

# STATE OF NEW YORK

6934

2023-2024 Regular Sessions

## IN ASSEMBLY

May 9, 2023

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Higher Education

AN ACT to amend the mental hygiene law, in relation to the scope of practice of psychiatric nurse practitioners

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 48 of section 1.03 of the mental hygiene law,  
2 as added by chapter 223 of the laws of 1992, is amended and two new  
3 subdivisions 13 and 14 are added to read as follows:

4 13. "Nurse practitioner" means a nurse practitioner certified pursuant  
5 to section sixty-nine hundred ten of the education law, practicing with-  
6 in his or her scope of practice.

7 14. "Psychiatric nurse practitioner" means a nurse practitioner certi-  
8 fied by the department of education as a psychiatric nurse practitioner.

9 48. "Practitioner" shall mean a physician, nurse practitioner,  
10 dentist, podiatrist, veterinarian, scientific investigator, or other  
11 person licensed, or otherwise permitted to dispense, administer, or  
12 conduct research with respect to a controlled substance in the course of  
13 a licensed professional practice or research licensed pursuant to this  
14 article. Such person shall be deemed a "practitioner" only as to such  
15 substances, or conduct relating to such substances, as is permitted by  
16 his license, permit, or otherwise permitted by law.

17 § 2. Section 9.01 of the mental hygiene law, as amended by chapter 723  
18 of the laws of 1989 and the 7th undesignated paragraph as amended by  
19 chapter 595 of the laws of 2000, is amended to read as follows:

20 § 9.01 Definitions.

21 As used in this article:

22 (a) "in need of care and treatment" means that a person has a mental  
23 illness for which in-patient care and treatment in a hospital is appro-  
24 priate.

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

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1 (b) "in need of involuntary care and treatment" means that a person  
2 has a mental illness for which care and treatment as a patient in a  
3 hospital is essential to such person's welfare and whose judgment is so  
4 impaired that he is unable to understand the need for such care and  
5 treatment.

6 (c) "likelihood to result in serious harm" or "likely to result in  
7 serious harm" means ~~[(a)]~~;

8 1. a substantial risk of physical harm to the person as manifested by  
9 threats of or attempts at suicide or serious bodily harm or other  
10 conduct demonstrating that the person is dangerous to himself or  
11 herself~~[r]~~; or

12 ~~[(b)]~~ 2. a substantial risk of physical harm to other persons as mani-  
13 fested by homicidal or other violent behavior by which others are placed  
14 in reasonable fear of serious physical harm.

15 (d) "need for retention" means that a person who has been admitted to  
16 a hospital pursuant to this article is in need of involuntary care and  
17 treatment in a hospital for a further period.

18 (e) "record" of a patient shall consist of admission, transfer or  
19 retention papers and orders, and accompanying data required by this  
20 article and by the regulations of the commissioner.

21 (f) "director of community services" means the director of community  
22 services for the mentally disabled appointed pursuant to article forty-  
23 one of this chapter.

24 (g) "qualified psychiatrist" means a physician licensed to practice  
25 medicine in New York state who:

26 ~~[(a)]~~ 1. is a diplomate of the American board of psychiatry and  
27 neurology or is eligible to be certified by that board; or

28 ~~[(b)]~~ 2. is certified by the American osteopathic board of neurology  
29 and psychiatry or is eligible to be certified by that board.

30 (h) "qualified psychiatric nurse practitioner" means a psychiatric  
31 nurse practitioner who has received a relevant board certification from  
32 a national accrediting body or is eligible to be certified by such  
33 board.

34 § 3. Section 9.05 of the mental hygiene law, as renumbered by chapter  
35 978 of the laws of 1977, is amended to read as follows:

36 § 9.05 Examining physicians or nurse practitioners and medical certifi-  
37 cates.

38 (a) A person is disqualified from acting as an examining physician or  
39 nurse practitioner in the following cases:

40 1. if he or she is a relative of the person applying for the admission  
41 or of the person alleged to be mentally ill.

42 2. if he or she is a manager, trustee, visitor, proprietor, officer,  
43 director, or stockholder of the hospital in which the patient is hospi-  
44 talized or to which it is proposed to admit such person, except as  
45 otherwise provided in this chapter, or if he has any pecuniary interest,  
46 directly or indirectly, in such hospital, provided that receipt of fees,  
47 privileges, or compensation for treating or examining patients in such  
48 hospital shall not be deemed to be a pecuniary interest.

