



BILL & AMENDMENT SUMMARY

Mental Health & Disability Service System HF 546

Status of Bill: House Calendar
Committee: Human Resources (passed Committee 20-0)
Lead Democrats: Rep. Heddens
Floor Manager: Rep. Koester
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Summary

House File 546 has three divisions relating to the Mental Health and Disability Service (MHDS) System.

Mental Health, Disability, and Substance Abuse Disorder Services – Workgroup

The bill requires the Iowa Department of Human Services (DHS) to convene a stakeholder workgroup. The workgroup is charged with making recommendations relating to the delivery of, access to, and coordination and continuity of mental health, disability, and substance use disorder services for individuals with complex mental health, disability, and substance use disorder needs. The workgroup membership must include representatives from community mental health centers, crisis response service providers, law enforcement agencies, the National Alliance on Mental Illness (NAMI), the Iowa Hospital Association, the judicial system, managed care organizations, MHDS regions, and other entities as appropriate. The workgroup is required to submit a report with recommendations to the Governor and the Iowa Legislature by December 1, 2017.

Regional Workgroup – Mental Health and Disability Regional Services

Each regional administrator for every MHDS region is required to collaborate to designate an entity to convene a stakeholder workgroup to meet on a regular basis, starting July 1, 2017. The workgroup is charged with creating collaborative policies and processes relating to the delivery of, access to, and continuity of services for individuals with complex mental health, disability, and substance use disorder needs. Each region must provide an assessment of these individuals with complex needs within each region in order to determine which additional core services are necessary to meet the needs of these individuals, as financial resources are available. Each region is required to review current resources available and options for combining funds across the regions, as well as consider providing additional core services in their own region or partnering with one or more other regions to provide additional core services to serve these individuals. Each workgroup must include representatives from hospitals, emergency departments, psychiatric units, the judicial system, law enforcement agencies, managed care organizations, mental health providers, crisis service providers, substance abuse providers, the NAMI, and other entities as appropriate.

In addition, each MHDS region must submit a community service plan to the DHS by October 2, 2017. The plan is required to include planning and implementation time frames and assessment tools for determining the effectiveness of the plan in achieving the DHS' identified outcomes for success in the delivery of, access to, and coordination and continuity of services for individuals with complex mental health, disability, and substance use disorder needs.

Lastly, DHS must submit a report to the Governor and the Iowa Legislature by December 1, 2018, which includes a summary of services implemented by each mental health and disability services region and an assessment of each region in achieving the DHS' identified outcomes for success.

Inpatient Psychiatric Bed Tracking Services

The bill requires the two Mental Health Institutes and hospitals licensed to provide inpatient psychiatric treatment and services to participate in the psychiatric bed tracking system and to ensure updates are made, at least, two times per day to the psychiatric bed tracking system. The updates must include information regarding the availability of inpatient child, adult, and geriatric psychiatric beds staffed and available, and information on what gender can be accepted for each available bed.

Amendments

H-1197 by Koester of Polk. Relating to the regional reports, the amendment changes the date DHS is required to report the data from the regions to the Governor and the Legislature from December 1, 2018, to December 1, 2017.

H-1186 by Koester of Polk (R); Certificate of Need. The amendment adds language to the end of the bill relating to certificate of need (CON). Under the Iowa Department of Public Health (IDPH) is the Health Facilities Council, which oversees the CON process. CON is a regulatory review process that requires application to the IDPH for and receipt of a CON prior to the offering or development of a new or changed institutional health service. Potential applicants include hospitals, nursing homes, outpatient surgery centers or anyone purchasing medical equipment valued above \$1.5 million. Projects proposed by providers are reviewed by the IDPH staff and the Health Facilities Council against the criteria specified in the law.

The bill expands the list entities/actions exempted from the CON process to include the construction or development of a hospital that is established and maintained exclusively for the care and treatment of persons with a primary diagnosis of mental illness as defined in Iowa Code. However, this does not apply to a skilled nursing facility or to a nursing facility, residential care facility, or intermediate care facility for persons with an intellectual disability as defined in Iowa Code.

This change is very controversial.