

B-Engrossed House Bill 2023

Ordered by the Senate May 29
Including House Amendments dated April 21 and Senate Amendments
dated May 29

Sponsored by Representatives KENY-GUYER, FREDERICK, GALLEGOS; Representatives BUEHLER, GREENLICK,
LIVELY, NOSSE, OLSON, Senators KNOPP, MONNES ANDERSON

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 policies for discharge planning involving patient who is hospitalized for mental health 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 be-
3 havioral health crisis.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS 441.015 to**
6 **441.063.**

7 **SECTION 2. (1) As used in this section:**

8 (a) **"Discharge" means the release of a patient from a hospital following admission to the**
9 **hospital.**

10 (b) **"Lay caregiver" means:**

11 (A) **For a patient who is younger than 14 years of age, a parent or legal guardian of the**
12 **patient.**

13 (B) **For a patient who is at least 14 years of age, an individual designated by the patient**
14 **or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and**
15 **109.675.**

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**
20 **that 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**
22 **to, discussing the patient's prescribed medications and the circumstances under which the**
23 **patient 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-**
25 **ate.**

26 (c) **Assessing the long-term needs of the patient including:**

27 (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) To the extent practicable, whether the patient can be properly cared for in the place**
3 **where the patient was residing when the patient presented at the hospital.**
4 **(d) A process to coordinate the patient’s care and transition the patient from an acute**
5 **care setting to outpatient treatment that may include community-based providers, peer**
6 **support, lay caregivers and others who can execute the patient’s care plan following dis-**
7 **charge.**
8 **(e) Scheduling follow-up appointments for no later than seven days after discharge or**
9 **documenting why the seven-day goal could not be met.**
10 **SECTION 3.** **Section 2 of this 2015 Act becomes operative on July 1, 2016.**

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