

ALEC EXPOSED

"ALEC" has long been a secretive collaboration between Big Business and "conservative" politicians. Behind closed doors, they ghostwrite "model" bills to be introduced in state capitols across the country. This agenda—underwritten by global corporations—includes major tax loopholes for big industries and the super rich, proposals to offshore U.S. jobs and gut minimum wage, and efforts to weaken public health, safety, and environmental protections. Although many of these bills have become law, until now, their origin has been largely unknown. With **ALEC EXPOSED**, the Center for Media and Democracy hopes more Americans will study the bills to understand the depth and breadth of how big corporations are changing the legal rules and undermining democracy across the nation.

ALEC's Corporate Board

--in recent past or present

- AT&T Services, Inc.
- centerpoint360
- UPS
- Bayer Corporation
- GlaxoSmithKline
- Energy Future Holdings
- Johnson & Johnson
- Coca-Cola Company
- PhRMA
- Kraft Foods, Inc.
- Coca-Cola Co.
- Pfizer Inc.
- Reed Elsevier, Inc.
- DIAGEO
- Peabody Energy
- Intuit, Inc.
- Koch Industries, Inc.
- ExxonMobil
- Verizon
- Reynolds American Inc.
- Wal-Mart Stores, Inc.
- Salt River Project
- Altria Client Services, Inc.
- American Bail Coalition
- State Farm Insurance

For more on these corporations, search at www.SourceWatch.org.

DID YOU KNOW? Corporations VOTED to adopt this. Through ALEC, global companies work as "equals" in "unison" with politicians to write laws to govern your life. Big Business has "a VOICE and a VOTE," according to newly exposed documents. **DO YOU?**

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Extended Care For Mental Health Patients Act

Did you know that global pharmaceutical company Bayer Healthcare was the corporate co-chair in 2011?

Summary

Hospitals releasing mental health patients often fail to secure follow-up-out-patient treatment for them from community mental health centers. Without proper follow-up treatment, many mental health patients are compelled to return to the restrictive environment of mental hospitals. Worse still, a large number of discharged mental health patients have "disappeared through the cracks" of the mental health treatment system, and now comprise a large number of the "street people" in our metropolitan areas.

The Extended Care for Mental Health Patients Act requires that the hospital team which discharges a mental health patient arrange an initial appointment for that patient at a local mental health center. The hospital team also is required to contact professional resource people within the community and advise them of the patient's discharge from the hospital. This allows a professional community resource person to monitor the patient's treatment at the local mental health center and to encourage the patient's appropriate use of prescribed medication.

The Oklahoma legislature has enacted similar legislation which has significantly enhanced continued treatment programs for released mental health patients. These programs facilitate the transition for the mental health patient from a highly supervised, institutional environment to a less restrictive setting and eventually back into his community.

Model Legislation

{Title, enacting clause, etc}

Section 1. This Act may be cited as the Extended Care for Mental Health Patients Act.

Section 2. {Statement of purpose} The purpose of this Act is to provide extended care to persons released from mental health institutions through assistance by community agents and support by private industry officials.

Section 3. {Definitions} As used in this Act:

(A) "Commissioner" refers to the appropriate government official who is charged with the administration of the laws relating to mental health patients.

(B) "Convalescent leave" means leave granted to a patient, rather than a discharge, when that patient's complete recovery can be determined by permitting him to leave the facility.

(C) "Department" means the principal public welfare-related administrative unit within the executive branch of state government.

(D) "Facility" refers to the mental health treatment center or hospital from which the mental health patient is released.

(E) "Head of department" means the individual or board in charge of the department.

(F) "Health facility administrator" refers to the administrator of the mental health facility from which the patient is released.

(G) "Released patient" refers to an individual who has been released from a mental health facility.

(H) "Resource person" refers to a trained community agent, local to the release patient's post-facility place of residence, who will serve as a contact for the patient during the interim period after release from the mental health facility.

Section 4. {Discharge regulations} Any person detained or committed for treatment pursuant to the provision of [appropriate state statute] shall be provided with discharge planning and assistance by the facility where detained or treated.

Discharge planning and assistance shall include, but is not limited to, the following:

- (A) return of all personal possessions to the person except contraband;
- (B) transportation assistance;
- (C) planning of further outpatient treatment, including an initial appointment for outpatient services and a treatment plan, if indicated;
- (D) housing information and referral; and
- (E) the name and telephone number of a resource person in the community.

Section 5. {Responsibilities - Head of department} The head of the department may discharge a patient or permit him to leave the facility as provided herein:

- (A) who, in the judgment of the health facility's administrator is recovered;
- (B) who is not recovered but, in the judgment of the health facility's administrator, is stabilized and will not benefit by further treatment and who may be appropriately treated or maintained in a program of facility other than a hospital; or
- (C) who has not returned to the facility within 12 months from the time a convalescent leave was granted.

Section 6. {Responsibility - Health facility administrator} The health facility's administrator may grant a convalescent leave status to a patient in accordance with rules prescribed by the Commissioner. The facility granting a convalescent leave status to a patient has no responsibility in returning the patient to the facility should such become necessary. A convalescent leave is granted rather than a discharge when a patient's complete recovery can be determined only by permitting him to leave the facility.

Section 7. {Procedures for the transfer of mental health patients} In accordance with the rules prescribed by the commissioner, a health facility administrator may transfer a patient to an outpatient or other nonhospital status when, in the opinion of the health facility administrator, such transfer will not be detrimental to the public welfare or injurious to the patient and the necessary treatment may be continued on that basis; provided, however, that before transferring the patient, the health facility administrator shall satisfy himself that appropriate financial resources and appropriate services are available to receive and care for such patient after his transfer.

Section 8. {Visitation procedures for mental health patients} A visiting status may be granted for a matter of a few hours or days to any patient considered by the health facility's administrator to be suitable for such privileges.

Section 9. {Discharge procedures for mental health patients} The health facility administrator shall notify the court responsible for committing the patient that the patient has been granted a discharge. Such notification shall be not less than 48 hours prior to the actual discharge.

Section 10. {Financial responsibilities for release of mental health patients} The expense of returning a patient from convalescent leave, outpatient status or visiting status shall be that of:

- (A) the party removing the patient from the facility; or
- (B) The Department.

When it becomes necessary for the patient to be returned from the county where he happened to be, the Department shall reimburse the county pursuant to the state Travel Reimbursement Act [or similar statute]. In the event authorization is necessary to accomplish the return of the patient to the facility, such authority is hereby vested in the judge of the district court in the county where the patient is located. Upon receipt of notice that the patient needs to be returned to the facility, the judge shall cause the patient to be brought before him by issuance of a citation directed to the patient to appear and show cause why he should not be returned to the facility. The judge shall, if clear and convincing evidence is presented by testimony under oath that the patient should be returned to the facility, enter an order returning him. If there is a lack of clear and convincing evidence showing the necessity of such return, the patient shall immediately be released. Law enforcement officers are authorized to take into custody, detain and transport a patient pursuant to a citizen or an order of the judge of the district court.

Section 11. {Discharge procedures for mental health patients} An attending physician of any patient admitted to a private facility may discharge a patient or permit him to leave the facility subject to the same provision applicable to the discharge or release of a patient by the administrator of a state facility.

Section 12. {Severability clause}

Section 13. {Repealer clause}

Section 14. {Effective date}

Were your laws repealed?

Exposed

By the Center for
Media and Democracy
www.prwatch.org

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