

STATE OF NEW YORK

10218

IN SENATE

May 6, 2026

Introduced by Sen. BOTTCHEr -- 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 the hospitalization, care coordination, and assisted outpatient treatment for persons with mental illness by qualified clinical examiners or qualified mental health professionals

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

1 Section 1. This act shall be known and may be cited as the "Harness
2 Expertise of Licensed Professionals Act" or the "H.E.L.P." act.

3 § 2. Section 9.01 of the mental hygiene law is amended by adding 2 new
4 subdivisions (h) and (i) to read as follows:

5 (h) "qualified clinical examiner" means a psychiatric nurse practitioner certified by the department of education, a psychologist licensed pursuant to article one hundred fifty-three of the education law, or a clinical social worker licensed pursuant to article one hundred fifty-four of the education law.

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10 (i) "qualified mental health professional" means a qualified clinical examiner, a professional nurse registered pursuant to article one hundred thirty-nine of the education law, or any of the following working under the supervision of a physician or qualified clinical examiner: a master social worker licensed pursuant to article one hundred fifty-four of the education law, a mental health counselor licensed pursuant to article one hundred sixty-three of the education law, or a marriage and family therapist licensed pursuant to article one hundred sixty-three of the education law.

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19 § 3. Section 9.05 of the mental hygiene law, as amended by section 2
20 of part EE of chapter 57 of the laws of 2025, is amended to read as
21 follows:

22 § 9.05 Examining physicians, qualified clinical examiners, examining
23 psychiatric nurse practitioners, and medical certificates.

24 (a) A person is disqualified from acting as an examining physician,
25 qualified clinical examiner, or examining psychiatric nurse practitioner
26 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 1. if they are a relative of the person applying for the admission or
2 of the person alleged to be mentally ill.

3 2. if they are a manager, trustee, visitor, proprietor, officer,
4 director, or stockholder of the hospital in which the patient is hospi-
5 talized or to which it is proposed to admit such person, except as
6 otherwise provided in this chapter, or if they have any pecuniary inter-
7 est, directly or indirectly, in such hospital, provided that receipt of
8 fees, privileges, or compensation for treating or examining patients in
9 such hospital shall not be deemed to be a pecuniary interest.

10 3. if they are on the staff of a proprietary facility to which it is
11 proposed to admit such person.

12 (b) A certificate, as required by this article, must show that the
13 person is mentally ill and shall be based on an examination of the
14 person alleged to be mentally ill made within ten days prior to the date
15 of admission. The date of the certificate shall be the date of such
16 examination. All certificates shall contain the facts and circumstances
17 upon which the judgment of the physician, qualified clinical examiner,
18 or psychiatric nurse practitioner is based and shall show that the
19 condition of the person examined is such that they need involuntary care
20 and treatment in a hospital and such other information as the commis-
21 sioner may by regulation require.

22 § 4. The section heading and subdivisions (a), (d), and (e) of section
23 9.27 of the mental hygiene law, the section heading as renumbered by
24 chapter 978 of the laws of 1977, subdivisions (a), (d), and (e) as
25 amended by section 3 of part EE of chapter 57 of the laws of 2025, are
26 amended to read as follows:

27 Involuntary admission on [~~medical~~] clinical certification.

28 (a) The director of a hospital may receive and retain therein as a
29 patient any person alleged to be mentally ill and in need of involuntary
30 care and treatment upon the certificates of two examining physicians,
31 two examining qualified clinical examiners or a combination of an exam-
32 ining physician and an examining qualified clinical examiner, or upon
33 the certificates of an examining physician and a psychiatric nurse prac-
34 titioner. Such certificates shall be accompanied by an application for
35 the admission of such person. The examination may be conducted jointly
36 but each certifying practitioner or qualified clinical examiner shall
37 execute a separate certificate.

38 (d) Before an examining physician, qualified clinical examiner or
39 psychiatric nurse practitioner completes the certificate of examination
40 of a person for involuntary care and treatment, they shall consider
41 alternative forms of care and treatment that might be adequate to
42 provide for the person's needs without requiring involuntary hospitali-
43 zation. If the examining physician, qualified clinical examiner or
44 psychiatric nurse practitioner knows that the person they are examining
45 for involuntary care and treatment has been under prior treatment, they
46 shall, insofar as [~~possible~~] reasonable, consult with the physician or
47 [~~psychologist~~] qualified mental health professional furnishing such
48 prior treatment prior to completing their certificate. Nothing in this
49 section shall prohibit or invalidate any involuntary admission made in
50 accordance with the provisions of this chapter.

51 (e) The director of the hospital where such person is brought shall
52 cause such person to be examined forthwith by a physician or qualified
53 clinical examiner who shall be a member of the psychiatric staff of such
54 hospital other than the original examining physicians or psychiatric
55 nurse practitioner whose certificate or certificates accompanied the
56 application and, if such person is found to be in need of involuntary

1 care and treatment, they may be admitted thereto as a patient as herein
2 provided.

3 § 5. Section 9.29 of the mental hygiene law, as renumbered by chapter
4 978 of the laws of 1977 and subdivision (a) as amended by chapter 789 of
5 the laws of 1985, is amended to read as follows:

6 § 9.29 Involuntary admission on ~~medical~~ clinical certification; notice
7 of admission to patients and others.

8 (a) The director shall cause written notice of a person's involuntary
9 admission on an application supported by ~~medical~~ clinical certifi-
10 cation to be given forthwith to the mental hygiene legal service.

