

1 2022 STATE OF WYOMING 22LSO-\_\_\_\_\_

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4 \_\_\_\_\_ FILE NO. \_\_\_\_\_

5

6 **EMERGENCY CUSTODY, INVOLUNTARY HOSPITALIZATION, AND DIRECTED**  
7 **OUTPATIENT TREATMENT OF PERSONS WITH A SERIOUS MENTAL ILLNESS.**

8

9 Sponsored by: \_\_\_\_\_

10

11 A BILL

12 for

13 AN ACT repealing Article 1 of Title 25, Chapter 10; renaming  
14 Chapter 10; enacting **Article 5** regarding general provisions of  
15 the act; enacting **Article 6** regarding definitions and process  
16 for Emergency Custody, Involuntary Hospitalization, and Directed  
17 Outpatient Treatment of persons with a Serious Mental Illness;  
18 enacting **Article 7** regarding responsibilities for the Wyoming  
19 Department of Health, the Wyoming State Hospital, treatment  
20 facilities, ~~county attorneys, and~~ patients' attorneys, ~~county~~  
21 ~~attorneys, and treatment coordinators~~; enacting **Article 8**  
22 regarding minors; enacting **Article 9** regarding financial  
23 liability for costs for Emergency Custody, Involuntary  
24 Hospitalization, and Directed Outpatient Treatment; and amending

1 W.S. 14-3-402(a) (xviii); repealing any law in conflict herewith  
2 to the extent of such conflict; and setting an effective date.

3

4 *Be it Enacted by the Legislature of the State of Wyoming:*

5

6 **Section 1.** Wyoming Statutes Title 25, Chapter 10, Article 1,  
7 General Provisions (W.S. 25-10-101 through 25-10-129), is  
8 repealed.

9

10 **Section 2.** The name of Chapter 10 of Title 25 of the  
11 Wyoming Statutes is amended to read:

12 ~~Hospitalization of Mentally Ill Persons~~ Emergency Custody,  
13 Involuntary Hospitalization, and Directed Outpatient Treatment of  
14 Persons with a Serious Mental Illness.

15

16 **Section 3.** Title 25, Chapter 10, Article 5, W.S. 25-10-501  
17 through 25-10-504, is created as follows:

18

**ARTICLE 5. GENERAL.**

19

20

**25-10-501.Short Title**

21 Wyoming Statute Title 25, Chapter 10, Article 5 through Article  
22 9 may be referred to as the "Serious Mental Illness Act" and  
23 herein as "this Act."

24

1 25-10-502. Purpose.

2 Serious Mental Illness may render a person incapable of  
3 voluntarily obtaining treatment because the person is unable to  
4 make rational decisions or the person does not understand he/she  
5 is ill or the severity of the illness. The purpose of this Act  
6 is to clarify the process to protect and provide treatment to  
7 persons with a Serious Mental Illness and ensure public safety  
8 and welfare. Additionally, this Act **is intended** to encourage  
9 voluntary treatment of Serious Mental Illness and remove the  
10 stigma associated with Serious Mental Illness and mental  
11 illness, generally.

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12  
13 25-10-503. Patients' Rights.

14 (a) Each patient has the following rights:

15 (i) the right to remain silent; a patient's statements may  
16 be used as evidence to support Emergency Custody, Involuntary  
17 Hospitalization, and Directed Outpatient Treatment;

18 (ii) the right to contact an attorney;

19 (iii) the right to an appointed attorney to represent the  
20 patient at legal proceedings held pursuant to this Act;

21 (iv) the right to communicate with others unless specifically  
22 restricted in the patient's treatment plan because such  
23 communication is likely to be harmful to the patient or another  
24 person;

1 (v) the right to receive visitors at reasonable times unless  
2 specifically restricted in the patient's treatment plan because  
3 such communication is likely to be harmful to the patient or  
4 another person;

5 (vi) the right to be provided with adequate clothing that is  
6 clean, in good repair, and seasonally appropriate; and

7 (vii) the right to receive a written copy of *Patients' Rights*  
8 as soon as practicable after being placed in Emergency Custody.

9

10 **25-10-504. Penalties for Violation of Patients' Rights and**  
11 **Unwarranted Custody**

12 (a) A person who willfully denies an individual a right provided  
13 by this Act is guilty of a misdemeanor punishable by a fine not  
14 exceeding \$750.00 or imprisonment not exceeding six months, or  
15 both.

16 (b) A person who willfully causes the unwarranted custody of an  
17 individual under the provisions of this Act is guilty of a  
18 felony punishable by a fine not exceeding \$5,000.00 or  
19 imprisonment not exceeding five years, or both.

