STATE OF NEW YORK

1729

2025-2026 Regular Sessions

IN SENATE

January 13, 2025

Introduced by Sen. BROUK -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to comprehensive psychiatric emergency programs

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

Section 1. Section 31.27 of the mental hygiene law is amended by adding a new subdivision (i) to read as follows:

(i) The commissioner and the commissioner of health shall prepare a report to be submitted to the governor, the temporary president of the senate, and the speaker of the assembly. Such report shall be submitted no later than December first, two thousand twenty-seven; and every two years thereafter. Such report shall include, but not be limited to:

(i) The number of comprehensive psychiatric emergency programs operating in the state;

(ii) The number of individuals admitted to the comprehensive psychiatric emergency programs, including the number of individuals admitted to the comprehensive psychiatric emergency programs that:

(A) did not need the level of care the programs administer;

(B) needed more acute care; and

(C) received the correct level of care;

(iii) The average wait times in the comprehensive psychiatric emergency programs;

(iv) The number of individuals successfully admitted to alternative care after their visit to the comprehensive psychiatric emergency programs;

(v) The demographics of those admitted to the comprehensive psychiatric emergency programs, including, but not limited to, age, race, gender, housing status and other factors;

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

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(vi) The rate at which individuals who seek care or are admitted to comprehensive psychiatric emergency programs that do not need the level of care provided by such programs;

(vii) The number of individuals who are released from comprehensive psychiatric emergency programs without successful placement after release, including individuals with no release plans; the number of individuals who had release plans with another service or provider; and the coordination efforts after an individual receives care from a comprehensive psychiatric emergency program;

(viii) The number of complaints related to care for each comprehensive psychiatric emergency program; and

(ix) Recommendations on how to best divert those with less acute needs away from comprehensive psychiatric emergency programs.

§ 2. This act shall take effect immediately; provided, however, that the amendments to subdivision (i) of section 31.27 of the mental hygiene law added by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith.