

Department of Planning and Budget

2018 Fiscal Impact Statement

1. Bill Number: HB886

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input checked="" type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

2. Patron: Stolle

3. Committee: Engrossed

4. Title: Admissions for mental health treatment; toxicology.

5. Summary: Requires the Board of Health to include in regulations governing hospitals a provision that requires every hospital that provides inpatient psychiatric services to establish a protocol that requires, for every refusal to admit a patient for whom there is a question of medical stability or medical appropriateness for admission due to toxicology results, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested to do so by the referring physician.

6. Budget Amendment Necessary: No

7. Fiscal Impact Estimates: None

8. Fiscal Implications: This protocol required by this bill would only be necessary when a hospital is considering a refusal for inpatient psychiatric admission. Because state mental health facilities are facilities of last resort and cannot refuse admission, the protocol would not need to be developed at Department of Behavioral Health and Developmental Services operated facilities, and therefore has no fiscal impact.

9. Specific Agency or Political Subdivisions Affected: Department of Behavioral Health and Developmental Services, Private Hospitals, Board of Health

10. Technical Amendment Necessary: No

11. Other Comments: None