

2009 SENATE HUMAN SERVICES

SB 2098

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2098

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-14-09

Recorder Job Number: 6993

Committee Clerk Signature

Mary K. Monson

Minutes:

Senator J. Lee opened the hearing on SB 2098 relating to commitment to a public or private facility of a person requiring treatment due to mental illness or chemical dependency.

Dr. Andrew McLean, Medical Director of the One Center, spoke in favor of SB 2098.

See attachment #1

Senator Dever asked if a person became suicidal because of a gambling addiction what would it be considered.

Dr. McLean replied there are provisions for both. Commitments included either serious mental illness or addiction. In that case it would be called a dual diagnosis.

Senator J. Lee asked if a person did not have a current guardian would another family member be able to override the patients say.

Dr. McLean said the patient isn't even listed in the current rule.

Some discussion followed on vulnerable adults. Adult protective services are asked to step in sometimes to appoint a guardian.

Senator J. Lee asked what happens when there are family factions.

Dr. McLean replied that they look at who is serving the patients best interests. Social service workers do a lot of that work.

There was discussion on removing the word "immediately". The term wouldn't apply from care facility to care facility. Immediately refers to the pickup orders and the non-medical transfers.

Bev Adams, Executive Administrator for the Health Policy Consortium, testified in opposition to SB 2098. They are not opposed to requiring that the individual be medically stable prior to be transported to Jamestown. They believe they are doing that. Their concern was taking out the word immediately under subdivision 3 and one other place. She felt addressing the concerns that individuals are medically stable prior to be transferred can occur with the current language. Taking out the word "immediately" will have further impact to them moving patients that maybe was not intended.

Senator Dever wondered if they are concerned about cost of the care of the patient or the proper care of the patient when determining if immediately should be in there.

Bev Adams replied that both of the issues are concerns. They are not set up to be a long term in-patient psych treatment program. They are simply just housing them until they can move on to get treatment. There is a length of stay issue as well as a cost issue. They don't set their rates. She talked about Medicaid, Medicare and Blue Cross and costs and reimbursements.

Senator Dever asked if both concerns would be addressed if immediately were to be restored and the new language, "appropriately screen and medically stable", were added.

Bev Adams said it would. She then addressed "licensed addiction counselor".

Alex Schweitzer, Supt. of the ND State Hospital, said they don't have an issue with the hospitals and leaving the wording "immediately" in.

Senator J. Lee asked him if it would be acceptable to leave "immediately" in and to clarify language about the licensed addiction counselor.

Mr. Schweitzer said it would be acceptable.

There was no neutral testimony and the hearing on SB 2098 was closed.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2098

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-20-09

Recorder Job Number: 7350

Committee Clerk Signature *Mary K. Mouson*

Minutes:

Senator J. Lee opened committee work on SB 2098 to address the amendment proposed by Mr. McLean. After a short discussion on the amendment as proposed and a few changes the intern was asked to prepare an updated amendment for the committee to look at.

Committee work was adjourned.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2098

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-21-09

Recorder Job Number: 7467

Committee Clerk Signature *Mary K. Monson*

Minutes:

Senator J. Lee opened SB 2098 for committee work.

The amendment dated 1-21-09 was reviewed. (Attachment #2)

Senator Erbele moved to adopt the amendment.

Seconded by **Senator Dever**.

Roll Call Vote 6-0-0. **Amendment adopted.**

Senator Heckaman moved a **Do Pass as Amended**.

Seconded by Senator Erbele.

Roll Call Vote 6-0-0. Motion carried.

Carrier is **Senator Dever**.

1-21-09

2

PROPOSED AMENDMENTS TO SB 2098

Page 2, line 8, replace "possible" with "reasonably practicable".

Page 3, line 8, remove "licensed", and after "counselor" insert "practicing within their professional scope of practice".

Page 3, line 28, remove "licensed".

Page 5, line 22, remove the overstrike over "~~immediately~~".

Page 8, line 9, remove the overstrike over "~~immediately~~".

Renumber accordingly

Date: 1-21-09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2098

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 98187.0101 Title .0200

Action Taken DP DNP Amended Rerefer to Appropriations

Motion Made By Sen. Heckaman Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2098: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2098 was placed on the Sixth order on the calendar.

Page 1, line 2, remove "25-03.1-26,"

Page 2, line 8, replace "possible" with "reasonably practicable"

Page 3, line 8, remove "licensed" and after "counselor" insert "who is practicing within the professional scope of practice and"

Page 3, line 28, remove "licensed"

Page 5, line 22, remove the overstrike over "immediately"

Page 8, remove lines 5 through 27

Renumber accordingly

2009 HOUSE HUMAN SERVICES

SB 2098

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2098

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 25, 2009

Recorder Job Number: 9694

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz called the order the hearing on SB 2098.

Dr. Andrew McLean testified in support of bill. See Testimony #1.

Chairman Weisz: Going back to your language on voluntary or involuntary admission?

Dr. McLean: It is for any hospitalization to the state hospital. It is mandated that a human service center screen a person to the state hospital.

Chairman Weisz: Wouldn't you want that to be a face to face on an involuntary admission?

Dr. McLean: Yes, indeed. If I had my druthers it would happen.

Rep. Potter: The difference between screener and (inaudible).

Dr. McLean: A screener may be any health professional who is on call at the human service center. They are the gate keeper and they say yea or nay. They don't admit them to the hospital; they just say you are good to go.

Rep. Conrad: If the screener says ok and a person goes to the state hospital and the hospital says no they shouldn't be admitted take them home. Do they stay overnight or how is that done?

Dr. McLean: If the screener says yes they are, then an assessment is done when they come and I can't think of but, one case where it was questioned.

In that provision then, it is giving the state hospital the ability to reject people coming in.

Dr. McLean: Correct.

Rep. Porter: What if they are incarcerated and in jail and ready to be discharged and haven't kept up with their treatment plan and they sheriff wants to admit them to the state hospital?

Dr. McLean: We have taken them in or negotiated to have them stay at certain facilities around the state.

Rep. Hofstad: Can a patient deny admittance?

Dr. McLean: If they voluntarily admitted, they can request release, but if under order it takes a judge to release them.

NO OPPOSITION.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2098

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 18, 2009

Recorder Job Number: 11211

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz: 2098 on addiction counselors.

Rep. Conrad: I had where they wanted licensed counselors. Page 3, line 28.

Chairman Weisz: They added the language, due to practicing within a special (inaudible).

Rep. Porter: I don't know if it is necessary language because addiction counselors have to be licensed just like psychiatrist and physicians have to be licensed. Already a presumed law that they are licensed.

Chairman Weisz: The other question is why do we have to say who is practicing within the professional scope of practice?

Rep. Kilichowski: Are there different levels of addiction counselors?

Chairman Weisz: There isn't.

Rep. Conrad: Motion to remove page 3, lines 8 and 9 starting after counselor.

Rep. Frantsvog: Second.

Voice Vote: 13 yeas, 0 nays, 0 absent.

MOTION CARRIED ON AMENDMENT.

Chairman Weisz: Motion carried. Further amendments? Rep. Porter did you (dropped sentence).

(Everyone talking at once)

Chairman Weisz: Rep. Porter is looking up something for me and then we can vote and call it a day. I assume no one has a problem. Just so you understand we are broadening (drops sentence) we are changing everything, adding chemical dependency as the same qualification as mental illness. That is quite a shift, just so the committee is aware of that.

Rep. Hofstad: We are also adding addiction counselors to that list of people that (drops sentence).

Chairman Weisz: Right which helps because that's why (inaudible) an addiction counselor as qualified counselors. That broadens this section quite a bit.

Rep. Porter: Addiction counselors show up in the code, boards, (inaudible) and addiction counselors. That is correct. What he was referencing with the language and what he was going back after was, inside of the commitment procedures section of the code it says this, "independent expert examiner needs a licensed physician, psychiatrist or psychologist trained in clinical program or licensed addiction counselor. It appears the code has never been updated or changed. I'd guess that if that part of the code was ever opened up that counsel would strike those words and just put addiction counselor in because to work in the state you have to be licensed.

Rep. Hofstad: Motion Do Pass As Amended.

Rep. Conrad: Second.

Roll Call Vote: 12 yes, 1 no, 0 absent.

MOTION CARRIED DO PASS AS AMENDED.

BILL CARRIER: Rep. Hofstad.

VJR
3/18/09

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2098

Page 3, line 8, remove "who is practicing within the professional scope"

Page 3, line 9, remove "of practice and"

Renumber accordingly

Date: 3-18-09
Roll Call Vote #: /

2008 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2098

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep Conrad Seconded By Rep Frantsvog

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ			REP. TOM CONKLIN		
VICE-CHAIR VONNIE PIETSCH			REP. KARI L CONRAD		
REP. CHUCK DAMSCHEN			REP. RICHARD HOLMAN		
REP. ROBERT FRANTSVOG			REP. ROBERT KILICHOWSKI		
REP. CURT HOFSTAD			REP. LOUISE POTTER		
REP. MICHAEL R. NATHE					
REP. TODD PORTER					
REP. GERRY UGLEM					

Total (Yes) 13 No 0

Absent 0

Bill Carrier _____

If the vote is on an amendment, briefly indicate intent:

*Move to Amend
Remove Pg 3
after counselor lines 8 & 9*

Date: 3-18-09
Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2098

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By

Rep. Hofstad

Seconded By

Rep. Conrad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER		✓
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 12 No 1

Absent _____

Bill Carrier

Rep. Hofstad

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2098, as engrossed: Human Services Committee (Rep. Welsz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed SB 2098 was placed on the Sixth order on the calendar.

Page 3, line 8, remove "who is practicing within the professional scope"

Page 3, line 9, remove "of practice and"

Renumber accordingly

2009 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2098

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2098

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 04/15/2009

Recorder Job Number: 11865

Committee Clerk Signature

Mary K. Monson

Minutes:

Chairman Dever opened the conference committee on SB 2098. All members were present: Senator Dever, Senator Erbele, Senator Heckaman, Rep. Hofstad, Rep. Frantsvog, and Rep. Holman. He asked the representatives to explain the house amendments.

Representative Hofstad Explained that the house felt that they were singling out the counselors and excluding the psychiatrists and psychologists within that queue. The question for them was; why addiction counselors and not psychiatrists and psychologists?

They are talking about a document/petition prepared by the court from the primary physician/psychiatrist/psychologist and now addiction counselors which was their rationale.

Chairman Dever pointed out that the Senate added the language "who is practicing within the professional scope of practice" to the bill.

Senator Heckaman spoke about the two different types of commitment addressed in the bill; mental illness and chemical dependency—when you talk about who can support that, a psychiatrist/physician/psychologist could probably support both of those but an addiction counselor cannot support the mental illness, hence the amendment about scope of process.

Representative Hofstad understood that but questioned the section of code they were dealing with, not the title of the bill. The section of code deals with the petition—to him the

issue is the petition which is the document requested by the court of the physician/psychiatrist/psychologist.

Senator Heckaman thinks this goes back to involuntary treatment. Without scope of practice language, an addiction counselor could make a statement about mental illness. Their only scope of practice is addiction not mental illness. It prevents an addiction counselor from admitting someone involuntarily for mental illness.

Representative Frantsvog part of the house's discussion dealt with a hypothetical situation where a person was brought in at midnight and the only person working was an addiction counselor. This granted that person some measure of authority in providing for at least initial reasonable treatment and care.

Discussion among house members about their discussion on scope of practice

Senator Heckaman This is probably more of a court proceeding, this would not happen on an initial intake weekend thing.

Representative Holman spoke about the petition which is for providing evidence to the court which will be evaluated on the credibility of the professional.

Nancy, Dept. of Human Services, clarified what the bill is doing, it adds the addiction counselor as an expert examiner. This way, if a person is working with someone and they run into a crisis where a patient needs to be an inpatient, their work can be submitted as expert testimony to the court.

Senator Heckaman Asked if it hurt to have this in the bill.

Nancy No, it is helpful.

Discussion about expert examiner

Representative Hofstad I think that is truly the intent of the bill and I don't have any heartburn with clarifying it further. I don't think it is a bad thing to do. The important thing is having the addiction counselor into there. Moved that the **House Recede from its amendments**

Representative Holman Seconded

The Clerk called the role on the motion for the **House Recede from its amendments**.

Yes: 6, No: 0, Absent: 0. Motion carried.

Date: 4-15-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB2098 as (re) engrossed

Senate Human Services Committee

Check here for **Conference Committee**

- Action Taken
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House Amendments
 - HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) 932 --

Unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) _____ was placed on the Seventh order of business on the calendar.

Motion Made By Rep. Hofstad Seconded By Rep. Holman

Senators	<u>4/15/09</u>	Y e s	N o	Representatives	<u>4/15/09</u>	Y e s	N o
Senator Dever	P	✓		Rep. Hofstad	P	✓	
Senator Erbele	P	✓		Rep. Frantsvog	P	✓	
Senator Heckaman	P	✓		Rep. Holman	P	✓	

Vote Count 6 Yes 0 No 0 Absent

Senate Carrier _____ House Carrier _____

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

REPORT OF CONFERENCE COMMITTEE

SB 2098, as engrossed: Your conference committee (Sens. Dever, Erbele, Heckaman and Reps. Hofstad, Frantsvog, Holman) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 932 and place SB 2098 on the Seventh order.

Engrossed SB 2098 was placed on the Seventh order of business on the calendar.

2009 TESTIMONY

SB 2098

Testimony
Senate Bill 2098 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 14, 2009

Chairman Lee, members of the Senate Human Services Committee, I am Dr. Andrew McLean, the Medical Director of the One Center (North Dakota State Hospital [NDSH] and North Dakota Developmental Center) and Southeast Human Service Center. I am here today to provide you testimony in support of Senate Bill 2098.

I will go through the proposed changes individually, but there are three general areas of interest in the Chapter 25 civil commitment rules.

First, there are minor definition changes.

Second, there are changes in reference to screening of individuals to the North Dakota State Hospital. Also, we will be requesting an amendment to a sentence in our proposal.

The third has to do with including licensed addiction counselors as experts in their ability to support petitions for commitment in the area of addiction issues. Currently they are seen as experts, but they are not included with psychologists, physicians, and psychiatrists in being able to utilize their treatment or evaluation of an individual to support a petition. We believe this was simply an oversight in the rule.

Fourth is the overall language of mandates to the state hospital. We are requesting a review of this to continue to ensure ongoing standard of care for the patients served.

To begin:

Page 1, Section 1, Line 10. The original rules states: "Person requiring treatment" means a person who is mentally ill or chemically dependent, and there is a reasonable expectation that if the person is not treated, there exists a serious risk of harm to that person, others, or property.

We are asking for the proposed change to include "for the mental illness or chemical dependency" due to the fact that many people we see may actually still be at risk of harming others quite separate from any treatment of their illness. For instance, a person who has a chemical dependency, but their primary risk of harm is due to their sociopathic tendencies, should not be a "person requiring treatment". The spirit of the definition is to identify those individuals who should be civilly committed due to their illness(es).

Page 2, Section 2, Line 4. We are asking to strike "and admission" as there are some individuals who are appropriately screened, but not admitted to the state hospital. The screener serves as the gatekeeper, not the admitter. For instance, someone may be screened for admission "when medically stable", etc...

* Line 6. We recognize that the spirit of the screening by human service centers should be face to face when feasible. However, this cannot always happen. While we originally added "in person whenever possible", we respectfully ask for this to be amended to "in person whenever reasonably practicable".

Page 3, Section 3, Lines 5,6 and 27 refer to the above recommended changes pertaining to Licensed Addiction Counselors.

Page 5, Section 5, Lines 21 and 22 (as well as Page 8, Section 7 Line 6), refer to mandated acceptance of patients. We are requesting this change, as mentioned, to ensure continued appropriate care. We have been able to dialogue with various stakeholders and negotiate adequate transfer. NDSH is a free standing psychiatric facility, and the current rules leave open the potential for individuals to be unsafely placed. For instance, "pick-up orders" could allow the transfer of medically unstable patients, or patients who require a higher level of services, to NDSH. An example: An 8 month pregnant methamphetamine using patient could be transferred from an area with appropriate facilities for high risk pregnancies to NDSH which is not equipped for such. Or a patient in DTs (a potentially life threatening type of alcohol withdrawal) or severe diabetic reaction could potentially be mandated to NDSH.

We are not attempting to be a barrier to admission in requesting these changes; we will continue to negotiate with our stakeholders. We are simply asking for a change in rules to reflect standard of care.

Page 6, Section 6, Lines 17 and 18, simply reiterates the screening process and requirements, for consistency throughout the commitment rules.

Page 8, Section 7, Line 6 mentioned above.

Page 9, Section 8, Lines 4 and 5. We are committed to fostering patients' rights and have embraced the recovery model, which places the client/patient first. It also puts an emphasis on including patient advocates, family, etc., in the decision-making process.

The current rule reads as follows:

"Whenever any treatment facility licensed by any state for the care and treatment of mentally ill or chemically dependent persons agrees with a parent, a spouse, a brother, a sister, a child of legal age, or guardian of any patient to accept the patient for treatment, the superintendent or director of the treatment facility shall release the patient to the other facility."

We do engage in appropriate facility to facility transfers whenever possible, and will continue to work with families and others to accomplish this. However, the language above appears to mandate transfer despite the potential objections of a patient, and despite potential conflicts of interest by family. While these instances are rare, we believe clinicians should be able to weigh those issues and have time to gather collateral information for the safety of the patient before being mandated to transfer care.

Hence, the changes cited.

I would be happy to answer any questions.

#1

Testimony
Senate Bill 2098 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
February 25, 2009

Chairman Weisz, members of the House Human Services Committee, I am Dr. Andrew McLean, the Medical Director of the One Center (North Dakota State Hospital (NDSH) and North Dakota Developmental Center (NDDC) and Southeast Human Services Center. I am here today to provide you testimony in support of Senate Bill 2098.

I will go through the proposed changes individually, but there are four general areas of interest in the Chapter 25 civil commitment rules.

First, there are minor definition changes.

Second, there are changes in reference to screening of individuals to the North Dakota State Hospital.

The third has to do with including licensed addiction counselors as experts in their ability to support petitions for commitment in the area of addiction issues. Currently they are seen as experts, but they are not included with psychologists, physicians, and psychiatrists in being able to utilize their treatment or evaluation of an individual to support a petition. We believe this was simply an oversight in the rule.

Fourth is the overall language of mandates to the State Hospital. We are requesting a review of this to continue to ensure ongoing standard of care for the patients served.

To begin:

The Senate amended the bill on Page 1, Line 2, removing Section "25-03.1-26" – which applies to the Emergency Procedure – Acceptance of petition and individual – Notice of Court Hearing set, which is no longer applicable if this bill is passed as amended.

Page 1, Section 1, Line 10. The original rules states: "Person requiring treatment" means a person who is mentally ill or chemically dependent, and there is a reasonable expectation that if the person is not treated, there exists a serious risk of harm to that person, others, or property.

We are asking for the proposed change to include "for the mental illness or chemical dependency" due to the fact that many people we see may actually still be at risk of harming others quite separate from any treatment of their illness. For instance, a person who has a chemical dependency, but their primary risk of harm is due to their sociopathic tendencies, should not be a "person requiring treatment". The spirit of the definition is to identify those individuals who should be civilly committed due to their illness(es).

Page 2, Section 2, Line 6. We are asking to strike "and admission" as there are some individuals who are appropriately screened, but not admitted to the State Hospital. The screener serves as the gatekeeper, not the admitter. For instance, someone may be screened for admission "when medically stable", etc...

Page 2, Line 8. We recognize that the spirit of the screening by human service centers should be face to face when feasible. However, this cannot always happen. While the bill originally added "in person

whenever possible”, the Senate at the Hospital’s request amended to “in person whenever reasonably practicable”.

Page 3, Lines 7, 8, 9, 28 and 29 refer to the above recommended changes pertaining to Licensed Addiction Counselors. The Senate further amended the bill on Page 3, Line 8, removing “licensed” and after “counselor” inserted “who is practicing within the professional scope of practice and”. Page 3, Line 29, was amended by the Senate to remove “licensed”. However, the definition of this mental health professional and expert as termed in 25-03.1-02 is “licensed addiction counselor”. It is recommended that this term stay.

Page 5, Lines 23 and 24 refer to mandated acceptance of patients. We are requesting this change, as mentioned, to ensure continued appropriate care. We have been able to dialogue with various stakeholders and negotiate adequate transfer. NDSH is a free standing psychiatric facility, and the current rules leave open the potential for individuals to be unsafely placed. For instance, “pick-up orders” could allow the transfer of medically unstable patients, or patients who require a higher level of services, to NDSH. An example: An 8 month pregnant methamphetamine using patient could be transferred from an area with appropriate facilities for high risk pregnancies to NDSH which is not equipped for such. Or a patient in DTs (a potentially life threatening type of alcohol withdrawal) or severe diabetic reaction could potentially be mandated to NDSH.

We are not attempting to be a barrier to admission in requesting these changes; we will continue to negotiate with our stakeholders. We are simply asking for a change in rules to reflect standard of care.

The Senate on Page 5, Line 23 amended the bill to remove "immediately".

Page 6, Section 6, Lines 20 and 21, simply reiterates the screening process and requirements, for consistency throughout the commitment rules.

The Senate amended the bill on Page 8, removing Lines 5 through 27, which is the section on emergency procedures which is no longer applicable if this bill is passed as amended.

Page 8, Section 7, Lines 16 and 17. We are committed to fostering patients' rights and have embraced the recovery model, which places the client/patient first. It also puts an emphasis on including patient advocates, family, etc., in the decision-making process.

The current rule reads as follows:

"Whenever any treatment facility licensed by any state for the care and treatment of mentally ill or chemically dependent persons agrees with a parent, a spouse, a brother, a sister, a child of legal age, or guardian of any patient to accept the patient for treatment, the superintendent or director of the treatment facility shall release the patient to the other facility."

We do engage in appropriate facility to facility transfers whenever possible, and will continue to work with families and others to accomplish this. However, the language above appears to mandate transfer despite the potential objections of a patient, and despite potential conflicts of interest by family. While these instances are rare, we believe clinicians

should be able to weigh those issues and have time to gather collateral information for the safety of the patient before being mandated to transfer care.

Hence, the changes cited.

I would be happy to answer any questions.