1	ESSENTIA	L TREATMENT AND INTE	RVENTION ACT
2		2017 GENERAL SESSION	
3		STATE OF UTAH	
4		Chief Sponsor: LaVar Chris	tensen
5		Senate Sponsor: J. Stuart Ad	lams
6	Cosponsors:	Eric K. Hutchings	Lee B. Perry
7	Kay J. Christofferson	Karianne Lisonbee	Dixon M. Pitcher
8	Kim F. Coleman	A. Cory Maloy	Tim Quinn
9	James A. Dunnigan	Kelly B. Miles	Edward H. Redd
10	Gage Froerer	Carol Spackman Moss	Keven J. Stratton
11	Francis D. Gibson	Michael E. Noel	R. Curt Webb
12	Gregory H. Hughes	Derrin R. Owens	
15	General Description:		
14	LONG TITLE		
16	-	a process for an individual suffering	from a substance use disorder
17		ential treatment and intervention.	
18	Highlighted Provisions:		
19	This bill:		
20	<ul><li>defines terms;</li></ul>		
21	<ul><li>enacts the Essent</li></ul>	ial Treatment and Intervention Act; a	and
22	<ul><li>establishes a syste</li></ul>	em for court-ordered essential treatm	ent and intervention for an
23	individual suffering from a s	ubstance use disorder.	
24	Money Appropriated in th	is Bill:	
25	None		
26	Other Special Clauses:		
27	None		
28	<b>Utah Code Sections Affecto</b>	ed:	

29	AMENDS:
30	62A-15-602, as last amended by Laws of Utah 2012, Chapter 248
31	62A-15-641, as renumbered and amended by Laws of Utah 2002, Fifth Special Session,
32	Chapter 8
33	ENACTS:
34	<b>62A-15-1201</b> , Utah Code Annotated 1953
35	<b>62A-15-1202</b> , Utah Code Annotated 1953
36	<b>62A-15-1203</b> , Utah Code Annotated 1953
37	<b>62A-15-1204</b> , Utah Code Annotated 1953
38	<b>62A-15-1205</b> , Utah Code Annotated 1953
39	<b>62A-15-1206</b> , Utah Code Annotated 1953
40	<b>62A-15-1207</b> , Utah Code Annotated 1953
41	<b>62A-15-1208</b> , Utah Code Annotated 1953
42	<b>62A-15-1209</b> , Utah Code Annotated 1953
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44	Be it enacted by the Legislature of the state of Utah:
45	Section 1. Section <b>62A-15-602</b> is amended to read:
46	62A-15-602. Definitions.
47	As used in this part, Part 7, Commitment of Persons Under Age 18 to Division of
48	Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah
49	Forensic Mental Health Facility, [and] Part 10, Declaration for Mental Health Treatment, and
50	Part 12, Essential Treatment and Intervention Act:
51	(1) "Adult" means a person 18 years of age or older.
52	(2) "Approved treatment facility or program" means a treatment provider that meets the
53	standards described in Subsection 62A-15-103(2)(a)(v).
54	[(2)] (3) "Commitment to the custody of a local mental health authority" means that an
55	adult is committed to the custody of the local mental health authority that governs the mental
56	health catchment area in which the proposed patient resides or is found.

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[<del>(3)</del>] (4) "Designated examiner" means a licensed physician familiar with severe mental illness, preferably a psychiatrist, designated by the division as specially qualified by training or experience in the diagnosis of mental or related illness or another licensed mental health professional designated by the division as specially qualified by training and at least five years' continual experience in the treatment of mental or related illness. At least one designated examiner in any case shall be a licensed physician. No person who is the applicant, or who signs the certification, under Section 62A-15-631 may be a designated examiner in the same case.  $\left[\frac{4}{4}\right]$  (5) "Designee" means a physician who has responsibility for medical functions including admission and discharge, an employee of a local mental health authority, or an employee of an agency that has contracted with a local mental health authority to provide mental health services under Section 17-43-304. (6) "Essential treatment" and "essential treatment and intervention" mean court-ordered treatment at a local substance abuse authority or an approved treatment facility or program for the treatment of an adult's substance use disorder. [(5)] (7) "Harmful sexual conduct" means any of the following conduct upon an individual without the individual's consent, or upon an individual who cannot legally consent to the conduct including under the circumstances described in Subsections 76-5-406(1) through (12): (a) sexual intercourse; (b) penetration, however slight, of the genital or anal opening of the individual; (c) any sexual act involving the genitals or anus of the actor or the individual and the mouth or anus of either individual, regardless of the gender of either participant; or (d) any sexual act causing substantial emotional injury or bodily pain. [(6)] (8) "Institution" means a hospital, or a health facility licensed under the provisions of Section 26-21-9. [<del>(7)</del>] (9) "Licensed physician" means an individual licensed under the laws of this state to practice medicine, or a medical officer of the United States government while in this state in

85	the performance of official duties.
86	[(8)] (10) "Local comprehensive community mental health center" means an agency or
87	organization that provides treatment and services to residents of a designated geographic area,
88	operated by or under contract with a local mental health authority, in compliance with state
89	standards for local comprehensive community mental health centers.
90	(11) "Local substance abuse authority" means the same as that term is defined in
91	Section 62A-15-102 and described in Section 17-43-201.
92	[(9)] (12) "Mental health facility" means the Utah State Hospital or other facility that
93	provides mental health services under contract with the division, a local mental health
94	authority, or organization that contracts with a local mental health authority.
95	[(10)] (13) "Mental health officer" means an individual who is designated by a local
96	mental health authority as qualified by training and experience in the recognition and
97	identification of mental illness, to interact with and transport persons to any mental health
98	facility.
99	$[\frac{(11)}{(14)}]$ "Mental illness" means a psychiatric disorder as defined by the current
100	edition of the Diagnostic and Statistical Manual of Mental Disorders published by the
101	American Psychiatric Association which substantially impairs a person's mental, emotional,
102	behavioral, or related functioning.
103	[ <del>(12)</del> ] <u>(15)</u> "Patient" means an individual who is:
104	(a) under commitment to the custody or to the treatment services of a local mental
105	health authority[-]; or
106	(b) undergoing essential treatment and intervention.
107	[(13)] (16) "Serious bodily injury" means bodily injury which involves a substantial
108	risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
109	protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
110	$[\frac{14}{14}]$ (17) "Substantial danger" means the person, by his or her behavior, due to
111	mental illness:
112	(a) is at serious risk to:

113	(i) commit suicide;
114	(ii) inflict serious bodily injury on himself or herself; or
115	(iii) because of his or her actions or inaction, suffer serious bodily injury because he or
116	she is incapable of providing the basic necessities of life, such as food, clothing, and shelter; or
117	(b) is at serious risk to cause or attempt to cause serious bodily injury or engage in
118	harmful sexual conduct.
119	[(15)] (18) "Treatment" means psychotherapy, medication, including the administration
120	of psychotropic medication, and other medical treatments that are generally accepted medical
121	and psychosocial interventions for the purpose of restoring the patient to an optimal level of
122	functioning in the least restrictive environment.
123	Section 2. Section <b>62A-15-641</b> is amended to read:
124	62A-15-641. Restrictions and limitations Civil rights and privileges.
125	(1) Subject to the general rules of the division, and except to the extent that the director
126	or his designee determines that it is necessary for the welfare of the patient to impose
127	restrictions, every patient is entitled to:
128	(a) communicate, by sealed mail or otherwise, with persons, including official
129	agencies, inside or outside the facility;
130	(b) receive visitors; and
131	(c) exercise all civil rights, including the right to dispose of property, execute
132	instruments, make purchases, enter contractual relationships, and vote, unless the patient has
133	been adjudicated to be incompetent and has not been restored to legal capacity.
134	(2) When any right of a patient is limited or denied, the nature, extent, and reason for
135	that limitation or denial shall be entered in the patient's treatment record. Any continuing
136	denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment
137	record. Notice of that continuing denial in excess of 30 days shall be sent to the division [or
138	to], the appropriate local mental health authority[-], the appropriate local substance abuse
139	authority, or an approved treatment facility or program, whichever is most applicable to the
140	patient.

