

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 ~~and~~, 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 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

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

7 **25-03.1-02. Definitions.**

8 In this chapter, unless the context requires otherwise:

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

- 1 4. "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. "Court" means, except when otherwise indicated, the district court serving the county
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. "Expert examiner" means a licensed physician, physician assistant, psychiatrist,
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 9. "Independent expert examiner" means a licensed physician, physician assistant,
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 10. "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. "Mental health professional" means:
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
26 under the supervision of an expert examiner.
27 e. A licensed addiction counselor.
28 f. A licensed professional counselor with a master's degree in counseling from an
29 accredited program who has either successfully completed the advanced training
30 beyond the master's degree as required by the national academy of mental

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 12. "Mentally ill person" or "person who is mentally ill" means an individual with an
5 organic, mental, ~~neurological~~, or emotional disorder that substantially impairs the
6 capacity to use self-control, judgment, and discretion in the conduct of personal affairs
7 and social relations. The term does not include an individual with an intellectual
8 disability of significantly subaverage general intellectual functioning that originates
9 during the developmental period and is associated with impairment in adaptive
10 behavior, although an individual who is intellectually disabled may also be a person
11 who is mentally ill. Chemical dependency does not per se constitute mental illness,
12 although a person who is chemically dependent may also be a person who is mentally
13 ill.

14 13. "Person requiring treatment" means a person who is mentally ill or a person who is
15 chemically dependent, and there is a reasonable expectation that if the individual is
16 not treated for the mental illness or chemical dependency there exists a serious risk of
17 harm to that individual, others, or property.

18 14. "Physician assistant" means an individual licensed to practice as a physician assistant
19 under chapter 43-17, who is authorized by the North Dakota board of medicine to
20 practice in the field of psychiatry, holds a certification in psychiatry approved by the
21 board, and is practicing under the supervision of a psychiatrist licensed to practice
22 medicine in this state. This chapter does not expand the scope of practice of a
23 physician assistant beyond the scope of practice authorized by the North Dakota
24 board of medicine.

25 15. "Private treatment facility" means any facility established under chapter 10-19.1 or
26 10-33 and licensed under chapter 23-16 or 50-31.

27 16. "Psychiatrist" means a licensed physician who has completed a residency program in
28 psychiatry.

29 17. "Public treatment facility" means any treatment facility not falling under the definition of
30 a private treatment facility.

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

1 21. "Substantial likelihood" may take into account an individual's history and recent
2 behavior.

3 22. "Superintendent" means the state hospital superintendent or the superintendent's
4 designee.

5 22-23. "Third-party payer" means a person that pays, or agrees to pay, for diagnosis or
6 treatment furnished to a patient on the basis of a contractual relationship with the
7 patient or a member of the patient's family, or on the basis of the patient's eligibility for
8 federal, state, or local governmental benefits, and includes any person providing audit
9 or evaluation activities for the third-party payer.

10 23-24. "Treatment facility" or "facility" means any hospital, including the state hospital at
11 Jamestown, or any evaluation and treatment facility that provides directly, or by direct
12 arrangement with other public or private agencies, emergency evaluation and
13 treatment, outpatient care, and inpatient care to ~~individuals who are~~ a person who is
14 mentally ill or a person who is chemically dependent.

15 **SECTION 2. AMENDMENT.** Section 25-03.1-07 of the North Dakota Century Code is
16 amended and reenacted as follows:

17 **25-03.1-07. Involuntary admission standards.**

18 An individual may not be involuntarily admitted under this chapter to the state hospital or
19 another treatment facility ~~only if~~ unless it is determined ~~that~~ the individual is a person requiring
20 treatment.

21 **SECTION 3. AMENDMENT.** Section 25-03.1-17 of the North Dakota Century Code is
22 amended and reenacted as follows:

23 **25-03.1-17. Involuntary treatment - Right to preliminary hearing.**

24 1. A respondent who is in custody under section 25-03.1-25 and who is alleged to be a
25 mentally ill person or to be a person who is both mentally ill and chemically dependent
26 is entitled to a preliminary hearing.

27 a. At the preliminary hearing the ~~magistrate~~ court shall review the medical report.

28 During the hearing the court shall allow the petitioner and the respondent ~~must~~
29 ~~be afforded~~ an opportunity to testify and to present and cross-examine witnesses,
30 and the court may receive the testimony of any other interested person. The

1 ~~magistrate~~court may receive evidence that would otherwise be inadmissible at a
2 treatment hearing.