11 (b) The director shall cause written notice of the admission of such
12 person, including such person's rights under this article, to be given
13 personally or by mail not later than five days, excluding Sunday and
14 holidays, after such admission to the following:

15 1. the nearest relative of the person alleged to be mentally ill,
16 other than the applicant, if there be any such person known to the
17 director.

18 2. as many as three additional persons, if designated in writing to
19 receive such notice by the person so admitted.

20 § 6. The section heading and subdivision (a) of section 9.31 of the
21 mental hygiene law, as renumbered by chapter 978 of the laws of 1977 and
22 subdivision (a) as amended by chapter 789 of the laws of 1985, are
23 amended to read as follows:

24 Involuntary admission on ~~medical~~ clinical certification; patient's
25 right to a hearing.

26 (a) If, at any time prior to the expiration of sixty days from the
27 date of involuntary admission of a patient on an application supported
28 by ~~medical~~ clinical certification, ~~he~~ such patient or any relative
29 or friend or the mental hygiene legal service gives notice in writing to
30 the director of request for hearing on the question of need for involun-
31 tary care and treatment, a hearing shall be held as herein provided. The
32 patient or person requesting a hearing on behalf of the patient may
33 designate the county where the hearing shall be held, which shall be
34 either in the county where the hospital is located, the county of the
35 patient's residence, or the county in which the hospital to which the
36 patient was first admitted is located. Such hearing shall be held in the
37 county so designated, subject to application by any interested party,
38 including the director, for change of venue to any other county because
39 of the convenience of parties or witnesses or the condition of the
40 patient upon notice to the persons required to be served with notice of
41 the patient's initial admission.

42 § 7. Subdivision (a) of section 9.33 of the mental hygiene law, as
43 amended by chapter 789 of the laws of 1985, is amended to read as
44 follows:

45 (a) If the director shall determine that a patient admitted upon an
46 application supported by ~~medical~~ clinical certification, for whom
47 there is no court order authorizing retention for a specified period, is
48 in need of retention and if such patient does not agree to remain in
49 such hospital as a voluntary patient, the director shall apply to the
50 supreme court or the county court in the county where the hospital is
51 located for an order authorizing continued retention. Such application
52 shall be made no later than sixty days from the date of involuntary
53 admission on application supported by ~~medical~~ clinical certification
54 or thirty days from the date of an order denying an application for
55 patient's release pursuant to section 9.31 of this article, whichever is
56 later; and the hospital is authorized to retain the patient for such

1 further period during which the hospital is authorized to make such
2 application or during which the application may be pending. The director
3 shall cause written notice of such application to be given the patient
4 and a copy thereof shall be given personally or by mail to the persons
5 required by this article to be served with notice of such patient's
6 initial admission and to the mental hygiene legal service. Such notice
7 shall state that a hearing may be requested and that failure to make
8 such a request within five days, excluding Sunday and holidays, from the
9 date that the notice was given to the patient will permit the entry
10 without a hearing of an order authorizing retention.

11 § 8. Section 9.37 of the mental hygiene law, as renumbered by chapter
12 978 of the laws of 1977, subdivision (a) as amended by chapter 723 of
13 the laws of 1989, subdivision (c) as amended by chapter 230 of the laws
14 of 2004, subdivision (d) as amended by chapter 357 of the laws of 1991
15 and relettered by chapter 343 of the laws of 1996, subdivisions (e) and
16 (f) as relettered by chapter 343 of the laws of 1996, and subdivision
17 (g) as added by chapter 978 of the laws of 1977 and relettered by chap-
18 ter 343 of the laws of 1996, is amended to read as follows:

19 § 9.37 Involuntary admission on certificate of a director of community
20 services or [~~his~~] the director's designee.

21 (a) The director of a hospital, upon application by a director of
22 community services or an examining physician or qualified clinical exam-
23 iner duly designated by [~~him or her~~] such director, may receive and care
24 for in such hospital as a patient any person who, in the opinion of the
25 director of community services or the director's designee, has a mental
26 illness for which immediate inpatient care and treatment in a hospital
27 is appropriate and which, without treatment, is likely to result in
28 serious harm to [~~himself or herself~~] themselves or others.

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

46 (b) The application for admission of a patient pursuant to this
47 section shall be based upon a personal examination by a director of
48 community services or [~~his~~] the director's designee. It shall be in
49 writing and shall be filed with the director of such hospital at the
50 time of the patient's reception, together with a statement in a form
51 prescribed by the commissioner giving such information as [~~he~~] the
52 commissioner may deem appropriate.

53 (c) Notwithstanding the provisions of subdivision (b) of [~~this~~]
54 section 41.09 of this chapter, in counties with a population of less
55 than two hundred thousand, a director of community services [~~who is a~~
56 ~~licensed psychologist pursuant to article one hundred fifty three of the~~

