

2017 Regular Session

HOUSE BILL NO. 341

BY REPRESENTATIVE DUSTIN MILLER

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH/BEHAVIORAL: Amends laws relative to behavioral health and mental health to provide for current practice and appropriate terminology

1 AN ACT

2 To amend and reenact R.S. 17:1607, the heading of Title 28 of the Louisiana Revised

3 Statutes of 1950, R.S. 28:1, 2(1), (7), (9), (10), (14), (17), (20), (21), (26), (29),

4 (32)(a) and (b), 3, the heading of Part I-A of Chapter 1 of Title 28 of the Louisiana

5 Revised Statutes of 1950, R.S. 28:11, 12, 13(introductory paragraph), (1), (3), and

6 (5), 14, 15(A)(introductory paragraph), (3), (9), and (B), the heading of Part II of

7 Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:21(A) and

8 (B), 21.1, 22(B)(introductory paragraph) and (C)(1), 22.5, 22.7(A), 22.9 through 25,

9 25.1(A), (C)(1)(a)(introductory paragraph) and (v), (b), (c), (2)(a)(iv), and (D), 25.2,

10 the heading of Part III of Chapter 1 of Title 28 of the Louisiana Revised Statutes of

11 1950, R.S. 28:50(1), (3), (4), and (6), 51(C), 51.1(A)(1), 52(A) through (C),

12 (G)(2)(a), and (H)(2), 52.2, 52.3, 52.4(A) through (C), 53(A), (B)(1) and (2)(b) and

13 (d)(introductory paragraph), (G)(2) and (6), (J), (K)(1), and (L)(1) and (3),

14 53.2(A)(introductory paragraph) and (1), (B), (C)(3), and (F), 54(A) and

15 (D)(1)(introductory paragraph), (a), and (3), 55(B), (E)(1) and (3) through (5), (F),

16 (G), (I), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G), 59(C) and (D), 62, 64(F),

17 67(1) and (3), 69(A)(1), 70(A), (B)(introductory paragraph) and (1), and (E)(2)(f),

18 71(B), (C), (E), and (F), 72(A), 73, 91 through 93, 94(A), 96(A) through (C) and (E)

1 through (H), 96.1(A), (B), and (D) through (F), 97 through 145, 146(A), 147, the
2 heading of Part VI of Chapter 1 of Title 28 of the Louisiana Revised Statutes of
3 1950, R.S. 28:171(C)(4)(a) and (D)(5), 171.1(introductory paragraph) and (5)
4 through (8), 172 through 184, 185(A), 200 through 202, 215.2(1)(introductory
5 paragraph) and (2), 215.3(A) and (B), 215.4(A), the heading of Part X of Chapter 1
6 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:221(1) through (6),
7 (8), (9), and (11) through (13), 222 through 225, 227(A), (C), and (E), 228, 229(A)
8 and (C), 230(A)(introductory paragraph) and (2)(a) and (d)(i), (B), and (C), 232,
9 233(2), 234(introductory paragraph) and (2), the heading of Chapter 5 of Title 28 of
10 the Louisiana Revised Statutes of 1950, R.S. 28:475, 476, 477(1) and
11 (3)(a)(introductory paragraph) and (b), 478(A), the heading of Chapter 11 of Title
12 28 of the Louisiana Revised Statutes of 1950, R.S. 28:771, 772(A)(1) and (2)(c) and
13 (B), the heading of Chapter 15 of Title 28 of the Louisiana Revised Statutes of 1950,
14 R.S. 28:841(A), 911(1), 913(A)(2) and (3), 915(A)(3), and 931(B)(2), R.S.
15 36:258(C) and 259(C)(10), R.S. 40:1237.1(A)(9)(a)(ii)(introductory paragraph) and
16 2142(A), Code of Criminal Procedure Articles 648(A)(1) and (B)(1), 657,
17 657.1(A)(4), and 657.2(A), and Children's Code Article 1404(9), to enact R.S.
18 28:2(33) through (39), and to repeal R.S. 28:2(11), 22.4, 22.10, 52.1, 95, 182,
19 Chapter 6 of Title 28 of the Louisiana Revised Statutes of 1950, comprised of R.S.
20 28:501 through 506, and Chapter 7 of Title 28 of the Louisiana Revised Statutes of
21 1950, comprised of R.S. 28:561, relative to mental health and behavioral health laws;
22 to revise terminology and definitions of terms relating to mental health and
23 behavioral health; to provide relative to healthcare services for persons with mental
24 illness and substance-related and addictive disorders; to provide for care and
25 treatment of persons with behavioral health needs; to provide relative to facilities
26 where such care is delivered; to provide for the administration of state psychiatric
27 hospitals; to make technical changes and corrections in laws pertaining to mental
28 health and behavioral health; and to provide for related matters.

1 Be it enacted by the Legislature of Louisiana:

2 Section 1. R.S. 17:1607 is hereby amended and reenacted to read as follows:

3 §1607. Medical scholarship; recipient to serve as physician at the forensic unit of
4 ~~East Louisiana State Hospital~~ Eastern Louisiana Mental Health System

5 Upon the recommendation of the director of the forensic unit of the ~~East~~
6 ~~Louisiana State Hospital~~ Eastern Louisiana Mental Health System at Jackson and
7 subsequent approval by the medical school of the Louisiana State University and
8 Agricultural and Mechanical College the board of supervisors of the Louisiana State
9 University and Agricultural and Mechanical College shall award annually a four year
10 scholarship to the medical school of the Louisiana State University and Agricultural
11 and Mechanical College. The recipient of any such scholarship may attend the
12 medical school without the necessity of paying tuition, matriculation, registration,
13 laboratory, athletic, medical or other special fees, and may receive a stipend from the
14 board of supervisors. No person shall be awarded any such scholarship unless such
15 person agrees to serve as a physician at the forensic unit of the ~~East Louisiana State~~
16 ~~Hospital~~ Eastern Louisiana Mental Health System at Jackson at the rate of pay
17 provided in appropriate civil service pay schedules for a period of two years after
18 such person is awarded a certificate to practice medicine in the state of Louisiana.
19 Any person awarded such a scholarship shall pay back to the state of Louisiana all
20 funds received from such a scholarship if he fails to complete this required two year
21 service or a pro rata percentage of funds received if he completes less than two years
22 service.

23 Section 2. The heading of Title 28 of the Louisiana Revised Statutes of 1950, R.S.
24 28:1, 2(1), (7), (9), (10), (14), (17), (20), (21), (26), (29), (32)(a) and (b), 3, the heading of
25 Part I-A of Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:11, 12,
26 13(introductory paragraph), (1), (3), and (5), 14, 15(A)(introductory paragraph), (3), (9), and
27 (B), the heading of Part II of Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950,
28 R.S. 28:21(A) and (B), 21.1, 22(B)(introductory paragraph) and (C)(1), 22.5, 22.7(A), 22.9
29 through 25, 25.1(A), (C)(1)(a)(introductory paragraph) and (v), (b), (c), (2)(a)(iv), and (D),

1 25.2, the heading of Part III of Chapter 1 of Title 28 of the Louisiana Revised Statutes of
 2 1950, R.S. 28:50(1), (3), (4), and (6), 51(C), 51.1(A)(1), 52(A) through (C), (G)(2)(a), and
 3 (H)(2), 52.2, 52.3, 52.4(A) through (C), 53(A), (B)(1) and (2)(b) and (d)(introductory
 4 paragraph), (G)(2) and (6), (J), (K)(1), and (L)(1) and (3), 53.2(A)(introductory paragraph)
 5 and (1), (B), (C)(3), and (F), 54(A) and (D)(1)(introductory paragraph), (a), and (3), 55(B),
 6 (E)(1) and (3) through (5), (F), (G), (I), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G),
 7 59(C) and (D), 62, 64(F), 67(1) and (3), 69(A)(1), 70(A), (B)(introductory paragraph) and
 8 (1), and (E)(2)(f), 71(B), (C), (E), and (F), 72(A), 73, 91 through 93, 94(A), 96(A) through
 9 (C) and (E) through (H), 96.1(A), (B), and (D) through (F), 97 through 145, 146(A), 147, the
 10 heading of Part VI of Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, R.S.
 11 28:171(C)(4)(a) and (D)(5), 171.1(introductory paragraph) and (5) through (8), 172 through
 12 184, 185(A), 200 through 202, 215.2(1)(introductory paragraph) and (2), 215.3(A) and (B),
 13 215.4(A), the heading of Part X of Chapter 1 of Title 28 of the Louisiana Revised Statutes
 14 of 1950, R.S. 28:221(1) through (6), (8), (9), and (11) through (13), 222 through 225,
 15 227(A), (C), and (E), 228, 229(A) and (C), 230(A)(introductory paragraph) and (2)(a) and
 16 (d)(i), (B), and (C), 232, 233(2), 234(introductory paragraph) and (2), the heading of Chapter
 17 5 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:475, 476, 477(1) and
 18 (3)(a)(introductory paragraph) and (b), 478(A), the heading of Chapter 11 of Title 28 of the
 19 Louisiana Revised Statutes of 1950, R.S. 28:771, 772(A)(1) and (2)(c) and (B), the heading
 20 of Chapter 15 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:841(A), 911(1),
 21 913(A)(2) and (3), 915(A)(3), and 931(B)(2) are hereby amended and reenacted and R.S.
 22 28:2(33) through (39) are hereby enacted to read as follows:

23 TITLE 28. ~~MENTAL~~ BEHAVIORAL HEALTH

24 CHAPTER 1. ~~MENTAL~~ BEHAVIORAL HEALTH LAW

25 PART I. SHORT TITLE, INTERPRETATIONS, AND DEFINITIONS

26 §1. Short title

27 This Chapter may be cited as the ~~Mental~~ Behavioral Health Law.

1 §2. Definitions

2 Whenever used in this Title, the masculine shall include the feminine, the
3 singular shall include the plural, and the following definitions shall apply:

4 (1) "Conditional discharge" means the physical release of a judicially
5 committed person from a treatment facility by the director or administrator or by the
6 court. The patient may be required to report for outpatient treatment as a condition
7 of his release. The judicial commitment of such persons shall remain in effect for
8 a period of up to one hundred twenty days and during this time the person may be
9 hospitalized involuntarily for appropriate medical reasons upon court order.

10 * * *

11 (7) "Director" or ~~"superintendent"~~ "administrator" means a person in charge
12 of a treatment facility or his deputy.

13 * * *

14 (9) "Formal voluntary admission" means the admission of a person suffering
15 from mental illness or ~~substance abuse~~ a substance-related or addictive disorder
16 desiring admission to a treatment facility for diagnosis ~~and/or~~ or treatment of such
17 condition who may be formally admitted upon his written request. Such persons
18 may be detained following a request for discharge pursuant to R.S. 28:52.2.

19 (10) "Gravely disabled" means the condition of a person who is unable to
20 provide for his own basic physical needs, such as essential food, clothing, medical
21 care, and shelter, as a result of serious mental illness or ~~substance abuse~~ a substance-
22 related or addictive disorder and is unable to survive safely in freedom or protect
23 himself from serious harm; ~~the.~~ The term also includes incapacitation by alcohol,
24 which means the condition of a person who, as a result of the use of alcohol, is
25 unconscious or whose judgment is otherwise so impaired that he is incapable of
26 realizing and making a rational decision with respect to his need for treatment.

27 * * *

28 (14) "Mental health advocacy service" means a service established by the
29 state of Louisiana for the purpose of providing legal counsel and representation for

1 persons with mental illness or intellectual or developmental disabilities and ~~for~~
2 ~~children and to ensure~~ ensuring that ~~their~~ the legal rights of those persons are
3 protected.

4 * * *

5 (17) "Patient" means any person detained and taken care of as a person who
6 ~~is mentally ill~~ has a mental illness or person who is suffering from ~~substance abuse~~
7 a substance-related or addictive disorder.

8 * * *

9 (20) "Person ~~with~~ who has a mental illness" means any person with a
10 psychiatric disorder which has substantial adverse effects on his ability to function
11 and who requires care and treatment. It does not refer to a person with, solely, an
12 intellectual disability; or who suffers solely from epilepsy, ~~alcoholism, or drug abuse~~
13 or a substance-related or addictive disorder.

14 (21) "Petition" means a written civil complaint filed by a person of legal age
15 alleging that a person ~~is mentally ill~~ has a mental illness or is suffering from
16 ~~substance abuse~~ a substance-related or addictive disorder and requires judicial
17 commitment to a treatment facility.

18 * * *

19 (26) "Respondent" means a person alleged to ~~be mentally ill~~ have a mental
20 illness or be suffering from ~~substance abuse~~ a substance-related or addictive disorder
21 and for whom an application for commitment to a treatment facility has been filed.

22 * * *

23 (29) "~~Substance abuse~~" means the condition of a person who uses narcotic,
24 ~~stimulant, depressant, soporific, tranquilizing, or hallucinogenic drugs or alcohol to~~
25 ~~the extent that it renders the person dangerous to himself or others or renders the~~
26 ~~person gravely disabled.~~ "Substance use disorder" refers to a pattern of symptoms
27 resulting from use of a substance which the individual continues to take, despite
28 experiencing problems as a result. Substance use disorders occur when the recurrent
29 use of alcohol, drugs, or both causes clinically and functionally significant

1 impairment, such as health problems, disability, and failure to meet major
 2 responsibilities at work, school, or home. Substance use disorder is based on
 3 evidence of impaired control, social impairment, risky use, and pharmacological
 4 criteria. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,
 5 allows clinicians to specify how severe the substance use disorder is, depending on
 6 how many symptoms are identified. Based on a set of eleven criteria, two or three
 7 symptoms indicate a mild substance use disorder, four or five symptoms indicate a
 8 moderate substance use disorder, and six or more symptoms indicate a severe
 9 substance use disorder.

10 * * *

11 (32)(a) "Treatment facility" means any public or private hospital, retreat,
 12 institution, mental health center, or facility licensed by the state in which any person
 13 who is ~~mentally ill~~ has a mental illness or person who is suffering from ~~substance~~
 14 ~~abuse~~ a substance-related or addictive disorder is received or detained as a patient.
 15 The term includes Veterans Administration and public health hospitals and forensic
 16 facilities. "Treatment facility" includes but is not limited to the following, and shall
 17 be selected with consideration of first, medical suitability; second, least restriction
 18 of the person's liberty; third, nearness to the patient's usual residence; and fourth,
 19 financial or other status of the patient, except that such considerations shall not apply
 20 to forensic facilities:

- 21 (i) ~~Community mental health centers~~ Public and private behavioral health
 22 services providers licensed pursuant to R.S. 40:2151 et seq.
- 23 (ii) ~~Private clinics~~ Licensed residential treatment facilities.
- 24 (iii) ~~Public or private halfway houses.~~
- 25 (iv) ~~Public or private nursing homes.~~
- 26 (v) ~~Public or private general hospitals.~~
- 27 (vi) ~~(iv)~~ (iv) Public or private mental psychiatric hospitals.
- 28 (vii) ~~Detoxification centers.~~
- 29 (viii) ~~Substance abuse clinics.~~

1 (b) Addictive disorders include mood-altering behaviors or activities or
2 process addictions. Examples of process addictions include, without limitation,
3 gambling, spending, shopping, eating, and sexual activity.

4 (34) "Behavioral health" is a term used to refer to both mental health and
5 substance use.

6 (35) "Client" refers to a recipient of services who has been charged with or
7 convicted of a crime or misdemeanor and who requires special protection and
8 restraint in a forensic treatment facility.

9 (36) "Legal guardian" means a person judicially or statutorily designated
10 with the duty and authority to make decisions in matters having a permanent effect
11 on the life and development of the individual on whose behalf the guardianship is
12 established.

13 (37) "Local governing entity" means an integrated human services delivery
14 system with local accountability and management and which provides behavioral
15 health and developmental disabilities services through local human services districts
16 and authorities.

17 (38) "State psychiatric hospital" means a public, state-owned and operated
18 inpatient facility for the treatment of mental illness and substance-related and
19 addictive disorders.

20 (39) "Substance-related disorders" encompass disorders relating to the use
21 of drugs in any of the following classes, which are not fully distinct:

22 (a) Alcohol.

23 (b) Caffeine.

24 (c) Cannabis.

25 (d) Hallucinogens, with separate categories for phencyclidine or similarly
26 acting arylcyclohexylamines and for other hallucinogens.

27 (e) Inhalants.

28 (f) Opioids.

29 (g) Sedatives, hypnotics, and anxiolytics.

1 families, and communities by providing leadership and establishing and participating
 2 in partnerships for the continuation of ~~mental and~~ behavioral health services
 3 throughout the state, including cooperative agreements, mergers, joint ventures, and
 4 consolidations among ~~mental and~~ behavioral health care facilities. Consumer and
 5 advocate participation in the process can only aid in the delivery of services to those
 6 most in need. To improve the quality of services available and promote treatment,
 7 which often involves the rehabilitation, recovery, and reintegration of persons
 8 suffering from mental illness, substance-related or addictive disorders, or both, the
 9 state should secure adequate funding for ~~mental and~~ behavioral health services and
 10 require state departments to exercise fiscal responsibility in the allocation of these
 11 resources.

12 §13. Management of ~~mental and~~ behavioral health resources

13 In the operational management of the office of behavioral health, the
 14 department may guarantee the efficient and effective use and retention of the state's
 15 scarce ~~mental and~~ behavioral health resources to adequately provide for the peace,
 16 health, safety, and general welfare of the public, by ensuring the following:

17 (1) Accountability of efficient and effective services through state-of-the-art
 18 quality and performance measures and statewide standards for monitoring quality of
 19 service and performance and reporting of quality of service and performance
 20 information. These processes may be designed so as to maximize the use of
 21 available resources for direct care of people ~~with~~ who have a mental illness or a
 22 substance-related or addictive disorder and to assure uniform data collection across
 23 the state.

24 * * *

25 (3) Coordination of integration of services offered by department and ~~mental~~
 26 ~~and~~ behavioral health communities, including the office of behavioral health and
 27 ~~their~~ its respective contract providers, involved in the delivery of mental and
 28 behavioral health treatment, along with local systems and groups, public and private,
 29 such as state ~~mental~~ psychiatric hospitals, public health organizations, parish

1 authorities, child protection, and regional support networks, aimed at reducing
2 duplication in service delivery and promoting complementary services among all
3 entities that provide ~~mental and~~ behavioral health services to adults and children
4 throughout the state.

5 * * *

6 (5) Recognition of the respective ~~regions of the department~~ local governing
7 entities of the state as ~~the~~ a focal point of all ~~mental and~~ behavioral health planning
8 activities, including budget submissions, grant applications, contracts, and other
9 arrangements that can be effected at the state and ~~regional~~ local levels.

10 * * *

11 §14. Funding priorities; cost-effectiveness

12 A. The department may ensure that all current and future funds are expended
13 in the most cost-effective manner and services are provided in accordance with
14 recommended best practices subject to state oversight to ensure accountability to
15 taxpayers and the public. The department may evaluate existing proposed
16 expenditure plans for ~~mental and~~ behavioral health services and determine the best
17 use of such funds to achieve positive policy outcomes in the ~~mental and~~ behavioral
18 health ~~communities~~ community. This effort may involve the use of innovative
19 methods of expanding the reach of current funding and securing increased local,
20 regional, state, federal, or private source funding in the future. The department may
21 develop methods for estimating the need for ~~mental and~~ behavioral health services
22 in certain regions of the state, with special attention to underfunded and inaccessible
23 programs, and allocate state funds or resources according to that need.

24 B. The state may continue to provide funding for ~~mental and~~ behavioral
25 health services that are not less than the existing allocations from the state general
26 fund.

27 §15. Innovative ~~mental and~~ behavioral health services; programs

28 A. The department may develop goals, objectives, and priorities for the
29 creation of innovative programs which promote and improve the ~~mental and~~

1 behavioral health of the citizens of the state by making treatment and support
2 services available to those persons who are most in need and least able to pay. These
3 programs may achieve the following:

4 * * *

5 (3) Promote interagency collaboration by improving the integration and
6 effectiveness of state agencies responsible for ~~mental and~~ behavioral health care.

7 * * *

8 (9) Promote emerging best practices and increased quality of care in the
9 delivery of ~~mental and~~ behavioral health services.

10 B. The department may collaborate with ~~mental and~~ behavioral health
11 advocates, clinicians, physicians, professional organizations, ~~parish human service~~
12 ~~authorities~~ local governing entities, local citizens, consumers, and family members
13 in the planning, designing, and implementation of innovative mental and behavioral
14 health service programs and priorities in their respective regions throughout the state.

15 PART II. ~~INSTITUTIONS~~ FACILITIES AND PLACES FOR ~~MENTAL~~
16 BEHAVIORAL HEALTH PATIENTS

17 * * *

18 §21. State psychiatric hospitals for ~~persons with mental illness and addictive~~
19 ~~disorders~~

20 A. ~~The~~ For purposes of this Part, "state psychiatric hospital" refers to the
21 hospital at Jackson, known as the ~~East Louisiana State Hospital~~ Eastern Louisiana
22 Mental Health System, and the hospital at Pineville, known as the Central Louisiana
23 State Hospital, ~~and the hospital at Mandeville, known as the Southeast Louisiana~~
24 ~~Hospital~~, which are designated as the hospitals for persons ~~with~~ who have a mental
25 ~~illness and addictive disorders~~ or a substance-related or addictive disorder until such
26 time as separate or other hospitals are established. The assistant secretary of the
27 office of behavioral health of the department may reorganize and consolidate the
28 administration of the hospitals or facilities, ~~including the Feliciana Forensic Facility,~~

1 ~~the Greenwell Springs Hospital, and the New Orleans Adolescent Hospital as~~
2 ~~necessary to comply with the provisions of the State Mental Health Plan.~~

3 B. The assistant secretary of the office of behavioral health of the department
4 may establish residential settings as satellite facilities to these hospitals from funds
5 presently allocated or to be allocated to these ~~institutions~~ hospitals by the legislature.

6 * * *

7 §21.1. ~~Alcoholism~~ Substance-related and addictive disorders; treatment in state
8 supported psychiatric hospitals

9 A. The Louisiana Department of Health is authorized to accept as indigent
10 patients ~~poor and destitute persons~~ suffering from ~~alcoholism~~ co-occurring
11 substance-related or addictive disorders and to give such patients the care and
12 treatment required ~~to restore them in mind and body.~~

13 B. The purpose of this Section is to recognize ~~alcoholism~~ substance-related
14 and addictive disorders as a sickness or disease and to place those suffering from it
15 in the same position relative to obtaining treatment as persons suffering from other
16 diseases.

17 §22. Crisis response system

18 * * *

19 B. Each human service district, authority, local governmental entity, or
20 region of the Louisiana Department of Health shall develop a plan to do all of the
21 following:

22 * * *

23 C. Each crisis response system will be designed by a local collaborative
24 which shall include but not be limited to:

25 (1) The local provider of mental health, substance-related or addictive
26 disorders, and developmental disability services.

27 * * *

1 §22.5. Community ~~mental health centers~~ behavioral health clinics; behavioral health
2 services providers

3 The ~~community mental health centers~~ located in Lafayette, Pineville, Lake
4 Charles, Baton Rouge, New Orleans, Crowley, Shreveport, and Monroe for the care,
5 treatment, and rehabilitation at the community level of persons with mental illness
6 and persons who are mentally defective as defined in R.S. 28:2 are created and
7 continued as units of the department under its supervision and administration.
8 Guidance centers heretofore established may be converted to mental health centers
9 by the department or two or more of them may be merged and consolidated into a
10 mental health center by the department.

11 A. Community behavioral health clinics are facilities operating as behavioral
12 health services providers as defined in R.S. 40:2153 and licensed by the department
13 pursuant to the provisions of R.S. 40:2151 et seq. Community behavioral health
14 clinics may be operated or contracted by local governing entities and may be a
15 component of the crisis response system.

16 B. Community behavioral health clinics are differentiated from community
17 mental health centers, which are certified by the federal government and defined by
18 42 CFR 410.2 as entities that provide certain services as described in the Public
19 Health Service Act and meet federal criteria for operation and reimbursement.

20 * * *

21 §22.7. Geriatric hospitals and units

22 A. The department may establish and administer geriatric hospitals or units
23 to receive and care for persons who are elderly or infirm who have been discharged
24 by a hospital for persons ~~with~~ who have a mental illness and for other persons who
25 are elderly or infirm and in need of nursing and medical care. Such hospitals or units
26 may be established on sites designated by the department, provided that no such
27 geriatric hospital or unit may be established on any site located more than five air
28 miles from the administrative office of ~~East Louisiana State Hospital~~ Eastern
29 Louisiana Mental Health System or more than one air mile from the administrative

1 office of Central Louisiana State Hospital. Persons admitted to such geriatric
2 hospitals or units or their responsible relatives shall pay the cost of their maintenance
3 and care.

4 * * *

5 §22.9. Rosenblum Mental Health Center

6 The name of the Hammond Mental Health Center is changed to the
7 Rosenblum Mental Health Center and under such name it shall continue to serve as
8 an outpatient center for the care, treatment, and rehabilitation of persons with who
9 have a mental illness and persons ~~who are mentally defective~~ with intellectual or
10 developmental disabilities at the region level.

11 §23. Psychiatric inpatient units in state general hospitals

12 The department ~~shall~~ may establish psychiatric inpatient units in state-owned
13 or state-contracted general hospitals for the emergency and temporary care of cases
14 of acute mental illness.

15 §25. Provisions for close confinement of certain ~~mental~~ patients who have a mental
16 illness

17 A. At ~~institutions~~ hospitals that it may designate, the department may
18 provide facilities for the care and confinement of ~~mental~~ patients who have a mental
19 illness and who require close confinement in the interest of themselves and of the
20 public.

21 B. The department shall designate places of confinement for patients of
22 dangerous tendencies and for ~~those~~ clients charged with or convicted of a crime or
23 misdemeanor who require special protection and restraint.

24 §25.1. Establishment of Feliciana Forensic Facility; authorization to establish
25 forensic facilities in New Orleans, Baton Rouge, Shreveport, and Alexandria

26 A. The forensic unit at ~~East Louisiana State Hospital~~ Eastern Louisiana
27 Mental Health System is hereby declared to be a separate and distinct facility from

1 East Louisiana State Hospital and hereafter shall be known as the Feliciana Forensic
2 Facility.

3 * * *

4 C.(1)(a) The ~~superintendent~~ director or administrator of any such facility
5 shall admit only those persons:

6 * * *

7 (v) Judicially committed to and transferred from any ~~state~~ hospital for
8 persons ~~with~~ who have a mental illness or who are inebriate substance-related or
9 addictive disorder.

10 (b) A transfer from any other ~~state~~ hospital shall be had only after the
11 director or administrator of the transferring facility, in concurrence with two
12 psychiatrists, has determined and certified in writing to such forensic facility that the
13 person to be transferred is dangerous to others and that the transferring facility
14 cannot adequately protect its staff and patients from such person.

15 (c) The decision to transfer shall not be made until after the person who is
16 proposed to be transferred has had an opportunity to be heard regarding his actions
17 upon which the proposed transfer is based by the director or administrator and two
18 concurring psychiatrists.

19 * * *

20 (2)(a) The administrator of the Feliciana Forensic Facility shall refuse
21 admission to any person if:

22 * * *

23 (iv) The person from a ~~state~~ hospital or correctional institution is not
24 accompanied by a summary of the facts presented at the hearing at which the person
25 objected to his transfer to the forensic facility and a summary of the person's
26 objections.

27 * * *

28 D. The department may contract with local law enforcement agencies and
29 the Department of Corrections to provide security personnel for ~~mental health~~

1 ~~patients~~ clients placed in such forensic units, or other facilities to which such ~~patients~~
2 clients may be temporarily referred for medical treatment.

3 §25.2. Granting of passes to ~~patients~~ Feliciana Forensic Facility clients

4 A. Notwithstanding any other provision of law to the contrary, including any
5 provision of the Code of Criminal Procedure, the administrator of the Feliciana
6 Forensic Facility, in his discretion, may grant any ~~patient~~ client committed to his
7 custody a pass or furlough from the facility, except those ~~patients~~ clients who are
8 under commitment to the Department of Public Safety and Corrections.

9 B. The administrator shall not grant any ~~patient~~ client a pass or furlough for
10 release from the facility except upon the recommendation of the ~~patient's~~ client's
11 treating psychiatrist and with prior approval of the committing court. The
12 administrator may impose conditions on a pass or furlough. Any pass or furlough
13 granted shall be for a fixed period of time.

14 * * *

15 PART III. EXAMINATION, ADMISSION, COMMITMENT, AND
16 TREATMENT OF PERSONS SUFFERING FROM MENTAL ILLNESS AND
17 ~~SUBSTANCE ABUSE~~ SUBSTANCE-RELATED OR ADDICTIVE DISORDERS

18 §50. Declaration of policy

19 The underlying policy of this Chapter is as follows:

20 (1) That persons ~~with~~ who have a mental illness and persons suffering from
21 ~~substance abuse~~ a substance-related or addictive disorder be encouraged to seek
22 voluntary treatment.

23 * * *

24 (3) That continuity of care for persons ~~with~~ who have a mental illness and
25 persons suffering from ~~substance abuse~~ a substance-related or addictive disorder be
26 provided.

1 (4) That mental health and ~~substance abuse~~ substance-related and addictive
2 disorder treatment services be delivered as near to the place of residence of the
3 person receiving such services as is reasonably possible and medically appropriate.

4 * * *

5 (6) That no person solely as a result of mental illness, ~~or alcoholism~~
6 substance-related or addictive disorder, or incapacitation by alcohol shall be confined
7 in any jail, prison, correctional facility, or criminal detention center. This shall not
8 apply to persons arrested, charged, or convicted under Title 14 of the Louisiana
9 Revised Statutes of 1950.

10 * * *

11 §51. Procedures for admission

12 * * *

13 C. The Louisiana Department of Health, through its hospitals, ~~mental~~
14 behavioral health clinics, and similar ~~institutions, shall have the duty to assist~~
15 facilities, may direct petitioners and other persons ~~in the preparation of~~ to appropriate
16 resources regarding petitions for commitment, requests for protective custody orders,
17 and requests for emergency certificates; upon request of such persons.

18 §51.1. Treatment facility; staff membership and institutional privileges; certain
19 health care providers

20 A.(1) Notwithstanding any provision of the law to the contrary, the
21 governing body of a treatment facility, as defined in R.S. 28:2, may grant staff
22 membership, specifically delineated institutional privileges, or both, to any duly
23 licensed, certified or registered ~~health care~~ healthcare provider in accordance with
24 the needs and bylaws of the treatment facility, including but not limited to a
25 physician, psychiatrist, psychologist, medical psychologist or psychiatric mental
26 health nurse practitioner, as defined in R.S. 28:2.

27 * * *

1 §52. Voluntary admissions; general provisions

2 A. Any person who ~~is mentally ill~~ has a mental illness or person who is
3 suffering from ~~substance abuse~~ a substance-related or addictive disorder may apply
4 for voluntary admission to a treatment facility. ~~The admitting physician may admit~~
5 ~~the person on either a formal or informal basis, as hereinafter provided.~~

6 B. Admitting physicians are encouraged to admit persons ~~with~~ who have a
7 mental illness or persons suffering from ~~substance abuse~~ a substance-related or
8 addictive disorder to treatment facilities on voluntary admission status whenever
9 medically feasible.