3 b. At the conclusion of the hearing, if the court does not find probable cause to
4 believe ~~that~~ the individual is a person requiring treatment, ~~the petition must be~~
5 ~~dismissed. The individual must be ordered discharged from~~ the court shall
6 dismiss the petition and order the respondent be discharged from the treatment
7 facility if ~~that individual has been~~ the respondent was detained before the hearing.

8 2. If the court finds probable cause to believe ~~that~~ the respondent is a person requiring
9 treatment, ~~it~~ the court shall consider less restrictive alternatives to involuntary detention
10 and treatment.

11 a. The court may ~~then~~ order the respondent to undergo up to fourteen days'
12 treatment under a less restrictive alternative or, if ~~it~~ the court finds ~~that~~ alternative
13 treatment is not in the best interests of the respondent or others, ~~it~~ the court shall
14 order the respondent detained for up to fourteen days for involuntary treatment in
15 a treatment facility.

16 b. The court shall specifically state to the respondent and give written notice that if
17 involuntary treatment beyond the fourteen-day period is to be sought, the
18 respondent will have the right to a treatment hearing as required by this chapter.

19 **SECTION 4. AMENDMENT.** Section 25-03.1-21 of the North Dakota Century Code is
20 amended and reenacted as follows:

21 **25-03.1-21. Involuntary treatment order - Alternatives to hospitalization -**
22 **Noncompliance with alternative treatment order - Emergency detention by certain**
23 **professionals - Application for continuing treatment order.**

24 1. Before ~~making its~~ the court makes a decision in an involuntary treatment hearing, the
25 court shall review a report assessing the availability and appropriateness for the
26 respondent of treatment programs other than hospitalization which has been prepared
27 and submitted by the state hospital or treatment facility. If the court finds ~~that~~ a
28 treatment program other than hospitalization is adequate to meet the respondent's
29 treatment needs and is sufficient to prevent ~~harm or injuries which the individual may~~
30 ~~inflict upon the individual or others~~ serious risk of harm, the court shall order the

1 respondent to receive whatever treatment, other than hospitalization, is appropriate for
2 a period of ninety days.

3 2. If the respondent is not complying with the alternative treatment order or the
4 alternative treatment has not been sufficient to prevent ~~harm or injuries that the~~
5 ~~individual may be inflicting upon the individual or others~~ serious risk of harm, the
6 department, a representative of the treatment program involved in the alternative
7 treatment order, the petitioner's retained attorney, or the state's attorney may apply to
8 the court or to the district court of a different judicial district in which the respondent is
9 located to modify the alternative treatment order. The court shall hold a hearing within
10 seven days after the application is filed. Based upon the evidence presented at
11 hearing and other available information, the court may:

- 12 a. Continue the alternative treatment order;
- 13 b. Consider other alternatives to hospitalization, modify the court's original order,
14 and direct the ~~individual to~~ respondent undergo another program of alternative
15 treatment for the remainder of the ninety-day period; or
- 16 c. Enter a new order directing ~~that the individual~~ the respondent be hospitalized until
17 discharged from the hospital under section 25-03.1-30. If the
18 ~~individual~~ respondent refuses to comply with this hospitalization order, the court
19 may direct a peace officer to take the ~~individual~~ respondent into protective custody
20 and transport the respondent to a treatment facility.

21 3. If a peace officer, physician either in person or directing an emergency medical
22 services professional, ~~psychiatrist, physician assistant, clinical psychologist, advanced~~
23 ~~practice registered nurse,~~ or any mental health professional reasonably believes ~~that~~
24 the respondent is not complying with an order for alternative treatment, that the
25 alternative treatment is not sufficient to prevent serious risk of harm ~~or injuries to the~~
26 ~~respondent or others~~, and that considerations of time and safety do not allow
27 intervention by a court, the designated professional may cause the respondent to be
28 taken into custody and detained at a treatment facility as provided in subsection 3 of
29 section 25-03.1-25 and, within twenty-four hours, shall file a notice with the court
30 stating the circumstances and factors of the case. The state hospital or public
31 treatment facility ~~shall~~ immediately shall accept, if appropriately screened and

1 medically stable, and a private treatment facility may accept, the respondent on a
2 provisional basis. The superintendent or director shall require an immediate
3 examination of the respondent and, within twenty-four hours after admission, shall
4 ~~either~~ release the respondent subject to the conditions of the original order or file a
5 notice with the court stating in detail the circumstances and factors of the case. The
6 court ~~shall~~, within forty-eight hours of receipt of the notice of the superintendent or
7 director, after a hearing and based on the evidence presented and other available
8 information, shall:

- 9 a. Release the ~~individual~~respondent from hospitalization and continue the
10 alternative treatment order;
- 11 b. Consider other alternatives to hospitalization, modify ~~its~~the original order of the
12 court, and direct the ~~individual to~~respondent undergo another program of
13 alternative treatment for the remainder of the commitment period; or
- 14 c. Enter a new order directing ~~that~~ the respondent remain hospitalized until
15 discharged from the hospital under section 25-03.1-30.

