

**NINETIETH GENERAL ASSEMBLY
2024 REGULAR SESSION
DAILY
SENATE CLIP SHEET**

April 9, 2024

Clip Sheet Summary

Displays all amendments, fiscal notes, and conference committee reports for previous day.

Bill	Amendment	Action	Sponsor
SF 2159	S-5123	Filed	WAYLON BROWN
SF 2420	S-5122	Filed	JEFF EDLER
HF 2668	S-5124	Filed	WAYLON BROWN

Fiscal Notes

[HF 2679](#) — [Law Firm Contract Attorneys, Tax Credit](#) (LSB5550HV.1)

SENATE FILE 2159

S-5123

1 Amend Senate File 2159 as follows:

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

4 <Section 1. NEW SECTION. 514C.36 **Biomarker testing —**
5 **coverage.**

6 1. As used in this section, unless the context otherwise
7 requires:

8 *a. "Biomarker"* means a characteristic that is objectively
9 measured and evaluated as an indicator of normal biological
10 processes, pathogenic processes, or pharmacologic responses to
11 a specific therapeutic intervention, including but not limited
12 to genetic mutations or protein expression.

13 *b. "Biomarker testing"* means the analysis of an individual's
14 tissue, blood, or other biospecimen for the presence of a
15 biomarker, including but not limited to single-analyte tests,
16 multiplex panel tests, or whole genome sequencing.

17 *c. "Clinical utility"* means sufficient medical and
18 scientific evidence indicating the use of a specific biomarker
19 test will provide meaningful information that will affect
20 treatment decisions and improve a covered person's outcome.

21 *d. "Consensus statement"* means a statement developed by
22 an independent, multidisciplinary panel of experts, none of
23 whom have a conflict of interest, who utilize a transparent
24 methodology and reporting structure. A consensus statement
25 concerns specific clinical circumstances and is based on the
26 best available evidence for the purpose of optimizing the
27 outcomes of clinical care.

28 *e. "Covered person"* means a policyholder, subscriber, or
29 other person participating in a policy, contract, or plan that
30 provides for third-party payment or prepayment of health or
31 medical expenses.

32 *f. "Health care professional"* means the same as defined in
33 section 514J.102.

34 *g. "Local coverage determinations"* means the same as defined
35 in section 1869(f)(2)(B) of the federal Social Security Act.

1 *h. "National coverage determinations"* means the same as
2 defined in section 1869(f)(1)(B) of the federal Social Security
3 Act.

4 *i. "Nationally recognized clinical practice guidelines"*
5 means evidence-based clinical practice guidelines developed by
6 independent organizations or medical professional societies,
7 none of which have a conflict of interest, that utilize a
8 transparent methodology and reporting structure. Clinical
9 practice guidelines establish standards of care informed
10 by a systematic review of evidence and assessment of the
11 costs and benefits of alternative care options and include
12 recommendations intended to optimize patient care.

13 2. Notwithstanding the uniformity of treatment requirements
14 of section 514C.6, a policy, contract, or plan providing for
15 third-party payment or prepayment of medical expenses shall
16 provide coverage for biomarker testing for the purposes of
17 diagnosing, treating, appropriately managing, or monitoring a
18 disease or condition in a covered person when the biomarker
19 testing has demonstrated clinical utility, including but not
20 limited to any of the following:

21 *a.* Labeled indications for a test approved or cleared by
22 the United States food and drug administration or indicated
23 tests for a drug approved by the United States food and drug
24 administration.

25 *b.* Centers for Medicare and Medicaid services of the
26 United States department of health and human services national
27 coverage determinations or Medicare administrative contractor
28 local coverage determinations.

29 *c.* Nationally recognized clinical practice guidelines and
30 consensus statements.

31 3. Coverage required under this section shall limit
32 disruptions in care, including mitigating the need for a
33 covered person to undergo multiple biopsies or to provide
34 multiple biospecimen samples.

35 4. A covered person and the covered person's health care

1 professional shall have access to a clear and convenient
2 process available on the health carrier's internet site to
3 request an exception to coverage provided under this section.

4 5. *a.* This section applies to the following classes of
5 third-party payment provider policies, contracts, or plans
6 delivered, issued for delivery, continued, or renewed in this
7 state on or after January 1, 2025:

8 (1) Individual or group accident and sickness insurance
9 providing coverage on an expense-incurred basis.

10 (2) An individual or group hospital or medical service
11 contract issued pursuant to chapter 509, 514, or 514A.

12 (3) An individual or group health maintenance organization
13 contract regulated under chapter 514B.

14 (4) A plan established pursuant to chapter 509A for public
15 employees.

16 *b.* This section shall apply to all of the following:

17 (1) The medical assistance program under chapter 249A.

18 (2) The healthy and well kids in Iowa (Hawki) program under
19 chapter 514I.

20 (3) A managed care organization acting pursuant to a
21 contract with the department of health and human services under
22 chapter 249A, or with the healthy and well kids in Iowa (Hawki)
23 program under chapter 514I.

24 *c.* This section shall not apply to accident-only,
25 specified disease, short-term hospital or medical, hospital
26 confinement indemnity, credit, dental, vision, Medicare
27 supplement, long-term care, basic hospital and medical-surgical
28 expense coverage as defined by the commissioner, disability
29 income insurance coverage, coverage issued as a supplement
30 to liability insurance, workers' compensation or similar
31 insurance, or automobile medical payment insurance.

32 6. The commissioner of insurance may adopt rules pursuant to
33 chapter 17A to administer this section.

34 Sec. 2. DEPARTMENT OF HEALTH AND HUMAN SERVICES — REQUIRED
35 REPORT. Before November 1, 2025, the department of health

S-5123 (Continued)

1 and human services shall report the number of biomarker tests
2 provided during fiscal year 2025, and the resulting cost of
3 providing the biomarker tests during fiscal year 2025, to
4 individuals pursuant to this Act that are covered by the
5 medical assistance program under chapter 249A and the healthy
6 and well kids in Iowa (Hawki) program under chapter 514I.>

By WAYLON BROWN

[S-5123](#) FILED APRIL 8, 2024

S-5122

1 Amend Senate File 2420 as follows:

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

4 <DIVISION I

5 BEHAVIORAL HEALTH SERVICE SYSTEM

6 Section 1. NEW SECTION. **225A.1 Definitions.**

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

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

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

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

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

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

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

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

- 1 8. *“Department”* means the department of health and human
2 services.
- 3 9. *“Director”* means the director of the department of health
4 and human services.
- 5 10. *“District behavioral health advisory council”*
6 or *“advisory council”* means a council established by an
7 administrative services organization under section 225A.5, to
8 identify opportunities, address challenges, and advise the
9 administrative services organization in accordance with section
10 225A.5.
- 11 11. *“District behavioral health service system plan”* or
12 *“district behavioral health plan”* means a plan developed by
13 an administrative services organization and approved by the
14 department to outline the services intended to be provided
15 within the administrative services organization’s behavioral
16 health district.
- 17 12. *“Indicated prevention”* means prevention activities
18 designed to prevent the onset of substance use disorders in
19 individuals who do not meet the medical criteria for addiction,
20 but who show early signs of developing a substance use disorder
21 in the future.
- 22 13. *“Selective prevention”* means prevention activities
23 designed to target subsets of the total population who are
24 considered at-risk for a substance use disorder by virtue of
25 their membership in a particular segment of the population.
26 Selective prevention targets the entire subgroup, regardless of
27 the degree of risk of any individual within the group.
- 28 14. *“State behavioral health service system plan”* or
29 *“state behavioral health plan”* means the plan developed by the
30 department that describes the key components of the state’s
31 behavioral health service system.
- 32 15. *“Universal prevention”* means prevention activities
33 designed to address an entire population class for the purpose
34 of preventing or delaying the use of alcohol, tobacco, and
35 other drugs. Population classes include but are not limited

1 to the national population, local populations, community
2 populations, school populations, and neighborhood populations.

3 Sec. 2. NEW SECTION. **225A.2 State mental health authority**
4 **— state agency for substance abuse.**

5 1. The department is designated as the state mental health
6 authority as defined in 42 U.S.C. §201(m) for the purpose of
7 directing benefits from the federal community mental health
8 services block grant, 42 U.S.C. §300x et seq., and the state
9 authority designated for the purpose of directing benefits
10 from the federal substance abuse prevention and treatment
11 block grant, 42 U.S.C. §300x-21 et seq. This designation
12 does not preclude the state board of regents from authorizing
13 or directing any institution under the board of regents'
14 jurisdiction to carry out educational, prevention, and research
15 activities in the areas of mental health and intellectual
16 disability.

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

20 3. For the purposes of effectuating the department's roles
21 designated in this section, the department shall have the
22 following powers and the authority to take all of the following
23 actions:

24 *a.* Plan, establish, and maintain prevention, education,
25 early intervention, treatment, recovery support, and crisis
26 services programs as necessary or desirable for the behavioral
27 health service system established in section 225A.3.

28 *b.* Develop and submit a state plan as required by, and in
29 accordance with, 42 U.S.C. §300x-1.

30 *c.* Review and approve district behavioral health service
31 system plans developed in accordance with the state behavioral
32 health service system plan.

33 *d.* Perform all necessary acts to cooperate with any state
34 agency, political subdivision, or federal government agency to
35 apply for grants.

1 e. Solicit and accept for use any gift of money by will or
2 otherwise, and any grant of money or services from the federal
3 government, the state, or any political subdivision thereof,
4 or any private source.

5 f. Collect and maintain records, engage in studies and
6 analyses, and gather relevant statistics.

7 g. Take any other actions as necessary to execute the
8 duties granted to the department in this chapter, or that
9 are otherwise required to maintain compliance with federal
10 requirements related to the department's roles as designated in
11 this section.

12 Sec. 3. NEW SECTION. **225A.3 Behavioral health service**
13 **system — department powers and duties.**

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

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

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

30 (1) Prevention intervention services and education
31 programs designed to reduce and mitigate behavioral health
32 conditions and future behavioral health conditions. Prevention
33 intervention programs shall incorporate indicated prevention,
34 selective prevention, and universal prevention activities.

35 (2) Evidence-based and evidence-informed early intervention

1 and treatment services.

2 (3) Comprehensive recovery support services with a focus on
3 community-based services that avoid, divert, or offset the need
4 for long-term inpatient services, law enforcement involvement,
5 or incarceration.

6 (4) Crisis services with a focus on reducing the escalation
7 of crisis situations, relieving the immediate distress of
8 individuals experiencing a crisis situation, and reducing the
9 risk that individuals in a crisis situation harm themselves.

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

13 a. (1) Develop a state behavioral health service system
14 plan that accomplishes all of the following:

15 (a) Identifies the goals, objectives, and targeted outcomes
16 for the behavioral health service system.

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

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

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

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

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

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

1 behavioral health plan.

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

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

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

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

23 *f.* Designate community mental health centers.

24 *g.* Conduct formal accreditation reviews of community mental
25 health centers based on minimum accreditation standards adopted
26 by the department pursuant to paragraph "e".

27 *h.* Establish and maintain a data collection and management
28 information system to identify, collect, and analyze service
29 outcome and performance data to address the needs of patients,
30 providers, the department, and programs operating within the
31 behavioral health service system.

32 *i.* Collect, monitor, and utilize information including but
33 not limited to behavioral health service system patient records
34 and syndromic surveillance data to understand emerging needs,
35 and to deploy information, resources, and technical assistance

1 in response.

2 *j.* Adopt rules pursuant to chapter 17A to administer this
3 chapter. Such rules shall include but not be limited to rules
4 that provide for all of the following:

5 (1) Minimum access standards to ensure equitable access to
6 services provided through the behavioral health service system
7 including but not limited to when services are available, who
8 is eligible for services, and where services are available.

9 (2) Methods to ensure each individual who is eligible
10 for services receives an uninterrupted continuum of care for
11 prevention, education, early intervention, treatment, recovery
12 support, and crisis services.

13 (3) Standards for the implementation and maintenance
14 of behavioral health programs and services offered by the
15 behavioral health service system, and by each administrative
16 services organization.

17 (4) Procedures for the management and oversight of
18 behavioral health providers to ensure compliance with the terms
19 of the behavioral health providers' contracts relating to the
20 behavioral health service system, and with state and federal
21 law and rules.

22 (5) Procedures for the suspension of an administrative
23 services organization's services due to the administrative
24 services organization's failure to comply with the terms and
25 conditions of its contract with the department.

26 (6) Procedures for the reallocation of funds from
27 an administrative services organization that is not in
28 compliance with the terms of its contract with the department
29 to an alternative administrative services organization or
30 a behavioral health provider to provide for services the
31 noncompliant administrative services organization failed to
32 provide.

33 (7) Procedures for the termination of an administrative
34 services organization's designation as an administrative
35 services organization.

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

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

10 Sec. 4. NEW SECTION. **225A.4 Behavioral health service**
11 **system — districts and administrative services organizations.**

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

21 *b.* For the purpose of providing equitable access to all
22 services provided through the behavioral health service
23 system, the department shall consider all of the following when
24 designating behavioral health districts:

25 (1) City and county lines.

26 (2) The maximum population size that behavioral health
27 services available in an area are able to effectively serve.

28 (3) Areas of high need for behavioral health services.

29 (4) Patterns various populations exhibit when accessing or
30 receiving behavioral health services.

31 *c.* Notwithstanding chapter 17A, the manner in which the
32 department designates behavioral health districts including but
33 not limited to the determination of the boundaries for each
34 district shall not be subject to judicial review.

35 2. *a.* The department shall designate an administrative

1 services organization for each behavioral health district to
2 oversee and organize each district and the behavioral health
3 services associated with the district. The department shall
4 issue requests for proposals for administrative services
5 organization candidates.

6 *b.* At the department's discretion, the department may
7 designate any of the following entities as an administrative
8 services organization:

9 (1) An organization that coordinated administrative
10 services or mental health and disability services for a mental
11 health and disability services region formed on or before June
12 30, 2024.

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

22 *c.* The department shall consider all of the following
23 factors in determining whether to designate an entity as an
24 administrative services organization:

25 (1) Whether the entity has demonstrated the capacity to
26 manage and utilize available resources in a manner required of
27 an administrative services organization.

28 (2) Whether the entity has demonstrated the ability to
29 ensure the delivery of behavioral health services within the
30 district as required by the department by rule.

31 (3) Whether the entity has demonstrated the ability to
32 fulfill the monitoring, oversight, and provider compliance
33 responsibilities as required by the department by rule.

34 (4) Whether the entity has demonstrated the capacity to
35 function as a subrecipient for the purposes of the federal

1 community mental health services block grant, 42 U.S.C.
2 §300x et seq., and the federal substance abuse prevention and
3 treatment block grant, 42 U.S.C. §300x-21 et seq., and the
4 ability to comply with all federal requirements applicable to
5 subrecipients under the block grants.

6 3. *a.* Upon designation by the department, an administrative
7 services organization shall be considered an instrumentality of
8 the state and shall adhere to all state and federal mandates
9 and prohibitions applicable to an instrumentality of the state.

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

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

22 5. Each administrative services organization shall perform
23 all of the following duties:

24 *a.* Develop and administer a district behavioral health plan
25 in accordance with the standards adopted by the department by
26 rule.

27 *b.* Coordinate the administration of the district behavioral
28 health plan with federal, state, and local resources in order
29 to develop a comprehensive and coordinated local behavioral
30 health service system.

31 *c.* Enter into contracts necessary to provide services under
32 the district behavioral health plan.

33 *d.* Oversee, provide technical assistance to, and monitor
34 the compliance of providers contracted by the administrative
35 services organization to provide behavioral health services in

1 accordance with the district behavioral health plan.

2 e. Establish a district behavioral health advisory council
3 pursuant to section 225A.5.

4 Sec. 5. NEW SECTION. **225A.5 District behavioral health**
5 **advisory councils.**

6 1. Each administrative services organization shall
7 establish a district behavioral health advisory council that
8 shall do all of the following:

9 a. Identify opportunities and address challenges based on
10 updates received from the administrative services organization
11 regarding the implementation of the district behavioral health
12 plan.

13 b. Advise the administrative services organization while the
14 administrative services organization is developing behavioral
15 health policies.

