

AMENDED IN ASSEMBLY AUGUST 31, 2015

AMENDED IN ASSEMBLY JULY 8, 2015

AMENDED IN ASSEMBLY JULY 1, 2015

AMENDED IN SENATE JUNE 2, 2015

AMENDED IN SENATE MAY 5, 2015

AMENDED IN SENATE APRIL 22, 2015

AMENDED IN SENATE MARCH 23, 2015

**SENATE BILL**

**No. 253**

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**Introduced by Senator Monning**  
(Principal coauthor: Assembly Member Chiu)  
**(Coauthors: Senators Beall and Leno)**  
(Coauthor: Assembly Member Gatto)

February 18, 2015

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An act to amend Section 4064.5 of the Business and Professions Code, and to amend, repeal, and add ~~Section~~ *Sections 369.5 and 739.5* of, and to add Section 369.4 to, the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 253, as amended, Monning. ~~Dependent children:~~ *Juveniles:* psychotropic medication.

Existing law establishes the jurisdiction of the juvenile court, which may adjudge children to be dependents *or wards* of the court under certain circumstances, ~~including when the child suffered or there is a substantial risk that the child will suffer serious physical harm, or a parent fails to provide the child with adequate food, clothing, shelter,~~

~~or medical treatment.~~ *circumstances.* Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent *or delinquent* child who has been removed from the physical custody of his or her parent. Existing law requires ~~the~~ *that* court authorization for the administration of psychotropic medication to a child be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.

This bill, commencing July 1, 2016, would require that an order authorizing the administration of psychotropic medications to a dependent child *or a delinquent child in foster care* be granted only upon the court's determination that ~~there is clear and convincing evidence that~~ *the* administration of the medication is in the best interest of the child and that specified requirements have been met, including a requirement that the prescribing physician confirms that he or she has conducted a comprehensive evaluation of the child, as specified. The bill would prohibit the court from authorizing the administration of psychotropic medications to a child under other specified circumstances, unless a ~~2nd independent~~ medical opinion is obtained from ~~a child psychiatrist or a behavioral pediatrician.~~ *an appropriately qualified health care professional.* The bill would prohibit the court from authorizing the administration of a psychotropic medication unless the court is provided documentation that appropriate laboratory screenings and tests for the child have been completed no more than 45 days prior to submission of the request to the court. The bill would impose additional requirements on the court to implement these provisions and to conduct review hearings, as specified. The bill would require the child's social worker to submit a report to the court prior to the review hearing, to include information from the child, the child's caregiver, the public health nurse, and the court appointed special advocate. By increasing the duties of county social workers, this bill would create a state-mandated local program. The bill would authorize psychotropic medication to be administered in an emergency without court authorization. The bill would require court authorization to be sought as soon as practical, but in no case more than 2 court days after emergency administration of the psychotropic medication. The bill would require the Judicial Council to adopt rules to implement these provisions.

This bill would require the State Department of Health Care Services, in collaboration with the Judicial Council, to identify resources to assist courts in securing ~~2nd review and~~ 2nd opinions *in those counties in which there are fewer than 10 practicing child and adolescent psychiatrists* in order to avoid undue delays in the authorization of psychotropic medications.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4064.5 of the Business and Professions  
2 Code is amended to read:

3 4064.5. (a) A pharmacist may dispense not more than a 90-day  
4 supply of a dangerous drug other than a controlled substance  
5 pursuant to a valid prescription that specifies an initial quantity of  
6 less than a 90-day supply followed by periodic refills of that  
7 amount if all of the following requirements are satisfied:

8 (1) The patient has completed an initial 30-day supply of the  
9 dangerous drug.

10 (2) The total quantity of dosage units dispensed does not exceed  
11 the total quantity of dosage units authorized by the prescriber on  
12 the prescription, including refills.

13 (3) The prescriber has not specified on the prescription that  
14 dispensing the prescription in an initial amount followed by  
15 periodic refills is medically necessary.

16 (4) The pharmacist is exercising his or her professional  
17 judgment.

18 (b) For purposes of this section, if the prescription continues  
19 the same medication as previously dispensed in a 90-day supply,  
20 the initial 30-day supply under paragraph (1) of subdivision (a) is  
21 not required.

