

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 legislative council is requested to
14 authorize a legislative interim committee to meet
15 during the 2011 legislative interim to develop a plan
16 for implementing the redesigned mental health services
17 system for children and adults. The plan shall be
18 submitted to the general assembly for consideration
19 and enactment in the 2012 legislative session. The
20 plan shall include but is not limited to all of the
21 following:

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

24 (1) Characteristics of the service populations.

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

29 (3) Outcome measures that focus on consumer needs.

30 (4) Quality assurance measures.

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

33 b. A proposal for developing treatment services in
34 this state to meet the needs of children who are placed
35 out of state due to the lack of treatment services in
36 this state.

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

41 Sec. 2. DEPARTMENTS OF HUMAN SERVICES AND PUBLIC
42 HEALTH.

43 1. The departments of human services and public
44 health shall work with appropriate stakeholders
45 designated by the departments to develop the proposals
46 described in subsection 2. Progress on the proposals
47 shall be shared with the legislative interim committee
48 authorized pursuant to this division of this Act and
49 a final report on the proposals shall be submitted to
50 the governor and general assembly on or before December

1 15, 2011.

2 2. The departments shall develop the following
3 proposals:

4 a. A proposal to emphasize service providers
5 addressing co-occurring mental health and substance
6 abuse disorders.

7 b. A proposal to address service provider
8 shortages. In developing the proposal, the departments
9 and appropriate stakeholders shall examine barriers
10 to recruiting providers, including but not limited to
11 variation in health insurance payment provisions for
12 the services provided by different types of providers.

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

15 1. In addition to mental health services, the
16 general assembly intends to implement service system
17 redesign in which the department of human services
18 assumes responsibility for the administration of
19 intellectual and other developmental disability and
20 brain injury services for adults and children at a
21 later time.

22 2. The legislative council is requested to
23 extend the interim committee authorized pursuant to
24 this division of this Act for the 2011 legislative
25 interim or authorize a different legislative interim
26 committee to meet during the 2012 legislative interim
27 to develop a plan for implementing the redesigned
28 disability services system for adults and children.
29 The plan shall be submitted to the general assembly for
30 consideration and enactment in the 2013 legislative
31 session. The plan shall include but is not limited to
32 all of the following:

33 a. Identifying clear definitions and requirements
34 for the following:

35 (1) Characteristics of the service populations.

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

39 (3) Outcome measures.

40 (4) Quality assurance measures.

41 (5) Provider accreditation, certification, or
42 licensure requirements.

43 b. A proposal developed in conjunction with the
44 department of public health to emphasize service
45 providers addressing co-occurring mental health,
46 intellectual disability, or substance abuse disorders.

47 c. A proposal for implementing the delivery of
48 regionally coordinated and community-based information
49 and referral, options counseling, care coordination,
50 and targeted case management services.

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

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

32 Sec. 6. NEW SECTION. 225C.7A Disability services
33 system redesign savings fund.

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

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

49 DIVISION II
50 APPROPRIATIONS AND CONFORMING PROVISIONS

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

8 Sec. 8. PROPERTY TAX RELIEF FUND — MENTAL HEALTH
9 AND INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES
10 SERVICES SYSTEM REFORM.

11 1. The moneys appropriated and credited to the
12 property tax relief fund pursuant to 2011 Iowa Acts,
13 Senate File 209, section 21, if enacted, shall be
14 credited to the risk pool within the property tax
15 relief fund, to be distributed as provided in this
16 section.

17 2. The amount credited to the risk pool pursuant
18 to this section is appropriated from the risk pool to
19 the department of human services for distribution as
20 provided in this section.

21 3. a. For the purposes of this section, "services
22 fund" means a county's mental health, mental
23 retardation, and developmental disabilities services
24 fund created in section 331.424A.

25 b. The risk pool board shall implement a process
26 for distribution of the amount appropriated in this
27 section to counties to be used to provide eligibility
28 for services and other support payable from the
29 counties' services funds for persons who are eligible
30 under county management plans in effect as of December
31 31, 2010, but due to insufficient funding are on a
32 waiting list for the services and other support. The
33 period addressed by the funding appropriated in this
34 section begins on or after the effective date of this
35 section and ends June 30, 2012. The distribution
36 allocations shall be completed on or before July 1,
37 2011.

38 c. The general assembly finds that as of the time
39 of enactment of this section, the funding appropriated
40 in this section is sufficient to eliminate the need
41 for continuing, instituting, or reinstating waiting
42 lists during the period addressed by the appropriation.
43 However, the process implemented by the risk pool
44 board shall ensure there is adequate funding so that
45 a person made eligible for services and other support
46 from the waiting list would not be required to return
47 to the waiting list if a later projection indicates the
48 funding is insufficient to cover for the entire period
49 all individuals removed from the waiting list pursuant
50 to this section.

1 d. The funding provided in this section is intended
2 to provide necessary services for adults in need of
3 publicly funded mental health and intellectual and
4 other developmental disabilities services until the
5 system reform provisions addressed by this Act are
6 developed and enacted.

7 Sec. 9. IMPLEMENTATION. There is appropriated from
8 the general fund of the state to the department of
9 human services for the fiscal year beginning July 1,
10 2011, and ending June 30, 2012, the following amount,
11 or so much thereof as is necessary, to be used for the
12 purposes designated:

13 For costs associated with implementation of this
14 Act:

15 \$ 50,000

16 Sec. 10. EFFECTIVE UPON ENACTMENT. This division
17 of this Act, being deemed of immediate importance,
18 takes effect upon enactment.

19 DIVISION III

20 PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

21 Sec. 11. Section 135H.3, subsection 1, Code 2011,
22 is amended to read as follows:

23 1. A psychiatric medical institution for children
24 shall utilize a team of professionals to direct an
25 organized program of diagnostic services, psychiatric
26 services, nursing care, and rehabilitative services
27 to meet the needs of residents in accordance with a
28 medical care plan developed for each resident. The
29 membership of the team of professionals may include
30 but is not limited to an advanced registered nurse
31 practitioner. Social and rehabilitative services shall
32 be provided under the direction of a qualified mental
33 health professional.

34 Sec. 12. Section 135H.6, subsection 8, Code 2011,
35 is amended to read as follows:

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

50 Sec. 13. Section 249A.31, subsection 2, Code 2011,

1 is amended to read as follows:

2 2. Effective July 1, 2010 2012, the department
3 shall apply a cost-based reimbursement methodology
4 for reimbursement of services provided by psychiatric
5 medical institution for children providers shall be
6 reimbursed as determined in accordance with the managed
7 care contract awarded for authorizing payment for such
8 services under the medical assistance program.

9 Sec. 14. PSYCHIATRIC MEDICAL INSTITUTIONS FOR
10 CHILDREN — MANAGED CARE CONTRACT. The department of
11 human services shall issue a request for proposals
12 to procure a contractor to authorize, reimburse, and
13 manage benefits for psychiatric medical institution
14 for children services reimbursed under the medical
15 assistance program beginning July 1, 2012. The
16 department shall not procure this contract through a
17 sole source contract process or other limited selection
18 process.

