

1 H.614

2 Introduced by Representative Donahue of Northfield

3 Referred to Committee on

4 Date:

5 Subject: Mental health; emergency involuntary procedures

6 Statement of purpose of bill as introduced: This bill proposes to require the
7 Department of Mental Health to establish protocols for individuals received in
8 an emergency department during a mental health crisis. It would also require
9 the Departments of Mental Health and of Disabilities, Aging, and Independent
10 Living to adopt rules ensuring that emergency involuntary procedures are used
11 uniformly in secure residential recovery facilities and hospitals. This bill
12 proposes to require that a psychiatrist ordering emergency involuntary
13 medication personally observe a patient prior to issuing the order.

14 An act relating to emergency involuntary procedures

15 It is hereby enacted by the General Assembly of the State of Vermont:

16 Sec. 1. LEGISLATIVE INTENT

17 It is the intent of the General Assembly that high quality, patient-centric
18 mental health care be standardized across the State to ensure that treatment
19 received in geographically diverse locations share the same level of excellence.

1 The General Assembly further intends that therapeutic supports be used in lieu
2 of emergency involuntary procedures whenever feasible.

3 Sec. 2. 18 V.S.A. § 7260 is added to read:

4 § 7260. EMERGENCY DEPARTMENT PROTOCOLS

5 (a) The Department of Mental Health shall develop a protocol for use by
6 hospitals, as defined in section 1851 of this title, for receiving individuals in
7 mental health crisis in emergency departments. The protocol shall provide for
8 the use of therapeutic supports, peer counseling, and a quiet room, as clinically
9 appropriate. The protocol shall emphasize that whenever feasible, therapeutic
10 responses should be favored over emergency involuntary procedures. When
11 emergency involuntary procedures are necessary, they shall be used in
12 accordance with part 8 of this title.

13 (b) The Department shall distribute the protocol and any subsequent
14 changes to all hospitals, the Vermont Sheriffs' Association, and the Vermont
15 Association of Chiefs of Police.

16 (c) Hospitals shall collaborate with the Department of Mental Health, the
17 Vermont Sheriffs' Association, and the Vermont Association of Chiefs of
18 Police to implement the protocol in emergency departments.

1 Sec. 3. 18 V.S.A. § 7703 is amended to read:

2 § 7703. TREATMENT

3 (a) Outpatient or partial hospitalization shall be preferred to inpatient
4 treatment. Emergency involuntary treatment shall be undertaken only when
5 clearly necessary. Involuntary treatment shall be ~~utilized~~ used only if
6 voluntary treatment is not possible.

7 (b) The ~~department~~ Department shall establish minimum standards for
8 adequate treatment as provided in this section, including requirements that,
9 when possible, psychiatric unit staff be used as the primary source to
10 implement emergency involuntary procedures such as seclusion and restraint.

11 (c) The Vermont Psychiatric Care Hospital and all participating hospitals
12 providing acute inpatient treatment shall maintain a psychiatrist on hospital
13 premises at all times.

14 Sec. 4. EMERGENCY INVOLUNTARY PROCEDURE RULES

15 (a)(1) Rules adopted by the Department of Mental Health and by the
16 Department of Disabilities, Aging, and Independent Living pertaining to the
17 use of emergency involuntary procedures shall:

18 (A) Require the personal observation of a patient by a psychiatrist
19 before an order for emergency involuntary medication is written.

20 (B) Apply to a resident of a secure residential recovery facility
21 should the need to use emergency involuntary procedures arise.

1 (C) Apply to a person in the custody of the Commissioner of Mental
2 Health, whether a minor or adult, who is held involuntarily in a hospital or
3 health care facility. The rules may provide for special accommodations to be
4 made when emergency involuntary procedures are used on a minor, person in
5 an emergency department, and person treated in a hospital unit that is not
6 designed or licensed as a psychiatric inpatient unit.

7 (2) As used in this section:

8 (A) “Emergency involuntary medication” means one or more
9 medications administered against a person’s wishes without a court order.

10 (B) “Emergency involuntary procedure” means seclusion, restraint,
11 or emergency involuntary medication.

12 (b) The Commissioner of Corrections shall adopt rules pursuant to 3 V.S.A.
13 chapter 25 to ensure that an inmate assessed as being in need of psychiatric
14 inpatient care, but who remains in a correctional facility pending the
15 availability of a hospital bed, shall be treated in the same manner as an
16 individual awaiting a hospital bed in an emergency department pursuant to
17 18 V.S.A. § 7260. The rules shall also ensure that the use of emergency
18 involuntary procedures on an inmate awaiting a hospital bed in a correctional
19 facility is subject to the rules adopted by the Department of Mental Health.
20 Rules adopted by the Commissioner of Corrections under this section may
21 reflect the limitations of providing psychiatric treatment in a correctional

1 facility only insofar as they do not reduce substantive protections for the
2 appropriate care of a person who would otherwise be hospitalized.

3 Sec. 5. EFFECTIVE DATE

4 This act shall take effect on July 1, 2014.