

Senate File 525

1 Amend Senate File 525, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 1, before line 1 by inserting:

4 <DIVISION I
5 SERVICE SYSTEM REDESIGN>

6 2. Page 6, line 26, after <This> by inserting
7 <division of this>

8 3. Page 6, after line 27 by inserting:

9 <DIVISION ____
10 CONFORMING PROVISIONS

11 Sec. ____ . CONFORMING PROVISIONS. The legislative
12 services agency shall prepare a study bill for
13 consideration by the committees on human resources of
14 the senate and house of representatives for the 2012
15 legislative session, providing any necessary conforming
16 Code changes for implementation of the system redesign
17 provisions contained in this Act.

18 DIVISION ____

19 PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

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

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

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

1 8. The department of human services may give
2 approval to conversion of beds approved under
3 subsection 6, to beds which are specialized to provide
4 substance abuse treatment. However, the total number
5 of beds approved under subsection 6 and this subsection
6 shall not exceed four hundred thirty. Conversion of
7 beds under this subsection shall not require a revision
8 of the certificate of need issued for the psychiatric
9 institution making the conversion. Beds for children
10 who do not reside in this state and whose service costs
11 are not paid by public funds in this state are not
12 subject to the limitations on the number of beds and
13 certificate of need requirements otherwise applicable
14 under this section.

15 Sec. ____ . PSYCHIATRIC MEDICAL INSTITUTIONS FOR
16 CHILDREN AND RELATED SERVICES — TRANSITION COMMITTEE.

17 1. For the purposes of this section, unless the
18 context otherwise requires:

19 a. "Iowa plan" means the contract to administer the
20 behavioral health managed care plan under the state's
21 Medicaid program.

22 b. "PMIC" means a psychiatric medical institution
23 for children.

24 2. It is the intent of the general assembly to do
25 the following under this section:

26 a. Improve the reimbursement, expected outcomes,
27 and integration of PMIC services to serve the best
28 interests of children within the context of a redesign
29 of the delivery of publicly funded children's mental
30 health services in this state.

31 b. Support the development of specialized programs
32 for children with high acuity requirements whose needs
33 are not met by Iowa's current system and must be served
34 in out-of-state placements.

1 c. Transition PMIC services while providing
2 services in a manner that applies best practices and is
3 cost-effective.

4 3. The department of human services, in
5 collaboration with PMIC providers, shall develop a
6 plan for transitioning the administration of PMIC
7 services to the Iowa plan. The transition plan
8 shall address specific strategies for appropriately
9 addressing PMIC lengths of stay by increasing the
10 availability of less intensive levels of care,
11 establishing vendor performance standards, identifying
12 levels of PMIC care, providing for performance and
13 quality improvement technical assistance to providers,
14 identifying methods and standards for credentialing
15 providers of specialized programs, using innovative
16 reimbursement incentives to improve access while
17 building the capacity of less intensive levels of care,
18 and providing implementation guidelines.

19 4. a. The transition plan shall address the
20 development of specialized programs to address the
21 needs of children in need of more intensive treatment
22 who are currently underserved. All of the following
23 criteria shall be used for such programs:

24 (1) Geographic accessibility.

25 (2) Expertise needed to assure appropriate and
26 effective treatment.

27 (3) Capability to define and provide the
28 appropriate array of services and report on
29 standardized outcome measures.

30 (4) Best interests of the child.

31 b. The transition plan shall also address all of
32 the following:

33 (1) Providing navigation, access, and care
34 coordination for children and families in need of

1 services from the children's mental health system.

2 (2) Integrating the children's mental health
3 waiver services under the Medicaid program with
4 other services addressed by the transition plan as a
5 means for supporting the transition plan and ensuring
6 availability of choices for community placements.

7 (3) Identifying admission and continued stay
8 criteria for PMIC providers.

9 (4) Evaluating changes in licensing standards for
10 PMICs as necessary to ensure that the standards are
11 aligned with overall system goals.

12 (5) Evaluating alternative reimbursement and
13 service models that are innovative and could support
14 overall system goals. The models may include but are
15 not limited to accountable care organizations, medical
16 or other health homes, and performance-based payment
17 methods.

18 (6) Evaluating the adequacy of reimbursement at all
19 levels of the children's mental health system.

20 (7) Developing profiles of the conditions and
21 behaviors that result in a child's involuntary
22 discharge or out-of-state placement. The plan shall
23 incorporate provisions for developing specialized
24 programs that are designed to appropriately meet the
25 needs identified in the profiles.

26 (8) Evaluating and defining the appropriate array
27 of less intensive services for a child leaving a
28 hospital or PMIC placement.

29 (9) Evaluating and defining the standards for
30 existing and new PMIC and other treatment levels.

31 5. a. The department shall establish a
32 transition committee that includes departmental
33 staff representatives for Medicaid, child welfare,
34 field, and mental health services, the director of

1 the Iowa plan, the department of inspections and
2 appeals, a representative of each licensed PMIC, the
3 executive director of the coalition of family and
4 children's services in Iowa, a person with knowledge
5 and expertise in care coordination and integration
6 of PMIC and community-based services, two persons
7 representing families affected by the children's mental
8 health system, and a representative of juvenile court
9 officers.

10 b. The transition committee shall develop the plan
11 and manage the transition if the plan is implemented.
12 The plan shall be developed by December 31, 2011,
13 and shall be submitted to the general assembly by
14 January 16, 2012. The submitted plan shall include
15 an independent finding by the director of human
16 services, in consultation with the office of the
17 governor and the chairpersons and ranking members of
18 the joint appropriations subcommittee on health and
19 human services, that the plan meets the intent of the
20 general assembly under this section. Unless otherwise
21 directed by enactment of the general assembly the
22 department and the transition committee may proceed
23 with implementation of the submitted plan on or before
24 July 1, 2012.

