

SB 153

HOUSE COMMITTEE REPORT

(11)

Date Referred: May 10, 1992

FURTHER REFERRALS:

Date of Committee Action: 5/10/92

The FINANCE Committee considered:

CSSB 153(RULES)

CS FOR SENATE BILL NO. 153 (RULES)

RIGHTS OF MENTAL HEALTH PATIENTS

"An Act relating to mental health treatment and evaluation facilities and patients or former patients of those facilities."

RECOMMENDATIONS:

be replaced with CSSB 153 (RIS) [] the same title
[] a new title

[] have attached amendments(s)

[] do pass

[] do not pass

[] no recommendations

[] individual recommendations

[] additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

[] fiscal impact _____

[] fiscal note(s) AK COURT 5/1/92

[] zero fiscal note _____

[] zero fiscal note(s) LAW 4/15/92

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<u>EP Maclean</u>	<input checked="" type="checkbox"/>	W. Swann <u>Keppmen</u>		<input checked="" type="checkbox"/>	
<u>Mike Navarre</u>	<input checked="" type="checkbox"/>	John Sharp <u>Sharp</u>		<input checked="" type="checkbox"/>	
<u>Mark Boyer</u>	<input checked="" type="checkbox"/>	<u>Phillips</u>		<input checked="" type="checkbox"/>	
<u>Las Brown</u>	<input checked="" type="checkbox"/>				
<u>Ronald J. Larson</u>	<input checked="" type="checkbox"/>				
<u>J. Wm</u>	<input checked="" type="checkbox"/>				

Mike Navarre EP Maclean
CO-CHAIRMAN'S SIGNATURE

NAVARRE

MACLEAN

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Bill Version: SB 153

(S) Publish Date: 4-15-92

Revision Date: _____

Title: "An Act relating to mental health..."

Department Affected: Department of Law

BRU: Legal Services

Component: Operations

Sponsor: Senator Pourchot/By Request

Requestor: Senator Pourchot

COMPONENT SERIAL

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE FUND SOURCE:						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER FUND SOURCE:						
TOTAL						

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

Changes in CS SB 153 TDW have no fiscal impact. This fiscal note is appropriate.

4-30-92 date CLUB Comte Aide (initial)

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary.)

For the reasons discussed in the attached letter of April 14, 1992, from Assistant Attorney General Elizabeth Shaw to Senator Pourchot, the Department is submitting a "zero" fiscal note.

Changes in CS SB 153 HES have no fiscal impact. This fiscal note is appropriate.

15 APR 92 date MATFOW Comte Aide (initial)

Prepared by: Richard I. Pegues, Director
Division: Administrative Services

Phon: _____
Date: April 14, 1992

Approved by Commissioner: Richard I. Pegues / FOR
Agency: Department of Law

Date: April 14, 1992

Distribution (by preparer): Leg. Fin., Legislative Spon: Changes in CS SB 153 (Rules) impacted Agency(ies). have no fiscal impact. This fiscal note is appropriate.

9/6/92 date TAP Comte Aide (initial)

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

No. 2
Bill Version: CSSB 153 (JUD)
(S) Publish Date: 5-1-92

Revision Date: _____ Department Affected: Alaska Court System
Title: An Act relating to mental health BRU: Trial Courts
Sponsor: Pourchat Components: _____
Requestor: _____ COMPONENT SERIAL NO. 000 | 000 000 | 768

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	7.2	7.2	7.2	7.2	7.2	7.2
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS & CLAIMS						
TOTAL OPERATING	7.2	7.2	7.2	7.2	7.2	7.2

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUNDS	7.2	7.2	7.2	7.2	7.2	7.2
FEDERAL FUNDS						
OTHER						
TOTAL	7.2	7.2	7.2	7.2	7.2	7.2

POSITIONS:

FULL-TIME						
PART-TIME	2.0	2.0	2.0	2.0	2.0	2.0
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)
See attached analysis.