20

21 **Section 4** Title 25, Chapter 10, **Article 6**, W.S. 25-10-601  
22 through **25-10-613607**, is created as follows:

23

**Article 6. Definitions and Process**

24

1                                    25-10-601. Definitions

2 As used in this Act:

3 (a) "mental illness" means a ~~medical condition~~ brain disorder that  
4 disrupts a person's thinking, mood, and/or behavior associated  
5 with distress and/or impaired functioning.

6        (i) Mental illness includes, but is not limited to:

7                    (A) mood and thought disorders such as depression,  
8 schizophrenia, and bipolar disorder;

9                    (B) personality disorders such as paranoid, antisocial,  
10 and borderline personality disorders;

11                   (C) anxiety disorders and phobias;

12                   (D) degenerative brain disorders such as dementia; and

13                   (E) traumatic brain injuries.

14        (ii) A patient may have one or more of the following  
15 disorders co-occurring, however, the disorders listed in  
16 subsections (a) (ii) (A), (B), and (C) cannot be the primary cause  
17 of the condition necessitating placing a patient in Emergency  
18 Custody, Involuntary Hospitalization, or Directed Outpatient  
19 Treatment.

20                   (A) intellectual disability;

21                   (B) drug and alcohol intoxication and addiction; and

22                   (C) autism.

23 (b) "Serious Mental Illness" means a mental illness where there  
24 is a substantial probability, evidenced by a recent act, attempt

1 to act, or failure to act and the person's mental illness and  
2 treatment history, that the person is, or in the reasonably  
3 foreseeable future will be, a danger in one or more of the  
4 following ways:

5 (i) The person will intentionally act, or attempt to act,  
6 to commit suicide or otherwise cause serious bodily harm to  
7 self;

8 (ii) The person will act, or attempt to act in a manner  
9 that will kill or otherwise cause serious bodily harm to another  
10 person;

11 (iii) The person will be unable to make rational decisions  
12 to meet the person's need for basic food, essential medical  
13 care, shelter, or safety causing death or serious bodily harm to  
14 themselves and no competent adult is willing and able to assist  
15 the person in meeting those basic needs; or

16 (iv) The person will be unable or unwilling to obtain  
17 treatment necessary to prevent the person's mental  
18 destabilization causing one or more of the conditions in (b) (i),  
19 (ii), or (iii) of this subsection.

20

21 (c) "Court" means the District Court where a patient is:

22 (i) placed in Emergency Custody or

23 (ii) transferred to for further proceedings under this Act.

1 The District Court has jurisdiction over cases brought pursuant  
2 to this Act.

3 (d) "Department" means the State Department of Health.

4 (e) "Directed Outpatient Treatment" means a person is no longer  
5 in State custody but is still subject to Court orders issued  
6 pursuant to this Act.

7 (f) "Emergency Custody" means a patient is temporarily in the  
8 care and custody of the State and includes being transported to  
9 and held at a facility.

10 (g) "evaluation" means the diagnostic assessment of a mental  
11 condition by an Examiner.

12 (h) "Evaluation Report" means a written summary of an  
13 evaluation that, at a minimum, includes the date of the  
14 evaluation, the treatment the patient has received while subject  
15 to this Act, the patient's response to the treatment, the  
16 psychotropic medications prescribed for the patient, and the  
17 patient's current mental and physical condition.

18 (j) "Examiner" means a licensed: physician, advanced practice  
19 registered nurse, physician assistant, psychologist,  
20 professional counselor, addictions therapist, clinical social  
21 worker, or marriage and family therapist.

22 (k) "Facility" means a place where a patient may be placed while  
23 in Emergency Custody or Involuntary Hospitalization. Facility  
24 includes treatment facilities.

1 (lm) "Involuntary Hospitalization" means a patient is in the  
2 care and custody of the State indefinitely and includes being  
3 transported and held at a Facility.

4 (mn) "patient" means a person in Emergency Custody, Involuntary  
5 Hospitalization, or Directed Outpatient Treatment.

6 (no) "restraint" means a manual method, physical or mechanical  
7 device, material, equipment, or medication used to restrict a  
8 patient's ability to freely move patient's arms, legs, body, or  
9 head.

10 (i) Restraint does not include an orthopedically prescribed  
11 device, surgical dressing, bandages, emergency helmet, or  
12 similar item used to conduct routine physical examinations and  
13 tests, protect and/or facilitate healing, protect a patient from  
14 falling, and/or assist a patient in more safely participating in  
15 activities.

16 (ep) "State Hospital" means the Wyoming State Hospital in  
17 Evanston, Wyoming.

18 (qp) "treatment" includes examination, administering psychiatric  
19 medication, providing individual and group counseling, providing  
20 mental illness management and education, and developing a  
21 discharge plan. Treatment excludes:

22 (i) observation

23

24 (ii) emergency medical care;

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1 (iii) Emergency Custody evaluation; and

2 (iv) monitoring the patient.

3 (gr) "treatment coordinator" means the an entity designated by  
4 the Department for a particular county that to coordinate  
5 proceedings under this Act.

