

b. A direct common carrier of passengers or property regulated by an agency of the federal government or employees of a common carrier when engaged solely in the transportation business of the carrier as identified in the carrier's certificate.

2. A travel agency is subject to this chapter, notwithstanding that the customer's name was obtained from the customer as part of a promotion where the customer signed up to receive a sales presentation or to enter a drawing for a prize prior to the solicitation. These activities do not constitute a previous travel services provider-customer relationship.

Approved June 1, 1989

CHAPTER 275

INVOLUNTARY HOSPITALIZATION OF THE MENTALLY ILL

H.F. 579

AN ACT relating to involuntary hospitalization procedures applicable to the mentally ill.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 229.1, subsection 2, Code 1989, is amended to read as follows:

2. "Seriously mentally impaired" or "serious mental impairment" describes the condition of a person who is afflicted with mental illness and because of that illness lacks sufficient judgment to make responsible decisions with respect to the person's hospitalization or treatment, and who because of that illness meets any of the following criteria:

a. Is likely to physically injure the person's self or others if allowed to remain at liberty without treatment; ~~or.~~

b. Is likely to inflict serious emotional injury on members of the person's family or others who lack reasonable opportunity to avoid contact with the afflicted person if the afflicted person is allowed to remain at liberty without treatment.

c. Is unable to satisfy the person's needs for nourishment, clothing, essential medical care, or shelter so that it is likely that the person will suffer substantial physical injury, serious physical debilitation, or death within the reasonably foreseeable future.

Sec. 2. **NEW SECTION.** 229.1A LEGISLATIVE INTENT.

As mental illness is often a continuing condition which is subject to wide and unpredictable changes in condition and fluctuations in reoccurrence and remission, this chapter shall be liberally construed to give recognition to these medical facts.

Sec. 3. Section 229.11, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The clerk shall furnish copies of any orders to the respondent and to the applicant if the applicant files a written waiver signed by the respondent.

Sec. 4. Section 229.12, Code 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 5. The clerk shall furnish copies of any orders to the respondent and to the applicant if the applicant files a written waiver signed by the respondent.

Sec. 5. Section 229.16, Code 1989, is amended to read as follows:

229.16 DISCHARGE AND TERMINATION OF PROCEEDING.

When in the opinion of the chief medical officer the condition of a patient who is hospitalized under section 229.14, subsection 2, or is receiving treatment under section 229.14, subsection 3, or is in full-time care and custody under section 229.14, subsection 4, of section 229.14 is such that in the opinion of the chief medical officer the patient no longer requires treatment

or care for serious mental impairment, the chief medical officer shall tentatively discharge the patient and immediately report that fact to the court which ordered the patient's hospitalization or care and custody. The court shall thereupon issue an order confirming the patient's discharge from the hospital or from care and custody, as the case may be, and shall terminate the proceedings pursuant to which the order was issued. Copies of the order shall be sent by certified mail to the hospital, and the patient, and the applicant if the applicant has filed a written waiver signed by the patient.

Sec. 6. Section 229.23, subsection 1, Code 1989, is amended to read as follows:

1. Prompt evaluation, emergency necessary psychiatric services, and additional care and treatment as indicated by sound medical practice the patient's condition. A comprehensive, individualized treatment plan shall be timely developed following issuance of the court order requiring involuntary hospitalization. The plan shall be consistent with current standards appropriate to the facility to which the person has been committed and with currently accepted standards for psychiatric treatment of the patient's condition, including chemotherapy, psychotherapy, counseling and other modalities as may be appropriate.

Sec. 7. Section 229.25, subsection 3, unnumbered paragraph 3, Code 1989, is amended to read as follows:

When the chief medical officer deems it to be in the best interest of the patient and ~~the spouse~~ the patient's next of kin to do so, the chief medical officer may release appropriate information during a consultation which the hospital or facility shall arrange with the ~~spouse~~ next of kin of a voluntary or involuntary patient, if requested by a ~~spouse~~ the patient's next of kin.

Sec. 8. SUPREME COURT TASK FORCE.

The supreme court is requested to establish a task force on involuntary hospitalization to do the following:

1. Recommend methods for improving the consistent application of chapters 125, 229, and 232.
2. Recommend educational programs, topics, and materials and determine costs associated with providing voluntary education programs to judicial hospitalization referees, patient advocates, and to members of the bar and medical community who are involved in involuntary hospitalization.
3. Investigate the constitutionality of section 125.82, subsection 5, and section 125.83 and make appropriate recommendations.
4. Prepare a report describing and explaining prehearing screening and monitoring of medication programs which have been established in other states.

The task force shall report its findings and any recommendations to the supreme court and the legislative council by January 31, 1990. The legislative service bureau shall staff the task force.

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