## A-Engrossed House Bill 2023

Ordered by the House April 21 Including House Amendments dated April 21

Sponsored by Representatives KENY-GUYER, FREDERICK, GALLEGOS; Representatives BUEHLER, GREENLICK, NOSSE, OLSON

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Specifies requirements for hospital [protocol] **policies** for discharge planning involving patient who is hospitalized for [behavioral] **mental** health [crisis] **treatment**.

## A BILL FOR AN ACT 1 2 Relating to protocols for a health care facility's discharge of a patient who presented with a behavioral health crisis. 3 Be It Enacted by the People of the State of Oregon: 4 SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS 441.015 to 5 6 441.063. 7 **SECTION 2.** (1) As used in this section: (a) "Discharge" means the release of a patient from a hospital following admission to the 8 9 hospital. 10 (b) "Lay caregiver" means: (A) For a patient who is younger than 14 years of age, a parent or legal guardian of the 11 12patient. 13 (B) For a patient who is at least 14 years of age and not older than 17 years of age, an individual designated by the patient or a parent or legal guardian of the patient to the extent 14 permitted under ORS 109.640 and 109.675. 15 (C) For a patient who is 18 years of age or older, an individual designated by the patient. 16 (2) A hospital shall adopt and enforce policies for the discharge of a patient who is hos-17 pitalized for mental health treatment. The policies must be publicly available and include, at 18 a minimum, all of the following: 19 (a) Encouraging the patient to sign an authorization for the disclosure of information 20that is necessary for a lay caregiver to participate in the patient's discharge planning and 21 to provide appropriate support to the patient following discharge including, but not limited 22to, discussing the patient's prescribed medications and the circumstances under which the 23patient or lay caregiver should seek immediate medical attention. 24 (b) Assessing the patient's risk of suicide, with input from the lay caregiver if appropri-2526ate. 27(c) Assessing the long-term needs of the patient including: 28 (A) The patient's need for community-based services;

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (B) The patient's capacity for self-care; and

2 (C) Whether the patient can be properly cared for in the place where the patient was 3 residing when the patient presented at the hospital.

(d) A process to ensure the coordination of the patient's care and a seamless transition
from an acute care setting to outpatient treatment that may include community-based providers, peer support, the lay caregiver and others who can execute the patient's care plan
following discharge.

- 8 (e) Scheduling follow-up appointments for no later than seven days after discharge and 9 supporting the patient's transition from hospital care to community-based care.
- 10 <u>SECTION 3.</u> Section 2 of this 2015 Act becomes operative on July 1, 2016.
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