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1	SERVICE FOR PEOPLE WITH
2	DISABILITIES
3	2000 GENERAL SESSION
4	STATE OF UTAH
5	Sponsor: David L. Hogue
6	AN ACT RELATING TO HUMAN SERVICES; MODIFYING CERTAIN DEFINITIONS AND
7	PROVISIONS GOVERNING THE RESPONSIBILITY AND AUTHORITY OF THE DIVISION
8	OF SERVICES FOR PEOPLE WITH DISABILITIES; FORMALIZING THE MEDICAID
9	REQUIREMENT THAT PERSONS WITH DISABILITIES CAN MAKE A CHOICE OF
10	SERVICES; AND MAKING TECHNICAL CORRECTIONS.
11	This act affects sections of Utah Code Annotated 1953 as follows:
12	AMENDS:
13	62A-5-101, as last amended by Chapter 332, Laws of Utah 1996
14	62A-5-103, as last amended by Chapter 332, Laws of Utah 1996
15	62A-5-104, as last amended by Chapter 104, Laws of Utah 1992
16	62A-5-105, as last amended by Chapter 179, Laws of Utah 1996
17	62A-5-109, as last amended by Chapter 258, Laws of Utah 1995
18	62A-5-201, as last amended by Chapter 179, Laws of Utah 1996
19	62A-5-207, as last amended by Chapter 104, Laws of Utah 1992
20	62A-5-208, as last amended by Chapter 207, Laws of Utah 1991
21	62A-5-301, as last amended by Chapter 248, Laws of Utah 1996
22	62A-5-303, as last amended by Chapter 243, Laws of Utah 1996
23	62A-5-304, as last amended by Chapter 207, Laws of Utah 1991
24	62A-5-306, as last amended by Chapter 132, Laws of Utah 1993
25	62A-5-307, as last amended by Chapter 132, Laws of Utah 1993
26	62A-5-308, as last amended by Chapter 132, Laws of Utah 1993
27	62A-5-309, as last amended by Chapter 132, Laws of Utah 1993

28	62A-5-311, as last amended by Chapter 132, Laws of Utah 1993
29	62A-5-312, as last amended by Chapter 132, Laws of Utah 1993
30	62A-5-313, as last amended by Chapter 207, Laws of Utah 1991
31	62A-5-314, as last amended by Chapter 132, Laws of Utah 1993
32	62A-5-315, as enacted by Chapter 1, Laws of Utah 1988
33	62A-5-316, as enacted by Chapter 1, Laws of Utah 1988
34	62A-5-317, as enacted by Chapter 1, Laws of Utah 1988
35	62A-5-318, as enacted by Chapter 132, Laws of Utah 1993
36	62A-5-402, as last amended by Chapter 332, Laws of Utah 1996
37	62A-5-403, as last amended by Chapters 179 and 318, Laws of Utah 1996
38	62A-5a-103, as last amended by Chapter 276, Laws of Utah 1997
39	62A-6-101, as last amended by Chapter 108, Laws of Utah 1997
40	62A-6-102, as enacted by Chapter 1, Laws of Utah 1988
41	62A-6-103, as enacted by Chapter 1, Laws of Utah 1988
42	62A-6-105, as enacted by Chapter 1, Laws of Utah 1988
43	62A-6-107, as enacted by Chapter 1, Laws of Utah 1988
44	62A-6-108, as enacted by Chapter 1, Laws of Utah 1988
45	62A-6-110, as enacted by Chapter 1, Laws of Utah 1988
46	ENACTS:
47	62A-5-501 , Utah Code Annotated 1953
48	62A-5-502 , Utah Code Annotated 1953
49	Be it enacted by the Legislature of the state of Utah:
50	Section 1. Section 62A-5-101 is amended to read:
51	62A-5-101. Definitions.
52	As used in this chapter:
53	(1) "Board" means the Board of Services for People with Disabilities established in
54	accordance with Section 62A-1-105.
55	(2) "Developmental center" means the Utah State Developmental Center, established in
56	accordance with Part 2 of this chapter.
57	(3) "Director" means the director of the Division of Services for People with Disabilities.
58	(4) (a) "Disability" means a severe, chronic disability that:

59 (i) is attributable to a mental or physical impairment or a combination of mental and 60 physical impairments; (ii) is likely to continue indefinitely; 61 62 (iii) results in a substantial functional limitation in three or more of the following areas of major life activity: 63 (A) self-care: 64 (B) receptive and expressive language; 65 66 (C) learning; 67 (D) mobility; 68 (E) self-direction; 69 (F) capacity for independent living; or 70 (G) economic self-sufficiency; and 71 (iv) requires a combination or sequence of special interdisciplinary or generic care, 72 treatment, or other services that may continue throughout life and must be individually planned 73 and coordinated. 74 (b) For purposes of this chapter mental illness alone does not constitute a "disability." (5) "Division" means the Division of Services for People with Disabilities. 75 76 (6) "Mental retardation" means a significant, subaverage general intellectual functioning, 77 existing concurrently with deficits in adaptive behavior, and manifested during the developmental 78 period as defined in the current edition of the Diagnostic and Statistical Manual of Mental 79 Disorders, published by the American Psychiatric Association. 80 (7) "Mental retardation facility" means a residential facility for persons with mental 81 retardation, that receives state or federal funds under Title XIX of the federal Social Security Act, 82 for the purpose of serving the population of mentally retarded persons in this state. 83 [(8) "Approved provider" means a person who has been approved by the division to 84 provide home-based services and who has agreed to be compensated by voucher under Part 4.] [(9) "Voucher" means a document that:] 85 [(a) is issued by the division to a person with a disability or to his parent or guardian;] 86 87 [(b) describes the services and supports that may be received with the voucher;] 88 [(c) lists approved providers;] 89 [(d) may be used by a person with a disability or his parent or guardian to purchase