25 c. The transition committee shall continue to meet
26 through December 31, 2013, to oversee transition of
27 PMIC services to the Iowa plan.

28 6. The director of the Medicaid enterprise of the
29 department of human services shall annually report on
30 or before December 15 to the chairpersons and ranking
31 members of the joint appropriations subcommittee on
32 health and human services through December 15, 2016,
33 regarding the implementation of this section. The
34 content of the report shall include but is not limited

1 to information on children served by PMIC providers,
2 the types of locations to which children are discharged
3 following a hospital or PMIC placement and the
4 community-based services available to such children,
5 and the incidence of readmission to a PMIC within 12
6 months of discharge. The report shall also recommend
7 whether or not to continue administration of PMIC
8 services under the Iowa plan based upon the quality
9 of service delivery, the value of utilizing the Iowa
10 plan administration rather than the previous approach
11 through the Medicaid enterprise, and analysis of the
12 cost and benefits of utilizing the Iowa plan approach.

13 DIVISION ____

14 COMMUNITY MENTAL HEALTH CENTERS

15 COMMUNITY MENTAL HEALTH CENTERS — CATCHMENT AREAS

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

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

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

1 Sec. ____ . NEW SECTION. **230A.102 Definitions.**

2 As used in this chapter, unless the context
3 otherwise requires:

4 1. “*Administrator*”, “*commission*”, “*department*”,
5 “*disability services*”, and “*division*” mean the same as
6 defined in section 225C.2.

7 2. “*Catchment area*” means a community mental health
8 center catchment area identified in accordance with
9 this chapter.

10 3. “*Community mental health center*” or “*center*”
11 means a community mental health center designated in
12 accordance with this chapter.

13 Sec. ____ . NEW SECTION. **230A.103 Designation of**
14 **community mental health centers.**

15 1. The division, subject to agreement by any
16 community mental health center that would provide
17 services for the catchment area and approval by the
18 commission, shall designate at least one community
19 mental health center under this chapter to serve as
20 lead agency for addressing the mental health needs of
21 the county or counties comprising the catchment area.
22 The designation process shall provide for the input
23 of potential service providers regarding designation
24 of the initial catchment area or a change in the
25 designation.

26 2. The division shall utilize objective criteria
27 for designating a community mental health center
28 to serve a catchment area and for withdrawing such
29 designation. The commission shall adopt rules
30 outlining the criteria. The criteria shall include but
31 are not limited to provisions for meeting all of the
32 following requirements:

33 a. An appropriate means shall be used for
34 determining which prospective designee is best able to

1 serve all ages of the targeted population within the
2 catchment area with minimal or no service denials.

3 *b.* An effective means shall be used for determining
4 the relative ability of a prospective designee to
5 appropriately provide mental health services and other
6 support to consumers residing within a catchment area
7 as well as consumers residing outside the catchment
8 area. The criteria shall address the duty for a
9 prospective designee to arrange placements outside the
10 catchment area when such placements best meet consumer
11 needs and to provide services within the catchment area
12 to consumers who reside outside the catchment area when
13 the services are necessary and appropriate.

14 3. The board of directors for a designated
15 community mental health center shall enter into
16 an agreement with the division. The terms of the
17 agreement shall include but are not limited to all of
18 the following:

19 *a.* The period of time the agreement will be in
20 force.

21 *b.* The services and other support the center will
22 offer or provide for the residents of the catchment
23 area.

24 *c.* The standards to be followed by the center in
25 determining whether and to what extent the persons
26 seeking services from the center shall be considered to
27 be able to pay the costs of the services.

28 *d.* The policies regarding availability of the
29 services offered by the center to the residents of the
30 catchment area as well as consumers residing outside
31 the catchment area.

32 *e.* The requirements for preparation and submission
33 to the division of annual audits, cost reports, program
34 reports, performance measures, and other financial and

1 service accountability information.

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

6 Sec. ____ . NEW SECTION. 230A.104 **Catchment areas.**

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

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

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

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

33 Sec. ____ . NEW SECTION. 230A.105 **Target population**
34 **— eligibility.**

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

5 a. Individuals of any age who are experiencing a
6 mental health crisis.

7 b. Individuals of any age who have a mental health
8 disorder.

9 c. Adults who have a serious mental illness or
10 chronic mental illness.

11 d. Children and youth who are experiencing a
12 serious emotional disturbance.

13 e. Individuals described in paragraph "a", "b",
14 "c", or "d" who have a co-occurring disorder, including
15 but not limited to substance abuse, mental retardation,
16 a developmental disability, brain injury, autism
17 spectrum disorder, or another disability or special
18 health care need.

19 2. Specific eligibility criteria for members of the
20 target population shall be identified in administrative
21 rules adopted by the commission. The eligibility
22 criteria shall address both clinical and financial
23 eligibility.

24 Sec. ____ . NEW SECTION. 230A.106 **Services offered.**

25 1. A community mental health center designated
26 in accordance with this chapter shall offer core
27 services and support addressing the basic mental health
28 and safety needs of the target population and other
29 residents of the catchment area served by the center
30 and may offer other services and support. The core
31 services shall be identified in administrative rules
32 adopted by the commission for this purpose.

33 2. The initial core services identified shall
34 include all of the following:

1 *a. Outpatient services.* Outpatient services shall
2 consist of evaluation and treatment services provided
3 on an ambulatory basis for the target population.
4 Outpatient services include psychiatric evaluations,
5 medication management, and individual, family, and
6 group therapy. In addition, outpatient services shall
7 include specialized outpatient services directed to the
8 following segments of the target population: children,
9 elderly, individuals who have serious and persistent
10 mental illness, and residents of the service area
11 who have been discharged from inpatient treatment
12 at a mental health facility. Outpatient services
13 shall provide elements of diagnosis, treatment, and
14 appropriate follow-up. The provision of only screening
15 and referral services does not constitute outpatient
16 services.