19 Sec. 15. PSYCHIATRIC MEDICAL INSTITUTIONS FOR
20 CHILDREN — LEVEL 2.

21 1. For the purposes of this section, unless the
22 context otherwise requires:

23 a. "Psychiatric institution-level 1" means a
24 psychiatric medical institution for children licensed
25 under chapter 135H and receiving medical assistance
26 program reimbursement.

27 b. "Psychiatric institution-level 2" means a
28 psychiatric medical institution for children licensed
29 under chapter 135H and receiving medical assistance
30 program reimbursement and providing more intensive
31 treatment as described in this section.

32 2. The department of human services shall work
33 with the department of inspections and appeals to
34 develop a second level of care for psychiatric medical
35 institutions for children licensed under chapter
36 135H, to be known as "psychiatric institution-level
37 2" to address the needs of children in need of more
38 intensive treatment. The number of beds authorized for
39 psychiatric institution-level 2 shall not exceed 60
40 beds. The number of beds in a level 2 program shall be
41 limited to 12 beds.

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

49 a. Geographic accessibility.

50 b. Ability to provide needed expertise, including

1 but not limited to psychiatry, nursing, specialized
2 medical care, or specialized programming.

3 c. Ability to meet and report on standardized
4 outcome measures.

5 d. Ability to provide treatment to children whose
6 treatment needs have resulted in an out-of-state
7 placement.

8 e. Ability to transition children from
9 psychiatric institution-level 2 care to psychiatric
10 institution-level 1 care.

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

26 b. Notwithstanding any provision of law to the
27 contrary, for the fiscal year beginning July 1,
28 2011, the initial reimbursement rate for psychiatric
29 institution-level 2 providers shall be based on a
30 prospective cost of care basis, not to exceed the
31 actual cost of care for the psychiatric medical
32 institution for children located at the state mental
33 health institute at Independence. In subsequent years,
34 it is the intent of the general assembly that the
35 reimbursement rate for psychiatric institution-level
36 2 providers be the actual cost of care, not to exceed
37 103 percent of the statewide average of the costs of
38 psychiatric institution-level 2 providers for the
39 fiscal year.

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

48 a. Identifying the target population to be served
49 by providers.

50 b. Identifying admission and continued state

1 criteria for the providers.

2 c. Reviewing potential changes in licensing
3 standards for psychiatric institution-level 1 providers
4 in order to accommodate the higher acuity level and
5 increased treatment needs of children to be served by
6 psychiatric institution-level 2 providers.

7 d. Reviewing the children in out-of-state
8 placements with providers similar to psychiatric
9 medical institutions for children to determine which
10 children could be better served in this state by a
11 psychiatric institution-level 2 provider.

12 6. The department of human services shall annually
13 report not later than December 15 to the chairpersons
14 and ranking members of the joint appropriations
15 subcommittee on health and human services through
16 2016 regarding implementation of this section. The
17 report shall include but is not limited to information
18 on children served by both level 1 and level 2
19 providers, the types of locations to which children are
20 discharged after level 1 and level 2 treatment and the
21 community-based services available to such children,
22 and the incidence of readmission for level 1 and level
23 2 treatment within 12 months of discharge.

24 DIVISION IV

25 MEDICATION THERAPY MANAGEMENT

26 Sec. 16. NEW SECTION. **249A.20B Medication therapy**
27 **management.**

28 1. Beginning July 1, 2011, the department shall
29 utilize a request for proposals process to select an
30 entity to contract beginning July 1, 2012, for the
31 provision of medication therapy management for any
32 medical assistance program recipient who meets any of
33 the following criteria:

34 a. Is an individual who takes prescription drugs
35 to treat or prevent chronic mental illness, or is
36 an individual who takes four or more prescription
37 drugs to treat or prevent two or more chronic medical
38 conditions.

39 b. Is an individual with a prescription drug
40 therapy problem who is identified by the prescribing
41 physician or other appropriate prescriber, and referred
42 to a pharmacist for medication therapy management
43 services.

44 c. Is an individual who meets other criteria
45 established by the department.

46 2. For the initial contract period beginning
47 July 1, 2012, the primary focus shall be provision of
48 medication therapy management services to individuals
49 with chronic mental illness.

50 3. a. The contract shall require the selected

1 entity to provide annual reports to the general
2 assembly detailing the costs, savings, estimated
3 cost avoidance and return on investment, and patient
4 outcomes related to the medication therapy management
5 services provided.

6 **b.** The entity shall guarantee demonstrated annual
7 savings, including any savings associated with cost
8 avoidance at least equal to the medication therapy
9 management services program's costs with any shortfall
10 amount refunded to the state.

11 **c.** As a proof of concept in the program for the
12 initial year of the contract, the entity shall offer
13 a dollar-for-dollar guarantee for drug product costs
14 savings alone.

15 **d.** Prior to entering into a contract with an
16 entity, the department and the entity shall agree on
17 the terms, conditions, and applicable measurement
18 standards associated with the demonstration of savings.
19 The department shall verify that the demonstrated
20 savings reported by the entity was performed in
21 accordance with the agreed upon measurement standards.

22 **e.** The entity shall contract with Iowa licensed
23 pharmacies, pharmacists, or physicians to provide the
24 medication therapy management services.

25 **4.** The fees for pharmacist-delivered medication
26 therapy management services shall be separate from
27 the reimbursement for prescription drug product or
28 dispensing services; shall be determined under the
29 terms of the contract; and must be reasonable based
30 on the resources and time required to provide the
31 services.

32 **5.** A fee shall be established for physician
33 reimbursement for services delivered for medication
34 therapy management as determined under the terms of the
35 contract, and must be reasonable based on the resources
36 and time required to provide the services.

37 **6.** If any part of the medication therapy management
38 plan developed by a pharmacist incorporates services
39 which are outside the pharmacist's independent scope
40 of practice, including the initiation of therapy,
41 modification of dosages, therapeutic interchange, or
42 changes in drug therapy, the express authorization
43 of the individual's physician or other appropriate
44 prescriber is required.

45 **7.** For the purposes of this section, "*medication*
46 *therapy management*" means a systematic process
47 performed by a licensed pharmacist, designed to
48 optimize therapeutic outcomes through improved
49 medication use and reduced risk of adverse drug events
50 in order to reduce overall health care costs, including

1 all of the following services:

2 a. A medication therapy review and in-person
3 consultation relating to all medications, vitamins, and
4 herbal supplements currently being taken by an eligible
5 individual.

6 b. A medication action plan, subject to the
7 limitations specified in this section, communicated
8 to the individual and the individual's primary care
9 physician or other appropriate prescriber to address
10 safety issues, inconsistencies, duplicative therapy,
11 omissions, and medication costs. The medication action
12 plan may include recommendations to the prescriber for
13 changes in drug therapy.

14 c. Documentation and followup to ensure consistent
15 levels of pharmacy services and positive outcomes.

16 Sec. 17. **EFFECTIVE UPON ENACTMENT.** This division
17 of this Act, being deemed of immediate importance,
18 takes effect upon enactment.