Changes in CSSB 153 (JUD) have no fiscal impact. This fiscal note is appropriate.
5/6/92 date TH Conte Aide (initial)

Prepared by: C. S. Christensen III, Staff Counsel *CSC* Phone: 264-8228
Division: Alaska Court System Date: 04/23/92

Approved by: Arthur H. Snowden, II, Administrative Director *AS* *CSC*
Agency: Alaska Court System Date: 04/23/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & impacted Agency(ies).

Alaska Court System
Fiscal Analysis
CS SB 153

The fiscal analysis is based on the assumption that this legislation will require an estimated 20 hearings a year. Each hearing is estimated to last 2 to 3 hours. Current court staff can not assume the additional burden of the hearings. The court will have to hire a part-time pro tem superior court judge and in-court clerk to fill in for current judges and staff who will handle the hearings.

Personal Services

<u>Classification</u>	<u>Salary</u>	<u>Benefits</u>	<u>Total</u>
Pro tempore superior court judge, 1 month, PPT, Anchorage (assumes fully vested, retired judge)	\$2,013	\$1,641	\$3,654
In-Court Clerk, range 12B, 1 month, PPT, Anchorage	2,410	1,112	3,522
			<u>\$7,176</u>



JWA
FJA

CS FOR SENATE BILL NO. 153 (RULES)
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE SENATE RULES COMMITTEE

Offered: 5/8/92
Referred: Today's Calendar

Sponsor(s): SENATORS POURCHOT, Collins, Kerttula, Sturgulewski, Menard, Duncan

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to mental health treatment and evaluation facilities and patients or
2 former patients of those facilities."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 44.21.410(a) is amended by adding a new paragraph to read:

5 (8) provide visitors and guardians ad litem in proceedings under AS 47.30.839.

6 * Sec. 2. AS 47.30.660 is amended by adding a new paragraph to read:

7 (15) set standards under which each designated treatment facility shall provide
8 programs to meet patients' medical, psychological, social, vocational, educational, and
9 recreational needs.

10 * Sec. 3. AS 47.30.772 is amended to read:

11 Sec. 47.30.772. MEDICATION AND TREATMENT. An evaluation facility or [A]
12 designated treatment facility may administer medication or other treatment to an involuntarily
13 committed patient only in a manner that is consistent with the provisions of AS 47.30.825 -
14 47.30.865.

1 * Sec. 4. AS 47.30.800(b) is amended to read:

2 (b) Upon making the findings specified in (a) of this section, the provisions of
3 AS 47.30.795(c) [AS 47.30.795(b)] relating to notice and AS 47.30.745 relating to hearing apply.

4 * Sec. 5. AS 47.30.825(b) is amended to read:

5 (b) The patient and the following persons, at the request of the patient, are [A
6 PATIENT, OR THE PATIENT'S COUNSEL, GUARDIAN, OR THE ADULT DESIGNATED
7 IN ACCORDANCE WITH AS 47.30.725 IF THE PATIENT IS MENTALLY INCAPABLE OF
8 PARTICIPATION, IS] entitled to participate in formulating the patient's individualized treatment
9 plan and to participate in the evaluation process as much as possible, at minimum to the extent
10 of requesting specific forms of therapy, inquiring why specific therapies are or are not included
11 in the treatment program, and being informed as to the patient's present medical and
12 psychological condition and prognosis: (1) the patient's counsel, (2) the patient's guardian,
13 (3) a mental health professional previously engaged in the patient's care outside of the
14 evaluation facility or designated treatment facility, (4) a representative of the patient's
15 choice, and (5) the adult designated under AS 47.30.725. The mental health care
16 professionals [TREATING PHYSICIAN] may not withhold any of the [THIS] information
17 described in this subsection from the patient or from others if the patient has signed a waiver
18 of confidentiality.