17 *b. Twenty-four-hour emergency services.*
18 Twenty-four-hour emergency services shall be
19 provided through a system that provides access to a
20 clinician and appropriate disposition with follow-up
21 documentation of the emergency service provided.
22 A patient shall have access to evaluation and
23 stabilization services after normal business hours.
24 The range of emergency services that shall be available
25 to a patient may include but are not limited to direct
26 contact with a clinician, medication evaluation,
27 and hospitalization. The emergency services may be
28 provided directly by the center or in collaboration
29 or affiliation with other appropriately accredited
30 providers.

31 *c. Day treatment, partial hospitalization, or*
32 *psychosocial rehabilitation services.* Such services
33 shall be provided as structured day programs in
34 segments of less than twenty-four hours using a

1 multidisciplinary team approach to develop treatment
2 plans that vary in intensity of services and the
3 frequency and duration of services based on the needs
4 of the patient. These services may be provided
5 directly by the center or in collaboration or
6 affiliation with other appropriately accredited
7 providers.

8 *d. Admission screening for voluntary patients.*

9 Admission screening services shall be available for
10 patients considered for voluntary admission to a state
11 mental health institute to determine the patient's
12 appropriateness for admission.

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

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

29 *g. Education services.* Education services may
30 include information and referral services regarding
31 available resources and information and training
32 concerning mental health, mental illness, availability
33 of services and other support, the promotion
34 of mental health, and the prevention of mental

1 illness. Education services may be made available to
2 individuals, groups, organizations, and the community
3 in general.

4 3. A community mental health center shall be
5 responsible for coordinating with associated services
6 provided by other unaffiliated agencies to members
7 of the target population in the catchment area and
8 to integrate services in the community with services
9 provided to the target population in residential or
10 inpatient settings.

11 Sec. ____ . NEW SECTION. 230A.107 Form of
12 organization.

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

17 2. A for-profit corporation, nonprofit corporation,
18 or county hospital providing mental health services to
19 county residents pursuant to a waiver approved under
20 section 225C.7, subsection 3, Code 2011, as of October
21 1, 2010, may also be designated as a community mental
22 health center.

23 Sec. ____ . NEW SECTION. 230A.108 Administrative,
24 diagnostic, and demographic information.

25 Release of administrative and diagnostic
26 information, as defined in section 228.1, and
27 demographic information necessary for aggregated
28 reporting to meet the data requirements established by
29 the division, relating to an individual who receives
30 services from a community mental health center, may
31 be made a condition of support of that center by the
32 division.

33 Sec. ____ . NEW SECTION. 230A.109 Funding —
34 legislative intent.

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

5 2. It is the intent of the general assembly that
6 the state funding provided to centers be a sufficient
7 amount for the core services and support addressing the
8 basic mental health and safety needs of the residents
9 of the catchment area served by each center to be
10 provided regardless of individual ability to pay for
11 the services and support.

12 3. While a community mental health center must
13 comply with the core services requirements and other
14 standards associated with designation, provision of
15 services is subject to the availability of a payment
16 source for the services.

17 Sec. ____ . NEW SECTION. 230A.110 Standards.

18 1. The division shall recommend and the commission
19 shall adopt standards for designated community
20 mental health centers and comprehensive community
21 mental health programs, with the overall objective of
22 ensuring that each center and each affiliate providing
23 services under contract with a center furnishes
24 high-quality mental health services within a framework
25 of accountability to the community it serves. The
26 standards adopted shall conform with federal standards
27 applicable to community mental health centers and
28 shall be in substantial conformity with the applicable
29 behavioral health standards adopted by the joint
30 commission, formerly known as the joint commission
31 on accreditation of health care organizations, and
32 other recognized national standards for evaluation of
33 psychiatric facilities unless in the judgment of the
34 division, with approval of the commission, there are

1 sound reasons for departing from the standards.

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

10 3. The standards recommended under this section
11 shall include requirements that each community mental
12 health center designated under this chapter do all of
13 the following:

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

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

29 c. Arrange for the financial condition and
30 transactions of the community mental health center to
31 be audited once each year by the auditor of state.
32 However, in lieu of an audit by state accountants,
33 the local governing body of a community mental health
34 center organized under this chapter may contract with

1 or employ certified public accountants to conduct the
2 audit, pursuant to the applicable terms and conditions
3 prescribed by sections 11.6 and 11.19 and audit format
4 prescribed by the auditor of state. Copies of each
5 audit shall be furnished by the accountant to the
6 administrator of the division of mental health and
7 disability services.

8 *d.* Comply with the accreditation standards
9 applicable to the center.

10 Sec. ____ . NEW SECTION. 230A.111 **Review and**
11 **evaluation.**

12 1. The review and evaluation of designated centers
13 shall be performed through a formal accreditation
14 review process as recommended by the division and
15 approved by the commission. The accreditation process
16 shall include all of the following:

17 *a.* Specific time intervals for full accreditation
18 reviews based upon levels of accreditation.

19 *b.* Use of random or complaint-specific, on-site
20 limited accreditation reviews in the interim between
21 full accreditation reviews, as a quality review
22 approach. The results of such reviews shall be
23 presented to the commission.

24 *c.* Use of center accreditation self-assessment
25 tools to gather data regarding quality of care and
26 outcomes, whether used during full or limited reviews
27 or at other times.

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

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

32 *b.* Measures to address noncompliant centers that
33 do not develop a corrective action plan or fail to
34 implement steps included in a corrective action plan

1 accepted by the division.

2 c. Measures to appropriately recognize centers that
3 successfully complete a corrective action plan.