19 DIVISION V

20 COMMUNITY MENTAL HEALTH CENTERS

21 COMMUNITY MENTAL HEALTH CENTERS — CATCHMENT AREAS

22 Sec. 18. **NEW SECTION. 230A.101 Services system**
23 **roles.**

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

36 2. The role of community mental health centers in
37 the mental health and disability services system is
38 to provide an organized set of services in order to
39 adequately meet the mental health needs of this state's
40 citizens based on organized catchment areas.

41 Sec. 19. **NEW SECTION. 230A.102 Definitions.**

42 As used in this chapter, unless the context
43 otherwise requires:

44 1. "Administrator", "commission", "department",
45 "disability services", and "division" mean the same as
46 defined in section 225C.2.

47 2. "Catchment area" means a community mental health
48 center catchment area identified in accordance with
49 this chapter.

50 3. "Community mental health center" or "center"

1 means a community mental health center designated in
2 accordance with this chapter.

3 Sec. 20. NEW SECTION. 230A.103 Designation of
4 **community mental health centers.**

5 1. The division, subject to agreement by any
6 community mental health center that would provide
7 services for the catchment area and approval by the
8 commission, shall designate at least one community
9 mental health center under this chapter to serve as
10 lead agency for addressing the mental health needs of
11 the county or counties comprising the catchment area.
12 The designation process shall provide for the input
13 of potential service providers regarding designation
14 of the initial catchment area or a change in the
15 designation.

16 2. The division shall utilize objective criteria
17 for designating a community mental health center
18 to serve a catchment area and for withdrawing such
19 designation. The commission shall adopt rules
20 outlining the criteria. The criteria shall include but
21 are not limited to provisions for meeting all of the
22 following requirements:

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

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

38 3. The board of directors for a designated
39 community mental health center shall enter into
40 an agreement with the division. The terms of the
41 agreement shall include but are not limited to all of
42 the following:

43 a. The period of time the agreement will be in
44 force.

45 b. The services and other support the center will
46 offer or provide for the residents of the catchment
47 area.

48 c. The standards to be followed by the center in
49 determining whether and to what extent the persons
50 seeking services from the center shall be considered to

1 be able to pay the costs of the services.

2 *d.* The policies regarding availability of the
3 services offered by the center to the residents of the
4 catchment area as well as consumers residing outside
5 the catchment area.

6 *e.* The requirements for preparation and submission
7 to the division of annual audits, cost reports, program
8 reports, performance measures, and other financial and
9 service accountability information.

10 4. This section does not limit the authority of
11 the board or the boards of supervisors of any county
12 or group of counties to continue to expend money to
13 support operation of a center.

14 **Sec. 21. NEW SECTION. 230A.104 Catchment areas.**

15 1. The division shall collaborate with affected
16 counties in identifying community mental health center
17 catchment areas in accordance with this section.

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

27 *b.* A formal review process shall be used in
28 determining whether exceptional circumstances exist
29 that justify designating more than one center to
30 serve a catchment area. The criteria for the review
31 process shall include but are not limited to a means
32 of determining whether the catchment area can support
33 more than one center.

34 *c.* Criteria shall be provided that would allow
35 the designation of more than one center for all
36 or a portion of a catchment area if designation or
37 approval for more than one center was provided by the
38 division as of October 1, 2010. The criteria shall
39 require a determination that all such centers would be
40 financially viable if designation is provided for all.

41 **Sec. 22. NEW SECTION. 230A.105 Target population**
42 **— eligibility.**

43 1. The target population residing in a catchment
44 area to be served by a community mental health
45 center shall include but is not limited to all of the
46 following:

47 *a.* Individuals of any age who are experiencing a
48 mental health crisis.

49 *b.* Individuals of any age who have a mental health
50 disorder.

1 c. Adults who have a serious mental illness or
2 chronic mental illness.
3 d. Children and youth who are experiencing a
4 serious emotional disturbance.
5 e. Individuals described in paragraph "a", "b",
6 "c", or "d" who have a co-occurring disorder, including
7 but not limited to substance abuse, mental retardation,
8 a developmental disability, brain injury, autism
9 spectrum disorder, or another disability or special
10 health care need.

11 2. Specific eligibility criteria for members of the
12 target population shall be identified in administrative
13 rules adopted by the commission. The eligibility
14 criteria shall address both clinical and financial
15 eligibility.

16 Sec. 23. NEW SECTION. 230A.106 **Services offered.**

17 1. A community mental health center designated
18 in accordance with this chapter shall offer core
19 services and support addressing the basic mental health
20 and safety needs of the target population and other
21 residents of the catchment area served by the center
22 and may offer other services and support. The core
23 services shall be identified in administrative rules
24 adopted by the commission for this purpose.

25 2. The initial core services identified shall
26 include all of the following:

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

43 b. *Twenty-four-hour emergency services.*
44 Twenty-four-hour emergency services shall be
45 provided through a system that provides access to a
46 clinician and appropriate disposition with follow-up
47 documentation of the emergency service provided.
48 A patient shall have access to evaluation and
49 stabilization services after normal business hours.
50 The range of emergency services that shall be available

1 to a patient may include but are not limited to direct
2 contact with a clinician, medication evaluation,
3 and hospitalization. The emergency services may be
4 provided directly by the center or in collaboration
5 or affiliation with other appropriately accredited
6 providers.

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

18 *d. Admission screening for voluntary patients.*
19 Admission screening services shall be available for
20 patients considered for voluntary admission to a state
21 mental health institute to determine the patient's
22 appropriateness for admission.

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

32 *f. Consultation services.* Consultation services
33 may include provision of professional assistance and
34 information about mental health and mental illness to
35 individuals, service providers, or groups to increase
36 such persons' effectiveness in carrying out their
37 responsibilities for providing services. Consultations
38 may be case-specific or program-specific.

39 *g. Education services.* Education services may
40 include information and referral services regarding
41 available resources and information and training
42 concerning mental health, mental illness, availability
43 of services and other support, the promotion
44 of mental health, and the prevention of mental
45 illness. Education services may be made available to
46 individuals, groups, organizations, and the community
47 in general.

48 3. A community mental health center shall be
49 responsible for coordinating with associated services
50 provided by other unaffiliated agencies to members

1 of the target population in the catchment area and
2 to integrate services in the community with services
3 provided to the target population in residential or
4 inpatient settings.

5 **Sec. 24. NEW SECTION. 230A.107 Form of**
6 **organization.**

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

11 2. A for-profit corporation, nonprofit corporation,
12 or county hospital providing mental health services to
13 county residents pursuant to a waiver approved under
14 section 225C.7, subsection 3, Code 2011, as of October
15 1, 2010, may also be designated as a community mental
16 health center.

17 **Sec. 25. NEW SECTION. 230A.108 Administrative,**
18 **diagnostic, and demographic information.**

19 Release of administrative and diagnostic
20 information, as defined in section 228.1, and
21 demographic information necessary for aggregated
22 reporting to meet the data requirements established by
23 the division, relating to an individual who receives
24 services from a community mental health center, may
25 be made a condition of support of that center by the
26 division.

27 **Sec. 26. NEW SECTION. 230A.109 Funding —**
28 **legislative intent.**

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

33 2. It is the intent of the general assembly that
34 the state funding provided to centers be a sufficient
35 amount for the core services and support addressing the
36 basic mental health and safety needs of the residents
37 of the catchment area served by each center to be
38 provided regardless of individual ability to pay for
39 the services and support.