90	services and supports from an approved provider;]
91	[(e) includes a maximum dollar value;]
92	[(f) states the period of time within which the voucher must be used by the person with a
93	disability or his parent or guardian to purchase services and supports; and]
94	[(g) is redeemable by an approved provider for payment by the division up to the dollar
95	value of the voucher.]
96	Section 2. Section 62A-5-103 is amended to read:
97	62A-5-103. Responsibility and authority of division.
98	The division has the authority and responsibility to:
99	(1) plan, develop, and manage an array of services and supports for persons with
100	disabilities and their families throughout the state[. Those services and supports may include, but
101	are not limited to] including any or all of the following services:
102	[(a) residential services and supports;]
103	[(b) day training services and supports, including work activity, sheltered employment, and
104	supported employment;]
105	[(c) personal attendant care;]
106	[(d) apartment follow-along;]
107	[(e) supervised apartment living;]
108	[(f) respite care;]
109	[(g) specialized foster care;]
110	[(h) community skills training;]
111	[(i) transportation;]
112	[(j) assessment;]
113	[(k) family support;]
114	[(1) service coordination services, except as limited by Part 4; and]
115	[(m) home-based services, provided in accordance with Part 4;]
116	(a) community living services and supports;
117	(b) supported employment and other day services and supports;
118	(c) family support, including respite care;
119	(d) personal assistant services;
120	(e) community skills training;

121	(f) transportation;
122	(g) assessment and service planning;
123	(h) support coordination;
124	(i) intermediate care services; and
125	(j) housing assistance;
126	(2) establish either directly or by contract with private, nonprofit organizations, programs
127	of outreach, information and referral, prevention, technical assistance, and public awareness, in
128	an effort to enhance the quality of life for persons with disabilities in this state;
129	(3) supervise the programs and facilities operated by or under contract with the division;
130	(4) (a) cooperate with other state, governmental, and private agencies that provide services
131	to persons with disabilities; and
132	(b) ensure that the constitutionally protected liberty interests of persons with disabilities
133	are not deprived without due process procedures designed to minimize the risk of error when those
134	persons are admitted to any structured residential mental retardation facility, including the
135	developmental center and facilities within the community such as intermediate care facilities for
136	[the mentally retarded] persons with mental retardation. Those services shall include initial and
137	periodic reviews to determine the constitutional appropriateness of the placement. The
138	constitutional due process review process required by this subsection, with regard to intermediate
139	care facilities for [the mentally retarded] persons with mental retardation, does not necessitate
140	commitment to the division;
141	(5) contract for services and supports for persons with disabilities;
142	(6) approve and monitor approved providers;
143	(7) act as a fiscal agent to receive and disburse funds;
144	(8) establish standards and rules for the administration and operation of programs operated
145	by or under contract with the division;
146	(9) approve and monitor division programs to insure compliance with the board's policies
147	and standards;
148	(10) establish standards and rules necessary to fulfill the division's responsibilities under
149	Parts 2 and 3 of this chapter with regard to mental retardation facilities;
150	(11) establish and collect fair and equitable fees for services provided by the division, and

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account for those funds;

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(12) establish rules governing the admission, transfer, and discharge of persons with disabilities to mental retardation facilities, in accordance with state law, with regard to facilities and programs operated by or under contract with the division, and with regard to facilities and programs that serve persons committed to the division under Part 3; (13) manage funds for a person residing in a facility operated by the division, upon request of [a parent or] the person or the person's guardian, or under administrative or court order; and (14) fulfill the responsibilities described in Chapter 5a. Section 3. Section **62A-5-104** is amended to read: 62A-5-104. Director -- Qualifications -- Responsibilities. (1) The director of the division shall be appointed by the executive director with the concurrence of the board. (2) The director shall have a bachelor's degree from an accredited university or college, be experienced in administration, and be knowledgeable in developmental disabilities, particularly mental retardation, and other disabilities. (3) The director is the administrative head of the division. (4) The director shall appoint the superintendent of the developmental center and the necessary and appropriate administrators for other facilities operated by the division with the concurrence of the executive director and the board. Section 4. Section **62A-5-105** is amended to read: 62A-5-105. Board -- Membership -- Responsibilities. (1) At least one member of the board, established in accordance with Sections 62A-1-105 and 62A-1-107, shall be a person whose life or family is directly affected by a disability, and at least one other board member shall be a person with a [disability] developmental disability and who is eligible for or receives division services. (2) The board shall report annually to the governor. The executive director shall mediate any differences which arise between the policies of the board and those of any other policy board in the department.

(4) The board has the power and responsibility to set policy for the division, the

the director, and establish policies for the assessment and collection of fees.

on existing programs and services to persons with disabilities, recommend new program areas to

(3) The board shall review rules necessary to carry out the purposes of this part, comment

developmental center, and for other programs and facilities operated by or under contract with the division.

Section 5. Section **62A-5-109** is amended to read:

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62A-5-109. Parent liable for cost and support of minor -- Guardian liable for costs.

- (1) Parents of a person under 18 years old who receives services or support from the division, who are financially responsible, are liable for the cost of the actual care and maintenance of that person and for the support of the child in accordance with Title 78, Chapter 45, Uniform Civil Liability for Support Act, and Title 62A, Chapter 11, [Public Support of Children Act until he reaches 18 years of age] Recovery Services.
- (2) A guardian of a person who receives services or support from the division is liable for the cost of actual care and maintenance of that person, regardless of [his] the person's age, where funds are available in the guardianship estate established on [his] the person's behalf for that purpose. However, if the person who receives services is a beneficiary of a trust created in accordance with Section 62A-5-110, or if the guardianship estate meets the requirements of a trust described in that section, the trust income prior to distribution to the beneficiary, and the trust principal are not subject to payment for services or support for that person.
- (3) If, at the time a person who receives services or support from the division is discharged from [a facility or program owned or operated by or under contract with] services of the division. or after the death and burial of a resident of the developmental center, there remains in the custody of the division or the superintendent any money paid by a parent or guardian for the support or maintenance of that person, it shall be repaid upon demand.

Section 6. Section **62A-5-201** is amended to read:

62A-5-201. Utah State Developmental Center.

