

## Dismissing Health Department Clients: Legal & Practical Concerns

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November 2010



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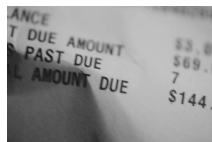
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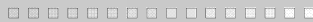
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### Categories of “problem” clients

- Threaten safety
  - Hostile or intimidating manner
  - Threatening words
  - Threatening behavior
- Financial misdeeds
  - Failure to pay
  - False information about financial situation



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### Categories of “problem” clients



- Other bad behavior
  - Theft
  - Altering health dept. documents
- Otherwise difficult
  - Miss appointments
  - Don't follow treatment plans

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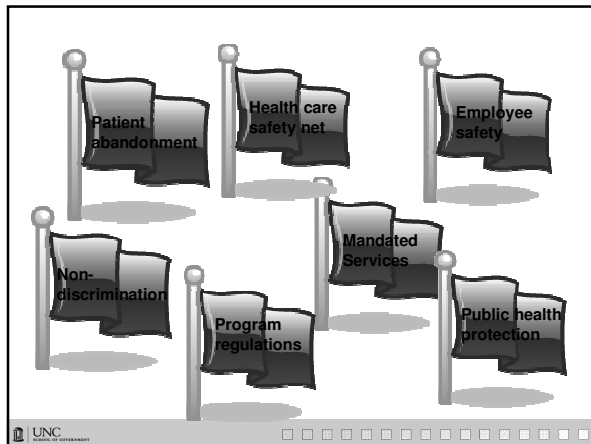
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## Patient abandonment

- May not abandon patients in the course of treatment. May terminate relationship if:
  - Treatment completed, or
  - Patient assents to termination, or
  - Give *reasonable notice* of termination, allowing patient *opportunity to find* another health care provider.
- *Groce v. Myers*, 224 NC 165 (1944).




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## Program regulations

- Some LHD services are subject to regulations or other conditions attached to funding that specify whether, when, and how patient relationships may end.
    - Example: Constraints on terminating relationships with women's & children's health clients.
- See, e.g., regulations & program guidelines for Title V (MCH block grant) and Title X (family planning) programs.




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## Mandated services rules

- LHDs must comply with NC's mandated services rules.
- For clinical services, LHD must either provide services or ensure services are available for *all individuals* within LHD's jurisdiction.
- NC Admin. Code, Title 10A, Ch. 46.



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## Protection of public health

- LHDs are obliged to protect the public from health threats - an obligation that is reflected in many PH laws.
  - Communicable disease control
  - Immunizations
  - Environmental health
- GS Ch. 130A, Arts. 6, 8, 10, 11, 19A, ...



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## Employee safety

- **May be potential for liability for LHD if:**
  - A client poses a known danger to the physical safety of employees, and
  - The LHD does not warn employees or take other action to protect them.



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## Other considerations

- Non-discrimination laws
  - Title VI of Civil Rights Act: must not discriminate on the basis of race, color, or national origin. 42 USC 2001d.
- LHD's role as a safety net provider
  - If LHD does not serve a client, who will?
- LHD's financial integrity
  - Sometimes may dismiss for failure to pay.



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## Are there alternatives to dismissal?

- What else might you do to resolve the problem the client is causing?
- Think about the different categories of problem clients:



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## Recommendations

- Before the problem arises, think about:
  - What kinds of problems may warrant considering dismissal?
  - Who will decide whether to dismiss?
  - What will be your procedures for dismissing?
  - How will you ensure dismissed clients may still access LHD services for communicable disease, immunizations, environmental health, etc.?



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## Recommendations

- Make decision to dismiss on a case-by-case basis, taking into account:
  - Nature of problem(s) posed by client.
  - Alternative means for solving the problem(s).
  - Type of service(s) client receiving: are there programmatic requirements that affect your ability to dismiss?
  - Client's continuing treatment needs: is another provider available?




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## Recommendations

- Tailor a dismissal narrowly.
  - Who are you dismissing?
  - From which program(s)?




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## Recommendations

- Notify the client of decision in writing.
  - Remember patient abandonment concerns:
    - Reasonable notice
    - Opportunity to find another provider
  - Explain why client is being dismissed.
  - Explain how client may access LHD services such as communicable disease control, etc.




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