STATE OF NEW YORK

10490

IN ASSEMBLY

March 6, 2026

Introduced by M. of A. SLATER -- read once and referred to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to establishing Nicole's law

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

Section 1. This act shall be known and may be cited as "Nicole's law".

§ 2. The mental hygiene law is amended by adding a new section 9.61 to read as follows:

§ 9.61 Patients with self-inflicted, life-threatening injuries.

1. For the purposes of this section the following terms shall have the following meanings:

(a) "self-inflicted, life-threatening injuries" shall include suicide attempts, drug overdoses, and other self-harm injuries including but not limited to cutting oneself.

(b) "assisted outpatient services" shall mean categories of outpatient services including, but not limited to, case management services or assertive community treatment team services to provide care coordination, and may also include any of the following categories of services: medication; periodic blood tests or urinalysis to determine compliance with prescribed medications; individual or group therapy; day or partial day programming activities; educational and vocational training or activities; alcohol or substance abuse treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for persons with a history of alcohol or substance abuse; supervision of living arrangements; and any other services within a local services plan developed pursuant to article forty-one of this chapter, prescribed to treat the person's mental illness and to assist the person in living and functioning in the community, or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization.

(c) "assisted outpatient services provider" shall mean any organization which provides assisted outpatient services.

2. All hospitals operating in this state shall, with regard to intake practices, ensure the following when admitting patients with self-inflicted, life-threatening injuries:

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

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(a) examine each such patient's medical history to determine whether such patient has had any previous incidents of self-inflicted, life-threatening injuries; and

(b) reach out to any known family or caretaker of such patient for information about any previous instances of self-inflicted, life-threatening injuries.

3. Where a patient admitted with self-inflicted, life-threatening injuries is identified as having previous instances of self-inflicted, life-threatening injuries, the hospital shall:

(a) obtain such patient's previous hospital records to verify such previous instances of self-inflicted, life-threatening injuries;

(b) examine such patient's previous hospital records to determine which treatments were previously used in order to avoid repeating practices which failed such patient and led to repeated episodes of self-inflicted, life-threatening injuries;

(c) increase the minimum inpatient stay by an amount which shall be directed by the commissioner of health by rule and/or regulation for each previous instance of self-inflicted, life-threatening injuries; and

(d) make reasonable attempts to contact such patient's family or caretaker in order to receive insights on such patient's mental health history, and any other information which may be useful in such patient's treatment.

4. Where a patient is being discharged after having been admitted with self-inflicted, life-threatening injuries, the hospital shall:

(a) provide such patient's family or caretaker with notice of such patient's discharge at least forty-eight hours prior to such discharge;

(b) ensure that hospital staff conduct a meeting with such patient, which may include such patient's family or caretaker, to inform such patient on what is needed to recover and how to best manage their mental health;

(c) inform such patient of any assisted outpatient services providers that could be helpful in such patient's recovery; and

(d) conduct a follow-up post-discharge within a time frame which shall be established by the commissioner.

5. Where a patient is referred to an assisted outpatient services provider by a hospital pursuant to paragraph (c) of subdivision four of this section, such assisted outpatient services provider shall ensure that such patient receives priority access to its assisted outpatient services.

6. The operator of any clinical trial, as defined in section forty-nine hundred of the public health law, which dismisses an individual from consideration of participation because such individual indicates that they have made a suicide attempt or have been suicidal, shall provide such individual with the suicide crisis line, 1-800-273-8255, and whenever possible the contact information of a local assisted outpatient services provider. Such clinical trial operator shall also provide a positive message to such individual such as, "If you need help, I encourage you to seek that help, most importantly it will help you feel better and hopefully you will be able to participate in the future."

§ 3. This act shall take effect one year after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.