- (1) The facility for persons with mental retardation located in American Fork City, Utah County, shall be known as the "Utah State Developmental Center."
- (2) Within appropriations authorized by the Legislature, the role and function of the developmental center is to:
- (a) provide [care] comprehensive residential, services, and [treatment] support to persons described in Subsection (3); and
- 212 (b) provide the following services and supports to persons with disabilities who do not reside at the developmental center:

214	[(i) psychiatric testing;]
215	[(ii)] (i) specialized medical and dental treatment and evaluation;
216	[(iii) family and client special]
217	(ii) crisis intervention;
218	[(iv) crisis management;]
219	[(v)] (iii) professional services, such as occupational therapy, physical therapy, speech
220	therapy, [and] audiology, and psychology services; and
221	[(vi)] (iv) professional [services] supports, such as education, evaluation, and consultation,
222	for families, public organizations, providers of home and community [and family support] based
223	services, and courts.
224	(3) Within appropriations authorized by the Legislature, notwithstanding the provisions
225	of Part 3 of this chapter, after October 1, 1997, only the following persons may be residents of, be
226	admitted to, or receive care, services, or treatment at the developmental center:
227	(a) persons with mental retardation;
228	(b) persons who receive services and supports under Subsection (2)(b); and
229	(c) persons who require at least one of the following services from the developmental
230	center:
231	(i) continuous medical care;
232	(ii) intervention for conduct that is dangerous to self or others; or
233	(iii) temporary residential assessment and evaluation.
234	(4) The division [shall, in its discretion, place residents] may transfer persons from the
235	developmental center into appropriate less restrictive placements and shall determine each year the
236	number to be placed based upon the individual assessed needs of the [residents] persons. The
237	division shall confer with parents and guardians to ensure the most appropriate placement for each
238	[resident] person.
239	(5) Within appropriations authorized by the Legislature, notwithstanding the provisions
240	of Subsection (3) and Part 3 of this chapter, after June 30, 1996, a person who is under 18 years
241	of age may be a resident of, admitted to, or receive care, services, or treatment at the
242	developmental center only if the director certifies in writing that the developmental center is the
243	most appropriate placement for that person. This restriction does not apply to persons who receive
244	services and supports under Subsection (2)(b).

245	Section 7. Section 62A-5-207 is amended to read:
246	62A-5-207. Superintendent Qualifications.
247	The superintendent of the developmental center, appointed in accordance with Subsection
248	62A-5-104(4), shall have a bachelor's degree from an accredited university or college, be
249	experienced in administration, and be knowledgeable in developmental disabilities [and].
250	particularly mental retardation.
251	Section 8. Section 62A-5-208 is amended to read:
252	62A-5-208. Powers and duties of superintendent.
253	The chief administrative officer of the developmental center is the superintendent, [and has
254	the following powers and duties] who shall:
255	(1) [to] manage the developmental center and administer the division's rules governing the
256	developmental center;
257	(2) [to] hire, control, and remove all employees, and to fix their compensation according
258	to state law; and
259	(3) with the approval of the division, [to] make any expenditures necessary in the
260	performance of his duties.
261	Section 9. Section 62A-5-301 is amended to read:
262	62A-5-301. Definitions.
263	As used in this part:
264	(1) "Designated mental retardation professional" means:
265	(a) a psychologist licensed under Title 58, Chapter 25a, who has either one year of
266	specialized training in diagnostic work with persons with mental retardation or one year of clinical
267	experience with persons with mental retardation and who has been designated by the division as
268	specially qualified, by training and experience, in the [treatment] assessment of mental retardation;
269	or
270	(b) a clinical or certified social worker licensed under Title 58, Chapter 60, Mental Health
271	Professional Practice Act, who has two years of clinical experience with persons with mental
272	retardation and who has been designated by the division as specially qualified, by training and
273	experience, in [the treatment of] working with people with mental retardation.
274	(2) "Licensed physician" means an individual licensed to practice medicine under Section
275	58-67-301, Utah Medical Practice Act, Section 58-68-301, Utah Osteopathic Medical Practice Act,

or a medical officer of the United States Government while in this state in the performance of official duties.

- (3) "Mental retardation facility" means a residential facility for persons with mental retardation, that receives state or federal funds under Title XIX of the federal Social Security Act, for the purpose of serving the population of mentally retarded persons in this state.
- [(4) "Resident" means an individual under observation, care, or treatment in a mental retardation facility.]
- [(5)] (4) "Review committee" means a committee established under Section 62A-5-303 to review and approve or disapprove voluntary commitments to the division and admissions to mental retardation facilities in accordance with this part.
 - Section 10. Section **62A-5-303** is amended to read:

62A-5-303. Admission committee -- Voluntary commitment.

- (1) (a) The division shall appoint a review committee of designated mental retardation professionals <u>and others with relevant training and experience</u> to four-year terms to review and approve or disapprove voluntary, adult commitments to the division under Section 62A-5-307.
- (b) Notwithstanding the requirements of Subsection (1)(a), the division shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.
- (c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.
- (2) (a) Members shall receive no compensation or benefits for their services, but may receive per diem and expenses incurred in the performance of the member's official duties at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
 - (b) Members may decline to receive per diem and expenses for their service.
- (3) The review committee shall determine whether there is clear and convincing evidence that:
 - (a) the individual to be committed has mental retardation;
 - (b) because of that mental retardation, one or more of the following conditions exist:
 - (i) the individual poses an immediate danger of physical injury to self or others;
- 305 (ii) the individual lacks the capacity to provide the basic necessities of life, such as food, 306 clothing, or shelter; or

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individual has mental retardation;

(iii) the individual is in immediate need of [habilitation, rehabilitation, care, or treatment] specialized services and supports to minimize the effects of the condition which poses a threat of serious physical or psychological injury to the individual, and the individual lacks the capacity to engage in a rational decision-making process concerning the need for [habilitation, rehabilitation, care, or treatment] specialized services and supports, as evidenced by an inability to weigh the possible costs and benefits of the [care or treatment] services and the alternatives [to it]; (c) there is no appropriate, less restrictive alternative reasonably available as certified by the division: and (d) the facility or program in which the individual is to be committed can provide the individual with [treatment, care, habilitation, or rehabilitation] the specialized services and supports that [is] are adequate and appropriate to the individual's condition and needs. Section 11. Section **62A-5-304** is amended to read: 62A-5-304. Limited admission of persons convicted of felony offenses. A person with mental retardation who has been convicted of a felony, or if a minor, of a crime that would constitute a felony if committed by an adult, may not be admitted to a mental retardation facility unless it is determined by the division, in accordance with the provisions of this part and other state law, that the person may benefit from [treatment in] services of that facility. Section 12. Section **62A-5-306** is amended to read: 62A-5-306. Application -- Affidavit. An application by or on behalf of an individual 18 years of age or older for whom voluntary commitment to the division is sought under Section 62A-5-307 shall: (1) be in the form prescribed by the division; and (2) be accompanied by an affidavit of a physician, or designated mental retardation professional stating: (a) that the physician or designated mental retardation professional has completed diagnostic testing of the individual within the last three months; (b) the diagnosis of the individual and the date of that diagnosis; (c) that in the opinion of the physician or designated mental retardation professional the