10 C. No director or administrator of a treatment facility shall prohibit any
11 person who ~~is mentally ill~~ has a mental illness or person who is suffering from
12 ~~substance abuse~~ a substance-related or addictive disorder from applying for
13 conversion of involuntary or emergency admission status to voluntary admission
14 status. Any patient on an involuntary admission status shall have the right to apply
15 for a writ of habeas corpus in order to have his admission status changed to voluntary
16 status.

17 * * *

18 G.

19 * * *

20 (2) Knowing and voluntary consent shall be determined by the ability of the
21 individual to understand all of the following:

22 (a) That the treatment facility to which the patient is requesting admission
23 is one for persons ~~with~~ who have a mental illness or persons suffering from
24 ~~substance abuse~~ a substance-related or addictive disorder.

25 * * *

26 H.

27 * * *

28 (2)(a) Notwithstanding the provision of Paragraph (1) of this Subsection, any
29 licensed physician may administer medication to a patient without his consent and

1 against his wishes in a situation which, in the reasonable judgment of the physician
2 who is observing the patient during the emergency, constitutes a psychiatric or
3 behavioral emergency. For purposes of this Paragraph a "psychiatric or behavioral
4 emergency" occurs when a patient, as a result of mental illness, ~~substance abuse a~~
5 substance-related or addictive disorder, or intoxication, engages in behavior which,
6 in the clinical judgment of the physician, places the patient or others at significant
7 and imminent risk of damage to life or limb. The emergency administration of
8 medication may be continued until the emergency subsides, but in no event shall it
9 exceed forty-eight hours, except on weekends or holidays when it may be extended
10 for an additional twenty-four hours.

11 (b) The physician shall make a reasonable effort to consult with the primary
12 physician or primary care provider outside the facility that has previously treated the
13 patient for his ~~mental~~ behavioral health condition at the earliest possible time, but in
14 no event more than forty-eight hours after the emergency administration of
15 medication has begun, except on weekends or holidays, when the time period may
16 be extended an additional twenty-four hours. The physician shall record in the
17 patient's file either the date and time of the consultation and a summary of the
18 comments of the primary physician or primary care provider or, if the physician is
19 unable to consult with the primary physician or primary care provider, the date and
20 time that a consultation with the primary physician or primary care provider was
21 attempted.

22 §52.2. Formal voluntary admission

23 A. Any person who is ~~mentally ill~~ has a mental illness or person who is
24 suffering from ~~substance abuse a~~ substance-related or addictive disorder desiring
25 admission to a treatment facility for diagnosis ~~and/or~~ or treatment of a psychiatric
26 disorder or ~~substance abuse a~~ substance-related or addictive disorder and who is
27 deemed suitable for formal voluntary admission by the admitting physician may be
28 so admitted upon his written request.

1 B. A patient admitted under the provisions of this Section shall not be
2 detained in the treatment facility for longer than seventy-two hours after making a
3 valid written request for discharge to the director or administrator of the treatment
4 facility unless an emergency certificate is executed pursuant to R.S. 28:53, or unless
5 judicial commitment is instituted pursuant to R.S. 28:54, ~~after making a valid written~~
6 ~~request for discharge to the director of the treatment facility.~~

7 §52.3. Noncontested admission

8 A. A person who ~~is mentally ill~~ has a mental illness or person who is
9 suffering from ~~substance abuse~~ a substance-related or addictive disorder who does
10 not have the capacity to make a knowing and voluntary consent to a voluntary
11 admission status and who does not object to his admission to a treatment facility may
12 be admitted to a treatment facility as a noncontested admission. Such person shall
13 be subject to the same rules and regulations as a person admitted on a voluntary
14 admission status and his treatment shall be governed by the provisions of R.S.
15 28:52(H).

16 B. A noncontested admission may be made by a physician to a treatment
17 facility in order to initiate a complete diagnostic and evaluative study. The diagnosis
18 and evaluation shall include complete medical, social, and psychological studies and,
19 when medically indicated, any other scientific study which may be necessary in
20 order to make decisions relative to the treatment needs of the patient. In the absence
21 of specified medical reasons, the diagnostic studies shall be completed in fourteen
22 days. Alternative community-based services shall be thoroughly considered.

23 C. Following a review of the diagnostic evaluation study, the director or
24 administrator of the treatment facility shall determine if the person is to remain on
25 noncontested status, is to be discharged, is to be converted to formal ~~or informal~~
26 voluntary status, or is to be involuntarily hospitalized pursuant to R.S. 28:53 or R.S.
27 28:54. Nothing in this Section shall be interpreted to prohibit the director of a
28 treatment facility from transferring the patient to another treatment facility when it
29 is medically indicated.

1 ~~C. D.~~ A person admitted pursuant to this Section may object to his admission
2 at any time. If the person informs a staff member of his desire to object to his
3 admission, a staff member shall assist him in preparing and submitting a valid
4 written objection to the director or administrator of the treatment facility. Upon
5 receipt of a valid objection, the director or administrator shall release the person
6 within seventy-two hours unless proceedings are instituted pursuant to R.S. 28:53 or
7 R.S. 28:54.

8 ~~D. E.~~ In no case shall a patient remain on noncontested status longer than
9 three months. Within that time, the patient must be converted to ~~either~~ a formal ~~or~~
10 ~~an informal~~ voluntary status, ~~or~~ be involuntarily hospitalized pursuant to R.S. 28:53
11 or R.S. 28:54, or be discharged.

12 §52.4. Admission by relative or legal guardian for substance-related or addictive
13 disorder treatment

14 A. A person suffering from ~~substance abuse~~ a substance-related or addictive
15 disorder may be admitted and detained at a ~~public or private general~~ hospital or a
16 ~~substance abuse in-patient~~ other treatment facility for observation, diagnosis, and
17 treatment for a medically necessary period ~~not to exceed twenty-eight days~~; when a
18 parent, spouse, legal guardian, or the major child of the person if that child has
19 attained the age of ~~18~~ eighteen years has admitted the person or caused him to be
20 admitted pursuant to the provisions of R.S. 28:53.2.

21 B. At the time of admission of the person, the parent, spouse, legal guardian,
22 or the major child of the person if that child has attained the age of ~~18~~ eighteen years
23 shall execute or provide a written statement of facts, including personal observations,
24 leading to the conclusion that the person is suffering from ~~substance abuse~~ a
25 substance-related or addictive disorder and is dangerous to himself or others or is
26 gravely disabled, specifically describing any dangerous acts or threats, and stating
27 that the person has been encouraged to seek treatment but is unwilling to be
28 evaluated on a voluntary basis.

1 C. As soon as practicable, but in no event more than twelve hours after
 2 admission to the hospital or ~~in-patient~~ other treatment facility, a physician shall
 3 examine the person and either execute an emergency certificate in accordance with
 4 R.S. 28:53(B) or order the person discharged. If an emergency certificate is
 5 executed, the physician or the director or administrator of the hospital or ~~in-patient~~
 6 other treatment facility shall immediately notify the coroner, and the coroner or his
 7 deputy shall conduct an independent examination, in accordance with R.S. 28:53(G).
 8 If the coroner or his deputy executes a second emergency certificate, the person may
 9 be detained for treatment for a medically necessary period ~~not to exceed twenty-eight~~
 10 ~~days from the date of his admission~~. Otherwise, he shall be discharged.

11 * * *

12 §53. Admission by emergency certificate; extension; payment for services rendered

13 A.(1) A person who is ~~mentally ill~~ has a mental illness or a person who is
 14 suffering from ~~substance abuse~~ a substance-related or addictive disorder may be
 15 admitted and detained at a treatment facility for observation, diagnosis, and treatment
 16 for a period not to exceed fifteen days under an emergency certificate.

17 (2) A person suffering from ~~substance abuse~~ a substance-related or addictive
 18 disorder may be detained at a treatment facility for one additional period, not to
 19 exceed fifteen days, provided that a second emergency certificate is executed. A
 20 second certificate may be executed only if and when a physician at the treatment
 21 facility and any other physician have examined the detained person within seventy-
 22 two hours prior to the termination of the initial fifteen-day period and certified in
 23 writing on the second certificate that the person remains dangerous to himself or
 24 others or gravely disabled, and that his condition is likely to improve during the
 25 extended period. The director shall inform the patient of the execution of the second
 26 certificate, the length of the extended period, and the specific reasons therefor, and
 27 shall also give notice of the same to the patient's nearest relative or other designated
 28 responsible party initially notified pursuant to Subsection F of this Section.

1 B.(1) Any physician, psychiatric mental health nurse practitioner, or
 2 psychologist may execute an emergency certificate only after an actual examination
 3 of a person alleged to ~~be mentally ill~~ have a mental illness or be suffering from
 4 ~~substance abuse~~ a substance-related or addictive disorder who is determined to be in
 5 need of immediate care and treatment in a treatment facility because the examining
 6 physician, psychiatric mental health nurse practitioner, or psychologist determines
 7 the person to be dangerous to self or others or to be gravely disabled. The actual
 8 examination of the person by a psychiatrist may be conducted by telemedicine
 9 utilizing video conferencing technology provided that a licensed health care
 10 professional who can adequately and accurately assist with obtaining any necessary
 11 information including but not limited to the information listed in Paragraph (4) of
 12 this Subsection shall be in the examination room with the patient at the time of the
 13 video conference. A patient examined in such a manner shall be medically cleared
 14 prior to admission to a mental health treatment facility. Failure to conduct an
 15 examination prior to the execution of the certificate will be evidence of gross
 16 negligence.

17 (2) The certificate shall state:

18 * * *

19 (b) The objective findings of the physician, psychiatric mental health nurse
 20 practitioner, or psychologist relative to the physical or mental condition of the
 21 person, leading to the conclusion that the person is dangerous to self or others or is
 22 gravely disabled as a result of ~~substance abuse~~ a substance-related or addictive
 23 disorder or mental illness.

24 * * *

25 (d) The determination of whether the person examined is in need of
 26 immediate care and treatment in a treatment facility because the patient is ~~either~~ any
 27 of the following:

28 * * *

1 G.

2 * * *

3 (2) Within seventy-two hours of admission, the person shall be
4 independently examined by the coroner or his deputy who shall execute an
5 emergency certificate, pursuant to Subsection B of this Section, which shall be a
6 necessary precondition to the person's continued confinement. Except as provided
7 in Paragraph (7) of this Subsection, if the actual examination by the psychiatrist
8 referred to in Paragraph ~~(1)~~ of Subsection B (B)(1) of this Section is conducted by
9 telemedicine, the seventy-two-hour independent examination by the coroner shall be
10 conducted in person.

11 * * *

12 (6) When a person is confined in a treatment facility other than a state ~~mental~~
13 ~~institution~~ psychiatric hospital, the examining coroner in the parish where the patient
14 is confined shall be entitled to the usual fee paid for this service to the coroner of the
15 parish in which the patient is domiciled or residing. When a person is confined in
16 a state ~~mental institution~~ psychiatric hospital in a parish other than his parish of
17 domicile or residence, the examining coroner shall be entitled to the fee authorized
18 by law in his parish for the service. In either case, the fee shall be paid and accurate
19 records of such payments kept by the governing authority of the parish in which the
20 patient is domiciled or residing from parish funds designated for the purpose of
21 payment to the coroner. ~~All coroners~~ Each coroner shall keep accurate records
22 showing the number of patients confined in ~~their parishes~~ his parish pursuant to this
23 Section.

24 * * *

25 J.(1) Upon the request of a credible person of legal age who is financially
26 unable to afford a private physician or who cannot immediately obtain an
27 examination by a physician, the parish coroner may render, or the coroner or a judge
28 of a court of competent jurisdiction may cause to be rendered by a physician, an
29 actual examination of a person alleged to ~~be mentally ill~~ have a mental illness or be

1 suffering from ~~substance abuse~~ a substance-related or addictive disorder and in need
2 of immediate medical treatment because he is dangerous to himself or others or is
3 gravely disabled. The actual examination of the person by a psychiatrist may be
4 conducted by telemedicine utilizing video conferencing technology provided that a
5 licensed health care professional who can adequately and accurately assist with
6 obtaining any necessary information including but not limited to the information
7 listed in Paragraph (B)(4) of this Section shall be in the examination room with the
8 patient at the time of the video conference. If the coroner is not a physician he may
9 deputize a physician to perform this examination. To accomplish the examination
10 authorized by this Subsection, if the coroner or the judge is apprehensive that his
11 own safety or that of the deputy or other physician may be endangered thereby, he
12 shall issue a protective custody order pursuant to R.S. 28:53.2.

13 (2) If the examining physician determines that the ~~above~~ standard provided
14 in Paragraph (1) of this Subsection is met, he shall execute an emergency certificate
15 and shall transport or cause to be transported the person named in the emergency
16 certificate to a treatment facility. Failure to render an actual examination prior to
17 execution of the emergency certificate shall be evidence of gross negligence.

18 (3) In any instance where the coroner or his deputy executes the first
19 emergency certificate, the second emergency certificate shall not be executed by the
20 coroner or his deputy, but the second emergency certificate may be executed by any
21 other physician including a physician at the treatment ~~center~~ facility. However, if
22 the first examination by the coroner is conducted by a psychiatrist utilizing video
23 conferencing technology, the second examination shall be conducted in person.

24 K.(1)(a) Patients admitted by emergency certificate may receive medication
25 and treatment without their consent, but no major surgical procedure or electroshock
26 therapy may be performed without the written consent of a court of competent
27 jurisdiction after a hearing. With regard to the administration of medicine, if the
28 patient objects to being medicated, prior to making a final decision, the treating
29 physician shall make a reasonable effort to consult with the primary physician or

1 primary care provider outside of the facility that has previously treated the patient
2 for his ~~mental~~ behavioral health condition. The treating physician shall, prior to the
3 administration of such medication, record in the patient's file either the date and time
4 of the consultation and a summary of the comments of the primary physician or
5 primary care provider or, if the treating physician is unable to consult with the
6 primary physician or primary care provider, the date and time that a consultation
7 with the primary physician or primary care provider was attempted.

8 (b) Notwithstanding the provisions of Subparagraph (a) of this Paragraph,
9 any licensed physician may administer medication to a patient without his consent
10 and against his wishes in a situation which, in the reasonable judgment of the
11 physician who is observing the patient during the emergency, constitutes a
12 psychiatric or behavioral health emergency. For purposes of this Paragraph a
13 "psychiatric or behavioral health emergency" occurs when a patient, as a result of
14 mental illness, ~~substance abuse~~ a substance-related or addictive disorder, or
15 intoxication engages in behavior which, in the clinical judgment of the physician,
16 places the patient or others at significant and imminent risk of damage to life or limb.
17 The emergency administration of medication may be continued until the emergency
18 subsides, but in no event shall it exceed forty-eight hours, except on weekends or
19 holidays when it may be extended for an additional twenty-four hours.

20 (c) The physician shall make a reasonable effort to consult with the primary
21 physician or primary care provider outside the facility that has previously treated the
22 patient for his ~~mental~~ behavioral health condition at the earliest possible time, but in
23 no event more than forty-eight hours after the emergency administration of
24 medication has begun, except on weekends or holidays, when the time period may
25 be extended an additional twenty-four hours. The physician shall record in the
26 patient's file either the date and time of the consultation and a summary of the
27 comments of the primary physician or primary care provider or, if the physician is
28 unable to consult with the primary physician or primary care provider, the date and

1 time that a consultation with the primary physician or primary care provider was
2 attempted.

3 * * *

4 L.(1) A peace officer or a peace officer accompanied by an emergency
5 medical service trained technician may take a person into protective custody and
6 transport him to a hospital or treatment facility for a medical evaluation when, as a
7 result of his personal observation, the peace officer or emergency medical service
8 technician has reasonable grounds to believe the person is a proper subject for
9 involuntary admission to a hospital or treatment facility because the person is acting
10 in a manner dangerous to himself or dangerous to others, is gravely disabled, and is
11 in need of immediate hospitalization to protect such a person or others from physical
12 harm. The person may ~~only~~ be transported only to ~~one of the following facilities:~~ a
13 treatment facility as defined in R.S. 28:2.