(3) Notwithstanding any limitations authorized under this section on the right of
communication, each patient is entitled to communicate by sealed mail with the appropriate
local mental health authority, the appropriate local substance abuse authority, an approved
treatment facility or program, the division, [his] the patient's attorney, and the court, if any, that
ordered [his] the patient's commitment or essential treatment. In no case may the patient be
denied a visit with the legal counsel or clergy of the patient's choice.
(4) Local mental health authorities, local substance abuse authorities, and approved
treatment facilities or programs shall provide reasonable means and arrangements for
informing involuntary patients of their right to release as provided in this chapter, and for
assisting them in making and presenting requests for release.
(5) Mental health facilities, local substance abuse authorities, and approved treatment
<u>facilities or programs</u> shall post a statement, [ <u>promulgated</u> ] <u>created</u> by the division, describing <u>a</u>
patient's rights under Utah law.
(6) Notwithstanding Section 53B-17-303, [any person] an individual committed under
this chapter has the right to determine the final disposition of [his] that individual's body after
death.
Section 3. Section <b>62A-15-1201</b> is enacted to read:
Part 12. Essential Treatment and Intervention Act
62A-15-1201. Statement of legislative intent.
To address the serious public health crisis of substance use disorder related deaths and
life-threatening opioid addiction, and to allow and enable caring relatives to seek essential
treatment and intervention, as may be necessary, on behalf of a sufferer of a substance use
disorder, the Legislature enacts the Essential Treatment and Intervention Act.
Section 4. Section <b>62A-15-1202</b> is enacted to read:
<u>62A-15-1202.</u> Definitions.
As used in this part:
(1) "Essential treatment examiner" means:
(a) a licensed physician, preferably a psychiatrist, who is designated by the division as

169	specifically qualified by training or experience in the diagnosis of substance use disorder; or
170	(b) a licensed mental health professional designated by the division as specially
171	qualified by training and who has at least five years' continual experience in the treatment of
172	substance use disorder.
173	(2) "Relative" means an adult who is a spouse, parent, stepparent, grandparent, child,
174	or sibling of an individual.
175	(3) "Serious harm" means the individual, due to substance use disorder, is at serious
176	risk of:
177	(a) drug overdose;
178	(b) suicide;
179	(c) serious bodily self-injury;
180	(d) serious bodily injury because the individual is incapable of providing the basic
181	necessities of life, including food, clothing, or shelter; or
182	(e) causing or attempting to cause serious bodily injury to another individual.
183	(4) "Substance use disorder" means the same as that term is defined in the current
184	edition of the Diagnostic and Statistical Manual of Mental Disorders published by the
185	American Psychiatric Association.
186	Section 5. Section <b>62A-15-1203</b> is enacted to read:
187	62A-15-1203. Petition for essential treatment Contents Guarantee for costs.
188	(1) A relative seeking essential treatment and intervention for a sufferer of a substance
189	use disorder may file a petition with the district court of the county in which the sufferer of the
190	substance use disorder resides or is found.
191	(2) The petition shall include:
192	(a) the respondent's:
193	(i) legal name;
194	(ii) date of birth, if known;
195	(iii) social security number, if known; and
196	(iv) residence and current location, if known;