49 3. if he or she is on the staff of a proprietary facility to which it  
50 is proposed to admit such person.

51 (b) A certificate, as required by this article, must show that the  
52 person is mentally ill and shall be based on an examination of the  
53 person alleged to be mentally ill made within ten days prior to the date  
54 of admission. The date of the certificate shall be the date of such  
55 examination. All certificates shall contain the facts and circumstances  
56 upon which the judgment of the examining physicians or nurse practition-

1 ers is based and shall show that the condition of the person examined is  
2 such that he needs involuntary care and treatment in a hospital and such  
3 other information as the commissioner may by regulation require.

4 § 4. Subdivision (a), paragraph 11 of subdivision (b), and subdivi-  
5 sions (d), (e) and (i) of section 9.27 of the mental hygiene law, subdivi-  
6 sions (a), (d) and (e) as renumbered by chapter 978 of the laws of  
7 1977, paragraph 11 of subdivision (b) as added by chapter 343 of the  
8 laws of 1985, and subdivision (i) as amended by chapter 847 of the laws  
9 of 1987, are amended to read as follows:

10 (a) The director of a hospital may receive and retain therein as a  
11 patient any person alleged to be mentally ill and in need of involuntary  
12 care and treatment upon the certificates of two examining physicians,  
13 nurse practitioners, or a combination thereof, accompanied by an appli-  
14 cation for the admission of such person. The examination may be  
15 conducted jointly but each examining physician and/or nurse practitioner  
16 shall execute a separate certificate.

17 11. a qualified psychiatrist or psychiatric nurse practitioner who is  
18 either supervising the treatment of or treating such person for a mental  
19 illness in a facility licensed or operated by the office of mental  
20 health.

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, nurse practitioner, or  
29 psychologist furnishing such prior treatment prior to completing his or  
30 her certificate. Nothing in this section shall prohibit or invalidate  
31 any involuntary admission made in accordance with the provisions of this  
32 chapter.

33 (e) The director of the hospital where such person is brought shall  
34 cause such person to be examined forthwith by a physician or nurse prac-  
35 titioner who shall be a member of the psychiatric staff of such hospital  
36 other than the original examining physicians and/or nurse practitioners  
37 whose certificate or certificates accompanied the application and, if  
38 such person is found to be in need of involuntary care and treatment, he  
39 or she may be admitted thereto as a patient as herein provided.

40 (i) After an application for the admission of a person has been  
41 completed and [~~both~~] the physicians and/or nurse practitioners have  
42 examined such person and separately certified that he or she is mentally  
43 ill and in need of involuntary care and treatment in a hospital, either  
44 physician or nurse practitioner is authorized to request peace officers,  
45 when acting pursuant to their special duties, or police officers, who  
46 are members of an authorized police department or force or of a sher-  
47 iff's department, to take into custody and transport such person to a  
48 hospital for determination by the director whether such person qualifies  
49 for admission pursuant to this section. Upon the request of either  
50 physician or nurse practitioner, an ambulance service, as defined by  
51 subdivision two of section three thousand one of the public health law,  
52 is authorized to transport such person to a hospital for determination  
53 by the director whether such person qualifies for admission pursuant to  
54 this section.

55 § 5. Subdivisions (a) and (c) of section 9.37 of the mental hygiene  
56 law, subdivision (a) as amended by chapter 723 of the laws of 1989, and

1 subdivision (c) as amended by chapter 230 of the laws of 2004, are  
2 amended to read as follows:

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

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

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

1 made by the director of community services to locate a designated exam-  
2 ining physician or nurse practitioner prior to making an application  
3 pursuant to this subdivision.

4 § 6. Subdivision (a) of section 9.37 of the mental hygiene law, as  
5 amended by chapter 251 of the laws of 1972, is amended to read as  
6 follows:

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

15 1. substantial risk of physical harm to himself or herself as mani-  
16 fested by threats of or attempts at suicide or serious bodily harm or  
17 other conduct demonstrating that he or she is dangerous to himself[~~r~~] or  
18 herself; or

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

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

39 § 7. Subdivision (a) of section 9.39 of the mental hygiene law, as  
40 amended by chapter 789 of the laws of 1985, is amended to read as  
41 follows:

42 (a) The director of any hospital maintaining adequate staff and facil-  
43 ities for the observation, examination, care, and treatment of persons  
44 alleged to be mentally ill and approved by the commissioner to receive  
45 and retain patients pursuant to this section may receive and retain  
46 therein as a patient for a period of fifteen days any person alleged to  
47 have a mental illness for which immediate observation, care, and treat-  
48 ment in a hospital is appropriate and which is likely to result in seri-  
49 ous harm to himself or herself or others. "Likelihood to result in seri-  
50 ous harm" as used in this article shall mean:

51 1. substantial risk of physical harm to himself or herself as mani-  
52 fested by threats of or attempts at suicide or serious bodily harm or  
53 other conduct demonstrating that he or she is dangerous to himself[~~r~~] or  
54 herself; or

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

4 The director shall cause to be entered upon the hospital records the  
5 name of the person or persons, if any, who have brought such person to  
6 the hospital and the details of the circumstances leading to the hospi-  
7 talization of such person.

8 The director shall admit such person pursuant to the provisions of  
9 this section only if a staff physician or psychiatric nurse practitioner  
10 of the hospital upon examination of such person finds that such person  
11 qualifies under the requirements of this section. Such person shall not  
12 be retained for a period of more than forty-eight hours unless within  
13 such period such finding is confirmed after examination by another  
14 physician or psychiatric nurse practitioner who shall be a member of the  
15 psychiatric staff of the hospital. Such person shall be served, at the  
16 time of admission, with written notice of his or her status and rights  
17 as a patient under this section. Such notice shall contain the patient's  
18 name. At the same time, such notice shall also be given to the mental  
19 hygiene legal service and personally or by mail to such person or  
20 persons, not to exceed three in number, as may be designated in writing  
21 to receive such notice by the person alleged to be mentally ill. If at  
22 any time after admission, the patient, any relative, friend, or the  
23 mental hygiene legal service gives notice to the director in writing of  
24 request for court hearing on the question of need for immediate observa-  
25 tion, care, and treatment, a hearing shall be held as herein provided as  
26 soon as practicable but in any event not more than five days after such  
27 request is received, except that the commencement of such hearing may be  
28 adjourned at the request of the patient. It shall be the duty of the  
29 director upon receiving notice of such request for hearing to forward  
30 forthwith a copy of such notice with a record of the patient to the  
31 supreme court or county court in the county where such hospital is  
32 located. A copy of such notice and record shall also be given to the  
33 mental hygiene legal service. The court which receives such notice shall  
34 fix the date of such hearing and cause the patient or other person  
35 requesting the hearing, the director, the mental hygiene legal service  
36 and such other persons as the court may determine to be advised of such  
37 date. Upon such date, or upon such other date to which the proceeding  
38 may be adjourned, the court shall hear testimony and examine the person  
39 alleged to be mentally ill, if it be deemed advisable in or out of  
40 court, and shall render a decision in writing that there is reasonable  
41 cause to believe that the patient has a mental illness for which immedi-  
42 ate inpatient care and treatment in a hospital is appropriate and which  
43 is likely to result in serious harm to himself or herself or others. If  
44 it be determined that there is such reasonable cause, the court shall  
45 forthwith issue an order authorizing the retention of such patient for  
46 any such purpose or purposes in the hospital for a period not to exceed  
47 fifteen days from the date of admission. Any such order entered by the  
48 court shall not be deemed to be an adjudication that the patient is  
49 mentally ill, but only a determination that there is reasonable cause to  
50 retain the patient for the purposes of this section.

51 § 8. Subdivisions (b) and (c) of section 9.40 of the mental hygiene  
52 law, subdivision (b) as amended by section 2 of part PPP of chapter 58  
53 of the laws of 2020, and subdivision (c) as added by chapter 723 of the  
54 laws of 1989, are amended to read as follows:

55 (b) The director shall cause examination of such persons not  
56 discharged after the provision of triage and referral services to be

1 initiated by a staff physician or psychiatric nurse practitioner of the  
2 program as soon as practicable and in any event within six hours after  
3 the person is received into the program's emergency room. Such person  
4 may be retained for observation, care, and treatment and further exam-  
5 ination for up to twenty-four hours if, at the conclusion of such exam-  
6 ination, such physician or psychiatric nurse practitioner determines  
7 that such person may have a mental illness for which immediate observa-  
8 tion, care, and treatment in a comprehensive psychiatric emergency  
9 program is appropriate, and which is likely to result in serious harm to  
10 the person or others.

