AN ACT

Relating to protocols for a health care facility's discharge of a patient who presented with a behavioral health crisis.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS 441.015 to 441.063.

SECTION 2. (1) As used in this section:
   (a) “Discharge” means the release of a patient from a hospital following admission to the hospital.
   (b) “Lay caregiver” means:
       (A) For a patient who is younger than 14 years of age, a parent or legal guardian of the patient.
       (B) For a patient who is at least 14 years of age, an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.
   (2) A hospital shall adopt and enforce policies for the discharge of a patient who is hospitalized for mental health treatment. The policies must be publicly available and include, at a minimum, all of the following:
       (a) Encouraging the patient to sign an authorization for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and to provide appropriate support to the patient following discharge including, but not limited to, discussing the patient's prescribed medications and the circumstances under which the patient or lay caregiver should seek immediate medical attention.
       (b) Assessing the patient's risk of suicide, with input from the lay caregiver if appropriate.
       (c) Assessing the long-term needs of the patient including:
           (A) The patient's need for community-based services;
           (B) The patient's capacity for self-care; and
           (C) To the extent practicable, whether the patient can be properly cared for in the place where the patient was residing when the patient presented at the hospital.
       (d) A process to coordinate the patient's care and transition the patient from an acute care setting to outpatient treatment that may include community-based providers, peer
support, lay caregivers and others who can execute the patient's care plan following discharge.

(e) Scheduling follow-up appointments for no later than seven days after discharge or documenting why the seven-day goal could not be met.

SECTION 3. Section 2 of this 2015 Act becomes operative on July 1, 2016.