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Introduced by Sens. McDONALD, CARLUCCI, 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 -- again amended and ordered reprinted, retaining its place in the order of third reading -- recommitted to the Committee on Mental Health and Developmental Disabilities in accordance with Senate Rule 6, sec. 8 -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, 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:

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

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1 (b) A certificate, as required by this article, must show that the  
2 person is mentally ill and shall be based on an examination of the  
3 person alleged to be mentally ill made within ten days prior to the date  
4 of admission. The date of the certificate shall be the date of such  
5 examination. All certificates shall contain the facts and circumstances  
6 upon which the judgment of the physicians OR NURSE PRACTITIONERS is  
7 based and shall show that the condition of the person examined is such  
8 that he OR SHE needs involuntary care and treatment in a hospital and  
9 such other information as the commissioner may by regulation require.

10 S 3. Subdivisions (a), (d), (e) and (i) of section 9.27 of the mental  
11 hygiene law, subdivision (i) as amended by chapter 847 of the laws of  
12 1987 and such section as renumbered by chapter 978 of the laws of 1977,  
13 are amended to read as follows:

14 (a) The director of a hospital may receive and retain therein as a  
15 patient any person alleged to be mentally ill and in need of involuntary  
16 care and treatment upon [the] TWO certificates [of two examining physi-  
17 cians], EACH COMPLETED BY AN EXAMINING PHYSICIAN OR A NURSE  
18 PRACTITIONER, accompanied by an application for the admission of such  
19 person. The examination may be conducted jointly but each examining  
20 physician OR NURSE PRACTITIONER shall execute a separate certificate.

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

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

40 (i) After an application for the admission of a person has been  
41 completed [and both physicians have examined such person and separately  
42 certified either], AND TWO SEPARATE CERTIFICATES, EACH COMPLETED BY AN  
43 EXAMINING PHYSICIAN OR A NURSE PRACTITIONER, SHOW that he or she is  
44 mentally ill and in need of involuntary care and treatment in a hospi-  
45 tal, ANY EXAMINING physician OR NURSE PRACTITIONER MAKING SUCH A CERTIF-  
46 ICATION is authorized to request peace officers, when acting pursuant to  
47 their special duties, or police officers, who are members of an author-  
48 ized police department or force or of a sheriff's department, to take  
49 into custody and transport such person to a hospital for determination  
50 by the director whether such person qualifies for admission pursuant to  
51 this section. Upon the request of [either] ANY EXAMINING physician OR  
52 NURSE PRACTITIONER MAKING SUCH A CERTIFICATION, an ambulance service, as  
53 defined by subdivision two of section three thousand one of the public  
54 health law, is authorized to transport such person to a hospital for  
55 determination by the director whether such person qualifies for admis-  
56 sion pursuant to this section.

1 S 4. Subdivisions (a), (b) and (c) of section 9.37 of the mental  
2 hygiene law, subdivision (a) as amended by chapter 723 of the laws of  
3 1989, subdivision (c) as amended by chapter 230 of the laws of 2004 and  
4 such section as renumbered by chapter 978 of the laws of 1977, are  
5 amended to read as follows:

6 (a) The director of a hospital, upon application by a director of  
7 community services or an examining physician duly designated by him or  
8 her, may receive and care for in such hospital as a patient any person  
9 who, in the opinion of the director of community services or the direc-  
10 tor's designee, has a mental illness for which immediate inpatient care  
11 and treatment in a hospital is appropriate and which is likely to result  
12 in serious harm to himself or herself or others.

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

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

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

1 treatment in a hospital is appropriate and which is likely to result in  
2 serious harm to himself OR HERSELF or others. If the patient is admit-  
3 ted, the need for hospitalization shall be confirmed by another staff  
4 physician OR NURSE PRACTITIONER within twenty-four hours. An application  
5 pursuant to this subdivision shall be in writing and shall be filed with  
6 the director of such hospital at the time of the patient's reception,  
7 together with a statement in a form prescribed by the commissioner  
8 giving such information as he OR SHE may deem appropriate, including a  
9 statement of the efforts made by the director of community services to  
10 locate a designated examining physician prior to making an application  
11 pursuant to this subdivision.

12 S 5. Subdivision (a) of section 9.37 of the mental hygiene law, such  
13 section as renumbered by chapter 978 of the laws of 1977, is amended to  
14 read as follows:

15 (a) The director of a hospital, upon application by a director of  
16 community services or an examining physician duly designated by him OR  
17 HER, may receive and care for in such hospital as a patient any person  
18 who, in the opinion of the director of community services or his OR HER  
19 designee, has a mental illness for which immediate inpatient care and  
20 treatment in a hospital is appropriate and which is likely to result in  
21 serious harm to himself OR HERSELF or TO others[; "likelihood of serious  
22 harm" shall mean:

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

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

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

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

49 (b) The director shall cause examination of such persons to be initi-  
50 ated by a staff physician OR NURSE PRACTITIONER of the program as soon  
51 as practicable [and in any event within], BUT NO LONGER THAN six hours  
52 after the person is received into the program's emergency room. Such  
53 person may be retained for observation, care and treatment, and further  
54 examination for up to twenty-four hours if, at the conclusion of such  
55 examination, such physician OR NURSE PRACTITIONER determines that such  
56 person may have a mental illness for which immediate observation, care

1 and treatment in a comprehensive psychiatric emergency program is appro-  
2 priate, and which is likely to result in serious harm to the person or  
3 others.

4 (c) No person shall be involuntarily retained in accordance with this  
5 section for more than twenty-four hours, unless (i) within that time the  
6 determination of the INITIAL examining staff physician OR NURSE PRACTI-  
7 TIONER has been confirmed after examination by another physician OR  
8 NURSE PRACTITIONER who is a member of the psychiatric staff of the  
9 program and (ii) the person is admitted to an extended observation bed,  
10 as such term is defined in section 31.27 of this chapter. At the time of  
11 admission to an extended observation bed, such person shall be served  
12 with written notice of his OR HER status and rights as a patient under  
13 this section. Such notice shall contain the patient's name. The notice  
14 shall be provided to the same persons and in the manner as if provided  
15 pursuant to subdivision (a) of section 9.39 of this article. Written  
16 requests for court hearings on the question of need for immediate obser-  
17 vation, care and treatment shall be made, and court hearings shall be  
18 scheduled and held, in the manner provided pursuant to subdivision (a)  
19 of section 9.39 of this article, provided however, if a person is  
20 removed or admitted to a hospital pursuant to subdivision (e) or (f) of  
21 this section the director of such hospital shall be substituted for the  
22 director of the comprehensive psychiatric emergency program in all legal  
23 proceedings regarding the continued retention of the person.

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

26 S 9.55 Emergency admissions for immediate observation, care and treat-  
27 ment; powers of qualified psychiatrists OR NURSE PRACTITIONERS.

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

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

52 S 9.55 Emergency admissions for immediate observation, care and treat-  
53 ment; powers of qualified psychiatrists OR NURSE PRACTITIONERS.

54 A qualified psychiatrist OR NURSE PRACTITIONER shall have the power to  
55 direct the removal of any person[, ] whose treatment for a mental illness  
56 he OR SHE is either supervising or providing in a facility licensed or

1 operated by the office of mental health, which does not have an inpa-  
2 tient psychiatric service, to a hospital approved by the commissioner  
3 pursuant to subdivision (a) of section 9.39 of this article, OR TO A  
4 COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM if he OR SHE determines upon  
5 examination of such person that such person appears to have a mental  
6 illness for which immediate observation, care and treatment in a hospi-  
7 tal is appropriate and which is likely to result in serious harm [to  
8 himself or others], as defined in section [9.39] 9.01 of this article.  
9 Upon the request of such qualified psychiatrist OR NURSE PRACTITIONER,  
10 peace officers, when acting pursuant to their special duties, or police  
11 officers[,] who are members of an authorized police department or force  
12 or of a sheriff's department shall take into custody and transport any  
13 such person. Upon the request of a qualified psychiatrist OR NURSE PRAC-  
14 TITIONER an ambulance service, as defined by subdivision two of section  
15 three thousand one of the public health law, is authorized to transport  
16 any such person. Such person may then be admitted in accordance with the  
17 provisions of section 9.39 of this article.

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

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

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

50 S 10. Section 9.57 of the mental hygiene law, as amended by chapter  
51 847 of the laws of 1987, is amended to read as follows:

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

55 A physician OR NURSE PRACTITIONER who has examined a person in an  
56 emergency room or provided emergency medical services at a general

1 hospital, as defined in article twenty-eight of the public health law,  
2 which does not have an inpatient psychiatric service, shall be author-  
3 ized to request that the director of the hospital, or his OR HER desig-  
4 nee, direct the removal of such person to a hospital approved by the  
5 commissioner pursuant to subdivision (a) of section 9.39 of this arti-  
6 cle, if the physician OR NURSE PRACTITIONER determines upon examination  
7 of such person that such person appears to have a mental illness for  
8 which immediate care and treatment in a hospital is appropriate and  
9 which is likely to result in serious harm [to himself or others], as  
10 defined in section [9.39] 9.01 of this article. Upon the request of the  
11 physician OR NURSE PRACTITIONER, the director of the hospital or his OR  
12 HER designee, is authorized to direct peace officers, when acting pursu-  
13 ant to their special duties, or police officers, who are members of an  
14 authorized police department or force or of a sheriff's department to  
15 take into custody and transport any such person. Upon the request of an  
16 emergency room physician, A NURSE PRACTITIONER, or the director of the  
17 hospital, or his OR HER designee, an ambulance service, as defined by  
18 subdivision two of section three thousand one of the public health law,  
19 is authorized to take into custody and transport any such person. Such  
20 person may then be admitted in accordance with the provisions of section  
21 9.39 of this article.

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

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

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

33 (i) such physician OR NURSE PRACTITIONER has personally examined the  
34 subject of the petition no more than ten days prior to the submission of  
35 the petition, recommends assisted outpatient treatment for the subject  
36 of the petition, and is willing and able to testify at the hearing on  
37 the petition; or

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

46 (4) In counties with a population of less than seventy-five thousand,  
47 the affirmation or affidavit required by paragraph three of this subdivi-  
48 sion may be made by a physician OR NURSE PRACTITIONER who is an  
49 employee of the office. The office is authorized to make available, at  
50 no cost to the county, a qualified physician OR NURSE PRACTITIONER for  
51 the purpose of making such affirmation or affidavit consistent with the  
52 provisions of such paragraph.

53 (h) Hearing. (1) Upon receipt of the petition, the court shall fix the  
54 date for a hearing. Such date shall be no later than three days from the  
55 date such petition is received by the court, excluding Saturdays,  
56 Sundays and holidays. Adjournments shall be permitted only for good

1 cause shown. In granting adjournments, the court shall consider the need  
2 for further examination by a physician OR NURSE PRACTITIONER or the  
3 potential need to provide assisted outpatient treatment expeditiously.  
4 The court shall cause the subject of the petition, any other person  
5 receiving notice pursuant to subdivision (f) of this section, the peti-  
6 tioner, the physician OR NURSE PRACTITIONER whose affirmation or affida-  
7 vit accompanied the petition, and such other persons as the court may  
8 determine to be advised of such date. Upon such date, or upon such other  
9 date to which the proceeding may be adjourned, the court shall hear  
10 testimony and, if it be deemed advisable and the subject of the petition  
11 is available, examine the subject of the petition in or out of court. If  
12 the subject of the petition does not appear at the hearing, and appro-  
13 priate attempts to elicit the attendance of the subject have failed, the  
14 court may conduct the hearing in the subject's absence. In such case,  
15 the court shall set forth the factual basis for conducting the hearing  
16 without the presence of the subject of the petition.

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

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

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

tion, and shall recommend whether such medication should be self-administered or administered by authorized personnel.

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

(i) Written treatment plan. (1) The court shall not order assisted outpatient treatment unless a physician OR NURSE PRACTITIONER appointed by the appropriate director, in consultation with such director, develops and provides to the court a proposed written treatment plan. The written treatment plan shall include case management services or assertive community treatment team services to provide care coordination. The written treatment plan also shall include all categories of services, as set forth in paragraph one of subdivision (a) of this section, which such physician OR NURSE PRACTITIONER recommends that the subject of the petition receive. All service providers shall be notified regarding their inclusion in the written treatment plan. If the written treatment plan includes medication, it shall state whether such medication should be self-administered or administered by authorized personnel, and shall specify type and dosage range of medication most likely to provide maximum benefit for the subject. If the written treatment plan includes alcohol or substance abuse counseling and treatment, such plan may include a provision requiring relevant testing for either alcohol or illegal substances provided the physician's OR NURSE PRACTITIONER'S clinical basis for recommending such plan provides sufficient facts for the court to find (i) that such person has a history of alcohol or substance abuse that is clinically related to the mental illness; and (ii) that such testing is necessary to prevent a relapse or deterioration which would be likely to result in serious harm to the person or others. If a director is the petitioner, the written treatment plan shall be provided to the court no later than the date of the hearing on the petition. If a person other than a director is the petitioner, such plan shall be provided to the court no later than the date set by the court pursuant to paragraph three of subdivision (j) of this section.

(2) The physician OR NURSE PRACTITIONER appointed to develop the written treatment plan shall provide the following persons with an opportunity to actively participate in the development of such plan: the subject of the petition; the treating physician OR NURSE PRACTITIONER, if any; and upon the request of the subject of the petition, an individual significant to the subject including any relative, close friend or individual otherwise concerned with the welfare of the subject. If the subject of the petition has executed a health care proxy, the appointed physician OR NURSE PRACTITIONER shall consider any directions included in such proxy in developing the written treatment plan.

(3) The court shall not order assisted outpatient treatment unless a physician OR NURSE PRACTITIONER appearing on behalf of a director testifies to explain the written proposed treatment plan. Such physician OR NURSE PRACTITIONER shall state the categories of assisted outpatient treatment recommended, the rationale for each such category, facts which establish that such treatment is the least restrictive alternative, and, if the recommended assisted outpatient treatment plan includes medication, such physician OR NURSE PRACTITIONER shall state the types or classes of medication recommended, the beneficial and detrimental physical and mental effects of such medication, and whether such medication should be self-administered or administered by an authorized professional. If the subject of the petition has executed a health care proxy, such physician OR NURSE PRACTITIONER shall state the consideration given

1 to any directions included in such proxy in developing the written  
2 treatment plan. If a director is the petitioner, testimony pursuant to  
3 this paragraph shall be given at the hearing on the petition. If a  
4 person other than a director is the petitioner, such testimony shall be  
5 given on the date set by the court pursuant to paragraph three of subdivi-  
6 sion (j) of this section.

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

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

1 ing the assisted outpatient treatment program or to any hospital author-  
2 ized by the director of community services to receive such persons. Such  
3 law enforcement officials shall carry out such directive. Upon the  
4 request of such physician OR NURSE PRACTITIONER, the director, the  
5 director's designee, or any physician OR NURSE PRACTITIONER designated  
6 pursuant to section 9.37 of this article, an ambulance service, as  
7 defined by subdivision two of section three thousand one of the public  
8 health law, or an approved mobile crisis outreach team as defined in  
9 section 9.58 of this article shall be authorized to take into custody  
10 and transport any such person to the hospital operating the assisted  
11 outpatient treatment program, or to any other hospital authorized by the  
12 director of community services to receive such persons. Any director of  
13 community services, or designee, shall be authorized to direct the  
14 removal of an assisted outpatient who is present in his or her county to  
15 an appropriate hospital, in accordance with the provisions of this  
16 subdivision, based upon a determination of the appropriate director of  
17 community services directing the removal of such assisted outpatient  
18 pursuant to this subdivision. Such person may be retained for observa-  
19 tion, care and treatment and further examination in the hospital for up  
20 to seventy-two hours to permit a physician OR NURSE PRACTITIONER to  
21 determine whether such person has a mental illness and is in need of  
22 involuntary care and treatment in a hospital pursuant to the provisions  
23 of this article. Any continued involuntary retention in such hospital  
24 beyond the initial seventy-two hour period shall be in accordance with  
25 the provisions of this article relating to the involuntary admission and  
26 retention of a person. If at any time during the seventy-two hour period  
27 the person is determined not to meet the involuntary admission and  
28 retention provisions of this article, and does not agree to stay in the  
29 hospital as a voluntary or informal patient, he or she must be released.  
30 Failure to comply with an order of assisted outpatient treatment shall  
31 not be grounds for involuntary civil commitment or a finding of contempt  
32 of court.

33 S 12. This act shall take effect immediately; provided, however, that:  
34 a. The amendments to subdivision (a) of section 9.37 of the mental  
35 hygiene law made by section four of this act shall be subject to the  
36 expiration and reversion of such subdivision pursuant to section 21 of  
37 chapter 723 of the laws of 1989, as amended, when upon such date the  
38 provisions of section five of this act shall take effect;  
39 b. The amendments to subdivisions (b) and (c) of section 9.40 of the  
40 mental hygiene law made by section six of this act shall not affect the  
41 repeal of such section and shall be deemed repealed therewith;  
42 c. The amendments to sections 9.55 and 9.57 of the mental hygiene law  
43 made by sections seven and nine of this act shall be subject to the  
44 expiration and reversion of such sections pursuant to section 21 of  
45 chapter 723 of the laws of 1989, as amended, when upon such date the  
46 provisions of sections eight and ten of this act shall take effect; and  
47 d. The amendments to section 9.60 of the mental hygiene law made by  
48 section eleven of this act shall not affect the repeal of such section  
49 and shall be deemed repealed therewith.