

1041-S

Sponsor(s): House Committee on Judiciary (originally sponsored by Representatives Lantz, Kagi, Conway, Chase, Kirby, Dickerson, Kenney, Campbell, Talcott, Skinner and Jarrett)

Brief Description: Authorizing mental health advance directives.

HB 1041-S - DIGEST

(DIGEST OF PROPOSED 1ST SUBSTITUTE)

Finds that: (1) Some mental illnesses cause individuals to fluctuate between capacity and incapacity;

(2) During periods when an individual's capacity is unclear, the individual may be unable to access needed treatment because the individual may be unable to give informed consent;

(3) Early treatment may prevent an individual from becoming so ill that involuntary treatment is necessary; and

(4) Mentally ill individuals need some method of expressing their instructions and preferences for treatment and providing advance consent to or refusal of treatment.

Recognizes that a mental health advance directive can be an essential tool for an individual to express his or her choices at a time when the effects of mental illness have not deprived him or her of the power to express his or her instructions or preferences.

Finds that: (1) A mental health advance directive must provide the individual with a full range of choices;

(2) Mentally ill individuals have varying perspectives on whether they want to be able to revoke a directive during periods of incapacity;

(3) For a mental health advance directive to be an effective tool, individuals must be able to choose how they want their directives treated during periods of incapacity; and

(4) There must be clear standards so that treatment providers can readily discern an individual's treatment choices.

Affirms that, pursuant to other provisions of law, a validly executed mental health advance directive is to be respected by agents, guardians, and other surrogate decision makers, health care providers, professional persons, and health care facilities.