4 d. Criteria to determine when a center's
5 accreditation should be denied, revoked, suspended, or
6 made provisional.

7 Sec. _____. REPEAL. Sections 230A.1 through 230A.18,
8 Code 2011, are repealed.

9 Sec. _____. IMPLEMENTATION — EFFECTIVE DATE.

10 1. Community mental health centers operating
11 under the provisions of chapter 230A, Code 2011, and
12 associated standards, rules, and other requirements as
13 of June 30, 2012, may continue to operate under such
14 requirements until the department of human services,
15 division of mental health and disability services, and
16 the mental health and disability services commission
17 have completed the rules adoption process to implement
18 the amendments to chapter 230A enacted by this Act,
19 identified catchment areas, and completed designations
20 of centers.

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

24 3. Except for this section, which shall take effect
25 July 1, 2011, this division of this Act takes effect
26 July 1, 2012.

27 DIVISION ____

28 PERSONS WITH SUBSTANCE-RELATED DISORDERS

29 AND PERSONS WITH MENTAL ILLNESS

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

32 1. That ~~substance abusers and persons suffering~~
33 from chemical dependency persons with substance-related
34 disorders be afforded the opportunity to receive

1 quality treatment and directed into rehabilitation
2 services which will help them resume a socially
3 acceptable and productive role in society.

4 Sec. _____. Section 125.2, subsection 2, Code 2011,
5 is amended by striking the subsection.

6 Sec. _____. Section 125.2, subsection 5, Code 2011,
7 is amended by striking the subsection and inserting in
8 lieu thereof the following:

9 5. "*Substance-related disorder*" means a diagnosable
10 substance abuse disorder of sufficient duration to meet
11 diagnostic criteria specified within the most current
12 diagnostic and statistical manual of mental disorders
13 published by the American psychiatric association that
14 results in a functional impairment.

15 Sec. _____. Section 125.2, subsection 9, Code 2011,
16 is amended to read as follows:

17 9. "*Facility*" means an institution, a
18 detoxification center, or an installation providing
19 care, maintenance and treatment for ~~substance abusers~~
20 persons with substance-related disorders licensed
21 by the department under section 125.13, hospitals
22 licensed under chapter 135B, or the state mental health
23 institutes designated by chapter 226.

24 Sec. _____. Section 125.2, subsections 13, 17, and
25 18, Code 2011, are amended by striking the subsections.

26 Sec. _____. Section 125.9, subsections 2 and 4, Code
27 2011, are amended to read as follows:

28 2. Make contracts necessary or incidental to the
29 performance of the duties and the execution of the
30 powers of the director, including contracts with public
31 and private agencies, organizations and individuals
32 to pay them for services rendered or furnished to
33 ~~substance abusers, chronic substance abusers, or~~
34 ~~intoxicated persons~~ persons with substance-related

1 disorders.

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

11 Sec. ____ . Section 125.10, subsections 2, 3, 4, 5,
12 7, 8, 9, 11, 13, 15, and 17, Code 2011, are amended to
13 read as follows:

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

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

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

1 5. Cooperate with the department of education,
2 boards of education, schools, police departments,
3 courts, and other public and private agencies,
4 organizations, and individuals in establishing programs
5 for the prevention of substance abuse and the treatment
6 of ~~substance abusers, chronic substance abusers, and~~
7 ~~intoxicated persons~~ persons with substance-related
8 disorders, and in preparing relevant curriculum
9 materials for use at all levels of school education.

10 7. Develop and implement, as an integral part
11 of treatment programs, an educational program for
12 use in the treatment of ~~substance abusers, chronic~~
13 ~~substance abusers, and intoxicated persons~~ persons
14 with substance-related disorders, which program shall
15 include the dissemination of information concerning the
16 nature and effects of ~~chemical~~ substances.

17 8. Organize and implement, in cooperation with
18 local treatment programs, training programs for all
19 persons engaged in treatment of ~~substance abusers,~~
20 ~~chronic substance abusers, and intoxicated persons~~
21 persons with substance-related disorders.

22 9. Sponsor and implement research in cooperation
23 with local treatment programs into the causes and
24 nature of substance abuse misuse and treatment of
25 ~~substance abusers, chronic substance abusers, and~~
26 ~~intoxicated persons~~ persons with substance-related
27 disorders, and serve as a clearing house for
28 information relating to substance abuse.

29 11. Develop and implement, with the counsel and
30 approval of the board, the comprehensive plan for
31 treatment of ~~substance abusers, chronic substance~~
32 ~~abusers, and intoxicated persons~~ persons with
33 substance-related disorders in accordance with this
34 chapter.

1 13. Utilize the support and assistance of
2 interested persons in the community, particularly
3 ~~recovered substance abusers and chronic substance~~
4 ~~abusers,~~ persons who are recovering from
5 substance-related disorders to encourage ~~substance~~
6 ~~abusers and chronic substance abusers~~ persons with
7 substance-related disorders to voluntarily undergo
8 treatment.

9 15. Encourage general hospitals and other
10 appropriate health facilities to admit without
11 discrimination ~~substance abusers, chronic substance~~
12 ~~abusers, and intoxicated persons~~ persons with
13 substance-related disorders and to provide them with
14 adequate and appropriate treatment. The director may
15 negotiate and implement contracts with hospitals and
16 other appropriate health facilities with adequate
17 detoxification facilities.

18 17. Review all state health, welfare, education and
19 treatment proposals to be submitted for federal funding
20 under federal legislation, and advise the governor on
21 provisions to be included relating to substance abuse,
22 ~~substance abusers, chronic substance abusers, and~~
23 ~~intoxicated persons~~ and persons with substance-related
24 disorders.