1 (c) A pharmacist dispensing an increased supply of a dangerous  
2 drug pursuant to this section shall notify the prescriber of the  
3 increase in the quantity of dosage units dispensed.

4 (d) In no case shall a pharmacist dispense a greater supply of a  
5 dangerous drug pursuant to this section if the prescriber personally  
6 indicates, either orally or in his or her own handwriting, “No  
7 change to quantity,” or words of similar meaning. Nothing in this  
8 subdivision shall prohibit a prescriber from checking a box on a  
9 prescription marked “No change to quantity,” provided that the  
10 prescriber personally initials the box or checkmark. To indicate  
11 that an increased supply shall not be dispensed pursuant to this  
12 section for an electronic data transmission prescription as defined  
13 in subdivision (c) of Section 4040, a prescriber may indicate “No  
14 change to quantity,” or words of similar meaning, in the  
15 prescription as transmitted by electronic data, or may check a box  
16 marked on the prescription “No change to quantity.” In either  
17 instance, it shall not be required that the prohibition on an increased  
18 supply be manually initialed by the prescriber.

19 (e) This section does not apply to psychotropic medication or  
20 psychotropic drugs as described in ~~Section~~ *Sections 369.5 and*  
21 *739.5 of the Welfare and Institutions Code.*

22 (f) Nothing in this section shall be construed to require a health  
23 care service plan, health insurer, workers’ compensation insurance  
24 plan, pharmacy benefits manager, or any other person or entity,  
25 including, but not limited to, a state program or state employer, to  
26 provide coverage for a dangerous drug in a manner inconsistent  
27 with a beneficiary’s plan benefit.

28 SEC. 2. Section 369.4 is added to the Welfare and Institutions  
29 Code, to read:

30 369.4. The State Department of Health Care Services, in  
31 collaboration with the Judicial Council, shall identify resources,  
32 which may include, but need not be limited to, university-based  
33 consultation services, to assist the courts in securing ~~second review~~  
34 ~~and~~ *second opinions in those counties in which there are fewer*  
35 *than 10 practicing child and adolescent psychiatrists* in order to  
36 avoid undue delays in the authorization of medications pursuant  
37 to ~~Section~~ *Sections 369.5 and 739.5 of the Welfare and Institutions*  
38 *Code.*

39 SEC. 3. Section 369.5 of the Welfare and Institutions Code is  
40 amended to read:

1 369.5. (a) If a child is adjudged a dependent child of the court  
2 under Section 300 and the child has been removed from the  
3 physical custody of the parent under Section 361, only a juvenile  
4 court judicial officer shall have authority to make orders regarding  
5 the administration of psychotropic medications for that child. The  
6 juvenile court may issue a specific order delegating this authority  
7 to a parent upon making findings on the record that the parent  
8 poses no danger to the child and has the capacity to authorize  
9 psychotropic medications. Court authorization for the  
10 administration of psychotropic medication shall be based on a  
11 request from a physician, indicating the reasons for the request, a  
12 description of the child's diagnosis and behavior, the expected  
13 results of the medication, and a description of any side effects of  
14 the medication. On or before July 1, 2000, the Judicial Council  
15 shall adopt rules of court and develop appropriate forms for  
16 implementation of this section.

17 (b) (1) In counties in which the county child welfare agency  
18 completes the request for authorization for the administration of  
19 psychotropic medication, the agency is encouraged to complete  
20 the request within three business days of receipt from the physician  
21 of the information necessary to fully complete the request.

22 (2) Nothing in this subdivision is intended to change current  
23 local practice or local court rules with respect to the preparation  
24 and submission of requests for authorization for the administration  
25 of psychotropic medication.

26 (c) Within seven court days from receipt by the court of a  
27 completed request, the juvenile court judicial officer shall either  
28 approve or deny in writing a request for authorization for the  
29 administration of psychotropic medication to the child, or shall,  
30 upon a request by the parent, the legal guardian, or the child's  
31 attorney, or upon its own motion, set the matter for hearing.

32 (d) Psychotropic medication or psychotropic drugs are those  
33 medications administered for the purpose of affecting the central  
34 nervous system to treat psychiatric disorders or illnesses. These  
35 medications include, but are not limited to, anxiolytic agents,  
36 antidepressants, mood stabilizers, antipsychotic medications,  
37 anti-Parkinson agents, hypnotics, medications for dementia, and  
38 psychostimulants.