19 * Sec. 6. AS 47.30.825(d) is amended to read:

20 (d) A locked quiet room, or other form of physical restraint, may not be used, except as
21 provided in this subsection, unless a patient is likely to physically harm self or others unless
22 restrained. The form of restraint used shall be that which is in the patient's best interest and
23 which constitutes the least restrictive alternative available. When practicable, the patient shall
24 be consulted as to the patient's preference among forms of adequate, medically advisable
25 restraints including medication, and that preference shall be honored [CONSIDERED]. Nothing
26 in this section is intended to limit the right of staff to use a quiet room at the patient's request
27 or with the patient's knowing concurrence when considered in the best interests of the patient.
28 Patients placed in a quiet room or other physical restraint shall be checked at least every 15
29 minutes or more often if good medical practice so indicates. Patients in a quiet room must be
30 visited by a staff member at least once every hour and must be given adequate food and drink
31 and access to bathroom facilities. At no time may a patient be kept in a quiet room or other

1 form of physical restraint against the patient's will longer than necessary to accomplish the
2 purposes set out in this subsection. All uses of a quiet room or other restraint shall be recorded
3 in the patient's medical record, the information including but not limited to the reasons for its
4 use, the duration of use, and the name of the authorizing staff member.

5 * Sec. 7. AS 47.30.825(c) is repealed and reenacted to read:

6 (c) A patient who is capable of giving informed consent has the right to give and
7 withhold consent to medication and treatment in all situations that do not involve a crisis or
8 impending crisis as described in AS 47.30.838(a)(1). A facility shall follow the procedures
9 required under AS 47.30.836 - 47.30.839 before administering psychotropic medication.

10 * Sec. 8. AS 47.30 is amended by adding new sections to read:

11 Sec. 47.30.836. PSYCHOTROPIC MEDICATION IN NONEMERGENCIES. An
12 evaluation facility or designated treatment facility may not administer psychotropic medication
13 to a patient in a situation that does not involve a crisis under AS 47.30.838(a)(1) unless

14 (1) the patient has the capacity to give informed consent to the medication, as
15 described in AS 47.30.837, and gives that consent; the facility shall document the consent in the
16 patient's medical chart; or

17 (2) the patient is determined by a court to lack the capacity to give informed
18 consent to the medication and the court approves use of the medication under AS 47.30.839.

19 Sec. 47.30.837. INFORMED CONSENT. (a) A patient has the capacity to give informed
20 consent for purposes of AS 47.30.836 if the patient is competent to make mental health or
21 medical treatment decisions and the consent is voluntary and informed.

22 (b) When seeking a patient's informed consent under this section, the evaluation facility
23 or designated treatment facility shall give the patient information that is necessary for informed
24 consent in a manner that ensures maximum possible comprehension by the patient.

25 (c) If an evaluation facility or designated treatment facility has provided to the patient
26 the information necessary for the patient's consent to be informed and the patient voluntarily
27 consents, the facility may administer psychotropic medication to the patient unless the facility
28 has reason to believe that the patient is not competent to make medical or mental health treatment
29 decisions. If the facility has reason to believe that the patient is not competent to make medical
30 or mental health treatment decisions and the facility wishes to administer psychotropic medication
31 to the patient, the facility shall follow the procedures of AS 47.30.839.

1 (d) In this section,

2 (1) "competent" means that the patient

3 (A) has the capacity to assimilate relevant facts and to appreciate and
4 understand the patient's situation with regard to those facts, including the information
5 described in (2) of this subsection;

6 (B) appreciates that the patient has a mental disorder or impairment, if the
7 evidence so indicates; denial of a significantly disabling disorder or impairment, when
8 faced with substantial evidence of its existence, constitutes evidence that the patient lacks
9 the capability to make mental health treatment decisions;

10 (C) has the capacity to participate in treatment decisions by means of a
11 rational thought process; and

12 (D) is able to articulate reasonable objections to using the offered
13 medication;

14 (2) "informed" means that the evaluation facility or designated treatment facility
15 has given the patient all information that is material to the patient's decision to give or withhold
16 consent, including

