

**Testimony of Jill Mazza Olson**  
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S.287  
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**Problem Statement: The current involuntary medication judicial process is not flexible enough to respond to the individual circumstances of each case.** In addition, some recent cases have highlighted specific limitations of current law that we believe should be remedied in statute.

**Primarily, the bill passed by the Senate allows the state to make motions (requests of the court) at key junctures and provides guidance to the court about granting those motions.** The result will be more flexibility about scheduling all of the steps in process, based on the specifics of each case. Judges will make those determinations on a case-by case-basis.

### **Section by Section Comments**

- Section 1: Technical
- Section 2: Probable cause review
- Section 3: Motion to expedite; continuances
- Section 4: Joint filing; motion for joint hearing
- Section 5: Technical (comporting with Section 4)
- Section 6 and 7: Technical
- Section 8: Automatic stays
- Section 9: Independent Psychiatrists

**Whether or not there will be involuntary medication in Vermont is not the question decided by S.287.** The bill does not change the standard of evidence the judge uses nor the criteria the judge considers. Only individuals that a judge declares incompetent will receive involuntary medication.

**The bill focused is focused on patients in acute crisis on inpatient units.** Concerns about the effectiveness of the long term use of medication are not relevant to the treatment of individuals in acute crisis on inpatient units.