14 ~~(a) A community mental health center.~~

15 ~~(b) A public or private general hospital.~~

16 ~~(c) A public or private mental hospital.~~

17 ~~(d) A detoxification center.~~

18 ~~(e) A substance abuse clinic.~~

19 ~~(f) A substance abuse in-patient facility.~~

20 * * *

21 (3) In the case of a person suffering from ~~substance abuse~~ a substance-
22 related or addictive disorder and where ~~any of the above facilities are unavailable~~ no
23 facility listed in Paragraph (1) of this Subsection is available, the peace officer and
24 emergency medical service technician may use whatever means or facilities available
25 to protect the health and safety of the person suffering from ~~substance abuse~~ a
26 substance-related or addictive disorder until such time as any of the above facilities
27 become available. In taking a person into protective custody the peace officer and
28 emergency medical service technician may take reasonable steps to protect
29 themselves. A peace officer or emergency medical service technician who acts in

1 compliance with this section is acting in the course of his official duty and cannot be
2 subjected to criminal or civil liability as a result thereof.

3 * * *

4 §53.2. Order for custody; grounds; civil liability; criminal penalty for making a false
5 statement

6 A. Any parish coroner or judge of a court of competent jurisdiction may
7 order a person to be taken into protective custody and transported to a treatment
8 facility or the office of the coroner for immediate examination when a peace officer
9 or other credible person executes a statement under private signature specifying that,
10 to the best of his knowledge and belief, the person ~~is mentally ill~~ has a mental illness
11 or is suffering from substance abuse a substance-related or addictive disorder and is
12 in need of immediate treatment to protect the person or others from physical harm.
13 The statement may include the following information:

14 (1) A statement of facts, including the affiant's observations, leading to the
15 conclusion that the person ~~is mentally ill~~ has a mental illness or is suffering from
16 substance abuse a substance-related or addictive disorder and is dangerous to himself
17 or others or gravely disabled.

18 * * *

19 B. Any parish coroner or judge of a court of competent jurisdiction may
20 order that a person be taken into protective custody and transported to a treatment
21 facility or the office of the coroner for immediate examination when a physician,
22 psychiatric mental health nurse practitioner, psychologist or assigned case manager
23 pursuant to Part III-A of Chapter 1 of this Title presents to the coroner or judge an
24 order of involuntary outpatient treatment, and executes a statement specifying that
25 there is substantial evidence that the patient is not in compliance with the order and
26 there are reasonable grounds to believe that he poses a significant risk of being a
27 danger to self or others.

1 C. The order for custody shall be in writing, in the name of the state of
2 Louisiana, signed by the district judge or parish coroner, and shall state the
3 following:

4 * * *

5 (3) A description of the acts or threats which have led to the belief that the
6 person ~~is mentally ill~~ has a mental illness or is suffering from ~~substance abuse~~ a
7 substance-related or addictive disorder and is in need of immediate hospitalization
8 to protect the person or others from physical harm, ~~and~~.

9 * * *

10 F. Any person who is found guilty of executing a statement that another
11 person ~~is mentally ill~~ has a mental illness or is suffering from ~~substance abuse~~ a
12 substance-related or addictive disorder and is in need of immediate treatment to
13 protect the person or others that the affiant knows or should know is false may be
14 imprisoned, with or without hard labor, for not more than one year, or fined not more
15 than one thousand dollars.

16 * * *

17 §54. Judicial commitment; procedure

18 A. Any person of legal age may file with the court a petition which asserts
19 his belief that a person is suffering from mental illness which contributes or causes
20 that person to be a danger to himself or others or to be gravely disabled, or is
21 suffering from ~~substance abuse~~ a substance-related or addictive disorder which
22 contributes or causes that person to be a danger to himself or others or to be gravely
23 disabled and may thereby request a hearing. The petition may be filed in the judicial
24 district in which the respondent is confined, or if not confined, in the judicial district
25 where he resides or may be found. The hearing shall not be transferred to another
26 district except for good cause shown. A petitioner who is unable to afford an
27 attorney may seek the assistance of any legal aid society or similar agency if
28 available.

29 * * *

1 D.(1) As soon as practical after the filing of the petition, the court shall
 2 review the petition and supporting documents, and determine whether there exists
 3 probable cause to believe that the respondent is suffering from mental illness which
 4 contributes to his being or causes him to be a danger to himself or others or gravely
 5 disabled, or is suffering from ~~substance abuse~~ a substance-related or addictive
 6 disorder which contributes to his being or causes him to be a danger to himself or
 7 others or gravely disabled. If the court determines that probable cause exists, the
 8 court shall appoint a physician, preferably a psychiatrist, to examine the respondent
 9 and make a written report to the court and the respondent's attorney on the form
 10 provided by the office of behavioral health of the Louisiana Department of Health.
 11 The court-appointed physician may be the respondent's treating physician. The
 12 written report shall be made available to counsel for the respondent at least three
 13 days before the hearing. This report shall set forth specifically the objective factors
 14 leading to the conclusion that the person has a mental illness or suffers from
 15 ~~substance abuse~~ a substance-related or addictive disorder, the actions or statements
 16 by the person leading to the conclusion that the mental illness or ~~substance abuse~~
 17 substance-related addictive disorder causes the person to be dangerous to himself or
 18 others or to be gravely disabled and in need of immediate treatment as a result of
 19 such illness or ~~abuse~~ disorder, and why involuntary confinement and treatment are
 20 indicated. The following criteria should be considered by the physician:

21 (a) The respondent is suffering from serious mental illness which contributes
 22 or causes him to be dangerous to himself or others or to be gravely disabled or from
 23 ~~substance abuse~~ a substance-related or addictive disorder which contributes or causes
 24 him to be dangerous to himself or others or to be gravely disabled.

25 * * *

26 (3) If the respondent refuses to be examined by the court appointed physician
 27 as herein provided, or if the judge, after reviewing the petition and an affidavit filed
 28 pursuant to R.S. 28:53.2 or the report of the treating physician or the court appointed
 29 physician, finds that the respondent ~~is mentally ill~~ has a mental illness or is suffering

1 from ~~substance abuse~~ a substance-related or addictive disorder and is in need of
 2 immediate hospitalization to protect the person or others from physical harm, or that
 3 the respondent's condition may be markedly worsened by delay, then the court may
 4 issue a court order for custody of the respondent, and a peace officer shall deliver the
 5 respondent to a treatment facility designated by the court. The court shall also issue
 6 an order to the treatment facility authorizing detention of the respondent until the
 7 commitment hearing is completed, unless he is discharged by the director or
 8 administrator.

9 * * *

10 §55. Judicial hearings

11 * * *

12 B. The court shall provide the respondent a reasonable opportunity to select
 13 his own counsel. In the event the respondent does not select counsel and is unable
 14 to pay for counsel, or in the event counsel selected by the respondent refuses to
 15 represent ~~said~~ the respondent or is not available for such representation, then the
 16 court shall appoint counsel for the respondent provided by the mental health
 17 advocacy service. Reasonable compensation of appointed counsel shall be
 18 established by the court and may be ordered paid by the respondent or the petitioner
 19 in the discretion of the court if either is found financially capable. If it is determined
 20 by the court that the costs shall not be borne by the respondent or the petitioner, then
 21 compensation to the attorney shall be paid from funds appropriated to the judiciary.

22 * * *

23 E.(1) If the court finds by clear and convincing evidence that the respondent
 24 is dangerous to self or others or is gravely disabled, as a result of ~~substance abuse~~ a
 25 substance-related or addictive disorder or mental illness, it shall render a judgment
 26 for his commitment. After considering all relevant circumstances, including any
 27 preference of the respondent or his family, the court shall determine whether the
 28 respondent should be committed to a treatment facility which is medically suitable
 29 and least restrictive of the respondent's liberty. However, if the placement

1 determined by the court is unavailable, the court shall commit the respondent to the
2 Louisiana Department of Health for placement in a state treatment facility until such
3 time as an opening is available for transfer to the treatment center determined by the
4 court, unless the respondent waives the requirement for such transfer. Within fifteen
5 days following an alternative placement, the department shall submit a report to the
6 court stating the reasons for such placement and seeking court approval of the
7 placement.

8 * * *

9 (3) Unless prohibited by the respondent, the department shall notify the
10 respondent's family of his placement at ~~and/or~~ or transfer to a state treatment facility.

11 (4) The director or administrator shall notify the court in writing when a
12 patient has been discharged or conditionally discharged.

13 (5) The court order shall order a suitable person to convey such person to the
14 treatment facility and deliver respondent, together with a copy of the judgment and
15 certificates, to the director or administrator. In appointing a person to execute the
16 order, the court should give preference to a legal guardian, near relative₂, or friend of
17 the respondent.

18 * * *

19 F. Notice of any action taken by the court shall be given to the respondent
20 and his attorney as well as to the director or administrator of the designated treatment
21 facility in such manner as the court concludes would be appropriate under the
22 circumstances.

23 G. Each court shall keep a record of the cases relating to persons ~~with who~~
24 have a mental illness coming before it under this Title and the disposition of ~~them~~
25 those cases. It shall also keep on file the original petition and certificates of
26 physicians required by this Section, or a microfilm duplicate of such records. All
27 records maintained in the courts under the provisions of this Section shall be sealed
28 and available only to the respondent or his attorney, unless the court, after hearing

1 held with notice to the respondent, determines such records should be disclosed to
2 a petitioner for cause shown.

3 * * *

4 I.(1)(a) A patient confined to a treatment facility by judicial commitment
5 may receive medication and treatment without his consent, but no major surgical
6 procedures or electroshock therapy may be performed without the written authority
7 of a court of competent jurisdiction after a hearing. With regard to the
8 administration of medicine, if the patient objects to being medicated, prior to making
9 a final decision, the treating physician shall make a reasonable effort to consult with
10 the primary physician or the primary care provider outside of the facility that has
11 previously treated the patient for his ~~mental~~ behavioral health condition. The
12 treating physician shall, prior to the administration of such medication, record in the
13 patient's file either the date and time of the consultation and a summary of the
14 comments of the primary physician or primary care provider or, if the treating
15 physician is unable to consult with the primary physician or primary care provider
16 the date and time that a consultation with the primary physician or primary care
17 provider was attempted.

18 (b) Notwithstanding the provisions of Subparagraph (a) of this Paragraph,
19 any licensed physician may administer medication to a patient without his consent
20 and against his wishes in situations which, in the reasonable judgment of the
21 physician who is observing the patient during the emergency, constitutes a
22 psychiatric or behavioral health emergency. For purposes of this Paragraph, a
23 "psychiatric or behavioral health emergency" occurs when a patient, as a result of
24 mental illness, ~~substance abuse~~ a substance-related or addictive disorder, or
25 intoxication engages in behavior which, in the clinical judgment of the physician,
26 places the patient or others at significant and imminent risk of damage to life or limb.
27 The emergency administration of medication may be continued until the emergency
28 subsides, but in no event shall it exceed forty-eight hours, except on weekends or
29 holidays when it may be extended for an additional twenty-four hours.

1 (c) The physician shall make a reasonable effort to consult with the primary
2 physician or primary care provider outside the facility that has previously treated the
3 patient for his ~~mental~~ behavioral health condition at the earliest possible time, but in
4 no event more than forty-eight hours after the emergency administration of
5 medication has begun, except on weekends or holidays, when the time period may
6 be extended an additional twenty-four hours. The physician shall record in the
7 patient's file either the date and time of the consultation and a summary of the
8 comments of the primary physician or primary care provider or, if the physician is
9 unable to consult with the primary physician or primary care provider the date and
10 time that a consultation with the primary physician or primary care provider was
11 attempted.

12 (2) If the director or administrator of the hospital, in consultation with two
13 physicians, determines that the condition of a committed patient is of such critical
14 nature that it may be life-threatening unless major surgical procedures or
15 electroshock treatment is administered, such measures may be performed without the
16 consent otherwise provided for in this Section.

17 J. No director or administrator of a treatment facility shall prohibit any
18 person who ~~is mentally ill~~ has a mental illness or person who is suffering from
19 ~~substance abuse~~ a substance-related or addictive disorder from applying for
20 conversion of involuntary or emergency admission status to voluntary admission
21 status. Any patient on an involuntary admission status shall have the right to apply
22 for a writ of habeas corpus to have his admission status changed to voluntary status.

23 §56. Judicial commitment; review; appeals

24 A.(1)(a) Except as provided in Subparagraph (b) of this Paragraph, all
25 judicial commitments except those for ~~alcoholism~~ alcohol use disorder shall be for
26 a period not to exceed one hundred eighty days. The period of commitment shall
27 expire at the end of the judicial commitment period, and the patient, if not converted
28 to a voluntary status, shall be discharged unless a petition for judicial commitment
29 has been filed prior to the expiration of the commitment period. If the court finds by

1 clear and convincing evidence that the patient is dangerous to self or others or is
2 gravely disabled as a result of mental illness, it shall render a judgment for his
3 commitment for an additional period. Except as provided in Subparagraph (b) of
4 this Paragraph, each additional judicial commitment shall expire at the end of one
5 hundred eighty days.

6 * * *

7 (2)

8 * * *

9 (b) All judicial commitments shall be reviewed by the court issuing the order
10 for commitment every ninety days, except those for ~~alcoholism~~ alcohol use disorder
11 and except those individuals committed pursuant to Code of Criminal Procedure
12 Article 648(B) whose cases shall continue to be reviewed annually. The director or
13 administrator of the treatment facility to which the person has been judicially
14 committed shall issue reports to the court and to counsel of record at these intervals
15 setting forth the patient's response to treatment, his current condition, and the reasons
16 why continued involuntary treatment is necessary to improve the patient's condition
17 or to prevent it from deteriorating. These reports shall be treated by the court as
18 confidential and shall not be available for public examination, nor shall they be
19 subject to discovery in any proceedings other than those initiated pursuant to this
20 Title.

21 * * *

22 B. A commitment for ~~alcoholism~~ alcohol use disorder shall expire after
23 forty-five days and the patient, if not converted to a voluntary status, shall be
24 discharged, unless the court, upon application by the director or administrator of the
25 treatment facility, finds that continued involuntary treatment is necessary and orders
26 the patient recommitted for a period not to exceed sixty days; however, not more
27 than two such sixty-day commitments may be ordered in connection with the same
28 continuous confinement.

1 to periodic reports and review, and a hearing pursuant to Subsections A and B of this
2 Section.

3 (4) An extension of a conditional discharge may be granted upon application
4 by the director or administrator of the treatment facility to the court and notification
5 to respondent's counsel of record. The court may grant the extension of the
6 conditional discharge for a period of up to one hundred twenty days. No further
7 extension may be made without a contradictory hearing. The burden of proof is on
8 the director or administrator of the treatment facility to show why continued
9 treatment is necessary.

10 * * *

11 §59. Commitment of prisoners

12 * * *

13 C. Any person serving a sentence who ~~becomes mentally ill~~ develops a
14 mental illness may be committed to the proper institution in the manner provided for
15 judicial commitment by the district court of the place of incarceration and
16 contradictorily with the ~~superintendent~~ director or administrator of the place of
17 incarceration or with the sheriff of that parish. The period of commitment shall be
18 credited against the sentence imposed by the court.

19 D. The department shall designate ~~institutions~~ hospitals or treatment
20 facilities for the care of ~~mental patients~~ clients who have a mental illness committed
21 in accordance with this Section.

22 §62. Commitment to United States veterans and public health service hospitals

23 A. The judge of the civil district court may commit to a United States
24 veterans hospital or United States public health service hospital any eligible
25 incompetent veteran or other person who is in need of ~~institutional~~ inpatient
26 psychiatric care.