6 ~~(i) Must appear at hearings and provide recommendations to~~  
7 ~~the Court regarding a patients' custody and treatment;~~

8 ~~(ii) Monitors proceedings under this act; and~~

9 ~~(iii) Assists to achieve timely, efficient, and effective~~  
10 ~~treatment, transport, and discharge planning for patients.~~

11 (sg) "treatment facility" means a facility so designated by the  
12 Department. a Treatment Facility that is licensed to provide  
13 services for inpatient or outpatient treatment and may includes,  
14 but is not limited to, a federal, state, or and private  
15 hospitals, and health centers, or other facility that provides  
16 services for inpatient or outpatient treatment.

17 (st) "voluntary admittee" means a person with a Serious Mental  
18 Illness who consents to treatment for the Serious Mental  
19 Illness. A voluntary admittee is not in State custody and not  
20 subject to any order pursuant to this Act.

21

22 25-10-602. Proceedings Confidential.

1 (a) All proceedings and records which directly or indirectly  
2 identify an individual placed in custody pursuant to this Act  
3 are confidential and must not be disclosed unless:

4 (i) Disclosure is necessary to carry out the provisions of  
5 this ~~Act~~;

6 (ii) The patient or patient's legal guardian consents; or

7 (iii) A court of competent jurisdiction determines  
8 disclosure is necessary for the conduct of a proceeding before  
9 it.

10 (b) "Disclosure necessary to carry out this ~~Act~~" may include,  
11 but is not limited to, disclosure to:

12 (i) peace officers,

13 (ii) Examiners,

14 (iii) county attorneys,

15 (iv) patients' attorneys,

16 (v) treatment coordinators,

17 (vi) district courts and district court commissioners,

18 ~~(vii) treatment facilities,~~

19 (viii) the State Hospital, and

20 (ix) the Department,

21 (x) the Department of Family Services,

22 (xi) parents,

23 (xii) guardians, and

1 (xiii) persons with a power of attorney that encompasses  
2 medical or general health matters.

4 25-10-603. Process.

5 (a) Emergency Custody, Involuntary Hospitalization, and Directed  
6 Outpatient Treatment constitute a process continuum under this  
7 Act. At any hearing held pursuant to this Act, the Court may  
8 consider whether the requirements for Emergency Custody,  
9 Involuntary Hospitalization, or Directed Outpatient Treatment  
10 are met and enter an order accordingly, except the Court may not  
11 order a patient be placed in Involuntary Hospitalization at the  
12 initial hearing unless the patient and the patient's attorney  
13 consent.

14 (b) While in the State's custody, a patient must be placed in  
15 the least restrictive most therapeutic ~~Facility~~ available.  
16 Unless there is no other safe alternative, a patient must not be  
17 placed in an area ~~facility~~ with a primary purpose of detaining  
18 persons charged with or convicted of a crime.

19 (c) If necessary to prevent immediate and serious physical  
20 injury to ~~a~~-the patient or another person, a licensed physician  
21 may administer medication without ~~a~~-the patient's consent.

22 (d) A peace officer may transport patients subject to this Act  
23 in accordance with the transportation policy of the officer's  
24 agency.

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1 (e) No entity will be liable for injury to a patient that occurs  
2 while-for transporting a patient by reasonable means for the  
3 purposes of this Act.

4 (f) Any petition or motion for a hearing pursuant to this Act  
5 must include an Evaluation Report from an evaluation that was  
6 conducted within three days of the date the petition or motion  
7 is filed except for:

8 (i) a motion to dismiss the case by a county attorney.

9 (g) Prior to the expiration of an ongoing placement, either  
10 party may request a hearing for the Court to determine whether  
11 the patient still has a Serious Mental Illness and whether  
12 continued Emergency Custody, Involuntary Hospitalization, or  
13 Directed Outpatient Treatment is appropriate.

14 (h) When a party files a motion in accordance with this Act, the  
15 Court must hold an expedited hearing on the motion.

16 (j) A patient may waive any hearing set pursuant to this Act if  
17 the patient, the patient's attorney, and the county attorney  
18 consent to waiving the hearing and entry of a stipulated order.

19 (k) The Court may continue a hearing set pursuant to this Act  
20 only for good cause.

21 (m) If at any time the Court finds a patient does not have a  
22 Serious Mental Illness, the Court must release the patient from  
23 the provisions of this Act and dismiss the case.

1 (n) Except during the initial 72 hours of Emergency Custody,  
2 ~~if, at any time, an~~ Examiner determines that a patient no  
3 longer has a Serious Mental Illness, the Examiner must promptly  
4 submit an Evaluation Report ~~so stating to the county attorney,~~  
5 ~~the patient's attorney, and the treatment coordinator which~~  
6 ~~states that the patient no longer has a Serious Mental Illness to~~  
7 the county attorney, the patient's attorney, and the treatment  
8 coordinator.