197	(b) the petitioner's relationship to the respondent;
198	(c) the name and residence of the respondent's legal guardian, if any and if known;
199	(d) a statement that the respondent:
200	(i) is suffering from a substance use disorder; and
201	(ii) if not treated for the substance use disorder presents a serious harm to self or
202	others;
203	(e) the factual basis for the statement described in Subsection (4)(d); and
204	(f) at least one specified local substance abuse authority or approved treatment facility
205	or program where the respondent may receive essential treatment.
206	(3) Any petition filed under this section:
207	(a) may be accompanied by proof of health insurance to provide for the respondent's
208	essential treatment; and
209	(b) shall be accompanied by a financial guarantee, signed by the petitioner or another
210	individual, obligating the petitioner or other individual to pay all treatment costs beyond those
211	covered by the respondent's health insurance policy for court-ordered essential treatment for the
212	respondent.
213	(4) Nothing in this section alters the contractual relationship between a health insurer
214	and an insured individual.
215	Section 6. Section <b>62A-15-1204</b> is enacted to read:
216	62A-15-1204. Criteria for essential treatment and intervention.
217	A district court shall order an individual to undergo essential treatment for a substance
218	use disorder when the district court determines by clear and convincing evidence that the
219	individual:
220	(1) suffers from a substance use disorder;
221	(2) can reasonably benefit from the essential treatment;
222	(3) is unlikely to substantially benefit from a less-restrictive alternative treatment; and
223	(4) presents a serious harm to self or others.
224	Section 7 Section 62 A-15-1205 is enacted to read:

225	<u>62A-15-1205.</u> Proceeding for essential treatment Duties of court Disposition.
226	(1) A district court shall review the assertions contained in the verified petition
227	described in Section 62A-15-1203.
228	(2) If the court determines that the assertions, if true, are sufficient to order the
229	respondent to undergo essential treatment, the court shall:
230	(a) set an expedited date for a time-sensitive hearing to determine whether the court
231	should order the respondent to undergo essential treatment for a substance use disorder;
232	(b) provide notice of:
233	(i) the contents of the petition, including all assertions made;
234	(ii) a copy of any order for detention or examination;
235	(iii) the date of the hearing;
236	(iv) the purpose of the hearing;
237	(v) the right of the respondent to be represented by legal counsel; and
238	(vi) the right of the respondent to request a preliminary hearing before submitting to an
239	order for examination;
240	(c) provide notice to:
241	(i) the respondent;
242	(ii) the respondent's guardian, if any; and
243	(iii) the petitioner; and
244	(d) subject to the right described in Subsection (2)(b)(vi), order the respondent to be
245	examined before the hearing date by two essential treatment examiners.
246	(3) The essential treatment examiners shall examine the respondent to determine:
247	(a) whether the respondent meets each of the criteria described in Section
248	<u>62A-15-1204;</u>
249	(b) the severity of the respondent's substance use disorder, if any;
250	(c) what forms of treatment would substantially benefit the respondent, if the examiner
251	determines that the respondent has a substance use disorder; and
252	(d) the appropriate duration for essential treatment, if essential treatment is

253	recommended.
254	(4) An essential treatment examiner shall certify the examiner's findings to the court
255	within 24 hours after completion of the examination.
256	(5) The court may, based upon the findings of the essential treatment examiners,
257	terminate the proceedings and dismiss the petition.
258	(6) The parties may, at any time, make a binding stipulation to an essential treatment
259	plan and submit that plan to the court for court order.
260	(7) At the hearing, the petitioner and the respondent may testify and may
261	cross-examine witnesses.
262	(8) If, upon completion of the hearing, the court finds that the criteria in Section
263	62A-15-1204 are met, the court shall order essential treatment for an initial period that:
264	(a) does not exceed 360 days, subject to periodic review as provided in Section
265	<u>62A-15-1206</u> ; and
266	(b) (i) is recommended by an essential treatment examiner; or
267	(ii) is otherwise agreed to at the hearing.
268	(9) The court shall designate the facility for the essential treatment, as:
269	(a) described in the petition;
270	(b) recommended by an essential treatment examiner; or
271	(c) agreed to at the hearing.
272	(10) The court shall issue an order that includes the court's findings and the reasons for
273	the court's determination.
274	(11) The court may order the petitioner to be the respondent's personal representative,
275	as described in 45 C.F.R. Sec. 164.502(g), for purposes of the respondent's essential treatment.
276	Section 8. Section <b>62A-15-1206</b> is enacted to read:
277	62A-15-1206. Periodic review Discharge.
278	A local substance abuse authority or an approved treatment facility or program that
279	provides essential treatment shall:
280	(1) at least every 90 days after the day on which a patient is admitted, unless a court

