

4525--A

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I N S E N A T E

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Introduced by Sens. McDONALD, MONTGOMERY -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health and Developmental Disabilities -- reported favorably from said committee, ordered to first and second report, amended on second report, ordered to a third reading, and to be reprinted as amended, retaining its place in the order of third reading

AN ACT to amend the mental hygiene law, in relation to authorizing nurse practitioners to admit a patient to an inpatient mental health unit on a voluntary or involuntary basis

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 1.03 of the mental hygiene law is amended by adding
2 a new subdivision 9-a to read as follows:
3 9-A. "NURSE PRACTITIONER" MEANS A CERTIFIED NURSE PRACTITIONER ACTING
4 WITHIN HIS OR HER LAWFUL SCOPE OF PRACTICE PURSUANT TO SECTION
5 SIXTY-NINE HUNDRED TWO OF THE EDUCATION LAW.
6 S 2. The section heading, the opening paragraph of subdivision (a) and
7 subdivision (b) of section 9.05 of the mental hygiene law, such section
8 as renumbered by chapter 978 of the laws of 1977, are amended to read as
9 follows:
10 Examining physicians and NURSE PRACTITIONERS AND medical certificates.
11 A person is disqualified from acting as an examining physician OR
12 NURSE PRACTITIONER in the following cases:
13 (b) A certificate, as required by this article, must show that the
14 person is mentally ill and shall be based on an examination of the
15 person alleged to be mentally ill made within ten days prior to the date
16 of admission. The date of the certificate shall be the date of such
17 examination. All certificates shall contain the facts and circumstances
18 upon which the judgment of the physicians OR NURSE PRACTITIONERS is
19 based and shall show that the condition of the person examined is such

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 that he OR SHE needs involuntary care and treatment in a hospital and
2 such other information as the commissioner may by regulation require.

3 S 3. Subdivisions (a), (d), (e) and (i) of section 9.27 of the mental
4 hygiene law, subdivision (i) as amended by chapter 847 of the laws of
5 1987 and such section as renumbered by chapter 978 of the laws of 1977,
6 are amended to read as follows:

7 (a) The director of a hospital may receive and retain therein as a
8 patient any person alleged to be mentally ill and in need of involuntary
9 care and treatment upon [the] TWO certificates [of two examining physi-
10 cians], EACH COMPLETED BY A PHYSICIAN OR A NURSE PRACTITIONER, accompa-
11 nished by an application for the admission of such person. The examination
12 may be conducted jointly but each examining physician OR NURSE PRACTI-
13 TIONER shall execute a separate certificate.

14 (d) Before an examining physician OR NURSE PRACTITIONER completes the
15 certificate of examination of a person for involuntary care and treat-
16 ment, he OR SHE shall consider alternative forms of care and treatment
17 that might be adequate to provide for the person's needs without requir-
18 ing involuntary hospitalization. If the examining physician OR NURSE
19 PRACTITIONER knows that the person he OR SHE is examining for involun-
20 tary care and treatment has been under prior treatment, he OR SHE shall,
21 insofar as possible, consult with the physician or psychologist furnish-
22 ing such prior treatment prior to completing his OR HER certificate.
23 Nothing in this section shall prohibit or invalidate any involuntary
24 admission made in accordance with the provisions of this chapter.

25 (e) The director of the hospital where such person is brought shall
26 cause such person to be examined forthwith by a physician, OTHER THAN AN
27 EXAMINING PHYSICIAN WHOSE CERTIFICATE ACCOMPANIED THE APPLICATION, who
28 shall be a member of the psychiatric staff of such hospital [other than
29 the original examining physicians whose certificate or certificates
30 accompanied the application and, if]. IF such person is found to be in
31 need of involuntary care and treatment, he OR SHE may be admitted there-
32 to as a patient as herein provided.

33 (i) After an application for the admission of a person has been
34 completed [and both physicians have examined such person and separately
35 certified], AND TWO SEPARATE CERTIFICATES, EACH COMPLETED BY AN EXAMIN-
36 ING PHYSICIAN OR A NURSE PRACTITIONER, SHOW that he or she is mentally
37 ill and in need of involuntary care and treatment in a hospital,
38 [either] ANY EXAMINING physician OR NURSE PRACTITIONER MAKING SUCH A
39 CERTIFICATION is authorized to request peace officers, when acting
40 pursuant to their special duties, or police officers, who are members of
41 an authorized police department or force or of a sheriff's department,
42 to take into custody and transport such person to a hospital for deter-
43 mination by the director whether such person qualifies for admission
44 pursuant to this section. Upon the request of [either] ANY EXAMINING
45 physician OR NURSE PRACTITIONER MAKING SUCH A CERTIFICATION, an ambu-
46 lance service, as defined by subdivision two of section three thousand
47 one of the public health law, is authorized to transport such person to
48 a hospital for determination by the director whether such person quali-
49 fies for admission pursuant to this section.

50 S 4. Subdivisions (a), (b) and (c) of section 9.37 of the mental
51 hygiene law, subdivision (a) as amended by chapter 723 of the laws of
52 1989, subdivision (c) as amended by chapter 230 of the laws of 2004 and
53 such section as renumbered by chapter 978 of the laws of 1977, are
54 amended to read as follows:

55 (a) The director of a hospital, upon application by a director of
56 community services or an examining physician duly designated by him or

1 her, may receive and care for in such hospital as a patient any person
2 who, in the opinion of the director of community services or the direc-
3 tor's designee, has a mental illness for which immediate inpatient care
4 and treatment in a hospital is appropriate and which is likely to result
5 in serious harm to himself or herself or others.

6 The need for immediate hospitalization shall be confirmed by a staff
7 physician OR NURSE PRACTITIONER of the hospital prior to admission.
8 Within seventy-two hours, excluding Sunday and holidays, after such
9 admission, if such patient is to be retained for care and treatment
10 beyond such time and he or she does not agree to remain in such hospital
11 as a voluntary patient, the certificate of another examining physician
12 OR NURSE PRACTITIONER who is a member of the psychiatric staff of the
13 hospital that the patient is in need of involuntary care and treatment
14 shall be filed with the hospital. From the time of his or her admission
15 under this section the retention of such patient for care and treatment
16 shall be subject to the provisions for notice, hearing, review, and
17 judicial approval of continued retention or transfer and continued
18 retention provided by this article for the admission and retention of
19 involuntary patients, provided that, for the purposes of such
20 provisions, the date of admission of the patient shall be deemed to be
21 the date when the patient was first received in the hospital under this
22 section.

23 (b) The application for admission of a patient pursuant to this
24 section shall be based upon a personal examination by a director of
25 community services or his OR HER designee. It shall be in writing and
26 shall be filed with the director of such hospital at the time of the
27 patient's reception, together with a statement in a form prescribed by
28 the commissioner giving such information as he OR SHE may deem appropri-
29 ate.

30 (c) Notwithstanding the provisions of subdivision (b) of this section,
31 in counties with a population of less than two hundred thousand, a
32 director of community services who is a licensed psychologist pursuant
33 to article one hundred fifty-three of the education law or a licensed
34 clinical social worker pursuant to article one hundred fifty-four of the
35 education law but who is not a physician may apply for the admission of
36 a patient pursuant to this section without a medical examination by a
37 designated physician, if a hospital approved by the commissioner pursu-
38 ant to section 9.39 of this article is not located within thirty miles
39 of the patient, and the director of community services has made a
40 reasonable effort to locate a designated examining physician but such a
41 designee is not immediately available and the director of community
42 services, after personal observation of the person, reasonably believes
43 that he OR SHE may have a mental illness which is likely to result in
44 serious harm to himself OR HERSELF or others and inpatient care and
45 treatment of such person in a hospital may be appropriate. In the event
46 of an application pursuant to this subdivision, a STAFF physician OR
47 NURSE PRACTITIONER of the receiving hospital shall examine the patient
48 and shall not admit the patient unless he or she determines that the
49 patient has a mental illness for which immediate inpatient care and
50 treatment in a hospital is appropriate and which is likely to result in
51 serious harm to himself, HERSELF or others. If the patient is admitted,
52 the need for hospitalization shall be confirmed by another staff physi-
53 cian OR NURSE PRACTITIONER within twenty-four hours. An application
54 pursuant to this subdivision shall be in writing and shall be filed with
55 the director of such hospital at the time of the patient's reception,
56 together with a statement in a form prescribed by the commissioner

1 giving such information as he may deem appropriate, including a state-
2 ment of the efforts made by the director of community services to locate
3 a designated examining physician prior to making an application pursuant
4 to this subdivision.

5 S 5. Subdivision (a) of section 9.37 of the mental hygiene law is
6 amended to read as follows:

7 (a) The director of a hospital, upon application by a director of
8 community services or an examining physician duly designated by him OR
9 HER, may receive and care for in such hospital as a patient any person
10 who, in the opinion of the director of community services or his OR HER
11 designee, has a mental illness for which immediate inpatient care and
12 treatment in a hospital is appropriate and which is likely to result in
13 serious harm to himself, HERSELF or others[; "likelihood of serious
14 harm" shall mean:

15 1. substantial risk of physical harm to himself as manifested by
16 threats of or attempts at suicide or serious bodily harm or other
17 conduct demonstrating that he is dangerous to himself, or

18 2. a substantial risk of physical harm to other persons as manifested
19 by homicidal or other violent behavior by which others are placed in
20 reasonable fear or serious physical harm].

21 The need for immediate hospitalization shall be confirmed by a staff
22 physician OR NURSE PRACTITIONER of the hospital prior to admission.
23 Within seventy-two hours, excluding Sunday and holidays, after such
24 admission, if such patient is to be retained for care and treatment
25 beyond such time and he OR SHE does not agree to remain in such hospital
26 as a voluntary patient, the certificate of another examining physician
27 OR NURSE PRACTITIONER who is a member of the psychiatric staff of the
28 hospital that the patient is in need of involuntary care and treatment
29 shall be filed with the hospital. From the time of his OR HER admission
30 under this section the retention of such patient for care and treatment
31 shall be subject to the provisions for notice, hearing, review, and
32 judicial approval of continued retention or transfer and continued
33 retention provided by this article for the admission and retention of
34 involuntary patients, provided that, for the purposes of such
35 provisions, the date of admission of the patient shall be deemed to be
36 the date when the patient was first received in the hospital under this
37 section.

38 S 6. Subdivisions (b) and (c) of section 9.40 of the mental hygiene
39 law, as added by chapter 723 of the laws of 1989, are amended to read as
40 follows:

41 (b) The director shall cause examination of such persons to be initi-
42 ated by a staff physician OR NURSE PRACTITIONER of the program as soon
43 as practicable [and in any event within], BUT NO LONGER THAN six hours
44 after the person is received into the program's emergency room. Such
45 person may be retained for observation, care and treatment and further
46 examination for up to twenty-four hours if, at the conclusion of such
47 examination, such physician OR NURSE PRACTITIONER determines that such
48 person may have a mental illness for which immediate observation, care
49 and treatment in a comprehensive psychiatric emergency program is appro-
50 priate, and which is likely to result in serious harm to the person or
51 others.

52 (c) No person shall be involuntarily retained in accordance with this
53 section for more than twenty-four hours, unless (i) within that time the
54 determination of the INITIAL examining staff physician OR NURSE PRACTI-
55 TIONER has been confirmed after examination by another physician OR
56 NURSE PRACTITIONER who is a member of the psychiatric staff of the

1 program and (ii) the person is admitted to an extended observation bed,
2 as such term is defined in section 31.27 of this chapter. At the time of
3 admission to an extended observation bed, such person shall be served
4 with written notice of his status and rights as a patient under this
5 section. Such notice shall contain the patient's name. The notice shall
6 be provided to the same persons and in the manner as if provided pursu-
7 ant to subdivision (a) of section 9.39 of this article. Written requests
8 for court hearings on the question of need for immediate observation,
9 care and treatment shall be made, and court hearings shall be scheduled
10 and held, in the manner provided pursuant to subdivision (a) of section
11 9.39 of this article, provided however, if a person is removed or admit-
12 ted to a hospital pursuant to subdivision (e) or (f) of this section the
13 director of such hospital shall be substituted for the director of the
14 comprehensive psychiatric emergency program in all legal proceedings
15 regarding the continued retention of the person.

16 S 7. Section 9.55 of the mental hygiene law, as amended by chapter 598
17 of the laws of 1994, is amended to read as follows:

18 S 9.55 Emergency admissions for immediate observation, care and treat-
19 ment; powers of qualified psychiatrists OR NURSE PRACTITION-
20 ERS.

21 A qualified psychiatrist OR NURSE PRACTITIONER shall have the power to
22 direct the removal of any person[,] whose treatment for a mental illness
23 he or she is either supervising or providing in a facility licensed or
24 operated by the office of mental health, which does not have an inpa-
25 tient psychiatric service, to a hospital approved by the commissioner
26 pursuant to subdivision (a) of section 9.39 of this article or to a
27 comprehensive psychiatric emergency program, if he or she determines
28 upon examination of such person that such person appears to have a
29 mental illness for which immediate observation, care and treatment in a
30 hospital is appropriate and which is likely to result in serious harm
31 [to himself or herself or others] AS DEFINED IN SECTION 9.01 OF THIS
32 ARTICLE. Upon the request of such qualified psychiatrist OR NURSE PRAC-
33 TITIONER, peace officers, when acting pursuant to their special duties,
34 or police officers[,] who are members of an authorized police department
35 or force or of a sheriff's department shall take into custody and trans-
36 port any such person. Upon the request of a qualified psychiatrist OR
37 NURSE PRACTITIONER an ambulance service, as defined by subdivision two
38 of section three thousand one of the public health law, is authorized to
39 transport any such person. Such person may then be admitted to a hospi-
40 tal in accordance with the provisions of section 9.39 of this article or
41 to a comprehensive psychiatric emergency program in accordance with the
42 provisions of section 9.40 of this article.

43 S 8. Section 9.55 of the mental hygiene law, as amended by chapter 847
44 of the laws of 1987, is amended to read as follows:

45 S 9.55 Emergency admissions for immediate observation, care and treat-
46 ment; powers of qualified psychiatrists OR NURSE PRACTITION-
47 ERS.

48 A qualified psychiatrist OR NURSE PRACTITIONER shall have the power to
49 direct the removal of any person, whose treatment for a mental illness
50 he OR SHE is either supervising or providing in a facility licensed or
51 operated by the office of mental health which does not have an inpatient
52 psychiatric service, to a hospital approved by the commissioner pursuant
53 to subdivision (a) of section 9.39 of this article, OR TO A COMPREHEN-
54 SIVE PSYCHIATRIC EMERGENCY PROGRAM if he OR SHE determines upon examina-
55 tion of such person that such person appears to have a mental illness
56 for which immediate observation, care and treatment in a hospital is

1 appropriate and which is likely to result in serious harm [to himself or
2 others,] as defined in section [9.39] 9.01 of this article. Upon the
3 request of such qualified psychiatrist OR NURSE PRACTITIONER, peace
4 officers[,] when acting pursuant to their special duties, or police
5 officers, who are members of an authorized police department or force or
6 of a sheriff's department shall take into custody and transport any such
7 person. Upon the request of a qualified psychiatrist OR NURSE PRACTI-
8 TIONER an ambulance service, as defined by subdivision two of section
9 three thousand one of the public health law, is authorized to transport
10 any such person. Such person may then be admitted in accordance with the
11 provisions of section 9.39 of this article.

12 S 9. Section 9.57 of the mental hygiene law, as amended by chapter 598
13 of the laws of 1994, is amended to read as follows:

14 S 9.57 Emergency admissions for immediate observation, care and treat-
15 ment; powers of emergency room physicians OR NURSE PRACTI-
16 TIONERS.

17 A physician OR NURSE PRACTITIONER who has examined a person in an
18 emergency room or provided emergency medical services at a general
19 hospital, as defined in article twenty-eight of the public health law,
20 which does not have an inpatient psychiatric service, or a physician OR
21 NURSE PRACTITIONER who has examined a person in a comprehensive psychi-
22 atric emergency program shall be authorized to request that the director
23 of the program or hospital, or the director's designee, direct the
24 removal of such person to a hospital approved by the commissioner pursu-
25 ant to subdivision (a) of section 9.39 of this article or to a compre-
26 hensive psychiatric emergency program, if the physician OR NURSE PRACTI-
27 TIONER determines upon examination of such person that such person
28 appears to have a mental illness for which immediate care and treatment
29 in a hospital is appropriate and which is likely to result in serious
30 harm [to himself or others] AS DEFINED IN SECTION 9.01 OF THIS ARTICLE.
31 Upon the request of the physician OR NURSE PRACTITIONER, the director of
32 the program or hospital or the director's designee, is authorized to
33 direct peace officers, when acting pursuant to their special duties, or
34 police officers[,] who are members of an authorized police department or
35 force or of a sheriff's department to take into custody and transport
36 any such person. Upon the request of an emergency room physician, A
37 NURSE PRACTITIONER, or the director of the program or hospital, or the
38 director's designee, an ambulance service, as defined by subdivision two
39 of section three thousand one of the public health law, is authorized to
40 take into custody and transport any such person. Such person may then be
41 admitted to a hospital in accordance with the provisions of section 9.39
42 of this article or to a comprehensive psychiatric emergency program in
43 accordance with the provisions of section 9.40 of this article.

44 S 10. Section 9.57 of the mental hygiene law, as amended by chapter
45 847 of the laws of 1987, is amended to read as follows:

46 S 9.57 Emergency admissions for immediate observation, care and treat-
47 ment; powers of emergency room physicians OR NURSE PRACTI-
48 TIONERS.

49 A physician OR NURSE PRACTITIONER who has examined a person in an
50 emergency room or provided emergency medical services at a general
51 hospital, as defined in article twenty-eight of the public health law,
52 which does not have an inpatient psychiatric service, shall be author-
53 ized to request that the director of the hospital, or his OR HER desig-
54 nee, direct the removal of such person to a hospital approved by the
55 commissioner pursuant to subdivision (a) of section 9.39 of this arti-
56 cle, if the physician OR NURSE PRACTITIONER determines upon examination

1 of such person that such person appears to have a mental illness for
2 which immediate care and treatment in a hospital is appropriate and
3 which is likely to result in serious harm [to himself or others], as
4 defined in section [9.39] 9.01 of this article. Upon the request of the
5 physician OR NURSE PRACTITIONER, the director of the hospital or his OR
6 HER designee, is authorized to direct peace officers[,] when acting
7 pursuant to their special duties, or police officers, who are members of
8 an authorized police department or force or of a sheriff's department to
9 take into custody and transport any such person. Upon the request of an
10 emergency room physician, A NURSE PRACTITIONER, or the director of the
11 hospital, or his OR HER designee, an ambulance service, as defined by
12 subdivision two of section three thousand one of the public health law,
13 is authorized to take into custody and transport any such person. Such
14 person may then be admitted in accordance with the provisions of section
15 9.39 of this article.

16 S 11. Subparagraph (v) of paragraph 1 and paragraphs 3 and 4 of subdi-
17 vision (e) and subdivisions (h), (i), (k) and (n) of section 9.60 of the
18 mental hygiene law, as amended and paragraph 4 of subdivision (e) as
19 added by chapter 158 of the laws of 2005, are amended to read as
20 follows:

21 (v) a qualified psychiatrist OR NURSE PRACTITIONER who is either
22 supervising the treatment of or treating the subject of the petition for
23 a mental illness; or

24 (3) The petition shall be accompanied by an affirmation or affidavit
25 of a physician OR NURSE PRACTITIONER, who shall not be the petitioner,
26 stating either that:

27 (i) such physician OR NURSE PRACTITIONER has personally examined the
28 subject of the petition no more than ten days prior to the submission of
29 the petition, recommends assisted outpatient treatment for the subject
30 of the petition, and is willing and able to testify at the hearing on
31 the petition; or

32 (ii) no more than ten days prior to the filing of the petition, such
33 physician OR NURSE PRACTITIONER, or his or her designee, has made appro-
34 priate attempts but has not been successful in eliciting the cooperation
35 of the subject of the petition to submit to an examination, such physi-
36 cian OR NURSE PRACTITIONER has reason to suspect that the subject of the
37 petition meets the criteria for assisted outpatient treatment, and such
38 physician OR NURSE PRACTITIONER is willing and able to examine the
39 subject of the petition and testify at the hearing on the petition.

40 (4) In counties with a population of less than seventy-five thousand,
41 the affirmation or affidavit required by paragraph three of this subdi-
42 vision may be made by a physician OR NURSE PRACTITIONER who is an
43 employee of the office. The office is authorized to make available, at
44 no cost to the county, a qualified physician OR NURSE PRACTITIONER for
45 the purpose of making such affirmation or affidavit consistent with the
46 provisions of such paragraph.

47 (h) Hearing. (1) Upon receipt of the petition, the court shall fix the
48 date for a hearing. Such date shall be no later than three days from the
49 date such petition is received by the court, excluding Saturdays,
50 Sundays and holidays. Adjournments shall be permitted only for good
51 cause shown. In granting adjournments, the court shall consider the need
52 for further examination by a physician OR NURSE PRACTITIONER or the
53 potential need to provide assisted outpatient treatment expeditiously.
54 The court shall cause the subject of the petition, any other person
55 receiving notice pursuant to subdivision (f) of this section, the peti-
56 tioner, the physician OR NURSE PRACTITIONER whose affirmation or affida-

1 vit accompanied the petition, and such other persons as the court may
2 determine to be advised of such date. Upon such date, or upon such other
3 date to which the proceeding may be adjourned, the court shall hear
4 testimony and, if it be deemed advisable and the subject of the petition
5 is available, examine the subject of the petition in or out of court. If
6 the subject of the petition does not appear at the hearing, and appro-
7 priate attempts to elicit the attendance of the subject have failed, the
8 court may conduct the hearing in the subject's absence. In such case,
9 the court shall set forth the factual basis for conducting the hearing
10 without the presence of the subject of the petition.

11 (2) The court shall not order assisted outpatient treatment unless an
12 examining physician OR NURSE PRACTITIONER, who recommends assisted
13 outpatient treatment and has personally examined the subject of the
14 petition no more than ten days before the filing of the petition, testi-
15 fies in person at the hearing. Such physician OR NURSE PRACTITIONER
16 shall state the facts and clinical determinations which support the
17 allegation that the subject of the petition meets each of the criteria
18 for assisted outpatient treatment.

19 (3) If the subject of the petition has refused to be examined by a
20 physician OR NURSE PRACTITIONER, the court may request the subject to
21 consent to an examination by a physician OR NURSE PRACTITIONER appointed
22 by the court. If the subject of the petition does not consent and the
23 court finds reasonable cause to believe that the allegations in the
24 petition are true, the court may order peace officers[,] acting pursuant
25 to their special duties, or police officers who are members of an
26 authorized police department or force, or of a sheriff's department to
27 take the subject of the petition into custody and transport him or her
28 to a hospital for examination by a physician. Retention of the subject
29 of the petition under such order shall not exceed twenty-four hours. The
30 examination of the subject of the petition may be performed by the
31 physician OR NURSE PRACTITIONER whose affirmation or affidavit accompa-
32 nied the petition pursuant to paragraph three of subdivision (e) of this
33 section, if such physician OR NURSE PRACTITIONER is privileged by such
34 hospital or otherwise authorized by such hospital to do so. If such
35 examination is performed by another physician OR NURSE PRACTITIONER, the
36 examining physician OR NURSE PRACTITIONER may consult with the physician
37 OR NURSE PRACTITIONER whose affirmation or affidavit accompanied the
38 petition as to whether the subject meets the criteria for assisted
39 outpatient treatment.

40 (4) A physician OR NURSE PRACTITIONER who testifies pursuant to para-
41 graph two of this subdivision shall state: (i) the facts which support
42 the allegation that the subject meets each of the criteria for assisted
43 outpatient treatment, (ii) that the treatment is the least restrictive
44 alternative, (iii) the recommended assisted outpatient treatment, and
45 (iv) the rationale for the recommended assisted outpatient treatment. If
46 the recommended assisted outpatient treatment includes medication, such
47 physician's OR NURSE PRACTITIONER'S testimony shall describe the types
48 or classes of medication which should be authorized, shall describe the
49 beneficial and detrimental physical and mental effects of such medica-
50 tion, and shall recommend whether such medication should be self-admin-
51 istered or administered by authorized personnel.

52 (5) The subject of the petition shall be afforded an opportunity to
53 present evidence, to call witnesses on his or her behalf, and to cross-
54 examine adverse witnesses.

55 (i) Written treatment plan. (1) The court shall not order assisted
56 outpatient treatment unless a physician OR NURSE PRACTITIONER appointed

1 by the appropriate director, in consultation with such director, devel-
2 ops and provides to the court a proposed written treatment plan. The
3 written treatment plan shall include case management services or asser-
4 tive community treatment team services to provide care coordination. The
5 written treatment plan also shall include all categories of services, as
6 set forth in paragraph one of subdivision (a) of this section, which
7 such physician OR NURSE PRACTITIONER recommends that the subject of the
8 petition receive. All service providers shall be notified regarding
9 their inclusion in the written treatment plan. If the written treatment
10 plan includes medication, it shall state whether such medication should
11 be self-administered or administered by authorized personnel, and shall
12 specify type and dosage range of medication most likely to provide maxi-
13 mum benefit for the subject. If the written treatment plan includes
14 alcohol or substance abuse counseling and treatment, such plan may
15 include a provision requiring relevant testing for either alcohol or
16 illegal substances provided the physician's OR NURSE PRACTITIONER'S
17 clinical basis for recommending such plan provides sufficient facts for
18 the court to find (i) that such person has a history of alcohol or
19 substance abuse that is clinically related to the mental illness; and
20 (ii) that such testing is necessary to prevent a relapse or deteri-
21 oration which would be likely to result in serious harm to the person or
22 others. If a director is the petitioner, the written treatment plan
23 shall be provided to the court no later than the date of the hearing on
24 the petition. If a person other than a director is the petitioner, such
25 plan shall be provided to the court no later than the date set by the
26 court pursuant to paragraph three of subdivision (j) of this section.

27 (2) The physician OR NURSE PRACTITIONER appointed to develop the writ-
28 ten treatment plan shall provide the following persons with an opportu-
29 nity to actively participate in the development of such plan: the
30 subject of the petition; the treating physician OR NURSE PRACTITIONER,
31 if any; and upon the request of the subject of the petition, an individ-
32 ual significant to the subject including any relative, close friend or
33 individual otherwise concerned with the welfare of the subject. If the
34 subject of the petition has executed a health care proxy, the appointed
35 physician OR NURSE PRACTITIONER shall consider any directions included
36 in such proxy in developing the written treatment plan.

37 (3) The court shall not order assisted outpatient treatment unless a
38 physician OR NURSE PRACTITIONER appearing on behalf of a director testi-
39 fies to explain the written proposed treatment plan. Such physician OR
40 NURSE PRACTITIONER shall state the categories of assisted outpatient
41 treatment recommended, the rationale for each such category, facts which
42 establish that such treatment is the least restrictive alternative, and,
43 if the recommended assisted outpatient treatment plan includes medica-
44 tion, such physician OR NURSE PRACTITIONER shall state the types or
45 classes of medication recommended, the beneficial and detrimental phys-
46 ical and mental effects of such medication, and whether such medication
47 should be self-administered or administered by an authorized profes-
48 sional. If the subject of the petition has executed a health care proxy,
49 such physician OR NURSE PRACTITIONER shall state the consideration given
50 to any directions included in such proxy in developing the written
51 treatment plan. If a director is the petitioner, testimony pursuant to
52 this paragraph shall be given at the hearing on the petition. If a
53 person other than a director is the petitioner, such testimony shall be
54 given on the date set by the court pursuant to paragraph three of subdi-
55 vision (j) of this section.

1 (k) Petition for additional periods of treatment. Within thirty days
2 prior to the expiration of an order of assisted outpatient treatment,
3 the appropriate director or the current petitioner, if the current peti-
4 tion was filed pursuant to subparagraph (i) or (ii) of paragraph one of
5 subdivision (e) of this section, and the current petitioner retains his
6 or her original status pursuant to the applicable subparagraph, may
7 petition the court to order continued assisted outpatient treatment for
8 a period not to exceed one year from the expiration date of the current
9 order. If the court's disposition of such petition does not occur prior
10 to the expiration date of the current order, the current order shall
11 remain in effect until such disposition. The procedures for obtaining
12 any order pursuant to this subdivision shall be in accordance with the
13 provisions of the foregoing subdivisions of this section; provided that
14 the time restrictions included in paragraph four of subdivision (c) of
15 this section shall not be applicable. The notice provisions set forth in
16 paragraph six of subdivision (j) of this section shall be applicable.
17 Any court order requiring periodic blood tests or urinalysis for the
18 presence of alcohol or illegal drugs shall be subject to review after
19 six months by the physician OR NURSE PRACTITIONER who developed the
20 written treatment plan or another physician OR NURSE PRACTITIONER desig-
21 nated by the director, and such physician OR NURSE PRACTITIONER shall be
22 authorized to terminate such blood tests or urinalysis without further
23 action by the court.

24 (n) Failure to comply with assisted outpatient treatment. Where in the
25 clinical judgment of a physician OR NURSE PRACTITIONER, (i) the assisted
26 outpatient, has failed or refused to comply with the assisted outpatient
27 treatment, (ii) efforts were made to solicit compliance, and (iii) such
28 assisted outpatient may be in need of involuntary admission to a hospi-
29 tal pursuant to section 9.27 of this article or immediate observation,
30 care and treatment pursuant to section 9.39 or 9.40 of this article,
31 such physician OR NURSE PRACTITIONER may request the director of commu-
32 nity services, the director's designee, or any physician OR NURSE PRAC-
33 TITIONER designated by the director of community services pursuant to
34 section 9.37 of this article, to direct the removal of such assisted
35 outpatient to an appropriate hospital for an examination to determine if
36 such person has a mental illness for which hospitalization is necessary
37 pursuant to section 9.27, 9.39 or 9.40 of this article. Furthermore, if
38 such assisted outpatient refuses to take medications as required by the
39 court order, or he or she refuses to take, or fails a blood test, urina-
40 lysis, or alcohol or drug test as required by the court order, such
41 physician OR NURSE PRACTITIONER may consider such refusal or failure
42 when determining whether the assisted outpatient is in need of an exam-
43 ination to determine whether he or she has a mental illness for which
44 hospitalization is necessary. Upon the request of such physician OR
45 NURSE PRACTITIONER, the director, the director's designee, or any physi-
46 cian OR NURSE PRACTITIONER designated pursuant to section 9.37 of this
47 article, may direct peace officers, acting pursuant to their special
48 duties, or police officers who are members of an authorized police
49 department or force or of a sheriff's department to take the assisted
50 outpatient into custody and transport him or her to the hospital operat-
51 ing the assisted outpatient treatment program or to any hospital author-
52 ized by the director of community services to receive such persons. Such
53 law enforcement officials shall carry out such directive. Upon the
54 request of such physician OR NURSE PRACTITIONER, the director, the
55 director's designee, or any physician OR NURSE PRACTITIONER designated
56 pursuant to section 9.37 of this article, an ambulance service, as

1 defined by subdivision two of section three thousand one of the public
2 health law, or an approved mobile crisis outreach team as defined in
3 section 9.58 of this article shall be authorized to take into custody
4 and transport any such person to the hospital operating the assisted
5 outpatient treatment program, or to any other hospital authorized by the
6 director of community services to receive such persons. Any director of
7 community services, or designee, shall be authorized to direct the
8 removal of an assisted outpatient who is present in his or her county to
9 an appropriate hospital, in accordance with the provisions of this
10 subdivision, based upon a determination of the appropriate director of
11 community services directing the removal of such assisted outpatient
12 pursuant to this subdivision. Such person may be retained for observa-
13 tion, care and treatment and further examination in the hospital for up
14 to seventy-two hours to permit a physician OR NURSE PRACTITIONER to
15 determine whether such person has a mental illness and is in need of
16 involuntary care and treatment in a hospital pursuant to the provisions
17 of this article. Any continued involuntary retention in such hospital
18 beyond the initial seventy-two hour period shall be in accordance with
19 the provisions of this article relating to the involuntary admission and
20 retention of a person. If at any time during the seventy-two hour period
21 the person is determined not to meet the involuntary admission and
22 retention provisions of this article, and does not agree to stay in the
23 hospital as a voluntary or informal patient, he or she must be released.
24 Failure to comply with an order of assisted outpatient treatment shall
25 not be grounds for involuntary civil commitment or a finding of contempt
26 of court.

27 S 12. This act shall take effect immediately; provided, however, that:

28 1. The amendments to subdivision (a) of section 9.37 of the mental
29 hygiene law made by section four of this act shall be subject to the
30 expiration and reversion of such subdivision pursuant to section 21 of
31 chapter 723 of the laws of 1989, as amended, when upon such date the
32 provisions of section five of this act shall take effect;

33 2. The amendments to subdivisions (b) and (c) of section 9.40 of the
34 mental hygiene law made by section six of this act shall not affect the
35 repeal of such section and shall be deemed repealed therewith;

36 3. The amendments to sections 9.55 and 9.57 of the mental hygiene law
37 made by sections seven and nine of this act shall be subject to the
38 expiration and reversion of such sections pursuant to section 21 of
39 chapter 723 of the laws of 1989, as amended, when upon such date the
40 provisions of sections six and eight of this act shall take effect; and

41 4. The amendments to section 9.60 of the mental hygiene law made by
42 section eleven of this act shall not affect the repeal of such section
43 and shall be deemed repealed therewith.