

House Bill 3090

Sponsored by Representative KENY-GUYER, Senator GELSER, Representatives GREENLICK, BUEHLER; Representatives FAHEY, HACK, HAYDEN, KOTEK, MARSH, MCLAIN, NOSSE, Senators BOQUIST, FREDERICK, STEINER HAYWARD

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 **as introduced**.

Requires hospital to apply discharge policy for release of patients admitted to hospital for mental health treatment to release of patients from emergency department following treatment for behavioral health crisis.

A BILL FOR AN ACT

Relating to hospital discharge procedures; amending ORS 441.196.

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

SECTION 1. ORS 441.196 is amended to read:

441.196. (1) As used in this section:

(a) **“Behavioral health crisis” means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health that would require a significantly higher level of care.**

[(a)] (b) “Discharge” means the release of a patient from:

(A) A hospital following admission to the hospital **for mental health treatment; or**

(B) **An emergency department following mental health treatment for a behavioral health crisis.**

[(b)] (c) “Lay caregiver” means:

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

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

(2) A hospital shall adopt and enforce policies for the discharge of a patient [*who is hospitalized for*] **following** mental health treatment. The policies must be publicly available and include, at a minimum, all of the following:

(a) Encouraging the patient to sign an authorization for the disclosure of information that is necessary for a lay caregiver to participate in the patient’s discharge planning and to provide appropriate support to the patient following discharge including, but not limited to, discussing the patient’s prescribed medications and the circumstances under which the patient or lay caregiver should seek immediate medical attention.

(b) Assessing the patient’s risk of suicide, with input from the lay caregiver if appropriate.

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

(A) The patient’s need for community-based services;

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

(C) To the extent practicable, whether the patient can be properly cared for in the place where

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 the patient was residing when the patient presented at the hospital.

2 (d) A process to coordinate the patient's care and transition the patient from an acute care
3 setting to outpatient treatment that may include community-based providers, peer support, lay
4 caregivers and others who can execute the patient's care plan following discharge.

5 (e) Scheduling follow-up appointments for no later than seven days after discharge or docu-
6 menting why the seven-day goal could not be met.

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