9 (i) Within three business days of receiving the Evaluation  
10 Report, the county attorney may file an objection to releasing  
11 the patient.

12 (ii) If the county attorney does not file an objection  
13 within three business days, the Facility holding the patient  
14 must promptly release the patient.

15 (iii) A Facility must promptly release a patient ~~if the~~  
16 county attorney~~neither party~~ provides a written statement to  
17 ~~objects to the Examiner that the county attorney does not object~~  
18 to releasing the patient. ~~'s determination:~~

19 ~~(A) The parties must promptly state in writing by a written~~  
20 ~~statement includes email or and facsimile. sent to the other~~  
21 ~~party that they do not object to the determination.~~

22 ~~(B) The facility holding the patient may discharge the~~  
23 ~~patient without a Court order, and~~

1 ~~(C) (iv)~~ After a patient is released pursuant to this  
2 subsection, ~~t~~he county attorney must file a motion to dismiss  
3 the case.

4 ~~(ii)~~ If either the county attorney or the patient's  
5 attorney objects to the Examiner's determination, the objecting  
6 party must promptly file a motion requesting a hearing on the  
7 matter.

8 ~~(o)~~ When a patient is released from Emergency Custody or  
9 Involuntary Hospitalization, the facility holding the patient  
10 must promptly discharge the patient.

11 ~~(p)~~ When a patient is discharged or otherwise released from  
12 Emergency Custody or Involuntary Hospitalization, the patient  
13 immediately ceases to be in the State's custody.

14 ~~(q)~~ When a patient is discharged or otherwise released from  
15 being subject to this Act, ~~t~~he ~~f~~Facility holding ~~a~~ the patient  
16 must coordinate with the treatment coordinator to establish and  
17 implement a discharge plan for a patient prior to discharging  
18 the patient make arrangements to transport the patient back to  
19 the patient's residence or, if the patient is transient, to the  
20 community where the patient was placed in Emergency Detention.

21  
22 **25-10-604. Emergency Custody.**

23 ~~(a)~~ If a peace officer has reasonable cause to believe a person  
24 has a Serious Mental Illness and the person will not voluntarily

1 consent to transportation to a ~~treatment~~ Facility, the peace  
2 officer may place the person in Emergency Custody and transport  
3 the person to a Facility.

4 (b) If an Examiner has reasonable cause to believe a person has  
5 a Serious Mental Illness and the person will not voluntarily  
6 consent to transportation to a ~~treatment~~ Facility, ~~be examined,~~  
7 or examination by an Examiner or accept treatment prescribed by  
8 a licensed physician, the Examiner may place the person in  
9 Emergency Custody and have the person transported to a  
10 Facility.

11 (c) Placing a person with a Serious Mental Illness in Emergency  
12 Custody is prohibited unless the person:

13 (i) will not voluntarily be transported to a ~~treatment~~  
14 Facility or

15 (ii) will not voluntarily remain at the ~~treatment~~  
16 Facility.

17 (d) When a person is placed in Emergency Custody, ~~The facility~~  
18 where a patient is held an Examiner must, as soon as practicable,  
19 notify the ~~patient-person~~ both orally and in writing of the  
20 patient's rights set forth in this Act.

21 (e) When a person is placed in Emergency Custody, the peace  
22 officer or Examiner who placed the person in Emergency Custody  
23 must promptly prepare an Emergency Custody report, which at a  
24 minimum, must include:

1 (i) the date and time the patient was placed in Emergency  
2 Custody,

3 (ii) the name and title of the person who placed the  
4 patient in Emergency Custody,

5 (iii) the location and reason the patient was initially  
6 contacted,

7 (iv) the reason the patient was placed in Emergency  
8 Custody,

9 (v) where the patient in Emergency Custody is currently  
10 held, and

11 (vi) if known, or reasonably discernible, the patient's  
12 name, date of birth, and address.

13 (f) The person who prepared the Emergency Custody report must  
14 promptly submit the report to the ~~f~~Facility holding the patient,  
15 the county attorney, and the treatment coordinator.

16 (g) An Examiner must conduct a preliminary evaluation of a  
17 patient within 24 hours of the patient's placement in Emergency  
18 Custody to determine if the patient has a Serious Mental  
19 Illness.

20 (i) If an evaluation is not conducted within 24 hours, the  
21 ~~f~~Facility holding the patient must promptly release the patient  
22 from Emergency Custody.

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1 (ii) If the Examiner determines the patient does not have a  
2 Serious Mental Illness, the Examiner must promptly release the  
3 patient from Emergency Custody.

4 (h) If an Examiner determines the patient does have a Serious  
5 Mental Illness:

6 (i) Emergency Custody of the patient may continue for up to  
7 72 hours from the time the patient was placed in Emergency  
8 Custody,

9 (A) The 72 hours excludes weekends and holidays.

