

## ACT 90

H.B. NO. 1013

A Bill for an Act Relating to Involuntary Hospitalization.

*Be It Enacted by the Legislature of the State of Hawaii:*

SECTION 1. The legislature finds that chapter 334, Hawaii Revised Statutes, requires that individuals at risk of harm to self or others, as determined by mental health emergency workers in consultation with law enforcement officers, be transported by law enforcement to facilities designated by the director of health for further evaluation and potential involuntary hospitalization, a process commonly referred to as an MH-1. Some facilities have expressed concern about the lack of specialists and infrastructure to perform the emergency medical screening and any subsequent medically necessary treatment, while other facilities experience very high volumes of MH-1 patients that strain emergency department capacity.

The legislature further finds that while the broader framework of mental health treatment needs restructuring, the magnitude and complexity of that task requires a significant long-term commitment of resources. However, incremental improvements may yield relief more presently by addressing ambiguities and inconsistencies in chapter 334, Hawaii Revised Statutes, as expressed by the community, that contribute to concerns about access, resources, and capacity, and which may impact continuity of care and public safety.

Therefore, the purpose of this Act is to establish an involuntary hospitalization task force to examine certain sections of chapter 334, Hawaii Revised Statutes, and make recommendations to the legislature that will diminish unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care.

SECTION 2. (a) There is established within the department of health the involuntary hospitalization task force to:

- (1) Develop criteria for the director of health to designate facilities to transport, examine, and treat patients transported and examined under section 334-59(a)(1), Hawaii Revised Statutes (MH-1 patients);
- (2) Review existing laws, law enforcement protocols, and procedures to identify inconsistencies, ensure MH-1 patients are appropriately transported, identify areas that may need clarification to ensure standardized transportation of MH-1 patients in jurisdictions statewide, and recommend clarifying language that will support consistent implementation in jurisdictions statewide;
- (3) Develop recommendations for an efficient and appropriate distribution of transported patients for emergency examination across health care facilities in a given county that focuses on patient health and community safety;
- (4) Provide an assessment of current law enforcement and health care facility needs and capacities for evaluation and treatment of MH-1 patients, including the availability of beds and services necessary for treating patients experiencing a mental health crisis, preventing crisis situations, and avoiding unnecessary transport of patients;
- (5) Develop recommendations for building a coordinated system of care with capacity for crisis services, community services, and outpatient and inpatient services to address the needs of persons with mental illness and substance use disorders who are in crisis, including discussions on alternative sites of treatment; and
- (6) Develop recommendations for reimbursement to support these efforts.

(b) The task force, at the invitation of the director of health, shall be composed of the following individuals or their designees:

- (1) The deputy director of behavioral health administration or the deputy director's designee, who shall serve as the chairperson of the task force;
- (2) Seven representatives from a hospital or hospital system; provided that at least two representatives shall represent a neighbor island and one shall represent a public hospital;
- (3) One representative from any federally qualified health center designated to receive MH-1 patients;
- (4) One representative from a residential mental health or substance abuse treatment facility;
- (5) One representative from the Healthcare Association of Hawaii;
- (6) Two representatives from law enforcement, one of which shall represent a neighbor island;
- (7) One representative from a mental health services provider;
- (8) One representative from the department of human services; and
- (9) One representative from the behavioral health programs of the University of Hawaii system.

(c) Representatives from the following entities shall be invited as additional participants of the task force:

- (1) The chief executive officers of facilities designated by the director of health pursuant to chapter 334, Hawaii Revised Statutes;
- (2) A patient advocate or mental health advocate;
- (3) A representative from a social services agency; and
- (4) A representative from a mental health emergency worker provider agency.

(d) Members of the task force shall serve without compensation, but shall be reimbursed for reasonable expenses incurred, including travel expenses.

(e) Two or more members of the task force, but less than the number of members that would constitute a quorum for the task force, may discuss between themselves matters relating to official business of the task force to enable members to faithfully perform their duties to the task force and the organizations they represent, as long as no commitment to vote is made or sought. Such discussions shall be a permitted interaction under section 92-2.5, Hawaii Revised Statutes.

(f) The task force shall submit a report to the legislature of its findings and recommendations, including any proposed legislation, no later than twenty days prior to the convening of the regular session of 2020.

(g) The task force shall assure that:

- (1) It leverages the coordinated policy framework utilized by the Hawaii opioid initiative to link and coordinate the efforts of any task force of similar focus that the legislature requires of the department of health; and
- (2) The department's behavioral health services administration continues to expand the use of the coordinated policy framework in its statutorily required implementation of statewide mental health systems of care.

(h) The task force shall cease to exist on June 30, 2020; provided that the department may continue the work of the task force without the effect of this Act should the department deem necessary.

SECTION 3. This Act shall take effect on July 1, 2019.

(Approved June 7, 2019.)