

6 This Act is enacted in remembrance of Andrey Price, a gifted artist  
7 and seeker of truth, born December 22, 1992, whose life ended  
8 prematurely on [specific date in summer 2024, if known] due to  
9 complications from untreated schizophrenia and self-medication while  
10 experiencing homelessness. Andrey's journey—from abandoning his  
11 Chicago residence in 2016 to traverse to California in pursuit of  
12 Area 51, to his untimely overdose in Culver City at age 31—  
13 exemplifies the perils faced by young adults whose psychotic  
14 disorders manifest post-majority, often impairing insight and leading  
15 to chronic unsheltered living. Andrey's Law establishes mechanisms  
16 for familial or state-assisted intervention in cases of imminent  
17 self-harm, while incorporating stringent safeguards to preserve  
18 individual autonomy and prevent abuse, in full compliance with  
19 federal and state laws affirming self-agency, including the right to  
20 refuse medical treatment absent judicial findings of incapacity or  
21 grave danger.

23 Section 1: Purpose

24 The objectives of this Act are to:

25 Acknowledge that schizophrenia and analogous psychotic disorders  
26 frequently onset after attaining the age of majority (18 years),  
27 potentially resulting in diminished capacity for self-recognition of  
28 the condition.

29 Confer upon qualifying parents—or, in delineated instances, appointed  
30 caseworkers—a circumscribed temporary medical power of attorney to  
31 facilitate psychiatric assessment and treatment for young adults aged  
32 18–25 exhibiting psychosis, residing unsheltered, and posing an  
33 imminent danger to themselves, subject to judicial oversight.

34 Institute rigorous protections to avert misuse of such authority,  
35 ensuring alignment with constitutional and statutory guarantees of  
36 bodily autonomy and due process.

37

38 Section 2: Definitions

39 Young Adult: An individual aged 18 to 25 years inclusive.

40 Psychosis: A diagnosable mental condition involving detachment from  
41 reality, as determined by a licensed physician or psychiatrist  
42 pursuant to established diagnostic criteria (e.g., DSM-5 or successor  
43 standards), suggestive of schizophrenia or related disorders.

44 Unsheltered: A state of lacking fixed, regular, and adequate  
45 nighttime residence, encompassing street living, vehicular  
46 habitation, or transient encampments, as defined under applicable  
47 federal homelessness statutes (e.g., 42 U.S.C. § 11302).

48 Temporary Medical Power of Attorney: A revocable, time-limited  
49 delegation of authority to a parent or caseworker, restricted solely  
50 to consenting to psychiatric evaluations and treatments recommended  
51 by licensed medical professionals; this does not authorize non-  
52 physicians to prescribe, mandate, or administer medications.

53 Caseworker: A duly appointed social worker or outreach specialist  
54 employed or contracted by a state or local agency to support  
55 unsheltered persons.

56

57 Section 3: Eligibility and Procedures

58 3.1 Parental Authority

59 Eligibility Criteria:

60 The individual must be a young adult (18–25 years).

61 The young adult must be unsheltered and manifesting symptoms of  
62 psychosis, as attested by a parent and corroborated by a licensed  
63 physician or psychiatrist.

64 The young adult must demonstrate impaired insight into their  
65 condition, precluding voluntary treatment-seeking, as evidenced by  
66 medical documentation.

67

68 Application Procedure:

69 A parent shall file a petition with the appropriate court of  
70 jurisdiction, supported by an affidavit from a licensed physician or  
71 psychiatrist who has conducted an evaluation (in-person or based on  
72 verifiable observations).

73 The affidavit must affirm that the young adult is probable to be in a  
74 psychotic state, constitutes a grave and imminent danger to self due  
75 to unsheltered circumstances, and necessitates psychiatric  
76 intervention.

77 The court shall adjudicate the petition within 72 hours; upon  
78 approval, it may issue a temporary medical power of attorney for a  
79 maximum initial term of 90 days.

80

81 Scope of Authority:

82 The power authorizes consent to psychiatric evaluations, inpatient or  
83 outpatient care, and medication management solely as prescribed by a  
84 licensed physician or psychiatrist.

85 No non-medical personnel, including the holder of the power of  
86 attorney, may mandate medication; all pharmacological decisions  
87 remain the exclusive purview of qualified healthcare providers.

88 This authority is confined to psychiatric matters and excludes non-  
89 related medical or personal decisions.

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91 3.2 Caseworker Authority

92 Eligibility Criteria:

93 The individual must be a young adult (18–25 years).

94 The young adult must be documented as (a) unsheltered and (b)  
95 experiencing homelessness attributable to psychotic symptoms.

96 This applies where parents are unavailable (e.g., deceased,  
97 estranged) or where the young adult's homelessness stems from  
98 verified parental neglect or abuse.

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100 Application Procedure:

101 A caseworker shall petition a presiding judge, furnishing evidence of  
102 unsheltered status (e.g., shelter logs, police reports) and  
103 psychosis-linked homelessness (e.g., affidavits from law enforcement,  
104 agencies, or community witnesses).

105 In the absence of consent for formal evaluation, such affidavits may  
106 suffice as preliminary evidence.

107 The judge shall review within 72 hours; if criteria are satisfied,  
108 authorization for a 72-hour observational hold for psychiatric  
109 assessment may be granted, potentially extending to a 90-day  
110 temporary medical power of attorney upon confirmation of psychosis.

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112 Scope of Authority:

113 During the initial hold, the caseworker may consent to evaluation and  
114 preliminary treatment as directed by medical professionals.

115 Upon psychosis confirmation, the power extends to consenting to  
116 recommended inpatient/outpatient services and medications, with  
117 mandates limited to licensed physicians or psychiatrists.

118

119 Documentation and Recurrence:

120 Caseworkers may reinitiate procedures for persistent conditions,  
121 maintaining records to substantiate petitions for extended  
122 guardianship.

123 HIPAA-compliant input from acquaintances or community members may  
124 inform caseworker assessments.

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128 3.3 Integrated Provisions

129 Parents and caseworkers may reference prior intervention records  
130 (e.g., holds) to petition for prolonged guardianship, contingent upon  
131 judicial determination of ongoing incapacity, in accordance with due  
132 process standards.

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134 Section 4: Safeguards Against Misuse

135 Judicial Supervision:

136 All petitions require judicial approval, verifying evidence of  
137 psychosis and intervention necessity.

138 The young adult shall receive appointment of an independent legal  
139 advocate or guardian ad litem to safeguard their interests.

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141 Mandatory Independent Evaluation:

142 Within 14 days of activation, an unaffiliated licensed psychiatrist  
143 must conduct a comprehensive assessment; non-confirmation of  
144 psychosis or treatment need results in immediate revocation.

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149 Temporal Limitations:

150 The power lapses after 90 days unless judicially renewed with fresh  
151 evidence; renewals are capped at two (total 270 days) absent consent  
152 or incompetence adjudication.

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154 Appellate Rights:

155 The young adult, via their advocate, may appeal at any juncture,  
156 prompting expedited judicial review.

157

158 Sanctions for Abuse:

159 Misuse, including fabrication or coercion, incurs revocation and  
160 potential civil or criminal liability.

161

162 Familial Background Scrutiny:

163 Courts shall evaluate histories of abuse or estrangement, denying  
164 parental authority where contraindicated and favoring caseworker  
165 intervention.

166

167 Section 5: Implementation

168 Funding Allocation: States shall appropriate resources for advocates,  
169 evaluations, training, and awareness initiatives.

170 Training Mandates: Relevant professionals (physicians, psychiatrists,  
171 law enforcement, caseworkers) shall undergo education on psychosis  
172 recognition and Act compliance.

173 Accountability Reporting: Annual state reports on petition metrics  
174 (filings, approvals, revocations) shall promote transparency.

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176 **Section 6: Effective Date**

177 This Act shall become operative upon enactment, with a grace period  
178 for infrastructural preparation as determined by implementing  
179 agencies.