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1	TO THE HOUSE OF REPRESENTATIVES:
2	The Committee on Health Care to which was referred Senate Bill No. 3
3	entitled "An act relating to mental health professionals' duty to warn"
4	respectfully reports that it has considered the same and recommends that the
5	House propose to the Senate that the bill be amended by striking out all after
6	the enacting clause and inserting in lieu thereof the following:
7	Sec. 1. FINDINGS
8	The General Assembly finds that:
9	(1) The overwhelming majority of people diagnosed with mental illness
10	are not more likely to be violent than any other person; the majority of
11	interpersonal violence in the United States is committed by people with no
12	diagnosable mental illness.
13	(2) Scientific research demonstrates the inability of clinicians to predict
14	violence.
15	(3) Generally, there is no legal duty to control the conduct of another to
16	protect a third person from harm. However, in 1985, the Vermont Supreme
17	Court recognized an exception to this common law rule where a special
18	relationship exists between two persons, such as between a mental health
19	professional and a client or patient. In Peck v. Counseling Service of Addison
20	County, Inc., the Vermont Supreme Court ruled that "a mental health

professional who knows or, based upon the standards of the mental health

1	profession, should know that his or her patient poses a serious risk of danger to
2	an identifiable victim has a duty to exercise reasonable care to protect him or
3	her from that danger."
4	(4) The <i>Peck</i> standard has been understood and applied by mental health
5	professionals in their practices for more than 30 years.
6	(5) In 2016, the Vermont Supreme Court decided the case Kuligoski v.
7	Brattleboro Retreat and Northeast Kingdom Human Services and created for
8	mental health professionals a new and additional legal "duty to provide
9	information" to caregivers to "enable [the caregivers] to fulfill their role in
10	keeping [the patient] safe" if that patient has violent propensities and "the
11	caregiver is himself or herself within the zone of danger of the patient's violent
12	propensities."
13	(6) The Kuligoski decision has been seen by many mental health
14	professionals as unworkable. First, unlike the Peck duty, the Kuligoski
15	decision does not require the risk be serious or imminent. This puts providers
16	in a position of violating the Health Insurance Portability and Accountability
17	Act, Pub. L. 104-191, the federal law regarding the confidentiality of patient
18	records. Second, unlike the Peck duty, the Kuligoski decision does not require
19	that the prospective victim be identifiable. Mental health professionals must
20	guess who might be a victim or violate patient rights and involuntarily hold
21	patients who pose no actual risk of violence. Third, the Kuligoksi decision

singles out caregivers and potentially creates a situation in which they could be
held liable for the actions of the person for whom they are caring, which will
likely make caregivers reluctant to take on this role and thus leave patients
without the supports they need. Fourth, the Kuligoski decision is unworkable
because arguably it imposes a limitless duty on mental health facilities and
professionals to protect the public from patients and clients who are no longer
in their care or under their control.
(7) The Kuligoski decision appears to have had a chilling effect on the
mental health system: During the quarter in which the decision was issued by
the Vermont Supreme Court, more adults were held by application for
emergency examination or warrant in Vermont's emergency departments (164)
than in any other quarter of measurement since March 2013 and calendar year
2016 had the highest number of adults held via emergency examination (572
adults compared to 524 in 2015). While the number of adults held returned to
predecision numbers (137) in the quarter following the decision, the percent of
adults who do not go into inpatient care has increased from 11-15 percent to
19-20 percent, suggesting more adults are being held who ultimately do not
need inpatient care.

1	(d) This section does not affect the requirements for treating mental health
2	professionals to communicate with individuals involved in a patient's care in a
3	manner that is consistent with legal and professional standards, including
4	section 7103 of this title.
5	Sec. 3. EFFECTIVE DATE
6	This act shall take effect on passage.
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9	(Committee vote:)
10	
11	Representative
12	FOR THE COMMITTEE