25 Sec. _____. Section 125.12, subsections 1 and 3, Code
26 2011, are amended to read as follows:

27 1. The board shall review the comprehensive
28 substance abuse program implemented by the department
29 for the treatment of ~~substance abusers, chronic~~
30 ~~substance abusers, intoxicated persons~~ persons with
31 substance-related disorders, and concerned family
32 members. Subject to the review of the board, the
33 director shall divide the state into appropriate
34 regions for the conduct of the program and establish

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

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

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

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

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

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

1 All survey reports from the accrediting or licensing
2 body must be sent to the department.

3 c. Private institutions conducted by and
4 for persons who adhere to the faith of any well
5 recognized church or religious denomination for the
6 purpose of providing care, treatment, counseling,
7 or rehabilitation to ~~substance abusers or chronic~~
8 ~~substance abusers~~ persons with substance-related
9 disorders and who rely solely on prayer or other
10 spiritual means for healing in the practice of religion
11 of such church or denomination.

12 Sec. ____. Section 125.15, Code 2011, is amended to
13 read as follows:

14 **125.15 Inspections.**

15 The department may inspect the facilities and review
16 the procedures utilized by any chemical substitutes
17 or antagonists program, residential program, or
18 nonresidential outpatient program that has as a
19 primary purpose the treatment and rehabilitation of
20 ~~substance abusers or chronic substance abusers~~ persons
21 with substance-related disorders, for the purpose of
22 ensuring compliance with this chapter and the rules
23 adopted pursuant to this chapter. The examination
24 and review may include case record audits and
25 interviews with staff and patients, consistent with the
26 confidentiality safeguards of state and federal law.

27 Sec. ____. Section 125.32, unnumbered paragraph 1,
28 Code 2011, is amended to read as follows:

29 The department shall adopt and may amend and repeal
30 rules for acceptance of persons into the treatment
31 program, subject to chapter 17A, considering available
32 treatment resources and facilities, for the purpose of
33 early and effective treatment of ~~substance abusers,~~
34 ~~chronic substance abusers, intoxicated persons,~~ persons

1 with substance-related disorders and concerned family
2 members. In establishing the rules the department
3 shall be guided by the following standards:

4 Sec. _____. Section 125.33, subsections 1, 3, and 4,
5 Code 2011, are amended to read as follows:

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

33 3. A ~~substance abuser or chronic substance abuser~~
34 person with a substance-related disorder seeking

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

29 4. If a patient receiving inpatient or residential
30 care leaves a facility, the patient shall be encouraged
31 to consent to appropriate outpatient or halfway house
32 treatment. If it appears to the administrator in
33 charge of the facility that the patient is a ~~substance~~
34 ~~abuser or chronic substance abuser~~ person with a

1 substance-related disorder who requires help, the
2 director may arrange for assistance in obtaining
3 supportive services.

4 Sec. _____. Section 125.34, Code 2011, is amended to
5 read as follows:

6 **125.34 Treatment and services for intoxicated**
7 ~~persons and persons incapacitated by alcohol~~ **persons**
8 **with substance-related disorders due to intoxication and**
9 **substance-induced incapacitation.**

10 1. ~~An intoxicated~~ A person with a substance-related
11 disorder due to intoxication or substance-induced
12 incapacitation may come voluntarily to a facility
13 for emergency treatment. A person who appears to be
14 intoxicated or incapacitated by a ~~chemical~~ substance
15 in a public place and in need of help may be taken to a
16 facility by a peace officer under section 125.91. If
17 the person refuses the proffered help, the person may
18 be arrested and charged with intoxication under section
19 123.46, if applicable.

20 2. If no facility is readily available the
21 person may be taken to an emergency medical service
22 customarily used for incapacitated persons. The
23 peace officer in detaining the person and in taking
24 the person to a facility shall make every reasonable
25 effort to protect the person's health and safety. In
26 detaining the person the detaining officer may take
27 reasonable steps for self-protection. Detaining a
28 person under section 125.91 is not an arrest and no
29 entry or other record shall be made to indicate that
30 the person who is detained has been arrested or charged
31 with a crime.

32 3. A person who arrives at a facility and
33 voluntarily submits to examination shall be examined
34 by a licensed physician as soon as possible after the

1 person arrives at the facility. The person may then
2 be admitted as a patient or referred to another health
3 facility. The referring facility shall arrange for
4 transportation.

5 4. If a person is voluntarily admitted to a
6 facility, the person's family or next of kin shall be
7 notified as promptly as possible. If an adult patient
8 who is not incapacitated requests that there be no
9 notification, the request shall be respected.

10 5. A peace officer who acts in compliance with
11 this section is acting in the course of the officer's
12 official duty and is not criminally or civilly liable
13 therefor, unless such acts constitute willful malice
14 or abuse.

15 6. If the physician in charge of the facility
16 determines it is for the patient's benefit, the patient
17 shall be encouraged to agree to further diagnosis and
18 appropriate voluntary treatment.

19 7. A licensed physician and surgeon or osteopathic
20 physician and surgeon, facility administrator, or an
21 employee or a person acting as or on behalf of the
22 facility administrator, is not criminally or civilly
23 liable for acts in conformity with this chapter, unless
24 the acts constitute willful malice or abuse.

