

SENATE BILL NO. 316

May 20, 2025, Introduced by Senators HAUCK, BELLINO, GEISS, MCMORROW, MCBROOM, OUTMAN, RUNESTAD, WEBBER and WOJNO and referred to Committee on Health Policy.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 409 and 972 (MCL 330.1409 and 330.1972),
section 409 as amended by 2022 PA 214 and section 972 as added by
2020 PA 402.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 409. (1) Each community mental health services program
- 2 must establish 1 or more preadmission screening units with 24-hour
- 3 availability to provide assessment and screening services for

1 individuals being considered for admission into hospitals, assisted
 2 outpatient treatment programs, or crisis services on a voluntary
 3 basis. The community mental health services program ~~shall~~**must**
 4 employ mental health professionals or licensed bachelor's social
 5 workers licensed under part 185 of the public health code, 1978 PA
 6 368, MCL 333.18501 to 333.18518, to provide the preadmission
 7 screening services or contract with another agency that meets the
 8 requirements of this section. ~~Preadmission~~**Except as otherwise**
 9 **provided in subsection (4), preadmission** screening unit staff ~~shall~~
 10 **must** be supervised by a registered professional nurse or other
 11 mental health professional possessing at least a master's degree.

12 (2) Each community mental health services program ~~shall~~**must**
 13 provide the address and telephone number of its preadmission
 14 screening unit or units to law enforcement agencies, the
 15 department, the court, hospital emergency rooms, and private
 16 security companies under contract with a county under section 170.

17 (3) ~~A~~**Not later than 3 hours after a hospital, or a hospital**
 18 **as that term is defined in section 20106 of the public health code,**
 19 **1978 PA 368, MCL 333.20106, initiates a request for an assessment**
 20 **for an individual being considered for admission into a hospital**
 21 **operated by the department or under contract with the community**
 22 **mental health services program, a** preadmission screening unit shall
 23 ~~assess an~~**the** individual. ~~being considered for admission into a~~
 24 ~~hospital operated by the department or under contract with the~~
 25 ~~community mental health services program.~~ If the individual is
 26 clinically suitable for hospitalization, the preadmission screening
 27 unit shall authorize **the individual's** voluntary admission to the
 28 hospital.

29 (4) If the preadmission screening unit is unable to assess an

individual not later than 3 hours after a request for an assessment is initiated under subsection (3), a clinically qualified individual may assess the individual for the hospital, hospital as that term is defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106, community mental health services program, crisis stabilization unit, or other entity under contract to perform the assessment and screening services under this act. The preadmission screening unit is responsible for the costs of performing an assessment under this subsection.

(5) Telehealth service, as that term is defined in section 16283 of the public health code, 1978 PA 368, MCL 333.16283, may be used to assess an individual described in this section.

(6) ~~(4)~~ If the preadmission screening unit of the community mental health services program denies hospitalization ~~of an individual~~, the individual or ~~the person making the application seeking hospitalization of the individual~~ may request a second opinion from the executive director. The executive director shall arrange for an additional evaluation **of the individual** by a psychiatrist, other physician, or licensed psychologist to be performed ~~within~~ **not later than** 3 days, excluding Sundays and legal holidays, after the executive director receives the request. If the conclusion of the **provider of the** second opinion is different from the conclusion of the preadmission screening unit, the executive director, in conjunction with the medical director, shall make a decision based on all clinical information available. The executive director's decision ~~shall~~ **must** be confirmed in writing to the individual **or person** who requested the second opinion ~~and the confirming document shall~~ **must** include the signatures of the executive director and medical director or verification that the

~~decision was made~~ **executive director made the decision** in conjunction with the medical director. ~~If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.~~

(7) ~~(5)~~—If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide information regarding alternative services and the availability of those services, **provide appropriate referral services**, and make appropriate referrals.

(8) ~~(6)~~—A preadmission screening unit shall assess and examine, or refer to a hospital for examination, an individual who is brought to the preadmission screening unit by a peace officer or security transport officer or ordered by a court to be examined. If the individual meets the requirements for hospitalization, the preadmission screening unit shall designate the hospital to which the individual shall be admitted. The preadmission screening unit shall consult with the individual and, if the individual agrees, the preadmission screening unit ~~must~~ **shall** consult with the individual's family member of choice, if available, as to the preferred hospital for **the individual's** admission. ~~of the individual.~~

(9) ~~(7)~~—A preadmission screening unit may operate a crisis stabilization unit under chapter 9A. A preadmission screening unit may provide crisis services to an individual, who ~~by~~ **through** assessment and screening, is found to be a person requiring treatment. Crisis services at a crisis stabilization unit must entail an initial psychosocial assessment by a master's level mental health professional and a psychiatric evaluation within 24

1 hours to stabilize the individual. In this event, crisis services
 2 may be provided for a period of up to 72 hours, after which the
 3 individual must be provided with the clinically appropriate level
 4 of care, resulting in 1 of the following:

5 (a) ~~The~~ **A decision that the** individual is no longer a person
 6 requiring treatment.

