, any commitment to a facility regulated
48 and operated under chapter 135C, shall be in accordance
49 with section 135C.23.

50 Sec. 62. Section 229.21, subsection 3, paragraphs a

1 and b, Code 2011, are amended to read as follows:

2 a. Any respondent with respect to whom the
3 magistrate or judicial hospitalization referee has
4 found the contention that the respondent is seriously
5 mentally impaired or a chronic substance abuser person
6 with a substance-related disorder sustained by clear
7 and convincing evidence presented at a hearing held
8 under section 229.12 or section 125.82, may appeal from
9 the magistrate's or referee's finding to a judge of the
10 district court by giving the clerk notice in writing,
11 within ten days after the magistrate's or referee's
12 finding is made, that an appeal is taken. The appeal
13 may be signed by the respondent or by the respondent's
14 next friend, guardian, or attorney.

15 b. An order of a magistrate or judicial
16 hospitalization referee with a finding that the
17 respondent is seriously mentally impaired or a chronic
18 substance abuser person with a substance-related
19 disorder shall include the following notice, located
20 conspicuously on the face of the order:

21 NOTE: The respondent may appeal from this order to a
22 judge of the district court by giving written notice of
23 the appeal to the clerk of the district court within
24 ten days after the date of this order. The appeal may
25 be signed by the respondent or by the respondent's next
26 friend, guardian, or attorney. For a more complete
27 description of the respondent's appeal rights, consult
28 section 229.21 of the Code of Iowa or an attorney.

29 Sec. 63. Section 229.21, subsection 4, Code 2011,
30 is amended to read as follows:

31 4. If the appellant is in custody under the
32 jurisdiction of the district court at the time
33 of service of the notice of appeal, the appellant
34 shall be discharged from custody unless an order
35 that the appellant be taken into immediate custody
36 has previously been issued under section 229.11 or
37 section 125.81, in which case the appellant shall
38 be detained as provided in that section until the
39 hospitalization or commitment hearing before the
40 district judge. If the appellant is in the custody of
41 a hospital or facility at the time of service of the
42 notice of appeal, the appellant shall be discharged
43 from custody pending disposition of the appeal unless
44 the chief medical officer, not later than the end of
45 the next secular day on which the office of the clerk
46 is open and which follows service of the notice of
47 appeal, files with the clerk a certification that in
48 the chief medical officer's opinion the appellant is
49 seriously mentally ill or a substance abuser person
50 with a substance-related disorder. In that case, the

1 appellant shall remain in custody of the hospital
2 or facility until the hospitalization or commitment
3 hearing before the district court.

4 Sec. 64. Section 230.15, unnumbered paragraph 2,
5 Code 2011, is amended to read as follows:

6 ~~A substance abuser or chronic substance abuser~~
7 person with a substance-related disorder is legally
8 liable for the total amount of the cost of providing
9 care, maintenance, and treatment for the ~~substance~~
10 ~~abuser or chronic substance abuser~~ person with a
11 substance-related disorder while a voluntary or
12 committed patient. When a portion of the cost is paid
13 by a county, the ~~substance abuser or chronic substance~~
14 ~~abuser~~ person with a substance-related disorder is
15 legally liable to the county for the amount paid.
16 ~~The substance abuser or chronic substance abuser~~
17 person with a substance-related disorder shall assign
18 any claim for reimbursement under any contract of
19 indemnity, by insurance or otherwise, providing for
20 the ~~abuser's~~ person's care, maintenance, and treatment
21 in a state hospital to the state. Any payments
22 received by the state from or on behalf of a ~~substance~~
23 ~~abuser or chronic substance abuser~~ person with a
24 substance-related disorder shall be in part credited
25 to the county in proportion to the share of the costs
26 paid by the county. Nothing in this section shall be
27 construed to prevent a relative or other person from
28 voluntarily paying the full actual cost or any portion
29 of the care and treatment of any person with mental
30 illness, ~~substance abuser, or chronic substance abuser~~
31 or a substance-related disorder as established by the
32 department of human services.

33 Sec. 65. Section 232.116, subsection 1, paragraph
34 1, subparagraph (2), Code 2011, is amended to read as
35 follows:

36 (2) The parent has a severe, ~~chronic substance~~
37 ~~abuse problem,~~ substance-related disorder and presents
38 a danger to self or others as evidenced by prior acts.

39 Sec. 66. Section 600A.8, subsection 8, paragraph a,
40 Code 2011, is amended to read as follows:

41 a. The parent has been determined to be a ~~chronic~~
42 ~~substance abuser~~ person with a substance-related
43 disorder as defined in section 125.2 and the parent has
44 committed a second or subsequent domestic abuse assault
45 pursuant to section 708.2A.

46 Sec. 67. Section 602.4201, subsection 3, paragraph
47 h, Code 2011, is amended to read as follows:

48 h. Involuntary commitment or treatment of ~~substance~~
49 ~~abusers~~ persons with a substance-related disorders.

50 Sec. 68. CONFORMING PROVISIONS. The legislative

1 services agency shall prepare a study bill for
2 consideration by the committee on human resources
3 of the senate and the house of representatives for
4 the 2012 legislative session, providing any addition
5 necessary conforming Code changes for implementation of
6 the provisions of this division of this Act.

7 Sec. 69. EFFECTIVE DATE. This division of this Act
8 takes effect July 1, 2012.>

9 2. Title page, by striking lines 1 through 3
10 and inserting <An Act relating to mental health and
11 disability services and substance-related disorders
12 and mental illness commitment proceedings, making
13 appropriations, and>

PROPOSED COMMITTEE AMENDMENT