

H.724

Introduced by Representatives Canfield of Fair Haven, Bosch of Clarendon,
Casey of Hubbardton, Harvey of Castleton, Howland of Rutland
Town, Keyser of Rutland City, McCoy of Poultney, Pinsonault
of Dorset, Pritchard of Pawlet, and Taylor of Mendon

Referred to Committee on

Date:

Subject: Health; mental health; involuntary medication; emergency
circumstances

Statement of purpose of bill as introduced: This bill proposes to allow the
administration of involuntary psychiatric medication in emergency
circumstances.

An act relating to administration of involuntary psychiatric medication in
emergency circumstances

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

Sec. 1. 18 V.S.A. § 7624a is added to read:

§ 7624a. ADMINISTRATION OF INVOLUNTARY MEDICATION

EMERGENCY CIRCUMSTANCES

(a) In emergency circumstances where an application for involuntary
medication has been filed pursuant to section 7624 of this chapter, but an order

1 has not yet been issued, a patient's treating physician may authorize the
2 administration of involuntary psychiatric medication when the following
3 conditions are met:

4 (1) the patient's treating physician has informed the patient of the
5 following:

6 (A) the name and dosage of the proposed medication;

7 (B) the reason for ordering the proposed medication;

8 (C) the expected benefits of the proposed medication;

9 (D) the potential risks and side effects of the proposed medication;

10 (E) the right to refuse the proposed medication; and

11 (F) the status of the application for involuntary medication pursuant
12 to section 7624 of this title;

13 (2) the patient either orally refuses the proposed medication, cannot
14 communicate refusal, or otherwise indicates refusal of the proposed medication
15 after a reasonable attempt to obtain voluntary acceptance of the proposed
16 medication; and

17 (3) the medical director of the hospital unit or secure residential
18 recovery facility where the patient is committed and the medical director of the
19 Department have jointly determined that:

1 (A) less intrusive alternatives to the proposed medication have been
2 considered, documented in the patient's medical record, and found unlikely to
3 meet the needs of the patient; and

4 (B) the proposed medication is necessary and the least restrictive
5 intervention reasonably required to address the emergency circumstance.

6 (b)(1) Authority to administer the medication under this section shall expire
7 when the emergency circumstance ceases to exist or after 72 hours, whichever
8 is first occurring.

9 (2)(A) Notwithstanding subdivision (1) of this subsection (b), if the
10 emergency circumstance persists or the emergency circumstance has abated
11 because of the effect of the medication and the treating physician is of the
12 opinion that the medication is necessary to keep the emergency in abeyance
13 beyond 72 hours, then within that 72 hours, the hospital or secure residential
14 recovery facility where the patient is committed shall file a written request to
15 the court where the patient's application for involuntary medication is pending
16 for an emergency hearing within five business days. The filing shall contain a
17 joint certification from the medical director of the hospital unit or secure
18 residential recovery facility where the patient is committed and the medical
19 director of the Department that continued medication is necessary to prevent an
20 emergency circumstance or to keep the emergency circumstance in abeyance.
21 Upon receipt of the emergency filing, the court shall review the patient's

1 underlying application for involuntary medication in accordance with sections
2 7624 and 7625 of this chapter.

3 (B) If a complete court filing is not made within 72 hours, then the
4 medication shall be discontinued until the filing can be made, except in cases
5 where life threatening consequences could result from an abrupt medication
6 discontinuation. Under these circumstances, the patient shall be taken safely
7 off the medication according to standards of medical practice with
8 corresponding clinical documentation.

9 (3) In no case shall a patient receive emergency medication under this
10 section for a period exceeding 10 days without an order from the court where
11 the patient's application for involuntary medication is pending.

12 (c) Within 12 hours after administering medication pursuant to this section,
13 the treating physician shall document the basis for the emergency
14 circumstance, less intrusive alternatives considered, the type and dosage of the
15 medication administered, information provided to the patient prior to and at the
16 time of administration, the nature of the patient's refusal or inability to refuse
17 the medication, and the clinical rationale for administration of the medication.

18 (d) As soon as practicable after the administration of medication pursuant
19 to this section, the hospital or secure residential recovery facility where the
20 patient is committed shall notify the patient's attorney and, if applicable, the

1 agent designated in the patient's advance directive regarding the decision to
2 initiate or continue involuntary medication.

3 (e) Each designated hospital and secure residential recovery facility shall
4 adopt written procedures regarding staff training, documentation, and
5 compliance with the administration of involuntary medication in emergency
6 circumstances pursuant to this section.

7 (f) A health care professional who prescribes, dispenses, or administers
8 medication pursuant to this section shall be immune from civil liability, unless
9 the health care professional's actions with regard to prescribing, dispensing, or
10 administering the medication constituted recklessness, gross negligence, or
11 intentional misconduct. The immunity granted in this subsection shall apply to
12 the hospital or secure residential recovery facility where the patient is receiving
13 treatment. The administration of medication pursuant to this section shall not
14 constitute a violation of the patient's rights under 18 V.S.A. chapter 42,
15 subchapter 1.

16 (g) The Commissioner shall adopt rules pursuant to 3 V.S.A. chapter 25 to
17 implement the provisions in this section.

18 (h) As used in this section, "emergency circumstance" means that:

19 (1) the patient is actively engaging in conduct, or has the present ability
20 and manifested intent to engage in immediate conduct, that poses a risk of
21 serious bodily harm to the patient or to others, but not necessarily that the harm

1 has taken place or become unavoidable prior to administration of the
2 medication;

3 (2) the patient's medical condition is likely to deteriorate in a manner
4 that would cause irreparable harm while awaiting the outcome on the
5 application for involuntary medication filed in accordance with section 7624 of
6 this chapter;

7 (3) immediate administration of the medication is necessary to preserve
8 life, lessen immediate suffering, or prevent serious bodily harm to the patient
9 or others; and

10 (4) the medical director of the hospital unit or secure residential
11 recovery facility where the patient is committed and the medical director of the
12 Department have jointly determined that it is impracticable to wait for a
13 hearing pursuant section 7624 of this chapter before administering the
14 medication.

15 Sec. 2. EFFECTIVE DATE

16 This act shall take effect on July 1, 2026.