

S.250

Introduced by Senator Collamore

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

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

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

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

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

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

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

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

10 (2) the patient either orally refuses the proposed medication, cannot
11 communicate refusal, or otherwise indicates refusal of the proposed medication
12 after a reasonable attempt to obtain voluntary acceptance of the proposed
13 medication: and

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

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

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

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

4 (2)(A) Notwithstanding subdivision (1) of this subsection (b), if the
5 emergency circumstance persists or the emergency circumstance has abated
6 because of the effect of the medication and the treating physician is of the
7 opinion that the medication is necessary to keep the emergency in abeyance
8 beyond 72 hours, then within that 72 hours, the hospital or secure residential
9 recovery facility where the patient is committed shall file a written request to
10 the court where the patient's application for involuntary medication is pending
11 for an emergency hearing within five business days. The filing shall contain a
12 joint certification from the medical director of the hospital unit or secure
13 residential recovery facility where the patient is committed and the medical
14 director of the Department that continued medication is necessary to prevent an
15 emergency circumstance or to keep the emergency circumstance in abeyance.
16 Upon receipt of the emergency filing, the court shall review the patient's
17 underlying application for involuntary medication in accordance with sections
18 7624 and 7625 of this chapter.

19 (B) If a complete court filing is not made within 72 hours, then the
20 medication shall be discontinued until the filing can be made, except in cases
21 where life threatening consequences could result from an abrupt medication

1 discontinuation. Under these circumstances, the patient shall be taken safely
2 off the medication according to standards of medical practice with
3 corresponding clinical documentation.

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

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

13 (d) As soon as practicable after the administration of medication pursuant
14 to this section, the hospital or secure residential recovery facility where the
15 patient is committed shall notify the patient's attorney and, if applicable, the
16 agent designated in the patients' advance directive regarding the decision to
17 initiate or continue involuntary medication.

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

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

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

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

13 (1) the patient is actively engaging in conduct, or has the present ability
14 and manifested intent to engage in immediate conduct, that poses a risk of
15 serious bodily harm to the patient or to others, but not necessarily that the harm
16 has taken place or become unavoidable prior to administration of the
17 medication;

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

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

4 (4) the medical director of the hospital unit and secure residential
5 recovery facility where the patient is committed and the medical director of the
6 Department have jointly determined that it is impracticable to wait for a
7 hearing pursuant section 7624 of this chapter before administering the
8 medication.

9 Sec. 2. EFFECTIVE DATE

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