

CONFIDENTIAL
LEGISLATIVE BILL REVIEW FORM: 2014

Bill Number: S.287 Name of Bill: AN ACT RELATING TO INVOLUNTARY TREATMENT AND MEDICATION

Agency/ Dept: AHS- DMH Author of Bill Review: Nick Nichols/Paul Dupre/Dr. J. Batra/Dena Monahan

Date of Bill Review: 1/13/14 Status of Bill: (check one):

Upon Introduction As passed by 1st body As passed by both bodies Fiscal

Recommended Position:

Support Oppose Remain Neutral Support with modifications identified in #8 below

Analysis of Bill

1. Summary of bill and issue it addresses. *Describe what the bill is intended to accomplish and why.*

This bill proposes a number of changes to the procedures for involuntary treatment and medication. It proposes to substitute a mandatory preliminary hearing for a voluntary preliminary hearing, create an expedited application for involuntary treatment, enable joint filing of certain applications for involuntary treatment and petitions for involuntary medication, and eliminate automatic stays and automatic stays pending appeal for orders of involuntary medication.

2. Is there a need for this bill? *Please explain why or why not.*

Yes. Because the length of time from application for commitment to final treatment decision takes an average of 72 days, it is necessary to change the law to better streamline and expedite the judicial process. Some changes have been suggested that DMH agrees with, these include: a paper review instead of a mandatory preliminary hearing. A preliminary hearing can be requested as it is presently in the law.

3. What are likely to be the fiscal and programmatic implications of this bill for this Department?

This law should have fiscal benefits enabling a better movement of patients to correct levels of care. Additionally, less wait times in the ERs, reducing danger on the hospital units, getting patients to appropriate acute care hospital treatment in a timely manner and ready for a community level of care.

4. What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?

There will be an increased need for judicial and attorney (both AAG and VLA) resources and time. In some ways it would make court hearings more efficient by combining two hearings but there may be more paper reviews potentially. It will also put some pressure on the Attorney General's office to shorten the time for court application. Eventually this should even out.

5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it? (for example, public, municipalities, organizations, business, regulated entities, etc)

It might have legal time issues for VT Legal Aid.

6. Other Stakeholders:

6.1 Who else is likely to support the proposal and why?

Hospitals, MH providers, families, because they believe that it is taking too long before a decision for treatment occurs for patients and loved ones sitting in inpatient units untreated and suffering.

6.2 Who else is likely to oppose the proposal and why?

Some peers, Legal Aid, Disability Rights Vermont - Because of the involuntary nature of the care and because they perceive it is making it easier to take away someone rights. They may see it as forced drugging.

7. Rationale for recommendation: *Justify recommendation stated above.*

DMH believes that it is the right thing to do and has been advocating this for many years. Also, in our new system of care it is important that each level of care provided by our system of care have the ability to provide the appropriate care at the appropriate time. Acute care psychiatric hospitals will not be able to function properly if they simply become places where patients are kept safe but cannot be treated.

8. Specific modifications that would be needed to recommend support of this bill: *Not meant to rewrite bill, but rather, an opportunity to identify simple modifications that would change recommended position.*

See #2