25 Sec. _____. Section 125.43, Code 2011, is amended to
26 read as follows:

27 **125.43 Funding at mental health institutes.**

28 Chapter 230 governs the determination of the
29 costs and payment for treatment provided to ~~substance~~
30 ~~abusers or chronic substance abusers~~ persons with
31 substance-related disorders in a mental health
32 institute under the department of human services,
33 except that the charges are not a lien on real estate
34 owned by persons legally liable for support of the

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

15 Sec. _____. Section 125.43A, Code 2011, is amended to
16 read as follows:

17 **125.43A Prescreening — exception.**

18 Except in cases of medical emergency or
19 court-ordered admissions, a person shall be admitted
20 to a state mental health institute for substance
21 abuse treatment only after a preliminary intake and
22 assessment by a department-licensed treatment facility
23 or a hospital providing care or treatment for ~~substance~~
24 ~~abusers~~ persons with substance-related disorders
25 licensed under chapter 135B and accredited by the
26 joint commission on the accreditation of health care
27 organizations, the commission on accreditation of
28 rehabilitation facilities, the American osteopathic
29 association, or another recognized organization
30 approved by the board, or by a designee of a
31 department-licensed treatment facility or a hospital
32 other than a state mental health institute, which
33 confirms that the admission is appropriate to the
34 person's substance abuse service needs. A county board

1 of supervisors may seek an admission of a patient
2 to a state mental health institute who has not been
3 confirmed for appropriate admission and the county
4 shall be responsible for one hundred percent of the
5 cost of treatment and services of the patient.

6 Sec. _____. Section 125.44, Code 2011, is amended to
7 read as follows:

8 **125.44 Agreements with facilities — liability for**
9 **costs.**

10 The director may, consistent with the comprehensive
11 substance abuse program, enter into written
12 agreements with a facility as defined in section
13 125.2 to pay for one hundred percent of the cost of
14 the care, maintenance, and treatment of ~~substance~~
15 ~~abusers and chronic substance abusers~~ persons with
16 substance-related disorders, except when section
17 125.43A applies. All payments for state patients shall
18 be made in accordance with the limitations of this
19 section. Such contracts shall be for a period of no
20 more than one year.

21 The contract may be in the form and contain
22 provisions as agreed upon by the parties. The contract
23 shall provide that the facility shall admit and
24 treat ~~substance abusers and chronic substance abusers~~
25 persons with substance-related disorders regardless
26 of where they have residence. If one payment for
27 care, maintenance, and treatment is not made by the
28 patient or those legally liable for the patient, the
29 payment shall be made by the department directly to
30 the facility. Payments shall be made each month and
31 shall be based upon the rate of payment for services
32 negotiated between the department and the contracting
33 facility. If a facility projects a temporary cash flow
34 deficit, the department may make cash advances at the

1 beginning of each fiscal year to the facility. The
2 repayment schedule for advances shall be part of the
3 contract between the department and the facility. This
4 section does not pertain to patients treated at the
5 mental health institutes.

6 If the appropriation to the department is
7 insufficient to meet the requirements of this section,
8 the department shall request a transfer of funds and
9 section 8.39 shall apply.

10 The ~~substance abuser or chronic substance abuser~~
11 person with a substance-related disorder is legally
12 liable to the facility for the total amount of the cost
13 of providing care, maintenance, and treatment for the
14 ~~substance abuser or chronic substance abuser~~ person
15 with a substance-related disorder while a voluntary or
16 committed patient in a facility. This section does not
17 prohibit any individual from paying any portion of the
18 cost of treatment.

19 The department is liable for the cost of
20 care, treatment, and maintenance of ~~substance~~
21 ~~abusers and chronic substance abusers~~ persons with
22 substance-related disorders admitted to the facility
23 voluntarily or pursuant to section 125.75, 125.81,
24 or 125.91 or section 321J.3 or 124.409 only to those
25 facilities that have a contract with the department
26 under this section, only for the amount computed
27 according to and within the limits of liability
28 prescribed by this section, and only when the ~~substance~~
29 ~~abuser or chronic substance abuser~~ person with a
30 substance-related disorder is unable to pay the costs
31 and there is no other person, firm, corporation, or
32 insurance company bound to pay the costs.

33 The department's maximum liability for the costs
34 of care, treatment, and maintenance of ~~substance~~

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

6 Sec. _____. Section 125.46, Code 2011, is amended to
7 read as follows:

8 **125.46 County of residence determined.**

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

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

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

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

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

1 substance-related disorder.

2 Sec. _____. Section 125.80, subsections 3 and 4, Code
3 2011, are amended to read as follows:

4 3. If the report of a court-designated physician
5 is to the effect that the respondent is not a ~~chronic~~
6 ~~substance-abuser~~ person with a substance-related
7 disorder, the court, without taking further action, may
8 terminate the proceeding and dismiss the application on
9 its own motion and without notice.

10 4. If the report of a court-designated physician
11 is to the effect that the respondent is a ~~chronic~~
12 ~~substance-abuser~~ person with a substance-related
13 disorder, the court shall schedule a commitment
14 hearing as soon as possible. The hearing shall be
15 held not more than forty-eight hours after the report
16 is filed, excluding Saturdays, Sundays, and holidays,
17 unless an extension for good cause is requested by
18 the respondent, or as soon thereafter as possible if
19 the court considers that sufficient grounds exist for
20 delaying the hearing.

21 Sec. _____. Section 125.81, subsection 1, Code 2011,
22 is amended to read as follows:

23 1. If a person filing an application requests that
24 a respondent be taken into immediate custody, and the
25 court upon reviewing the application and accompanying
26 documentation, finds probable cause to believe that the
27 respondent is a ~~chronic-substance-abuser~~ person with
28 a substance-related disorder who is likely to injure
29 the person or other persons if allowed to remain at
30 liberty, the court may enter a written order directing
31 that the respondent be taken into immediate custody
32 by the sheriff, and be detained until the commitment
33 hearing, which shall be held no more than five days
34 after the date of the order, except that if the fifth

1 day after the date of the order is a Saturday, Sunday,
2 or a holiday, the hearing may be held on the next
3 business day. The court may order the respondent
4 detained for the period of time until the hearing is
5 held, and no longer except as provided in section
6 125.88, in accordance with subsection 2, paragraph
7 "a", if possible, and if not, then in accordance with
8 subsection 2, paragraph "b", or, only if neither of
9 these alternatives is available in accordance with
10 subsection 2, paragraph "c".