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

23 2. An advisory council shall consist of ten members.
24 Members shall be appointed by the administrative services
25 organization subject to the following requirements:

26 a. Three members shall be local elected public officials
27 currently holding office within the behavioral health district,
28 or the public official's designated representative.

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

35 c. Three members shall be chosen who have experience

1 or education related to core behavioral health functions,
2 essential behavioral health services, behavioral health
3 prevention, behavioral health treatment, population-based
4 behavioral health services, or community-based behavioral
5 health initiatives.

6 *d.* One member shall be a law enforcement representative from
7 within the behavioral health district.

8 3. An advisory council shall perform the duties required
9 under this section regardless of whether any seat on the
10 advisory council is vacant.

11 **Sec. 6. NEW SECTION. 225A.6 Behavioral health service**
12 **system — data collection and use.**

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

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

26 *b.* Establish and administer a central data repository for
27 collecting and analyzing state, behavioral health district, and
28 contracted behavioral health provider data.

29 *c.* Establish a record for each individual receiving publicly
30 funded services from an administrative services organization.
31 Each record shall include a unique client identifier for the
32 purposes of identifying and tracking the individual's record.

33 *d.* Consult with administrative services organizations,
34 behavioral health service providers, and other behavioral
35 health service system stakeholders on an ongoing basis to

1 implement and maintain the central data repository.

2 e. Engage with all entities that maintain information the
3 department is required to collect pursuant to this section in
4 order to integrate all data concerning individuals receiving
5 services within the behavioral health service system.

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

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

18 a. Utilize a data system that integrates with the data
19 systems used by the department.

20 b. Utilize a data system that has the capacity to securely
21 exchange information with the department, other behavioral
22 health districts, contractors, and other entities involved with
23 the behavioral health service system who are authorized to
24 access the central data repository.

25 3. Data and information maintained by and exchanged between
26 an administrative services organization and the department
27 shall be labeled consistently, share the same definitions,
28 utilize the same common coding and nomenclature, and be in a
29 form and format as required by the department by rule.

30 4. Administrative services organizations shall report
31 to the department, in a manner specified by the department,
32 information including but not limited to demographic
33 information, expenditure data, and data concerning the
34 behavioral health services and other support provided to
35 individuals in the administrative service organization's

1 district.

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

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

14 Sec. 7. NEW SECTION. **225A.7 Behavioral health fund.**

15 1. For purposes of this section:

16 a. "*Population*" means, as of July 1 of the fiscal year
17 preceding the fiscal year in which the population figure is
18 applied, the population shown by the latest preceding certified
19 federal census or the latest applicable population estimate
20 issued by the United States census bureau, whichever is most
21 recent.

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

33 2. A behavioral health fund is established in the state
34 treasury under the control of the department. The fund shall
35 consist of moneys deposited into the fund pursuant to this

1 section and section 426B.1, gifts of money or property accepted
2 by the state or the department to support any services under
3 this chapter or chapter 231, and moneys otherwise appropriated
4 by the general assembly. Moneys in the fund are appropriated
5 to the department to implement and administer the behavioral
6 health service system and related programs including but not
7 limited to all of the following:

8 *a.* Distributions to administrative services organizations
9 to provide services as outlined in the organizations' district
10 behavioral health plan.

11 *b.* Distributions to providers of mental health services
12 and addictive disorder services, including but not limited to
13 tobacco use services, substance use disorder services, and
14 problem gambling services.

15 *c.* Funding of disability services pursuant to chapter 231.
16 This paragraph is repealed July 1, 2028.

17 *d.* Administrative costs associated with services described
18 under this subsection.

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

23 4. For the fiscal year beginning July 1, 2026, and each
24 succeeding fiscal year, there is transferred from the general
25 fund of the state to the behavioral health fund an amount equal
26 to the state's population for the fiscal year multiplied by
27 the sum of the dollar amount used to calculate the transfer
28 from the general fund to the behavioral health fund for the
29 immediately preceding fiscal year, plus the state growth factor
30 for the fiscal year for which the transfer is being made.

31 5. For each fiscal year, an administrative services
32 organization shall not spend on administrative costs an amount
33 more than seven percent of the total amount distributed to the
34 administrative services organization through this section and
35 all other appropriations for the same fiscal year.

1 6. Moneys in the behavioral health fund may be used by the
2 department for cash flow purposes, provided that any moneys so
3 allocated are returned to the behavioral health fund by the end
4 of each fiscal year.

5 7. Notwithstanding section 12C.7, subsection 2, interest
6 or earnings on moneys deposited in the behavioral health fund
7 shall be credited to the behavioral health fund.

8 8. Notwithstanding section 8.33, moneys appropriated in
9 this section that remain unencumbered or unobligated at the
10 close of the fiscal year shall not revert but shall remain
11 available for expenditure for the purposes designated.

12 Sec. 8. NEW SECTION. **225A.8 Addictive disorders prevention**
13 **— prohibitions.**

14 1. For purposes of this section, "*entity*" means a
15 manufacturer, distributor, wholesaler, retailer, or
16 distributing agent, or an agent of a manufacturer, distributor,
17 wholesaler, retailer, or distributing agent as those terms are
18 defined in section 453A.1.

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

23 a. Give away cigarettes or tobacco products.

24 b. Provide free articles, products, commodities, gifts, or
25 concessions in any exchange for the purchase of cigarettes or
26 tobacco products.

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

30 Sec. 9. NEW SECTION. **225A.9 Application for services —**
31 **minors.**

32 A minor who is twelve years of age or older shall have
33 the legal capacity to act and give consent to the provision
34 of tobacco cessation coaching services pursuant to a tobacco
35 cessation telephone and internet-based program approved by

1 the department through the behavioral health service system
2 established in section 225A.3. Consent shall not be subject to
3 later disaffirmance by reason of such minority. The consent of
4 another person, including but not limited to the consent of a
5 spouse, parent, custodian, or guardian, shall not be necessary.

6 Sec. 10. CODE EDITOR DIRECTIVE. The Code editor is directed
7 to do all of the following:

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

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

15 Sec. 11. EFFECTIVE DATE. This division of this Act takes
16 effect July 1, 2025.

17 DIVISION II

18 BEHAVIORAL HEALTH SERVICE SYSTEM — CONFORMING CHANGES

19 Sec. 12. Section 11.6, subsection 1, paragraph b, Code 2024,
20 is amended to read as follows:

21 b. The financial condition and transactions of ~~community~~
22 ~~mental health centers organized under chapter 230A,~~ substance
23 use disorder programs ~~organized~~ licensed under chapter 125~~7~~, and
24 community action agencies organized under chapter 216A~~7~~ shall
25 be audited at least once each year.

26 Sec. 13. Section 97B.1A, subsection 8, paragraph a,
27 subparagraph (13), Code 2024, is amended by striking the
28 subparagraph.

29 Sec. 14. Section 123.17, subsection 5, Code 2024, is amended
30 to read as follows:

31 5. After any transfer provided for in subsection 3 is made,
32 the department shall transfer into a special revenue account
33 in the general fund of the state, a sum of money at least equal
34 to seven percent of the gross amount of sales made by the
35 department from the beer and liquor control fund on a monthly

1 basis but not less than nine million dollars annually. Of
2 the amounts transferred, ~~two~~ three million dollars, ~~plus an~~
3 ~~additional amount determined by the general assembly, shall be~~
4 ~~appropriated to the department of health and human services for~~
5 ~~use by the staff who administer the comprehensive substance use~~
6 ~~disorder program under chapter 125 for substance use disorder~~
7 ~~treatment and prevention programs shall be transferred to the~~
8 behavioral health fund established under section 225A.7. Any
9 amounts received in excess of the amounts ~~appropriated to the~~
10 ~~department of health and human services for use by the staff~~
11 ~~who administer the comprehensive substance use disorder program~~
12 ~~under chapter 125~~ transferred to the behavioral health fund
13 shall be considered part of the general fund balance.

14 Sec. 15. Section 123.17, subsection 8, Code 2024, is amended
15 by striking the subsection.

16 Sec. 16. Section 123.17, subsection 9, Code 2024, is amended
17 to read as follows:

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

26 Sec. 17. Section 124.409, subsection 2, Code 2024, is
27 amended by striking the subsection.

28 Sec. 18. Section 125.2, subsections 4, 5, and 10, Code 2024,
29 are amended by striking the subsections.

30 Sec. 19. Section 125.91, subsection 1, Code 2024, is amended
31 to read as follows:

32 1. The procedure prescribed by this section shall only
33 be used for a person with a substance use disorder due to
34 intoxication or substance-induced incapacitation who has
35 threatened, attempted, or inflicted physical self-harm or harm

1 on another, and is likely to inflict physical self-harm or harm
2 on another unless immediately detained, or who is incapacitated
3 by a chemical substance, if an application has not been filed
4 naming the person as the respondent pursuant to section 125.75
5 and the person cannot be ordered into immediate custody and
6 detained pursuant to section 125.81.

7 Sec. 20. Section 125.93, Code 2024, is amended to read as
8 follows:

9 **125.93 Commitment records — confidentiality.**

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

24 Sec. 21. Section 135.11, subsection 11, Code 2024, is
25 amended to read as follows:

26 11. Administer chapters 125, 136A, 136C, 139A, 142, ~~142A,~~
27 144, and 147A.

28 Sec. 22. Section 135C.2, subsection 5, unnumbered paragraph
29 1, Code 2024, is amended to read as follows:

30 The department shall establish a special classification
31 within the residential care facility category in order to
32 foster the development of residential care facilities which
33 serve persons with an intellectual disability, chronic mental
34 illness, a developmental disability, or brain injury, ~~as~~
35 ~~described under section 225C.26,~~ and which contain five or

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

8 Sec. 23. Section 135C.6, subsection 1, Code 2024, is amended
9 to read as follows:

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

18 Sec. 24. Section 135C.23, subsection 1, unnumbered
19 paragraph 1, Code 2024, is amended to read as follows:

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

33 Sec. 25. Section 135C.23, subsection 2, paragraph b, Code
34 2024, is amended to read as follows:

35 *b.* This section does not prohibit the admission of a

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

27 Sec. 26. Section 135C.23, subsection 5, Code 2024, is
28 amended by striking the subsection.

29 Sec. 27. Section 135C.24, subsection 5, Code 2024, is
30 amended by striking the subsection.

31 Sec. 28. Section 135G.1, subsection 12, Code 2024, is
32 amended to read as follows:

33 12. a. "*Subacute mental health services*" means ~~the same~~
34 ~~as defined in section 225C.6~~ services that provide all of the
35 following:

1 (1) A comprehensive set of wraparound services for a
2 person who has had, or is at imminent risk of having, acute or
3 crisis mental health symptoms that do not permit the person to
4 remain in or threatens removal of the person from the person's
5 home and community, but who has been determined by a mental
6 health professional and a licensed health care professional,
7 subject to the professional's scope of practice, not to need
8 inpatient acute hospital services. For the purposes of this
9 subparagraph, "licensed health care professional" means a person
10 licensed under chapter 148, an advanced registered nurse
11 practitioner, or a physician assistant.

12 (2) Intensive, recovery-oriented treatment and monitoring
13 of a person. Treatment may be provided directly or remotely
14 by a licensed psychiatrist or an advanced registered nurse
15 practitioner.

16 (3) An outcome-focused, interdisciplinary approach designed
17 to return a person to living successfully in the community.

18 b. Subacute mental health services may include services
19 provided in a wide array of settings ranging from a person's
20 home to a specialized facility with restricted means of egress.

21 c. Subacute mental health services shall be limited to a
22 period not to exceed ten calendar days or another time period
23 determined in accordance with rules adopted by the department
24 for this purpose, whichever is longer.

25 Sec. 29. Section 142.1, Code 2024, is amended to read as
26 follows:

27 **142.1 Delivery of bodies.**

28 The body of every person ~~dying~~ who died in a public asylum,
29 hospital, ~~county care facility,~~ penitentiary, or reformatory
30 in this state, or found dead within the state, or ~~which~~ who
31 is to be buried at public expense in this state, except those
32 buried under the provisions of chapter 144C or 249, and which
33 is suitable for scientific purposes, shall be delivered to the
34 medical college of the state university, or some osteopathic
35 or chiropractic college or school located in this state, which

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

23 Sec. 30. Section 142.3, Code 2024, is amended to read as
24 follows:

25 **142.3 Notification of department.**

26 Every county medical examiner, funeral director or embalmer,
27 and the managing officer of every public asylum, hospital,
28 ~~county care facility,~~ penitentiary, or reformatory, as soon as
29 any dead body shall come into the person's custody which may be
30 used for scientific purposes as provided in sections 142.1 and
31 142.2, shall at once notify the nearest relative or friend of
32 the deceased, if known, and the department of health and human
33 services, and hold such body unburied for forty-eight hours.
34 Upon receipt of notification, the department shall issue verbal
35 or written instructions relative to the disposition to be made

1 of said body. Complete jurisdiction over said bodies is vested
2 exclusively in the department of health and human services. No
3 autopsy or post mortem, except as are legally ordered by county
4 medical examiners, shall be performed on any of said bodies
5 prior to their delivery to the medical schools.

6 Sec. 31. NEW SECTION. **217.17 State health improvement plan.**

7 1. The department shall develop, implement, and administer
8 a state health improvement plan to identify health priorities,
9 goals, and measurable objectives, and outline strategies to
10 improve health statewide.

11 2. The state health improvement plan shall be developed
12 and updated in collaboration and in coordination with other
13 state departments, stakeholders, and statewide organizations
14 the department determines to be relevant.

15 3. The state health improvement plan may be updated by the
16 department at the department's discretion.

17 Sec. 32. NEW SECTION. **217.37 Recovery of payment —**
18 **assignment of liens — county attorney to enforce.**

19 1. For purposes of this section, "*assistance*" means all of
20 the following:

21 a. A payment by the state for services rendered through
22 the behavioral health service system established under section
23 225A.3.

24 b. A payment by the state for aging and disability services
25 rendered in accordance with chapter 231.

26 2. The department shall have the authority to investigate if
27 a person is eligible to have assistance paid on the person's
28 behalf and whether payment of assistance was proper.

29 3. Notwithstanding any provision of law to the contrary,
30 assistance shall not be recoverable unless the department
31 finds that the assistance was paid for the benefit of a person
32 who was not entitled to have assistance paid on the person's
33 behalf.

34 4. Assistance paid for the benefit of a person who was
35 not entitled to have assistance paid on the person's behalf

1 shall be recoverable from the entity to which the assistance
2 was paid, from the person on whose behalf assistance was paid,
3 or from a third party who is liable for the person's debts or
4 support.

5 5. Upon the death of a person who was not entitled to
6 have assistance paid on the person's behalf, the department
7 shall have a lien equivalent in priority to liens described
8 in section 633.425, subsection 6, against the person's estate
9 for the portion of the assistance improperly paid which the
10 department had not recovered at the time of the person's death.

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

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

17 Sec. 33. Section 218.30, Code 2024, is amended to read as
18 follows:

19 **218.30 Investigation of other facilities.**

20 The director may investigate or cause the investigation of
21 charges of abuse, neglect, or mismanagement on the part of an
22 officer or employee of a private facility which is subject to
23 the director's supervision or control. ~~The director shall also~~
24 ~~investigate or cause the investigation of charges concerning~~
25 ~~county care facilities in which persons with mental illness are~~
26 ~~served.~~

27 Sec. 34. Section 218.78, subsection 1, Code 2024, is amended
28 to read as follows:

29 1. All institutional receipts of the department, including
30 funds received from client participation at the state resource
31 centers under section 222.78 ~~and at the state mental health~~
32 ~~institutes under section 230.20~~, shall be deposited in the
33 general fund except for reimbursements for services provided
34 to another institution or state agency, for receipts deposited
35 in the revolving farm fund under section 904.706, for deposits

1 into the medical assistance fund under section 249A.11, and for
2 rentals charged to employees or others for room, apartment, or
3 house and meals, which shall be available to the institutions.