40 3. While a community mental health center must
41 comply with the core services requirements and other
42 standards associated with designation, provision of
43 services is subject to the availability of a payment
44 source for the services.

45 **Sec. 27. NEW SECTION. 230A.110 Standards.**

46 1. The division shall recommend and the commission
47 shall adopt standards for designated community
48 mental health centers and comprehensive community
49 mental health programs, with the overall objective of
50 ensuring that each center and each affiliate providing

1 services under contract with a center furnishes
2 high-quality mental health services within a framework
3 of accountability to the community it serves. The
4 standards adopted shall be in substantial conformity
5 with the applicable behavioral health standards
6 adopted by the joint commission, formerly known as
7 the joint commission on accreditation of health care
8 organizations, and other recognized national standards
9 for evaluation of psychiatric facilities unless in
10 the judgment of the division, with approval of the
11 commission, there are sound reasons for departing from
12 the standards.

13 2. When recommending standards under this section,
14 the division shall designate an advisory committee
15 representing boards of directors and professional
16 staff of designated community mental health centers to
17 assist in the formulation or revision of standards.
18 The membership of the advisory committee shall include
19 representatives of professional and nonprofessional
20 staff and other appropriate individuals.

21 3. The standards recommended under this section
22 shall include requirements that each community mental
23 health center designated under this chapter do all of
24 the following:

25 a. Maintain and make available to the public a
26 written statement of the services the center offers
27 to residents of the catchment area being served. The
28 center shall employ or contract for services with
29 affiliates to employ staff who are appropriately
30 credentialed or meet other qualifications in order to
31 provide services.

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

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

1 administrator of the division of mental health and
2 disability services.

3 *d.* Comply with the accreditation standards
4 applicable to the center.

5 Sec. 28. NEW SECTION. 230A.111 Review and
6 evaluation.

7 1. The review and evaluation of designated centers
8 shall be performed through a formal accreditation
9 review process as recommended by the division and
10 approved by the commission. The accreditation process
11 shall include all of the following:

12 *a.* Specific time intervals for full accreditation
13 reviews based upon levels of accreditation.

14 *b.* Use of random or complaint-specific, on-site
15 limited accreditation reviews in the interim between
16 full accreditation reviews, as a quality review
17 approach. The results of such reviews shall be
18 presented to the commission.

19 *c.* Use of center accreditation self-assessment
20 tools to gather data regarding quality of care and
21 outcomes, whether used during full or limited reviews
22 or at other times.

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

25 *a.* Measures to address centers that do not meet
26 standards, including authority to revoke accreditation.

27 *b.* Measures to address noncompliant centers that
28 do not develop a corrective action plan or fail to
29 implement steps included in a corrective action plan
30 accepted by the division.

31 *c.* Measures to appropriately recognize centers that
32 successfully complete a corrective action plan.

33 *d.* Criteria to determine when a center's
34 accreditation should be denied, revoked, suspended, or
35 made provisional.

36 Sec. 29. REPEAL. Sections 230A.1 through 230A.18,
37 Code 2011, are repealed.

38 Sec. 30. IMPLEMENTATION — EFFECTIVE DATE.

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

50 2. The division and the commission shall complete

1 the rules adoption process and other requirements
2 addressed in subsection 1 on or before June 30, 2012.

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

6 DIVISION VI

7 PERSONS WITH SUBSTANCE-RELATED DISORDERS

8 AND PERSONS WITH MENTAL ILLNESS

9 Sec. 31. Section 125.1, subsection 1, Code 2011, is
10 amended to read as follows:

11 1. That ~~substance abusers and persons suffering~~
12 ~~from chemical dependency~~ persons with substance-related
13 disorders be afforded the opportunity to receive
14 quality treatment and directed into rehabilitation
15 services which will help them resume a socially
16 acceptable and productive role in society.

17 Sec. 32. Section 125.2, subsection 2, Code 2011, is
18 amended by striking the subsection.

19 Sec. 33. Section 125.2, subsection 5, Code 2011,
20 is amended by striking the subsection and inserting in
21 lieu thereof the following:

22 5. "*Substance-related disorder*" means a diagnosable
23 substance abuse disorder of sufficient duration to meet
24 diagnostic criteria specified within the most current
25 diagnostic and statistical manual of mental disorders
26 published by the American psychiatric association that
27 results in a functional impairment.

28 Sec. 34. Section 125.2, subsection 9, Code 2011, is
29 amended to read as follows:

30 9. "*Facility*" means an institution, a
31 detoxification center, or an installation providing
32 care, maintenance and treatment for ~~substance abusers~~
33 persons with substance-related disorders licensed
34 by the department under section 125.13, hospitals
35 licensed under chapter 135B, or the state mental health
36 institutes designated by chapter 226.

37 Sec. 35. Section 125.2, subsections 13, 17, and 18,
38 Code 2011, are amended by striking the subsections.

39 Sec. 36. Section 125.9, subsections 2 and 4, Code
40 2011, are amended to read as follows:

41 2. Make contracts necessary or incidental to the
42 performance of the duties and the execution of the
43 powers of the director, including contracts with public
44 and private agencies, organizations and individuals
45 to pay them for services rendered or furnished to
46 ~~substance abusers, chronic substance abusers, or~~
47 ~~intoxicated persons~~ persons with substance-related
48 disorders.

49 4. Coordinate the activities of the department and
50 cooperate with substance abuse programs in this and

1 other states, and make contracts and other joint or
2 cooperative arrangements with state, local or private
3 agencies in this and other states for the treatment
4 of ~~substance abusers, chronic substance abusers, and~~
5 intoxicated persons persons with substance-related
6 disorders and for the common advancement of substance
7 abuse programs.

8 Sec. 37. Section 125.10, subsections 2, 3, 4, 5,
9 7, 8, 9, 11, 13, 15, and 17, Code 2011, are amended to
10 read as follows:

11 2. Develop, encourage, and foster statewide,
12 regional and local plans and programs for the
13 prevention of substance ~~abuse~~ misuse and the treatment
14 of ~~substance abusers, chronic substance abusers, and~~
15 intoxicated persons persons with substance-related
16 disorders in cooperation with public and private
17 agencies, organizations and individuals, and provide
18 technical assistance and consultation services for
19 these purposes.

20 3. Coordinate the efforts and enlist the assistance
21 of all public and private agencies, organizations and
22 individuals interested in the prevention of substance
23 abuse and the treatment of ~~substance abusers, chronic~~
24 ~~substance abusers, and intoxicated persons~~ persons with
25 substance-related disorders.

26 4. Cooperate with the department of human
27 services and the Iowa department of public health
28 in establishing and conducting programs to provide
29 treatment for ~~substance abusers, chronic substance~~
30 ~~abusers, and intoxicated persons~~ persons with
31 substance-related disorders.

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

41 7. Develop and implement, as an integral part
42 of treatment programs, an educational program for
43 use in the treatment of ~~substance abusers, chronic~~
44 ~~substance abusers, and intoxicated persons~~ persons
45 with substance-related disorders, which program shall
46 include the dissemination of information concerning the
47 nature and effects of ~~chemical~~ substances.