1 ~~education law or a licensed clinical social worker pursuant to article~~
2 ~~one hundred fifty four of the education law but~~ who is not a physician
3 or qualified clinical examiner may apply for the admission of a patient
4 pursuant to this section without [~~a medical~~] an examination by a desig-
5 nated physician or qualified clinical examiner, if a hospital approved
6 by the commissioner pursuant to section 9.39 of this article is not
7 located within thirty miles of the patient, and the director of communi-
8 ty services has made a reasonable effort to locate [~~a designated~~] an
9 examining physician or qualified clinical examiner designated pursuant
10 to section 41.09 of this chapter but such [~~a~~] designee is not immediate-
11 ly available and the director of community services, after personal
12 observation of the person, reasonably believes that [~~he~~] such person may
13 have a mental illness [~~which~~] that is likely to result in serious harm
14 to [~~himself~~] themselves or others and inpatient care and treatment of such
15 person in a hospital may be appropriate. In the event of an application
16 pursuant to this subdivision, a physician or qualified clinical examiner
17 of the receiving hospital shall examine the patient and shall not admit
18 the patient unless [~~he or she~~] the examiner determines that the patient
19 has a mental illness for which immediate inpatient care and treatment in
20 a hospital is appropriate and [~~which~~] that is likely to result in seri-
21 ous harm to [~~himself~~] themselves or others. If the patient is admitted,
22 the need for hospitalization shall be confirmed by another [~~staff~~]
23 physician or qualified clinical examiner on the staff of the hospital
24 within twenty-four hours. An application pursuant to this subdivision
25 shall be in writing and shall be filed with the director of such hospi-
26 tal at the time of the patient's reception, together with a statement in
27 a form prescribed by the commissioner giving such information as [~~he~~]
28 the commissioner may deem appropriate, including a statement of the
29 efforts made by the director of community services to locate a desig-
30 nated examining physician or qualified clinical examiner prior to making
31 an application pursuant to this subdivision.

32 (d) After signing the application, the director of community services
33 or the director's designee shall be authorized and empowered to take
34 into custody, detain, transport, and provide temporary care for any such
35 person. Upon the written [~~request~~] directive of such director or the
36 director's designee it shall be the duty of peace officers, when acting
37 pursuant to their special duties, or police officers who are members of
38 the state police or of an authorized police department or force or of a
39 sheriff's department to take into custody and transport any such person
40 as requested and directed by such director or designee. Upon the written
41 [~~request~~] directive of such director or designee, an ambulance service,
42 as defined in subdivision two of section three thousand one of the
43 public health law, is authorized to transport any such person.

44 (e) Reasonable expenses incurred by the director of community mental
45 hygiene services or [~~his~~] the director's designee for the examination
46 and temporary care of the patient and [~~his~~] such patient's transporta-
47 tion to and from the hospital shall be a charge upon the county from
48 which the patient was admitted and shall be paid from any funds avail-
49 able for such purposes.

50 (f) The provisions of this section shall not be applicable to continue
51 any patient in a hospital who has already been admitted to the hospital
52 under this or any other section of this article.

53 (g) If a person is examined and determined to be mentally ill the fact
54 that such person suffers from alcohol or substance abuse shall not
55 preclude commitment under this section.

1 § 8-a. Subdivision (a) of section 9.37 of the mental hygiene law, as
2 amended by section 4 of part EE of chapter 57 of the laws of 2025, is
3 amended to read as follows:

4 (a) The director of a hospital, upon application by a director of
5 community services or an examining physician or qualified clinical exam-
6 iner duly designated by them, may receive and care for in such hospital
7 as a patient any person who, in the opinion of the director of community
8 services or their designee, has a mental illness for which immediate
9 inpatient care and treatment in a hospital is appropriate and which,
10 without treatment, is likely to result in serious harm to themselves or
11 others. "Likelihood of serious harm" shall mean:

12 1. substantial risk of physical harm to themselves as manifested by
13 threats of or attempts at suicide or serious bodily harm or other
14 conduct demonstrating that they are dangerous to themselves, or

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

18 3. a substantial risk of physical harm to the person due to an inabil-
19 ity or refusal, as a result of their mental illness, to provide for
20 their own essential needs such as food, clothing, necessary medical
21 care, personal safety, or shelter.

22 The need for immediate hospitalization shall be confirmed by a [~~staff~~]
23 physician or qualified clinical examiner on the staff of the hospital
24 prior to admission. Within seventy-two hours, excluding Sunday and holi-
25 days, after such admission, if such patient is to be retained for care
26 and treatment beyond such time and they do not agree to remain in such
27 hospital as a voluntary patient, the certificate of another examining
28 physician or qualified clinical examiner who is a member of the psychi-
29 atric staff of the hospital that the patient is in need of involuntary
30 care and treatment shall be filed with the hospital. From the time of
31 their admission under this section the retention of such patient for
32 care and treatment shall be subject to the provisions for notice, hear-
33 ing, review, and judicial approval of continued retention or transfer
34 and continued retention provided by this article for the admission and
35 retention of involuntary patients, provided that, for the purposes of
36 such provisions, the date of admission of the patient shall be deemed to
37 be the date when the patient was first received in the hospital under
38 this section.

39 § 9. The second undesignated paragraph of subdivision (a) and subdivi-
40 sion (b) of section 9.39 of the mental hygiene law, the second undesign-
41 ated paragraph of subdivision (a) as amended by section 5 of part EE of
42 chapter 57 of the laws of 2025 and such section as renumbered by chapter
43 978 of the laws of 1977, are amended to read as follows:

44 The director shall admit such person pursuant to the provisions of
45 this section only if a [~~staff~~] physician or qualified clinical examiner
46 on the staff of the hospital upon examination of such person finds that
47 such person qualifies under the requirements of this section. Such
48 person shall not be retained for a period of more than forty-eight hours
49 unless within such period such finding is confirmed after examination by
50 another physician or qualified clinical examiner who shall be a member
51 of the psychiatric staff of the hospital. Such person shall be served,
52 at the time of admission, with written notice of their status and rights
53 as a patient under this section. Such notice shall contain the patient's
54 name. At the same time, such notice shall also be given to the mental
55 hygiene legal service and personally or by mail to such person or
56 persons, not to exceed three in number, as may be designated in writing