4 Sec. 35. Section 222.1, subsection 1, Code 2024, is amended
5 to read as follows:

6 1. This chapter addresses the public and private services
7 available in this state to meet the needs of persons with an
8 intellectual disability. ~~The responsibility of the mental
9 health and disability services regions formed by counties and
10 of the state for the costs and administration of publicly
11 funded services shall be as set out in section 222.60 and other
12 pertinent sections of this chapter.~~

13 Sec. 36. Section 222.2, Code 2024, is amended by adding the
14 following new subsection:

15 NEW SUBSECTION. 01. *“Administrative services organization”*
16 means the same as defined in section 225A.1.

17 Sec. 37. Section 222.2, subsections 6 and 7, Code 2024, are
18 amended by striking the subsections.

19 Sec. 38. Section 222.12, subsection 2, Code 2024, is amended
20 by striking the subsection.

21 Sec. 39. Section 222.13, Code 2024, is amended to read as
22 follows:

23 **222.13 Voluntary admissions.**

24 1. If an adult person is believed to be a person with an
25 intellectual disability, the adult person or the adult person’s
26 guardian may apply to the department and the superintendent of
27 any state resource center for the voluntary admission of the
28 adult person either as an inpatient or an outpatient of the
29 resource center. ~~If the expenses of the person’s admission
30 or placement are payable in whole or in part by the person’s
31 county of residence, application for the admission shall be
32 made through the regional administrator. An application for
33 admission to a special unit of any adult person believed to be
34 in need of any of the services provided by the special unit
35 under section 222.88 may be made in the same manner. The~~

1 superintendent shall accept the application if a preadmission
2 diagnostic evaluation confirms or establishes the need for
3 admission, except that an application shall not be accepted if
4 the institution does not have adequate facilities available or
5 if the acceptance will result in an overcrowded condition.

6 2. If the resource center does not have an appropriate
7 program for the treatment of an adult or minor person with an
8 intellectual disability applying under this section or section
9 222.13A, ~~the regional administrator for the person's county~~
10 ~~of residence or the department, as applicable,~~ shall arrange
11 for the placement of the person in any public or private
12 facility within or without outside of the state, approved by
13 the director, which offers appropriate services for the person.
14 ~~If the expenses of the placement are payable in whole or in~~
15 ~~part by a county, the placement shall be made by the regional~~
16 ~~administrator for the county.~~

17 3. ~~If the expenses of an admission of an adult to a resource~~
18 ~~center or a special unit, or of the placement of the person~~
19 ~~in a public or private facility are payable in whole or in~~
20 ~~part by a mental health and disability services region, the~~
21 ~~regional administrator shall make a full investigation into~~
22 ~~the financial circumstances of the person and those liable for~~
23 ~~the person's support under section 222.78 to determine whether~~
24 ~~or not any of them are able to pay the expenses arising out of~~
25 ~~the admission of the person to a resource center, special unit,~~
26 ~~or public or private facility. If the regional administrator~~
27 ~~finds that the person or those legally responsible for~~
28 ~~the person are presently unable to pay the expenses, the~~
29 ~~regional administrator shall pay the expenses. The regional~~
30 ~~administrator may review such a finding at any subsequent~~
31 ~~time while the person remains at the resource center, or is~~
32 ~~otherwise receiving care or treatment for which this chapter~~
33 ~~obligates the region to pay. If the regional administrator~~
34 ~~finds upon review that the person or those legally responsible~~
35 ~~for the person are presently able to pay the expenses, the~~

~~1 finding shall apply only to the charges incurred during the
2 period beginning on the date of the review and continuing
3 thereafter, unless and until the regional administrator again
4 changes such a finding. If the regional administrator finds
5 that the person or those legally responsible for the person
6 are able to pay the expenses, the regional administrator shall
7 collect the charges to the extent required by section 222.78,
8 and the regional administrator shall be responsible for the
9 payment of the remaining charges.~~

10 Sec. 40. Section 222.13A, subsections 3 and 4, Code 2024,
11 are amended to read as follows:

12 3. During the preadmission diagnostic evaluation, the
13 minor shall be informed both orally and in writing that the
14 minor has the right to object to the voluntary admission. ~~If~~
15 Notwithstanding section 222.33, if the preadmission diagnostic
16 evaluation determines that the voluntary admission is
17 appropriate but the minor objects to the admission, the minor
18 shall not be admitted to the state resource center unless the
19 court approves of the admission. A petition for approval of
20 the minor's admission may be submitted to the juvenile court by
21 the minor's parent, guardian, or custodian.

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

32 Sec. 41. Section 222.14, Code 2024, is amended to read as
33 follows:

34 **222.14 Care by region pending admission.**

35 If the institution is unable to receive a patient, the

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

10 Sec. 42. NEW SECTION. **222.33 State resource center —**
11 **admissions and discharge.**

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

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

20 Sec. 43. NEW SECTION. **222.35 State — payor of last resort.**

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

27 Sec. 44. Section 222.73, subsections 2 and 4, Code 2024, are
28 amended by striking the subsections.

29 Sec. 45. Section 222.77, Code 2024, is amended to read as
30 follows:

31 **222.77 Patients on leave.**

32 The cost of support of patients placed on convalescent leave
33 or removed as a habilitation measure from a resource center,
34 ~~or a special unit,~~ except when living in the home of a person
35 legally bound for the support of the patient, shall be paid by

1 ~~the county of residence or the state as provided in section~~
2 ~~222.60.~~

3 Sec. 46. Section 222.78, subsection 1, Code 2024, is amended
4 to read as follows:

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

18 Sec. 47. Section 222.79, Code 2024, is amended to read as
19 follows:

20 **222.79 Certification statement presumed correct.**

21 In actions to enforce the liability imposed by section
22 222.78, the superintendent ~~or the county of residence, as~~
23 ~~applicable,~~ shall submit a certification statement stating
24 the sums charged, and the certification statement shall be
25 considered presumptively correct.

26 Sec. 48. Section 222.80, Code 2024, is amended to read as
27 follows:

28 **222.80 Liability to ~~county or state.~~**

29 A person admitted to a county institution ~~or home~~ or admitted
30 at ~~county or state~~ expense to a private hospital, sanitarium,
31 or other facility for treatment, training, instruction, care,
32 habilitation, and support as a patient with an intellectual
33 disability shall be liable to the ~~county or state, as~~
34 ~~applicable,~~ for the reasonable cost of the support as provided
35 in section 222.78.

1 Sec. 49. Section 222.82, Code 2024, is amended to read as
2 follows:

3 **222.82 Collection of liabilities and claims.**

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

20 Sec. 50. Section 222.85, subsection 2, Code 2024, is amended
21 to read as follows:

22 2. Moneys paid to a resource center from any source other
23 than state appropriated funds and intended to pay all or a
24 portion of the cost of care of a patient, which cost would
25 otherwise be paid from state ~~or county~~ funds or from the
26 patient's own funds, shall not be deemed "funds belonging to a
27 patient" for the purposes of this section.

28 Sec. 51. Section 222.86, Code 2024, is amended to read as
29 follows:

30 **222.86 Payment for care from fund.**

31 If a patient is not receiving medical assistance under
32 chapter 249A and the amount in the account of any patient
33 in the patients' personal deposit fund exceeds two hundred
34 dollars, the department may apply any amount of the excess to
35 reimburse the ~~county of residence or the state~~ for liability

1 incurred by ~~the county or~~ the state for the payment of care,
2 support, and maintenance of the patient, when billed by the
3 ~~county or state, as applicable.~~

4 Sec. 52. Section 222.92, subsection 1, Code 2024, is amended
5 to read as follows:

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

21 Sec. 53. Section 222.92, subsection 3, paragraph a, Code
22 2024, is amended by striking the paragraph.

23 Sec. 54. Section 225.1, subsection 2, Code 2024, is amended
24 to read as follows:

25 2. For the purposes of this chapter, unless the context
26 otherwise requires:

27 a. ~~"Mental health and disability services region"~~ means
28 ~~a mental health and disability services region approved in~~
29 ~~accordance with section 225C.56.~~ "Administrative services
30 organization" means the same as defined in section 225A.1.

31 b. ~~"Regional administrator"~~ means ~~the administrator of a~~
32 ~~mental health and disability services region, as defined in~~
33 ~~section 225C.55.~~ "Department" means the department of health
34 and human services.

35 c. "Respondent" means the same as defined in section 229.1.

1 Sec. 55. NEW SECTION. **225.4 State psychiatric hospital —**
2 **admissions.**

3 The department shall make all final determinations
4 concerning whether a person may be admitted to the state
5 psychiatric hospital.

6 Sec. 56. Section 225.11, Code 2024, is amended to read as
7 follows:

8 **225.11 Initiating commitment procedures.**

9 When a court finds upon completion of a hearing held pursuant
10 to section 229.12 that the contention that a respondent is
11 seriously mentally impaired has been sustained by clear and
12 convincing evidence, and the application filed under section
13 229.6 also contends or the court otherwise concludes that it
14 would be appropriate to refer the respondent to the state
15 psychiatric hospital for a complete psychiatric evaluation and
16 appropriate treatment pursuant to section 229.13, the judge
17 may order that a financial investigation be made in the manner
18 prescribed by section 225.13. If the costs of a respondent's
19 evaluation or treatment are payable in whole or in part by a
20 ~~county~~ an administrative services organization, an order under
21 this section shall be for referral of the respondent ~~through~~
22 ~~the regional administrator for the respondent's county of~~
23 ~~residence~~ by an administrative services organization for an
24 evaluation and referral of the respondent to an appropriate
25 placement or service, which may include the state psychiatric
26 hospital for additional evaluation or treatment.

27 Sec. 57. Section 225.12, Code 2024, is amended to read as
28 follows:

29 **225.12 Voluntary public patient — physician's or physician**
30 **assistant's report.**

31 A physician or a physician assistant who meets the
32 qualifications set forth in the definition of a mental health
33 professional in section 228.1 ~~filing information under~~
34 ~~section 225.10 shall include a written report to the regional~~
35 ~~administrator for the county of residence of the person named~~

1 ~~in the information, giving~~ shall submit a detailed history of
2 the case to an administrative services organization as will be
3 likely to aid in the observation, treatment, and hospital care
4 of the person ~~and describing the history in detail.~~

5 Sec. 58. Section 225.13, Code 2024, is amended to read as
6 follows:

7 **225.13 Financial condition.**

8 ~~The regional administrator for the county of residence of~~
9 ~~a person being admitted to the state psychiatric hospital is~~
10 Administrative services organizations shall be responsible for
11 investigating the financial condition of ~~the~~ a person and of
12 those legally responsible for the person's support.

13 Sec. 59. Section 225.15, Code 2024, is amended to read as
14 follows:

15 **225.15 Examination and treatment.**

16 ~~1.~~ When a respondent arrives at the state psychiatric
17 hospital, the admitting physician, or a physician assistant
18 who meets the qualifications set forth in the definition of a
19 mental health professional in section 228.1, shall examine the
20 respondent and determine whether or not, in the physician's
21 or physician assistant's judgment, the respondent is a fit
22 subject for observation, treatment, and hospital care. If,
23 upon examination, the physician or physician assistant who
24 meets the qualifications set forth in the definition of a
25 mental health professional in section 228.1 decides that the
26 respondent should be admitted to the hospital, the respondent
27 shall be provided a proper bed in the hospital. The physician
28 or physician assistant who meets the qualifications set forth
29 in the definition of a mental health professional in section
30 228.1 who has charge of the respondent shall proceed with
31 observation, medical treatment, and hospital care as in the
32 physician's or physician assistant's judgment are proper and
33 necessary, in compliance with sections 229.13, 229.14, this
34 section, and section 229.16. After the respondent's admission,
35 the observation, medical treatment, and hospital care of the

1 respondent may be provided by a mental health professional,
2 as defined in section 228.1, who is licensed as a physician,
3 advanced registered nurse practitioner, or physician assistant.

4 ~~2. A proper and competent nurse shall also be assigned to~~
5 ~~look after and care for the respondent during observation,~~
6 ~~treatment, and care. Observation, treatment, and hospital~~
7 ~~care under this section which are payable in whole or in part~~
8 ~~by a county shall only be provided as determined through~~
9 ~~the regional administrator for the respondent's county of~~
10 ~~residence.~~

11 Sec. 60. Section 225.16, subsection 1, Code 2024, is amended
12 to read as follows:

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

30 Sec. 61. Section 225.17, subsection 2, Code 2024, is amended
31 to read as follows:

32 2. When the respondent arrives at the hospital, the
33 respondent shall receive the same treatment as is provided for
34 committed public patients in section 225.15, in compliance
35 with sections 229.13 through 229.16. ~~However, observation,~~

1 ~~treatment, and hospital care under this section of a respondent~~
2 ~~whose expenses are payable in whole or in part by a county~~
3 ~~shall only be provided as determined through the regional~~
4 ~~administrator for the respondent's county of residence.~~

5 Sec. 62. Section 225.18, Code 2024, is amended to read as
6 follows:

7 **225.18 Attendants.**

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

18 Sec. 63. Section 225.22, Code 2024, is amended to read as
19 follows:

20 **225.22 Liability of private patients — payment.**

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

33 Sec. 64. Section 225.24, Code 2024, is amended to read as
34 follows:

35 **225.24 Collection of preliminary expense.**

1 Unless a committed private patient or those legally
2 responsible for the patient's support offer to settle the
3 amount of the claims, the ~~regional administrator for the~~
4 ~~person's county of residence~~ department shall collect, by
5 action if necessary, the amount of all claims for per diem and
6 expenses that have been approved by the ~~regional administrator~~
7 ~~for the county~~ an administrative services organization and
8 paid by the ~~regional administrator as provided under section~~
9 ~~225.21~~ administrative services organization. Any amount
10 collected shall be credited to the ~~mental health and disability~~
11 ~~services region combined account created~~ behavioral health fund
12 established in accordance with section ~~225C.58~~ 225A.7.

13 Sec. 65. Section 225.27, Code 2024, is amended to read as
14 follows:

15 **225.27 Discharge — transfer.**

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

31 Sec. 66. Section 226.1, subsection 4, Code 2024, is amended
32 by adding the following new paragraph:

33 NEW PARAGRAPH. *Oa.* "Administrative services organization"
34 means the same as defined in section 225A.1.

35 Sec. 67. Section 226.1, subsection 4, paragraphs d and f,

1 Code 2024, are amended by striking the paragraphs.

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

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

11 Sec. 69. Section 226.32, Code 2024, is amended to read as
12 follows:

13 **226.32 Overcrowded conditions.**

14 The director shall order the discharge or removal from the
15 mental health institute of incurable and harmless patients
16 whenever it is necessary to make room for recent cases. ~~If~~
17 ~~a patient who is to be discharged entered the mental health~~
18 ~~institute voluntarily, the director shall notify the regional~~
19 ~~administrator for the county interested at least ten days in~~
20 ~~advance of the day of actual discharge.~~

21 Sec. 70. Section 226.34, subsection 2, paragraph d, Code
22 2024, is amended by striking the paragraph.

23 Sec. 71. Section 228.6, subsection 1, Code 2024, is amended
24 to read as follows:

25 1. A mental health professional or an employee of or
26 agent for a mental health facility may disclose mental health
27 information if and to the extent necessary, to meet the
28 requirements of section 229.24, 229.25, ~~230.20, 230.21, 230.25,~~
29 ~~230.26,~~ 230A.108, 232.74, or 232.147, or to meet the compulsory
30 reporting or disclosure requirements of other state or federal
31 law relating to the protection of human health and safety.

32 Sec. 72. Section 229.1, Code 2024, is amended by adding the
33 following new subsection:

34 NEW SUBSECTION. 01. *"Administrative services organization"*
35 means the same as defined in section 225A.1.

1 Sec. 73. Section 229.1, subsections 11, 18, and 19, Code
2 2024, are amended by striking the subsections.

3 Sec. 74. Section 229.1B, Code 2024, is amended to read as
4 follows:

5 **229.1B ~~Regional administrator~~ Administrative services**
6 **organization.**

7 Notwithstanding any provision of this chapter to the
8 contrary, any person whose hospitalization expenses are
9 payable in whole or in part by a ~~mental health and disability~~
10 ~~services region~~ an administrative services organization
11 shall be subject to all administrative requirements of the
12 ~~regional administrator for the county~~ administrative services
13 organization.

14 Sec. 75. Section 229.2, subsection 1, paragraph b,
15 subparagraph (3), Code 2024, is amended to read as follows:

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

28 Sec. 76. Section 229.2, subsection 2, paragraph a, Code
29 2024, is amended to read as follows:

30 a. The chief medical officer of a public hospital shall
31 receive and may admit the person whose admission is sought,
32 subject in cases other than medical emergencies to availability
33 of suitable accommodations and to the provisions of ~~sections~~
34 section 229.41 and 229.42.

