- The Committee on Human Services to which was referred House Bill No. 241
- 3 entitled "An act relating to rulemaking on emergency involuntary procedures"
- 4 respectfully reports that it has considered the same and recommends that the
- 5 bill be amended by striking out all after the enacting clause and inserting in
- 6 lieu thereof the following:

1

- 7 Sec. 1. 2012 Acts and Resolves No. 79, Sec. 33a is amended to read:
- 8 Sec. 33a. RULEMAKING
- 9 On or before September 1, 2012, the commissioner of mental health shall
- 10 <u>initiate a rulemaking process that establishes</u> The Commissioner of Mental
- Health shall adopt rules pursuant to 3 V.S.A. chapter 25 on emergency
- involuntary procedures for adults in the custody or temporary custody of the
- Commissioner who are admitted to a psychiatric inpatient unit. The rules shall
- establish standards that meet or exceed and are consistent with standards set by
- the Centers for Medicare and Medicaid Services and the Joint Commission for
- 16 <u>regarding</u> the use and reporting of the emergency involuntary procedures of
- 17 seclusion or restraint on individuals within the custody of the commissioner
- and that, [physical] restraint, and emergency involuntary medication [OR]
- 19 <u>chemical restraint</u>]. The rules shall also require the personnel performing
- 20 those emergency involuntary procedures to receive training and certification on
- 21 the their use of these procedures. Standards established by rule shall be

1	consistent with the recommendations made pursuant to Sec. 33(a)(1) and (3) of		
2	this act policies set forth in the Department's final proposed rule, as amended,		
3	on emergency involuntary procedures submitted to the Legislative Committee		
4	on Administrative Rules on November 6, 2013, with the following exceptions:		
5	(1) Emergency involuntary medication [OR chemical restraint] may		
6	only be ordered by a psychiatrist, an advanced practice registered nurse		
7	licensed by the Vermont Board of Nursing as a nurse practitioner in psychiatric		
8	nursing, or a certified physician assistant licensed by the State Board of		
9	Medical Practice and supervised by a psychiatrist.		
10	(2) Personal observation of an individual prior to ordering emergency		
11	involuntary medication [OR chemical restraint]:		
12	(A) Shall be conducted by a certified physician assistant licensed by		
13	the State Board of Medical Practice and supervised by a psychiatrist if the		
14	physician assistant is issuing the order.		
15	(B) May be conducted by a psychiatrist or an advanced practice		
16	registered nurse licensed by the Vermont Board of Nursing as a nurse		
17	practitioner in psychiatric nursing if the psychiatrist or advanced practice		
18	registered nurse is issuing the order. If a psychiatrist or advanced practice		
19	registered nurse does not personally observe the individual prior to ordering		

1	shall be observed by a registered nurse trained to observe individuals for this	
2	purpose or by a physician assistant.	
3	Sec. 2. 18 V.S.A. § 7251 is amended to read:	
4	§ 7251. PRINCIPLES FOR MENTAL HEALTH CARE REFORM	
5	The General Assembly adopts the following principles as a framework for	
6	reforming the mental health care system in Vermont:	
7	* * *	
8	(9) Individuals with a psychiatric disability or mental condition who are	
9	in the custody or temporary custody of the Commissioner of Mental Health	
10	and who receive treatment in an acute inpatient hospital, intensive residential	
11	recovery facility, or a secure residential facility shall be afforded at least the	
12	same rights and protections as those individuals cared for at the former	
13	Vermont State Hospital to the extent that those rights and protections reflect	
14	evolving medical practice and evidence-based best practices aimed at reducing	
15	the use of coercion.	
16	OR	
17	(9) Individuals with a psychiatric disability or mental condition who are	
18	in the custody or temporary custody of the Commissioner of Mental Health	
19	and who receive treatment emergency involuntary procedures in an acute	
20	inpatient hospital, intensive residential recovery facility, or a secure residential	
21	facility unit shall be afforded at least the same rights and protections as those	

1	individuals cared for receiving emergency involuntary procedures at the former		
2	Vermont State Hospital, except where rules adopted by the Department on		
3	emergency involuntary procedures differ from the policies employed at the		
4	former Vermont State Hospital.		
5	OR		
6	(9) Individuals To the extent permitted by law, individuals with a		
7	psychiatric disability or mental condition who are in the custody or temporary		
8	custody of the Commissioner of Mental Health and who receive treatment		
9	emergency involuntary procedures in an acute inpatient hospital, intensive		
10	residential recovery facility, or a secure residential facility unit shall be		
11	afforded at least the same as rights and protections as those consistent with		
12	those afforded to individuals cared for at the former Vermont State Hospital.		
13	OR		
14	(9) Individuals To the extent permitted by law, individuals with a		
15	psychiatric disability or mental condition who are in the custody or temporary		
16	custody of the Commissioner of Mental Health and who receive treatment in		
17	an acute inpatient hospital unit, intensive residential recovery facility, or a		
18	secure residential facility shall be afforded at least the same rights and		
19	protections as those individuals cared for at the former Vermont State Hospital		
20	that reduce the use of coercion.		
21	Sec. 3. EFFECTIVE DATE		

1	This act shall take effect on passage.	
2		
3		
4		
5		
6	(Committee vote:)	
7		
8		Representative
9		FOR THE COMMITTEE