Regular Session, 2009

ACT No. 384

HOUSE BILL NO. 837

1

BY REPRESENTATIVE MILLS AND SENATOR WALSWORTH

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

AN ACT

2	To amend and reenact R.S. 28:21(A) and (B) and 771(A) and (B)(5)(c) and R.S.
3	36:251(C)(1) and 258(C), to enact R.S. 28:4 and 771(B)(9) and (10), and to repeal
4	R.S. 28:21(E) and R.S. 36:258(E), relative to the office of behavioral health; to
5	provide for the office of behavioral health in the Department of Health and
6	Hospitals; to provide for the office's purposes and functions; to provide for an
7	implementation advisory committee and its membership; to dissolve the office of
8	mental health and office for addictive disorders and transfer relevant purposes and
9	functions to the office of behavioral health; to provide for copayments; to provide
10	for appropriations; to provide for an effective date; and to provide for related
11	matters.
12	Be it enacted by the Legislature of Louisiana:
13	Section 1. R.S. 28:4 is hereby enacted to read as follows:
14	§4. Office of behavioral health; legislative findings; creation of behavioral health
15	implementation advisory committee
16	A. The legislature finds that:
17	(1) People can recover from both mental illness and addictive disorders when
18	given the proper care and a supportive environment.
19	(2) The consequences of mental illness and addictive disorders affect all
20	citizens of Louisiana, and it is essential to merge the administrative and planning
21	functions of the state as they relate to mental health and addictive disorders in order
22	to have a comprehensive health care system.

1	(3) Consolidation of the administrative functions of the state offices of
2	mental health and addictive disorders is consistent with federal administration of
3	such programs and has been adopted by other states.
4	(4) Consolidation of administrative functions shall allow the office of
5	behavioral health to maximize available state, federal, and grant funding for the
6	provision of services for persons with a mental illness or an addictive disorder or co-
7	occurring disorders.
8	(5) Consolidation of administrative functions shall allow the office of
9	behavioral health to pursue best practices to maximize available professionals to
10	serve persons with mental illness, addictive disorders, and co-occurring disorders in
11	accordance with their respective licensing statutes.
12	B. An implementation advisory committee, hereinafter referred to as
13	"committee", shall recommend to the secretary a specific plan for implementation
14	of the consolidated administrative functions of the office of behavioral health. The
15	committee shall meet as needed and submit a report to the secretary of the
16	Department of Health and Hospitals with final recommendations on the
17	implementation plan which may be adopted no later than January 31, 2010.
18	Thereafter, the committee shall continue to meet and advise the secretary on matters
19	regarding implementation until the committee automatically dissolves on July 1,
20	2011. The Department of Health and Hospitals shall submit to the Senate Committee
21	on Health and Welfare and the House Committee on Health and Welfare on
22	September 1, 2010, and June 30, 2011, a written status report that details the progress
23	of the implementation of the provisions of this Section. The following persons shall
24	be members of the committee:
25	(1) The secretary of the Department of Health and Hospitals or his designee,
26	who shall be the chairperson of the committee.
27	(2) The assistant secretary of the office for addictive disorders or his
28	designee.

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(3) The assistant secretary of the office of mental health or his designee.

1	(4) One representative from the addictive disorder professional community,
2	chosen by the secretary from a list of names provided by the addictive disorder
3	professional associations.
4	(5) One representative from the mental health professional community,
5	chosen by the secretary from a list of names provided by mental health stakeholder
6	community.
7	(6) One consumer of addictive disorder services, chosen by the secretary
8	from a list of names provided by the Louisiana Commission on Addictive Disorders.
9	(7) One consumer of mental health services, chosen by the secretary from
10	a list of names provided by the Louisiana Mental Health Planning Council.
11	(8) One representative from the addictive disorder professional community,
12	chosen by the speaker of the House of Representatives.
13	(9) One representative from the addictive disorder professional community,
14	chosen by the president of the Senate.
15	(10) One representative from the mental health professional community,
16	chosen by the speaker of the House of Representatives.
17	(11) One representative from the mental health professional community,
18	chosen by the president of the Senate.
19	(12) One representative selected by the Human Services Interagency Council
20	who currently serves as the executive director of an existing human services district
21	or authority.
22	C. The implementation advisory committee shall have the authority to create
23	subcommittees to assist in the development of recommendations for consolidation
24	of the administrative offices for mental health and addictive disorders) The
25	implementation advisory committee shall consider at a minimum the following
26	factors in developing its plan for recommendation to the secretary:
27	(1) The recommended procedures and time lines for the initial year of the
28	merger of the office of mental health and the office for addictive disorders.
29	(2) The recommended consolidated administrative structure and staffing at
30	the state and regional level.

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1	(3) The recommended mission statement and vision for the office of
2	behavioral health.
3	(4) The recommended performance measures and expected outcomes for
4	persons with a mental illness or an addictive disorder or co-occurring disorders
5	within the office of behavioral health.
6	(5) The recommended establishment of a single point of entry for services
7	offered by the office of behavioral health.
8	(6) The recommended strategy to coordinate with the local human services
9	districts and authorities.
10	(7) The recommended strategy to coordinate with the addictive disorder and
11	mental health licensing boards and professional services providers to increase access
12	to appropriate behavioral health care services and further workforce development.
13	(8) The recommended strategy to maximize available state, federal, and
14	grant funding to increase access to appropriate behavioral health care services.
15	(9) The recommended strategy to coordinate with other state and federal
16	agencies to increase access to appropriate behavioral health care services.
17	(10) The recommended ongoing internal monitoring upon dissolution of the
18	implementation advisory committee.
19	D. On or before March 1, 2010, the secretary of the Department of Health
20	and Hospitals shall present the implementation plan for approval by majority vote
21	of the Senate Committee on Health and Welfare and the House Committee on Health
22	and Welfare, meeting jointly. Action by the joint committee of health and welfare
23	is limited to approval or disapproval of the implementation plan in its entirety.
24	* * *
25	Section 2. R.S. 28:21(A) and (B) and 771(A) and (B)(5)(c) are hereby amended and
26	reenacted and R.S. 28:771(B)(9) and (10) are hereby enacted to read as follows:
27	§21. State hospitals for the mentally ill and inebriate persons with mental illness and
28	addictive disorders
29	A. The hospital at Jackson, known as the East Louisiana State Hospital, the
30	hospital at Pineville, known as the Central Louisiana State Hospital, and the hospital

at Mandeville, known as the Southeast Louisiana Hospital, are designated as the institutions hospitals for the mentally ill and inebriate persons with mental illness and addictive disorders until such time as separate or other institutions hospitals are established. If the facilities permit, the superintendent of each shall maintain within the framework of the hospital separate wards for the treatment of the inebriate. The assistant secretary of the office of mental behavioral health of the department may reorganize and consolidate the administration of the institutions hospitals or facilities, including the Feliciana Forensic Facility, the Greenwell Springs Hospital, and the New Orleans Adolescent Hospital as necessary to comply with the provisions of the State Mental Health Plan.

B. The assistant secretary of the office of mental behavioral health of the department may establish community cottages residential settings as satellite facilities to these institutions hospitals from funds presently allocated or to be allocated to these institutions by the legislature.

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§771. Office for addictive disorders of behavioral health; functions related to addictive disorders

A. The office for addictive disorders of behavioral health of the Department of Health and Hospitals, hereinafter referred to as the "office", shall perform the functions of the state relating to the care, training, treatment, and education of persons suffering from addictive disorders and the prevention of addictive disorders. It shall administer residential and outpatient care facilities of the state for addictive disorder patients and administer the addictive disorders programs in the state.