35 Sec. 77. Section 229.8, subsection 1, Code 2024, is amended

1 to read as follows:

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

16 Sec. 78. Section 229.10, subsection 1, paragraph a, Code
17 2024, is amended to read as follows:

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

34 Sec. 79. Section 229.11, subsection 1, unnumbered paragraph
35 1, Code 2024, is amended to read as follows:

1 If the applicant requests that the respondent be taken into
2 immediate custody and the judge, upon reviewing the application
3 and accompanying documentation, finds probable cause to believe
4 that the respondent has a serious mental impairment and is
5 likely to injure the respondent or other persons if allowed
6 to remain at liberty, the judge may enter a written order
7 directing that the respondent be taken into immediate custody
8 by the sheriff or the sheriff's deputy and be detained until
9 the hospitalization hearing. The hospitalization hearing shall
10 be held no more than five days after the date of the order,
11 except that if the fifth day after the date of the order is
12 a Saturday, Sunday, or a holiday, the hearing may be held
13 on the next succeeding business day. If the expenses of a
14 respondent are payable in whole or in part by a ~~mental health~~
15 ~~and disability services region~~ an administrative services
16 organization, for a placement in accordance with paragraph "a",
17 the judge shall give notice of the placement to ~~the regional~~
18 ~~administrator for the county in which the court is located~~ an
19 administrative services organization, and for a placement in
20 accordance with paragraph "b" or "c", the judge shall order
21 the placement in a hospital or facility designated ~~through~~
22 ~~the regional administrator~~ by an administrative services
23 organization. The judge may order the respondent detained for
24 the period of time until the hearing is held, and no longer,
25 in accordance with paragraph "a", if possible, and if not then
26 in accordance with paragraph "b", or, only if neither of these
27 alternatives is available, in accordance with paragraph "c".
28 Detention may be in any of the following:

29 Sec. 80. Section 229.13, subsection 1, paragraph a, Code
30 2024, is amended to read as follows:

31 a. The court shall order a respondent whose expenses are
32 payable in whole or in part by a ~~mental health and disability~~
33 ~~services region~~ an administrative services organization
34 placed under the care of an appropriate hospital or facility
35 designated ~~through the regional administrator for the county~~

1 by an administrative services organization on an inpatient or
2 outpatient basis.

3 Sec. 81. Section 229.13, subsection 7, paragraph b, Code
4 2024, is amended to read as follows:

5 ~~b. A region~~ An administrative services organization shall
6 contract with mental health professionals to provide the
7 appropriate treatment including treatment by the use of oral
8 medicine or injectable antipsychotic medicine pursuant to this
9 section.

10 Sec. 82. Section 229.14, subsection 2, paragraph a, Code
11 2024, is amended to read as follows:

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

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

22 7. If a respondent's expenses are payable in whole or in
23 part by ~~a mental health and disability services region through~~
24 ~~the regional administrator for the county~~ an administrative
25 services organization, notice of a placement hearing shall be
26 provided to the county attorney and ~~the regional administrator~~
27 an administrative services organization. At the hearing, the
28 county may present evidence regarding appropriate placement.

29 9. A placement made pursuant to an order entered under
30 section 229.13 or 229.14 or this section shall be considered to
31 be authorized ~~through the regional administrator for the county~~
32 by an administrative services organization.

33 Sec. 84. Section 229.15, subsection 4, Code 2024, is amended
34 to read as follows:

35 4. When a patient has been placed in an alternative facility

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

15 Sec. 85. Section 229.19, subsection 1, paragraphs a and b,
16 Code 2024, are amended to read as follows:

17 a. In each county the board of supervisors shall appoint
18 an individual who has demonstrated by prior activities an
19 informed concern for the welfare and rehabilitation of persons
20 with mental illness, and who is not an officer or employee of
21 the department, ~~an officer or employee of a region, an officer
22 or employee of a county performing duties for a region, or
23 an officer or employee of any agency or facility providing
24 care or treatment to persons with mental illness, to act as an
25 advocate representing the interests of patients involuntarily
26 hospitalized by the court, in any matter relating to the
27 patients' hospitalization or treatment under section 229.14 or
28 229.15.~~

29 b. The committing court shall assign the advocate for the
30 county where the patient is located. A county ~~or region~~ may
31 seek reimbursement from ~~the patient's county of residence or
32 from the region in which the patient's county of residence is
33 located~~ an administrative services organization.

34 Sec. 86. Section 229.19, subsection 4, unnumbered paragraph
35 1, Code 2024, is amended to read as follows:

1 ~~The state mental health and disability services commission~~
2 ~~created in section 225C.5~~ department, in consultation with
3 advocates and county and judicial branch representatives, shall
4 adopt rules pursuant to chapter 17A relating to advocates that
5 include but are not limited to all of the following topics:

6 Sec. 87. Section 229.22, subsection 2, paragraph b, Code
7 2024, is amended to read as follows:

8 *b.* If the magistrate orders that the person be detained,
9 the magistrate shall, by the close of business on the next
10 working day, file a written order with the clerk in the county
11 where it is anticipated that an application may be filed
12 under section 229.6. The order may be filed by facsimile if
13 necessary. A peace officer from the law enforcement agency
14 that took the person into custody, if no request was made
15 under paragraph "a", may inform the magistrate that an arrest
16 warrant has been issued for or charges are pending against the
17 person and request that any written order issued under this
18 paragraph require the facility or hospital to notify the law
19 enforcement agency about the discharge of the person prior to
20 discharge. The order shall state the circumstances under which
21 the person was taken into custody or otherwise brought to a
22 facility or hospital, and the grounds supporting the finding
23 of probable cause to believe that the person is seriously
24 mentally impaired and likely to injure the person's self or
25 others if not immediately detained. The order shall also
26 include any law enforcement agency notification requirements if
27 applicable. The order shall confirm the oral order authorizing
28 the person's detention including any order given to transport
29 the person to an appropriate facility or hospital. A peace
30 officer from the law enforcement agency that took the person
31 into custody may also request an order, separate from the
32 written order, requiring the facility or hospital to notify the
33 law enforcement agency about the discharge of the person prior
34 to discharge. The clerk shall provide a copy of the written
35 order or any separate order to the chief medical officer of

1 the facility or hospital to which the person was originally
2 taken, to any subsequent facility to which the person was
3 transported, and to any law enforcement department, ambulance
4 service, or transportation service under contract with a
5 ~~mental health and disability services region~~ an administrative
6 services organization that transported the person pursuant
7 to the magistrate's order. A transportation service that
8 contracts with a ~~mental health and disability services region~~
9 an administrative services organization for purposes of this
10 paragraph shall provide a secure transportation vehicle and
11 shall employ staff that has received or is receiving mental
12 health training.

13 Sec. 88. Section 229.24, subsection 3, unnumbered paragraph
14 1, Code 2024, is amended to read as follows:

15 If all or part of the costs associated with hospitalization
16 of an individual under this chapter are chargeable to a ~~county~~
17 ~~of residence~~ an administrative services organization, the
18 clerk of the district court shall provide to ~~the regional~~
19 ~~administrator for the county of residence and to the regional~~
20 ~~administrator for the county in which the hospitalization~~
21 ~~order is entered~~ an administrative services organization the
22 following information pertaining to the individual which would
23 be confidential under subsection 1:

24 Sec. 89. Section 229.38, Code 2024, is amended to read as
25 follows:

26 **229.38 Cruelty or official misconduct.**

27 If any person having the care of a person with mental illness
28 who has voluntarily entered a hospital or other facility for
29 treatment or care, or who is responsible for psychiatric
30 examination care, treatment, and maintenance of any person
31 involuntarily hospitalized under sections 229.6 through 229.15,
32 whether in a hospital or elsewhere, with or without proper
33 authority, shall treat such patient with unnecessary severity,
34 harshness, or cruelty, or in any way abuse the patient or if
35 any person unlawfully detains or deprives of liberty any person

1 with mental illness or any person who is alleged to have mental
2 illness, or if any officer required by the provisions of this
3 chapter and ~~chapters~~ chapter 226 and 227, to perform any act
4 shall willfully refuse or neglect to perform the same, the
5 offending person shall, unless otherwise provided, be guilty of
6 a serious misdemeanor.

7 Sec. 90. Section 230.1, Code 2024, is amended by adding the
8 following new subsection:

9 NEW SUBSECTION. 01. *"Administrative service organization"*
10 means the same as defined in section 225A.1.

11 Sec. 91. Section 230.1, subsections 4 and 5, Code 2024, are
12 amended by striking the subsections.

13 Sec. 92. Section 230.10, Code 2024, is amended to read as
14 follows:

15 **230.10 Payment of costs.**

16 All legal costs and expenses for the taking into custody,
17 care, investigation, and admission or commitment of a person to
18 a state mental health institute ~~under a finding that the person~~
19 ~~has residency in another county of this state~~ shall be charged
20 ~~against the regional administrator of the person's county of~~
21 ~~residence~~ to an administrative services organization.

22 Sec. 93. Section 230.11, Code 2024, is amended to read as
23 follows:

24 **230.11 Recovery of costs from state.**

25 Costs and expenses for the taking into custody, care, and
26 investigation of a person who has been admitted or committed
27 to a state mental health institute, United States department
28 of veterans affairs hospital, or other agency of the United
29 States government, for persons with mental illness and
30 who has no residence in this state or whose residence is
31 unknown, including cost of commitment, if any, shall be paid
32 as approved by the department. The amount of the costs and
33 expenses approved by the department is appropriated to the
34 department from any moneys in the state treasury not otherwise
35 appropriated. ~~Payment shall be made by the department on~~

1 ~~itemized vouchers executed by the regional administrator of~~
2 ~~the person's county which has paid them, and approved by the~~
3 ~~department.~~

4 Sec. 94. Section 230.15, subsections 1 and 2, Code 2024, are
5 amended to read as follows:

6 1. A person with mental illness and a person legally liable
7 for the person's support remain liable for the support of
8 the person with mental illness as provided in this section.
9 Persons legally liable for the support of a person with mental
10 illness include the spouse of the person, and any person
11 bound by contract for support of the person. ~~The regional~~
12 ~~administrator of the person's county of residence, subject to~~
13 ~~the direction of the region's governing board, shall enforce~~
14 ~~the obligation created in this section as to all sums advanced~~
15 ~~by the regional administrator. The liability to the regional~~
16 ~~administrator incurred by a person with mental illness or a~~
17 ~~person legally liable for the person's support under this~~
18 ~~section is limited to an amount equal to one hundred percent~~
19 ~~of the cost of care and treatment of the person with mental~~
20 ~~illness at a state mental health institute for one hundred~~
21 ~~twenty days of hospitalization. This limit of liability may~~
22 ~~be reached by payment of the cost of care and treatment of the~~
23 ~~person with mental illness subsequent to a single admission~~
24 ~~or multiple admissions to a state mental health institute or,~~
25 ~~if the person is not discharged as cured, subsequent to a~~
26 ~~single transfer or multiple transfers to a county care facility~~
27 ~~pursuant to section 227.11. After reaching this limit of~~
28 ~~liability, a person with mental illness or a person legally~~
29 ~~liable for the person's support is liable to the regional~~
30 ~~administrator~~ state for the care and treatment of the person
31 with mental illness at a state mental health institute ~~or,~~
32 ~~if transferred but not discharged as cured, at a county care~~
33 ~~facility in an amount not in excess of~~ to exceed the average
34 minimum cost of the maintenance of an individual who is
35 physically and mentally healthy residing in the individual's

1 own home, ~~which standard shall be as established and may be~~
2 ~~revised by the department by rule.~~ A ~~lien imposed by section~~
3 ~~230.25 shall not exceed the amount of the liability which may~~
4 ~~be incurred under this section on account of a person with~~
5 ~~mental illness.~~

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

21 Sec. 95. NEW SECTION. 230.23 State — payor of last resort.

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

28 Sec. 96. Section 230.30, Code 2024, is amended to read as
29 follows:

30 **230.30 Claim against estate.**

31 On the death of a person receiving or who has received
32 assistance under the provisions of this chapter, and whom the
33 ~~board~~ department has previously found, ~~under section 230.25,~~
34 is able to pay, there shall be allowed against the estate of
35 such decedent a claim of the sixth class for that portion of

1 the total amount paid for that person's care which exceeds
2 the total amount of all claims of the first through the fifth
3 classes, inclusive, as defined in section 633.425, which are
4 allowed against that estate.

5 Sec. 97. Section 232.78, subsection 5, unnumbered paragraph
6 1, Code 2024, is amended to read as follows:

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

17 Sec. 98. Section 232.83, subsection 2, unnumbered paragraph
18 1, Code 2024, is amended to read as follows:

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

31 Sec. 99. Section 235.7, subsection 2, Code 2024, is amended
32 to read as follows:

33 2. *Membership.* The department may authorize the governance
34 boards of decategorization of child welfare and juvenile
35 justice funding projects established under section 232.188 to

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

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

17 Sec. 101. Section 249A.4, subsection 15, Code 2024, is
18 amended by striking the subsection.

19 Sec. 102. Section 249A.12, subsection 4, Code 2024, is
20 amended by striking the subsection.

21 Sec. 103. NEW SECTION. **249A.38A Supported community living**
22 **services.**

23 1. As used in this section, "*supported community living*
24 *service*" means a service provided in a noninstitutional
25 setting to adult persons with mental illness, an intellectual
26 disability, or developmental disabilities to meet the persons'
27 daily living needs.

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

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

33 4. Approved supported community living services may receive
34 funding from the state, federal and state social services block
35 grant funds, and other appropriate funding sources, consistent

1 with state legislation and federal regulations. The funding
2 may be provided on a per diem, per hour, or grant basis, as
3 appropriate.

4 Sec. 104. Section 249N.8, Code 2024, is amended by striking
5 the section and inserting in lieu thereof the following:

6 **249N.8 Behavioral health services reports.**

7 The department shall annually submit a report to the
8 governor and the general assembly with details related to the
9 department's review of the funds administered by, and the
10 outcomes and effectiveness of, the behavioral health services
11 provided by, the behavioral health service system established
12 in section 225A.3.

13 Sec. 105. Section 252.24, subsections 1 and 3, Code 2024,
14 are amended to read as follows:

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

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

23 Sec. 106. Section 256.25, subsections 2 and 3, Code 2024,
24 are amended to read as follows:

25 2. A school district, which may collaborate and partner
26 with one or more school districts, area education agencies,
27 accredited nonpublic schools, nonprofit agencies, and
28 institutions that provide children's mental health services,
29 ~~located in mental health and disability services regions~~
30 ~~providing children's behavioral health services in accordance~~
31 ~~with chapter 225C, subchapter VII~~ operating within the state's
32 behavioral health service system under chapter 225A, may apply
33 for a grant under this program to establish a therapeutic
34 classroom in the school district in accordance with this
35 section.

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

27 Sec. 107. Section 321.189, subsection 10, Code 2024, is
28 amended to read as follows:

29 10. *Autism spectrum disorder status.* A licensee who has
30 autism spectrum disorder, as defined in section 514C.28, may
31 request that the license be marked to reflect the licensee's
32 autism spectrum disorder status on the face of the license
33 when the licensee applies for the issuance or renewal of a
34 license. The department may adopt rules pursuant to chapter
35 17A establishing criteria under which a license may be marked,

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

12 Sec. 108. Section 321.190, subsection 1, paragraph b,
13 subparagraph (6), Code 2024, is amended to read as follows:

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

28 Sec. 109. Section 321J.25, subsection 1, paragraph b, Code
29 2024, is amended to read as follows:

30 *b.* "Program" means a substance use disorder awareness
31 program, licensed under chapter 125, and provided under a
32 contract entered into between the provider and the department
33 of health and human services ~~under chapter 125~~ or an
34 administrative services organization as defined in section
35 225A.1.

1 Sec. 110. Section 321J.25, subsection 2, unnumbered
2 paragraph 1, Code 2024, is amended to read as follows:

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

18 Sec. 111. Section 331.321, subsection 1, paragraph e, Code
19 2024, is amended by striking the paragraph.

20 Sec. 112. Section 331.323, subsection 1, paragraph a,
21 subparagraph (7), Code 2024, is amended by striking the
22 subparagraph.