17 (A) an explanation of the patient's diagnosis and prognosis, or their
18 predominant symptoms, with and without the medication;

19 (B) information about the proposed medication, its purpose, the method
20 of its administration, the recommended ranges of dosages, possible side effects and
21 benefits, ways to treat side effects, and risks of other conditions, such as tardive
22 dyskinesia;

23 (C) a review of the patient's history, including medication history and
24 previous side effects from medication;

25 (D) an explanation of interactions with other drugs, including over-the-
26 counter drugs, street drugs, and alcohol;

27 (E) information about alternative treatments and their risks, side effects,
28 and benefits, including the risks of nontreatment; and

29 (F) a statement describing the patient's right to give or withhold consent
30 to the administration of psychotropic medications in nonemergency situations, the
31 procedure for withdrawing consent, and notification that a court may override the patient's

1 refusal;

2 (3) "voluntary" means having genuine freedom of choice; a choice may be
3 encouraged and remain voluntary, but consent obtained by using force, threats, or direct or
4 indirect coercion is not voluntary.

5 Sec. 47.30.838. PSYCHOTROPIC MEDICATION IN EMERGENCIES. (a) Except as
6 provided in (c) of this section, an evaluation facility or designated treatment facility may
7 administer psychotropic medication to a patient without the patient's informed consent, regardless
8 of whether the patient is capable of giving informed consent, only if

9 (1) there is a crisis situation, or an impending crisis situation, that requires
10 immediate use of the medication to preserve the life of, or prevent significant physical harm to,
11 the patient or another person, as determined by a licensed physician or a registered nurse; the
12 behavior or condition of the patient giving rise to a crisis under this paragraph and the staff's
13 response to the behavior or condition must be documented in the patient's medical record; the
14 documentation must include an explanation of alternative responses to the crisis that were
15 considered or attempted by the staff and why those responses were not sufficient; and

16 (2) the medication is ordered by a licensed physician; the order

17 (A) may be written or oral and may be received by telephone, facsimile
18 machine, or in person;

19 (B) may include an initial dosage and may authorize additional, as needed,
20 doses; if additional, as needed, doses are authorized, the order must specify the
21 medication, the quantity of each authorized dose, the method of administering the
22 medication, the maximum frequency of administration, the specific conditions under
23 which the medication may be given, and the maximum amount of medication that may
24 be administered to the patient in a 24-hour period;

25 (C) is valid for only 24 hours and may be renewed by a physician for a
26 total of 72 hours, including the initial 24 hours, only after a personal assessment of the
27 patient's status and a determination that there is still a crisis situation as described in (1)
28 of this subsection; upon renewal of an order under this subparagraph, the facts supporting
29 the renewal shall be written into the patient's medical record.

30 (b) When a patient is no longer in the crisis situation that lead to the use of psychotropic
31 medication without consent under (a) of this section, an appropriate health care professional shall

1 discuss the crisis with the patient, including precursors to the crisis, in order to increase the
2 patient's and the professional's understanding of the episode and to discuss prevention of future
3 crises. The professional shall seek and consider the patient's recommendations for managing
4 potential future crises.

5 (c) If crisis situations as described in (a)(1) of this section occur repeatedly, or if it
6 appears that they may occur repeatedly, the evaluation facility or designated treatment facility
7 may administer psychotropic medication during no more than three crisis periods without the
8 patient's informed consent only with court approval under AS 47.30.839.

9 Sec. 47.30.839. COURT-ORDERED ADMINISTRATION OF MEDICATION. (a) An
10 evaluation facility or designated treatment facility may use the procedures described in this
11 section to obtain court approval of administration of psychotropic medication if

12 (1) there have been, or it appears that there will be, repeated crisis situations as
13 described in AS 47.30.838(a)(1) and the facility wishes to use psychotropic medication in future
14 crisis situations; or

15 (2) the facility wishes to use psychotropic medication in a noncrisis situation and
16 has reason to believe the patient is incapable of giving informed consent.