27 B. Prior to commitment, the ~~superintendent~~ director or administrator of the
28 hospital shall have indicated his willingness to accept the patient and the ability to
29 care for him. Upon admission, the patient is subject to the rules and regulations of

1 the hospital and its officials are vested with the same powers exercised by
2 ~~superintendents~~ directors or administrators of state ~~mental~~ psychiatric hospitals with
3 reference to the retention of custody of the committed patient.

4 C. In the commitment of patients ~~under~~ pursuant to the provisions of this
5 Section, the court shall notify the patient of the proceedings and shall give him an
6 opportunity to appear and defend himself.

7 * * *

8 §64. Mental Health Advocacy Service; creation; board of trustees; organization;
9 powers; duties

10 * * *

11 F.(1) Any attorney representing a person ~~with~~ who has a mental illness or a
12 respondent as defined herein shall have ready access to view and copy all mental
13 health and developmental disability records pertaining to his client, unless the client
14 objects. If the patient or respondent later retains a private attorney to represent him,
15 the mental health advocacy service shall destroy all copies of records pertaining to
16 his case.

17 (2) Any attorney representing a person ~~with~~ who has a mental illness or a
18 respondent as defined herein shall have the opportunity to consult with his client
19 whenever necessary in the performance of his duties. A treatment facility shall
20 provide adequate space and privacy for the purpose of attorney-client consultation.

21 * * *

22 §67. Petition to the court

23 A petition for an order authorizing involuntary outpatient treatment may be
24 filed in the judicial district in the parish in which the patient is present or reasonably
25 believed to be present. A petition to obtain an order authorizing involuntary
26 outpatient treatment may be initiated by one of the following persons:

27 (1) The director or administrator of a hospital in which the patient is
28 hospitalized.

29 * * *

1 (3) The director of the ~~human service district~~ local governing entity, or his
2 designee, ~~or the manager of the regional office of the Louisiana Department of~~
3 ~~Health, office of behavioral health, or his designee,~~ in the parish in which the patient
4 is present or reasonably believed to be present.

5 * * *

6 §69. Procedure

7 A.(1) Upon the filing of the petition authorized by R.S. 28:67, the court shall
8 assign a time and place for a hearing, which may be conducted before any judge in
9 the judicial district, within five days, and shall cause reasonable notice thereof and
10 a copy of the petition to be served upon the respondent, respondent's attorney, the
11 petitioner and the director of the ~~human service district or the regional manager of~~
12 ~~the Louisiana Department of Health, office of behavioral health,~~ local governing
13 entity in the parish where the petition has been filed. The notice shall inform the
14 respondent that he has a right to be present, a right to counsel, which may be
15 appointed, if he is indigent or otherwise qualified, has the right to counsel appointed
16 to represent him by the Mental Health Advocacy Service, and a right to cross
17 examine witnesses. Continuances shall be granted only for good cause shown.

18 * * *

19 §70. Written treatment plan for involuntary outpatient treatment

20 A. The court shall not order involuntary outpatient treatment unless an
21 examining physician, psychiatric mental health nurse practitioner or psychologist
22 appointed by the appropriate director of the ~~human service district or regional~~
23 ~~manager of the Louisiana Department of Health, office of behavioral health,~~ local
24 governing entity develops and provides to the court a proposed written treatment
25 plan. The written treatment plan shall be developed by a treatment team which shall
26 include a case manager, clinical social worker and licensed physician, psychiatrist,
27 psychiatric mental health nurse practitioner or psychologist and other specialized
28 service providers as deemed appropriate by the director ~~or regional manager~~
29 as the patient and upon his request, an individual significant to him and concerned

1 with his welfare. The written treatment plan shall include appropriate services to
 2 provide care coordination. Such services shall include case management services or
 3 assertive community treatment teams. The written treatment plan shall also include
 4 appropriate categories of services, as set forth in Subsection E of this Section, which
 5 such team recommends the patient should receive. If the written treatment plan
 6 includes medication, it shall state whether the medication should be self-
 7 administered or administered by authorized personnel, and shall specify type and
 8 dosage range of medication most likely to provide maximum benefit for the patient.

9 B. If the written treatment plan includes ~~alcohol or substance abuse~~
 10 substance-related or addictive disorder counseling and treatment, it may include a
 11 provision requiring testing for either alcohol or illegal substances provided the
 12 clinical basis for recommending such plan provides sufficient facts for the court to
 13 find all of the following:

14 (1) The patient has a history of ~~alcohol or substance abuse~~ a substance-
 15 related or addictive disorder that is clinically related to the mental illness.

16 * * *

17 E.

18 * * *

19 (2) Services may include, but are not limited to, the following:

20 * * *

21 (f) ~~Alcohol or substance abuse~~ Substance-related or addictive disorder
 22 treatment.

23 * * *

24 §71. Disposition

25 * * *

26 B. If the court finds by clear and convincing evidence that the patient meets
 27 the criteria for involuntary outpatient treatment, and no less restrictive alternative is
 28 feasible, the court shall order that the patient receive involuntary outpatient treatment
 29 for an initial period not to exceed one year. The court shall state reasons why the

1 proposed treatment plan is the least restrictive treatment appropriate and feasible for
 2 the patient. The order shall state the categories of involuntary outpatient treatment
 3 as set forth in R.S. 28:70, which the patient is to receive, and the court may not order
 4 treatment that has not been recommended by the physician, psychiatric mental health
 5 nurse practitioner, or psychologist in consultation with the treatment team and
 6 included in the written treatment plan. The plan shall be certified by the director of
 7 the ~~human service district or the regional manager of the Louisiana Department of~~
 8 ~~Health, office of behavioral health,~~ local governing entity responsible for services
 9 in the district where the petition is filed, as offering services which are available
 10 through their offices. The court shall not order an outpatient commitment unless the
 11 director ~~or regional manager~~ so certifies.

12 C. If the court finds by clear and convincing evidence that the patient meets
 13 the criteria for involuntary outpatient treatment, and a written proposed treatment
 14 plan has not been submitted, the court shall order the director of the ~~human service~~
 15 ~~district or the regional manager of the Louisiana Department of Health, office of~~
 16 ~~behavioral health,~~ local governing entity to provide a plan and testimony within five
 17 days of the date of the order.

18 * * *

19 E. If the petitioner is the director or administrator of a hospital that operates
 20 an involuntary outpatient treatment program, the court order shall direct the hospital
 21 to provide all categories of involuntary outpatient treatment services. If the hospital
 22 does not have such a program or if the patient is discharged to a different ~~district or~~
 23 ~~region~~ local governing entity, or if the director of the ~~human service district or~~
 24 ~~regional manager for the Louisiana Department of Health, office of behavioral~~
 25 ~~health,~~ local governing entity has filed the petition and certified services are
 26 available, the court order shall require the appropriate director ~~or regional manager~~
 27 to provide for all categories of involuntary outpatient treatment services.

28 F. The director ~~or regional manager~~ shall apply for court approval prior to
 29 instituting a proposed material change in the involuntary outpatient treatment order

1 unless such change is contemplated in the order. For purposes of this Subsection, a
 2 material change shall mean an addition or deletion of a category of involuntary
 3 outpatient treatment service, or any deviation without the consent of the patient from
 4 the terms of an existing order relating to the administration of psychotropic drugs,
 5 or a change of residence from one ~~district or region~~ local governing entity to another.
 6 Any application for court approval shall be served upon all persons required to be
 7 served with notice of a petition for an order authorizing involuntary outpatient
 8 treatment. Either party may move for a hearing on the application. If a motion is not
 9 filed within five days from the date the application is filed, the court shall grant the
 10 application.

11 * * *

12 §72. Application for additional periods of treatment

13 A. The court order for outpatient treatment shall expire at the end of the
 14 specified period unless a petition or motion for an extension has been filed. If the
 15 director ~~or regional manager~~ determines that a patient requires further involuntary
 16 outpatient treatment, he shall file a petition or motion for continued treatment prior
 17 to the expiration of the initial involuntary outpatient treatment ordered by the court.
 18 If a patient has been ordered to receive outpatient treatment for four consecutive six-
 19 month to one-year periods, the period of any subsequent order may exceed one year
 20 but shall not exceed two years.

21 * * *

22 §73. Application to stay, vacate, or modify

23 In addition to any right or remedy available by law, the patient may apply to
 24 the court to stay, vacate, or modify the order and he shall notify the director ~~or~~
 25 ~~manager~~ of his application.

26 * * *

1 §91. Transfer to ~~mental institution~~ psychiatric hospital

2 A. The judge shall designate or shall request the ~~superintendent~~ department
3 to provide an attendant to ~~conduct~~ transfer the patient to the ~~institution~~ psychiatric
4 hospital and may authorize the employment of assistants if necessary.

5 B. Wherever practicable, the ~~mental~~ patient to be hospitalized shall be
6 permitted to be accompanied by one or more of his friends or relatives.

7 ~~Upon delivering the patient, the attendant shall indorse that fact upon a~~
8 ~~warrant and the superintendent receiving the patient shall sign the warrant in~~
9 ~~acknowledgment.~~

10 §92. Transfer of patients from military establishments

11 A. Any resident and rightful charge upon the state who ~~becomes mentally~~
12 ~~ill~~ suffers from a mental illness while in military service and is returned to the state
13 because of need of ~~institutional~~ inpatient psychiatric care, shall be directly
14 transferred from the military establishment to a state psychiatric hospital, provided
15 arrangements to receive him are made in advance with the ~~superintendent~~ hospital
16 administrator.

17 B. Unless sooner discharged from military service, the patient shall be
18 detained for a period of observation not to exceed thirty days. If it is found that he
19 should remain at the hospital, he shall, after discharge from military service, be
20 committed in accordance with the provisions of this Chapter.

21 §93. Transfer of veterans to United States veterans hospitals

22 A. Any veteran eligible for treatment in a United States veterans hospital
23 who has been committed to a ~~mental~~ psychiatric hospital within the state may be
24 transferred to a United States veterans hospital.

25 B. The transfer shall be by order of the committing court or by order of the
26 ~~superintendent~~ director or administrator of the ~~mental~~ psychiatric hospital in which
27 the veteran is confined or by order of the division if the veteran is on leave.

1 §94. Transfer of patients between ~~institutions~~ psychiatric hospitals

2 A.(1) Except as otherwise provided in this Subsection, the department may
3 transfer any patient from one ~~mental institution~~ psychiatric hospital to another if
4 applicable eligibility criteria are met. Moreover, the ~~superintendent of an institution~~
5 administrator of a psychiatric hospital may request the department to transfer a
6 patient when he believes that a transfer is necessary.

7 ~~(1)~~ (2) A patient may be transferred to or from a private ~~mental institution~~
8 psychiatric hospital only upon the joint application of the ~~superintendent~~ director or
9 administrator of that ~~institution~~ hospital and of the legal ~~or natural~~ guardian or the
10 person liable for the support of the patient. However, no private ~~mental institution~~
11 psychiatric hospital shall be obligated to retain a patient because of the refusal to
12 sign the application by the legal guardian or the person liable for support.

13 ~~(2)~~ (3) A person under sentence or acquitted of a crime or misdemeanor on
14 the ground of mental illness or ~~defect~~ disability shall be transferred only upon
15 authority of the committing court.

16 ~~(3)~~ (4) A voluntary patient shall be transferred only with his written consent.

17 * * *

18 §96. Discharge by the ~~superintendent~~ administrator or treating physician

19 A. Except as otherwise provided in this Section, the ~~superintendent~~
20 administrator or treating physician may discharge any patient committed to ~~his~~
21 ~~institution~~ a psychiatric hospital if he believes that the patient has sufficiently
22 recovered and that no harm will result from his discharge.

23 B. The ~~superintendent~~ administrator or treating physician shall as frequently
24 as practicable, but not less often than every six months, examine or cause to be
25 examined every patient and may discharge the patient and immediately make a report
26 thereof to the ~~division~~ court when necessary or appropriate.

1 C. A patient committed in accordance with the provisions of Article ~~267~~ 648
2 of the Code of Criminal Procedure shall be discharged only in the manner provided
3 in that Article.

4 * * *

5 E. A patient who has shown dangerous tendencies shall be discharged upon
6 conditional release with the written consent of the ~~division~~ court after an
7 examination and after sufficient guarantee of proper supervision of the patient by a
8 ~~reputable~~ person who is approved by the court.

9 F. A patient whose discharge is opposed by a legal guardian, relative,² or
10 other interested person shall be discharged only after the person opposing has been
11 notified and given an opportunity to state his reasons why the patient should be
12 detained for further care and treatment.

13 G. A ~~mental defective~~ patient who has a mental illness who no longer
14 requires treatment may be discharged with the approval of the ~~division~~ attending
15 physician and treatment team and with the approval of the committing court if
16 commitment was by criminal court order.

17 H. A ~~mental defective~~ patient who has a mental illness and is convicted of
18 a crime or misdemeanor prior to his transfer to ~~an institution for mental defectives~~
19 a psychiatric hospital shall not be discharged prior to the time he might have been
20 discharged from his original place of detention.

21 §96.1. Discharge by the ~~superintendent~~ director or administrator of a private ~~mental~~
22 psychiatric hospital

23 A. Except as otherwise provided in this Section the ~~superintendent~~ director,
24 administrator, or head of a private ~~mental~~ psychiatric hospital may discharge any
25 patient committed to his ~~institution~~ hospital only on the certificate of either two
26 physicians, or one physician and one psychologist, medical psychologist, or
27 psychiatric mental health nurse practitioner stating that the patient has sufficiently
28 recovered and that no harm will result from his discharge.

1 §98.2. Immunity of superintendent and ~~mental~~ psychiatric hospital

2 Any detentions, confinements, commitments or discharges made of a ~~mental~~
3 patient who has a mental illness in accordance with this Chapter to any state or
4 private ~~mental psychiatric~~ hospital ~~or institution~~ by the ~~superintendent~~ director or
5 administrator thereof, acting in good faith, reasonably and without negligence, are
6 hereby declared to be administrative acts of the ~~superintendent and/or~~ director,
7 administrator, or the hospital, and the ~~superintendent~~ director, administrator, and the
8 hospital are hereby granted immunity from liability for damages to any patient so
9 detained, confined or committed for false imprisonment or otherwise; ~~provided,~~
10 however, ~~that the superintendent and/or~~ director, administrator, or the hospital shall
11 not thereby be exempt from liability for negligence in the care or treatment of such
12 patient.

13 §99. Discharge by lapse of time

14 Any patient continuously absent from ~~an institution~~ a psychiatric hospital
15 without authorized leave for ~~twelve months~~ seventy-two hours is automatically
16 discharged and may be readmitted only according to law. This Section ~~does~~ shall not
17 apply to ~~mental defectives or epileptics, whose leaves are indefinite and who can be~~
18 ~~returned at any time until formal discharge, nor to patients committed in accordance~~
19 ~~with R.S. 28:59 or Code of Criminal Procedure Article 648(B).~~

20 §100. Leaves of absence for patients

21 A. The ~~superintendent~~ treating physician may grant to patients leaves of
22 absence for such time and upon such conditions as he prescribes. In granting leave,
23 the ~~superintendent~~ director or administrator is subject to the restrictions provided in
24 R.S. 28:96.