23 Sec. 113. Section 331.381, subsections 4 and 5, Code 2024,
24 are amended to read as follows:

25 4. Comply with chapter 222, ~~including but not limited to~~
26 ~~sections 222.13, 222.14, 222.59 through 222.70, 222.73 through~~
27 ~~222.75, and 222.77 through 222.82,~~ in regard to the care of
28 persons with an intellectual disability.

29 5. Comply with chapters 227, 229 and 230, ~~including but not~~
30 ~~limited to sections 227.11, 227.14, 229.42, 230.25, 230.27, and~~
31 ~~230.35,~~ in regard to the care of persons with mental illness.

32 Sec. 114. Section 331.382, subsection 1, paragraphs e, f,
33 and g, Code 2024, are amended by striking the paragraphs.

34 Sec. 115. Section 331.382, subsection 3, Code 2024, is
35 amended by striking the subsection.

1 Sec. 116. Section 331.432, subsection 3, Code 2024, is
2 amended by striking the subsection.

3 Sec. 117. Section 331.502, subsection 10, Code 2024, is
4 amended by striking the subsection.

5 Sec. 118. Section 331.502, subsection 12, Code 2024, is
6 amended to read as follows:

7 12. Carry out duties relating to the hospitalization and
8 support of persons with mental illness as provided in sections
9 ~~229.42, 230.3, 230.11, and 230.15, 230.21, 230.22, 230.25, and~~
10 ~~230.26.~~

11 Sec. 119. Section 331.552, subsection 13, Code 2024, is
12 amended by striking the subsection.

13 Sec. 120. Section 331.756, subsections 25, 38, and 41, Code
14 2024, are amended by striking the subsections.

15 Sec. 121. Section 331.910, subsection 2, Code 2024, is
16 amended by adding the following new paragraph:

17 NEW PARAGRAPH. *Oa. "Administrative services organization"*
18 means the same as defined in section 225A.1.

19 Sec. 122. Section 331.910, subsection 2, paragraph d, Code
20 2024, is amended by striking the paragraph.

21 Sec. 123. Section 331.910, subsection 3, paragraphs a and c,
22 Code 2024, are amended to read as follows:

23 ~~a. A region~~ An administrative services organization may
24 contract with a receiving agency in a bordering state to secure
25 substance use disorder or mental health care and treatment
26 under this subsection for persons who receive substance use
27 disorder or mental health care and treatment pursuant to
28 section 125.33, 125.91, 229.2, or 229.22 ~~through a region.~~

29 ~~c. A region~~ An administrative services organization may
30 contract with a sending agency in a bordering state to provide
31 care and treatment under this subsection for residents of
32 the bordering state in approved substance use disorder and
33 mental health care and treatment hospitals, centers, and
34 facilities in this state, except that care and treatment shall
35 not be provided for residents of the bordering state who are

1 involved in criminal proceedings substantially similar to the
2 involvement described in paragraph "b".

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

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

24 Sec. 125. Section 423.3, subsection 18, paragraph d, Code
25 2024, is amended to read as follows:

26 d. Community mental health centers accredited by the
27 department of health and human services pursuant to ~~chapter~~
28 ~~225C~~ section 225A.3.

29 Sec. 126. Section 426B.1, subsection 2, Code 2024, is
30 amended to read as follows:

31 2. Moneys shall be distributed from the property tax relief
32 fund to the ~~mental health and disability services regional~~
33 ~~service system for mental health and disability services,~~
34 behavioral health fund established in section 225A.7 in
35 accordance with the appropriations made to the fund and other

1 statutory requirements.

2 Sec. 127. Section 437A.8, subsection 4, paragraph d, Code
3 2024, is amended to read as follows:

4 *d.* (1) Notwithstanding paragraph "a", a taxpayer who owns
5 or leases a new electric power generating plant and who has
6 no other operating property in the state of Iowa except for
7 operating property directly serving the new electric power
8 generating plant as described in section 437A.16 shall pay
9 the replacement generation tax associated with the allocation
10 of the local amount to the county treasurer of the county in
11 which the local amount is located and shall remit the remaining
12 replacement generation tax, if any, to the director according
13 to paragraph "a" for remittance of the tax to county treasurers.
14 The director shall notify each taxpayer on or before August 31
15 following a tax year of its remaining replacement generation
16 tax to be remitted to the director. All remaining replacement
17 generation tax revenues received by the director shall be
18 deposited in the property tax relief fund created in section
19 ~~426B.1, and shall be distributed as provided in section 426B.2.~~

20 (2) If a taxpayer has paid an amount of replacement tax,
21 penalty, or interest which was deposited into the property tax
22 relief fund and which was not due, all of the provisions of
23 section 437A.14, subsection 1, paragraph "b", shall apply with
24 regard to any claim for refund or credit filed by the taxpayer.
25 The director shall have sole discretion as to whether the
26 erroneous payment will be refunded to the taxpayer or credited
27 against any replacement tax due, or to become due, from the
28 taxpayer that would be subject to deposit in the property tax
29 relief fund.

30 Sec. 128. Section 437A.15, subsection 3, paragraph f, Code
31 2024, is amended to read as follows:

32 *f.* Notwithstanding the provisions of this section, if
33 a taxpayer is a municipal utility or a municipal owner of
34 an electric power facility financed under the provisions
35 of chapter 28F or 476A, the assessed value, other than the

1 local amount, of a new electric power generating plant shall
2 be allocated to each taxing district in which the municipal
3 utility or municipal owner is serving customers and has
4 electric meters in operation in the ratio that the number of
5 operating electric meters of the municipal utility or municipal
6 owner located in the taxing district bears to the total number
7 of operating electric meters of the municipal utility or
8 municipal owner in the state as of January 1 of the tax year.
9 If the municipal utility or municipal owner of an electric
10 power facility financed under the provisions of chapter 28F
11 or 476A has a new electric power generating plant but the
12 municipal utility or municipal owner has no operating electric
13 meters in this state, the municipal utility or municipal owner
14 shall pay the replacement generation tax associated with the
15 new electric power generating plant allocation of the local
16 amount to the county treasurer of the county in which the local
17 amount is located and shall remit the remaining replacement
18 generation tax, if any, to the director at the times contained
19 in section 437A.8, subsection 4, for remittance of the tax to
20 the county treasurers. All remaining replacement generation
21 tax revenues received by the director shall be deposited in the
22 ~~property tax relief~~ behavioral health fund ~~created~~ established
23 in section ~~426B.1~~, and shall be distributed as provided in
24 ~~section 426B.2~~ 225A.7.

25 Sec. 129. Section 483A.24, subsection 7, Code 2024, is
26 amended to read as follows:

27 7. A license shall not be required of minor pupils of the
28 Iowa school for the deaf or of minor residents of other state
29 institutions under the control of the department of health
30 and human services. In addition, a person who is on active
31 duty with the armed forces of the United States, on authorized
32 leave from a duty station located outside of this state, and
33 a resident of the state of Iowa shall not be required to
34 have a license to hunt or fish in this state. The military
35 person shall carry the person's leave papers and a copy of

1 the person's current earnings statement showing a deduction
2 for Iowa income taxes while hunting or fishing. In lieu of
3 carrying the person's earnings statement, the military person
4 may also claim residency if the person is registered to vote
5 in this state. If a deer or wild turkey is taken, the military
6 person shall immediately contact a state conservation officer
7 to obtain an appropriate tag to transport the animal. A
8 license shall not be required of ~~residents of county care~~
9 ~~facilities or~~ any person who is receiving supplementary
10 assistance under chapter 249.

11 Sec. 130. Section 602.8102, subsection 39, Code 2024, is
12 amended to read as follows:

13 39. Refer persons applying for voluntary admission to a
14 community mental health center accredited by the department
15 of health and human services under section 225A.3, for a
16 preliminary diagnostic evaluation ~~as provided in section~~
17 ~~225C.16, subsection 2~~.

18 Sec. 131. Section 714.8, subsection 12, Code 2024, is
19 amended to read as follows:

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

1 transfer or assignment of property under this subsection the
2 maximum sentence shall be the penalty established for a serious
3 misdemeanor and sections 714.9, 714.10, and 714.11 shall not
4 apply.

5 Sec. 132. Section 812.6, subsection 1, Code 2024, is amended
6 to read as follows:

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

19 Sec. 133. Section 904.201, subsection 8, Code 2024, is
20 amended to read as follows:

21 8. Chapter 230 governs the determination of costs and
22 charges for the care and treatment of persons with mental
23 illness admitted to the forensic psychiatric hospital,
24 ~~except that charges for the care and treatment of any person~~
25 ~~transferred to the forensic psychiatric hospital from an adult~~
26 ~~correctional institution or from a state training school shall~~
27 ~~be paid entirely from state funds. Charges for all other~~
28 ~~persons at the forensic psychiatric hospital shall be billed to~~
29 ~~the respective counties at the same ratio as for patients at~~
30 ~~state mental health institutes under section 230.20.~~

31 Sec. 134. REPEAL. Chapters 142A, 225C, 227, 230A, and 347B,
32 Code 2024, are repealed.

33 Sec. 135. REPEAL. Sections 125.1, 125.3, 125.7, 125.9,
34 125.10, 125.12, 125.25, 125.32A, 125.34, 125.37, 125.38,
35 125.39, 125.40, 125.41, 125.42, 125.43, 125.43A, 125.46,

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1 125.48, 125.54, 125.55, 125.58, 125.59, 125.60, 135B.18,
2 218.99, 222.59, 222.60, 222.61, 222.62, 222.63, 222.64, 222.65,
3 222.66, 222.67, 222.68, 222.69, 222.70, 222.74, 222.75, 225.10,
4 225.19, 225.21, 226.45, 229.42, 230.1A, 230.2, 230.3, 230.4,
5 230.5, 230.6, 230.9, 230.12, 230.16, 230.17, 230.18, 230.19,
6 230.20, 230.21, 230.22, 230.25, 230.26, 230.27, 426B.2, 426B.4,
7 and 426B.5, Code 2024, are repealed.

8 Sec. 136. CODE EDITOR DIRECTIVE. The Code editor is
9 directed to correct internal references in the Code and in any
10 enacted legislation as necessary due to the enactment of this
11 division of this Act.

12 Sec. 137. EFFECTIVE DATE. This division of this Act takes
13 effect July 1, 2025.

14 DIVISION III

15 AGING AND DISABILITY

16 Sec. 138. Section 231.3, Code 2024, is amended to read as
17 follows:

18 **231.3 State policy and objectives.**

19 1. The general assembly declares that it is the policy of
20 the state to work toward attainment of the following objectives
21 for Iowa’s older individuals and individuals with disabilities:

22 ~~1-~~ a. An adequate income.

23 ~~2-~~ b. Access to physical and mental health care and
24 long-term living and community support services without regard
25 to economic status.

26 ~~3-~~ c. Suitable and affordable housing that reflects the
27 needs of ~~older~~ individuals.

28 ~~4-~~ d. Access to comprehensive information and a community
29 navigation system providing all available options related to
30 long-term living and community support services that assist
31 ~~older~~ individuals in the preservation of personal assets and
32 the ability to entirely avoid or significantly delay reliance
33 on entitlement programs.

34 ~~5-~~ e. Full restorative services for those who require
35 institutional care, and a comprehensive array of long-term

1 living and community support services adequate to sustain ~~older~~
2 people in their communities and, whenever possible, in their
3 homes, including support for caregivers.

4 ~~6.~~ f. Pursuit of meaningful activity within the widest
5 range of civic, cultural, educational, recreational, and
6 employment opportunities.

7 ~~7.~~ g. Suitable community transportation systems to assist
8 in the attainment of independent movement.

9 ~~8.~~ h. Freedom, independence, and the free exercise of
10 individual initiative in planning and managing their own lives.

11 ~~9.~~ i. Freedom from abuse, neglect, and exploitation.

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

16 3. It is the policy of this state that each state agency
17 shall make reasonable efforts to identify those persons with
18 brain injuries among the persons served by the state agency.

19 Sec. 139. Section 231.4, subsection 1, Code 2024, is amended
20 by adding the following new paragraph:

21 NEW PARAGRAPH. Oc. "Brain injury" means the same as defined
22 in section 135.22.

23 Sec. 140. Section 231.4, subsection 1, paragraph d, Code
24 2024, is amended to read as follows:

25 d. "Commission" means the commission on aging. "Council"
26 means the council on health and human services created in
27 section 217.2.

28 Sec. 141. Section 231.14, Code 2024, is amended to read as
29 follows:

30 231.14 Commission Council duties and authority.

31 ~~1. The commission is the policymaking body of the sole state~~
32 ~~agency responsible for administration of the federal Act. The~~
33 commission council shall do all of the following:

34 ~~a. 1. Approve~~ 1. Make recommendations to the department
35 regarding approval of the state plan on aging developed under

1 section 231.31 and area plans on aging, developed under section
2 231.33.

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

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

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

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

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

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

1 ~~method for review and comment.~~

2 ~~h.~~ 5. Adopt Recommend policies and measures to assure
3 ensure that preference will be given to providing services to
4 older individuals and individuals with disabilities with the
5 greatest economic or social needs, with particular attention to
6 low-income minority ~~elder~~ individuals, ~~elder~~ individuals with
7 limited English proficiency, and ~~elder~~ individuals residing in
8 rural areas.

9 ~~i.~~ 6. Adopt Recommend policies to administer state programs
10 authorized by this chapter.

11 ~~j.~~ 7. Adopt Recommend policies and ~~administrative rules~~
12 ~~pursuant to chapter 17A~~ that support the capabilities of the
13 area agencies on aging and the aging and disabilities resource
14 centers to serve older individuals and ~~persons~~ individuals
15 with disabilities experiencing Alzheimer's disease or related
16 dementias.

17 ~~2. The commission shall adopt administrative rules pursuant~~
18 ~~to chapter 17A to administer the duties specified in this~~
19 ~~chapter and in all other chapters under the department's~~
20 ~~jurisdiction.~~

21 Sec. 142. Section 231.21, Code 2024, is amended to read as
22 follows:

23 **231.21 Administration of chapter — department of health and**
24 **human services.**

25 The department of health and human services shall administer
26 ~~this chapter under the policy direction of the commission~~
27 ~~on aging~~ consider the recommendations of the council when
28 administering this chapter.

29 Sec. 143. Section 231.23, Code 2024, is amended to read as
30 follows:

31 **231.23 Department — duties and authority.**

32 The department shall:

33 1. ~~Develop and administer a~~ Administer the state plan on
34 aging developed pursuant to section 231.31.

35 2. ~~Assist the commission in the review and approval of~~

1 Review and approve area plans developed under section 231.33.

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

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

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

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

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

35 ~~8. Assist the commission in adopting~~ Adopt a method for

1 the distribution of funds available from the federal Act
2 and state appropriations and allocations that takes into
3 account, to the extent feasible, the best available data on the
4 geographic distribution of older individuals and individuals
5 with disabilities in the state.

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

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

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

23 12. Administer state authorized programs.

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

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

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

34 1. Services for older individuals, ~~persons with~~
35 ~~disabilities eighteen years of age and older,~~ family

1 caregivers, and veterans as defined by the department in the
2 most current version of the department's reporting manual and
3 pursuant to the federal Act and regulations.

4 3. ~~The aging~~ Aging and disability resource ~~center~~ centers.
5 Sec. 145. Section 231.23A, Code 2024, is amended by adding
6 the following new subsection:

7 NEW SUBSECTION. 7A. Services and supports available to
8 individuals with disabilities including but not limited to
9 individuals with mental illness, an intellectual disability or
10 other developmental disability, or a brain injury.

11 Sec. 146. Section 231.31, Code 2024, is amended to read as
12 follows:

13 **231.31 State plan on aging.**

14 The department shall develop, ~~and submit to the commission~~
15 ~~on aging for approval,~~ a multiyear state plan on aging.
16 The state plan on aging shall meet all applicable federal
17 requirements.