17 (b) An evaluation facility or designated treatment facility may seek court approval for
18 administration of psychotropic medication to a patient by filing a petition with the court,
19 requesting a hearing on the capacity of the person to give informed consent.

20 (c) A patient who is the subject of a petition under (b) of this section is entitled to an
21 attorney to represent the patient at the hearing. If the patient cannot afford an attorney, the court
22 shall direct the Public Defender Agency to provide an attorney. The court may, upon request of
23 the patient's attorney, direct the office of public advocacy to provide a guardian ad litem for the
24 patient.

25 (d) Upon the filing of a petition under (b) of this section, the court shall direct the office
26 of public advocacy to provide a visitor to assist the court in investigating the issue of whether
27 the patient has the capacity to give or withhold informed consent to the administration of
28 psychotropic medication. The visitor shall gather pertinent information and present it to the court
29 in written or oral form at the hearing. The information must include documentation of the
30 following:

31 (1) the patient's responses to a capacity assessment instrument administered at the

1 request of the visitor;

2 (2) any expressed wishes of the patient regarding medication, including wishes
3 that may have been expressed in a power of attorney, a living will, or oral statements of the
4 patient, including conversations with relatives and friends that are significant persons in the
5 patient's life as those conversations are remembered by the relatives and friends; oral statements
6 of the patient should be accompanied by a description of the circumstances under which the
7 patient made the statements, when possible.

8 (e) Within 72 hours after the filing of a petition under (b) of this section, the court shall
9 hold a hearing to determine the patient's capacity to give or withhold informed consent as
10 described in AS 47.30.837 and the patient's capacity to give or withhold informed consent at the
11 time of previously expressed wishes regarding medication if previously expressed wishes are
12 documented under (d)(2) of this section. The court shall consider all evidence presented at the
13 hearing, including evidence presented by the guardian ad litem, the petitioner, the visitor, and the
14 patient. The patient's attorney may cross-examine any witness, including the guardian ad litem
15 and the visitor.

16 (f) If the court determines that the patient is competent to provide informed consent, the
17 court shall order the facility to honor the patient's decision about the use of psychotropic
18 medication.

19 (g) If the court determines that the patient is not competent to provide informed consent
20 and, by clear and convincing evidence, was not competent to provide informed consent at the
21 time of previously expressed wishes documented under (d)(2) of this section, the court shall
22 approve the facility's proposed use of psychotropic medication. The court's approval under this
23 subsection applies to the patient's initial period of commitment if the decision is made during that
24 time period. If the decision is made during a period for which the initial commitment has been
25 extended, the court's approval under this subsection applies to the period for which commitment
26 is extended.

27 (h) If an evaluation facility or designated treatment facility wishes to continue the use
28 of psychotropic medication without the patient's consent during a period of commitment that
29 occurs after the period in which the court's approval was obtained, the facility shall file a request
30 to continue the medication when it files the petition to continue the patient's commitment. The
31 court that determines whether commitment shall continue shall also determine whether the patient

1 continues to lack the capacity to give or withhold informed consent by following the procedures
2 described in (b) - (e) of this section. The reports prepared for a previous hearing under (e) of
3 this section are admissible in the hearing held for purposes of this subsection, except that they
4 must be updated by the visitor and the guardian ad litem.

5 (i) If a patient for whom a court has approved medication under this section regains
6 competency at any time during the period of the patient's commitment and gives informed
7 consent to the continuation of medication, the evaluation facility or designated treatment facility
8 shall document the patient's consent in the patient's file in writing.