1 to receive such notice by the person alleged to be mentally ill. If at
2 any time after admission, the patient, any relative, friend, or the
3 mental hygiene legal service gives notice to the director in writing of
4 request for court hearing on the question of need for immediate observa-
5 tion, care, and treatment, a hearing shall be held as herein provided as
6 soon as practicable but in any event not more than five days after such
7 request is received, except that the commencement of such hearing may be
8 adjourned at the request of the patient. It shall be the duty of the
9 director upon receiving notice of such request for hearing to forward
10 forthwith a copy of such notice with a record of the patient to the
11 supreme court or county court in the county where such hospital is
12 located. A copy of such notice and record shall also be given to the
13 mental hygiene legal service. The court which receives such notice shall
14 fix the date of such hearing and cause the patient or other person
15 requesting the hearing, the director, the mental hygiene legal service
16 and such other persons as the court may determine to be advised of such
17 date. Upon such date, or upon such other date to which the proceeding
18 may be adjourned, the court shall hear testimony and examine the person
19 alleged to be mentally ill, if it be deemed advisable in or out of
20 court, and shall render a decision in writing that there is reasonable
21 cause to believe that the patient has a mental illness for which immedi-
22 ate inpatient care and treatment in a hospital is appropriate and
23 [~~which~~] that is likely to result in serious harm to themselves or others.
24 If it be determined that there is such reasonable cause, the court shall
25 forthwith issue an order authorizing the retention of such patient for
26 any such purpose or purposes in the hospital for a period not to exceed
27 fifteen days from the date of admission. Any such order entered by the
28 court shall not be deemed to be an adjudication that the patient is
29 mentally ill, but only a determination that there is reasonable cause to
30 retain the patient for the purposes of this section.

31 (b) Within fifteen days of arrival at the hospital, if a determination
32 is made that the person is not in need of involuntary care and treat-
33 ment, [~~he~~] such person shall be discharged unless [~~he~~] such person
34 agrees to remain as a voluntary or informal patient. If [~~he~~] such person
35 is in need of involuntary care and treatment and does not agree to
36 remain as a voluntary or informal patient, [~~he~~] such person may be
37 retained beyond such fifteen day period only by admission to such hospi-
38 tal or another appropriate hospital pursuant to the provisions governing
39 involuntary admission on application supported by [~~medical~~] clinical
40 certification and subject to the provisions for notice, hearing, review,
41 and judicial approval of retention or transfer and retention governing
42 such admissions, provided that, for the purposes of such provisions, the
43 date of admission of the patient shall be deemed to be the date when the
44 patient was first received under this section. If a hearing has been
45 requested pursuant to the provisions of subdivision (a) of this section,
46 the filing of an application for involuntary admission on [~~medical~~]
47 clinical certification shall not delay or prevent the holding of the
48 hearing.

49 § 10. Subdivisions (a-1), (b) and (c) of section 9.40 of the mental
50 hygiene law, subdivision (a-1) as added and subdivision (b) as amended
51 by section 2 of part PPP of chapter 58 of the laws of 2020, and subdivi-
52 sion (c) as added by chapter 723 of the laws of 1989, are amended to
53 read as follows:

54 (a-1) The director shall cause triage and referral services to be
55 provided by a psychiatric nurse practitioner or physician of the program
56 as soon as such person is received into the comprehensive psychiatric

1 emergency program. After receiving triage and referral services, such
2 person shall be appropriately treated and discharged, or referred for
3 further crisis intervention services including an examination by a
4 physician or qualified clinical examiner as described in subdivision (b)
5 of this section.

6 (b) The director shall cause examination of such persons not
7 discharged after the provision of triage and referral services to be
8 initiated by a [~~staff~~] physician or qualified clinical examiner on the
9 staff of the program as soon as practicable and in any event within six
10 hours after the person is received into the program's emergency room.
11 Such person may be retained for observation, care and treatment and
12 further examination for up to twenty-four hours if, at the conclusion of
13 such examination, such physician or qualified clinical examiner deter-
14 mines that such person may have a mental illness for which immediate
15 observation, care and treatment in a comprehensive psychiatric emergency
16 program is appropriate, and [~~which~~] that is likely to result in serious
17 harm to [~~the person~~] themselves or others.

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

38 § 11. Paragraph 3 of subdivision (b) of section 9.47 of the mental
39 hygiene law, as amended by chapter 158 of the laws of 2005, is amended
40 to read as follows:

41 (3) filing of petitions for assisted outpatient treatment pursuant to
42 [~~paragraph~~] subparagraph (vii) of paragraph one of subdivision (e) of
43 section 9.60 of this article, and documenting the petition filing date
44 and the date of the court order;

45 § 12. Section 9.55 of the mental hygiene law, as amended by chapter
46 598 of the laws of 1994, is amended to read as follows:

47 § 9.55 Emergency admissions for immediate observation, care and treat-
48 ment; powers of qualified psychiatrists and qualified clinical
49 examiner.

50 A qualified psychiatrist or qualified clinical examiner shall have the
51 power to direct the removal of any person[7] whose treatment for a
52 mental illness [~~he or she~~] the qualified psychiatrist or qualified clin-
53 ical examiner is either supervising or providing in a facility licensed
54 or operated by the office of mental health [~~which~~] that does not have an
55 inpatient psychiatric service, to a hospital approved by the commission-
56 er pursuant to subdivision (a) of section 9.39 of this article or to a

1 comprehensive psychiatric emergency program, if [~~he or she~~] the quali-
2 fied psychiatrist or qualified clinical examiner determines upon exam-
3 ination of such person that such person appears to have a mental illness
4 for which immediate observation, care and treatment in a hospital is
5 appropriate and [~~which~~] that is likely to result in serious harm to
6 [~~himself or herself~~] themselves or others. Upon the [~~request~~] directive of
7 such qualified psychiatrist or qualified clinical examiner, peace offi-
8 cers, when acting pursuant to their special duties, or police officers,
9 who are members of an authorized police department or force or of a
10 sheriff's department shall take into custody and transport any such
11 person. Upon the request of a qualified psychiatrist or qualified clin-
12 ical examiner, an ambulance service, as defined by subdivision two of
13 section three thousand one of the public health law, is authorized to
14 transport any such person. Such person may then be admitted to a hospi-
15 tal in accordance with the provisions of section 9.39 of this article or
16 to a comprehensive psychiatric emergency program in accordance with the
17 provisions of section 9.40 of this article.

18 § 12-a. Section 9.55 of the mental hygiene law, as amended by chapter
19 847 of the laws of 1987, is amended to read as follows:

20 § 9.55 Emergency admissions for immediate observation, care and treat-
21 ment; powers of qualified psychiatrists and qualified clinical
22 examiner.

23 A qualified psychiatrist or qualified clinical examiner shall have the
24 power to direct the removal of any person[~~r~~] whose treatment for a
25 mental illness [~~he~~] the qualified psychiatrist or qualified clinical
26 examiner is either supervising or providing in a facility licensed or
27 operated by the office of mental health [~~which~~] that does not have an
28 inpatient psychiatric service, to a hospital approved by the commis-
29 sioner pursuant to subdivision (a) of section 9.39 of this article, if [~~he~~]
30 the qualified psychiatrist or qualified clinical examiner determines
31 upon examination of such person that such person appears to have a
32 mental illness for which immediate observation, care and treatment in a
33 hospital is appropriate and [~~which~~] that is likely to result in serious
34 harm to [~~himself~~] themselves or others, as defined in section 9.39 of this
35 article. Upon the [~~request~~] directive of such qualified psychiatrist or
36 qualified clinical examiner, peace officers, when acting pursuant to
37 their special duties, or police officers, who are members of an author-
38 ized police department or force or of a sheriff's department shall take
39 into custody and transport any such person. Upon the request of a quali-
40 fied psychiatrist or qualified clinical examiner, an ambulance service,
41 as defined by subdivision two of section three thousand one of the
42 public health law, is authorized to transport any such person. Such
43 person may then be admitted in accordance with the provisions of section
44 9.39 of this article.

45 § 13. The mental hygiene law is amended by adding a new section 9.56
46 to read as follows:

47 § 9.56 Transport for evaluation; powers of specialized staff of shelter
48 for adults facilities.

49 (a) A physician or qualified mental health professional who has
50 completed training pursuant to subdivision (c) of this section and is
51 employed as a clinical staff member or clinical contractor of a shelter
52 for adults facility as defined in section two of the social services law
53 shall be authorized to request that the director of such facility, or
54 such director's designee, direct the removal of any resident of such
55 facility who appears to be mentally ill and is acting in a manner that
56 is likely to result in serious harm to themselves or others, to a hospital

1 approved by the commissioner pursuant to subdivision (a) of section 9.39
2 or section 31.27 of this chapter or, where such physician or qualified
3 mental health professional deems appropriate and the person voluntarily
4 agrees, to a crisis stabilization center specified in section 36.01 of
5 this chapter.

6 (b) A facility director or director's designee who receives a request
7 from a physician or qualified mental health professional pursuant to
8 subdivision (a) of this section may direct peace officers acting pursu-
9 ant to their special duties, or police officers who are members of an
10 authorized police department or force or of a sheriff's department, to
11 take into custody and transport the resident identified in such request.
12 Upon the request of such facility director or designee, an ambulance
13 service, as defined in subdivision two of section three thousand one of
14 the public health law, is authorized to transport any such persons. Such
15 persons may then be evaluated for admission in accordance with the
16 provisions of section 9.27, 9.39, 9.40 or other sections of this arti-
17 cle, provided that such transport shall not create a presumption that
18 the person should be involuntarily admitted to a hospital.

19 (c) The commissioner shall develop standards relating to the training
20 requirements of physicians and mental health professionals authorized to
21 request transport pursuant to this section. Such training shall, at a
22 minimum, help to ensure that crisis and emergency services are provided
23 in a manner that protects the health and safety, and respects the indi-
24 vidual needs and rights, of persons being evaluated or transported
25 pursuant to this section.

26 (d) A person removed to a hospital pursuant to this section shall
27 maintain their status as a resident of the shelter for adults facility
28 until admitted as a patient at such hospital or for twenty-four hours
29 following such person's release upon a determination by a physician or
30 qualified clinical examiner at such hospital to not admit the person as
31 a patient; provided that this section shall not prevent the shelter for
32 adults facility from continuing such person's residency status for a
33 longer period at the discretion of the facility director or as the
34 facility may otherwise be obligated. Any personal property of such
35 person located at the facility at the time of removal shall be securely
36 maintained by the facility for the duration of any resulting hospitali-
37 zation or crisis stabilization, unless transferred to another party upon
38 such person's request.

39 § 14. Section 9.57 of the mental hygiene law, as amended by chapter
40 598 of the laws of 1994, is amended to read as follows:

41 § 9.57 Emergency admissions for immediate observation, care and treat-
42 ment; powers of emergency room physicians or qualified clinical
43 examiners.

44 A physician or qualified clinical examiner who has examined a person
45 in an emergency room or provided emergency medical services at a general
46 hospital, as defined in article twenty-eight of the public health law,
47 [~~which~~] that does not have an inpatient psychiatric service, or a physi-
48 cian or qualified clinical examiner who has examined a person in a
49 comprehensive psychiatric emergency program shall be authorized to
50 request that the director of the program or hospital, or the director's
51 designee, direct the removal of such person to a hospital approved by
52 the commissioner pursuant to subdivision (a) of section 9.39 of this
53 article or to a comprehensive psychiatric emergency program, if the
54 physician or qualified clinical examiner determines upon examination of
55 such person that such person appears to have a mental illness for which
56 immediate care and treatment in a hospital is appropriate and [~~which~~]

1 ~~that~~ is likely to result in serious harm to [~~himself~~] themselves or
2 others. Upon the request of the physician or qualified clinical
3 examiner, the director of the program or hospital or the director's
4 designee[~~r~~] is authorized to direct peace officers, when acting pursuant
5 to their special duties, or police officers[~~r~~] who are members of an
6 authorized police department or force or of a sheriff's department, to
7 take into custody and transport any such person. Upon the request of an
8 emergency room physician or qualified clinical examiner or the director
9 of the program or hospital, or the director's designee, an ambulance
10 service, as defined by subdivision two of section three thousand one of
11 the public health law, is authorized to take into custody and transport
12 any such person. Such person may then be admitted to a hospital in
13 accordance with the provisions of section 9.39 of this article or to a
14 comprehensive psychiatric emergency program in accordance with the
15 provisions of section 9.40 of this article.

16 § 14-a. Section 9.57 of the mental hygiene law, as amended by chapter
17 847 of the laws of 1987, is amended to read as follows:

18 § 9.57 Emergency admissions for immediate observation, care and treat-
19 ment; powers of emergency room physicians or qualified clinical
20 examiner.

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

45 § 15. Subdivisions (b), (c) and (d) of section 9.58 of the mental
46 hygiene law, as added by chapter 678 of the laws of 1994, and paragraph
47 2 of subdivision (d) as amended by chapter 230 of the laws of 2004, are
48 amended to read as follows:

49 (b) If the team physician or qualified mental health professional
50 determines that it is necessary to effectuate transport, [~~he or she~~]
51 such physician shall direct peace officers, when acting pursuant to
52 their special duties, or police officers, who are members of an author-
53 ized police department or force or of a sheriff's department, to take
54 into custody and transport any persons identified in subdivision (a) of
55 this section. Upon the request of such physician or qualified mental
56 health professional, an ambulance service, as defined in subdivision two

1 of section three thousand one of the public health law, is authorized to
2 transport any such persons. Such persons may then be evaluated for
3 admission in accordance with the provisions of section 9.27, 9.39, 9.40
4 or other sections of this article, provided that [~~such admission deci-~~
5 ~~sions shall be made independent of the fact that the person was trans-~~
6 ~~ported pursuant to the provisions of this section and, provided~~
7 ~~further,~~] such transport shall not create a presumption that the person
8 should be involuntarily admitted to a hospital.

9 (c) The commissioner shall be authorized to develop standards, in
10 consultation with the commissioner of the division of criminal justice
11 services, relating to the training requirements of teams established
12 pursuant to this section. Such training shall, at a minimum, help to
13 ensure that [~~the provision of~~] crisis and emergency services are
14 provided in a manner [~~which~~] that protects the health and safety and
15 respects the individual needs and rights of persons being evaluated or
16 transported pursuant to this section.

17 (d) As used in this section[+
18 ~~(1) "Approved~~], "approved mobile crisis outreach team" shall mean a
19 team of persons operating as part of a mobile crisis outreach program
20 approved by the commissioner of mental health, which may include mobile
21 crisis outreach teams funded pursuant to section 41.55 of this chapter.

22 [~~(2) "Qualified mental health professional" shall mean a licensed~~
23 ~~psychologist, registered professional nurse, licensed clinical social~~
24 ~~worker or a licensed master social worker under the supervision of a~~
25 ~~physician, psychologist or licensed clinical social worker.~~]

26 § 16. Paragraphs 3 and 4 of subdivision (e) of section 9.60 of the
27 mental hygiene law, paragraph 3 as amended by chapter 158 of the laws of
28 2005, and paragraph 4 as amended by chapter 382 of the laws of 2015, are
29 amended to read as follows:

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

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

38 (ii) no more than ten days prior to the filing of the petition, such
39 physician or qualified clinical examiner or [~~his or her~~] their designee
40 has made appropriate attempts but has not been successful in eliciting
41 the cooperation of the subject of the petition to submit to an examina-
42 tion, such physician or qualified clinical examiner has reason to
43 suspect that the subject of the petition meets the criteria for assisted
44 outpatient treatment, and such physician or qualified clinical examiner
45 is willing and able to examine the subject of the petition and testify
46 at the hearing on the petition.

47 (4) In counties with a population of less than eighty thousand, the
48 affirmation or affidavit required by paragraph three of this subdivision
49 may be made by a physician or qualified clinical examiner who is an
50 employee of the office. The office is authorized to make available, at
51 no cost to the county, a qualified physician or qualified clinical exam-
52 iner for the purpose of making such affirmation or affidavit consistent
53 with the provisions of such paragraph.