18 Sec. 147. Section 231.32, Code 2024, is amended to read as
19 follows:

20 **231.32 Criteria for designation of area agencies on aging.**

21 1. The ~~commission~~ department shall designate an area
22 agency on aging for each planning and service area. The
23 ~~commission shall continue the designation~~ shall continue until
24 an area agency on aging's designation is removed for cause as
25 determined by the ~~commission~~ department, until the time of
26 renewal or the annual update of an area plan, until the agency
27 voluntarily withdraws as an area agency on aging, or until a
28 change in the designation of planning and service areas or area
29 agencies on aging is required by state or federal law. In that
30 event, the ~~commission~~ department shall proceed in accordance
31 with subsections 2, 3, and 4. Designated area agencies on
32 aging shall comply with the requirements of the federal Act.

33 2. The ~~commission~~ department shall designate an area
34 agency on aging to serve each planning and service area, after
35 consideration of the views offered by units of general purpose

1 local government. An area agency on aging may be:

2 *a.* An established office of aging which is operating within
3 a planning and service area designated by the ~~commission~~
4 department.

5 *b.* Any office or agency of a unit of general purpose local
6 government, which is designated to function only for the
7 purpose of serving as an area agency on aging by the chief
8 elected official of such unit.

9 *c.* Any office or agency designated by the appropriate
10 chief elected officials of any combination of units of
11 general purpose local government to act only on behalf of such
12 combination for such purpose.

13 *d.* Any public or nonprofit private agency in a planning and
14 service area or any separate organizational unit within such
15 agency which is under the supervision or direction for this
16 purpose of the department and which can and will engage only in
17 the planning or provision of a broad range of long-term living
18 and community support services or nutrition services within the
19 planning and service area.

20 3. When the ~~commission~~ department designates a new area
21 agency on aging, the ~~commission~~ department shall give the right
22 of first refusal to a unit of general purpose local government
23 if:

24 *a.* Such unit can meet the requirements of subsection 1.

25 *b.* The boundaries of such a unit and the boundaries of the
26 area are reasonably contiguous.

27 4. Each area agency on aging shall provide assurance,
28 determined adequate by the ~~commission~~ department, that the
29 area agency on aging has the ability to develop an area plan
30 and to carry out, directly or through contractual or other
31 arrangements, a program in accordance with the plan within the
32 planning and service area. In designating an area agency on
33 aging within the planning and service area, the ~~commission~~
34 department shall give preference to an established office of
35 aging, unless the ~~commission~~ department finds that no such

1 office within the planning and service area has the capacity to
2 carry out the area plan.

3 5. Upon designation, an area agency on aging shall be
4 considered an instrumentality of the state and shall adhere to
5 all state and federal mandates applicable to an instrumentality
6 of the state.

7 Sec. 148. Section 231.33, subsections 1 and 13, Code 2024,
8 are amended to read as follows:

9 1. Develop and administer an area plan ~~on aging~~ approved by
10 the ~~commission~~ department.

11 13. Submit all fiscal and performance reports in accordance
12 with the policies of the ~~commission~~ department.

13 Sec. 149. Section 231.56, Code 2024, is amended to read as
14 follows:

15 **231.56 Services and programs.**

16 The department shall administer long-term living and
17 community support services and programs that allow older
18 individuals and individuals with disabilities to secure and
19 maintain maximum independence and dignity in a home environment
20 that provides for self-care with appropriate supportive
21 services, assist in removing individual and social barriers
22 to economic and personal independence for older individuals
23 and individuals with disabilities, and provide a continuum of
24 care for older individuals and individuals with disabilities.
25 Funds appropriated for this purpose shall be allocated based
26 on ~~administrative~~ rules adopted by the ~~commission~~ department
27 pursuant to chapter 17A. The department shall ~~require such~~
28 ~~records as needed~~ adopt rules pursuant to chapter 17A that
29 allow the department to collect information as necessary from
30 long-term living and community support services, program
31 providers, and patients to administer this section.

32 Sec. 150. Section 231.57, Code 2024, is amended to read as
33 follows:

34 **231.57 Coordination of advocacy.**

35 The department shall administer a program for the

1 coordination of information and assistance provided within
2 the state to assist older individuals and individuals with
3 disabilities, and their caregivers, in obtaining and protecting
4 their rights and benefits. State and local agencies providing
5 information and assistance to older individuals and individuals
6 with disabilities, and their caregivers, in seeking their
7 rights and benefits shall cooperate with the department in
8 administering this program.

9 Sec. 151. Section 231.58, Code 2024, is amended to read as
10 follows:

11 **231.58 Long-term living coordination.**

12 The director may convene meetings, as necessary, of the
13 director and the director of inspections, appeals, and
14 licensing, to assist in the coordination of policy, service
15 delivery, and long-range planning relating to the long-term
16 living system and older Iowans and Iowans with disabilities
17 in the state. The group may consult with individuals,
18 institutions, and entities with expertise in the area of the
19 long-term living system and older Iowans and Iowans with
20 disabilities, as necessary, to facilitate the group's efforts.

21 Sec. 152. Section 231.64, Code 2024, is amended to read as
22 follows:

23 **231.64 Aging and disability resource center centers.**

24 ~~1. The aging and disability resource center shall be~~
25 ~~administered by the department consistent with the federal~~
26 ~~Act.~~ The department shall designate area agencies on aging and
27 disability resource centers to establish, in consultation with
28 other stakeholders including organizations representing the
29 disability community, a coordinated local aging and disability
30 service system for providing. In addition to services required
31 by the department by rules adopted pursuant to chapter 17A,
32 aging and disability resource centers shall provide for all of
33 the following:

34 a. Comprehensive information, referral, and assistance
35 regarding the full range of available public and private

1 long-term living and community support services, options,
2 service providers, and resources within a community, including
3 information on the availability of integrated long-term care.

4 *b.* Options counseling to assist individuals in assessing
5 their existing or anticipated long-term care needs and
6 developing and implementing a plan for long-term living and
7 community support services designed to meet their specific
8 needs and circumstances. The plan for long-term living
9 and community support services may include support with
10 person-centered care transitions to assist consumers and family
11 caregivers with transitions between home and care settings.

12 *c.* Consumer access to the range of publicly-supported
13 long-term living and community support services for which
14 consumers may be eligible, by serving as a convenient point
15 of entry for such services. ~~The aging~~ Aging and disability
16 resource ~~center~~ centers shall offer information online and
17 be available via a toll-free telephone number, electronic
18 communications, and in person.

19 2. The following entities shall be eligible to be designated
20 as an aging and disability resource center by the department:

21 *a.* An area agency on aging established on or before June 30,
22 2024.

23 *b.* A public or private nonprofit agency, or any separate
24 organizational unit within the public or private nonprofit
25 agency, that has the capabilities to engage in the planning or
26 provision of aging and disability services only as directed by
27 the department.

28 ~~2.~~ 3. ~~The aging~~ Aging and disability resource ~~center~~
29 centers shall assist older individuals, ~~persons~~ individuals
30 with disabilities ~~age eighteen or older~~, family caregivers,
31 and people who inquire about or request assistance on behalf
32 of members of these groups, as they seek long-term living and
33 community support services.

34 4. The department shall adopt rules pursuant to chapter 17A
35 to implement this section.

1 Sec. 153. NEW SECTION. **231.75 Scope.**

2 The service quality standards and rights in this subchapter
3 VII shall apply to any person with an intellectual disability,
4 a developmental disability, brain injury, or chronic mental
5 illness who receives services which are funded in whole or in
6 part by public funds, or services which are permitted under
7 Iowa law.

8 Sec. 154. NEW SECTION. **231.76 Service quality standards.**

9 As the state participates more fully in funding services
10 and other support for persons with an intellectual disability,
11 developmental disability, brain injury, or chronic mental
12 illness, it is the intent of the general assembly that the
13 state shall seek to attain the following quality standards in
14 the provision of services and other supports:

15 1. Provide comprehensive evaluation and diagnosis adapted
16 to the cultural background, primary language, and ethnic origin
17 of a person.

18 2. Provide an individual treatment, habilitation, and
19 program services plan.

20 3. Provide treatment, habilitation, and program services
21 that are individualized, flexible, cost-effective, and produce
22 results.

23 4. Provide periodic review of an individual's treatment,
24 habilitation, and program services plan.

25 5. Provide for the least restrictive environment, and
26 age-appropriate services.

27 6. Provide appropriate training and employment
28 opportunities so that a person's ability to contribute to, and
29 participate in, the community is maximized.

30 7. Provide an ongoing process to determine the degree of
31 access to, and the effectiveness of, the services and other
32 supports in achieving the disability service outcomes and
33 indicators identified by the department.

34 Sec. 155. NEW SECTION. **231.77 Rights.**

35 All of the following rights shall apply to a person with an

1 intellectual disability, a developmental disability, a brain
2 injury, or a chronic mental illness:

3 1. *Wage protection.* A person engaged in a work program
4 shall be paid wages commensurate with the going rate for
5 comparable work and productivity.

6 2. *Insurance protection.* Pursuant to section 507B.4,
7 subsection 3, paragraph "g", a person or designated group
8 of persons shall not be unfairly discriminated against for
9 purposes of insurance coverage.

10 3. *Citizenship.* A person retains the right to citizenship
11 in accordance with the laws of the state.

12 4. *Participation in planning activities.* A person has
13 the right to participate in the formulation of an individual
14 treatment, habilitation, and program plan developed for the
15 person.

16 Sec. 156. NEW SECTION. 231.78 Compliance.

17 1. A person's sole remedy for a violation of a rule adopted
18 by the department to implement sections 231.75 through 231.77
19 shall be to initiate a proceeding with the department by
20 request pursuant to chapter 17A.

21 a. Any decision of the department shall be in accordance
22 with due process of law. A person or party who is aggrieved or
23 adversely affected by the department's action may seek judicial
24 review pursuant to section 17A.19. A person or party who is
25 aggrieved or adversely affected by a final judgment of the
26 district court may appeal under section 17A.20.

27 b. Either the department or a party in interest may apply
28 to the Iowa district court for an order to enforce a final
29 decision of the department.

30 2. Any rules adopted by the department to implement sections
31 231.76 and 231.77 shall not create any right, entitlement,
32 property or liberty right or interest, or private cause of
33 action for damages against the state or a political subdivision
34 of the state, or for which the state or a political subdivision
35 of the state would be responsible.

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

4 Sec. 157. NEW SECTION. **231.79 Appeals process.**

5 The department shall establish an appeals process by which a
6 person or the person's representative may appeal a decision of
7 the department concerning the provision or denial of aging or
8 disability services to the person.

9 Sec. 158. Section 231E.3, Code 2024, is amended to read as
10 follows:

11 **231E.3 Definitions.**

12 As used in this chapter, unless the context otherwise
13 requires:

14 1. "*Client*" means an individual for whom a representative
15 payee is appointed.

16 ~~2. "*Commission*" means the commission on aging.~~

17 ~~3.~~ 2. "*Conservator*" means conservator as defined in section
18 633.3.

19 ~~4.~~ 3. "*Court*" means court as defined in section 633.3.

20 ~~5.~~ 4. "*Department*" means the department of health and human
21 services.

22 ~~6.~~ 5. "*Director*" means the director of health and human
23 services.

24 ~~7.~~ 6. "*Guardian*" means guardian as defined in section
25 633.3.

26 ~~8.~~ 7. "*Incompetent*" means incompetent as defined in section
27 633.3.

28 ~~9.~~ 8. "*Local office*" means a local office of public
29 guardian.

30 ~~10.~~ 9. "*Local public guardian*" means an individual under
31 contract with the department to act as a guardian, conservator,
32 or representative payee.

33 ~~11.~~ 10. "*Public guardian*" means the state public guardian
34 or a local public guardian.

35 ~~12.~~ 11. "*Public guardianship services*" means guardianship,

1 conservatorship, or representative payee services provided by
2 the state public guardian or a local public guardian.

3 ~~13.~~ 12. "*Representative payee*" means an individual
4 appointed by a government entity to receive funds on behalf of
5 a client pursuant to federal regulation.

6 ~~14.~~ 13. "*State agency*" means any executive department,
7 commission, board, institution, division, bureau, office,
8 agency, or other executive entity of state government.

9 ~~15.~~ 14. "*State office*" means the state office of public
10 guardian.

11 ~~16.~~ 15. "*State public guardian*" means the administrator of
12 the state office of public guardian.

13 ~~17.~~ 16. "*Ward*" means the individual for whom a guardianship
14 or conservatorship is established.

15 Sec. 159. REPEAL. Sections 231.11, 231.12, and 231.13, Code
16 2024, are repealed.

17 Sec. 160. CODE EDITOR DIRECTIVE. The Code editor is
18 directed to do all of the following:

19 1. Entitle Code chapter 231 "Department of Health and Human
20 Services — Aging and Disability Services".

21 2. Designate sections 231.75 through 231.79, as enacted in
22 this division of this Act, as subchapter VII entitled "Bill
23 of Rights and Service Quality Standards for Persons with an
24 Intellectual Disability, Developmental Disability, Brain
25 Injury, or Chronic Mental Illness".

26 3. Correct internal references in the Code and in any
27 enacted legislation as necessary due to the enactment of this
28 division of this Act.

29 Sec. 161. EFFECTIVE DATE. The following take effect July
30 1, 2025:

31 1. The parts of the sections of this division of this Act
32 amending the following:

33 a. Section 231.3.

34 b. Section 231.4, subsection 1.

35 c. Section 231.23, subsections 4 and 7.

1 d. Section 231.23A, subsection 1.

2 e. Sections 231.56, 231.57, and 231.58.

3 f. Section 231.64, subsection 2.

4 2. The parts of the sections of this division of this Act
5 enacting the following: sections 231.23A, subsection 7A,
6 231.75, 231.76, 231.77, 231.78, and 231.79.

7 DIVISION IV

8 TRANSITION PROVISIONS

9 Sec. 162. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
10 TRANSITION OF MENTAL HEALTH SERVICES, ADDICTIVE DISORDER
11 SERVICES, AND DISABILITY SERVICES.

12 1. For purposes of this division:

13 a. "Administrative services organization" means the same
14 as defined in section 225A.1, as enacted in division I of this
15 Act.

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

18 c. "Department" means the department of health and human
19 services.

20 d. "District behavioral health service system plan" means
21 the same as defined in section 225A.1, as enacted in division
22 I of this Act.

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

25 f. "State behavioral health service system" means the state
26 behavioral health service system as established in section
27 225A.3, as enacted in division I of this Act.

28 g. "State behavioral health service system plan" means the
29 same as defined in section 225A.1, as enacted in division I of
30 this Act.

31 h. "Transition period" means the period beginning on the
32 date of enactment of this division of this Act and concluding
33 on June 30, 2025.

34 2. There is created a behavioral health service system under
35 the control of the department. For the fiscal year beginning

1 July 1, 2025, and each succeeding fiscal year, the behavioral
2 health service system shall be responsible for implementing and
3 maintaining a statewide system of prevention, education, early
4 intervention, treatment, recovery support, and crisis services
5 related to mental health and addictive disorders, including
6 but not limited to substance use, tobacco use, and problem
7 gambling. For the fiscal year beginning July 1, 2025, and each
8 succeeding fiscal year, the department's division of aging
9 and disability services shall be responsible for disability
10 services.

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

15 4. To ensure the state behavioral health service system
16 and the division of aging and disability services are able to
17 operate as intended at the conclusion of the transition period,
18 the department shall perform all the following duties:

19 a. Make contracts as necessary to set up services and
20 administrative functions.

21 b. Adopt rules as necessary to establish and administer the
22 state's behavioral health service system.

23 c. Establish policies as necessary to ensure efficient
24 implementation and operation of the behavioral health service
25 system.

26 d. Prepare forms necessary for the implementation and
27 administration of behavioral health services.

28 e. Prepare a state behavioral health service system plan for
29 the state behavioral health service system.

30 f. Designate behavioral health districts on or before
31 August 1, 2024. The behavioral health district designation
32 process shall include an opportunity for the public to
33 review and to comment on proposed behavioral health district
34 boundaries.

35 g. Designate an administrative services organization for

1 each behavioral health district on or before December 31, 2024.

2 h. Review and approve district behavioral health service
3 system plans for services related to the behavioral health
4 service system.

5 i. Issue all necessary licenses and certifications.

6 j. Establish contractual rights, privileges, and
7 responsibilities as necessary to establish and implement the
8 state behavioral health service system.

9 k. Develop and implement a plan to ensure that persons
10 currently receiving disability services or early intervention,
11 treatment, recovery support, or crisis services related
12 to mental health or addictive disorders, including but not
13 limited to alcohol use, substance use, tobacco use, and problem
14 gambling, have an uninterrupted continuum of care.