- 16 4. If, at the date of expiration of an order of alternative treatment, it is believed ~~that~~ an
17 individual continues to require treatment, a petition for a determination that the
18 individual continues to be a person requiring treatment may be filed with the court
19 where the individual is located.

20 **SECTION 5. AMENDMENT.** Section 25-03.1-30 of the North Dakota Century Code is
21 amended and reenacted as follows:

22 **25-03.1-30. Discharge of hospitalized patient - Transfer to alternative treatment -**
23 **Termination of alternative treatment.**

- 24 1. The superintendent or director ~~may~~ at any time may discharge a voluntarily
25 hospitalized patient who is clinically suitable for discharge.
- 26 2. The superintendent or director shall discharge a patient hospitalized by court order
27 ~~when~~if the patient's mental condition is such that the patient no longer is a person
28 requiring treatment.
- 29 3. If a patient discharged under subsection 1 or 2 has been hospitalized by a court order,
30 or if court proceedings are pending, the treatment facility shall notify the court ~~must be~~
31 ~~notified~~ of the discharge ~~by the treatment facility~~.

1 4. A person responsible for providing treatment, other than hospitalization, to an
2 individual ordered to undergo a program of alternative treatment may terminate the
3 alternative treatment if the patient is clinically suitable for termination of treatment. The
4 person shall terminate the alternative treatment ~~when~~if the patient no longer is a
5 person requiring treatment and shall notify the court upon that termination.

6 5. If, upon the discharge of a hospitalized patient or the termination of alternative
7 treatment of an individual under this chapter, the individual would benefit from further
8 treatment, the hospital or provider of alternative treatment shall offer appropriate
9 treatment on a voluntary basis or shall aid the individual to obtain treatment from
10 another source on a voluntary basis.

11 a. With the individual's consent, the superintendent or director shall notify the
12 appropriate community agencies or persons of the release and of the suggested
13 release plan. Community agencies include regional mental health centers, state
14 and local counseling services, public and private associations ~~whose~~the function
15 of which is to assist mentally ill or chemically dependent persons, and the
16 individual's physician.

17 b. The agencies and persons notified of the individual's release shall report to the
18 facility that initial contact with the individual has been accomplished.

19 6. If, before expiration of an initial treatment order, the superintendent or director
20 determines ~~that~~ a less restrictive form of treatment ~~would be~~is more appropriate for a
21 patient hospitalized by court order, the superintendent or director may petition the
22 court ~~which~~that last ordered the patient's hospitalization to modify ~~its~~the order of the
23 court. The petition must contain statements setting forth the reasons for the
24 determination ~~that~~ the patient continues to requirebe a person requiring treatment, the
25 reasons for the determination ~~that~~ a less restrictive form of treatment ~~would be~~is more
26 appropriate for the patient, and describing the recommended treatment program. If the
27 patient consents, ~~the court may,~~ without a hearing, the court may modify ~~its~~the
28 treatment order of the court by directing the patient to undergo the agreed treatment
29 program for the remainder of the treatment order. The patient must be given an
30 opportunity to protest the discharge and modification of treatment order and to receive
31 a hearing on the merits of the protest.

1 **SECTION 6. LEGISLATIVE MANAGEMENT STUDY - BEHAVIORAL HEALTH CIVIL**
2 **COMMITMENT AND ~~EARLY~~ INTERVENTION BEFORE VIOLENCE.**

3 1. During the 2019-20 interim, the legislative management shall consider studying the
4 state's civil commitment laws and procedures under chapters 25-03.1 and 25-03.2 and
5 the behavioral health and civil justice systems to determine whether:

6 ~~1. The state's laws and procedures operate as intended;~~

7 ~~2. There are adequate outpatient commitment options in this state; and~~

8 ~~3. There are steps our civil justice system could take to be more effective in intervening~~
9 ~~in the early stages of an individual's mental illness to treat the illness and avoid~~
10 ~~contact with law enforcement.~~

11 a. Steps could be taken to prevent and to decrease the incidence of violence
12 committed by persons who are mentally ill, including the temporary removal of
13 firearms; and

14 b. Our behavioral health and civil justice systems could take steps to be more
15 effective in intervening in the early stages of an individual's mental illness to treat
16 the illness and avoid violence and possible contact with law enforcement.

17 2. The legislative management shall report its findings and recommendations, together
18 with any legislation necessary to implement the recommendations, to the sixty-seventh
19 legislative assembly.