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(d) one or more of the conditions described in Subsection $62A-5-303[\frac{(2)}{(2)}](3)$ exist; and

(e) if the individual is over the age of 18, and seeks voluntary commitment, that in the

338	physician or designated mental retardation professional's opinion the individual has the mental
339	capacity for informed consent.
340	Section 13. Section 62A-5-307 is amended to read:
341	62A-5-307. Voluntary commitment.
342	The director of the division, or [his] the director's designee, may commit to the division,
343	for observation, diagnosis, care, and treatment any individual 18 years of age or older, who:
344	(1) has mental retardation or has symptoms of mental retardation;
345	(2) files a voluntary application for commitment that includes an affidavit in compliance
346	with Section 62A-5-306;
347	(3) has not been coerced into submitting the application; and
348	(4) has been reviewed and approved by the division's review committee.
349	Section 14. Section 62A-5-308 is amended to read:
350	62A-5-308. Commitment Persons under age 18.
351	Beginning July 1, 1993, the director of the division or [his] the director's designee, may
352	commit an individual under 18 years of age who has mental retardation or symptoms of mental
353	retardation, to the division for observation, diagnosis, care, and treatment if that commitment is
354	based on:
355	(1) involuntary commitment under the provisions of Section 62A-5-312. Proceedings for
356	involuntary commitment of an individual under 18 years of age may be commenced by filing a
357	written petition with the juvenile court under Section 62A-5-312. The juvenile court has
358	jurisdiction to proceed in the same manner and with the same authority as the district court; or
359	(2) an emergency commitment in accordance with the provisions of Section 62A-5-311.
360	Section 15. Section 62A-5-309 is amended to read:
361	62A-5-309. Commitment Person 18 years or older.
362	Beginning July 1, 1993, the director or [his] the director's designee may commit to the
363	division an individual 18 years of age or older who has mental retardation, for observation,
364	diagnosis, care, and treatment if that commitment is based on:
365	(1) involuntary commitment under the provisions of Section 62A-5-312;
366	(2) voluntary commitment under the provisions of Section 62A-5-307; or
367	(3) temporary emergency commitment under the provisions of Section 62A-5-311.
368	Section 16. Section 62A-5-311 is amended to read:

62A-5-311. Temporary emergency commitment -- Observation and evaluation.

(1) The director of the division or [his] the director's designee may temporarily commit an individual to the division and therefore, as a matter of course, to a mental retardation facility for observation and evaluation upon:

- (a) written application by a responsible person who has reason to know that the individual is in need of commitment, stating:
- (i) a belief that the individual has mental retardation and is likely to cause serious injury to self or others if not immediately committed;
 - (ii) personal knowledge of the individual's condition; and
 - (iii) the circumstances supporting that belief;

- (b) certification by a licensed physician or designated mental retardation professional stating that the physician or designated mental retardation professional:
- (i) has examined the individual within a three-day period immediately preceding the certification; and
- (ii) is of the opinion that the individual has mental retardation, and that because of the individual's mental retardation is likely to injure self or others if not immediately committed.
- (2) If the individual in need of commitment is not placed in the custody of the director or [his] the director's designee by the person submitting the application, the director or [his] the director's designee may certify, either in writing or orally, that the individual is in need of immediate [commitment] services to prevent injury to self or others.
- (3) Upon receipt of the application required by Subsection (1)(a) and the certifications required by Subsection (1)(b) and Subsection (2), a peace officer may take the individual named in the application and certificates into custody, and may transport the individual to a designated mental retardation facility.
- (4) (a) An individual committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time, the individual shall be released unless proceedings for involuntary commitment have been commenced under Section 62A-5-312.
- (b) After proceedings for involuntary commitment have been commenced the individual shall be released unless:
 - (i) the individual has made voluntary application for commitment in accordance with

400 Section 62A-5-307; or

(ii) an order of detention is issued in accordance with Section 62A-5-312.

(5) If an individual is committed to the division under this section on the application of any person other than the individual's legal guardian, spouse, parent, or next of kin, the director or [his] the director's designee shall immediately give notice of the commitment to the individual's legal guardian, spouse, parent, or next of kin, if known.

Section 17. Section **62A-5-312** is amended to read:

62A-5-312. Involuntary commitment -- Procedures -- Necessary findings -- Periodic review.

- (1) Any responsible person who has reason to know that an individual is in need of commitment, who has a belief that the individual has mental retardation, and who has personal knowledge of the conditions and circumstances supporting that belief, may commence proceedings for involuntary commitment by filing a written petition with the district court, or if the subject of the petition is less than 18 years of age with the juvenile court, of the county in which the individual to be committed is physically located at the time the petition is filed. The application shall be accompanied by:
- (a) a certificate of a licensed physician or a designated mental retardation professional, stating that within a seven-day period immediately preceding the certification, the physician or designated mental retardation professional examined the individual and believes that the individual [is mentally retarded] has mental retardation and is in need of involuntary commitment; or
- (b) a written statement by the petitioner stating that the individual was requested but refused to submit to an examination for mental retardation by a licensed physician or designated mental retardation professional, and that the individual refuses to voluntarily go to the division or a mental retardation facility recommended by the division for treatment. That statement shall be under oath and set forth the facts on which it is based.
- (2) Before issuing a detention order, the court may require the petitioner to consult with personnel at the division or at a mental retardation facility and may direct a designated mental retardation professional to interview the petitioner and the individual to be committed, to determine the existing facts, and to report them to the court.
- (3) The court may issue a detention order and may direct a peace officer to immediately take the individual to a mental retardation facility to be detained for purposes of an examination

if the court finds from the petition, from other statements under oath, or from reports of physicians or designated mental retardation professionals that there is a reasonable basis to believe that the individual to be committed:

(a) poses an immediate danger of physical injury to self or others;

