



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

HOUSE BILL NO. 672

PRINTERS NO. 2004

PRIME SPONSOR: Ortitay

COST / (SAVINGS)

FUND	FY 2018/19	FY 2019/20
General Fund	\$0	\$0

SUMMARY: House Bill 672, Printer's Number 2004 amends Section 1.1 (Mental Health Treatment) of Act 10 of 1970 regarding consent to services for minors from 14 to 18 years of age. This legislation is effective in 60 days.

ANALYSIS: This legislation revises Section 1.1 (Mental Health Treatment) regarding consent to inpatient and outpatient mental health treatment for minors as follows:

- A parent or legal guardian of a minor less than 18 years of age may consent to voluntary inpatient or outpatient mental health treatment on behalf of the minor and the minor's consent is not required;
- A minor who is 14 years of age or older may consent to voluntary inpatient or outpatient mental health treatment and the parent or legal guardian's consent is not required;
- A minor or another parent or legal guardian may not abrogate consent provided by a parent or legal guardian on behalf of the minor nor may a parent or legal guardian abrogate consent given by a minor on their own behalf;
- A parent or legal guardian who has provided consent to voluntary inpatient or outpatient mental health treatment may revoke that consent, unless the minor agrees to continued treatment;
- A minor who is 14 to 18 years of age who has provided consent to voluntary inpatient or outpatient mental health treatment may revoke that consent, unless the parent or legal guardian provides for continued treatment;
- At the time of admission, the minor must be provided with an explanation of the mental health treatment and the minor's rights, including the right to object to treatment at any time by filing petition with the court;
- When a petition is filed on behalf of a minor who objects to continued inpatient treatment, the court shall promptly appoint an attorney for the minor and schedule a hearing within 72 hours of the petition filing to determine if the treatment is in the minor's best interest.
 - To continue inpatient treatment against the minor's wishes, the court must find all of the following: the minor has a diagnosed mental disorder; the disorder is treatable; the inpatient treatment facility is capable of treating the disorder; and
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the proposed treatment setting is the least restrictive alternative that is medically appropriate.

- A minor ordered to remain in treatment after hearing as a result filing a petition must remain and receive treatment as designated by the court for up to 20 days unless the attending physician determines treatment is no longer needed or the parent or legal guardian revokes consent.
 - If the attending physician determines continued treatment is needed and minor does not consent, the court shall conduct another review hearing to determine whether to release the minor or make a subsequent order for treatment not to exceed 60 days subject to discharge of the minor whenever the attending physician determines treatment is no longer needed or the parent or legal guardian revokes consent.
- The procedure for a 60-day period of treatment is repeated until the court determines to release the minor, the attending physician determines treatment is no longer needed or the parent or legal guardian revokes consent.
- A nonconsenting parent who has legal custody rights of a minor child may object to consent given by the other parent to inpatient treatment by filing a petition in the Court of Common Pleas in the county where the minor resides, and a hearing shall be held within 72 hours.

HB 672 also updates Section 1.2 (Release of Medical Records) regarding: who may consent to the release of the minor's medical records and information; that the release of mental health records and information is limited to release directly from one mental health provider to another mental health or primary care provider; and the consenting parent or legal guardian shall have the right to information necessary to provide consent to the minor's mental health treatment including symptoms and conditions to be treated, medications and other treatments to be provided, risks and benefits and the expected results.

FISCAL IMPACT: Enactment of this legislation is not anticipated to have any adverse fiscal impact on Commonwealth funds.

PREPARED BY: Ann Bertolino
House Appropriations Committee (R)

DATE: June 5, 2019

Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.