281	orders otherwise, examine or cause to be examined a patient who has been ordered to receive
282	essential treatment;
283	(2) notify the patient and the patient's personal representative or guardian, if any, of the
284	substance and results of the examination;
285	(3) discharge an essential treatment patient if the examination determines that the
286	conditions justifying essential treatment and intervention no longer exist; and
287	(4) after discharging an essential treatment patient, send a report describing the reasons
288	for discharge to the clerk of the court where the proceeding for essential treatment was held and
289	to the patient's personal representative or guardian, if any.
290	Section 9. Section <b>62A-15-1207</b> is enacted to read:
291	62A-15-1207. Seventy-two-hour emergency treatment.
292	(1) A court may order a respondent to be hospitalized for up to 72 hours if:
293	(a) an essential treatment examiner has examined the respondent and certified that the
294	respondent meets the criteria described in Section 62A-15-1204; and
295	(b) the court finds by clear and convincing evidence that the respondent presents an
296	imminent threat of serious harm to self or others as a result of a substance use disorder.
297	(2) An individual who is admitted to a hospital under this section shall be released
298	from the hospital within 72 hours after admittance, unless a treating physician or essential
299	treatment examiner determines that the individual continues to pose an imminent threat of
300	serious harm to self or others.
301	(3) If a treating physician or essential treatment examiner makes the determination
302	described in Subsection (2), the individual may be detained for as long as the threat of serious
303	harm remains imminent, but not more than 10 days after the day on which the individual was
304	hospitalized, unless a court orders otherwise.
305	(4) A treating physician or an essential treatment examiner shall, as frequently as
306	practicable, examine an individual hospitalized under this section and release the individual if
307	the examination determines that a threat of imminent serious harm no longer exists.
308	Section 10. Section <b>62A-15-1208</b> is enacted to read:

309	62A-15-1208. Confidentiality.
310	(1) The purpose of Title 62A, Chapter 15, Part 12, Essential Treatment and
311	Intervention Act, is to provide a process for essential treatment and intervention to save lives,
312	preserve families, and reduce substance use disorder, including opioid addiction.
313	(2) An essential treatment petition and any other document filed in connection with the
314	petition for essential treatment is confidential and protected.
315	(3) A hearing on an essential treatment petition is closed to the public, and only the
316	following individuals and their legal counsel may be admitted to the hearing:
317	(a) parties to the petition;
318	(b) the essential treatment examiners who completed the court-ordered examination
319	under Subsection 62A-15-1205(3);
320	(c) individuals who have been asked to give testimony; and
321	(d) individuals to whom notice of the hearing is required to be given under Subsection
322	62A-15-1205(2)(c).
323	(4) Testimony, medical evaluations, the petition, and other documents directly related
324	to the adjudication of the petition and presented to the court in the interest of the respondent
325	may not be construed or applied as an admission of guilt to a criminal offense.
326	(5) A court may, if applicable, enforce a previously existing warrant for a respondent or
327	a warrant for a charge that is unrelated to the essential treatment petition filed under this part.
328	Section 11. Section <b>62A-15-1209</b> is enacted to read:
329	62A-15-1209. Essential treatment for substance use disorder Rights of patient.
330	All applicable rights guaranteed to a patient by Sections 62A-15-641 and 62A-15-642
331	shall be guaranteed to an individual who is ordered to undergo essential treatment for a
332	substance use disorder.