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BILL



ANALYSIS

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House Bill 5315 (Substitute H-1 as passed by the House)
Sponsor: Representative Pat Somerville
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 11-29-12

CONTENT

The bill would amend the Mental Health Code to do the following:

- **Permit video surveillance to be conducted in a psychiatric hospital in common areas, and require a psychiatric hospital to establish policies and procedures that addressed notification of recipients and visitors, as well as security of the footage.**
- **Refer to audiorecordings, rather than audiotapes, in provisions prescribing the circumstances under which a recipient of mental health services may be audiotaped and the ways in which the audiotapes may be used.**
- **Require photographs of a recipient taken for purely social or personal purposes to be maintained as the recipient's personal property.**

Specifically, the bill would permit video surveillance to be conducted in a psychiatric hospital for purposes of safety, security, and quality improvement. Video surveillance could be conducted only in common areas such as hallways, nursing station areas, and social activity areas within the psychiatric unit. Recordings taken in common areas could not be used for treatment or therapeutic purposes.

Before implementing video surveillance, the hospital would have to establish written policies and procedures that addressed, at a minimum, identification of locations where video surveillance images would be recorded and saved and mechanisms by which recipients and visitors would be advised of the surveillance.

In addition, the policies and procedures would have to address security provisions that assured that only authorized staff members had access to view recorded video. The security provisions would have to include all of the following:

- Who could authorize viewing of recorded surveillance video.
- Circumstances under which the video could be viewed.
- Who could view the video with proper authorization.
- Safeguards to prevent and detect unauthorized viewing of the video.
- Circumstances under which recorded surveillance video could be duplicated and what steps would be taken to prevent unauthorized distribution of the duplicate.

The policies and procedures also would have to address the following:

- Documentation required to be maintained for each instance of authorized access, viewing duplication, or distribution of any recorded videos.
- A process to assure retrieval of distributed recorded surveillance video when the purpose for which it was distributed no longer existed.

In addition, the policies and procedures would have to address archived footage of recordings for up to 30 days, or for the duration of an investigation if notice were received that an incident required investigation by the Office of Recipient Rights within the Department of Community Health, the Licensing Division of the Bureau of Health Systems, law enforcement, a licensed psychiatric hospital or unit office of recipient rights, and the U.S. Department of Health and Human Services Centers for Medicaid and Medicare Services.

The policies and procedures also would have to provide that recorded video surveillance images could not be maintained as part of a recipient's clinical record.

MCL 330.1724

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

Installation of video equipment at State psychiatric facilities would lead to a minor increase in costs for the State, in the range of a few thousand dollars.

Fiscal Analyst: Steve Angelotti