

HB 2309 -- MENTAL HEALTH PATIENT ADMISSION NOTICE REQUIREMENTS

SPONSOR: Green

This bill specifies that at the time a patient is voluntarily admitted to a mental health facility, the identity and contact information of the person to be notified in case of an emergency must be entered in that patient's clinical record.

At the time a patient is admitted to a mental health facility for involuntary examination or placement or when a petition for involuntary placement is filed, the names, addresses, and telephone numbers of the patient's guardian, or representative if the patient has no guardian, and the patient's attorney must also be entered in the patient's clinical record. If the patient has no guardian, the patient must be asked to designate a representative.

The bill prohibits the following individuals from being a patient's representative: a licensed professional providing services to the patient, an employee of a facility providing direct services to the patient, a department employee, a person providing other substantial services to the patient in a professional or business capacity, or a creditor of the patient.

Notice of a voluntary patient's admission must be given only at the request of the patient; except that, in an emergency, notice must be given as determined by the mental health facility. If notice is required to be given, the notice must be given to the patient and the patient's guardian, attorney, and representative.

A mental health facility must give prompt notice of the location of a patient who is being involuntarily held for examination by telephone or in person within 24 hours of the patient's arrival at the facility unless the patient requests that no notification be made.

If a patient is to be transferred from one mental health facility to another, notice must be given by the facility where the patient is located prior to the transfer.

The chief administrative officer of a mental health facility or his or her designee is authorized to petition the circuit court for the appointment of a guardian advocate based upon the opinion of a psychiatrist that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment and has not been adjudicated incapacitated and a guardian with the authority to consent to mental health treatment appointed, it must appoint a guardian advocate.

If a guardian with the authority to consent to medical treatment has not already been appointed or if the patient has not already designated a health care surrogate, the court may authorize the guardian advocate to consent to medical treatment, as well as mental health treatment. Unless the guardian advocate has sought and received express court approval, the guardian advocate must not consent to abortion, sterilization, electroconvulsive treatment, psychosurgery, or experimental treatments that have not been approved by a federally approved institutional review board in accordance with federal regulations.

This bill is the same as HB 631 (2015).