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**HOUSE COMMITTEE AMENDMENTS**

2023 Regular Session

Amendments proposed by House Committee on Administration of Criminal Justice to Original House Bill No. 55 by Representative Selders

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1 AMENDMENT NO. 1

2 On page 1, line 4, after "for" and before "to provide" change "definitions;" to "a definition;"

3 AMENDMENT NO. 2

4 On page 1, line 5, after "Corrections;" delete the remainder of the line and at the beginning  
5 on line 6 delete "responsibilities of a multi-disciplinary service team;"

6 AMENDMENT NO. 3

7 On page 2, line 8, after the comma "," delete the remainder of the line and delete lines 9  
8 through 29 in their entirety and delete pages 3 and 4 in their entirety and on page 5, delete  
9 lines 1 through 6 in their entirety and insert the following:

10 "post-traumatic stress disorder" means any of the following:

11 (1) Exposure to actual or threatened death, serious injury, or sexual violence  
12 including any of the following:

13 (a) Directly experiencing a traumatic event.

14 (b) Personally witnessing the traumatic event as it occurred to others.

15 (c) Learning that the traumatic event occurred to a close family member or  
16 close friend in a manner that was violent or accidental.

17 (d) Experiencing repeated or extreme exposure to aversive details of  
18 traumatic events, including first responders collecting human remains and police  
19 officers repeatedly being exposed to details of child abuse. The provisions of this  
20 Subparagraph shall not apply to exposure through electronic media, television,  
21 movies, or pictures unless this exposure is work-related.

22 (2) The presence of any of the following intrusion symptoms associated with  
23 a traumatic event, beginning after the traumatic event has occurred:

24 (a) Recurrent, involuntary, and intrusive distressing memories of the  
25 traumatic event.

26 (b) Recurrent distressing dreams in which the content or effect of the dream  
27 is related to the traumatic event.

28 (c) Dissociative reactions, commonly referred to as flashbacks, in which the  
29 individual feels or acts as if the traumatic event is recurring. Such reactions may  
30 occur on a continuum, with the most extreme expression being a complete loss of  
31 awareness of present surroundings.

32 (d) Intense or prolonged psychological distress at exposure to internal or  
33 external cues that symbolize or resemble an aspect of the traumatic event.

34 (e) Marked physiological reactions to internal or external cues that  
35 symbolize or resemble an aspect of the traumatic event.

36 (f) Persistent avoidance of stimuli associated with the traumatic event,  
37 beginning after the traumatic event occurred, as evidenced by any of the following:

38 (i) Efforts to avoid or avoidance of distressing memories, thoughts, or  
39 feelings regarding or closely associated with the traumatic event.

40 (ii) Efforts to avoid or avoidance of external reminders such as people,  
41 places, conversations, activities, objects, or situations, that arouse distressing  
42 memories, thoughts, or feelings regarding or closely associated with the traumatic  
43 event.

44 (3) Negative alterations in cognitions and moods associated with the  
45 traumatic event, beginning or worsening after the traumatic event has occurred, as  
46 evidenced by at least two of the following:

1 (a) Inability to remember an important aspect of the traumatic event that is  
2 due to dissociative amnesia, and not due to other factors such as head injury, alcohol  
3 use, or drug use.

4 (b) Persistent and exaggerated negative beliefs or expectations about oneself,  
5 others, or the world.

6 (c) Persistent, distorted cognitions about the cause or consequences of the  
7 traumatic event that lead the individual to blame himself or others.

8 (d) Persistent negative emotional state such as fear, horror, anger, guilt, or  
9 shame.

10 (e) Notably diminished interest or participation in significant activities.

11 (f) Feelings of detachment or estrangement from others.

12 (b) Persistent inability to experience positive emotions such as the inability  
13 to experience happiness, satisfaction, or loving feelings.

14 (4) Marked alterations in arousal and reactivity associated with the traumatic  
15 event, beginning or worsening after the traumatic event occurred, as evidenced by  
16 at least two of the following:

17 (a) Irritable behavior and angry outbursts with little or no provocation that  
18 are typically expressed as verbal or physical aggression toward people or objects.

19 (b) Reckless or self-destructive behavior.

20 (c) Hypervigilance.

21 (d) Exaggerated startle response.

22 (e) Problems with concentration.

23 (f) Sleep disturbance such as difficulty falling, staying asleep, or restless  
24 sleep.

25 (5) When the duration of the disturbance in Subparagraph (2)(f) of this  
26 Subsection and Paragraphs (3) and (4) of this Subsection is more than one month.

27 (a) The disturbance causes clinically significant distress or impairment in  
28 social, occupational, or other important areas of functioning.

29 (b) The disturbance is not attributable to the physiological effects of a  
30 substance such as medication or alcohol or a medical condition.

31 (6) The experience of persistent or recurrent symptoms of depersonalization  
32 or derealization that are manifested through dissociative symptoms and in response  
33 to a stressor.

34 (7) For purposes of this Subsection, "depersonalization" means persistent or  
35 recurrent experiences of feeling detached from, and as if one were an outside  
36 observer of, one's mental processes or body.

37 (a) For purposes of this Subsection, "derealization" means persistent or  
38 recurrent experiences of the unreality of surroundings.

39 (b) The dissociative symptoms provided in this Paragraph shall not be  
40 attributable to the physiological effects of a substance or a medical condition."

41 AMENDMENT NO. 4

42 On page 5, line 8, after the comma "," and before "either" insert "including incarcerated  
43 people meeting diagnostic criteria for post-traumatic stress disorder,"

44 AMENDMENT NO. 5

45 On page 5, delete lines 10 through 28 in their entirety and delete pages 6 and 7 in their  
46 entirety and on page 8 delete lines 1 through 19 in their entirety and insert the following:

47 "(2)(a) The department shall provide every incarcerated person an intake  
48 screening and clinical appraisal during his initial reception into the department's state  
49 facilities. The clinical appraisal shall evaluate each incarcerated person for any  
50 potential mental health disorders listed in the current edition of the Diagnostic And  
51 Statistical Manual.

52 (b) Any incarcerated person suspected of having post-traumatic stress  
53 disorder shall be referred to a psychiatrist for further evaluation and treatment. At  
54 any point during the person's incarceration, any department staff member who

1 suspects that an incarcerated person may have suffered a traumatic event or displays  
2 symptoms of post-traumatic stress disorder may refer that person to the facility's  
3 mental health department.  
4 (3) The department shall provide an annual Trauma Informed Response  
5 training to all staff as part of their orientation.  
6 (4) The department shall utilize trained peer support who have shared lived  
7 experiences to augment and enhance mental health services.  
8 (5) The department, prior to the release of an incarcerated person, shall  
9 provide an incarcerated person who has been diagnosed with a serious mental illness  
10 an appointment or walk-in instructions for a community mental health provider to  
11 ensure continuity of care."