FIRST ENGROSSMENT

Sixty-sixth Legislative Assembly of North Dakota

ENGROSSED HOUSE BILL NO. 1453

Introduced by

Representatives Skroch, Buffalo, Sanford, Vigesaa

Senators Heckaman, Hogan, Mathern, Poolman

- 1 A BILL for an Act to-amend and reenact sections 25-03.1-02, 25-03.1-07, 25-03.1-17,
- 2 25-03.1-21, and 25-03.1-30 of the North Dakota Century Code, relating to civil commitment
- 3 procedures and alternative treatment orders; and to provide for a legislative management study
- 4 of civil commitment laws and procedures.

5 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 6 SECTION 1. AMENDMENT. Section 25-03.1-02 of the North Dakota Century Code is
- 7 amended and reenacted as follows:

8 **25-03.1-02. Definitions.**

9 In this chapter, unless the context requires otherwise:

- 10 "Advanced practice registered nurse" means an individual who is licensed as an 11 advanced practice registered nurse under chapter 43-12.1 within the role of certified-12 nurse practitioner or certified clinical nurse specialist, who has completed the 13 requirements for a minimum of a master's degree in psychiatric and mental health-14 nursing from an accredited program, and who is functioning within the scope of 15 practice in one of the population foci as approved by the state board of nursing. This-16 chapter does not expand the scope of practice of an advanced practice registered 17 nurse beyond the scope of practice established by the state board of nursing. 18 "Alternative treatment order" means an involuntary outpatient order for a treatment-2 19 program, other than hospitalization, which may include treatment with a prescribed-20 medication.
- 3. "Chemically dependent person" or "person who is chemically dependent" means an individual with an illness or disorder characterized by a maladaptive pattern of usage of alcohol or drugs, or a combination thereof, resulting in social, occupational, psychological, or physical problems.

1	<u> </u>	"Consent" means voluntary permission that is based upon full disclosure of facts
2		necessary to make a decision and which is given by an individual who has the ability
3		to understand those facts.
4	—— 5 .	
5		in which the respondent resides.
6	6.	"Department" means the department of human services.
7	7	"Director" means the director of a treatment facility or the director's designee.
8	8.	
9		psychologist trained in a clinical program, advanced practice registered nurse, or
10		licensed addiction counselor appointed by the court to examine the respondent and to
11		provide an evaluation of whether the respondent is a person requiring treatment.
12	<u> </u>	
13		psychiatrist, psychologist trained in a clinical program, advanced practice registered
14		nurse, or licensed addiction counselor, chosen at the request of the respondent to-
15		provide an independent evaluation of whether the respondent is a person requiring-
16		treatment.
17	<u> </u>	"Magistrate" means the judge of the appropriate district or juvenile court or a judge
18		assigned by the presiding judge of the judicial district.
19	—11.	
20		a. A psychologist with at least a master's degree who has been either licensed or
21		approved for exemption by the North Dakota board of psychology examiners.
22		b. A social worker with a master's degree in social work from an accredited
23		program.
24		c. An advanced practice registered nurse.
25		d. A registered nurse with a minimum of two years of psychiatric clinical experience
25		5
25 26		under the supervision of an expert examiner.
26		under the supervision of an expert examiner.
26 27		under the supervision of an expert examiner. — e. A licensed addiction counselor.
26 27 28		under the supervision of an expert examiner. e. A licensed addiction counselor. f. A licensed professional counselor with a master's degree in counseling from an-

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1		health counselors or a minimum of two years of clinical experience in a mental
2		health agency or setting under the supervision of a psychiatrist or psychologist.
3		g. A physician assistant.
4	<u> </u>	"Mentally ill person" or "person who is mentally ill" means an individual with an
5		organic, mental, or emotional disorder that substantially impairs the capacity to use-
6		self-control, judgment, and discretion in the conduct of personal affairs and social-
7		relations. The term does not include an individual with an intellectual disability of
8		significantly subaverage general intellectual functioning that originates during the
9		developmental period and is associated with impairment in adaptive behavior,
10		although an individual who is intellectually disabled may also be a person who is
11		mentally ill. Chemical dependency does not per se constitute mental illness, although
12		a person who is chemically dependent may also be a person who is mentally ill.
13	<u>—13.</u>	"Person requiring treatment" means a person who is mentally ill or a person who is
14		chemically dependent, and there is a reasonable expectation that if the individual is-
15		not treated for the mental illness or chemical dependency there exists a serious risk of
16		harm to that individual, others, or property.
17	<u> </u>	"Physician assistant" means an individual licensed to practice as a physician assistant
18		under chapter 43-17, who is authorized by the North Dakota board of medicine to
19		practice in the field of psychiatry, holds a certification in psychiatry approved by the
20		board, and is practicing under the supervision of a psychiatrist licensed to practice
21		medicine in this state. This chapter does not expand the scope of practice of a
22		physician assistant beyond the scope of practice authorized by the North Dakota
23		board of medicine.
24	<u> </u>	"Private treatment facility" means any facility established under chapter 10-19.1 or-
25		10-33 and licensed under chapter 23-16 or 50-31.
26	— 16.	"Psychiatrist" means a licensed physician who has completed a residency program in-
27		psychiatry.
28	<u> </u>	"Public treatment facility" means any treatment facility not falling under the definition of
29		a private treatment facility.
30	<u>—18.</u>	"Qualified service organization" means a person that provides services to a treatment
31		facility such as data processing, bill collecting, dosage preparation, laboratory-

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1	analysis, or legal, medical, accounting, or other professional services, and which-
2	agrees that in dealing with patient records, itthat person is bound by the confidentiality
3	restrictions of this chapter, except as otherwise provided for by law.
4	
5	-20. "Serious risk of harm" means within the next thirty days there is a substantial likelihood
6	of one or more of the following:
7	a. Suicide, as manifested by suicidal threats, attempts, or significant depression
8	relevant to suicidal potential;
9	b. Killing or inflicting serious bodily harm on another individual or inflicting significant
10	property damage, as manifested by acts or threats; that may cause harm or
11	which place another individual in reasonable fear of sustaining such harm.
12	c. Inflicting significant property damage, as manifested by acts or threats.
13	<u>d.</u> Suffering from neglect that poses a threat of substantial harm to the individual's
14	well-being.
15	<u>e.</u> Substantial deterioration in physical health or, substantial injury, disease, or
16	death, based upon recent poor self-control or judgment in providing one's shelter,
17	nutritionnourishment, self protection, essential health care, or personal care; or.
18	d.f. Substantial deterioration in mental health which would predictably result in-
19	dangerousnessdanger to that individual, others, or property, based upon-
20	evidence:
21	(1) Evidence of objective facts to establish the loss of cognitive or volitional
22	control over the individual's thoughts or actions; or based upon acts
23	<u>(2) Acts, threats, or omissions; patterns in the individual's treatment history,; the</u>
24	individual's current condition,; and other relevant factors, including the effect
25	of the individual's mental condition on the individual's ability to:
26	(a) Insight into the need for treatment;
27	(b) Ability or willingness to comply with treatment; and
28	<u> </u>
29	-21. <u>"Substantial likelihood" may take into account an individual's history and recent</u>
30	behavior.

1	<u> <u>22. </u></u>	"Superintendent" means the state hospital superintendent or the superintendent's
2		designee.
3	22.<u>23.</u>	"Third-party payer" means a person that pays, or agrees to pay, for diagnosis or-
4		treatment furnished to a patient on the basis of a contractual relationship with the
5		patient or a member of the patient's family, or on the basis of the patient's eligibility for
6		federal, state, or local governmental benefits, and includes any person providing audit
7		or evaluation activities for the third-party payer.
8	23.<u>24.</u>	"Treatment facility" or "facility" means any hospital, including the state hospital at
9		Jamestown, or any evaluation and treatment facility that provides directly, or by direct
10		arrangement with other public or private agencies, emergency evaluation and
11		treatment, outpatient care, and inpatient care to individuals who area person who is
12		mentally ill or a person who is chemically dependent.
13		TION 2. AMENDMENT. Section 25-03.1-07 of the North Dakota Century Code is
14	amende	d and reenacted as follows:
15	<u> </u>	3.1-07. Involuntary admission standards.
16	— An ir	ndividual may not be involuntarily admitted under this chapter to the state hospital or-
17	another	treatment facility only if <u>unless</u> it is determined that the individual is a person requiring-
18	treatmer	h t.
19		TION 3. AMENDMENT. Section 25-03.1-17 of the North Dakota Century Code is-
20	amende	d and reenacted as follows:
21	25-0	3.1-17. Involuntary treatment - Right to preliminary hearing.
22	<u> <u> </u></u>	A respondent who is in custody under section 25-03.1-25 and who is alleged to be a
23		mentally ill person or to be a person who is both mentally ill and chemically dependent
24		is entitled to a preliminary hearing.
25		a. At the preliminary hearing the magistratecourt shall review the medical report.
26		During the hearing the court shall allow the petitioner and the respondent must
27		be afforded an opportunity to testify and to present and cross-examine witnesses,
28		and the court may receive the testimony of any other interested person. The-
29		magistratecourt may receive evidence that would otherwise be inadmissible at a
30		treatment hearing.