48 8. Organize and implement, in cooperation with
49 local treatment programs, training programs for all
50 persons engaged in treatment of ~~substance abusers,~~

1 ~~chronic substance abusers, and intoxicated persons~~
2 persons with substance-related disorders.

3 9. Sponsor and implement research in cooperation
4 with local treatment programs into the causes and
5 nature of substance ~~abuse~~ misuse and treatment of
6 ~~substance abusers, chronic substance abusers, and~~
7 ~~intoxicated persons~~ persons with substance-related
8 disorders, and serve as a clearing house for
9 information relating to substance abuse.

10 11. Develop and implement, with the counsel and
11 approval of the board, the comprehensive plan for
12 treatment of ~~substance abusers, chronic substance~~
13 ~~abusers, and intoxicated persons~~ persons with
14 substance-related disorders in accordance with this
15 chapter.

16 13. Utilize the support and assistance of
17 interested persons in the community, particularly
18 ~~recovered substance abusers and chronic substance~~
19 ~~abusers,~~ persons who are recovering from
20 substance-related disorders to encourage ~~substance~~
21 ~~abusers and chronic substance abusers~~ persons with
22 substance-related disorders to voluntarily undergo
23 treatment.

24 15. Encourage general hospitals and other
25 appropriate health facilities to admit without
26 discrimination ~~substance abusers, chronic substance~~
27 ~~abusers, and intoxicated persons~~ persons with
28 substance-related disorders and to provide them with
29 adequate and appropriate treatment. The director may
30 negotiate and implement contracts with hospitals and
31 other appropriate health facilities with adequate
32 detoxification facilities.

33 17. Review all state health, welfare, education and
34 treatment proposals to be submitted for federal funding
35 under federal legislation, and advise the governor on
36 provisions to be included relating to substance abuse,
37 ~~substance abusers, chronic substance abusers, and~~
38 ~~intoxicated persons~~ and persons with substance-related
39 disorders.

40 Sec. 38. Section 125.12, subsections 1 and 3, Code
41 2011, are amended to read as follows:

42 1. The board shall review the comprehensive
43 substance abuse program implemented by the department
44 for the treatment of ~~substance abusers, chronic~~
45 ~~substance abusers, intoxicated persons~~ persons with
46 substance-related disorders, and concerned family
47 members. Subject to the review of the board, the
48 director shall divide the state into appropriate
49 regions for the conduct of the program and establish
50 standards for the development of the program on

1 the regional level. In establishing the regions,
2 consideration shall be given to city and county lines,
3 population concentrations, and existing substance abuse
4 treatment services.

5 3. The director shall provide for adequate and
6 appropriate treatment for ~~substance abusers, chronic~~
7 ~~substance abusers, intoxicated persons~~ persons with
8 substance-related disorders, and concerned family
9 members admitted under sections 125.33 and 125.34, or
10 under section 125.75, 125.81, or 125.91. Treatment
11 shall not be provided at a correctional institution
12 except for inmates.

13 Sec. 39. Section 125.13, subsection 1, paragraph a,
14 Code 2011, is amended to read as follows:

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

24 Sec. 40. Section 125.13, subsection 2, paragraphs a
25 and c, Code 2011, are amended to read as follows:

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

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

45 Sec. 41. Section 125.15, Code 2011, is amended to
46 read as follows:

47 **125.15 Inspections.**

48 The department may inspect the facilities and review
49 the procedures utilized by any chemical substitutes
50 or antagonists program, residential program, or

1 nonresidential outpatient program that has as a
2 primary purpose the treatment and rehabilitation of
3 ~~substance abusers or chronic substance abusers persons~~
4 with substance-related disorders, for the purpose of
5 ensuring compliance with this chapter and the rules
6 adopted pursuant to this chapter. The examination
7 and review may include case record audits and
8 interviews with staff and patients, consistent with the
9 confidentiality safeguards of state and federal law.

10 Sec. 42. Section 125.32, unnumbered paragraph 1,
11 Code 2011, is amended to read as follows:

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

21 Sec. 43. Section 125.33, subsections 1, 3, and 4,
22 Code 2011, are amended to read as follows:

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

50 3. A ~~substance abuser or chronic substance abuser~~

1 person with a substance-related disorder seeking
2 treatment or rehabilitation and who is either addicted
3 or dependent on a chemical substance may first be
4 examined and evaluated by a licensed physician and
5 surgeon or osteopathic physician and surgeon who may
6 prescribe a proper course of treatment and medication,
7 if needed. The licensed physician and surgeon
8 or osteopathic physician and surgeon may further
9 prescribe a course of treatment or rehabilitation
10 and authorize another licensed physician and surgeon
11 or osteopathic physician and surgeon or facility to
12 provide the prescribed treatment or rehabilitation
13 services. Treatment or rehabilitation services may
14 be provided to a person individually or in a group.
15 A facility providing or engaging in treatment or
16 rehabilitation shall not report or disclose to a law
17 enforcement officer or law enforcement agency the name
18 of any person receiving or engaged in the treatment
19 or rehabilitation; nor shall a person receiving or
20 participating in treatment or rehabilitation report
21 or disclose the name of any other person engaged in
22 or receiving treatment or rehabilitation or that the
23 program is in existence, to a law enforcement officer
24 or law enforcement agency. Such information shall
25 not be admitted in evidence in any court, grand jury,
26 or administrative proceeding. However, a person
27 engaged in or receiving treatment or rehabilitation
28 may authorize the disclosure of the person's name and
29 individual participation.

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

39 Sec. 44. Section 125.34, Code 2011, is amended to
40 read as follows:

41 **125.34 Treatment and services for intoxicated**
42 **~~persons and persons incapacitated by alcohol~~ persons**
43 **with substance-related disorders due to intoxication and**
44 **substance-induced incapacitation.**

45 1. ~~An intoxicated~~ A person with a substance-related
46 disorder due to intoxication or substance-induced
47 incapacitation may come voluntarily to a facility
48 for emergency treatment. A person who appears to be
49 intoxicated or incapacitated by a ~~chemical~~ substance
50 in a public place and in need of help may be taken to a

1 facility by a peace officer under section 125.91. If
2 the person refuses the proffered help, the person may
3 be arrested and charged with intoxication under section
4 123.46, if applicable.

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

17 3. A person who arrives at a facility and
18 voluntarily submits to examination shall be examined
19 by a licensed physician as soon as possible after the
20 person arrives at the facility. The person may then
21 be admitted as a patient or referred to another health
22 facility. The referring facility shall arrange for
23 transportation.

24 4. If a person is voluntarily admitted to a
25 facility, the person's family or next of kin shall be
26 notified as promptly as possible. If an adult patient
27 who is not incapacitated requests that there be no
28 notification, the request shall be respected.

29 5. A peace officer who acts in compliance with
30 this section is acting in the course of the officer's
31 official duty and is not criminally or civilly liable
32 therefor, unless such acts constitute willful malice
33 or abuse.

