

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8 repealed.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 [CAR1]to
9 encourage voluntary treatment of Serious Mental Illness and
10 remove the stigma associated with Serious Mental Illness and
11 mental illness, generally.

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[CAR2]

23

24 (ii) emergency medical care;

1 (iii) Emergency Custody evaluation; and

2 (iv) monitoring the patient.

3 (er) "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 (sq) "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 (#t) "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 ~~a~~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 ~~a~~Act" ~~may includes,~~
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.

3
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~~[CAR3] with a primary purpose of
18 detaining 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.

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 Illnessto
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 attorneyneither 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 aand 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~~The 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~~the #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 fFacility holding the patient,
15 the county attorney, and the treatment coordinator.

16 -(CAR4)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 fFacility holding the patient must promptly release the patient
22 from Emergency Custody.

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 ~~f~~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[CAR5], the Court
12 may continue Emergency Custody of the patient for up to 21 days
13 from the date of the hearing or date that a stipulated order to
14 continue Emergency Custody is submitted to the Court.

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 or 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 ([CAR6]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

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)~~ [CAR7] The State Hospital may administer prescribed medication
2 to a patient without the patient's consent in accordance with
3 the 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;

- 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.

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.

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 **aAct.**
22 (b) If the county attorney determines a request to continue
23 Emergency Custody meets the requirements and intent of this
24 **aAct,** 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~~[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 fFacility
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 fFacility 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, such 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, [CAR9]
23 transportation, necessary clothing, custodial care, supervision,
24 and other services necessary under this Act.

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) [CAR10] 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:

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)