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

32 § 9. Paragraph 2 of subdivision (d) of section 9.51 of the mental  
33 hygiene law, as amended by section 1 of part NNN of chapter 58 of the  
34 laws of 2020, is amended to read as follows:

35 (2) Proper treatment of the individual's psychiatric condition  
36 requires in-patient care and treatment under the direction of a physi-  
37 cian or psychiatric nurse practitioner; and

38 § 10. Section 9.55 of the mental hygiene law, as amended by chapter  
39 598 of the laws of 1994, is amended to read as follows:

40 § 9.55 Emergency admissions for immediate observation, care, and treat-  
41 ment; powers of qualified psychiatrists and psychiatric nurse  
42 practitioners.

43 A qualified psychiatrist or qualified psychiatric nurse practitioner  
44 shall have the power to direct the removal of any person, whose treat-  
45 ment for a mental illness he or she is either supervising or providing  
46 in a facility licensed or operated by the office of mental health which  
47 does not have an inpatient psychiatric service, to a hospital approved  
48 by the commissioner pursuant to subdivision (a) of section 9.39 of this  
49 article or to a comprehensive psychiatric emergency program, if he or  
50 she determines upon examination of such person that such person appears  
51 to have a mental illness for which immediate observation, care and  
52 treatment in a hospital is appropriate and which is likely to result in  
53 serious harm to himself or herself or others. Upon the request of such  
54 qualified psychiatrist or qualified psychiatric nurse practitioner,  
55 peace officers, when acting pursuant to their special duties, or police  
56 officers, who are members of an authorized police department or force or

1 of a sheriff's department shall take into custody and transport any such  
2 person. Upon the request of a qualified psychiatrist or qualified  
3 psychiatric nurse practitioner, an ambulance service, as defined by  
4 subdivision two of section three thousand one of the public health law,  
5 is authorized to transport any such person. Such person may then be  
6 admitted to a hospital in accordance with the provisions of section 9.39  
7 of this article or to a comprehensive psychiatric emergency program in  
8 accordance with the provisions of section 9.40 of this article.

9 § 11. Section 9.55 of the mental hygiene law, as amended by chapter  
10 847 of the laws of 1987, is amended to read as follows:

11 § 9.55 Emergency admissions for immediate observation, care, and treat-  
12 ment; powers of qualified psychiatrists and qualified psychi-  
13 atric nurse practitioners.

14 A qualified psychiatrist or qualified psychiatric nurse practitioner  
15 shall have the power to direct the removal of any person, whose treat-  
16 ment for a mental illness he or she is either supervising or providing  
17 in a facility licensed or operated by the office of mental health which  
18 does not have an inpatient psychiatric service, to a hospital approved  
19 by the commissioner pursuant to subdivision (a) of section 9.39 of this  
20 article, if he or she determines upon examination of such person that  
21 such person appears to have a mental illness for which immediate obser-  
22 vation, care and treatment in a hospital is appropriate and which is  
23 likely to result in serious harm to himself or herself or others, as  
24 defined in section 9.39 of this article. Upon the request of such quali-  
25 fied psychiatrist or qualified psychiatric nurse practitioner, peace  
26 officers, when acting pursuant to their special duties, or police offi-  
27 cers, who are members of an authorized police department or force or of  
28 a sheriff's department shall take into custody and transport any such  
29 person. Upon the request of a qualified psychiatrist or qualified  
30 psychiatric nurse practitioner, an ambulance service, as defined by  
31 subdivision two of section three thousand one of the public health law,  
32 is authorized to transport any such person. Such person may then be  
33 admitted in accordance with the provisions of section 9.39 of this arti-  
34 cle.

35 § 12. Section 9.57 of the mental hygiene law, as amended by chapter  
36 598 of the laws of 1994, is amended to read as follows:

37 § 9.57 Emergency admissions for immediate observation, care and treat-  
38 ment; powers of emergency room physicians and psychiatric  
39 nurse practitioners.

40 A physician or psychiatric nurse practitioner who has examined a  
41 person in an emergency room or provided emergency medical services at a  
42 general hospital, as defined in article twenty-eight of the public  
43 health law, which does not have an inpatient psychiatric service, or a  
44 physician or psychiatric nurse practitioner who has examined a person in  
45 a comprehensive psychiatric emergency program shall be authorized to  
46 request that the director of the program or hospital, or the director's  
47 designee, direct the removal of such person to a hospital approved by  
48 the commissioner pursuant to subdivision (a) of section 9.39 of this  
49 article or to a comprehensive psychiatric emergency program, if the  
50 physician or psychiatric nurse practitioner determines upon examination  
51 of such person that such person appears to have a mental illness for  
52 which immediate care and treatment in a hospital is appropriate and  
53 which is likely to result in serious harm to himself or herself or  
54 others. Upon the request of the physician or psychiatric nurse practi-  
55 tioner, the director of the program or hospital, or the director's  
56 designee, is authorized to direct peace officers, when acting pursuant



1 to their special duties, or police officers, who are members of an  
2 authorized police department or force or of a sheriff's department to  
3 take into custody and transport any such person. Upon the request of an  
4 emergency room physician or psychiatric nurse practitioner, or the  
5 director of the program or hospital, or the director's designee, an  
6 ambulance service, as defined by subdivision two of section three thou-  
7 sand one of the public health law, is authorized to take into custody  
8 and transport any such person. Such person may then be admitted to a  
9 hospital in accordance with the provisions of section 9.39 of this arti-  
10 cle or to a comprehensive psychiatric emergency program in accordance  
11 with the provisions of section 9.40 of this article.

12 § 13. Section 9.57 of the mental hygiene law, as amended by chapter  
13 847 of the laws of 1987, is amended to read as follows:

14 § 9.57 Emergency admissions for immediate observation, care and treat-  
15 ment; powers of emergency room physicians and psychiatric  
16 nurse practitioners.

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

41 § 14. Paragraph 2 of subdivision (d) of section 9.58 of the mental  
42 hygiene law, as amended by chapter 230 of the laws of 2004, is amended  
43 to read as follows:

44 (2) "Qualified mental health professional" shall mean a licensed  
45 psychologist, registered professional nurse, licensed clinical social  
46 worker or a licensed master social worker under the supervision of a  
47 physician, psychiatric nurse practitioner, psychologist, or licensed  
48 clinical social worker.

49 § 15. Subparagraph (iii) of paragraph 4 of subdivision (c), subpara-  
50 graph (v) of paragraph 1 and paragraphs 3 and 4 of subdivision (e),  
51 paragraphs 1, 2, 3 and 4 of subdivision (h), subdivision (i), paragraph  
52 2 of subdivision (k), and subdivision (n) of section 9.60 of the mental  
53 hygiene law, subparagraph (iii) of paragraph 4 of subdivision (c) and  
54 paragraph 2 of subdivision (h) as amended by section 2 of subpart H of  
55 part UU of chapter 56 of the laws of 2022, subparagraph (v) of paragraph  
56 1 and paragraph 3 of subdivision (e), paragraphs 1, 3 and 4 of subdivi-

1 sion (h), and subdivision (i) as amended by chapter 158 of the laws of  
2 2005, paragraph 4 of subdivision (e) as amended by chapter 382 of the  
3 laws of 2015, and paragraph 2 of subdivision (k) and subdivision (n) as  
4 amended by chapter 1 of the laws of 2013, are amended to read as  
5 follows:

6 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,  
7 resulted in the issuance of a court order for assisted outpatient treat-  
8 ment which has expired within the last six months, and since the expira-  
9 tion of the order, the person has experienced a substantial increase in  
10 symptoms of mental illness and such symptoms substantially interferes  
11 with or limits one or more major life activities as determined by a  
12 director of community services who previously was required to coordinate  
13 and monitor the care of any individual who was subject to such expired  
14 assisted outpatient treatment order. The applicable director of communi-  
15 ty services or their designee shall arrange for the individual to be  
16 evaluated by a physician or psychiatric nurse practitioner. If the  
17 physician or psychiatric nurse practitioner determines court ordered  
18 services are clinically necessary and the least restrictive option, the  
19 director of community services may initiate a court proceeding[-]; and

20 (v) a qualified psychiatrist or qualified psychiatric nurse practi-  
21 tioner who is either supervising the treatment of or treating the  
22 subject of the petition for a mental illness; or

23 (3) The petition shall be accompanied by an affirmation or affidavit  
24 of a physician or psychiatric nurse practitioner, who shall not be the  
25 petitioner, stating either that:

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

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

40 (4) In counties with a population of less than eighty thousand, the  
41 affirmation or affidavit required by paragraph three of this subdivision  
42 may be made by a physician or psychiatric 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 psychiatric nurse prac-  
45 itioner for the purpose of making such affirmation or affidavit  
46 consistent with the provisions of such paragraph.