1 (e) Nothing in this section is intended to supersede local court  
2 rules regarding a minor’s right to participate in mental health  
3 decisions.

4 (f) This section shall not apply to nonminor dependents, as  
5 defined in subdivision (v) of Section 11400.

6 (g) This section shall ~~remain in effect only until~~ *become*  
7 *inoperative on* July 1, 2016, and as of January 1, 2017, is repealed,  
8 unless a later enacted statute, that is enacted before January 1,  
9 2017, deletes or extends that date.

10 SEC. 4. Section 369.5 is added to the Welfare and Institutions  
11 Code, to read:

12 369.5. (a) If a child is adjudged a dependent child of the court  
13 under Section 300 and the child has been removed from the  
14 physical custody of the parent under Section 361, only a juvenile  
15 court judicial officer shall have authority to make orders regarding  
16 the administration of psychotropic medications for that child. The  
17 juvenile court may issue a specific order delegating this authority  
18 to a parent, upon making findings on the record that the parent  
19 poses no danger to the child and has the capacity to authorize  
20 psychotropic medications. Court authorization for the  
21 administration of psychotropic medication shall be based on a  
22 request from a physician, indicating the reasons for the request, a  
23 description of the child’s diagnosis and behavior, the expected  
24 results of the medication, and a description of any side effects of  
25 the medication. On or before July 1, 2016, the Judicial Council  
26 shall adopt rules of court and develop appropriate forms for  
27 implementation of this section. ~~Whenever~~ *If* the court authorizes  
28 the administration of a psychotropic medication, it shall ~~ensure~~  
29 *verify* that the administration of the psychotropic medication is  
30 only one part of a comprehensive treatment plan for the child that  
31 shall include and specify the psychosocial, behavioral, and  
32 alternative services, if any, the child will receive in addition to any  
33 authorized medication.

34 (b) (1) An order authorizing the administration of psychotropic  
35 medications pursuant to this section shall be granted only upon  
36 the court’s determination that ~~there is clear and convincing~~  
37 ~~evidence that~~ *the* administration of the medication is in the best  
38 interest of the child based on a determination that the anticipated  
39 benefits of the psychotropic medication outweigh the short- and  
40 long-term risks associated with the medications. An order

1 authorizing the administration of psychotropic medication pursuant  
2 to this section shall not be granted if the court determines that the  
3 medication is being used as punishment, ~~for the convenience of~~  
4 ~~staff, for purposes other than the treatment of a diagnosed mental~~  
5 ~~health condition~~, as a substitute for other less invasive treatments,  
6 or in quantities or dosages that interfere with the child's treatment  
7 program.

8 (2) An order authorizing the administration of psychotropic  
9 medications pursuant to this section shall be granted only if the  
10 court determines all of the following:

11 (A) The court is provided documentation confirming the child's  
12 caregiver has been informed, and the child has been informed in  
13 an age and developmentally appropriate manner in the primary  
14 language of the child, about the recommended medications, the  
15 anticipated benefits, the nature, degree, duration, and probability  
16 of side effects and significant risks commonly known by the  
17 medical profession, and of psychosocial treatments and  
18 interventions specific to the identified disorder and symptoms to  
19 be considered concurrently with or as an alternative to the  
20 medication.

21 (i) The documentation shall state that the child and the child's  
22 caregiver have been asked whether either have concerns regarding  
23 the medication, and if so, shall describe the nature of those  
24 concerns.

25 (ii) The documentation shall confirm that the child has been  
26 informed of the right to object to the authorization of psychotropic  
27 medication and to request a hearing pursuant to subdivision (g).

28 (iii) The documentation shall include the written assent or refusal  
29 to assent of a child who is 12 years of age or older.

30 (B) The prescribing physician submitting the request for  
31 psychotropic medication has conducted a comprehensive  
32 examination of the child ~~in compliance~~ *that complies* with Section  
33 2242 of the Business and Professions Code and ~~consistent with~~  
34 ~~the Psychiatric Evaluation and Diagnosis provisions included in~~  
35 ~~the Guidelines for the Use of Psychotropic Medication with~~  
36 ~~Children and Youth in Foster Care issued by the state, which~~ *that*  
37 takes into account all of the following:

38 (i) The child's trauma history.

39 (ii) The child's health care history, including medication history.

1 (iii) ~~Multiple sources of information,~~ *Information from multiple*  
 2 *sources* that should include, but are not limited to, the child, the  
 3 child's parents, relatives, teacher, caregiver or caregivers, past  
 4 prescribers of psychotropic medication, or other health care  
 5 providers.

6 (C) The prescribing physician also confirms all of the following:

7 (i) There are no less invasive treatment options available to meet  
 8 the needs of the child.

9 (ii) The dosage or dosage range requested is appropriate for the  
 10 child.

11 (iii) The short- and long-term risks associated with the use of  
 12 psychotropic medications by the child does not outweigh the  
 13 reported benefits to the child.

14 (iv) All appropriate laboratory screenings, measurements, or  
 15 tests for the child have been completed in accordance with accepted  
 16 medical guidelines.

17 (D) A plan is in place for regular monitoring of the child's  
 18 medication and psychosocial treatment plan, the effectiveness of  
 19 the medication and psychosocial treatment, and any potential side  
 20 effects of the medication, by the physician in consultation with  
 21 the caregiver, mental health care provider, and others who have  
 22 contact with the child, as appropriate.

23 (3) The person or entity submitting the request for authorization  
 24 of the administration of psychotropic medication is responsible  
 25 for providing the necessary documentation of the clinical  
 26 appropriateness of the proposed psychotropic medication and shall  
 27 bear the burden of ~~proof established in this section.~~ *proof.*

28 (c) A court shall not issue an order authorizing the administration  
 29 of psychotropic medications for a child *described in subdivision*  
 30 *(a)* unless a second ~~independent~~ medical opinion is obtained from  
 31 ~~a child psychiatrist or a behavioral pediatrician~~ *an appropriately*  
 32 *qualified health care professional, as defined in subdivision (b)*  
 33 *of Section 1383.15 of the Health and Safety Code*, if one or more  
 34 of the following circumstances exist:

35 (1) The request is for any class of psychotropic medication for  
 36 a child who is five years of age or younger.

37 (2) The request would result in the child being administered  
 38 three or more psychotropic medications concurrently.

39 (3) The request is for the concurrent administration of ~~any two~~  
 40 ~~drugs from the same class~~ *two antipsychotic medications* unless

1 the request is for medication tapering and replacement that is  
2 limited to no more than 45 days.

3 ~~(4) The request is for a dosage that exceeds the amount~~  
4 ~~recommended for children.~~

5 (d) The court shall not authorize the administration of the  
6 psychotropic medication *for a child described in subdivision (a)*  
7 unless the court is provided with documentation that ~~all of the~~  
8 appropriate laboratory screenings, measurements, or tests for the  
9 child have been completed no more than 45 days prior to  
10 submission of the request to the court in accordance with accepted  
11 medical guidelines.

12 (e) (1) No later than 60 days after the authorization of a new  
13 psychotropic medication is granted or at the next review hearing  
14 scheduled for ~~the child~~, *a child described in subdivision (a)*, if  
15 scheduled no earlier than 45 days after the authorization of a new  
16 psychotropic medication, the court shall conduct a review hearing  
17 to determine all of the following:

18 (A) Whether the child is taking the medication or medications.

19 (B) Whether psychosocial services and other aspects of the  
20 child's treatment plan have been provided to the child.

21 (C) To what extent the symptoms for which the medication or  
22 medications were authorized have been alleviated.

23 (D) Whether more time is needed to evaluate the effectiveness  
24 of the medication or medications.

25 (E) What, if any, adverse effects the child has suffered.

26 (F) Any steps taken to address those effects.

27 (G) The date or dates of followup visits with the prescribing  
28 physician since the medication or medications were authorized.

29 (H) Whether the appropriate followup laboratory screenings  
30 have been performed and their findings.

31 (2) Prior to the review, the child's social worker shall submit a  
32 report to the court and to counsel for the parties, which shall  
33 include information from the child, the child's caregiver, the public  
34 health nurse, and the court appointed special advocate, if any.

35 (3) If based upon this review, the court determines that the  
36 proffered benefits of the medication have not been demonstrated  
37 or that the risks of the medication outweigh the benefits, the court  
38 shall reconsider, modify, or revoke its authorization for the  
39 administration of medication.

1 (f) (1) In counties in which the county child welfare agency  
2 completes the request for authorization for the administration of  
3 psychotropic medication, the agency is encouraged to complete  
4 the request within three business days of receipt from the physician  
5 of the information necessary to fully complete the request.

6 (2) This subdivision is not intended to change current local  
7 practice or local court rules with respect to the preparation and  
8 submission of requests for authorization for the administration of  
9 psychotropic medication.

10 (g) Within seven court days from receipt by the court of a  
11 completed request, the juvenile court judicial officer shall either  
12 approve or deny in writing a request for authorization for the  
13 administration of psychotropic medication to the child, refer the  
14 request for a second opinion as required by subdivision (c), or  
15 shall, upon a request by the parent, the legal guardian, or the child's  
16 attorney, or upon its own motion, set the matter for hearing.

17 (h) If the court grants the request, or modifies and ~~then~~ grants  
18 the request, the order for authorization is effective until terminated  
19 or modified by court order or until 180 days following the date of  
20 the order, whichever ~~is~~ *date occurs* earlier.

21 (i) Psychotropic medication or psychotropic drugs are those  
22 medications administered for the purpose of affecting the central  
23 nervous system to treat psychiatric disorders or illnesses. These  
24 medications include, but are not limited to, anxiolytic agents,  
25 antidepressants, mood stabilizers, antipsychotic medications,  
26 anti-Parkinson agents, hypnotics, medications for dementia, and  
27 psychostimulants.

28 (j) (1) Psychotropic medications may be administered without  
29 court authorization *to a child described in subdivision (a)* in an  
30 emergency. An emergency exists if all of the following conditions  
31 are met:

32 (A) A physician finds that the child requires psychotropic  
33 medication to treat a psychiatric disorder or illness.

34 (B) The medication is immediately necessary for the  
35 preservation of life or the prevention of serious bodily harm to the  
36 child or others. It is not necessary for the harm to take place or  
37 become unavoidable prior to treatment.

38 (C) It is impractical to obtain authorization from the court before  
39 administering the psychotropic medication to the child.

1 (2) Court authorization shall be sought as soon as practical, but  
2 in no case more than two court days after the emergency  
3 administration of psychotropic medication.

4 (k) This section is not intended to supersede local court rules  
5 regarding a minor's right to participate in mental health decisions.

6 ~~(l) Nothing in this section grants~~ *This section does not grant*  
7 any person the authority to administer psychotropic medication to  
8 a child who orally refused or otherwise indicates a refusal of  
9 treatment with the authorized medication. ~~A child's objection to~~  
10 ~~or noncompliance with, the authorized psychotropic medication~~  
11 ~~is a treatment issue to be resolved by the physician prescribing the~~  
12 ~~medication.~~ ~~No~~ A person shall *not* threaten, coerce, withhold  
13 privileges, or otherwise penalize a child for refusing to take a  
14 psychotropic medication. A child ~~cannot be forced to take~~  
15 *described in subdivision (a) shall not be involuntarily administered*  
16 *a psychotropic medication unless otherwise specifically permitted*  
17 *by statute.*

18 (m) This section shall not apply to nonminor dependents, as  
19 defined in subdivision (v) of Section 11400.

20 (n) This section shall become operative on July 1, 2016.

21 *SEC. 5. Section 739.5 of the Welfare and Institutions Code is*  
22 *amended to read:*

23 739.5. (a) If a minor who has been adjudged a ward of the  
24 court under Section 601 or 602 is removed from the physical  
25 custody of the parent under Section 726 and placed into foster  
26 care, as defined in Section 727.4, only a juvenile court judicial  
27 officer shall have authority to make orders regarding the  
28 administration of psychotropic medications for that minor. The  
29 juvenile court may issue a specific order delegating this authority  
30 to a parent upon making findings on the record that the parent  
31 poses no danger to the minor and has the capacity to authorize  
32 psychotropic medications. Court authorization for the  
33 administration of psychotropic medication shall be based on a  
34 request from a physician, indicating the reasons for the request, a  
35 description of the minor's diagnosis and behavior, the expected  
36 results of the medication, and a description of any side effects of  
37 the medication. On or before July 1, 2008, the Judicial Council  
38 shall adopt rules of court and develop appropriate forms for  
39 implementation of this section.

1 (b) (1) The agency that completes the request for authorization  
2 for the administration of psychotropic medication is encouraged  
3 to complete the request within three business days of receipt from  
4 the physician of the information necessary to fully complete the  
5 request.

6 (2) Nothing in this subdivision is intended to change current  
7 local practice or local court rules with respect to the preparation  
8 and submission of requests for authorization for the administration  
9 of psychotropic medication.

10 (c) Within seven court days from receipt by the court of a  
11 completed request, the juvenile court judicial officer shall either  
12 approve or deny in writing a request for authorization for the  
13 administration of psychotropic medication to the minor, or shall,  
14 upon a request by the parent, the legal guardian, or the minor's  
15 attorney, or upon its own motion, set the matter for hearing.

16 (d) Psychotropic medication or psychotropic drugs are those  
17 medications administered for the purpose of affecting the central  
18 nervous system to treat psychiatric disorders or illnesses. These  
19 medications include, but are not limited to, anxiolytic agents,  
20 antidepressants, mood stabilizers, antipsychotic medications,  
21 anti-Parkinson agents, hypnotics, medications for dementia, and  
22 psychostimulants.

23 (e) Nothing in this section is intended to supersede local court  
24 rules regarding a minor's right to participate in mental health  
25 decisions.

26 (f) *This section shall become inoperative on July 1, 2016, and*  
27 *as of January 1, 2017, is repealed, unless a later enacted statute,*  
28 *that is enacted before January 1, 2017, deletes or extends that*  
29 *date.*

30 *SEC. 6. Section 739.5 is added to the Welfare and Institutions*  
31 *Code, to read:*

32 *739.5. (a) If a minor who has been adjudged a ward of the*  
33 *court under Section 601 or 602 is removed from the physical*  
34 *custody of the parent under Section 726 and placed into foster*  
35 *care, as defined in Section 727.4, only a juvenile court judicial*  
36 *officer shall have authority to make orders regarding the*  
37 *administration of psychotropic medications for that minor. The*  
38 *juvenile court may issue a specific order delegating this authority*  
39 *to a parent, upon making findings on the record that the parent*  
40 *poses no danger to the minor and has the capacity to authorize*

1 *psychotropic medications. Court authorization for the*  
2 *administration of psychotropic medication shall be based on a*  
3 *request from a physician, indicating the reasons for the request,*  
4 *a description of the minor’s diagnosis and behavior, the expected*  
5 *results of the medication, and a description of any side effects of*  
6 *the medication. On or before July 1, 2016, the Judicial Council*  
7 *shall adopt rules of court and develop appropriate forms for*  
8 *implementation of this section. If the court authorizes the*  
9 *administration of a psychotropic medication, it shall verify that*  
10 *the administration of the psychotropic medication is only one part*  
11 *of a comprehensive treatment plan for the minor that shall include*  
12 *and specify the psychosocial, behavioral, and alternative services,*  
13 *if any, the minor will receive in addition to any authorized*  
14 *medication.*

15 *(b) (1) An order authorizing the administration of psychotropic*  
16 *medications pursuant to this section shall be granted only upon*  
17 *the court’s determination that the administration of the medication*  
18 *is in the best interest of the minor based on a determination that*  
19 *the anticipated benefits of the psychotropic medication outweigh*  
20 *the short- and long-term risks associated with the medications. An*  
21 *order authorizing the administration of psychotropic medication*  
22 *pursuant to this section shall not be granted if the court determines*  
23 *that the medication is being used as punishment, for purposes*  
24 *other than the treatment of a diagnosed mental health condition,*  
25 *as a substitute for other less invasive treatments, or in quantities*  
26 *or dosages that interfere with the minor’s treatment program.*

27 *(2) An order authorizing the administration of psychotropic*  
28 *medications pursuant to this section shall be granted only if the*  
29 *court determines all of the following:*

30 *(A) The court is provided documentation confirming the minor’s*  
31 *caregiver has been informed, and the minor has been informed in*  
32 *an age and developmentally appropriate manner in the primary*  
33 *language of the minor, about the recommended medications, the*  
34 *anticipated benefits, the nature, degree, duration, and probability*  
35 *of side effects and significant risks commonly known by the medical*  
36 *profession, and of psychosocial treatments and interventions*  
37 *specific to the identified disorder and symptoms to be considered*  
38 *concurrently with, or as an alternative to, the medication.*

39 *(i) The documentation shall state that the minor and the minor’s*  
40 *caregiver have been asked whether either have concerns regarding*

1 *the medication, and if so, shall describe the nature of those*  
2 *concerns.*

3 *(ii) The documentation shall confirm that the minor has been*  
4 *informed of the right to object to the authorization of psychotropic*  
5 *medication and to request a hearing pursuant to subdivision (g).*

6 *(iii) The documentation shall include the written assent or*  
7 *refusal to assent of a minor who is 12 years of age or older.*

8 *(B) The prescribing physician submitting the request for*  
9 *psychotropic medication has conducted a comprehensive*  
10 *examination of the minor that complies with Section 2242 of the*  
11 *Business and Professions Code and that takes into account all of*  
12 *the following:*

13 *(i) The minor's trauma history.*

14 *(ii) The minor's health care history, including medication*  
15 *history.*

16 *(iii) Information from multiple sources that should include, but*  
17 *are not limited to, the minor, the minor's parents, relatives,*  
18 *teacher, caregiver or caregivers, past prescribers of psychotropic*  
19 *medication, or other health care providers.*

20 *(C) The prescribing physician also confirms all of the following:*

21 *(i) There are no less invasive treatment options available to*  
22 *meet the needs of the minor.*

23 *(ii) The dosage or dosage range requested is appropriate for*  
24 *the minor.*

25 *(iii) The short- and long-term risks associated with the use of*  
26 *psychotropic medications by the minor does not outweigh the*  
27 *reported benefits to the minor.*

28 *(iv) All appropriate laboratory screenings, measurements, or*  
29 *tests for the minor have been completed in accordance with*  
30 *accepted medical guidelines.*

31 *(D) A plan is in place for regular monitoring of the minor's*  
32 *medication and psychosocial treatment plan, the effectiveness of*  
33 *the medication and psychosocial treatment, and any potential side*  
34 *effects of the medication by the physician in consultation with the*  
35 *caregiver, mental health care provider, and others who have*  
36 *contact with the minor, as appropriate.*

37 *(3) The person or entity submitting the request for authorization*  
38 *of the administration of psychotropic medication is responsible*  
39 *for providing the necessary documentation of the clinical*

1 *appropriateness of the proposed psychotropic medication and*  
2 *shall bear the burden of proof.*

3 *(c) A court shall not issue an order authorizing the*  
4 *administration of psychotropic medications for a minor described*  
5 *in subdivision (a) unless a second medical opinion is obtained*  
6 *from an appropriately qualified health care professional, as defined*  
7 *in subdivision (b) of Section 1383.15 of the Health and Safety*  
8 *Code, if one or more of the following circumstances exist:*

9 *(1) The request is for any class of psychotropic medication for*  
10 *a minor who is five years of age or younger.*

11 *(2) The request would result in the minor being administered*  
12 *three or more psychotropic medications concurrently.*

13 *(3) The request is for the concurrent administration of two*  
14 *antipsychotic medications unless the request is for medication*  
15 *tapering and replacement that is limited to no more than 45 days.*

16 *(d) The court shall not authorize the administration of the*  
17 *psychotropic medication for a minor described in subdivision (a)*  
18 *unless the court is provided with documentation that appropriate*  
19 *laboratory screenings, measurements, or tests for the minor have*  
20 *been completed no more than 45 days prior to submission of the*  
21 *request to the court in accordance with accepted medical*  
22 *guidelines.*

23 *(e) (1) No later than 60 days after the authorization of a new*  
24 *psychotropic medication is granted or at the next review hearing*  
25 *scheduled for a minor described in subdivision (a), if scheduled*  
26 *no earlier than 45 days after the authorization of a new*  
27 *psychotropic medication, the court shall conduct a review hearing*  
28 *to determine all of the following:*

29 *(A) Whether the minor is taking the medication or medications.*

30 *(B) Whether psychosocial services and other aspects of the*  
31 *minor's treatment plan have been provided to the minor.*

32 *(C) To what extent the symptoms for which the medication or*  
33 *medications were authorized have been alleviated.*

34 *(D) Whether more time is needed to evaluate the effectiveness*  
35 *of the medication or medications.*

36 *(E) What, if any, adverse effects the minor has suffered.*

37 *(F) Any steps taken to address those effects.*

38 *(G) The date or dates of followup visits with the prescribing*  
39 *physician since the medication or medications were authorized.*

1     (H) Whether the appropriate followup laboratory screenings  
2     have been performed and their findings.