11 Sec. _____. Section 125.82, subsection 4, Code 2011,
12 is amended to read as follows:

13 4. The respondent's welfare is paramount, and the
14 hearing shall be tried as a civil matter and conducted
15 in as informal a manner as is consistent with orderly
16 procedure. Discovery as permitted under the Iowa rules
17 of civil procedure is available to the respondent. The
18 court shall receive all relevant and material evidence,
19 but the court is not bound by the rules of evidence.
20 A presumption in favor of the respondent exists, and
21 the burden of evidence and support of the contentions
22 made in the application shall be upon the person who
23 filed the application. If upon completion of the
24 hearing the court finds that the contention that the
25 respondent is a ~~chronic substance abuser~~ person with a
26 substance-related disorder has not been sustained by
27 clear and convincing evidence, the court shall deny the
28 application and terminate the proceeding.

29 Sec. _____. Section 125.83, Code 2011, is amended to
30 read as follows:

31 **125.83 Placement for evaluation.**

32 If upon completion of the commitment hearing,
33 the court finds that the contention that the
34 respondent is a ~~chronic substance abuser~~ person with

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

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

33 1. If upon completion of the commitment hearing,
34 the court finds that the contention that the

1 respondent is a ~~chronic substance abuser~~ person with a
2 substance-related disorder has been sustained by clear
3 and convincing evidence, and the court is furnished
4 evidence that the respondent is eligible for care
5 and treatment in a facility operated by the United
6 States department of veterans affairs or another
7 agency of the United States government and that the
8 facility is willing to receive the respondent, the
9 court may so order. The respondent, when so placed in
10 a facility operated by the United States department
11 of veterans affairs or another agency of the United
12 States government within or outside of this state,
13 shall be subject to the rules of the United States
14 department of veterans affairs or other agency, but
15 shall not lose any procedural rights afforded the
16 respondent by this chapter. The chief officer of the
17 facility shall have, with respect to the respondent
18 so placed, the same powers and duties as the chief
19 medical officer of a hospital in this state would
20 have in regard to submission of reports to the court,
21 retention of custody, transfer, convalescent leave, or
22 discharge. Jurisdiction is retained in the court to
23 maintain surveillance of the respondent's treatment and
24 care, and at any time to inquire into the respondent's
25 condition and the need for continued care and custody.

26 Sec. ____ . Section 125.84, subsections 2, 3, and 4,
27 Code 2011, are amended to read as follows:

28 2. That the respondent is a ~~chronic substance~~
29 ~~abuser~~ person with a substance-related disorder who
30 is in need of full-time custody, care, and treatment
31 in a facility, and is considered likely to benefit
32 from treatment. If the report so states, the court
33 shall enter an order which may require the respondent's
34 continued placement and commitment to a facility for

1 appropriate treatment.

2 3. That the respondent is a ~~chronic-substance~~
3 ~~abuser~~ person with a substance-related disorder who is
4 in need of treatment, but does not require full-time
5 placement in a facility. If the report so states,
6 the report shall include the chief medical officer's
7 recommendation for treatment of the respondent on an
8 outpatient or other appropriate basis, and the court
9 shall enter an order which may direct the respondent to
10 submit to the recommended treatment. The order shall
11 provide that if the respondent fails or refuses to
12 submit to treatment, as directed by the court's order,
13 the court may order that the respondent be taken into
14 immediate custody as provided by section 125.81 and,
15 following notice and hearing held in accordance with
16 the procedures of sections 125.77 and 125.82, may order
17 the respondent treated as a patient requiring full-time
18 custody, care, and treatment as provided in subsection
19 2, and may order the respondent involuntarily committed
20 to a facility.

21 4. That the respondent is a ~~chronic-substance~~
22 ~~abuser~~ person with a substance-related disorder who is
23 in need of treatment, but in the opinion of the chief
24 medical officer is not responding to the treatment
25 provided. If the report so states, the report shall
26 include the facility administrator's recommendation
27 for alternative placement, and the court shall enter
28 an order which may direct the respondent's transfer
29 to the recommended placement or to another placement
30 after consultation with respondent's attorney and the
31 facility administrator who made the report under this
32 subsection.

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

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

12 2. a. A peace officer who has reasonable
13 grounds to believe that the circumstances described
14 in subsection 1 are applicable may, without a
15 warrant, take or cause that person to be taken to the
16 nearest available facility referred to in section
17 125.81, subsection 2, paragraph "b" or "c". Such
18 ~~an intoxicated or incapacitated~~ a person with a
19 substance-related disorder due to intoxication or
20 substance-induced incapacitation who also demonstrates
21 a significant degree of distress or dysfunction may
22 also be delivered to a facility by someone other than
23 a peace officer upon a showing of reasonable grounds.
24 Upon delivery of the person to a facility under this
25 section, the examining physician may order treatment
26 of the person, but only to the extent necessary to
27 preserve the person's life or to appropriately control
28 the person's behavior if the behavior is likely to
29 result in physical injury to the person or others
30 if allowed to continue. The peace officer or other
31 person who delivered the person to the facility
32 shall describe the circumstances of the matter to
33 the examining physician. If the person is a peace
34 officer, the peace officer may do so either in person

1 or by written report. If the examining physician has
2 reasonable grounds to believe that the circumstances in
3 subsection 1 are applicable, the examining physician
4 shall at once communicate with the nearest available
5 magistrate as defined in section 801.4, subsection 10.
6 The magistrate shall, based upon the circumstances
7 described by the examining physician, give the
8 examining physician oral instructions either directing
9 that the person be released forthwith, or authorizing
10 the person's detention in an appropriate facility.
11 The magistrate may also give oral instructions and
12 order that the detained person be transported to an
13 appropriate facility.