10 (B) When a person is placed in Emergency Custody on a  
11 Saturday, Sunday, or legal holiday, the 72 hours starts at  
12 8:00 a.m. the next business day.

13 (ii) The Examiner must promptly submit a written summary of  
14 the preliminary evaluation to the #Facility holding the patient,  
15 the county attorney, and the treatment coordinator. The summary  
16 must, at a minimum, identify:

17 (A) under which subsection of W.S. 25-10-601(b), does  
18 the patient's condition qualify as a Serious Mental Illness and

19 (B) the specific symptoms causing that qualification.

20

21 **25-10-605. Continued Emergency Custody.**

22 (a) To continue Emergency Custody, the county attorney must file  
23 a petition in the interest of the patient, pursuant to this Act.

1 (i) The Emergency Custody report and the written summary of  
2 the preliminary evaluation must be attached to the petition.

3 (ii) Service may be made by sending a copy of the petition  
4 to the patient's attorney and the patient by mail, email,  
5 facsimile, or hand delivery.

6 (b) The Court must hold a hearing on the petition before the  
7 expiration of the 72 hour period.

8 (i) If a hearing is not held within the 72 hour period,  
9 the patient must be released from Emergency Custody.

10 (ii) If the Court finds by a preponderance of the evidence  
11 that the patient has a Serious Mental Illness, the Court may  
12 continue Emergency Custody of the patient for up to 21 days from  
13 the date of the hearing or date that a stipulated order to  
14 continue Emergency Custody is submitted to the Court.

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15 (iii) If the Court finds that the patient does not have a  
16 Serious Mental Illness, the patient must be released from  
17 Emergency Custody.

18 (c) During continued Emergency Custody, at least every seven  
19 days, an Examiner must submit an Evaluation Report of the  
20 patient to the county attorney, the patient's attorney, and the  
21 treatment coordinator.

22

23 **25-10-606. Involuntary Hospitalization.**

1 (a) If the county attorney finds that an Evaluation Report  
2 supports Involuntary Hospitalization, the county attorney must  
3 file a motion for Involuntary Hospitalization at least three  
4 days prior to the expiration of the ongoing placement order.

5 (b) If, after hearing testimony from a licensed physician, the  
6 Court finds by clear and convincing evidence that the patient  
7 has a Serious Mental Illness and involuntary hospitalization is  
8 the least restrictive placement available, the Court may order  
9 that the patient be placed in Involuntary Hospitalization.  
10 ~~stipulated order.~~

11 (c) During Involuntary Hospitalization:

12 (i) Either party may request a hearing for the Court to  
13 determine if Involuntary Hospitalization is still appropriate.

14 (ii) Three months after a patient is placed in Involuntary  
15 Hospitalization and every six months thereafter, the Facility  
16 where the patient is placed must submit to the county attorney,  
17 patient's attorney, and treatment coordinator an Evaluation  
18 Report, and the current treatment plan, and a recommendation for  
19 the least restrictive placement available.

20 (iii) At least every twelve months, the Court must hold a  
21 review hearing to determine whether the patient still has a  
22 Serious Mental Illness and if the patient is in the least  
23 restrictive placement available.

24

1 25-10-6107. Directed Outpatient Treatment.

2 (a) If the Court finds by a preponderance of the evidence that a  
3 patient has a Serious Mental Illness as defined by 25-10-  
4 701(b) (iii) or (iv), the Court may order the patient to Directed  
5 Outpatient Treatment if it is the least restrictive placement  
6 available.

7 (b) Before a patient is ordered to Directed Outpatient  
8 Treatment, the Court must approve an initial Directed Outpatient  
9 Treatment plan.

10 (c) A treatment coordinator will must supervise Directed  
11 Outpatient Treatment.

12 (i) At least every six months, the treatment coordinator  
13 must submit a Directed Outpatient Treatment report to the county  
14 attorney and the patient's attorney.

15 (ii) At a minimum, the report must include the patient's  
16 current mental condition, the current treatment plan, and a  
17 recommendation for the least restrictive placement available.

18 ~~(d) The county attorney will file the report with the Court.~~

19 ~~(e) At least~~ every twelve months, the Court must hold a hearing  
20 to determine whether the patient still has a Serious Mental  
21 Illness and, if so, what the least restrictive placement  
22 available is.

23 ~~(e) If an Examiner determines that a patient has not complied~~  
24 ~~with the patient's Directed Outpatient Treatment order, the~~

1 Examiner may place the patient back in Emergency Custody in  
2 accordance with W.S. 25-10-604.

3  
4  
5 **Section 5.** Title 25, Chapter 10, **Article 87**, W.S. 25-10-  
6 701 through 25-10-708, is created as follows:

7 **ARTICLE 7. RESPONSIBILITIES AND AUTHORITY**

8  
9 **25-10-701. Department ~~Responsibilities and Authority.~~**

10 (a) The Department must monitor the operation of and methods of  
11 treatment used by the State Hospital and enforce the standards  
12 governing the State Hospital.