54 § 17. Subdivision (h) of section 9.60 of the mental hygiene law, as
55 amended by chapter 158 of the laws of 2005, paragraph 2 as amended by

1 section 2 of subpart H of part UU of chapter 56 of the laws of 2022, is
2 amended to read as follows:

3 (h) Hearing. (1) Upon receipt of the petition, the court shall fix the
4 date for a hearing. Such date shall be no later than three days from the
5 date such petition is received by the court, excluding Saturdays,
6 Sundays and holidays. Adjournments shall be permitted only for good
7 cause shown. In granting adjournments, the court shall consider the need
8 for further examination by a physician or qualified clinical examiner or
9 the potential need to provide assisted outpatient treatment expeditious-
10 ly. The court shall cause the subject of the petition, any other person
11 receiving notice pursuant to subdivision (f) of this section, the peti-
12 tioner, the physician or qualified clinical examiner whose affirmation
13 or affidavit accompanied the petition, and such other persons as the
14 court may determine, to be advised of such date. Upon such date, or upon
15 such other date to which the proceeding may be adjourned, the court
16 shall hear testimony and, if it be deemed advisable and the subject of
17 the petition is available, examine the subject of the petition in or out
18 of court. If the subject of the petition does not appear at the hearing,
19 and appropriate attempts to elicit the attendance of the subject have
20 failed, the court may conduct the hearing in the subject's absence. In
21 such case, the court shall set forth the factual basis for conducting
22 the hearing without the presence of the subject of the petition.

23 (2) The court shall not order assisted outpatient treatment unless an
24 examining physician~~[,]~~ or qualified clinical examiner who recommends
25 assisted outpatient treatment and has personally examined the subject of
26 the petition no more than ten days before the filing of the petition,
27 testifies in person or by videoconference at the hearing. Provided
28 however, a physician or qualified clinical examiner shall only be
29 authorized to testify by video conference [~~when it has been: (i) shown~~
30 ~~that diligent efforts have been made to attend such hearing in person~~
31 ~~and~~ upon consent of the subject of the petition [~~consents to the physi-~~
32 ~~cian testifying by video conference,~~] or [~~(ii) the court orders the~~
33 ~~physician to testify by video conference~~] upon a finding of good cause.
34 Such physician or qualified clinical examiner shall state the facts and
35 clinical determinations which support the allegation that the subject of
36 the petition meets each of the criteria for assisted outpatient treat-
37 ment.

38 (3) If the subject of the petition has refused to be examined by a
39 physician or qualified clinical examiner, the court may request the
40 subject to consent to an examination by a physician or qualified clin-
41 ical examiner appointed by the court. If the subject of the petition
42 does not consent and the court finds reasonable cause to believe that
43 the allegations in the petition are true, the court may order peace
44 officers, acting pursuant to their special duties, or police officers
45 who are members of an authorized police department or force~~[,]~~ or of a
46 sheriff's department to take the subject of the petition into custody
47 and transport [~~him or her~~] the subject of the petition to a hospital for
48 examination by a physician or qualified clinical examiner. Retention of
49 the subject of the petition under such order shall not exceed twenty-
50 four hours. The examination of the subject of the petition may be
51 performed by the physician or qualified clinical examiner whose affirma-
52 tion or affidavit accompanied the petition pursuant to paragraph three
53 of subdivision (e) of this section, if such physician or qualified clin-
54 ical examiner is privileged by such hospital or otherwise authorized by
55 such hospital to do so. If such examination is performed by another
56 physician~~[, the examining physician]~~ or qualified clinical examiner,

1 such physician or qualified clinical examiner may consult with the
2 physician or qualified clinical examiner whose affirmation or affidavit
3 accompanied the petition as to whether the subject meets the criteria
4 for assisted outpatient treatment.

5 (4) A physician or qualified clinical examiner who testifies pursuant
6 to paragraph two of this subdivision shall state~~[-(i)]~~ the facts and
7 conclusions which support the allegation that the subject meets each of
8 the criteria for assisted outpatient treatment~~[-(ii)]~~ and that [~~the~~]
9 assisted outpatient treatment is the least restrictive alternative~~[-~~
10 ~~(iii) the recommended assisted outpatient treatment, and (iv) the~~
11 ~~rationale for the recommended assisted outpatient treatment. If the~~
12 ~~recommended assisted outpatient treatment includes medication, such~~
13 ~~physician's testimony shall describe the types or classes of medication~~
14 ~~which should be authorized, shall describe the beneficial and detri-~~
15 ~~mental physical and mental effects of such medication, and shall recom-~~
16 ~~mend whether such medication should be self-administered or administered~~
17 ~~by authorized personnel].~~

18 (5) The subject of the petition shall be afforded an opportunity to
19 present evidence, to call witnesses on [~~his or her~~] the subject's
20 behalf, and to cross-examine adverse witnesses.