15 1. Establish a central data repository as described in
16 section 225A.6, as enacted in division I of this Act.

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

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

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

1 of the general assembly, and a detailed timeline for the
2 completion of the tasks described.

3 (2) The proposed organizational structure of the state
4 behavioral health service system.

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

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

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

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

18 b. The transition plan published under paragraph "a" shall:

19 (1) Be updated no less than quarterly during the transition
20 period with the current status of completing the tasks
21 identified in paragraph "a", subparagraph (1).

22 (2) Describe how information regarding any changes in
23 service delivery will be provided to persons receiving services
24 from the mental health and disability services regions or
25 current behavioral health care providers contracted with the
26 department.

27 (3) Describe how the transition is being funded, including
28 how expenses associated with the transition will be managed.

29 7. a. Before the end of the transition period, the
30 governing board of each mental health and disability services
31 region that maintains a combined account pursuant to section
32 225C.58, subsection 1, shall transfer all unencumbered and
33 unobligated moneys remaining in the combined account to the
34 treasurer of state for deposit into the behavioral health fund
35 as established in section 225A.7 as enacted in division I of

1 this Act.

2 b. Before the end of the transition period, each county
3 which maintains a county mental health and disability services
4 fund pursuant to section 225C.58, subsection 1, shall transfer
5 all unencumbered and unobligated moneys remaining in the mental
6 health and disability services fund to the treasurer of state
7 for deposit into the behavioral health fund as established in
8 section 225A.7 as enacted in division I of this Act.

9 c. Moneys in the behavioral health fund as established
10 in section 225A.7 as enacted in division I of this Act are
11 appropriated to the department for the purposes established in
12 section 225A.7 as enacted in division I of this Act, and as
13 otherwise necessary to effectuate this division of this Act.

14 8. a. All debts, claims, or other liabilities owed to a
15 county, a mental health and disability services region, or
16 the state due to services rendered pursuant to chapter 125,
17 222, 225, 225C, 226, 227, 229, 230, or 230A, Code 2024, at the
18 conclusion of the transition period shall remain due and owing
19 after the transition period concludes.

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

27 9. With input from appropriate stakeholders, the department
28 shall identify each contract that will be impacted by mental
29 health and disability services being transferred to the state
30 behavioral health service system, or by responsibilities
31 being transferred to the department's division of aging and
32 disabilities, pursuant to this Act. On or before June 30,
33 2025, a party to a contract identified by the department
34 under this subsection shall exercise the option, if available
35 pursuant to the terms of the contract, to terminate the

1 contract in accordance with the terms of the contract which
2 provide for termination. Contracts that do not provide for
3 termination shall not be renewed or extended at the end of the
4 current contract term.

5 10. A mental health and disability services region, a
6 regional administrator as defined in section 225C.55, and
7 any subdivision of the state shall not enter into, renew, or
8 extend any contract for services related to mental health and
9 disability services or addictive disorder services beyond June
10 30, 2025.

11 Sec. 163. DEPARTMENT OF HEALTH AND HUMAN SERVICES —
12 TRANSITION FUNDING. Notwithstanding any provision of law to
13 the contrary, there is appropriated from the region incentive
14 fund of the mental health and disability services regional
15 service fund created in section 225C.7A, subsection 8, to the
16 department of health and human services for the fiscal year
17 beginning July 1, 2024, and ending June 30, 2025, the following
18 amount, or so much thereof as is necessary, to be used for the
19 purposes designated:

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

23 \$ 645,179

24 Notwithstanding section 8.33, moneys appropriated in this
25 section that remain unencumbered or unobligated at the close
26 of the fiscal year shall not revert to the credit of the region
27 incentive fund of the mental health and disability services
28 regional service fund, but shall be credited to the behavioral
29 health fund created in section 225A.7, as enacted in division I
30 of this Act, and are appropriated to the department of health
31 and human services for expenditure for the purposes of the
32 behavioral health fund.

33 Sec. 164. EMERGENCY RULES. The department of health and
34 human services may adopt emergency rules under section 17A.4,
35 subsection 3, and section 17A.5, subsection 2, paragraph "b",

1 to implement the provisions of this division of this Act and
2 the rules shall be effective immediately upon filing unless
3 a later date is specified in the rules. Any rules adopted
4 in accordance with this section shall also be published as a
5 notice of intended action as provided in section 17A.4.

6 Sec. 165. EFFECTIVE DATE. This division of this Act, being
7 deemed of immediate importance, takes effect upon enactment.

8

DIVISION V

9

ELIMINATION OF SPECIAL INTELLECTUAL DISABILITY UNITS

10 Sec. 166. Section 222.1, subsection 3, Code 2024, is amended
11 by striking the subsection.

12 Sec. 167. Section 222.2, subsection 8, Code 2024, is amended
13 by striking the subsection.

14 Sec. 168. Section 222.5, Code 2024, is amended to read as
15 follows:

16 **222.5 Preadmission diagnostic evaluation.**

17 A person shall not be eligible for admission to a resource
18 center ~~or a special unit~~ until a preadmission diagnostic
19 evaluation has been made by a resource center ~~or a special unit~~
20 which confirms or establishes the need for admission.

21 Sec. 169. Section 222.7, unnumbered paragraph 1, Code 2024,
22 is amended to read as follows:

23 The department may transfer patients from one state resource
24 center to the other and may at any time transfer patients from
25 the resource centers to the hospitals for persons with mental
26 illness, ~~or transfer patients in the resource centers to a~~
27 ~~special unit or vice versa.~~ The department may also transfer
28 patients from a hospital for persons with mental illness to a
29 resource center if consent is given or obtained as follows:

30 Sec. 170. Section 222.8, Code 2024, is amended to read as
31 follows:

32 **222.8 Communications by patients.**

33 Persons admitted to the resource centers ~~or a special~~
34 ~~unit~~ shall have all reasonable opportunity and facility for
35 communication with their friends. Such persons shall be

1 permitted to write and send letters, provided the letters
2 contain nothing of an offensive character. Letters written by
3 any patient to the director or to any state or county official
4 shall be forwarded unopened.

5 Sec. 171. Section 222.9, Code 2024, is amended to read as
6 follows:

7 **222.9 Unauthorized departures.**

8 If any person with an intellectual disability shall depart
9 without proper authorization from a resource center ~~or a~~
10 ~~special unit~~, it shall be the duty of the superintendent
11 and the superintendent's assistants and all peace officers
12 of any county in which such patient may be found to take
13 and detain the patient without a warrant or order and to
14 immediately report such detention to the superintendent who
15 shall immediately provide for the return of such patient to the
16 resource center ~~or special unit~~.

17 Sec. 172. Section 222.12, subsection 1, Code 2024, is
18 amended to read as follows:

19 1. Upon the death of a patient of a resource center ~~or~~
20 ~~special unit~~, a preliminary investigation of the death shall be
21 conducted as required by section 218.64 by the county medical
22 examiner as provided in section 331.802. Such a preliminary
23 investigation shall also be conducted in the event of a sudden
24 or mysterious death of a patient in a private institution
25 for persons with an intellectual disability. The chief
26 administrative officer of any private institution may request
27 an investigation of the death of any patient by the county
28 medical examiner.

29 Sec. 173. Section 222.73, subsections 1, 3, and 5, Code
30 2024, are amended to read as follows:

31 1. The superintendent of each resource center ~~and special~~
32 ~~unit~~ shall compute by February 1 the average daily patient
33 charge and outpatient treatment charges for which each county
34 will be billed for services provided to patients chargeable to
35 the county during the fiscal year beginning the following July

1 1. The department shall certify the amount of the charges and
2 notify the counties of the billing charges.

3 a. The superintendent shall compute the average daily
4 patient charge for a resource center ~~or special unit~~ for
5 services provided in the following fiscal year, in accordance
6 with generally accepted accounting procedures, by totaling
7 the expenditures of the resource center ~~or special unit~~ for
8 the immediately preceding calendar year, by adjusting the
9 expenditures by a percentage not to exceed the percentage
10 increase in the consumer price index for all urban consumers
11 for the immediately preceding calendar year, and by dividing
12 the adjusted expenditures by the total inpatient days of
13 service provided during the immediately preceding calendar
14 year.

15 b. The department shall compute the outpatient treatment
16 charges, in accordance with generally accepted accounting
17 procedures, on the basis of the actual cost of the outpatient
18 treatment provided during the immediately preceding calendar
19 year.

20 ~~3.~~ 2. The superintendent shall compute in January the
21 actual per-patient-per-day cost for each resource center ~~or~~
22 ~~special unit~~ for the immediately preceding calendar year, in
23 accordance with generally accepted accounting procedures, by
24 totaling the actual expenditures of the resource center ~~or~~
25 ~~special unit~~ for the calendar year and by dividing the total
26 actual expenditures by the total inpatient days of service
27 provided during the calendar year.

28 ~~5.~~ 3. A superintendent of a resource center ~~or special~~
29 ~~unit~~ may request that the director enter into a contract with
30 a person for the resource center ~~or special unit~~ to provide
31 consultation or treatment services or for fulfilling other
32 purposes which are consistent with the purposes stated in
33 section 222.1. The contract provisions shall include charges
34 which reflect the actual cost of providing the services. Any
35 income from a contract authorized under this subsection may

1 be retained by the resource center ~~or special unit~~ to defray
2 the costs of providing the services or fulfilling the other
3 purposes. Except for a contract voluntarily entered into by a
4 county under this subsection, the costs or income associated
5 with a contract authorized under this subsection shall not
6 be considered in computing charges and per diem costs in
7 accordance with the provisions of subsections 1 ~~through 4~~ and
8 2.

9 Sec. 174. Section 222.83, Code 2024, is amended to read as
10 follows:

11 **222.83 Nonresident patients.**

12 The estates of all nonresident patients who are provided
13 treatment, training, instruction, care, habilitation, and
14 support in or by a resource center ~~or a special unit~~, and all
15 persons legally bound for the support of such persons, shall be
16 liable to the state for the reasonable value of such services.
17 The certificate of the superintendent of the resource center
18 ~~or special unit~~ in which any nonresident is or has been a
19 patient, showing the amounts drawn from the state treasury or
20 due therefrom as provided by law on account of such nonresident
21 patient, shall be presumptive evidence of the reasonable value
22 of such services furnished such patient by the resource center
23 ~~or special unit~~.

24 Sec. 175. Section 222.84, Code 2024, is amended to read as
25 follows:

26 **222.84 Patients' personal deposit fund.**

27 There is established at each resource center ~~and special~~
28 ~~unit~~ a patients' personal deposit fund. ~~In the case of a~~
29 ~~special unit, the director may direct that the patients'~~
30 ~~personal deposit fund be maintained and administered as a part~~
31 ~~of the fund established, pursuant to sections 226.43 through~~
32 ~~226.46, by the state mental health institute where the special~~
33 ~~unit is located.~~

34 Sec. 176. Section 222.85, subsection 1, Code 2024, is
35 amended to read as follows:

1 1. Any funds coming into the possession of the
2 superintendent or any employee of a resource center ~~or special~~
3 ~~unit~~ belonging to any patient in that institution shall be
4 deposited in the name of the patient in the patients' personal
5 deposit fund, except that if a guardian of the property has
6 been appointed for the person, the guardian shall have the
7 right to demand and receive such funds. Funds belonging to a
8 patient deposited in the patients' personal deposit fund may
9 be used for the purchase of personal incidentals, desires, and
10 comforts for the patient.

11 Sec. 177. Section 222.87, Code 2024, is amended to read as
12 follows:

13 **222.87 Deposit in bank.**

14 The department shall deposit the patients' personal deposit
15 fund in a commercial account of a bank of reputable standing.
16 When deposits in the commercial account exceed average monthly
17 withdrawals, the department may deposit the excess at interest.
18 The savings account shall be in the name of the patients'
19 personal deposit fund and interest paid on the account may be
20 used for recreational purposes for the patients at the resource
21 center ~~or special unit~~.

22 Sec. 178. REPEAL. Sections 222.88, 222.89, 222.90, and
23 222.91, Code 2024, are repealed.

24 Sec. 179. EFFECTIVE DATE. This division of this Act, being
25 deemed of immediate importance, takes effect upon enactment.

26 DIVISION VI

27 COUNTY OF RESIDENCE DETERMINATIONS

28 Sec. 180. NEW SECTION. 331.190 County of residence —
29 dispute resolution.

30 1. "*County of residence*" means the county in this state
31 in which, at the time a person applies for or receives
32 services, the person is living and has established an ongoing
33 presence with the declared, good faith intention of living
34 for a permanent or indefinite period of time. The county
35 of residence of a homeless person is the county in which

1 the homeless person usually sleeps. A person maintains
2 residency in the county or state in which the person last
3 resided during the time period that the person is present in
4 a different county or state receiving services in a hospital,
5 a correctional facility, a halfway house for community-based
6 corrections or substance use disorder treatment, a nursing
7 facility, an intermediate care facility for persons with an
8 intellectual disability, a residential care facility, or for
9 the purpose of attending a college or university.

10 2. *a.* The dispute resolution process in this subsection
11 shall apply to county of residence disputes. The dispute
12 resolution process shall not be applicable to any of the
13 following:

14 (1) Disputes involving persons committed to a state
15 facility pursuant to chapter 812.

16 (2) Disputes involving Iowa rule of criminal procedure
17 2.22(8)(b), commitment for evaluation.

18 (3) Disputes involving chapter 12 of Iowa court rules, rules
19 for involuntary hospitalization of mentally ill persons.

20 *b.* If a county objects to a billing for services or a
21 residency determination and asserts that either the person
22 has residency in a different county or the person is not a
23 resident of this state, the person's county of residence
24 shall be determined as provided in this subsection. If the
25 county asserts that the person has residency in a different
26 county in this state, the county shall notify that county in
27 writing within one hundred twenty calendar days of receiving
28 the billing for services or of the county of residence
29 determination.

30 *c.* The county that receives the notification under paragraph
31 "b" shall respond in writing to the county that provided the
32 notification within forty-five calendar days of receiving the
33 notification. If the parties cannot agree as to the person's
34 county of residence within ninety calendar days of the date of
35 notification, on motion of either of the parties, the matter

1 shall be referred to the administrative hearings division of
2 the department of inspections, appeals, and licensing for
3 a contested case proceeding under chapter 17A, before an
4 administrative law judge assigned in accordance with section
5 10A.801, to determine the person's county of residence.

6 *d.* (1) Notwithstanding section 17A.15, the administrative
7 law judge's determination of a person's county of residence
8 shall be considered final agency action. Judicial review of
9 the determination may be sought in accordance with section
10 17A.19.

11 (2) If following the determination of a person's county of
12 residence under this subsection additional evidence becomes
13 available that merits a change in the determination of the
14 person's county of residence, the affected parties may change
15 the determination of county of residence by mutual agreement.
16 Otherwise, a party may move that the matter be reconsidered
17 by the county, or by an administrative law judge assigned in
18 accordance with section 10A.801.

19 *e.* Unless a petition is filed for judicial review, the
20 administrative law judge's determination of the person's county
21 of residence shall result in one of the following:

22 (1) If a county is determined to be the person's county
23 of residence, that county shall pay any amounts due and shall
24 reimburse the other county for any amounts paid for services
25 provided to the person by the other county prior to the county
26 of residence determination.

27 (2) If it is determined that the person is not a resident of
28 this state, neither the state nor either county shall be liable
29 for payment of amounts due for services provided to the person
30 prior to the determination of the person's county of residence.

31 *f.* (1) The party that does not prevail in a contested
32 case proceeding or a subsequent judicial review pursuant to
33 this subsection shall be liable for costs associated with
34 the proceeding or judicial review, including reimbursement
35 of the administrative hearings division of the department of

1 inspections, appeals, and licensing's actual costs associated
2 with the administrative proceeding, court costs, and reasonable
3 attorney fees.

4 (2) A payment or reimbursement pursuant to this subsection
5 shall be remitted within forty-five calendar days of the
6 date the county of residence determination is issued by the
7 administrative law judge or the date the court files an order
8 determining the person's county of residence, whichever is
9 later. After forty-five calendar days, the prevailing party
10 may add a penalty of up to one percent per month to any amounts
11 due.