7 (b) A referral to outpatient services for aftercare treatment.

8 (c) A referral to a partial hospitalization program.

9 (d) A referral to a residential treatment center, including
 10 crisis residential services.

11 (e) A referral to an inpatient bed.

12 (f) An order for involuntary treatment ~~of the individual has~~
 13 ~~been~~ issued under section 281b, 281c, ~~former 433,~~ or 434, **or former**
 14 **section 433.**

15 (10) ~~(8)~~ A preadmission screening unit operating a crisis
 16 stabilization unit under chapter 9A may also offer crisis services
 17 to an individual who is not a person requiring treatment, but who
 18 is seeking crisis services on a voluntary basis.

19 (11) ~~(9)~~ If ~~the~~ **an** individual chooses a hospital not under
 20 contract with a community mental health services program, and the
 21 hospital agrees to the **individual's** admission, the preadmission
 22 screening unit shall refer the individual to the hospital that ~~is~~
 23 ~~requested by the individual.~~ **the individual requests.** Any financial
 24 obligation for the services provided by the hospital ~~shall~~ **must** be
 25 satisfied from funding sources other than the community mental
 26 health services program, the department, or other state or county
 27 funding.

28 Sec. 972. The department shall establish minimum standards and
 29 requirements for certifying a crisis stabilization unit. ~~Standards~~

1 **These standards** and requirements **must** include, but are not limited
2 to, **all of** the following:

3 (a) A standard requiring the capacity to carry out emergency
4 receiving and evaluating functions, but not to the extent that
5 brings the crisis stabilization unit under the provisions of
6 section 1867 of the social security act, 42 USC 1395dd.

7 (b) Standards requiring **the** implementation of voluntary and
8 involuntary admission consistent with section 409.

9 (c) A prohibition from holding ~~itself~~ **the crisis stabilization**
10 **unit** out as a hospital or from billing for hospital or inpatient
11 services.

12 (d) Standards to prevent inappropriate referral between
13 entities of common ownership.

14 (e) Standards regarding **the** maximum length of stay at a crisis
15 stabilization unit with discharge planning ~~upon~~ **on** intake to a
16 clinically appropriate level of care consistent with section
17 ~~409(7)~~ **409(9)** .

18 (f) Standards of billing for services rendered at a crisis
19 stabilization unit.

20 (g) Standards for reimbursement of services for uninsured
21 individuals, underinsured individuals, or both, and Medicaid
22 beneficiaries, including, but not limited to, formal agreements
23 with community mental health services programs or regional entities
24 for services provided to individuals utilizing public behavioral
25 health funds, outreach and enrollment for eligible health coverage,
26 annual rate setting, proper communication with payers, and methods
27 for resolving billing disputes between providers and payers.

28 (h) Physician oversight requirements.

29 (i) Nursing services.

1 (j) Staff to client ratios.

2 (k) Standards requiring a minimum amount of psychiatric
3 supervision of an individual receiving services in the crisis
4 stabilization unit that are consistent with the supervision
5 requirements applicable ~~in~~ to a psychiatric hospital or psychiatric
6 unit setting.

7 (l) Standards requiring **the** implementation and posting of
8 recipients' rights under chapter 7.

9 (m) Safety and emergency protocols.

10 (n) Pharmacy services.

11 (o) Standards addressing administration of medication.

12 (p) Standards for reporting to the department.

13 (q) Standards regarding a departmental complaint process and
14 procedure affording patients the right to file complaints for **a**
15 failure to provide services in accordance with required
16 certification standards. The complaint process and procedure must
17 be established and maintained by the department, must remain
18 separate and distinct from **the** providers delivering services under
19 this chapter, and must not be a function delegated to a community
20 mental health services program or an entity under contract with a
21 community mental health services program. The complaint process
22 must provide for a system of appeals and administrative finality.

23 Enacting section 1. This amendatory act takes effect 90 days
24 after the date it is enacted into law.