

REPORTING REQUIREMENTS FOR PSYCHIATRIC HOSPITALS AND PSYCHIATRIC UNITS

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House Bill 5615 as introduced
Sponsor: Rep. Phil Green
Committee: Health Policy
Complete to 11-4-20

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 5615 would amend the Mental Health Code to add requirements for psychiatric hospitals and psychiatric units to report on recipient deaths to DHHS within specified timelines.

Under the bill, each psychiatric hospital and psychiatric unit would have to report a recipient death to DHHS within three business days if it occurred when the recipient was in the psychiatric hospital or unit or (if known) within 30 days after the recipient was released. If known, the following information would have to be included in that report:

- Recipient's name, gender, and date of birth.
- Date, time, and place of death.
- Any medical or psychiatric diagnosis.
- Cause of death.
- Recent changes in medical or psychiatric status, including notation of most recent hospitalization.
- Summary of condition, treatment, and support programs and services provided.
- Date of the most recent hospital admission and, if relevant, discharge.
- Any other relevant history.
- Autopsy findings, including toxicology report if conducted and available. If autopsy and toxicology reports were not available when the report was filed, the hospital or psychiatric unit would have to forward those to DHHS and state protection and advocacy (P&A) agency upon receipt.
- Any action taken as a result of the death.
- Any notification to the medical examiner, police, or recipient rights office at the psychiatric hospital or psychiatric unit and the recipient's service agency.
- Whether the recipient was in restraint or seclusion at the time of death.

Additionally, each state-operated psychiatric hospital and psychiatric unit would have to report a recipient's death to DHHS and the P&A agency if it occurred during the recipient's period of hospitalization or within 12 months after the recipient was released. The report would have to include the same information listed above. A community mental health services program (CMHSP) or prepaid inpatient health plan (PIHP) would have to report on a recipient's death if it occurred while the recipient was receiving services from the CMHSP or PIHP or within 60 days after the end of that service.

Generally, state-operated and federally operated psychiatric hospitals and psychiatric units are exempt from certain provisions in the code, including licensing requirements. The bill would provide that the reporting required of state-operated psychiatric hospitals and psychiatric units under the bill is one of the exceptions to this exemption.

Currently, the code requires DHHS to provide an annual statistical report to the legislature that summarizes all deaths and causes of death, if known, of mental health recipients that have been reported to DHHS and all deaths that have occurred in state facilities. Under the bill, DHHS would have to include in its annual report a summation and analysis of this information regarding recipients' deaths.

DHHS also would have to review and verify the information in each death report and report as needed to other investigative authorities, conduct its own investigation of potential licensing or rights violations, and take any corrective action warranted.

In addition, the bill would provide that DHHS' Office of Recipient Rights has oversight authority to ensure operation of an effective recipient rights system at all psychiatric hospitals and psychiatric units.

MCL 330.1134, 330.1147, and 330.1720

FISCAL IMPACT:

House Bill 5615 would have a negligible fiscal impact on the state and no fiscal impact on local units of government.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.