12 Sec. 181. Section 35D.9, Code 2024, is amended to read as
13 follows:

14 **35D.9 County of residence upon discharge.**

15 A member of the home does not acquire residency in the county
16 in which the home is located unless the member is voluntarily
17 or involuntarily discharged from the home and the member
18 meets county of residence requirements. For purposes of this
19 section, "*county of residence*" means the same as defined in
20 section ~~225C.6~~ 331.190.

21 Sec. 182. Section 232.141, subsections 7 and 8, Code 2024,
22 are amended to read as follows:

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

30 8. This subsection applies only to placements in a juvenile
31 shelter care home which is publicly owned, operated as a county
32 or multicounty shelter care home, organized under a chapter
33 28E agreement, or operated by a private juvenile shelter care
34 home. If the actual and allowable costs of a child's shelter
35 care placement exceed the amount the department is authorized

1 to pay, the unpaid costs may be recovered from the child's
2 custodial parent's county of residence. However, the maximum
3 amount of the unpaid costs which may be recovered under this
4 subsection is limited to the difference between the amount
5 the department is authorized to pay and the statewide average
6 of the actual and allowable rates as reasonably determined
7 by the department annually. A home may only be reimbursed
8 for the lesser of the home's actual and allowable costs or
9 the statewide average of the actual and allowable rates as
10 determined by the department in effect on the date the costs
11 were paid. The unpaid costs are payable pursuant to filing of
12 verified claims against the child's custodial parent's county
13 of residence. A detailed statement of the facts upon which a
14 claim is based shall accompany the claim. Any dispute between
15 counties arising from ~~filings~~ of claims filed pursuant to this
16 subsection shall be settled in the manner provided to determine
17 residency county of residence in section ~~225C.61~~ 331.190.

18 Sec. 183. EFFECTIVE DATE. This division of this Act takes
19 effect July 1, 2025.

20 DIVISION VII

21 CHILDREN'S BEHAVIORAL HEALTH — PSYCHIATRIC MEDICAL
22 INSTITUTIONS FOR CHILDREN — HAWKI PROGRAM BENEFITS

23 Sec. 184. REDUCTION OF REGULATORY BARRIERS AND RESTRICTIONS
24 — PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN. The
25 department of health and human services shall review the
26 department's administrative rules regarding psychiatric medical
27 institutions for children (PMICs) and shall update the rules,
28 informed by the findings of the association of children's
29 residential centers' most recent nationwide survey and scan
30 of psychiatric residential treatment facilities, and the
31 recommendations of the coalition for family and children's
32 services in Iowa, to do all of the following:

33 1. Allow a physician assistant or advanced registered nurse
34 practitioner to serve as a member of the plan of care team
35 as a member who is experienced in child psychiatry or child

1 psychology pursuant to 481 IAC 41.13(2).

2 2. Allow a physician assistant or advanced registered
3 nurse practitioner to be a member of the team to complete
4 the certification of need for services for a PMIC placement
5 pursuant to 481 IAC 41.9.

6 3. Remove the reserve bed day limitations for
7 hospitalizations and expand the number of other therapeutic
8 absences beyond thirty days to allow for skill acquisition,
9 stabilization, and continuity of care as deemed necessary by
10 the child's medical providers and in accordance with a child's
11 discharge plan.

12 4. Allow licensed professionals, based on competencies
13 rather than license type, to order the use of restraints
14 or seclusions and to conduct post-restraint or seclusion
15 assessments, including via telehealth, to increase response
16 times and expand access to care. The department of
17 inspections, appeals, and licensing shall adopt rules pursuant
18 to chapter 17A to implement this subsection.

19 5. a. Allow therapy and behavioral health intervention
20 services to be included as billable services provided during
21 a placement at a PMIC to provide continuity of care, maintain
22 established clinical relationships, and avoid disruption in
23 services or delays in reestablishing care post discharge.

24 b. Allow family therapy and family behavioral health
25 intervention services to be included in billable services
26 during the placement of a child in a PMIC without requiring
27 the child's presence for the family to work on targeted skills
28 essential for the child's success and to prepare the family for
29 the child's return home.

30 c. Provide reimbursement codes to cover services beyond
31 those provided outside the PMIC care team as necessary to
32 adequately treat substance use disorder, sexualized behaviors,
33 autism, and other services needed to support the child.

34 6. Standardize all of the following across all managed care
35 organizations as follows:

1 a. Require that authorization for a PMIC placement shall
2 be retroactive to the date the request for authorization is
3 submitted to the managed care organization not the date the
4 managed care organization responds; or require a managed care
5 organization to respond within five business days from receipt
6 of a request for authorization for a PMIC placement, if the
7 certification of need and independent assessment have been
8 received in a timely manner.

9 b. Prohibit a managed care organization from denying
10 authorization for a PMIC placement based on lack of parental
11 involvement, based on lack of participation in behavioral
12 health intervention services on an outpatient basis, or based
13 on other perceived behavioral issues.

14 c. Allow a managed care organization to authorize an initial
15 PMIC placement of sixty days upon admission with concurrent
16 stay reviews every thirty days thereafter. A PMIC shall submit
17 a care plan to the managed care organization within thirty days
18 of the admission.

19 d. Require concurrent stay reviews to be standardized
20 and limited to a brief description of progress, or lack of
21 progress, toward the child's goals and objectives.

22 e. Require a managed care organization to offer support to
23 families, including assistance with transportation to and from
24 a PMIC to visit a child.

25 7. Notwithstanding any provision of law to the contrary,
26 including certificate of need requirements, allow a previously
27 licensed PMIC that has the capacity to provide up to an
28 additional four intermediate care facility for persons with an
29 intellectual disability beds, and which additional beds meet
30 all other licensing and state fire marshal requirements, to
31 increase their licensed capacity to include the additional
32 beds without further review including by the health facilities
33 council.

34 8. Allow for step-down PMIC placements or supervised
35 apartment living for a child to utilize programming provided

1 in a PMIC while living independently in a smaller residential
2 setting without twenty-four-hour supervision.

3 Sec. 185. HAWKI PROGRAM — BENEFITS INCLUDED IN QUALIFIED
4 CHILD HEALTH PLAN — REVIEW. The department of health
5 and human services shall review the benefits included in a
6 qualified child health plan under the Hawki program and shall
7 specifically address the inclusion of applied behavior analysis
8 services as a covered benefit. The department shall report the
9 findings of the review to the general assembly by December 1,
10 2024.

11 DIVISION VIII

12 STATE-FUNDED PSYCHIATRY RESIDENCY AND FELLOWSHIP POSITIONS

13 Sec. 186. Section 135.180, Code 2024, is amended to read as
14 follows:

15 **135.180 State-funded psychiatry residency and fellowship**
16 **program positions — fund — appropriations.**

17 1. *a.* The university of Iowa hospitals and clinics shall
18 administer a state-funded psychiatry residency and fellowship
19 program positions for up to ~~nine~~ seven residents and up to two
20 fellows, annually. In addition, a county medical center, and
21 a medical center operating for more than one hundred forty
22 years, that are members of separate health systems, administer
23 psychiatry residency programs, and are located in a county with
24 a population over five hundred thousand shall each administer
25 state-funded psychiatry residency positions for one resident,
26 annually. The university of Iowa hospitals and clinics and the
27 specified medical centers shall expand ~~the~~ their psychiatry
28 residency ~~program programs~~ to provide additional residency
29 positions by providing financial support for residency
30 positions which are in excess of the federal residency cap
31 established by the federal Balanced Budget Act of 1997, Pub.
32 L. No. 105-33.

33 *b.* The university of Iowa hospitals and clinics and the
34 specified medical centers shall cooperate with the state
35 mental health institutes at Independence and Cherokee, the

1 state resource center at Woodward, the state training school
2 at Eldora, and the Iowa medical and classification center
3 at Oakdale in administering ~~the program~~ the positions.
4 Participating residents and fellows shall complete a portion
5 of their psychiatry training at one of the state mental health
6 institutes, the state resource center, the state training
7 school, or the Iowa medical and classification center at
8 Oakdale. For accreditation-required clinical experiences
9 not available at the state mental health institutes, the
10 state resource center, the state training school, or the Iowa
11 medical and classification center at Oakdale, the residents of
12 ~~the psychiatry residency and fellowship program~~ awarded the
13 residency positions administered by the university of Iowa
14 hospitals and clinics may utilize clinical rotations at the
15 university of Iowa hospitals and clinics and its affiliates
16 across the state and the residents awarded the residency
17 positions administered by the specified medical centers may
18 utilize clinical rotations at affiliates of such medical
19 centers across the state.

20 2. The university of Iowa hospitals and clinics shall apply
21 to the accreditation council for graduate medical education
22 for approval of ~~nine~~ seven additional residency positions
23 for each class of residents and ~~the psychiatry residency and~~
24 ~~fellowship program~~ shall award the total number of residency
25 positions approved for each class of residents. The university
26 of Iowa hospitals and clinics shall approve and award up to
27 two fellowship positions annually. The specified medical
28 centers shall apply to the accreditation council for graduate
29 medical education for approval of one additional residency
30 position each for each class of residents and shall award the
31 total number of residency positions approved for each class
32 of residents. Preference in the awarding of residency and
33 fellowship positions shall be given to candidates who are
34 residents of Iowa, attended and earned an undergraduate degree
35 from an Iowa college or university, or attended and earned a

S-5122 (Continued)

1 medical degree from a medical school in Iowa.
2 3. A psychiatry residency and fellowship ~~program~~ positions
3 fund is created in the state treasury consisting of the moneys
4 appropriated or credited to the fund by law. Notwithstanding
5 section 8.33, moneys in the fund at the end of each fiscal
6 year shall not revert to any other fund but shall remain in
7 the psychiatry residency and fellowship ~~program~~ positions fund
8 for use in subsequent fiscal years. Moneys in the fund are
9 appropriated to the university of Iowa hospitals and clinics
10 to be used for the purposes of ~~the program~~ this section. For
11 the fiscal years beginning on or after July 1, 2023, there
12 is appropriated from the general fund of the state to the
13 psychiatry residency and fellowship ~~program~~ positions fund one
14 hundred thousand dollars for each residency position approved
15 and awarded ~~under the program~~ and one hundred fifty thousand
16 dollars for each fellowship position approved and awarded under
17 ~~the program~~ this section. Of the amount appropriated annually
18 from the fund to the university of Iowa hospitals and clinics,
19 the university of Iowa hospitals and clinics shall distribute
20 one hundred thousand dollars to each of the specified medical
21 centers for each residency position approved and awarded.>

By JEFF EDLER

S-5122 FILED APRIL 8, 2024

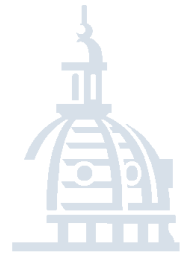
HOUSE FILE 2668

S-5124

1 Amend House File 2668, as passed by the House, as follows:
2 1. Page 1, by striking lines 14 through 17 and inserting:
3 <c. "*Clinical utility*" means sufficient medical and
4 scientific evidence indicating that the use of a biomarker test
5 will provide meaningful information that affects treatment
6 decisions and guides improvement of net health outcomes,
7 including an improved quality of life or longer survival.>

By WAYLON BROWN

S-5124 FILED APRIL 8, 2024



[HF 2679](#) – Law Firm Contract Attorneys, Tax Credit (LSB5550HV.1)
Staff Contact: Eric Richardson (515.281.6767) eric.richardson@legis.iowa.gov
Fiscal Note Version – As amended and passed by the House

Description

[House File 2679](#) provides a deduction from the individual income tax or corporate income tax for certain income derived from indigent representation by an attorney. The amount of the deduction is equal to the difference between the total hours billed in the case multiplied by \$150, or multiplied by the actual hourly rate charged by the law firm, whichever is less, and the total hours billed in the case multiplied by the hourly rate in effect for the case in Iowa Code section [815.7](#). The Bill applies to a partner in a partnership, a shareholder of an S corporation, or a member of a limited liability company (LLC).

The Bill is retroactively effective to January 1, 2024, for tax years beginning on or after that date.

Background

In the Bill, “eligible law firm” is defined as a law firm consisting of two or more attorneys who practice law in the firm for at least half of each tax year during which the law firm is engaged in an eligible case. An “eligible case” means an appointment on or after July 1, 2024, by an Iowa court of an eligible attorney to represent a person in a case in accordance with Iowa Code sections [814.11](#) and [815.10](#), which detail the law regarding an indigent’s right to counsel and the appointment of an attorney by a court, respectively. An “eligible attorney” is one who has been licensed to practice law in Iowa for less than 10 years.

Iowa Code section 815.7 contains the base hourly rate at which an attorney who is appointed by a court in Iowa may be compensated to represent indigent clients. 2023 Iowa Acts, [Senate File 562](#) (FY 2024 Justice System Appropriations Act), updated the hourly compensation an attorney could receive when appointed as an indigent defender to \$83 per hour for Class A felonies, \$78 per hour for Class B felonies, and \$73 per hour for all other cases.

Assumptions

- The number of full-time attorneys eligible to represent indigent defense clients in the State is estimated at 5,000 based on an Iowa State Bar [article](#).
- According to the Iowa Office of the State Public Defender (SPD), fewer than 600 contract attorneys provided services for Iowa’s indigent representation in 2023. In FY 2023, 71,482 claims were submitted to the Indigent Defense Fund at an average cost per claim of \$549.
- According to the Iowa State Bar Association [2023 Economic Survey](#), approximately 20.0% of members statewide have been practicing law for less than 10 years.
- Eligible attorneys would be appointed to an average aggregate of 50 Class A felony cases per tax year, 13,000 non-Class A felony cases per tax year, and 66,000 misdemeanor cases per tax year.
- The SPD sets fee limitations of 258 billable hours for Class A felonies, 56 billable hours for Class B felonies, between 20 and 30 billable hours for other felonies, and between 5 and 20 billable hours for misdemeanors. It is assumed in this **Fiscal Note** that Class A felonies will average 240 billable hours, non-Class A felonies will average 35 billable hours, and misdemeanors will average 8 billable hours.

- The actual hourly billable rate charged by a law firm equals \$135 per hour in TY 2024, increasing by 2.0% annually due to inflation, with a maximum of \$150 per hour from the Bill. Statutory indigent defense rates defined for billable hourly rates are assumed.
- Outside contracted law firms appointed to indigent defense cases will be structured as either an LLC partnership or a limited liability partnership (LLP). Under the structure of these partnerships, both federal taxable income and Iowa taxable income would be divided pro rata amongst partners, who will include this income under their own individual income tax returns.
- LLC partnerships and LLPs do not elect to utilize the Pass-Through Entity Tax (PTET).
- The entire fiscal impact of the Bill will be applied to the individual income tax with no fiscal impact to the corporate income tax.
- The marginal individual income tax rate per tax year is estimated below:
 - TY 2024 = 5.0%
 - TY 2025 = 4.7%
 - TY 2026 and after = 3.9%
- Due to eligibility for cases beginning on July 1, 2024, TY 2024 will realize 50.0% less in billable hours.
- The initial fiscal impact for claims under the Bill will occur in FY 2025 for TY 2024.
- The [income surtax for schools](#) is a local option tax that is based on a taxpayer's Iowa income tax liability. Law changes that lower Iowa income tax liability also lower the amount of income surtax owed by any taxpayer subject to the surtax. For this projection, the surtax is assumed to equal 2.5% of State individual income tax liability.

Fiscal Impact

The proposed deductions from the individual income tax in HF 2679 are projected to decrease net individual income tax liability and State General Fund revenue by the following amounts:

- FY 2025 = \$1.5 million
- FY 2026 = \$2.9 million
- FY 2027 = \$2.5 million
- FY 2028 = \$2.6 million
- FY 2029 = \$2.7 million
- FY 2030 = \$2.8 million

The decrease in tax liability is also projected to decrease the statewide local option income surtax for schools by the following amounts:

- FY 2025 = \$37,000
- FY 2026 = \$72,000
- FY 2027 = \$63,000
- FY 2028 = \$65,000
- FY 2029 = \$68,000
- FY 2030 = \$71,000

Sources

Iowa Office of the State Public Defender
American Bar Association
Iowa State Bar Association
Iowa Department of Revenue
Legislative Services Agency analysis

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The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.

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