25 B. A patient on leave may be returned at any time by the ~~superintendent~~
26 director, administrator, or the person to whom he has been released. ~~The cost of~~
27 ~~return shall be paid by the latter.~~

1 ~~Mental defectives and epileptics, whose leaves are indefinite, can be returned~~
2 ~~at any time until formal discharge, but other patients shall renew their leaves yearly~~
3 ~~or are liable to become automatically discharged in accordance with R.S. 28:99.~~

4 §100.1. ~~Convalescent status~~ Conditional discharge; rehospitalization

5 A. The ~~superintendent~~ director or administrator may release an improved
6 patient on ~~convalescent status~~ conditional discharge when he believes that such
7 release is in the best interests of the patient. ~~Release on convalescent status~~
8 Conditional discharge shall include provisions for continuing responsibility to and
9 by the hospital, including a plan of treatment on an outpatient or nonhospital patient
10 basis. ~~Prior to the end of a year on convalescent status, and not less frequently than~~
11 ~~annually thereafter, the superintendent shall re-examine the facts relating to the~~
12 ~~hospitalization of the patient on convalescent status and, if he determines that in~~
13 ~~view of the condition of the patient hospitalization is no longer necessary, he may~~
14 ~~discharge the patient and make a report thereof to the department.~~

15 B. Prior to ~~such~~ a conditional discharge, the ~~superintendent~~ director or
16 administrator of the hospital from which the patient is given ~~convalescent status~~
17 conditional discharge may at any time readmit the patient. If there is reason to
18 believe that it is in the best interest of the patient to be rehospitalized, the
19 department, ~~or the superintendent~~ director, or administrator may issue an order for
20 the immediate rehospitalization of the patient. Such an order, if not voluntarily
21 complied with, shall, upon the direction of a judge of a court of record of the parish
22 in which the patient is resident or present, authorize any health or police officer to
23 take the patient into custody and transport him to the hospital, or if the order is issued
24 by the department, to a hospital designated by it.

25 §101. Boarding out patients

26 A. Under conditions indicating rehabilitation possibilities, the ~~superintendent~~
27 director or administrator, with the consent of the department, may permit patients to
28 board out with responsible persons who may be paid for their care of the patients.

29 This Section does not apply to patients committed in accordance with R.S. 28:59.

1 ~~A. B.~~ In determining the amount to be paid, the value of any services to be
2 rendered by the patient while boarding shall be considered and should the services
3 of the patient justify, he shall be paid a sum in excess of his board to compensate him
4 for these services.

5 ~~B. C.~~ The ~~superintendent~~ director or administrator may require the person
6 applying to board a patient to give bond with security for the proper care of the
7 patient.

8 ~~C. D.~~ Agents of the ~~institution~~ state psychiatric hospital shall ~~visit~~ frequently
9 visit every boarding patient. If it is determined that the patient is not being cared for
10 properly, the ~~superintendent~~ director or administrator shall recall him to the
11 ~~institution~~ state psychiatric hospital with the consent of the department.

12 §102. ~~Return~~ State psychiatric hospitals; return of escaped patients

13 Any escaped patient from a state psychiatric hospital shall be returned at the
14 expense of the ~~institution~~ state psychiatric hospital from which he ~~escaped~~ left
15 without authorization unless his discharge is granted before his return.

16 §103. Deportation of nonresident patients

17 ~~A.~~ The department or executive authority of this state may return any
18 nonresident patient to the state or county of which he is a legal resident. Pending the
19 return, the department shall provide necessary temporary care for the patient. He
20 shall be suitably clothed and, if necessary, shall be accompanied by an attendant who
21 shall deliver the patient with due care to the proper officials at the destination. If the
22 patient is able to travel alone, he shall be provided with sufficient funds for
23 sustenance and travel.

24 ~~B.~~ The department or executive authority of this state may enter into
25 agreements with other states for reciprocity in deporting ~~mental~~ psychiatric patients.

26 §104. Importation of ~~mental~~ non-resident psychiatric patients prohibited

27 ~~A.~~ No person or public carrier shall knowingly import a non-resident ~~mental~~
28 psychiatric patient into this state for the purpose of having him committed.

1 B. Any person who violates the provisions of this Section shall be fined one
2 hundred dollars or imprisoned for sixty days, or both, and the patient shall be
3 removed from the state at the expense of the offending person or public carrier.

4 §105. Extradition of escaped patients

5 ~~The extradition of escaped patients shall be in accordance with the Uniform~~
6 ~~Act for the Extradition of Persons of Unsound Mind.~~

7 A. For purposes of this Section, the following definitions relative to
8 extradition of escaped patients apply:

9 (1) "Executive authority" means the governor of a state or other executive
10 of a territory, district, or insular or other possession of the United States, or his
11 appointed designee.

12 (2) "Flight" and "fled" shall mean any departure from the jurisdiction of the
13 court where the proceedings provided for in this Section may have been instituted
14 and are still pending, with the effect of avoiding, impeding, or delaying the action
15 of the court in which such proceedings may have been instituted or be pending.

16 (3) "State" shall include any state, territory, district, and insular and other
17 possession of the United States.

18 B.(1) Whenever the executive authority of any state other than Louisiana
19 demands the return of an escaped nonresident patient and produces a certified copy
20 of the decree or other judicial process and proceedings for involuntary commitment
21 with an affidavit showing the person to be an escapee, it shall be the duty of the
22 executive authority of Louisiana to apprehend and secure the escapee.

23 (2) The executive authority of Louisiana shall give immediate notice of the
24 apprehension of the escapee to the executive authority making such demand, or to
25 the agent of the authority appointed to receive the escapee, and shall cause the
26 escapee to be delivered to such agent. If no agent appears within forty days from the
27 time of apprehension, the escapee may be discharged.

28 C. All costs and expenses incurred in the apprehension, securing,
29 maintaining, and transmitting the escapee shall be paid by the state making the

1 §143. Costs of maintenance and ~~boarding out~~ daily care

2 A. The ~~superintendent~~ director or administrator of each ~~mental institution~~
3 state psychiatric hospital shall include the costs of maintenance and ~~boarding out~~
4 daily care of patients as an expense of the ~~institution~~ state psychiatric hospital and
5 shall prepare budgets in accordance with the provisions of Chapter 1 of Title 39 of
6 the Louisiana Revised Statutes of 1950.

7 B. If financially able, the patient or his ~~legally responsible relative~~ legal
8 guardian shall reimburse the ~~institution~~ state psychiatric hospital for all or a part of
9 the cost of his maintenance or ~~boarding out~~ daily care.

10 §144. Investigation and assessment of charges

11 The department shall develop procedures to determine the ability of a patient
12 or his ~~legally responsible relative~~ legal guardian to pay all or a part of the costs of the
13 patient's care and shall adopt a policy including rules and regulations for the
14 assessment of charges in accordance with the ability to pay.

15 §145. Costs of transfer

16 The person requesting the transfer shall pay the costs of transferring a patient
17 between ~~institutions~~ hospitals. The department shall pay the costs of transfers made
18 at its request.

19 §146. Expenses incident to discharge, removal, or funeral

20 A. If financially able, the patient or his ~~legally responsible relative~~ legal
21 guardian shall pay the costs of the patient's funeral or his discharge and removal,
22 including traveling expenses to his home; otherwise the ~~institution~~ state psychiatric
23 hospital shall pay these costs. If discharge is ordered by the department and the
24 ~~institution has to pay~~ state psychiatric hospital pays the patient's traveling expenses
25 to his home, the department shall reimburse the ~~institution~~ state psychiatric hospital
26 out of appropriations for persons who are indigent and have a mental illness.

27 * * *

1 §147. Method of collection

2 The department may demand and receive any sums assessed as costs against
3 a patient or his ~~legally responsible relative~~ legal guardian, and in the case of
4 nonpayment; may sue to enforce collection.

5 * * *

6 PART VI. RIGHTS OF PERSONS SUFFERING FROM MENTAL ILLNESS AND
7 ~~SUBSTANCE ABUSE~~ SUBSTANCE-RELATED OR ADDICTIVE DISORDERS

8 §171. Enumerations of rights guaranteed

9 * * *

10 C.

11 * * *

12 (4)(a) The director of any substance ~~abuse~~ use treatment facility may restrict
13 the visitation rights of a patient who is voluntarily admitted to such treatment facility
14 under the provisions of R.S. 28:52, 52.1, 52.2, 52.3, and 52.4 for the initial phase of
15 treatment but no longer than seven days unless good cause exists to extend the
16 restriction and is so documented in the patient's record. This restriction shall not
17 apply to visitation by the patient's attorney, or if he is not represented by counsel, the
18 mental health advocate, or the patient's minister. This restriction shall also not apply
19 to a parent or legal guardian of a patient who is a minor unless the director
20 determines that good cause exists that such restriction shall be in the best interest of
21 the patient and is so documented in the patient's record. When the facility director
22 determines the need to restrict visitation of new patients he shall post notice of such
23 restriction in places prominent to all new admissions, and shall inform each new
24 patient of the restriction prior to the admission of the patient, and the length and
25 duration thereof, and further, that such restriction may be extended on an individual
26 basis as determined to be in the patient's interest by the treatment staff with the
27 concurrence of the medical director.

28 * * *

1 D. Seclusion or restraint shall only be used to prevent a patient from
2 physically injuring himself or others. Seclusion or restraint may not be used to
3 punish or discipline a patient or used as a convenience to the staff of the treatment
4 facility. Seclusion or restraint shall be used only in accordance with the following
5 standards:

6 * * *

7 (5) A renewal order for up to twelve hours of seclusion or restraint may be
8 issued by a physician, psychologist, medical psychologist, or psychiatric mental
9 health nurse practitioner with institutional authority to order seclusion or restraint
10 after determining that there is no less restrictive means of preventing injury to the
11 patient or others. If any patient is held in seclusion or restraint for twenty-four
12 consecutive hours, the physician, psychologist, medical psychologist, or psychiatric
13 mental health nurse practitioner with institutional authority shall conduct an actual
14 examination of the patient and document the reason why the use of seclusion or
15 restraint beyond twenty-four consecutive hours is necessary, and the next of kin or
16 responsible party shall be notified by the twenty-sixth hour.

17 * * *

18 §171.1. Principles for the ~~mental~~ behavioral health system

19 The department and any entity which receives funding through a state
20 contract to provide services to persons ~~who are mentally ill~~ with needs relating to
21 behavioral health, as defined in R.S. 28:2, shall provide, to the maximum extent
22 possible, ~~mental~~ behavioral health treatment, services, and supports which are
23 consistent with the following principles:

24 * * *

25 (5) Persons with ~~mental illness~~ behavioral health needs are generally best
26 able to determine their own needs, rather than their needs being determined by
27 others.

28 (6) For children with ~~mental illness~~ behavioral health needs, the needs of the
29 entire family should be considered in the development of family supports.

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PART VII. PENALTIES

§181. Improper commitment

Any person who, alone or in conspiracy with others, unlawfully, ~~wilfully~~ willfully, maliciously, and without reasonable cause, commits or attempts to commit ~~to any mental institution~~ any person not ~~sufficiently ill to require~~ suffering from mental illness or a substance-related or addictive disorder to the extent that he requires care shall be fined not more than one thousand dollars, ~~or~~ imprisoned for not more than one year, or both.

§183. Furnishing weapons

Any person who knowingly makes available any dangerous instrument or weapon to any patient of any ~~mental institution~~ treatment facility shall be fined not more than five hundred dollars, ~~or~~ imprisoned for not more than two years, or both.

§184. Furnishing intoxicants

Any person who knowingly makes available any intoxicant to any patient of any ~~mental institution~~ treatment facility, except with the permission of the ~~superintendent~~ director or administrator, shall be fined not more than five hundred dollars, or imprisoned for not more than one year, or both.

§185. Unlicensed counseling

A. No person shall hold himself out to be a counselor with a specific specialty to provide mental health or ~~substance abuse~~ substance-related or addictive disorder treatment services, or attempt to provide counseling services in this state, and receive fees either from the patient or a third party, unless he is authorized to practice in the specific specialty area by the appropriate state or regulatory authority.

* * *

§200. Promotion of a community-based system of care

It is hereby declared to be a function of the Louisiana Department of Health to promote the establishment and administration of a community-based system of care, including but not limited to community behavioral health ~~centers~~ clinics for persons ~~with~~ who have a mental illness, persons with developmental disabilities, or

1 persons with both conditions as contemplated by the provisions of R.S. 40:2013.

2 ~~Behavioral health centers as used herein shall include guidance centers.~~

3 §201. Transfer of administration

4 The department may continue to administer any such existing ~~centers~~ clinics,
5 but its primary endeavor shall be to transfer responsibility for the administration of
6 existing facilities or facilities that may hereafter be created to local associations,
7 nonprofit corporations, police juries, school boards, municipalities, or other public
8 agencies that have demonstrated a desire to establish, maintain, and operate facilities
9 for persons ~~with~~ who have a mental illness, developmental disabilities, or both
10 conditions on a municipal, parish, or other local area basis.

11 §202. Lease of land, buildings, and equipment

12 The department may lease to responsible local organizations or to the
13 governing bodies of local public agencies any state owned land, buildings, and
14 equipment designed for or being operated as a behavioral health ~~center~~ clinic.

15 * * *

16 §215.2. Coroner's Strategic Initiative for a Health Information and Intervention
17 Program; powers and duties

18 Subject to the availability of adequate funding, a CSI/HIP may perform any
19 of the following functions:

20 (1) Provide a home-based support system, which shall not provide any
21 ~~mental~~ behavioral health treatment but rather shall provide aid to the individual to
22 ensure that the treatment protocol is being met and to access available ~~mental~~
23 behavioral health resources in the community for persons who satisfy all of the
24 following criteria:

25 * * *

26 (2) Establish a community resource center that is accessible by telephone or
27 Internet to provide twenty-four hour support for persons suffering from a mental
28 ~~health or substance abuse condition or~~ illness or substance-related or addictive
29 disorder by providing educational and outreach materials about the resources for

1 ~~mental behavioral~~ health patients which are available in the community, including
2 the location, transportation, and methods for accessing these resources.

3 * * *

4 §215.3 Treatment facilities; dissemination of information

5 A. ~~For~~ Notwithstanding R.S. 28.2, for the purposes of this Section,
6 "treatment facility" shall mean any healthcare facility which provides services or
7 treatment to a person who is suffering from a mental ~~health or substance abuse~~
8 ~~condition or~~ illness or substance-related or addictive disorder except for a nursing
9 home as defined in R.S. 40:2009.2.

10 B. A treatment facility shall provide to all individuals in the parish suffering
11 from a mental ~~health condition~~ illness or substance-related or addictive disorder upon
12 discharge or release an information and consent form which details the information,
13 programs, and services which can be provided by the CSI/HIP to individuals
14 suffering from mental ~~health conditions~~ illness and substance-related or addictive
15 disorders and includes a voluntary consent form for the individual to complete if the
16 individual desires to have the treatment facility notify the CSI/HIP on behalf of the
17 individual that the individual would like to be contacted by the CSI/HIP to receive
18 additional information about the program.

19 * * *

20 §215.4. Consent

21 A. Prior to personnel of the coroner's office or CSI/HIP providing any home-
22 based supports or services to an individual, the personnel of the coroner's office or
23 of the CSI/HIP shall provide the individual in writing a full disclosure of all services
24 to be provided, frequency of home visits, and notice that the individual may
25 withdraw his consent in writing at any time. In addition, the individual shall also
26 consent in writing to the list of persons, if any, with whom the personnel of the
27 coroner or the CSI/HIP may discuss his ~~mental behavioral health~~ condition.

28 * * *

1 PART X. ADVANCE DIRECTIVES FOR ~~MENTAL~~
2 BEHAVIORAL HEALTH TREATMENT

3 §221. Definitions

4 As used in this Part:

5 (1) "Advance directive for ~~mental~~ behavioral health treatment" or "advance
6 directive" means a written document voluntarily executed by a principal in
7 accordance with the requirements of this Part and includes a declaration or the
8 appointment of a representative or both.

9 (2) "Declaration for ~~mental~~ behavioral health treatment" or "declaration"
10 means a written document executed by a principal, in accordance with the
11 requirements of this Part, setting forth preferences or instructions regarding ~~mental~~
12 behavioral health treatment in the event the principal is determined to be incapable
13 and ~~mental~~ behavioral health treatment is necessary.

14 (3) "Director" or "~~superintendent~~" administrator means a person in charge
15 of a treatment facility or his deputy.