1	<u>—b.</u> At the conclusion of the hearing, if the court does not find probable cause to
2	believe that the individual is a person requiring treatment, the petition must be
3	dismissed. The individual must be ordered discharged from the court shall
4	dismiss the petition and order the respondent be discharged from the treatment
5	facility if that individual has beenthe respondent was detained before the hearing.
6	<u>2. If the court finds probable cause to believe that the respondent is a person requiring</u>
7	treatment, itthe court shall consider less restrictive alternatives to involuntary detention
8	and treatment.
9	<u>a.</u> The court may then order the respondent to undergo up to fourteen days'
10	treatment under a less restrictive alternative or, if itthe court finds that alternative
11	treatment is not in the best interests of the respondent or others, it <u>the court</u> shall
12	order the respondent detained for up to fourteen days for involuntary treatment in-
13	a treatment facility.
14	<u><u>b.</u> The court shall specifically state to the respondent and give written notice that if</u>
15	involuntary treatment beyond the fourteen-day period is to be sought, the
16	respondent will have the right to a treatment hearing as required by this chapter.
17	SECTION 4. AMENDMENT. Section 25-03.1-21 of the North Dakota Century Code is-
18	amended and reenacted as follows:
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20	Noncompliance with alternative treatment order - Emergency detention by certain-
21	professionals - Application for continuing treatment order.
22	1. Before making itsthe court makes a decision in an involuntary treatment hearing, the
23	court shall review a report assessing the availability and appropriateness for the
24	respondent of treatment programs other than hospitalization which has been prepared
25	and submitted by the state hospital or treatment facility. If the court finds that a-
26	treatment program other than hospitalization is adequate to meet the respondent's
27	treatment needs and is sufficient to prevent harm or injuries which the individual may-
28	inflict upon the individual or othersserious risk of harm, the court shall order the
29	respondent to receive whatever treatment, other than hospitalization, is appropriate for
30	a period of ninety days.

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2	alternative treatment has not been sufficient to prevent harm or injuries that the
3	individual may be inflicting upon the individual or othersserious risk of harm, the
4	department, a representative of the treatment program involved in the alternative-
5	treatment order, the petitioner's retained attorney, or the state's attorney may apply to-
6	the court or to the district court of a different judicial district in which the respondent is
7	located to modify the alternative treatment order. The court shall hold a hearing within
8	seven days after the application is filed. Based upon the evidence presented at
9	hearing and other available information, the court may:
10	a. Continue the alternative treatment order;
11	b. Consider other alternatives to hospitalization, modify the court's original order,
12	and direct the individual torespondent undergo another program of alternative
13	treatment for the remainder of the ninety-day period; or
14	c. Enter a new order directing that the individualthe respondent be hospitalized until
15	discharged from the hospital under section 25-03.1-30. If the-
16	individual <u>respondent</u> refuses to comply with this hospitalization order, the court-
17	may direct a peace officer to take the individualrespondent into protective custody
18	and transport the respondent to a treatment facility.
19	
20	services professional, psychiatrist, physician assistant, clinical psychologist, advanced-
21	practice registered nurse, or any mental health professional reasonably believes that
22	the respondent is not complying with an order for alternative treatment, that the
23	alternative treatment is not sufficient to prevent serious risk of harm or injuries to the
24	respondent or others, and that considerations of time and safety do not allow
25	intervention by a court, the designated professional may cause the respondent to be
26	taken into custody and detained at a treatment facility as provided in subsection 3 of-
27	section 25-03.1-25 and, within twenty-four hours, shall file a notice with the court-
28	stating the circumstances and factors of the case. The state hospital or public-
29	treatment facility shall immediately shall accept, if appropriately screened and
30	medically stable, and a private treatment facility may accept, the respondent on a
31	provisional basis. The superintendent or director shall require an immediate
30	medically stable, and a private treatment facility may accept, the respondent on