- (b) requires involuntary commitment pending examination and hearing;
- (c) the individual was requested but refused to submit to an examination by a licensed physician or designated mental retardation professional; or
- (d) the individual refused to voluntarily go to the division or to a mental retardation facility recommended by the division.
- (4) (a) If the court issues a detention order based on an application that did not include a certification by a designated mental retardation professional or physician in accordance with Subsection (1)(a), the director or [his] the director's designee shall within 24 hours after issuance of the detention order, excluding Saturdays, Sundays, and legal holidays, examine the individual, report the results of the examination to the court and inform the court:
- (i) whether the director or [his] the director's designee believes that the individual [is mentally retarded] has mental retardation;
- (ii) whether the individual is capable of giving informed consent and has agreed to voluntary admission under Section 62A-5-307; and
- (iii) whether appropriate [treatment programs] services and supports are available and acceptable without court proceedings.
- (b) If the report of the director or [his] the director's designee is based on an oral report of the examiner, the examiner shall immediately send the results of the examination in writing to the clerk of the court.
- (5) Immediately after an individual is involuntarily committed under a detention order or under Section 62A-5-311, the director or [his] the director's designee shall inform the individual, orally and in writing, of [his] the individual's right to communicate with an attorney. If an individual desires to communicate with an attorney, the director or [his] the director's designee shall take immediate steps to assist the individual in contacting and communicating with an attorney.
- (6) (a) Immediately after commencement of proceedings for involuntary commitment, the court shall give notice of commencement of the proceedings to:

462 (i) the individual to be committed; 463 (ii) the applicant; 464 (iii) any legal guardian of the individual: 465 (iv) adult members of the individual's immediate family; (v) legal counsel of the individual to be committed, if any; 466 467 (vi) the division; and (vii) any other person to whom the individual requests, or the court designates, notice to 468 469 be given. 470 (b) If an individual cannot or refuses to disclose the identity of persons to be notified, the 471 extent of notice shall be determined by the court. 472 (7) That notice shall: 473 (a) set forth the allegations of the petition and all supporting facts; 474 (b) be accompanied by a copy of any detention order issued under Subsection (3); and 475 (c) state that a hearing will be held within the time provided by law, and give the time and 476 place for that hearing. 477 (8) The court may transfer the case and the custody of the individual to be committed to 478 any other district court within the state, if: 479 (a) there are no appropriate facilities for persons with mental retardation within the judicial 480 district; and 481 (b) the transfer will not be adverse to the interests of the individual. 482 (9) (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any order 483 or commitment under a detention order, the court shall appoint two designated mental retardation 484 professionals to examine the individual. If requested by the individual's counsel, the court shall 485 appoint a reasonably available, qualified person designated by counsel to be one of the examining 486 designated mental retardation professionals. The examinations shall be conducted: 487 (i) separately; 488 (ii) at the home of the individual to be committed, a hospital, a facility for person's with 489 mental retardation, or any other suitable place not likely to have a harmful effect on the individual; 490 and 491 (iii) within a reasonable period of time after appointment of the examiners by the court.

(b) The court shall set a time for a hearing to be held within [10] ten court days of the

appointment of the examiners. However, the court may immediately terminate the proceedings and dismiss the application if, prior to the hearing date, the examiners, the director, or [his] the director's designee informs the court that:

- (i) the individual [is] does not [mentally retarded] have mental retardation;
- (ii) the individual has agreed to voluntary commitment under Section 62A-5-307; or
- (iii) treatment programs are available and acceptable without court proceedings.
- (10) (a) Each individual has the right to be represented by counsel at the commitment hearing and in all preliminary proceedings. If neither the individual nor others provide counsel, the court shall appoint counsel and allow sufficient time for counsel to consult with the individual prior to any hearing.
- (b) If the individual is indigent, the county in which the individual was physically located when taken into custody shall pay reasonable attorneys' fees as determined by the court.
- (11) The division or a designated mental retardation professional in charge of the individual's care shall provide all documented information on the individual to be committed and to the court at the time of the hearing. The individual's attorney shall have access to all documented information on the individual at the time of and prior to the hearing.
- (12) (a) The court shall provide an opportunity to the individual, the petitioner, and all other persons to whom notice is required to be given to appear at the hearing, to testify, and to present and cross-examine witnesses.
 - (b) The court may, in its discretion:

- (i) receive the testimony of any other person;
- (ii) allow a waiver of the right to appear only for good cause shown;
- (iii) exclude from the hearing all persons not necessary to conduct the proceedings; and
- (iv) upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiner.
- (c) The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the individual. The Utah Rules of Evidence apply, and the hearing shall be a matter of court record. A verbatim record of the proceedings shall be maintained.
- (13) The court may order commitment if, upon completion of the hearing and consideration of the record, it finds by clear and convincing evidence that all of the following

524 conditions are met:

- (a) the individual to be committed [is mentally retarded] has mental retardation;
- 526 (b) because of the individual's mental retardation one or more of the following conditions 527 exist:
 - (i) the individual poses an immediate danger of physical injury to self or others;
 - (ii) the individual lacks the capacity to provide the basic necessities of life, such as food, clothing, or shelter; or
 - (iii) the individual is in immediate need of [habilitation, rehabilitation, care, or treatment] specialized services and supports to minimize the effects of the condition which poses a threat of serious physical or psychological injury to the individual, and the individual lacks the capacity to engage in a rational decision-making process concerning the need for [habilitation, rehabilitation, care, or treatment] services, as evidenced by an inability to weigh the possible costs and benefits of the [care or treatment] services and the alternatives [to it];
 - (c) there is no appropriate, less restrictive alternative reasonably available; and
 - (d) the division or the mental retardation facility recommended by the division in which the individual is to be committed can provide the individual with [treatment, care, habilitation, or rehabilitation that is] services and supports that are adequate and appropriate to the individual's condition and needs.
 - (14) In the absence of any of the required findings by the court, described in Subsection (13), the court shall dismiss the proceedings.
 - (15) (a) The order of commitment shall designate the period for which the individual will be committed. An initial commitment may not exceed six months. Before the end of the initial commitment period, the administrator of the facility for persons with mental retardation shall commence a review hearing on behalf of the individual.
 - (b) At the conclusion of the review hearing, the court may issue an order of commitment for up to a one-year period.
 - (16) An individual committed under this part has the right to a rehearing, upon filing a petition with the court within 30 days after entry of the court's order. If the petition for rehearing alleges error or mistake in the court's findings, the court shall appoint one impartial licensed physician and two impartial designated mental retardation professionals who have not previously been involved in the case to examine the individual. The rehearing shall, in all other respects, be

conducted in accordance with this part.

(17) (a) The court shall maintain a current list of all individuals under its orders of commitment. That list shall be reviewed in order to determine those [patients] persons who have been under an order of commitment for the designated period.