21 § 18. Subdivision (n) of section 9.60 of the mental hygiene law, as
22 amended by chapter 1 of the laws of 2013, is amended to read as follows:

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

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

29 § 19. Paragraph 1 of subdivision (e) of section 29.15 of the mental
30 hygiene law, as amended by chapter 408 of the laws of 1999, is amended
31 to read as follows:

32 1. In the case of an involuntary patient on conditional release, the
33 director may terminate the conditional release and order the patient to
34 return to the facility at any time during the period for which retention
35 was authorized, if, in the director's judgment, the patient needs in-pa-
36 tient care and treatment and the conditional release is no longer appro-
37 priate; provided, however, that in any such case, the director shall
38 cause written notice of such patient's return to be given to the mental
39 hygiene legal service. The director shall cause the patient to be
40 retained for observation, care and treatment and further examination in
41 a hospital for up to seventy-two hours if a physician or qualified clin-
42 ical examiner on the staff of the hospital determines that such person
43 may have a mental illness and may be in need of involuntary care and
44 treatment in a hospital pursuant to the provisions of article nine of
45 this chapter. Any continued retention in such hospital beyond the
46 initial seventy-two hour period shall be in accordance with the
47 provisions of this chapter relating to the involuntary admission and
48 retention of a person. If at any time during the seventy-two hour period
49 the person is determined not to meet the involuntary admission and
50 retention provisions of this chapter, and does not agree to stay in the
51 hospital as a voluntary or informal patient, [~~he or she~~] such person
52 must be released, either conditionally or unconditionally.

53 § 19-a. Paragraph 1 of subdivision (e) of section 29.15 of the mental
54 hygiene law, as amended by chapter 789 of the laws of 1985, is amended
55 to read as follows:

1 1. In the case of an involuntary patient on conditional release, the
2 director may terminate the conditional release and order the patient to
3 return to the facility at any time during the period for which retention
4 was authorized, if, in the director's judgment, the patient needs in-pa-
5 tient care and treatment and the conditional release is no longer appro-
6 priate provided, however, that in any such case, the director shall
7 cause written notice of such patient's return to be given to the mental
8 hygiene legal service. If, at any time prior to the expiration of thirty
9 days from the date of return to the facility, ~~[he]~~ the patient or any
10 relative or friend or the mental hygiene legal service gives notice in
11 writing to the director of request for hearing on the question of the
12 suitability of such patient's return to the facility, a hearing shall be
13 held pursuant to the provisions of this chapter relating to the involun-
14 tary admission of a person.

15 § 20. Subdivision (m) of section 29.15 of the mental hygiene law, as
16 added by chapter 341 of the laws of 1980, is amended to read as follows:

17 (m) It shall be the responsibility of the chief administrator of any
18 facility providing inpatient services subject to licensure by the office
19 of mental health to notify~~[, when appropriate, the local social services~~
20 ~~commissioner and appropriate state and local mental health represen-~~
21 ~~tatives]~~ the following persons when an inpatient is about to be
22 discharged or conditionally released and to provide to such ~~[officials]~~
23 persons the written service plan developed for such inpatient as
24 required under subdivision (f) of this section: a representative of a
25 community provider of mental health services, including a provider of
26 case management services, that maintains the patient on its caseload; a
27 representative of a shelter for adults facility in which the patient
28 resided at the time of the patient's admission; and, when appropriate,
29 the local social services commissioner and appropriate state and local
30 mental health representatives.

31 § 21. Subdivision (b) of section 41.09 of the mental hygiene law, as
32 amended by chapter 588 of the laws of 1973, and as renumbered by chapter
33 978 of the laws of 1977, is amended to read as follows:

34 (b) Each director shall be a psychiatrist or other professional person
35 who meets standards set by the commissioner for the position. If the
36 director is not a physician or qualified clinical examiner as defined in
37 article nine of this chapter, ~~[he]~~ the director shall not have the power
38 to conduct examinations authorized to be conducted by an examining
39 physician or qualified clinical examiner or by a director of community
40 services pursuant to this chapter but ~~[he]~~ shall designate an examining
41 physician or qualified clinical examiner who shall be empowered to
42 conduct such examinations on behalf of such director. A director need
43 not reside in the area to be served. The director shall be a full-time
44 employee except in cases where the commissioner has expressly waived the
45 requirement.

46 § 22. This act shall take effect immediately; provided, however, that:

47 a. the amendments to subdivision (a) of section 9.37 of the mental
48 hygiene law made by section eight of this act shall be subject to the
49 expiration and reversion of such subdivision pursuant to section 21 of
50 chapter 723 of the laws of 1989, as amended, when upon such date the
51 provisions of section eight-a shall take effect;

52 b. the amendments to section 9.40 of the mental hygiene law made by
53 section ten of this act shall not affect the repeal of such section and
54 shall be deemed repealed therewith;

55 c. the amendments to paragraph 3 of subdivision (b) of section 9.47 of
56 the mental hygiene law made by section eleven of this act shall not

1 affect the repeal of such subdivision and shall be deemed repealed ther-
2 ewith;

3 d. the amendments to sections 9.55 and 9.57 of the mental hygiene law
4 made by sections twelve and fourteen of this act shall be subject to the
5 expiration and reversion of such sections pursuant to section 21 of
6 chapter 723 of the laws of 1989, as amended, when upon such date the
7 provisions of sections twelve-a and fourteen-a of this act shall take
8 effect;

9 e. the amendments to section 9.60 of the mental hygiene law made by
10 sections sixteen, seventeen and eighteen of this act shall not affect
11 the repeal of such section and shall be deemed repealed therewith; and

12 f. the amendments to paragraph 1 of subdivision (e) of section 29.15
13 of the mental hygiene law made by section nineteen of this act shall be
14 subject to the expiration and revision of such paragraph pursuant to
15 section 18 of chapter 408 of the laws of 1999, as amended, when upon
16 such date the provisions of section 19-a shall take effect.