9 * Sec. 9. AS 47.30.840(a) is amended to read:

10 (a) A person undergoing evaluation or treatment under AS 47.30.660 - 47.30.915

11 (1) may not be photographed without the person's consent and that of the person's
12 guardian if a minor, except that the person may be photographed upon admission to a facility for
13 identification and for administrative purposes of the facility; all photographs shall be confidential
14 and may only be released by the facility to the patient or the patient's designee unless a court
15 orders otherwise;

16 (2) at the time of admission to an evaluation or treatment facility, shall have
17 reasonable precautions taken by the staff to inventory and safeguard the patient's personal
18 property; a copy of the inventory signed by the staff member making it shall be given to the
19 patient and made available to the patient's attorney and any other person authorized by the
20 patient to inspect the document;

21 (3) shall have access to an individual storage space for the patient's private use
22 while undergoing evaluation or treatment;

23 (4) shall be permitted to wear personal clothing, to keep and use personal
24 possessions including toilet articles if they are not considered unsafe for the patient or other
25 patients who might have access to them, and to keep and be allowed to spend a reasonable sum
26 of the patient's own money for the patient's needs and comfort;

27 (5) shall be allowed to have visitors at reasonable times;

28 (6) shall have ready access to letter writing materials, including stamps, and have
29 the right to send and receive unopened mail;

30 (7) shall have reasonable access to a telephone, both to make and receive
31 confidential calls;

- 1 (8) has the right to be free of corporal punishment;
2 (9) has the right to reasonable opportunity for indoor and outdoor exercise and
3 recreation;
4 (10) has the right, at any time, to have a telephone conversation with or be visited
5 by an attorney;
6 (11) may not be retaliated against or subjected to any adverse change of
7 conditions or treatment solely because of assertion of rights under this section.

8 * Sec. 10. AS 47.30 is amended by adding a new section to read:

9 Sec. 47.30.847. PATIENTS' GRIEVANCE PROCEDURES. (a) A patient has the right
10 to bring grievances about the patient's treatment, care, or rights to an impartial body within an
11 evaluation facility or designated treatment facility.

12 (b) An evaluation facility and a designated treatment facility shall have a formal
13 grievance procedure for patient grievances brought under (a) of this section. The facility shall
14 inform each patient of the existence and contents of the grievance procedure.

15 (c) An evaluation facility and a designated treatment facility shall have a designated staff
16 member who is trained in mental health consumer advocacy who will serve as an advocate, upon
17 a patient's request, to assist the patient in bringing grievances or pursuing other redress for
18 complaints concerning care, treatment, and rights.

19 * Sec. 11. AS 47.30.850 is amended to read:

20 Sec. 47.30.850. EXPUNGING OR SEALING [EXPUNGEMENT OF] RECORDS.

21 Following the discharge of a respondent from a treatment facility or the issuance of a court order
22 denying a petition for commitment, the respondent may at any time move to have all court
23 records pertaining to the proceedings expunged on condition that the respondent file a full release
24 of all claims of whatever nature arising out of the proceedings and the statements and actions of
25 persons and facilities in connection with the proceedings. Upon the filing of the motion and
26 full release, the court shall order the court records either expunged or sealed, whichever
27 the court considers appropriate under the circumstances.

28 * Sec. 12. AS 47.30.825(e) is repealed.

SB 153, An Act relating to mental health treatment and evaluation facilities and patients or former patients of those facilities.

Senator Pat Pourchot

- ⊙ The State of Alaska has been the target of expensive litigation brought by individuals who were medicated against their will while undergoing evaluation or treatment for mental illness. In one recent case, a woman was awarded \$225,000 in a judgement against the state and API.
- ⊙ As a result of a similar suit brought in 1988, the State Task Force on Involuntary Medication was established. The task force members are state and private attorneys, mental health professionals and advocates. SB 153 is the statutory implementation of the task force's recommendations. The legislation resolves the issues raised in *Branson v. State of Alaska* (3AN 87-9988 CIV.) and is aimed at protecting the state from future suits while ensuring the rights of persons undergoing treatment for mental illness.
- ⊙ Specifically, SB 153 requires that an individual receive a hearing to determine their capacity to give informed consent to medication. If it is established that the person lacks such capacity, then the court must approve the medication. **Persons who have the capacity to give informed consent cannot be medicated against their will in non-emergencies.**
- ⊙ In addition, this bill guarantees a patient's right to third party representation and access to recreational, vocational, educational and social opportunities. Patients also have the right to bring grievances before an impartial body within the facility.
- ⊙ Representatives of the Department of Health and Social Services, the Alaska Mental Health Board, and Advocacy Alaska have all testified strongly in favor of this legislation.