34 6. If the physician in charge of the facility
35 determines it is for the patient's benefit, the patient
36 shall be encouraged to agree to further diagnosis and
37 appropriate voluntary treatment.

38 7. A licensed physician and surgeon or osteopathic
39 physician and surgeon, facility administrator, or an
40 employee or a person acting as or on behalf of the
41 facility administrator, is not criminally or civilly
42 liable for acts in conformity with this chapter, unless
43 the acts constitute willful malice or abuse.

44 Sec. 45. Section 125.43, Code 2011, is amended to
45 read as follows:

46 **125.43 Funding at mental health institutes.**

47 Chapter 230 governs the determination of the
48 costs and payment for treatment provided to ~~substance~~
49 ~~abusers or chronic substance abusers~~ persons with
50 substance-related disorders in a mental health

1 institute under the department of human services,
2 except that the charges are not a lien on real estate
3 owned by persons legally liable for support of the
4 substance abuser or chronic substance abuser person
5 with a substance-related disorder and the daily per
6 diem shall be billed at twenty-five percent. The
7 superintendent of a state hospital shall total only
8 those expenditures which can be attributed to the
9 cost of providing inpatient treatment to substance
10 abusers or chronic substance abusers persons with
11 substance-related disorders for purposes of determining
12 the daily per diem. Section 125.44 governs the
13 determination of who is legally liable for the cost
14 of care, maintenance, and treatment of a substance
15 abuser or chronic substance abuser person with a
16 substance-related disorder and of the amount for which
17 the person is liable.

18 Sec. 46. Section 125.43A, Code 2011, is amended to
19 read as follows:

20 **125.43A Prescreening — exception.**

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

43 Sec. 47. Section 125.44, Code 2011, is amended to
44 read as follows:

45 **125.44 Agreements with facilities — liability for**
46 **costs.**

47 The director may, consistent with the comprehensive
48 substance abuse program, enter into written
49 agreements with a facility as defined in section
50 125.2 to pay for one hundred percent of the cost of

1 the care, maintenance, and treatment of substance
2 ~~abusers and chronic substance abusers~~ persons with
3 substance-related disorders, except when section
4 125.43A applies. All payments for state patients shall
5 be made in accordance with the limitations of this
6 section. Such contracts shall be for a period of no
7 more than one year.

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

27 If the appropriation to the department is
28 insufficient to meet the requirements of this section,
29 the department shall request a transfer of funds and
30 section 8.39 shall apply.

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

40 The department is liable for the cost of
41 care, treatment, and maintenance of substance
42 ~~abusers and chronic substance abusers~~ persons with
43 substance-related disorders admitted to the facility
44 voluntarily or pursuant to section 125.75, 125.81,
45 or 125.91 or section 321J.3 or 124.409 only to those
46 facilities that have a contract with the department
47 under this section, only for the amount computed
48 according to and within the limits of liability
49 prescribed by this section, and only when the substance
50 ~~abuser or chronic substance abuser~~ person with a

1 substance-related disorder is unable to pay the costs
2 and there is no other person, firm, corporation, or
3 insurance company bound to pay the costs.

4 The department's maximum liability for the costs
5 of care, treatment, and maintenance of ~~substance~~
6 ~~abusers and chronic substance abusers~~ persons with
7 substance-related disorders in a contracting facility
8 is limited to the total amount agreed upon by the
9 parties and specified in the contract under this
10 section.

11 Sec. 48. Section 125.46, Code 2011, is amended to
12 read as follows:

13 **125.46 County of residence determined.**

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

24 Sec. 49. Section 125.75, unnumbered paragraph 1,
25 Code 2011, is amended to read as follows:

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

36 Sec. 50. Section 125.75, subsection 1, Code 2011,
37 is amended to read as follows:

38 1. State the applicant's belief that the
39 respondent is a ~~chronic substance abuser~~ person with a
40 substance-related disorder.

41 Sec. 51. Section 125.80, subsections 3 and 4, Code
42 2011, are amended to read as follows:

43 3. If the report of a court-designated physician
44 is to the effect that the respondent is not a ~~chronic~~
45 ~~substance abuser~~ person with a substance-related
46 disorder, the court, without taking further action, may
47 terminate the proceeding and dismiss the application on
48 its own motion and without notice.

49 4. If the report of a court-designated physician
50 is to the effect that the respondent is a ~~chronic~~

1 ~~substance-abuser~~ person with a substance-related
2 disorder, the court shall schedule a commitment
3 hearing as soon as possible. The hearing shall be
4 held not more than forty-eight hours after the report
5 is filed, excluding Saturdays, Sundays, and holidays,
6 unless an extension for good cause is requested by
7 the respondent, or as soon thereafter as possible if
8 the court considers that sufficient grounds exist for
9 delaying the hearing.

10 Sec. 52. Section 125.81, subsection 1, Code 2011,
11 is amended to read as follows:

12 1. If a person filing an application requests that
13 a respondent be taken into immediate custody, and the
14 court upon reviewing the application and accompanying
15 documentation, finds probable cause to believe that the
16 respondent is a ~~chronic-substance-abuser~~ person with
17 a substance-related disorder who is likely to injure
18 the person or other persons if allowed to remain at
19 liberty, the court may enter a written order directing
20 that the respondent be taken into immediate custody
21 by the sheriff, and be detained until the commitment
22 hearing, which shall be held no more than five days
23 after the date of the order, except that if the fifth
24 day after the date of the order is a Saturday, Sunday,
25 or a holiday, the hearing may be held on the next
26 business day. The court may order the respondent
27 detained for the period of time until the hearing is
28 held, and no longer except as provided in section
29 125.88, in accordance with subsection 2, paragraph
30 "a", if possible, and if not, then in accordance with
31 subsection 2, paragraph "b", or, only if neither of
32 these alternatives is available in accordance with
33 subsection 2, paragraph "c".

34 Sec. 53. Section 125.82, subsection 4, Code 2011,
35 is amended to read as follows:

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

1 application and terminate the proceeding.

2 Sec. 54. Section 125.83, Code 2011, is amended to
3 read as follows:

4 **125.83 Placement for evaluation.**

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

38 Sec. 55. Section 125.83A, subsection 1, Code 2011,
39 is amended to read as follows:

40 1. If upon completion of the commitment hearing,
41 the court finds that the contention that the
42 respondent is a ~~chronic substance abuser~~ person with a
43 substance-related disorder has been sustained by clear
44 and convincing evidence, and the court is furnished
45 evidence that the respondent is eligible for care
46 and treatment in a facility operated by the United
47 States department of veterans affairs or another
48 agency of the United States government and that the
49 facility is willing to receive the respondent, the
50 court may so order. The respondent, when so placed in

1 a facility operated by the United States department
2 of veterans affairs or another agency of the United
3 States government within or outside of this state,
4 shall be subject to the rules of the United States
5 department of veterans affairs or other agency, but
6 shall not lose any procedural rights afforded the
7 respondent by this chapter. The chief officer of the
8 facility shall have, with respect to the respondent
9 so placed, the same powers and duties as the chief
10 medical officer of a hospital in this state would
11 have in regard to submission of reports to the court,
12 retention of custody, transfer, convalescent leave, or
13 discharge. Jurisdiction is retained in the court to
14 maintain surveillance of the respondent's treatment and
15 care, and at any time to inquire into the respondent's
16 condition and the need for continued care and custody.

