

HOUSE No. 1793

The Commonwealth of Massachusetts

PRESENTED BY:

Patricia A. Haddad

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>
<i>Alan Silvia</i>	<i>7th Bristol</i>
<i>Claire D. Cronin</i>	<i>11th Plymouth</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Carole A. Fiola</i>	<i>6th Bristol</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Stephen L. DiNatale</i>	<i>3rd Worcester</i>
<i>Keiko M. Orrall</i>	<i>12th Bristol</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Michael D. Brady</i>	<i>9th Plymouth</i>
<i>Barbara L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>

<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>

HOUSE No. 1793

By Mrs. Haddad of Somerset, a petition (accompanied by bill, House, No. 1793) of Patricia A. Haddad and others relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments. Mental Health and Substance Abuse.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act relative to creating a pilot program to transfer high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 19 of the General Laws is hereby amended by adding the
2 following section at the end thereof: -

3 There shall be, on the campus of Taunton State Hospital, a Behavioral Health Emergency
4 Department Relief Pilot Program to accept medically stable, high acuity behavioral health and
5 dual diagnosis patients from emergency departments in the Southeast region. Medically stable
6 patients presenting in an Emergency Department with a high acuity behavioral health condition
7 or who have a dual diagnosis should be transferred to this pilot program if another appropriate
8 setting cannot be located within four hours of admission to the emergency department. Patients
9 admitted to the pilot program will be cared for until an appropriate placement is found that meets
10 the patients’ needs, which shall be no more than fourteen days following admission to the pilot
11 program. The program shall be operated by the department and staffed by the department’s

12 registered nurses, psychiatrists and other staff needed to provide appropriate care, with program
13 protocols and a staffing plan to be developed during the first six months following passage of
14 this legislation by a committee including the department, the department of public health, the
15 national alliance on mental illness, the Massachusetts Nurses Association and the emergency
16 nurses association. For the purposes of this pilot program, Taunton State Hospital shall be
17 allowed to accept patients classified under Section 12 of Chapter 123 of the General Laws. The
18 pilot program shall operate for a period of two years, with a report to be filed by the department
19 with the Joint Committee on Mental Health and Substance Abuse during year two of the
20 program, to evaluate the success of the program in decreasing emergency department
21 overcrowding in the Southeast Region, and the quality of care provided in the program. The
22 report shall be drafted by an independent entity, utilizing data from the department and the local
23 hospitals in the Southeast Region.