16 (4) "Incapable" means that, due to any infirmity, the principal is currently
17 unable to make or to communicate reasoned decisions regarding the principal's
18 ~~mental~~ behavioral health treatment.

19 (5) "~~Mental Behavioral~~ health treatment" ~~shall have the same meaning as~~
20 ~~provided in R.S. 28:2(28) and includes but is not limited to electroshock therapy,~~
21 means treatment of mental illness with ~~psychoactive~~ psychotropic medication,
22 admission to and retention in a treatment facility, ~~and~~ or outpatient services.
23 However, "~~mental~~ behavioral health treatment" shall not include admission to or
24 retention in a ~~mental health~~ treatment facility for a period in excess of fifteen days.

25 (6) "Outpatient services" means treatment for a mental ~~or emotional~~ illness
26 or a substance-related or addictive disorder that is obtained on an outpatient basis.

27 * * *

28 (8) "Principal" means an individual who has executed an advance directive
29 for ~~mental~~ behavioral health treatment.

1 (9) "Provider" means a ~~mental~~ behavioral health treatment provider.

2 * * *

3 (11) "Representative" means a competent adult validly appointed under R.S.
4 28:223 to make ~~mental~~ behavioral health treatment decisions for a principal and also
5 means an alternative representative.

6 (12) "Treating physician" means the physician who has primary
7 responsibility for the ~~mental~~ behavioral health treatment of the principal.

8 (13) "Treatment facility" shall have the same meaning as provided in ~~R.S.~~
9 ~~28:2(29)(a)~~ R.S. 28.2.

10 §222. Individuals who may make an advance directive for ~~mental~~ behavioral health
11 treatment; period of validity

12 A. An adult who is not incapable may make an advance directive for ~~mental~~
13 behavioral health treatment. The preferences or instructions may include consent to
14 or refusal of ~~mental~~ behavioral health treatment.

15 B. An advance directive for ~~mental~~ behavioral health treatment shall
16 continue in effect for a period of five years or until revoked, whichever occurs first.
17 The authority of a named representative and any alternative representative named in
18 the advance directive for ~~mental~~ behavioral health treatment shall continue in effect
19 as long as the advance directive appointing the representative is in effect or until the
20 representative has withdrawn.

21 C. If an advance directive for ~~mental~~ behavioral health treatment has been
22 delivered to the principal's treating physician or other provider and the principal has
23 been determined to be incapable pursuant to R.S. 28:226, at the expiration of five
24 years after its execution, it shall remain effective until the principal is no longer
25 incapable.

26 §223. Designation of representative for decisions about ~~mental~~ behavioral health
27 treatment

28 An advance directive for ~~mental~~ behavioral health treatment may designate
29 a competent adult to act as a representative to make decisions about ~~mental~~

1 behavioral health treatment. An alternative representative may also be designated
2 to act as representative if the original designee is unable or unwilling to act at any
3 time. A representative who has accepted the appointment in writing may make
4 decisions about ~~mental~~ behavioral health treatment on behalf of the principal only
5 when the principal is determined to be incapable pursuant to R.S. 28:226. The
6 decisions shall be consistent with any desires the principal has expressed in the
7 declaration.

8 §224. Execution of advance directive; witnesses; ~~mental status~~ psychiatric
9 examination

10 A. An advance directive for ~~mental~~ behavioral health treatment shall be valid
11 only if it is signed by the principal and two competent witnesses and accompanied
12 by a written ~~mental status~~ psychiatric examination performed by a physician or
13 psychologist attesting to the principal's ability to make reasoned decisions
14 concerning his ~~mental~~ behavioral health treatment. The witnesses shall attest that the
15 principal is known to them, signed the advance directive in their presence, and does
16 not appear to be unable to make reasoned decisions concerning his ~~mental~~ behavioral
17 health treatment or under duress, fraud, or undue influence. Individuals specified in
18 R.S. 28:234 may not act as witnesses.

19 B. In determining the principal's ability, the physician or psychologist should
20 consider all of the following:

21 (1) ~~whether~~ Whether the principal demonstrates an awareness of the nature
22 of his illness and situation;₂

23 (2) ~~whether~~ Whether the principal demonstrates an understanding of
24 treatment and the risks, benefits, and alternatives; ~~and~~.

25 (3) ~~whether~~ Whether the principal communicates a clear choice regarding
26 treatment that is a reasoned one, even though it may not be in the person's best
27 interest.

1 §228. Prohibitions against requiring an individual to execute or refrain from
2 executing an advance directive

3 An individual shall not be required to execute or to refrain from executing an
4 advance directive for ~~mental~~ behavioral health treatment as a criterion for insurance,
5 as a condition for receiving ~~mental~~ behavioral or physical health services, or as a
6 condition of discharge from a treatment facility.

7 §229. Advance directive for ~~mental~~ behavioral health treatment; part of medical
8 record; physician or provider compliance; withdrawal of physician or
9 provider

10 A. Upon being presented with an advance directive for ~~mental~~ behavioral
11 health treatment, a physician or other provider shall make the advance directive a
12 part of the principal's medical record. When acting under authority of an advance
13 directive, a physician or provider shall comply with it to the fullest extent possible,
14 consistent with the appropriate standard of care, reasonable medical practice, the
15 availability of treatments requested, and applicable law. If the physician or other
16 provider is unable or unwilling at any time to carry out preferences or instructions
17 contained in an advance directive for ~~mental~~ behavioral health treatment or the
18 decisions of the representative, the physician or provider may withdraw from
19 providing treatment to the principal.

20 * * *

21 C. For the purposes of this Section, "physician" means the treating physician
22 or any other physician proposing or administering ~~mental~~ behavioral health treatment
23 to the principal.

24 §230. Disregarding advance directives; circumstances

25 A. The physician or provider may subject a principal determined to be
26 incapable pursuant to R.S. 28:226 to ~~mental~~ behavioral health treatment in a manner
27 contrary to the principal's wishes as expressed in an advance directive for ~~mental~~
28 behavioral health treatment only:

29 * * *

1 (2) When the treating physician determines that psychotropic medication is
2 essential and after compliance with the following procedures:

3 (a) When a principal's advance directive for behavioral health treatment or
4 his representative refuses medication that the treating physician believes is essential,
5 the director or administrator of the treatment facility shall conduct an administrative
6 review to determine whether the principal should be forcibly medicated contrary to
7 his wishes.

8 * * *

9 (d) A principal may be medicated contrary to the wishes expressed in his
10 advance directive if, based on a review of the advance directive and the reasons
11 stated therein, the patient's medical chart, a personal examination of the patient, the
12 wishes of the principal's representative, if any, and the recommendations of the
13 treating physician, the director determines that the medication is medically essential.
14 The director shall consider the following criteria in making that decision:

15 (i) The patient is ~~mentally ill~~ has a mental illness and is dangerous to himself
16 or others or gravely disabled without the medication.

17 * * *

18 B. An advance directive shall not limit the authority provided in ~~R.S. 28:2~~
19 ~~et seq.~~, this Chapter to take a principal into protective custody or to involuntarily
20 admit or commit a principal to a treatment facility.

21 C. An advance directive shall not authorize admission to or retention in a
22 ~~mental health~~ treatment facility for a period in excess of fifteen days.

23 * * *

24 §232. Limitations on liability of physician or provider

25 A physician or provider who administers or does not administer ~~mental~~
26 behavioral health treatment according to and in good faith reliance upon the validity
27 of an advance directive for ~~mental~~ behavioral health treatment shall not be subject
28 to criminal prosecution, civil liability, or professional disciplinary action resulting
29 from a subsequent finding of an advance directive's invalidity.

1 §233. Individuals prohibited from serving as representative

2 The following individuals shall be prohibited from serving as a
3 representative:

4 * * *

5 (2) An owner, operator, or employee of a ~~health care~~ treatment facility in
6 which the principal is a patient or resident if the owner, operator, or employee is
7 unrelated to the principal by blood, marriage, or adoption.

8 §234. Individuals prohibited from serving as witnesses to advance directive for
9 ~~mental~~ behavioral health treatment

10 The following individuals shall be prohibited from serving as a witness to the
11 signing of an advance directive for ~~mental~~ behavioral health treatment:

12 * * *

13 (2) An owner, operator, or relative of an owner or operator of a ~~mental~~
14 behavioral health treatment facility in which the principal is a patient or resident.

15 * * *

16 CHAPTER 5. GROUP HOME FOR PERSONS
17 ~~WITH~~ WHO HAVE MENTAL ILLNESS OR
18 DEVELOPMENTAL DISABILITIES ACT

19 §475. Short title

20 This Chapter shall be known and may be cited as the "Group Home for
21 Persons ~~with~~ who have Mental Illness or Developmental Disabilities Act".

22 §476. Declaration of policy

23 The legislature hereby declares that it is the policy of this state as declared
24 and established in this Title, particularly in the Developmental Disability Law and
25 the ~~Mental~~ Behavioral Health Law, that persons with mental or physical disabilities
26 are entitled to live in the least restrictive environment in their own community and
27 in normal residential surroundings and should not be excluded therefrom because of
28 their disabilities. The legislature further declares that the provisions of this Chapter
29 are intended to secure to all of the citizens of this state the right to individual dignity

1 as provided in Article I, Section 3 of the Constitution of Louisiana and to protect the
2 rights and promote the happiness and general welfare of the people of this state. To
3 that end, the legislature hereby declares that the provisions of this Chapter are an
4 exercise of the police power reserved to the state by Article I, Section 4 and Article
5 VI, Section 9(B) of the Constitution of Louisiana.

6 §477. Definitions

7 As used in this Chapter, unless otherwise clearly indicated, these words and
8 phrases have the following meanings:

9 (1) "Community home" means a facility certified, licensed, or monitored by
10 the Louisiana Department of Health to provide resident services and supervision to
11 six or fewer persons ~~with~~ who have mental illness or developmental disabilities.
12 Such facility shall provide supervisory personnel in order to function as a single
13 family unit but not to exceed two live-in persons.

14 * * *

15 (3)(a) "Person ~~with~~ who has a mental illness or a developmental disability"
16 means any person who has a physical or mental impairment which substantially
17 limits one or more of the following major life activities:

18 * * *

19 (b) This definition shall not include persons with ~~substance use~~ substance-
20 related or disorders, nor shall it apply to persons ~~with~~ who have mental illness or
21 developmental disabilities and are currently under sentence or on parole from any
22 criminal violation or who have been found not guilty of a criminal charge by reason
23 of insanity.

24 §478. Promotion of community based homes

25 A. In order to achieve uniform statewide implementation of the policies of
26 this Title and of those of the Developmental Disabilities Law and of the ~~Mental~~
27 Behavioral Health Law, it is necessary to establish the statewide policy that

1 community homes are permitted by right in all residential districts zoned for
2 multiple-family dwellings.

3 * * *

4 CHAPTER 11. SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

5 §771. Office of behavioral health; functions ~~related to~~ regarding substance-related
6 and addictive disorders

7 A. The office of behavioral health of the Louisiana Department of Health,
8 hereinafter referred to as the "office", shall perform the functions of the state relating
9 to the care, training, treatment, and education of persons suffering from substance-
10 related and addictive disorders and the prevention of ~~addictive~~ those disorders. It
11 shall administer residential and outpatient care facilities of the state for substance-
12 related and addictive disorder patients and administer the substance-related and
13 addictive disorders programs in the state.

14 B. The office shall additionally perform the following duties and
15 responsibilities:

16 (1) Formulation and implementation of policies relating to the treatment and
17 prevention of substance-related and addictive disorders in accordance with
18 applicable state law; however, the provisions of this Section shall not apply to the
19 Substance Abuse Prevention Program of the Department of Education and the
20 Highway Safety Act of 1966 (P.L. 89-564) administered by the Highway Safety
21 Commission of the Department of Public Safety and Corrections.

22 (2) Provision of all services to persons suffering from substance-related and
23 addictive disorders which were formerly provided by the office of prevention and
24 recovery from alcohol and drug abuse of the Louisiana Department of Health and
25 such services otherwise required by law. The office may provide such services
26 directly or through contracts with local, state₂ or federal agencies or private care
27 providers.

28 (3) Administration of all programs relating to substance-related and
29 addictive disorders listed in this Title.

1 (4) Coordination of all programs of all state departments relating to
2 substance-related and addictive disorders, including assisting such agencies in the
3 assessment and referral of persons subject to their jurisdiction. The office shall also
4 establish and implement an employee assistance program on substance-related and
5 addictive disorders for state employees.

6 (5)(a) Provision of assessment, referral, and treatment services for substance-
7 related and addictive disorders to persons subject to the custody of state, municipal,
8 or parish correctional institutions pursuant to agreements with such institutions and
9 to persons subject to driving while intoxicated programs. In addition to any charges
10 established by the department for treatment services by the office provided to
11 persons subject to driving while intoxicated programs, the department may assess
12 every patient in such program to whom the office provides treatment services a
13 standard copayment fee of ten dollars per session subject to applicable federal
14 regulations. A patient whose treatment is provided by the office through a private
15 contractor shall not be assessed a copayment fee as provided above. Nothing in this
16 Paragraph shall be construed to prohibit such a private provider from assessing fees
17 otherwise allowable under applicable federal and state laws. ~~The department shall~~
18 ~~provide by rule for the implementation of such copayment not later than March 15,~~
19 ~~1987.~~

20 ~~(b) Notwithstanding the provisions of Subparagraph (a) and otherwise~~
21 ~~subject to its provisions, not later than September 1, 1987, the department, by rule,~~
22 ~~shall increase the amount of the standard copayment fee to twenty dollars per~~
23 ~~session.~~

24 ~~(c)~~ (b) The copayment provided for in this Paragraph shall be deposited in
25 the state treasury pursuant to R.S. 39:82 and shall be accounted for by the
26 commissioner of administration through appropriations control pursuant to R.S.
27 39:334(B)(6). The commissioner of administration shall establish a separate cost
28 center in the office of behavioral health and the office for citizens with

1 developmental disabilities for revenue generated pursuant to this Paragraph. All
2 funds not obligated shall revert to the state general fund at the end of the fiscal year.

3 (6) Maintenance of complete statistics and other relevant information on
4 substance-related and addictive disorders within the state of Louisiana and provision
5 of such information to interested agencies, groups, and individuals upon request.

6 (7) Receive any federal funds available under Title 18, Title 19, and Title 20
7 of the Social Security Act and any other funds specifically allocated for the
8 prevention or treatment of substance-related and addictive disorders and to use any
9 such funds received.

10 (8) Development of procedures and criteria for determining, and, in
11 accordance with such procedures and criteria, determination of the ability of a patient
12 or person receiving services, or his ~~legally responsible relative~~ legal guardian, to pay
13 all or a part of the costs of the care or treatment of the patient or recipient. The
14 department shall promulgate rules and regulations to provide for such determination
15 and for the assessment of charges for care or treatment based on such determination.

16 (9) Provide a twenty-four-hour, toll-free telephone service to provide
17 information regarding available services to assist with ~~compulsive or problem~~
18 gambling behavior disorders.

19 (10) Require any patient who is given a urine drug screen in a state-operated
20 outpatient or inpatient ~~alcohol or drug abuse~~ facility as part of his treatment by the
21 office of behavioral health to pay a copayment of not more than twelve dollars per
22 screen to the provider of the screen if he is able to pay such copayment based on a
23 sliding fee scale. Such copayments shall be charged and collected by the provider.
24 The ~~office of behavioral health~~ department shall promulgate rules and regulations to
25 establish a sliding fee scale and criteria for determining a patient's ability to pay.
26 Any patient eligible to receive Medicaid shall be exempt from the provisions of the
27 copayment requirements. The copayments shall be exempt from the provisions of
28 R.S. 49:971(A)(3) which provide that no state agency shall increase any existing fee
29 or impose any new fee unless the fee increase or fee adoption is expressly authorized

1 pursuant to a fee schedule established by statute or specifically authorized by federal
2 law, rules, or regulations for the purpose of satisfying an express mandate of such
3 federal law, rule, or regulation.