B. The office shall additionally perform the following duties and responsibilities:

* * *

(5)

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(c) The copayment provided for in this Paragraph shall be deposited in the state treasury pursuant to R.S. 39:82 and shall be accounted for by the commissioner

of administration through appropriations control pursuant to R.S. 39:334(B)(6). The commissioner of administration shall establish a separate cost center in the office of mental behavioral health and the office for citizens with developmental disabilities for revenue generated pursuant to this Paragraph. All funds not obligated shall revert to the state general fund at the end of the fiscal year.

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(9) Provide a twenty-four-hour, toll-free telephone service to provide information regarding available services to assist with compulsive or problem gambling behavior.

(10) Require any patient who is given a urine drug screen in a state-operated outpatient or inpatient alcohol or drug abuse facility as part of his treatment by the office of behavioral health to pay a copayment of not more than twelve dollars per screen to the provider of the screen if he is able to pay such copayment based on a sliding fee scale) Such copayments shall be charged and collected by the provider. The office of behavioral health shall promulgate rules and regulations to establish a sliding fee scale and criteria for determining a patient's ability to pay. Any patient eligible to receive Medicaid shall be exempt from the provisions of the copayment requirements. The copayments shall be exempt from the provisions of R.S. 49:971(A)(3) which provide that no state agency shall increase any existing fee or impose any new fee unless the fee increase or fee adoption is expressly authorized pursuant to a fee schedule established by statute or specifically authorized by federal law, rules, or regulations for the purpose of satisfying an express mandate of such federal law, rule, or regulation.

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Section 3. R.S. 36:251(C)(1) and 258(C) are hereby amended and reenacted to read as follows:

§251. Department of Health and Hospitals; creation; domicile; composition; purpose and functions

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C.(1) The Department of Health and Hospitals shall be composed of the executive office of the secretary, the office of management and finance, the office of public health, the office of mental behavioral health, the office for citizens with developmental disabilities, the office for addictive disorders, the office of aging and adult services, and such other offices as shall be created by law.

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§258. Offices; purposes and functions

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C. The consolidation of the administration of the offices for mental illness and of addictive disorders into the office of behavioral health will offer less redundancy and greater benefits to Louisiana citizens in need of these services. The office of mental behavioral health shall perform the functions of the state which provide services and continuity of care for the prevention, detection, treatment, rehabilitation, and follow-up care of mental and emotional illness in Louisiana and shall perform functions related to mental health. It shall also perform the functions of the state relating to the care, training, treatment, and education of those suffering from addictive disorders and the prevention of addictive disorders and administer the addictive disorders programs in the state. It shall administer residential and outpatient care facilities of the state for persons who are mentally ill, persons suffering from addictive disorders, and persons suffering from co-occurring mental illness and addictive disorders.

22 * * *

Section 4. R.S. 28:21(E) and R.S. 36:258(E) are hereby repealed in their entirety.

Section 5. The Louisiana State Law Institute is hereby authorized and requested to review all statutes which contain phrases being changed by this Act and in all locations it deems appropriate change said references, particularly those to the office of mental health and office for addictive disorders.

Section 6. Sections 1 and 7 and this Section shall become effective upon signature of the governor, or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided in Article III, Section 18 of the

1 Constitution of Louisiana. If vetoed by the governor and subsequently approved by the 2 legislature, this Act shall become effective on the day following such approval. 3 Section 7. Sections 2, 3, 4, and 5 of this Act shall become effective July 1, 2010, 4 upon approval of the implementation plan submitted by the secretary of the Department of 5 Health and Hospitals to the Senate Committee on Health and Welfare and the House Committee on Health and Welfare, meeting jointly, as provided in R.S. 28:4. If the Senate 6 7 Committee on Health and Welfare and the House Committee on Health and Welfare, 8 meeting jointly, fail to approve the implementation plan then these Sections shall be null and 9 void. SPEAKER OF THE HOUSE OF REPRESENTATIVES PRESIDENT OF THE SENATE GOVERNOR OF THE STATE OF LOUISIANA

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APPROVED: _____