47 (1) Upon receipt of the petition, the court shall fix the date for a  
48 hearing. Such date shall be no later than three days from the date such  
49 petition is received by the court, excluding Saturdays, Sundays and  
50 holidays. Adjournments shall be permitted only for good cause shown. In  
51 granting adjournments, the court shall consider the need for further  
52 examination by a physician or psychiatric 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 psychiatric nurse practitioner whose affirma-

1 tion or affidavit accompanied the petition, and such other persons as  
2 the court may determine to be advised of such date. Upon such date, or  
3 upon such other date to which the proceeding may be adjourned, the court  
4 shall hear testimony and, if it be deemed advisable and the subject of  
5 the petition is available, examine the subject of the petition in or out  
6 of court. If the subject of the petition does not appear at the hearing,  
7 and appropriate attempts to elicit the attendance of the subject have  
8 failed, the court may conduct the hearing in the subject's absence. In  
9 such case, the court shall set forth the factual basis for conducting  
10 the hearing 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 psychiatric nurse practitioner, who recommends  
13 assisted outpatient treatment and has personally examined the subject of  
14 the petition no more than ten days before the filing of the petition,  
15 testifies in person or by video conference at the hearing. Provided  
16 however, a physician or psychiatric nurse practitioner shall only be  
17 authorized to testify by video conference when it has been: (i) shown  
18 that diligent efforts have been made to attend such hearing in person  
19 and the subject of the petition consents to the physician or psychiatric  
20 nurse practitioner testifying by video conference; or (ii) the court  
21 orders the physician or psychiatric nurse practitioner to testify by  
22 video conference upon a finding of good cause. Such physician or psychi-  
23 atric nurse practitioner shall state the facts and clinical determi-  
24 nations which support the allegation that the subject of the petition  
25 meets each of the criteria for assisted outpatient treatment.

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

48 (4) A physician or psychiatric nurse practitioner who testifies pursu-  
49 ant to paragraph two of this subdivision shall state: (i) the facts  
50 which support the allegation that the subject meets each of the criteria  
51 for assisted outpatient treatment, (ii) that the treatment is the least  
52 restrictive alternative, (iii) the recommended assisted outpatient  
53 treatment, and (iv) the rationale for the recommended assisted outpa-  
54 tient treatment. If the recommended assisted outpatient treatment  
55 includes medication, such physician's or psychiatric nurse practition-  
56 er's testimony shall describe the types or classes of medication which

1 should be authorized, shall describe the beneficial and detrimental  
2 physical and mental effects of such medication, and shall recommend  
3 whether such medication should be self-administered or administered by  
4 authorized personnel.

5 (i) Written treatment plan. (1) The court shall not order assisted  
6 outpatient treatment unless a physician or psychiatric nurse practition-  
7 er appointed by the appropriate director, in consultation with such  
8 director, develops and provides to the court a proposed written treat-  
9 ment plan. The written treatment plan shall include case management  
10 services or assertive community treatment team services to provide care  
11 coordination. The written treatment plan also shall include all catego-  
12 ries of services, as set forth in paragraph one of subdivision (a) of  
13 this section, which such physician or psychiatric nurse practitioner  
14 recommends that the subject of the petition receive. All service provid-  
15 ers shall be notified regarding their inclusion in the written treatment  
16 plan. If the written treatment plan includes medication, it shall state  
17 whether such medication should be self-administered or administered by  
18 authorized personnel, and shall specify type and dosage range of medica-  
19 tion most likely to provide maximum benefit for the subject. If the  
20 written treatment plan includes alcohol or substance abuse counseling  
21 and treatment, such plan may include a provision requiring relevant  
22 testing for either alcohol or illegal substances provided the physi-  
23 cian's or psychiatric nurse practitioner's clinical basis for recommend-  
24 ing such plan provides sufficient facts for the court to find (i) that  
25 such person has a history of alcohol or substance abuse that is clin-  
26 ically related to the mental illness; and (ii) that such testing is  
27 necessary to prevent a relapse or deterioration which would be likely to  
28 result in serious harm to the person or others. If a director is the  
29 petitioner, the written treatment plan shall be provided to the court no  
30 later than the date of the hearing on the petition. If a person other  
31 than a director is the petitioner, such plan shall be provided to the  
32 court no later than the date set by the court pursuant to paragraph  
33 three of subdivision (j) of this section.

