
The original instrument was prepared by Mary Dozier O'Brien. The following digest, which does not constitute a part of the legislative instrument, was prepared by Christine Arbo Peck.

DIGEST

SB 306 Reengrossed 2018 Regular Session Barrow

Present law provides for a person to be found in need of involuntary outpatient treatment necessitates a finding of being a danger to self or others.

Proposed law adds "gravely disabled" as a category for determining if a person is in need of involuntary outpatient treatment.

Present law provides that only the director or administrator of a hospital in which a patient is hospitalized may petition the court to authorize involuntary outpatient treatment for that patient. Proposed law adds the treating physician as being authorized to file the petition.

Present law provides that only the director of an emergency receiving center may file a petition for involuntary outpatient treatment. Proposed law expands that to include the administrator of the facility and the treating physician.

Present law requires that in the case of a petition for involuntary outpatient treatment shall be heard within five days of filing. Proposed law allows a hearing no later than 18 days after filing.

Proposed law expands the court's authority to order service of pleadings and to allow testimony of the patient by way of electronic means, if all parties agree.

Present law provides requirements for the written treatment plan to be utilized in the case of involuntary outpatient treatment.

Proposed law specifies that the plan shall include a provider who has agreed to provide services.

Present law requires assertive community services to be included in such a plan. Proposed law allows for discretion depending upon whether such services are readily available.

Proposed law requires that a director or designee of a facility certify that the services ordered are available and can be readily accessed by the patient.

Proposed law sets out criteria relative to treatment plans and the modification thereof.

Proposed law defines the reports issued pursuant to present law (R.S. 28:56(A)(2)(b)) by the director or administrator of the treatment facility to which the person has been judicially committed to the court and to counsel of record setting forth the patient's response to treatment, his current condition, and the reasons why continued involuntary treatment is necessary to improve the patient's condition

or to prevent it from deteriorating as the "Physician's Report to Court".

Effective August 1, 2018.

(Amends R.S. 28:66(A)(6) and (B), 67(1) and (2), 68, 69(A)(1) and (2), (C) and (D), 70(A), (C), (D), and (E), 71(B), (C), (D), (E) and (F), 72, 73, and 75; adds R.S. 28:69(A)(3), 70(F), and 76)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Removes vocational and employment from the list of services that may be offered through involuntary outpatient treatment.
2. Allows the local governing entity to certify that services ordered are available and to assist with soliciting compliance of treatment by the patient.

Senate Floor amendments to engrossed bill

1. Makes legislative bureau and bureau note technical changes.