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

1 service that transported the person pursuant to the
2 magistrate's order.

3 3. ~~The chief medical officer of the facility~~
4 attending physician shall examine and may detain the
5 person pursuant to the magistrate's order for a period
6 not to exceed forty-eight hours from the time the order
7 is dated, excluding Saturdays, Sundays, and holidays,
8 unless the order is dismissed by a magistrate. The
9 facility may provide treatment which is necessary to
10 preserve the person's life or to appropriately control
11 the person's behavior if the behavior is likely to
12 result in physical injury to the person or others if
13 allowed to continue or is otherwise deemed medically
14 necessary by the ~~chief medical officer~~ attending
15 physician, but shall not otherwise provide treatment to
16 the person without the person's consent. The person
17 shall be discharged from the facility and released
18 from detention no later than the expiration of the
19 forty-eight-hour period, unless an application for
20 involuntary commitment is filed with the clerk pursuant
21 to section 125.75. The detention of a person by the
22 procedure in this section, and not in excess of the
23 period of time prescribed by this section, shall not
24 render the peace officer, attending physician, or
25 facility detaining the person liable in a criminal or
26 civil action for false arrest or false imprisonment
27 if the peace officer, physician, or facility had
28 reasonable grounds to believe that the circumstances
29 described in subsection 1 were applicable.

30 Sec. _____. Section 226.9C, subsection 2, paragraph
31 c, Code 2011, is amended to read as follows:

32 c. (1) Prior to an individual's admission for dual
33 diagnosis treatment, the individual shall have been
34 prescreened. The person performing the prescreening

1 shall meet all of the following qualifications: is a
2 mental health professional as defined in section 228.1,
3 is a certified alcohol and drug counselor certified
4 by the nongovernmental Iowa board of substance abuse
5 certification, and is employed by or providing services
6 for a facility, as defined in section 125.2.

7 (2) Prior to an individual's admission for dual
8 diagnosis treatment, the individual shall have
9 been screened through a county's central point of
10 coordination process implemented pursuant to section
11 331.440 to determine the appropriateness of the
12 treatment.

13 Sec. ____ . Section 229.1, subsection 12, Code 2011,
14 is amended to read as follows:

15 12. *"Psychiatric advanced registered nurse*
16 *practitioner"* means an individual currently licensed as
17 a registered nurse under chapter 152 or 152E who holds
18 a national certification in psychiatric mental health
19 care and who is registered with the board of nursing as
20 an advanced registered nurse practitioner.

21 Sec. ____ . Section 229.15, subsection 3, paragraph
22 a, Code 2011, is amended to read as follows:

23 a. A psychiatric advanced registered nurse
24 practitioner treating a patient previously hospitalized
25 under this chapter may complete periodic reports
26 pursuant to this section on the patient if the patient
27 has been recommended for treatment on an outpatient or
28 other appropriate basis pursuant to section 229.14,
29 subsection 1, paragraph "c", ~~and if a psychiatrist~~
30 ~~licensed pursuant to chapter 148 personally evaluates~~
31 ~~the patient on at least an annual basis.~~

32 Sec. ____ . Section 229.21, subsection 2, Code 2011,
33 is amended to read as follows:

34 2. When an application for involuntary

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

21 Sec. ____ . Section 229.21, subsection 3, paragraphs
22 a and b, Code 2011, are amended to read as follows:

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

1 next friend, guardian, or attorney.

2 *b.* An order of a magistrate or judicial
3 hospitalization referee with a finding that the
4 respondent is seriously mentally impaired or a ~~chronic~~
5 ~~substance abuser~~ person with a substance-related
6 disorder shall include the following notice, located
7 conspicuously on the face of the order:

8 NOTE: The respondent may appeal from this order to a
9 judge of the district court by giving written notice of
10 the appeal to the clerk of the district court within
11 ten days after the date of this order. The appeal may
12 be signed by the respondent or by the respondent's next
13 friend, guardian, or attorney. For a more complete
14 description of the respondent's appeal rights, consult
15 section 229.21 of the Code of Iowa or an attorney.

16 Sec. ____ . Section 229.21, subsection 4, Code 2011,
17 is amended to read as follows:

18 4. If the appellant is in custody under the
19 jurisdiction of the district court at the time
20 of service of the notice of appeal, the appellant
21 shall be discharged from custody unless an order
22 that the appellant be taken into immediate custody
23 has previously been issued under section 229.11 or
24 section 125.81, in which case the appellant shall
25 be detained as provided in that section until the
26 hospitalization or commitment hearing before the
27 district judge. If the appellant is in the custody of
28 a hospital or facility at the time of service of the
29 notice of appeal, the appellant shall be discharged
30 from custody pending disposition of the appeal unless
31 the chief medical officer, not later than the end of
32 the next secular day on which the office of the clerk
33 is open and which follows service of the notice of
34 appeal, files with the clerk a certification that in

1 the chief medical officer's opinion the appellant is
2 seriously mentally ill or a ~~substance abuser~~ person
3 with a substance-related disorder. In that case, the
4 appellant shall remain in custody of the hospital
5 or facility until the hospitalization or commitment
6 hearing before the district court.

7 Sec. _____. Section 230.15, unnumbered paragraph 2,
8 Code 2011, is amended to read as follows:

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

1 department of human services.

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

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

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

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

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

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

19 Sec. _____. IMPLEMENTATION OF ACT. Section 25B.2,
20 subsection 3, shall not apply to this division of this
21 Act.

22 Sec. _____. EFFECTIVE DATE. This division of this
23 Act takes effect July 1, 2012.>

24 4. By renumbering as necessary.

PROPOSED COMMITTEE AMENDMENT