- (b) At least two weeks prior to the expiration of the designated period of any commitment order still in effect, the court that entered the original order shall inform the director of the division of the impending expiration of the designated commitment period.
 - (c) The staff of the division shall immediately:
- (i) reexamine the reasons upon which the order of commitment was based and report the results of the examination to the court;
- (ii) discharge the [resident] person from involuntary commitment if the conditions justifying commitment no longer exist; and
 - (iii) immediately inform the court of any discharge.
- (d) If the director of the division reports to the court that the conditions justifying commitment no longer exist, and the administrator of the mental retardation facility does not discharge the individual at the end of the designated period, the court shall order the immediate discharge of the individual, unless involuntary commitment proceedings are again commenced in accordance with this section.
- (e) If the director of the division, or [his] the director's designee reports to the court that the conditions designated in Subsection (13) still exist, the court may extend the commitment order for up to one year. At the end of any extension, the individual must be reexamined in accordance with this section, or discharged.
- (18) When a resident is discharged under this subsection, the division shall provide any further support services available and required to meet the [resident's] person's needs.
 - Section 18. Section **62A-5-313** is amended to read:

62A-5-313. Transfer -- Procedures.

- (1) The director of the division, or [his] the director's designee, may place an involuntarily committed [resident] person in appropriate care or treatment outside the mental retardation facility. During that placement, the order of commitment shall remain in effect, until the [resident] person is discharged or the order is terminated.
 - (2) If the [resident, or his] person, or the person's parent or guardian, objects to a proposed

placement under this section, [he] the person, parent, or guardian may appeal the decision to the executive director or [his] the director's designee. Those appeals shall be conducted in accordance with the procedures and requirements of Title 63, Chapter 46b, Administrative Procedures Act. If an objection is made, the proposed placement may not take effect until the committee holds that hearing and the executive director makes a final decision on the placement.

Section 19. Section **62A-5-314** is amended to read:

62A-5-314. Release of person voluntarily committed -- Exceptions.

A person who has been voluntarily committed who requests release, or whose release is requested in writing by [his] the person's legal guardian, parent, spouse, or adult next of kin, shall be immediately released except that:

- (1) if the person is 18 years of age or older and was voluntarily admitted on [his] that person's own application, the release shall be conditioned upon the agreement of the [resident] person; and
- (2) if the director or [his] the director's designee[5] believes that release of a [resident] person, committed under Section 62A-5-307, 62A-5-308, or 62A-5-309 would pose an immediate danger of physical injury to self or others, release of that [resident] person may be postponed for up to 48 hours, excluding Saturdays, Sundays, and legal holidays. Within that time period, the director or [his] the director's designee may initiate involuntary commitment proceedings in the district or juvenile court. The director or [his] the director's designee shall give the [resident] person immediate written notice of postponement of release and the reasons for that postponement.

Section 20. Section **62A-5-315** is amended to read:

62A-5-315. Petition for reexamination.

- (1) A [resident] person committed under Section 62A-5-312, or [his] that person's parent, spouse, legal guardian, relative, or attorney, may file a petition for reexamination with the district court of the county in which the [resident] person is domiciled or detained.
- (2) Upon receipt of that petition, the court shall conduct proceedings under Section 62A-5-312. If the petition is filed sooner than six months after the issuance of an order of indeterminate involuntary commitment, the court may delay commencing proceedings until that six-month period has ended, unless good cause for holding a hearing before the end of that six-month period exists.
 - Section 21. Section **62A-5-316** is amended to read:

62A-5-316. Temporary detention.

Pending removal to a mental retardation facility, an individual taken into custody or ordered to be committed under this part may be detained in [his or her] the person's home, or in some other suitable facility. The individual shall not, however, be detained in a nonmedical facility used for detention of individuals charged with or convicted of penal offenses, except in a situation of extreme emergency. The division shall take reasonable measures, as may be necessary, to assure proper care of an individual temporarily detained under this part.

Section 22. Section **62A-5-317** is amended to read:

62A-5-317. Authority to transfer resident.

- (1) The administrator of a mental retardation facility, or [his] the administrator's designee, may transfer or authorize the transfer of a [resident] person to another mental retardation facility if, before the transfer, the administrator conducts a careful evaluation of the [resident and his treatment] person and the person's service needs, and determines that a transfer would be in the best interest of that [resident] person. If a [resident] person is transferred, the administrator shall give immediate notice of the transfer to the [resident's] person's spouse, guardian, or parent[, or advocate appointed under Section 62A-5-303] or, if none of those persons are known, to the [resident's] person's nearest known relative.
- (2) If a [resident, or his] person, or the person's parent or guardian, objects to a proposed transfer under this section, the administrator shall conduct a hearing on the objection before a committee composed of persons selected by the administrator. That committee shall hear all evidence and make a recommendation to the administrator concerning the proposed transfer. The transfer may not take effect until the committee holds that hearing and the administrator renders a final decision on the proposed transfer.

Section 23. Section **62A-5-318** is amended to read:

62A-5-318. Involuntary treatment with medication -- Committee -- Findings.

- (1) If, after commitment, a [resident] <u>person</u> elects to refuse treatment with medication, the director, the administrator of the facility for persons with mental retardation, or a designee, shall submit documentation regarding the [resident's] <u>person's</u> proposed treatment to a committee composed of:
- (a) a licensed physician experienced in treating persons with mental retardation and related disabilities, who is not directly involved in the [resident's] person's treatment or diagnosis, and who

is not biased toward any one facility;

(b) a psychologist who is a designated mental retardation professional who is not directly involved in the resident's treatment or diagnosis; and

- (c) another designated mental retardation professional of the facility for persons with mental retardation, or a designee.
- (2) Based upon the court's finding, under Subsection 62A-5-312(13), that the [resident] person lacks the ability to engage in a rational decision-making process regarding the need for [habilitation, rehabilitation, care, or treatment] specialized services and supports, as demonstrated by evidence of inability to weigh the possible costs and benefits of treatment, the committee may authorize involuntary treatment with medication if it determines that:
- (a) the proposed treatment is in the medical best interest of the [resident] person, taking into account the possible side effects as well as the potential benefits of the medication; and
- (b) the proposed treatment is in accordance with prevailing standards of accepted medical practice.
- (3) In making the determination described in Subsection (2), the committee shall consider the [resident's] person's general history and present condition, the specific need for medication and its possible side effects, and any previous reaction to the same or comparable medication.
- (4) Any authorization of involuntary treatment under this section shall be periodically reviewed in accordance with rules promulgated by the division.
 - Section 24. Section **62A-5-402** is amended to read:

62A-5-402. Scope of services -- Principles.

- [(1) (a) To enable a person with a disability and his family to select services and supports that best suit their needs and preferences, the division shall, within appropriations from the Legislature, provide services and supports under this part by giving vouchers or direct financial assistance to the parent or guardian of a person with a disability who resides at home.]
- [(b) The dollar value of a voucher or direct financial assistance is determined by the division based on appropriations from the Legislature and the needs of the person with a disability.]
- [(c) In determining whether to provide either a voucher or direct financial assistance to the family, the division shall consider:]
- [(i) the family's preference; and]

679	[(ii) the availability of qualified providers in the area where the family resides.]
680	[(d) If the division provides direct financial assistance, it may require the family to account
681	for the use of that financial assistance.]
682	[(e) When the division provides a voucher or direct financial assistance, the division shall
683	tell the person with a disability or his parent or guardian how long the voucher or direct financial
684	assistance is intended to provide services and supports before the next voucher or direct financial
685	assistance is issued.]
686	[(f) Except for eligibility determination services directly connected to the provision of the
687	voucher or direct financial assistance, service coordination is not provided under this part by the
688	division unless the person with a disability or his parent or guardian uses the voucher or direct
689	financial assistance to purchase such services.]
690	[(g) A voucher may only be redeemed with a qualified provider.]
691	[(2)] The following principles shall be used as the basis for supporting families who care
692	for family members with disabilities:
693	[(a)] (1) all children, regardless of disability, should reside in a family-like environment;
694	[(b)] (2) families should receive the support they need to care for their children at home;
695	[(c)] (3) services should focus on the person with a disability but should also consider the
696	entire family;
697	[(d)] (4) services should be sensitive to the unique needs, preferences, and strengths of
698	individual families; and
699	[(e)] (5) services should complement and reinforce existing sources of help and support
700	that are available to each family.
701	Section 25. Section 62A-5-403 is amended to read:
702	62A-5-403. Services for persons under 11 years of age.
703	(1) Except as provided in Subsection (2), after June 30, 1996, the division may not provide
704	residential services to persons with disabilities who are under 11 years of age.
705	(2) The prohibition of Subsection (1) does not include residential services that are
706	provided:

(a) for persons in the custody of the Division of Child and Family Services;

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(b) under a plan for home-based services, including respite and temporary residential care or services provided by a professional parent under contract with the division; or

710	(c) after a written finding by the director that out-of-home residential placement is the most
711	appropriate way to meet the needs of the person with disabilities and [his] the person's family.
712	Section 26. Section 62A-5-501 is enacted to read:
713	Part 5. Portability Between Home and Community-based Services and Services in an
714	Intermediate Care Facility for Persons with Mental Retardation
715	<u>62A-5-501.</u> Definitions.
716	As used in this part:
717	(1) "Annual open enrollment period" means a defined period of time each year during
718	which all eligible persons will be informed of the service venues that might be available to them
719	and within which those persons will be invited to declare their interest in either continuing in their
720	current residential services or making a change of venues.
721	(2) "Home and community-based waiver services" means the array of services and
722	supports defined by Utah's "Home and Community-Based Services Waiver for Individuals with
723	Mental Retardation and Other Developmental Disabilities."
724	(3) "Intermediate care facility for persons with mental retardation" means a licensed
725	state-operated or privately operated residential center that meets and maintains the standards for
726	that designation as defined by Title XIX of the Social Security Act.
727	(4) "Portability" means the physical transfer of eligible persons between intermediate care
728	facilities for persons with mental retardation and home and community-based waiver services.
729	Section 27. Section 62A-5-502 is enacted to read:
730	62A-5-502. Division duties.
731	(1) The division shall apply this part to assure reasonable and appropriate choice of
732	services and service providers by persons who qualify for and receive residential services funded
733	under Title XIX of the Social Security Act.
734	(2) The division director shall:
735	(a) coordinate with the director of the Division of Health Care Financing in the planning
736	and execution of an annual open enrollment period for all persons receiving residential services
737	either through the home and community-based services waiver for individuals with mental
738	retardation and other developmental disabilities or through an intermediate care facility for persons
739	with mental retardation, including Utah State Developmental Center; and
740	(b) assure that the actual transfer of individuals between home and community-based

741	services and intermediate care services remain within the boundaries of the established residential
742	service budgets of the Division of Services for People with Disabilities and the Division of Health
743	Care Financing or within appropriations made by the Legislature for the purpose of increasing
744	portability.
745	(3) The division shall continue to provide for appropriate choice of services and service
746	providers by persons who receive division services and their guardians, and to seek to
747	accommodate requests for changes in services or service providers regardless of whether the
748	request is made within or beyond the time frame of the annual open enrollment period.
749	Section 28. Section 62A-5a-103 is amended to read:
750	62A-5a-103. Coordinating Council for Persons with Disabilities Creation
751	Membership Expenses.
752	(1) There is created the Coordinating Council for Persons with Disabilities.
753	(2) The council shall consist of:
754	(a) the director of the Division of Services for People with Disabilities within the
755	Department of Human Services, or [his] the director's designee;
756	(b) the director of family health services programs, appointed under Section 26-10-3, or
757	[his] the director's designee;
758	(c) the executive director of the Utah State Office of Rehabilitation, or [his] the executive
759	director's designee;
760	(d) the state director of special education, or [his] the director's designee;
761	(e) the director of the Division of Health Care Financing within the Department of Health,
762	or [his] the director's designee;
763	(f) the director of the Division of Mental Health within the Department of Human
764	Services, or [his] the director's designee;
765	(g) the superintendent of Schools for the Deaf and Blind, or [his] the superintendent's
766	designee; and
767	(h) a person with a disability, a family member of a person with a disability, or an advocate
768	for persons with disabilities, appointed by the members listed in Subsections (2)(a) through (g).
769	(3) (a) The council shall annually elect a chair from its membership.
770	(b) Five members of the council are a quorum.
771	(4) (a) State government officer and employee members who do not receive salary, per

diem, or expenses from their agency for their service may receive per diem and expenses incurred in the performance of their official duties from the council at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

- (b) State government officer and employee members may decline to receive per diem and expenses for their service.
 - Section 29. Section **62A-6-101** is amended to read:
- 62A-6-101. Definitions.
- As used in this chapter:

- (1) "Informed consent" means consent that is voluntary and based on an understanding by the person to be sterilized of the nature and consequences of sterilization, the reasonably foreseeable risks and benefits of sterilization, and the available alternative methods of contraception.
 - (2) "Institutionalized" means residing in the Utah State Developmental Center, the Utah State Hospital, a residential facility for persons with [a disability] disabilities as defined in Sections 10-9-605 and 17-27-605, a group home for [disabled] persons with disabilities, a nursing home, or a foster care home or facility.
- (3) "Sterilization" means any medical procedure, treatment, or operation rendering an individual permanently incapable of procreation.
 - Section 30. Section **62A-6-102** is amended to read:
- 62A-6-102. Sterilization of persons 18 years of age or older.
- (1) It is lawful for a physician to sterilize a person who is 18 years of age or older and who has the capacity to give informed consent.
- (2) It is unlawful for a physician to sterilize a person who is 18 years of age or older and who is institutionalized, unless:
- (a) the physician, through careful examination and counseling, ensures that the person is capable of giving informed consent and that no undue influence or coercion to consent has been placed on that person by nature of the fact that [he] the person is institutionalized; or
- (b) the person is not capable of giving informed consent, a petition has been filed in accordance with Section 62A-6-107, and an order authorizing the sterilization has been entered by a court of competent jurisdiction.
- (3) It is unlawful for a physician to sterilize a person who is 18 years of age or older and

803 who is not capable of giving informed consent unless a petition has been filed in accordance with 804 Section 62A-6-107 and an order authorizing sterilization has been entered by a court of competent 805 jurisdiction. 806 Section 31. Section **62A-6-103** is amended to read: 807 62A-6-103. Sterilization of persons under 18 years of age. 808 It is unlawful for a physician to sterilize a person who is under 18 years of age unless: 809 (1) the person is married or otherwise emancipated and the physician, through careful 810 examination and counseling, ensures that the person is capable of giving informed consent. If that 811 person is institutionalized, the physician shall also ensure that no undue influence or coercion to 812 consent has been placed on the person by nature of the fact that [he] the person is institutionalized; 813 or 814 (2) a petition has been filed in accordance with Section 62A-6-107, and an order 815 authorizing sterilization has been entered by a court of competent jurisdiction. 816 Section 32. Section **62A-6-105** is amended to read: 817 62A-6-105. Persons who may give informed consent. 818 For purposes of this chapter, the following persons may give informed consent to 819 sterilization: 820 (1) a person who is the subject of sterilization, if [he] the person is capable of giving 821 informed consent; and 822 (2) a person appointed by the court to give informed consent on behalf of a subject of 823 sterilization who is incapable of giving informed consent. 824 Section 33. Section **62A-6-107** is amended to read: 825 62A-6-107. Petition for order authorizing sterilization. 826 A petition for an order authorizing sterilization may be filed by a person who desires 827 sterilization, or by [his] the person's parent, spouse, guardian, custodian, or other interested party. 828 The court shall adjudicate the petition for sterilization in accordance with Section 62A-6-108. Section 34. Section **62A-6-108** is amended to read: 829 830 62A-6-108. Factors to be considered by court -- Evaluations -- Interview -- Findings 831 of fact.

(1) If the court finds that the subject of sterilization is not capable of giving informed

consent, the court shall consider, but not by way of limitation, the following factors concerning that

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834 person:

(a) the nature and degree of [his] the person's mental impairment, and the likelihood that the condition is permanent;

- (b) the level of [his] the person's understanding regarding the concepts of reproduction and contraception, and whether [his] the person's ability to understand those concepts is likely to improve;
- (c) [his] the person's capability for procreation or reproduction. It is a rebuttable presumption that the ability to procreate and reproduce exists in a person of normal physical development;
- (d) the potentially injurious physical and psychological effects from sterilization, pregnancy, childbirth, and parenthood;
- (e) the alternative methods of birth control presently available including, but not limited to, drugs, intrauterine devices, education and training, and the feasibility of one or more of those methods as an alternative to sterilization;
- (f) the likelihood that [he] the person will engage in sexual activity or could be sexually abused or exploited;
- (g) the method of sterilization that is medically advisable, and least intrusive and destructive of [his] the person's rights to bodily and psychological integrity;
 - (h) the advisability of postponing sterilization until a later date; and
- (i) the likelihood that [he could] the person could, with appropriate supports, adequately care and provide for a child.
- (2) The court may require that independent medical, psychological, and social evaluations of the subject of sterilization be made prior to ruling on a petition for sterilization. The court may appoint experts to perform those examinations and evaluations and may require the petitioner, to the extent of the petitioner's ability, to bear the costs incurred.
- (3) The court shall interview the subject of sterilization to determine [his] the person's understanding of and desire for sterilization. The expressed preference of the person shall be made a part of the record, and shall be considered by the court in rendering its decision. The court is not bound by the expressed preference of the subject of sterilization; however, if the person expresses a preference not to be sterilized, the court shall deny the petition unless the petitioner proves beyond a reasonable doubt that the person will suffer serious physical or psychological injury if

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the petition is denied.

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(4) When adjudicating a petition for sterilization the court shall determine, on the basis of all the evidence, what decision regarding sterilization would have been made by the subject of sterilization, if [he] the person were capable of giving informed consent to sterilization. The decision regarding sterilization shall be in the best interest of the person to be sterilized.

(5) If the court grants a petition for sterilization, it shall make appropriate findings of fact in support of its order.

Section 35. Section **62A-6-110** is amended to read:

62A-6-110. Notice of hearing -- Service.

A copy of the petition and notice of the hearing shall be served personally on the person to be sterilized not less than 20 days before the hearing date. The notice shall state the date, time, and place of the hearing, and shall specifically state that the hearing is to adjudicate either a petition for declaration of capacity to give informed consent to sterilization or a petition for sterilization. Notice shall be served on that person's parents, spouse, guardian, or custodian and on [his] the person's attorney by the clerk of the court, by certified mail, not less than ten days before the hearing date.

Legislative Review Note as of 1-28-00 9:01 AM

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel