

**House Industry, Business, and Labor Committee**

**Representative Jonathan Warrey, CHAIR**

**January 29, 2025**

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**NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION PRESENTING  
OPPOSITION TESTIMONY REGARDING HOUSE BILL 1454**

Chair Warrey and member of the House Industry, Business, and Labor Committee, I am Dr. Stephanie Gravning, Health Authority for the Department of Corrections and Rehabilitation (DOCR). Today, I submit this verbal and written testimony regarding the possible impact of House Bill 1454 on medical operations in the DOCR.

Thank you for the opportunity to discuss this bill and the impact it will have on physical and mental health of North Dakota's incarcerated population. Our mission at the DOCR is transforming lives, influencing change, and strengthening community through a vision of health and productive neighbors, a safe North Dakota.

Approximately 85% of the incarcerated population suffers from mental health disorders, substance use disorders, or both. A subset of this population suffers from severe mental illness which can be well controlled with medication. Infrequently, these serious mental illnesses may cause grave disability and impaired decision making. In these situations, a patient presents an imminent danger to themselves and others.

Under the authority of chapter 54-23.3 and section 12-47-12 of North Dakota Century Code, DOCR has established procedures for the involuntary administration of psychotropic medication to an adult in custody suffering from a mental disorder who, as a result of the disorder, is gravely disabled or presents the likelihood of serious harm to self, others, or property. Administration of involuntary psychotropic medication follows due process governed by the principles of medical ethics.

This procedure includes the attempt to obtain consent if the adult in custody is capable of giving valid informed consent to treatment. In an emergency situation, administration of involuntary psychotropic medication may be ordered for a maximum of 72 hours after which a written request must be submitted to a committee for a 14-day Involuntary Psychotropic Hearing. The hearing takes place in front of a committee that includes a non-treating psychiatrist and non-treating psychologist to determine if the request is appropriate. The patient is offered the opportunity to appeal the decision of the committee if the hearing grants the 14-day involuntary psychotropic medication request. Often, if the 14-day involuntary psychotropic medication administration is approved, this will trigger another hearing for 180-Day Involuntary Psychotropic Medication Administration.

The current structure of House Bill 1454 would override the authority previously given which allows us to provide involuntary psychotropic medications to severely mentally ill patients who are gravely disabled due to their mental health issues and pose a threat to themselves, others, or to property.

Thank you for your time and consideration of the information I have presented. I'm happy to answer any questions from the committee.