1	examination of the respondent and, within twenty-four hours after admission, shall-
2	either release the respondent subject to the conditions of the original order or file a
3	notice with the court stating in detail the circumstances and factors of the case. The
4	court shall, within forty-eight hours of receipt of the notice of the superintendent or-
5	director, after a hearing and based on the evidence presented and other available
6	information <u>. shall</u> :
7	a. Release the individual <u>respondent</u> from hospitalization and continue the
8	alternative treatment order;
9	b. Consider other alternatives to hospitalization, modify itsthe original order of the
10	court, and direct the individual torespondent undergo another program of
11	alternative treatment for the remainder of the commitment period; or
12	c. Enter a new order directing that the respondent remain hospitalized until-
13	discharged from the hospital under section 25-03.1-30.
14	- 4. If, at the date of expiration of an order of alternative treatment, it is believed that an-
15	individual continues to require treatment, a petition for a determination that the
16	individual continues to be a person requiring treatment may be filed with the court
17	where the individual is located.
18	- SECTION 5. AMENDMENT. Section 25-03.1-30 of the North Dakota Century Code is-
19	amended and reenacted as follows:
20	
21	Termination of alternative treatment.
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23	hospitalized patient who is clinically suitable for discharge.
24	
25	whenif the patient's mental condition is such that the patient no longer is a person-
26	requiring treatment.
27	
28	or if court proceedings are pending, the treatment facility shall notify the court must be
29	notified of the discharge by the treatment facility.
30	
31	individual ordered to undergo a program of alternative treatment may terminate the

1	alternative treatment if the patient is clinically suitable for termination of treatment. The
2	person shall terminate the alternative treatment whenif the patient no longer is a
3	person requiring treatment and shall notify the court upon that termination.
4	
5	treatment of an individual under this chapter, the individual would benefit from further
6	treatment, the hospital or provider of alternative treatment shall offer appropriate
7	treatment on a voluntary basis or shall aid the individual to obtain treatment from
8	another source on a voluntary basis.
9	<u>a.</u> With the individual's consent, the superintendent or director shall notify the
10	appropriate community agencies or persons of the release and of the suggested
11	release plan. Community agencies include regional mental health centers, state-
12	and local counseling services, public and private associations whose the function
13	of which is to assist mentally ill or chemically dependent persons, and the
14	individual's physician.
15	<u><u>b.</u> The agencies and persons notified of the individual's release shall report to the</u>
16	facility that initial contact with the individual has been accomplished.
17	
18	determines that a less restrictive form of treatment would beis more appropriate for a
19	patient hospitalized by court order, the superintendent or director may petition the
20	court which <u>that</u> last ordered the patient's hospitalization to modify its <u>the</u> order of the
21	court. The petition must contain statements setting forth the reasons for the
22	determination that the patient continues to requirebe a person requiring treatment, the
23	reasons for the determination that a less restrictive form of treatment would beis more
24	appropriate for the patient, and describing the recommended treatment program. If the
25	patient consents, the court may, without a hearing, the court may modify itsthe
26	treatment order of the court by directing the patient to undergo the agreed treatment
27	program for the remainder of the treatment order. The patient must be given an
28	opportunity to protest the discharge and modification of treatment order and to receive-
29	a hearing on the merits of the protest.
30	SECTION 1. LEGISLATIVE MANAGEMENT STUDY - BEHAVIORAL HEALTH CIVIL
31	COMMITMENT AND INTERVENTION BEFORE VIOLENCE

1	1.	During the 2019-20 interim, the legislative management shall consider studying the
2		state's civil commitment laws and procedures under chapters 25-03.1 and 25-03.2 and
3		the behavioral health and civil justice systems to determine whether:
4		a. Steps could be taken to prevent and to decrease the incidence of violence
5		committed by persons who are mentally ill, including the temporary removal of
6		firearms; and
7		b. Our behavioral health and civil justice systems could take steps to be more
8		effective in intervening in the early stages of an individual's mental illness to treat
9		the illness and avoid violence and possible contact with law enforcement.
10	2.	The legislative management shall report its findings and recommendations, together
11		with any legislation necessary to implement the recommendations, to the sixty-seventh
12		legislative assembly.