17 Sec. 56. Section 125.84, subsections 2, 3, and 4,
18 Code 2011, are amended to read as follows:

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

27 3. That the respondent is a ~~chronic substance~~
28 abuser person with a substance-related disorder who is
29 in need of treatment, but does not require full-time
30 placement in a facility. If the report so states,
31 the report shall include the chief medical officer's
32 recommendation for treatment of the respondent on an
33 outpatient or other appropriate basis, and the court
34 shall enter an order which may direct the respondent to
35 submit to the recommended treatment. The order shall
36 provide that if the respondent fails or refuses to
37 submit to treatment, as directed by the court's order,
38 the court may order that the respondent be taken into
39 immediate custody as provided by section 125.81 and,
40 following notice and hearing held in accordance with
41 the procedures of sections 125.77 and 125.82, may order
42 the respondent treated as a patient requiring full-time
43 custody, care, and treatment as provided in subsection
44 2, and may order the respondent involuntarily committed
45 to a facility.

46 4. That the respondent is a ~~chronic substance~~
47 abuser person with a substance-related disorder who is
48 in need of treatment, but in the opinion of the chief
49 medical officer is not responding to the treatment
50 provided. If the report so states, the report shall

1 include the facility administrator's recommendation
2 for alternative placement, and the court shall enter
3 an order which may direct the respondent's transfer
4 to the recommended placement or to another placement
5 after consultation with respondent's attorney and the
6 facility administrator who made the report under this
7 subsection.

8 Sec. 57. Section 125.91, subsections 1, 2, and 3,
9 Code 2011, are amended to read as follows:

10 1. The procedure prescribed by this section
11 shall only be used for an intoxicated a person with
12 a substance-related disorder due to intoxication or
13 substance-induced incapacitation who has threatened,
14 attempted, or inflicted physical self-harm or harm on
15 another, and is likely to inflict physical self-harm or
16 harm on another unless immediately detained, or who is
17 incapacitated by a chemical substance, if that person
18 cannot be taken into immediate custody under sections
19 125.75 and 125.81 because immediate access to the court
20 is not possible.

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

1 examining physician oral instructions either directing
2 that the person be released forthwith, or authorizing
3 the person's detention in an appropriate facility.
4 The magistrate may also give oral instructions and
5 order that the detained person be transported to an
6 appropriate facility.

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

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

1 render the peace officer, attending physician, or
2 facility detaining the person liable in a criminal or
3 civil action for false arrest or false imprisonment
4 if the peace officer, physician, or facility had
5 reasonable grounds to believe that the circumstances
6 described in subsection 1 were applicable.

7 **Sec. 58. NEW SECTION. 125.95 Advocates — duties**
8 **— compensation — state and county liability.**

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

25 b. The court or, if the advocate is appointed
26 by the county board of supervisors, the board shall
27 assign the advocate appointed from the person's county
28 of legal settlement to represent the interests of the
29 person. If a person has no county of legal settlement,
30 the court or, if the advocate is appointed by the
31 county board of supervisors, the board shall assign the
32 advocate appointed from the county where the treatment
33 facility is located to represent the interests of the
34 person.

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

1 attorney shall assume all the duties of an advocate.
2 The clerk shall furnish the advocate with a copy of the
3 court's order approving the withdrawal and shall inform
4 the person of the name of the person's advocate.

5 d. With regard to each person whose interests the
6 advocate is required to represent pursuant to this
7 section, the advocate's duties shall include all of the
8 following:

9 (1) To review each report submitted pursuant to
10 sections 125.84 and 125.86.

11 (2) If the advocate is not an attorney, to advise
12 the court at any time it appears that the services
13 of an attorney are required to properly safeguard the
14 person's interests.

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

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

20 (5) To communicate with medical personnel treating
21 the person and to review the person's medical records
22 pursuant to section 125.93.

23 (6) To file with the court quarterly reports, and
24 additional reports as the advocate feels necessary
25 or as required by the court, in a form prescribed by
26 the court. The reports shall state what actions the
27 advocate has taken with respect to each person and the
28 amount of time spent.

29 2. The treatment facility to which a person is
30 committed shall grant all reasonable requests of the
31 advocate to visit the person, to communicate with
32 medical personnel treating the person, and to review
33 the person's medical records pursuant to section
34 125.93. An advocate shall not disseminate information
35 from a person's medical records to any other person
36 unless done for official purposes in connection with
37 the advocate's duties pursuant to this chapter or when
38 required by law.

39 3. The court or, if the advocate is appointed
40 by the county board of supervisors, the board shall
41 prescribe reasonable compensation for the services of
42 the advocate. The compensation shall be based upon
43 the reports filed by the advocate with the court. The
44 advocate's compensation shall be paid by the county
45 in which the court is located, either on order of the
46 court or, if the advocate is appointed by the county
47 board of supervisors, on the direction of the board.
48 If the advocate is appointed by the court, the advocate
49 is an employee of the state for purposes of chapter
50 669. If the advocate is appointed by the county board

1 of supervisors, the advocate is an employee of the
2 county for purposes of chapter 670. If the person or
3 another person who is legally liable for the person's
4 support is not indigent, the board shall recover the
5 costs of compensating the advocate from that other
6 person. If that other person has an income level as
7 determined pursuant to section 815.9 greater than
8 one hundred percent but not more than one hundred
9 fifty percent of the poverty guidelines, at least
10 one hundred dollars of the advocate's compensation
11 shall be recovered in the manner prescribed by the
12 county board of supervisors. If that other person
13 has an income level as determined pursuant to section
14 815.9 greater than one hundred fifty percent of the
15 poverty guidelines, at least two hundred dollars of
16 the advocate's compensation shall be recovered in
17 substantially the same manner prescribed by the county
18 board of supervisors as provided in section 815.9.

19 Sec. 59. Section 229.1, subsection 14, Code 2011,
20 is amended by striking the subsection and inserting in
21 lieu thereof the following:

22 14. "*Mental health professional*" means the same as
23 defined in section 228.1.

24 Sec. 60. Section 229.1, subsection 16, Code 2011,
25 is amended to read as follows:

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

33 Sec. 61. Section 229.10, subsection 1, paragraphs b
34 and c, Code 2011, are amended to read as follows:

35 b. Any licensed physician conducting an examination
36 pursuant to this section may consult with or request
37 the participation in the examination of any ~~qualified~~
38 mental health professional, and may include with or
39 attach to the written report of the examination any
40 findings or observations by any ~~qualified~~ mental
41 health professional who has been so consulted or has so
42 participated in the examination.

43 c. If the respondent is not taken into custody
44 under section 229.11, but the court is subsequently
45 informed that the respondent has declined to be
46 examined by the licensed physician or physicians
47 pursuant to the court order, the court may order
48 ~~such limited detention of that~~ the respondent as ~~is~~
49 necessary be detained for a period of not more than
50 twenty-three hours to facilitate the examination of

1 the respondent by the licensed physician or physicians
2 or other mental health professionals. The detention
3 period begins upon the respondent's admission. Except
4 as otherwise provided, the court may also order
5 that payment be made to the appropriate provider for
6 services associated with the detention period under
7 this paragraph.