3     (2) Prior to the review, the minor's probation officer shall  
4     submit a report to the court and to counsel for the parties, which  
5     shall include information from the minor, the minor's caregiver,  
6     the public health nurse, and the court appointed special advocate,  
7     if any.

8     (3) If based upon this review, the court determines that the  
9     proffered benefits of the medication have not been demonstrated  
10    or that the risks of the medication outweigh the benefits, the court  
11    shall reconsider, modify, or revoke its authorization for the  
12    administration of medication.

13    (f) (1) The agency that completes the request for authorization  
14    for the administration of psychotropic medication is encouraged  
15    to complete the request within three business days of receipt from  
16    the physician of the information necessary to fully complete the  
17    request.

18    (2) Nothing in this section is intended to change current local  
19    practice or local court rules with respect to the preparation and  
20    submission of requests for authorization for the administration of  
21    psychotropic medication.

22    (g) Within seven court days from receipt by the court of a  
23    completed request, the juvenile court judicial officer shall either  
24    approve or deny in writing a request for authorization for the  
25    administration of psychotropic medication to the minor, refer the  
26    request for a second opinion as required by subdivision (c), or  
27    shall, upon a request by the parent, the legal guardian, or the  
28    minor's attorney, or upon its own motion, set the matter for  
29    hearing.

30    (h) If the court grants the request, or modifies and grants the  
31    request, the order for authorization is effective until terminated  
32    or modified by court order or until 180 days following the date of  
33    the order, whichever is earlier.

34    (i) Psychotropic medication or psychotropic drugs are those  
35    medications administered for the purpose of affecting the central  
36    nervous system to treat psychiatric disorders or illnesses. These  
37    medications include, but are not limited to, anxiolytic agents,  
38    antidepressants, mood stabilizers, antipsychotic medications,  
39    anti-Parkinson agents, hypnotics, medications for dementia, and  
40    psychostimulants.

1 (j) (I) *Psychotropic medications may be administered without*  
2 *court authorization to a minor described in subdivision (a) in an*  
3 *emergency. An emergency exists if all of the following conditions*  
4 *are met:*

5 (A) *A physician finds that the minor requires psychotropic*  
6 *medication to treat a psychiatric disorder or illness.*

7 (B) *The medication is immediately necessary for the preservation*  
8 *of life or the prevention of serious bodily harm to the minor or*  
9 *others. It is not necessary for the harm to take place or become*  
10 *unavoidable prior to treatment.*

11 (C) *It is impractical to obtain authorization from the court*  
12 *before administering the psychotropic medication to the minor.*

13 (2) *Court authorization shall be sought as soon as practical,*  
14 *but in no case more than two court days after the emergency*  
15 *administration of psychotropic medication.*

16 (k) *This section is not intended to supersede local court rules*  
17 *regarding a minor's right to participate in mental health decisions.*

18 (l) *This section does not grant any person the authority to*  
19 *administer psychotropic medication to a minor who indicates a*  
20 *refusal of treatment with the authorized medication. A person shall*  
21 *not threaten, coerce, withhold privileges, or otherwise penalize a*  
22 *minor for refusing to take a psychotropic medication. A minor*  
23 *described in subdivision (a) shall not be involuntarily administered*  
24 *a psychotropic medication unless otherwise specifically permitted*  
25 *by statute.*

26 (m) *This section shall become operative on July 1, 2016.*

27 ~~SEC. 5.~~

28 SEC. 7. *If the Commission on State Mandates determines that*  
29 *this act contains costs mandated by the state, reimbursement to*  
30 *local agencies and school districts for those costs shall be made*  
31 *pursuant to Part 7 (commencing with Section 17500) of Division*  
32 *4 of Title 2 of the Government Code.*