SB 153, "An Act relating to mental health."

SB 153 protects the rights of patients in evaluation and designated treatment facilities.

Section 1 provides that facilities will consider the social, vocational, educational and recreational needs of patients as well as their psychological needs.

Section 2 requires all facilities to administer treatment and medication only in a manner consistent with these statutes.

Section 3 allows an involuntary outpatient to be ordered to undergo inpatient treatment when the treatment provider determines that the patient is mentally ill and a danger to themselves or others. Inpatient treatment order must be consistent with existing statutes that define involuntary commitment hearing rights.

Section 4 expands by two the number of persons a patient may have participate in formulating their individualized treatment plan. Representatives may now include a mental health professional previously working with the patient outside of the facility as well as another adult representative of the patient's choice.

Section 5 directs that, when practicable, a patient's preference among forms of medically advisable restraints including medication shall be **honored**.

Section 6: In non-crisis situations, a patient capable of giving informed consent has the right to give or withhold that consent to medication and treatment. Crisis and impending crisis situations are described in AS 47.30.838(a)(1).

Section 7 describes when and how psychotropic medications can be used in emergency and non-emergency situations. "Informed consent" is defined in detail. A procedure is established for court-ordered administration of medication.

Section 8 establishes a patient's right to a **reasonable opportunity for indoor and out door** exercise and recreation.

Section 9 provides for a patient's grievance procedure and requires each facility to designate a staff member to be trained in patient advocacy and to represent the patient in grievance proceeding.

Section 10 amends and clarifies the process of expungement of records of commitment hearings and proceedings.

Section 11 repeals superseded statutes.

TASK FORCE REPORT ON USE OF
INVOLUNTARY MEDICATION
(October 30, 1990)

HISTORY

The Involuntary Medication Task Force, (Task Force), has met for the past year and a half to address the issues surrounding a civilly committed psychiatric patient's right to give or withhold informed consent to the administration of psychoactive medication. The Task Force was formed in response to, and in hopes of settling, the legal issues raised in Branson v. State of Alaska, 3AN 87-9988 (CIV.)

API

MEMBERS

The members of the Task Force are:

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STATEMENT OF PURPOSE

The Task Force has formulated a policy on the use of psychoactive medications for civilly committed psychiatric patients who withhold informed consent to such medication. The Task Force has attempted to create a procedure which maximizes patient dignity and autonomy, and recognizes the significant liberty interests involved. It is the Task Forces' hope that the procedures and philosophies embodied in these policies encourage and support sound medical practice, and provide a framework for valuing the personal autonomy of the patient in often difficult circumstances.

POLICIES AND PROCEDURES

I. THE RIGHT TO WITHHOLD CONSENT

It is the Task Forces opinion that civilly committed patients not adjudicated incapacitated to make decisions regarding mental health treatment have the right to give or withhold consent to the administration of psychoactive medications in non-emergency situations.

II. EMERGENCY SITUATIONS

"Emergency" means an impending or crisis situation which creates circumstances demanding immediate action for preservation of life or prevention of significant physical harm to the person or others as determined by a licensed physician or a registered nurse.

This is the procedure to be followed in an emergency when a person is refusing medications:

- A. Medication may be administered if ordered in advance by a licensed physician. Such an order may be written, verbal, or telephonic. Emergency medications orders may include a "now" or "stat" dose plus p.r.n. (or "as necessary") doses. P.r.n. medications orders must specify the medications, the milligram dosages (or ml/cc if