34 (2) The physician or psychiatric nurse practitioner appointed to  
35 develop the written treatment plan shall provide the following persons  
36 with an opportunity to actively participate in the development of such  
37 plan: the subject of the petition; the treating physician or psychiatric  
38 nurse practitioner, if any; and upon the request of the subject of the  
39 petition, an individual significant to the subject including any rela-  
40 tive, close friend or individual otherwise concerned with the welfare of  
41 the subject. If the subject of the petition has executed a health care  
42 proxy, the appointed physician or psychiatric nurse practitioner shall  
43 consider any directions included in such proxy in developing the written  
44 treatment plan.

45 (3) The court shall not order assisted outpatient treatment unless a  
46 physician or psychiatric nurse practitioner appearing on behalf of a  
47 director testifies to explain the written proposed treatment plan. Such  
48 physician or psychiatric nurse practitioner shall state the categories  
49 of assisted outpatient treatment recommended, the rationale for each  
50 such category, facts which establish that such treatment is the least  
51 restrictive alternative, and, if the recommended assisted outpatient  
52 treatment plan includes medication, such physician or psychiatric nurse  
53 practitioner shall state the types or classes of medication recommended,  
54 the beneficial and detrimental physical and mental effects of such medi-  
55 cation, and whether such medication should be self-administered or  
56 administered by an authorized professional. If the subject of the peti-

1 tion has executed a health care proxy, such physician or psychiatric  
2 nurse practitioner shall state the consideration given to any directions  
3 included in such proxy in developing the written treatment plan. If a  
4 director is the petitioner, testimony pursuant to this paragraph shall  
5 be given at the hearing on the petition. If a person other than a direc-  
6 tor is the petitioner, such testimony shall be given on the date set by  
7 the court pursuant to paragraph three of subdivision (j) of this  
8 section.

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

32 (n) Failure to comply with assisted outpatient treatment. Where in the  
33 clinical judgment of a physician or psychiatric nurse practitioner, (i)  
34 the assisted outpatient[~~r~~] has failed or refused to comply with the  
35 assisted outpatient treatment, (ii) efforts were made to solicit compli-  
36 ance, and (iii) such assisted outpatient may be in need of involuntary  
37 admission to a hospital pursuant to section 9.27 of this article or  
38 immediate observation, care, and treatment pursuant to section 9.39 or  
39 9.40 of this article, such physician or psychiatric nurse practitioner  
40 may request the appropriate director of community services, the direc-  
41 tor's designee, or any physician or psychiatric nurse practitioner  
42 designated by the director of community services pursuant to section  
43 9.37 of this article, to direct the removal of such assisted outpatient  
44 to an appropriate hospital for an examination to determine if such  
45 person has a mental illness for which hospitalization is necessary  
46 pursuant to section 9.27, 9.39, or 9.40 of this article. Furthermore, if  
47 such assisted outpatient refuses to take medications as required by the  
48 court order, or he or she refuses to take, or fails a blood test, urina-  
49 lysis, or alcohol or drug test as required by the court order, such  
50 physician or psychiatric nurse practitioner may consider such refusal or  
51 failure when determining whether the assisted outpatient is in need of  
52 an examination to determine whether he or she has a mental illness for  
53 which hospitalization is necessary. Upon the request of such physician  
54 or psychiatric nurse practitioner, the appropriate director, the direc-  
55 tor's designee, or any physician or psychiatric nurse practitioner  
56 designated pursuant to section 9.37 of this article, may direct peace

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

37 § 16. Subdivisions (d), (e) and (f) of section 33.04 of the mental  
38 hygiene law, subdivisions (d) and (f) as added by chapter 779 of the  
39 laws of 1977, and subdivisions (d) and (f) as renumbered and subdivision  
40 (e) as amended by chapter 334 of the laws of 1980, are amended to read  
41 as follows:

42 (d) Restraint shall be [~~effected~~] affected only by written order of a  
43 physician or psychiatric nurse practitioner after a personal examination  
44 of the patient except in an emergency situation, as provided by subdivi-  
45 sion (e) of this section. The order shall set forth the facts justifying  
46 the restraint and shall specify the nature of the restraint and any  
47 conditions for maintaining the restraint. The order shall also set forth  
48 the time of expiration of the authorization, with such order to apply  
49 for a period of no more than four hours, provided, however, that any  
50 such order imposing restraint after nine o'clock p.m. may extend until  
51 nine o'clock a.m. of the next day. A full record of restraint, includ-  
52 ing all signed orders of physicians or psychiatric nurse practitioners,  
53 shall be kept in the patient's file and shall be subject to inspection  
54 by authorized persons.