8 Sec. 62. Section 229.12, subsection 3, paragraph b,
9 Code 2011, is amended to read as follows:

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

34 Sec. 63. Section 229.15, subsection 3, paragraph a,
35 Code 2011, is amended to read as follows:

36 a. A psychiatric advanced registered nurse
37 practitioner treating a patient previously hospitalized
38 under this chapter may complete periodic reports
39 pursuant to this section on the patient if the patient
40 has been recommended for treatment on an outpatient or
41 other appropriate basis pursuant to section 229.14,
42 subsection 1, paragraph "c", ~~and if a psychiatrist~~
43 ~~licensed pursuant to chapter 148 personally evaluates~~
44 ~~the patient on at least an annual basis.~~

45 Sec. 64. Section 229.21, subsection 2, Code 2011,
46 is amended to read as follows:

47 2. When an application for involuntary
48 hospitalization under this chapter or an application
49 for involuntary commitment or treatment of ~~chronic~~
50 ~~substance abusers~~ persons with substance-related

1 disorders under sections 125.75 to 125.94 is filed with
2 the clerk of the district court in any county for which
3 a judicial hospitalization referee has been appointed,
4 and no district judge, district associate judge, or
5 magistrate who is admitted to the practice of law in
6 this state is accessible, the clerk shall immediately
7 notify the referee in the manner required by section
8 229.7 or section 125.77. The referee shall discharge
9 all of the duties imposed upon the court by sections
10 229.7 to 229.22 or sections 125.75 to 125.94 in the
11 proceeding so initiated. Subject to the provisions of
12 subsection 4, orders issued by a referee, in discharge
13 of duties imposed under this section, shall have the
14 same force and effect as if ordered by a district
15 judge. However, any commitment to a facility regulated
16 and operated under chapter 135C, shall be in accordance
17 with section 135C.23.

18 Sec. 65. Section 229.21, subsection 3, paragraphs a
19 and b, Code 2011, are amended to read as follows:

20 a. Any respondent with respect to whom the
21 magistrate or judicial hospitalization referee has
22 found the contention that the respondent is seriously
23 mentally impaired or a chronic substance abuser person
24 with a substance-related disorder sustained by clear
25 and convincing evidence presented at a hearing held
26 under section 229.12 or section 125.82, may appeal from
27 the magistrate's or referee's finding to a judge of the
28 district court by giving the clerk notice in writing,
29 within ten days after the magistrate's or referee's
30 finding is made, that an appeal is taken. The appeal
31 may be signed by the respondent or by the respondent's
32 next friend, guardian, or attorney.

33 b. An order of a magistrate or judicial
34 hospitalization referee with a finding that the
35 respondent is seriously mentally impaired or a chronic
36 substance abuser person with a substance-related
37 disorder shall include the following notice, located
38 conspicuously on the face of the order:

39 NOTE: The respondent may appeal from this order to a
40 judge of the district court by giving written notice of
41 the appeal to the clerk of the district court within
42 ten days after the date of this order. The appeal may
43 be signed by the respondent or by the respondent's next
44 friend, guardian, or attorney. For a more complete
45 description of the respondent's appeal rights, consult
46 section 229.21 of the Code of Iowa or an attorney.

47 Sec. 66. Section 229.21, subsection 4, Code 2011,
48 is amended to read as follows:

49 4. If the appellant is in custody under the
50 jurisdiction of the district court at the time

1 of service of the notice of appeal, the appellant
2 shall be discharged from custody unless an order
3 that the appellant be taken into immediate custody
4 has previously been issued under section 229.11 or
5 section 125.81, in which case the appellant shall
6 be detained as provided in that section until the
7 hospitalization or commitment hearing before the
8 district judge. If the appellant is in the custody of
9 a hospital or facility at the time of service of the
10 notice of appeal, the appellant shall be discharged
11 from custody pending disposition of the appeal unless
12 the chief medical officer, not later than the end of
13 the next secular day on which the office of the clerk
14 is open and which follows service of the notice of
15 appeal, files with the clerk a certification that in
16 the chief medical officer's opinion the appellant is
17 seriously mentally ill or a substance abuser person
18 with a substance-related disorder. In that case, the
19 appellant shall remain in custody of the hospital
20 or facility until the hospitalization or commitment
21 hearing before the district court.

22 Sec. 67. Section 230.15, unnumbered paragraph 2,
23 Code 2011, is amended to read as follows:

24 A ~~substance abuser or chronic substance abuser~~
25 person with a substance-related disorder is legally
26 liable for the total amount of the cost of providing
27 care, maintenance, and treatment for the ~~substance~~
28 ~~abuser or chronic substance abuser person with a~~
29 substance-related disorder while a voluntary or
30 committed patient. When a portion of the cost is paid
31 by a county, the ~~substance abuser or chronic substance~~
32 ~~abuser person with a substance-related disorder~~ is
33 legally liable to the county for the amount paid.
34 The ~~substance abuser or chronic substance abuser~~
35 person with a substance-related disorder shall assign
36 any claim for reimbursement under any contract of
37 indemnity, by insurance or otherwise, providing for
38 the ~~abuser's person's~~ care, maintenance, and treatment
39 in a state hospital to the state. Any payments
40 received by the state from or on behalf of a ~~substance~~
41 ~~abuser or chronic substance abuser person with a~~
42 substance-related disorder shall be in part credited
43 to the county in proportion to the share of the costs
44 paid by the county. Nothing in this section shall be
45 construed to prevent a relative or other person from
46 voluntarily paying the full actual cost or any portion
47 of the care and treatment of any person with mental
48 illness, ~~substance abuser, or chronic substance abuser~~
49 or a substance-related disorder as established by the
50 department of human services.

1 Sec. 68. Section 232.116, subsection 1, paragraph
2 1, subparagraph (2), Code 2011, is amended to read as
3 follows:

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

7 Sec. 69. Section 600A.8, subsection 8, paragraph a,
8 Code 2011, is amended to read as follows:

9 a. The parent has been determined to be a ~~chronic~~
10 ~~substance abuser~~ person with a substance-related
11 disorder as defined in section 125.2 and the parent has
12 committed a second or subsequent domestic abuse assault
13 pursuant to section 708.2A.

14 Sec. 70. Section 602.4201, subsection 3, paragraph
15 h, Code 2011, is amended to read as follows:

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

18 Sec. 71. CONFORMING PROVISIONS. The legislative
19 services agency shall prepare a study bill for
20 consideration by the committee on human resources
21 of the senate and the house of representatives for
22 the 2012 legislative session, providing any addition
23 necessary conforming Code changes for implementation of
24 the provisions of this division of this Act.

25 Sec. 72. EFFECTIVE DATE. This division of this Act
26 takes effect July 1, 2012.>

27 2. Title page, by striking lines 1 through 3
28 and inserting <An Act relating to mental health and
29 disability services and substance-related disorders
30 and mental illness commitment proceedings, making
31 appropriations, and>

PROPOSED COMMITTEE AMENDMENT