4 C. The services and programs as described in Subsections A and B of this
5 Section shall be the responsibility of and shall be performed by the Jefferson Parish
6 Human Services Authority for Jefferson Parish only. The department shall not be
7 responsible for and shall not perform these services and programs in Jefferson
8 Parish.

9 D. The services and programs as described in Subsections A and B of this
10 Section, excluding the operation and management of any in-patient facility under the
11 jurisdiction of the department, shall be the responsibility of and shall be performed
12 by the Capital Area Human Services District for the parishes of Ascension, East
13 Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West
14 Feliciana only. The department shall not be responsible for and shall not perform
15 these services and programs in ~~said~~ such parishes provided that if funds are not
16 appropriated by the legislature for the district to provide these services and programs
17 in ~~said~~ those parishes, the department shall continue to be responsible for and shall
18 perform these services and programs in ~~said~~ those parishes.

19 E. The services and programs as described in Subsections A and B of this
20 Section, excluding the operation and management of any inpatient facility for
21 developmental disabilities and mental health under the jurisdiction of the department,
22 shall be the responsibility of and shall be performed by the Florida Parishes Human
23 Services Authority for the parishes of Livingston, St. Helena, St. Tammany,
24 Tangipahoa, and Washington only. The department shall not be responsible for and
25 shall not perform these services and programs in ~~said~~ such parishes provided that if
26 funds are not appropriated by the legislature for the authority to provide these
27 services and programs in ~~said~~ those parishes, the department shall continue to be
28 responsible for and shall perform these services and programs in ~~said~~ those parishes.

1 F. The services and programs as described in Subsections A and B of this
2 Section, excluding the operation and management of any inpatient facility under the
3 jurisdiction of the department, shall be the responsibility of and shall be performed
4 by the Metropolitan Human Services District for the parishes of Orleans, St. Bernard,
5 and Plaquemines only. The department shall not be responsible for and shall not
6 perform these services and programs in ~~said~~ such parishes provided that if funds are
7 not appropriated by the legislature for the district to provide these services and
8 programs in ~~said~~ those parishes, the department shall continue to be responsible for
9 and shall perform these services and programs in ~~said~~ those parishes.

10 G. The services and programs as described in Subsections A and B of this
11 Section, excluding the operation and management of any inpatient facility under the
12 jurisdiction of the department, shall be the responsibility of and shall be performed
13 by the South Central Louisiana Human Services District for the parishes of
14 Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and
15 Terrebonne only. The department shall not be responsible for and shall not perform
16 these services and programs in ~~said~~ such parishes provided that if funds are not
17 appropriated by the legislature for the district to provide these services and programs
18 in ~~said~~ those parishes, the department shall continue to be responsible for and shall
19 perform these services and programs in ~~said~~ those parishes.

20 H. The services and programs as described in Subsections A and B of this
21 Section, excluding the operation and management of any inpatient facility under the
22 jurisdiction of the department, shall be the responsibility of and shall be performed
23 by the Northeast Delta Human Services Authority for the parishes of Caldwell, East
24 Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland,
25 Tensas, Union, and West Carroll only. The department shall not be responsible for
26 and shall not perform these services and programs in ~~said~~ such parishes provided that
27 if funds are not appropriated by the legislature for the district to provide these
28 services and programs in ~~said~~ those parishes, the department shall continue to be
29 responsible for and shall perform these services and programs in ~~said~~ those parishes.

1 §772. Funding of regional addictive disorder services

2 A.(1) Funding for regional substance-related and addictive disorder services
3 as defined in Subsection B of this Section shall be allocated to each region according
4 to a formula developed by the assistant secretary of the office of behavioral health,
5 promulgated in accordance with the Administrative Procedure Act, and evaluated
6 each year to determine necessary changes.

7 (2) The formula developed by the office shall weigh certain elements in
8 determining the formula. The elements and their assigned weights are as follows:

9 * * *

10 (c) The estimated number of adults in a region needing treatment for
11 substance-related and addictive disorders shall be assigned a weight of twenty
12 percent.

13 * * *

14 B. "Regional substance-related and addictive disorder services" shall include
15 all treatment and ~~prevention/education~~ prevention or education services provided in
16 each region.

17 * * *

18 CHAPTER 15. ~~COMPULSIVE AND PROBLEM~~ GAMBLING DISORDERS

19 §841. Office of behavioral health; functions related to ~~compulsive and problem~~
20 gambling disorders

21 A. The office of behavioral health of the Louisiana Department of Health
22 shall establish a program to provide information and referral services related to
23 ~~compulsive or problem~~ gambling disorders. The program may include treatment
24 services and shall include provision of a twenty-four hour, toll-free telephone
25 service, operated by persons with knowledge of programs and services available to
26 assist persons suffering from ~~compulsive or problem gambling behavior~~ gambling
27 disorders.

28 * * *

1 §911. Definitions

2 As used in this Chapter and unless the context clearly requires otherwise:

3 (1) "Behavioral health services" means community-based mental health and
4 substance-related and addictive disorders services.

5 * * *

6 §913. Governing board; membership; appointment; terms; compensation

7 A.

8 * * *

9 (2) The parish appointees shall be persons with professional experience or
10 parents, consumers, or advocates in the fields of substance-related and addictive
11 disorders, developmental disabilities, mental health, or public health.

12 (3) The governor's three appointees shall be one member with experience in
13 the financial operation of a business enterprise, one member who is a parent,
14 consumer, or caregiver of a consumer of services, and one member who represents
15 one of the following fields: substance-related and addictive disorders,
16 developmental disabilities, mental health, or public health. The governing authority
17 of each parish may submit three names to the governor for consideration as one of
18 the governor's three appointees.

19 * * *

20 §915. Districts; functions, powers, and duties

21 A. Pursuant to a contract with the department, all human services districts
22 shall:

23 * * *

24 (3) Perform community-based functions for the care, diagnosis, training,
25 treatment, and education related to substance-related and addictive disorders,
26 including but not limited to alcohol, drug abuse, or gambling.

27 * * *

28 §931. Definitions; purposes

29 * * *

1 C. The following agencies, as defined by R.S. 36:3, are transferred to and
2 hereafter shall be within the Louisiana Department of Health, as provided in Part II
3 of Chapter 22 of this Title:

4 * * *

5 (10) ~~East Louisiana State Hospital~~ Eastern Louisiana Mental Health System
6 (Jackson)

7 * * *

8 Section 4. R.S. 40:1237.1(A)(9)(a)(ii)(introductory paragraph) and 2142(A) are
9 hereby amended and reenacted to read as follows:

10 §1237.1. Definitions and general application

11 A. As used in this Part:

12 * * *

13 (9)(a) "State health care provider" or "person covered by this Part" means:

14 * * *

15 (ii) A person acting in a professional capacity in providing health care
16 services, by or on behalf of the state, including but not limited to a physician,
17 psychologist, coroner, and assistant coroner who is a licensed physician when acting
18 solely in accordance with the ~~Mental~~ Behavioral Health Law as provided in R.S.
19 28:50 et seq., provided that the premium costs of such malpractice coverage shall be
20 the responsibility of the coroner's office, dentist, a licensed dietician or licensed
21 nutritionist employed by, referred by, or performing work under contract for, a state
22 health care provider or other person already covered by this Part, registered nurse,
23 licensed practical nurse, nurse practitioner, clinical nurse specialist, pharmacist,
24 optometrist, podiatrist, physical therapist, occupational therapist, licensed respiratory
25 therapist, licensed radiologic technologist, licensed clinical laboratory scientist,
26 social worker, hospital administrator, or licensed professional counselor, who is
27 either:

28 * * *

1 §2142. Geriatric hospitals and units

2 A. The department may establish and administer geriatric hospitals or units
3 to receive and care for persons who are elderly or infirm who have been discharged
4 by a hospital for persons with mental illness and for other persons who are elderly
5 or infirm who are in need of nursing and medical care. Such hospitals or units may
6 be established on sites designated by the department in quarters constructed or
7 designated by the department, provided that no such geriatric hospital or unit may
8 be established on any site located more than five air miles from the administrative
9 office of ~~East Louisiana State Hospital~~ Eastern Louisiana Mental Health System or
10 more than one air mile from the administrative office of Central Louisiana State
11 Hospital.

12 * * *

13 Section 5. Code of Criminal Procedure Articles 648(A)(1) and (B)(1), 657,
14 657.1(A)(4), and 657.2(A) are hereby amended and reenacted to read as follows:

15 Art. 648. Procedure after determination of mental capacity or incapacity

16 A. The criminal prosecution shall be resumed unless the court determines by
17 a preponderance of the evidence that the defendant does not have the mental capacity
18 to proceed. If the court determines that the defendant lacks mental capacity to
19 proceed, the proceedings shall be suspended and one of the following dispositions
20 made:

21 (1) If the court determines that the defendant's mental capacity is likely to
22 be restored within ninety days by outpatient care and treatment at ~~an institution~~ a
23 treatment facility as defined by ~~R.S. 28:2(29)~~ R.S. 28:2 while remaining in the
24 custody of the criminal authorities, and if the person is not charged with a felony or
25 a misdemeanor classified as an offense against the person and is considered by the
26 court to be unlikely to commit crimes of violence, then the court may order
27 outpatient care and treatment at any institution as defined by ~~R.S. 28:2(29)~~ R.S. 28:2.

28 * * *

1 B.(1) In no instance shall such custody, care, and treatment exceed the time
2 of the maximum sentence the defendant could receive if convicted of the crime with
3 which he is charged. At any time after commitment and on the recommendation of
4 the superintendent of the institution that the defendant will not attain the capacity to
5 proceed with his trial in the foreseeable future, the court shall, within sixty days and
6 after at least ten days notice to the district attorney, defendant's counsel, and the
7 ~~Bureau of Legal Services~~ bureau of legal services of the Louisiana Department of
8 Health, conduct a contradictory hearing to determine whether the mentally defective
9 defendant is, and will in the foreseeable future be, incapable of standing trial and
10 whether he is a danger to himself or others.

11 * * *

12 Art. 657. Discharge or release; hearing

13 After considering the report or reports filed pursuant to Articles 655 and 656,
14 the court may either continue the commitment or hold a contradictory hearing to
15 determine whether the committed person is no longer ~~mentally ill~~ has a mental
16 illness as defined by ~~R.S. 28:2(14)~~ R.S. 28:2 and can be discharged, or can be
17 released on probation, without danger to others or to himself as defined by ~~R.S.~~
18 ~~28:2(3) and (4)~~ R.S. 28:2. At the hearing the burden shall be upon the state to seek
19 continuance of the confinement by proving by clear and convincing evidence that the
20 committed person is currently ~~both mentally ill~~ has a mental illness and is dangerous.
21 After the hearing, and upon filing written findings of fact and conclusions of law, the
22 court may order the committed person discharged, released on probation subject to
23 specified conditions for a fixed or an indeterminate period, or recommitted to the
24 state mental institution. A copy of the judgment and order containing the written
25 findings of fact and conclusions of law shall be forwarded to the administrator of the
26 forensic facility. Notice to the counsel for the committed person and the district
27 attorney of the contradictory hearing shall be given at least thirty days prior to the
28 hearing.

1 Art. 657.1. Conditional release; criteria

2 A. At any time the court considers a recommendation from the hospital-
3 based review panel that the person may be discharged or released on probation, it
4 may place the insanity acquittee on conditional release if it finds the following:

5 * * *

6 (4) Conditional release will not present an undue risk of danger to others or
7 self, as defined in ~~R.S. 28:2(3) and (4)~~ R.S. 28:2.

8 * * *

9 Art. 657.2. Conditional release; additional requirements

10 A. Upon an application for conditional release of a person, who has been
11 committed to a state hospital or other treatment facility pursuant to this Chapter upon
12 the grounds that the adverse effects of a mental illness are in remission, and if after
13 a hearing the court determines that the applicant will not likely be a danger to others
14 or himself, as defined in ~~R.S. 28:2(3) and (4)~~ R.S. 28:2, if he is under supervision
15 and his treatment is monitored in the community, the court shall not consider the
16 applicant to be in stable remission from the adverse effects of a mental illness until
17 the applicant is placed with an appropriate forensic conditional release program for
18 at least one year but not more than five years.

19 * * *

20 Section 6. Children's Code Article 1404(9) is hereby amended and reenacted to read
21 as follows:

22 Art. 1404. Definitions

23 As used in this Title:

24 * * *

25 (9) "Family psychiatric mental health nurse practitioner" means an individual
26 who maintains the credentials as such and meets the requirements of a "psychiatric
27 mental health nurse practitioner" as provided in ~~R.S. 28:2(21.2)~~ R.S. 28:2. Further,

(3) Administration of state psychiatric hospitals.

Proposed law makes technical changes and corrections in present law relative to mental health and behavioral health.

(Amends R.S. 17:1607, the heading of Title 28 of the La. Revised Statutes of 1950, R.S. 28:1, 2(1), (7), (9), (10), (14), (17), (20), (21), (26), (29), (32)(a) and (b), 3, the heading of Part I-A of Chapter 1 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:11, 12, 13(intro. para.), (1), (3), and (5), 14, 15(A)(intro. para.), (3), (9), and (B), the heading of Part II of Chapter 1 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:21(A) and (B), 21.1, 22(B)(intro. para.) and (C)(1), 22.5, 22.7(A), 22.9-25, 25.1(A), (C)(1)(a)(intro. para.) and (v), (b), (c), (2)(a)(iv), and (D), 25.2, the heading of Part III of Chapter 1 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:50(1), (3), (4), and (6), 51(C), 51.1(A)(1), 52(A)-(C), (G)(2)(a), and (H)(2), 52.2, 52.3, 52.4(A)-(C), 53(A), (B)(1) and (2)(b) and (d)(intro. para.), (G)(2) and (6), (J), (K)(1), and (L)(1) and (3), 53.2(A)(intro. para.) and (1), (B), (C)(3), and (F), 54(A) and (D)(1)(intro. para.), (a), and (3), 55(B), (E)(1) and (3)-(5), (F), (G), (I), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G), 59(C) and (D), 62, 64(F), 67(1) and (3), 69(A)(1), 70(A), (B)(intro. para.) and (1), and (E)(2)(f), 71(B), (C), (E), and (F), 72(A), 73, 91-93, 94(A), 96(A)-(C) and (E)-(H), 96.1(A), (B), and (D)-(F), 97-145, 146(A), 147, the heading of Part VI of Chapter 1 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:171(C)(4)(a) and (D)(5), 171.1(intro. para.) and (5)-(8), 172-184, 185(A), 200-202, 215.2(1)(intro. para.) and (2), 215.3(A) and (B), 215.4(A), the heading of Part X of Chapter 1 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:221(1)-(6), (8), (9), and (11)-(13), 222-225, 227(A), (C), and (E), 228, 229(A) and (C), 230(A)(intro. para.) and (2)(a) and (d)(i), (B), and (C), 232, 233(2), 234(intro. para.) and (2), the heading of Chapter 5 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:475, 476, 477(1) and (3)(a)(intro. para.) and (b), 478(A), the heading of Chapter 11 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:771, 772(A)(1) and (2)(c) and (B), the heading of Chapter 15 of Title 28 of the La. Revised Statutes of 1950, R.S. 28:841(A), 911(1), 913(A)(2) and (3), 915(A)(3), and 931(B)(2), R.S. 36:258(C) and 259(C)(10), R.S. 40:1237.1(A)(9)(a)(ii)(intro. para.) and 2142(A), C.Cr.P. Arts. 648(A)(1) and (B)(1), 657, 657.1(A)(4), and 657.2(A), and Ch.C. Art. 1404(9); Adds R.S. 28:2(33) through (39); Repeals R.S. 28:2(11), 22.4, 22.10, 52.1, 95, 182, 501-506, and 561)