13 (b) The Department must investigate complaints from or on behalf  
14 of patients in, or released from, the State Hospital or any  
15 facility where a patient was held pursuant to this Act.

16 (c) The Department must ~~designate treatment facilities and,~~ in  
17 good faith, contract ~~with such with~~ facilities to meet the  
18 treatment needs that arise under this Act, including placement  
19 of aggressive patients.

20 (ed) The Department must adopt rules in accordance with the  
21 Wyoming Administrative Procedures Act, W.S. 16-3-101 through 16-  
22 3-106, within 180 days of the effective date of this law that:

1 (i) Establish and administer a medication review committee  
2 that will determine whether medication may be administered to a  
3 patient without the patient's consent.

4 (A) The committee must convene promptly after a  
5 request from a patient's physician.

6 (B) A committee member who, at the time of a review,  
7 is currently involved in the patient's treatment or diagnosis is  
8 prohibited from participating in the committee's review of  
9 medication for that patient.

10 (C) The rules must set forth what findings the  
11 committee must make in order to administer medication without a  
12 patient's consent.

13 (D) The rules must set forth an administrative appeal  
14 process for patients.

15 (E) The committee must have at least three members.

16 (F) All members of the committee must be licensed to  
17 prescribe medication.

18 (ii) Set forth the process to submit costs in accordance  
19 with W.S. 25-10-904 for payment and reimbursement. The rules  
20 must include, at a minimum:

21 (A) the process to submit costs to the Department. ~~and~~

22 ~~(B) what costs are allowed and what the allowable~~  
23 ~~amounts for those costs are.~~

24 (iii) Set forth the process to transport patients.

1 (A) The process must include, at a minimum:

2 (1) the entities, in addition to peace officers,  
3 that may be permitted to transfer-transport patients;

4 (2) the manner in which patients may be  
5 transported, including the use of restraints; and

6 (3) transportation to and from facilities and  
7 public and private places as necessary to carry out this Act.

8 (de) The Department must adopt policies within 180 days of the  
9 effective date of this law, and provide notice of each policy to  
10 each county attorney that:

11 (i) Set forth a process to minimize and manage an admission  
12 waitlist for the State Hospital.

13 (ii) Set forth a process for voluntary admission to and  
14 discharge from the State Hospital.

15 ~~(iii) Set forth the standards for facilities to be~~  
16 ~~designated treatment facilities as defined by this Act.~~

17 (ef) The Department must clearly post on its webpage:

18 (i) all rules applicable to this Act;

19 (ii) all proposed rule changes or additions to the rules;

20 (iii) all policies applicable to this Act;

21 (iv) a current list of all of the treatment facilities  
22 with which the Department has contracted that will accept  
23 placement of patients;

24 (v) a current list of treatment coordinators; and

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1 (vi) a method for the public to request and receive  
2 automatic notifications of proposed new rules and rule changes  
3 and new policies and policy changes.

4 (fg) The Department is authorized to deposit all monies and  
5 income received and collected by the State Hospital into a  
6 special revenue account. The Department must expend this revenue  
7 to correct life safety code problems, pay for the cost of  
8 Emergency Custody, pay for the costs of Involuntary  
9 Hospitalizations, and remediate conditions at the State Hospital  
10 as identified in settlement agreements that are approved by the  
11 director and reported to the governor. If any single capital  
12 project is anticipated to exceed \$200,000.00, it must be  
13 approved by the State Building Commission. The Department must  
14 report to the Joint Appropriations Committee not later than  
15 November 1 of each year detailing expenditures under this  
16 section.

17

18 **25-10-702. State Hospital-Responsibilities.**

19 (a) The State Hospital must admit each patient who is court-  
20 ordered to Inpatient Hospitalization or must otherwise provide  
21 equivalent or better inpatient placement for the patient. The  
22 State Hospital must provide reasonable placement of patients  
23 pending transport.



1 ~~(b)~~ The State Hospital may administer prescribed medication to  
2 a patient without the patient's consent in accordance with the  
3 rules governing the medication review committee.

4 (c) The State Hospital may admit voluntary admittees without a  
5 court order.

6 (d) If adequate treatment for a mental illness cannot be  
7 provided to an inmate at a State penal institution, the State  
8 Hospital may admit the inmate subject to its admission rules.

9 (e) The State Hospital must not discharge a patient admitted  
10 from a penal institution without an order from a court with  
11 jurisdiction over the criminal matter that caused the patient to  
12 be incarcerated in the penal institution.

13

14 **25-10-703. Treatment Facility ~~Responsibilities~~.**

15 (a) Each treatment facility must:

16 ~~(i) Comply with the Department's standards and~~

17 (i) ~~(ii)~~ Admit voluntary admittees for treatment. If a  
18 treatment facility does not have a bed available for a voluntary  
19 admittee, the treatment facility must refer the voluntary  
20 admittee to other available reasonable treatment options.

21 (b) A treatment facility must not:

22 (i) Attempt to dissuade a voluntary admittee from obtaining  
23 treatment voluntarily;

24 (ii) Place a voluntary admittee in Emergency Custody;

Commented [CAR7]: Deleted space

- 1 (iii) Place an unconscious person in Emergency Custody; or  
2 (iv) Place a person who is medically unstable in Emergency  
3 Custody unless the person is going to immediately leave the  
4 treatment facility.

5

6 25-10-704. Patient's ~~Attorney~~ Responsibilities.

7 (a) Each attorney representing a patient must:

8 (i) Accept service of process for the patient; and

9 (ii) Represent the patient until the case is dismissed or  
10 the Court allows the attorney to withdraw from the case. This  
11 includes representing the patient in all judicial hearings and  
12 appeals from the medication review committee.

13 (b) A patient's attorney is an advocate for the patient and not  
14 a guardian ad litem. However, a patient's attorney may consider  
15 the patient's apparent understanding of legal and medical  
16 matters.

17

18 25-10-705. County ~~Attorney~~'s Responsibilities.

19 (a) The county attorney in the county where an individual is  
20 placed in Emergency Custody must review requests submitted by  
21 Examiners for proceedings under this ~~a~~Act.

22 (b) If the county attorney determines a request to continue  
23 Emergency Custody meets the requirements and intent of this  
24 ~~a~~Act, the county attorney, on behalf of the State, must file a

1 petition in the interest of the patient and appear at the  
2 hearing to continue Emergency Custody.

3 (c) Until the Court dismisses the case, the county attorney ~~will~~  
4 must represent the State in proceedings under this Act.

5

6 25-10-706. Treatment Coordinator. ~~Reserved~~

Commented [CAR8]:

7 (a) A Treatment Coordinator must:

8 (i) appear at hearings and provide recommendations to the  
9 Court regarding the patient's custody and treatment;

10 (ii) monitor the proceedings under this Act;

11 (iii) provide assistance to achieve timely, efficient, and  
12 effective treatment, transport, and discharge planning for  
13 patients; and

14 (iv) if a patient resides in another county:

15 (A) notify the Treatment Coordinator in the patient's  
16 county of residence of proceedings under this Act and

17 (B) communicate and coordinate with the Treatment  
18 Coordinator in the patient's county of residence regarding the  
19 patient's custody, treatment, transport, and discharge planning.

20

21 25-10-707. Reserved

22

23 25-10-708. Reporting Requirements.

1 (a) To establish any reporting requirement to track activity  
2 occurring pursuant to this Act, the Department must adopt rules  
3 in accordance with the Wyoming Administrative Procedures Act,  
4 W.S. 16-3-101 et seq.

5 (b) Such rules may only require an entity to report on a matter  
6 within the entity's direct scope of involvement under this Act.

7

8 **Section 6.** Title 25, Chapter 10, Article 8, W.S. 25-10-801  
9 through 25-10-803 is created to read:

10

**ARTICLE 8. MINORS**

11

12

**25-10-801. Mental Illness Treatment.**

13 (a) A parent or custodian of a minor must obtain treatment for a  
14 minor's mental illness or Serious Mental Illness in the same  
15 manner as any other illness, injury, or health condition.

16 (b) A minor may consent to treatment of a mental illness or a  
17 Serious Mental Illness the same as any other health care  
18 treatment as provided in W.S. 14-1-101(b).

19

20

**25.10-802. Investigation.**

21 When a minor is placed in Emergency Custody, the #Facility  
22 holding the minor must attempt to notify the minor's parent or  
23 guardian that the minor is in Emergency Custody and where the  
24 minor is being held. If the #Facility is unable to contact the

1 minor's parent or guardian and the minor's parent or guardian  
2 does not contact the #Facility holding the minor within 24 hours  
3 of the minor being placed in Emergency Custody, the #Facility  
4 must report the circumstances to the Department of Family  
5 Services and the county attorney for that county.  
6

7 **25-10-803. Minor in Department of Family Service Custody.**

8 ~~(a)~~ The Department of Family Services must obtain emergency  
9 treatment for a minor in its custody with a mental illness or  
10 Serious Mental Illness in the same manner as any other illness,  
11 injury, or condition requiring medical, dental, or other  
12 treatment.

