

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: _____

Date of Bill Review: 5/27/14 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 mandates a probable cause review of every application for involuntary treatment, creates a mechanism for expediting certain, specific applications for involuntary treatment, enables certain applications for involuntary treatment and petitions for involuntary medication to be consolidated, and eliminates automatic stays and automatic stays pending appeal for orders of involuntary medication. In addition, the bill addresses the status of individuals in emergency rooms by beginning the legal process as soon as a person is taken to any hospital for an emergency examination.

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

Yes. Because of the length of time it takes from application for commitment to final treatment decision takes average of 72 day, it is necessary to change the law to better streamline and expedite the judicial process. New language will ensure that legal rights for individuals will attach as soon as the person enters a hospital.

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. In addition, it will result in shorter 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. The new requirement that the certification by a psychiatrist take place within 24 hours will have fiscal implications for the Department, which will be required to fund psychiatric coverage where it does not now exist.

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. It will also put some pressure on the Attorney General's office to shorten the time for court application. The Agency of Human Services will be required to examine Legal Aid's use of independent psychiatrists to determine whether there is a sufficient number of them.

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 legal aid

6. Other Stakeholders:

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

Hospitals, MH providers and families, because they believe that it is taking too long before patients or loved ones receive treatment.

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

Some peers, Legal Aid, Disability Rights Vermont - Because it involves involuntary treatment, and what they view as changes that make it easier to take away individual rights.

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 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.*

N/A