55 (e) If an emergency situation exists in which the patient is engaging  
56 in activity that presents an immediate danger to himself or herself or

1 others and a physician is not immediately available, restraint may be  
2 [~~effected~~] affected only to the extent necessary to prevent the patient  
3 from injuring himself or herself or others at the direction of the  
4 senior member of the staff who is present. The senior staff member  
5 shall cause a physician or psychiatric nurse practitioner to be imme-  
6 diately summoned and shall record the time of the call and the person  
7 contacted. Pending the arrival of a physician or psychiatric nurse  
8 practitioner, the patient shall be kept under constant supervision. If a  
9 physician or psychiatric nurse practitioner does not arrive within thir-  
10 ty minutes of being summoned, the senior staff member shall record any  
11 such delay in the patient's clinical record and also place into the  
12 patient's clinical record a written description of the facts justifying  
13 the emergency restraint which shall specify the nature of the restraint  
14 and any conditions for maintaining the restraint until the arrival of a  
15 physician or psychiatric nurse practitioner, the reasons why less  
16 restrictive forms of restraint were not used, and a description of the  
17 steps taken to assure that the patient's needs, comfort, and safety were  
18 properly cared for. Such physician or psychiatric nurse practitioner  
19 shall place in the clinical record an explanation for any such delay.

20 (f) During the time that a patient is in restraint, he or she shall be  
21 monitored to see that his or her physical needs, comfort, and safety are  
22 properly cared for. An assessment of the patient's condition shall be  
23 made at least once every thirty minutes or at more frequent intervals as  
24 directed by a physician or psychiatric nurse practitioner. The assess-  
25 ment shall be recorded and placed in the patient's file. A patient in  
26 restraint shall be released from restraint at least every two hours,  
27 except when asleep. If at any time a patient upon being released from  
28 restraint makes no overt gestures that would threaten serious harm or  
29 injury to himself or herself or others, restraint shall not be reimposed  
30 and a physician or psychiatric nurse practitioner shall be immediately  
31 notified. Restraint shall not be reimposed in such situation unless, in  
32 the physician's or psychiatric nurse practitioner's professional judg-  
33 ment, release would be harmful to the patient or others.

34 § 17. This act shall take effect immediately; provided, however, that  
35 the amendments to:

36 a. subdivision (a) of section 9.37 of the mental hygiene law made by  
37 section five of this act shall be subject to the expiration and rever-  
38 sion of such subdivision pursuant to section 21 of chapter 723 of the  
39 laws of 1989, as amended, when upon such date the provisions of section  
40 six of this act shall take effect;

41 b. subdivisions (b) and (c) of section 9.40 of the mental hygiene law  
42 made by section eight of this act shall not affect the repeal of such  
43 section and shall be deemed repealed therewith;

44 c. section 9.55 of the mental hygiene law made by section ten of this  
45 act shall be subject to the expiration and reversion of such section  
46 pursuant to section 21 of chapter 723 of the laws of 1989, as amended,  
47 when upon such date the provisions of section eleven of this act shall  
48 take effect;

49 d. section 9.57 of the mental hygiene law made by section twelve of  
50 this act shall be subject to the expiration and reversion of such  
51 section pursuant to section 21 of chapter 723 of the laws of 1989, as  
52 amended, when upon such date the provisions of section thirteen of this  
53 act shall take effect; and

54 e. subparagraph (iii) of paragraph 4 of subdivision (c), subparagraph  
55 (v) of paragraph 1 and paragraphs 3 and 4 of subdivision (e), paragraphs  
56 1, 2, 3 and 4 of subdivision (h), subdivision (i), paragraph 2 of subdi-

1 vision (k), and subdivision (n) of section 9.60 of the mental hygiene  
2 law made by section fifteen of this act shall not affect the repeal of  
3 such section and shall be deemed repealed therewith.