13 ~~(b) A minor in the custody of the Department of Family Services~~  
14 ~~may be held under this Act for up to 72 hours, excluding~~  
15 ~~weekends and legal holidays.~~  
16

17 **Section 7.** Title 25, Chapter 10, **Article 109,** W.S. 25-10-  
18 901 through 25-10-905 is created to read:

19 **ARTICLE 9. FINANCIAL LIABILITY**

20  
21 **25-10-901. Liability for Costs.**

22 (a) Subject to the provisions in this article:

1 (i) The county in which a patient resides is liable for costs  
2 incurred during the first 72 hours of the initial Emergency  
3 Custody;

4 (ii) The 72 hours excludes weekends and holidays;

5 (iii) The Department is liable for costs incurred pursuant to  
6 this Act after the first 72 hours;

7 (iv) If a patient is not a Wyoming resident or is  
8 transient, the Department is liable for all costs incurred  
9 pursuant to this Act; and

10 (v) "Transient" means a patient cannot provide an address  
11 for residency during the 30 days prior to being placed in  
12 Emergency Custody; neither being in a ~~treatment~~ Facility nor  
13 being incarcerated constitutes residency.

14 (vi) Neither the State nor any county is liable for costs  
15 incurred by a voluntary admittee.

16

17 25-10-902. Third Party Liability.

18 (a) Prior to seeking payment from a county or the Department, a  
19 ~~treatment~~ Facility must attempt to recover all costs from any  
20 and all third party insurance and benefit programs that may  
21 cover costs including, but not limited to: public and private  
22 insurance, the United States Veterans' Administration, and  
23 Indian Health Services of the United States Department of Health  
24 and Human Services.

1 (b) A treatment Facility is deemed to have fulfilled this  
2 obligation if it certifies that:

3 (i) the patient has no public or private health insurance  
4 or all such insurance has denied coverage for remaining costs  
5 and

6 (ii) the patient is not covered by a benefit program or all  
7 such programs have denied coverage for remaining costs.

8 (c) To the extent allowed by law, sSuch third parties are  
9 prohibited from requiring pre-authorization for emergency  
10 medical and Serious Mental Illness treatment during Emergency  
11 Custody .

12 (d) Counties and the Department have a subrogation right against  
13 third party insurers and benefit programs.

14

15 **25-10-903. No Patient Liability for Costs**

16 Billing a patient personally for costs incurred under this Act  
17 is prohibited. Third party insurance and benefit programs  
18 remain obligated to cover costs the same as if the patient was  
19 not in State custody.

20

21 **25-10-904. Costs.**

22 (a) Costs include treatment of Serious Mental Illness,  
23 transportation, necessary clothing, custodial care, supervision,  
24 and other services necessary under this Act.

Commented [CAR9]: Changed semicolon to comma

1 ~~(b) Costs specifically exclude treatment for pre-existing~~  
2 ~~medical conditions that are not directly related to the~~  
3 ~~cause caused by the of a patient's current Emergency~~  
4 ~~Custody Serious Mental Illness.~~

5 (c) Costs must be equivalent to the State Medicaid rate.

6 (d) Expenses for medical treatment for pre-existing conditions  
7 must be billed the same as for a patient who is not subject to  
8 this Act.

9 (e) Costs incurred by a voluntary admittee are not covered under  
10 this Act.

11  
12 25-10-905. Fees.

13 (a) Fees include legal costs and fees for a patient's attorney  
14 and expert fees for any additional Examiner selected by a  
15 patient.

16 (b) The county in which a patient resides is liable for fees for  
17 the patient's attorney.

18 ~~(c) For patients who are not Wyoming residents or are~~  
19 ~~transient, the county where a patient was placed in Emergency~~  
20 ~~Custody is liable for fees for the patient's attorney.~~

21 ~~(d) The patient is liable for any expert fees.~~

22  
23 **Section 8.** W.S. 14-3-402(a)(xviii) is amended as follows:

Commented [CAR10]: Deleted extra space



1 "Ordinary medical care" means medical, dental and vision  
2 examinations, routine medical, dental and vision treatment, ~~and~~  
3 emergency surgical procedures, and emergency mental illness  
4 treatment but does not include nonemergency surgical procedures;

5  
6 **Section 9.** All laws in conflict herewith are repealed to  
7 the extent of such conflict. However, all open cases filed  
8 pursuant to W.S. 25-10-101 through 25-10-129 remain open. Such  
9 cases will continue in accordance with this Act. A person in  
10 emergency detention under W.S. 25-10-109 is deemed in Emergency  
11 Custody; a person in involuntary hospitalization under W.S. 25-  
12 10-110 is deemed in Involuntary Hospitalization; and a person in  
13 directed outpatient commitment under W.S. 25-10-110.1 is deemed  
14 in Directed Outpatient Treatment. For open cases filed pursuant  
15 to, or otherwise subject to, W.S. 25-10-101 through 25-10-129,  
16 the start for time requirements in this Act is 8:00 a.m. on the  
17 business day after this Act becomes effective.

18  
19 **Section 10.** This Act is effective \_\_\_\_\_.

20

21

(END)