

TESTIMONY IN OPPOSITION TO HB 1117

House Judiciary Committee

Representative Kathy Skroch

67TH LEGISLATIVE SESSION

Chairman Klemin and members of the House Judiciary Committee,

For the record, my name is Representative Kathy Skroch from District 26. I rise in opposition to HB 1117 because it repeals section 25-03.1-18.2 from Chapter 25-03.1 of NDCC.

Section 25-03.1-18.2 recognizes a Guardian consent to involuntary treatment with prescribed medication. House Bill 1365 was introduced during the 65th Legislative Session to bring clarity within Chapter 25-03.1 of NDCC. It resolved an issue which caused delays in treatment of patients suffering from mental illness. I sponsored HB 1365 to correct this problem. It was supported by parents, constituents, legislators and many professionals. Concerns about how persons suffering from mental illness are treated have been raised for decades by doctors, human service agents, lawyers, peace officers, nurses, judges, states attorneys and family members. I have worked to resolve these concerns expressed by professionals and family members whom I have met while seeking help for my own son.

My husband and I have been guardians of our adult son since 2003. For the sake of his privacy, I will only refer to him as (Bill) in this testimony. His story helps explain why guardian authority to force medication is needed in code.

(Bill) first began to exhibit hints of his later diagnosed mental illness at the age of 18. This is the typical age for the onset of Schizophrenia. The disease is also more common in males. We did not realize at the time, but he was self-medicating in an attempt to resolve headaches and strange thoughts. He experienced his first full blown psychotic episode at the age of 19. The delusion he experienced occurred in real time and space, yet he was living a nightmare so horrific that he found no other escape than suicide. His attempt failed. We received the phone call at 1:30am in the morning from an emergency room doctor who explained that a young man came in with 6" cuts down both wrists. He wondered if we were his parents.

Over the next several months and years, there were many visits to doctors who prescribed medications to treat his symptoms. He would improve then stop taking the medications thinking he was "cured". Each time the medication was interrupted the disease would strike back with vengeance; each time worse than the last. However, (Bill) insisted he did not have a disease and would refuse medications not realizing how much he was harming himself. We watched in anguish as he continued this downward spiral. Finally, in 2003 we petitioned for guardianship and were assigned full court ordered guardianship authority over much of our son's decision making. Especially critical, we were granted authority over medical decisions particularly important during his worst relapses. (Bill's) history of repeated psych-breaks and

refusal to accept medication had proven involuntary treatment at times was necessary. Yet as court appointed co-guardians with full court ordered authority for medical decisions, we were not allowed to approve the doctors requests for involuntary treatment due to confusion in century code.

HB 1365 fixed this problem with section 25-03.1-18.2 and is why I fought so hard for the passage of the bill. Guardians working with North Dakota medical professionals are now able to use this defined authority to involuntarily treat, when in their informed judgment, supported by medical history, it is in the best interest of the patient.

So much damage occurred to our son because of delays in treatment. Those delays cost hundreds of thousands of dollars to cover services provided by the courts, medical providers, law enforcement, and SSDI which could have been avoided. People with mental illness, can live normal lives, have jobs, raise families and be healthy if they stay on their medications. Since this authority was granted, we were able to work with medical professionals enabling the successful treatment and recovery plan for our son.

Here is the good news. Current law brings faster lasting recovery. Because of this law, (Bill) has turned a corner after achieving his longest lasting stability since the onset of his illness. This result is from a long-term treatment plan which included guardian oversight and at times authorization of involuntary treatment. He lives independently in a house he owns, is gainfully employed, no longer needing SSDI. He has been recognized as the most productive employee at the manufacturing facility where he works.

Section 25-03.1-18.2 is good law. HB 1117 will repeal section 25-03.1-18.2. For this reason, I ask you to oppose HB 1117. I will be voting against it.

Thank you for giving me the opportunity to speak today. I will accept questions.

Representative Kathy Skroch

District 26

Lidgerwood, ND