SENATE BILL 541

J1, J3, J2 0lr1373 SB 635/19 – FIN CF HB 317

By: Senators Eckardt, Feldman, Gallion, Klausmeier, Reilly, Salling, and West Introduced and read first time: January 30, 2020

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2

Mental Health - Involuntary Admissions - Procedures

3 FOR the purpose of authorizing a facility or Veterans' Administration hospital to take an individual who is involuntarily admitted under certain circumstances into 4 5 confinement on observation status; requiring an individual confined on observation 6 status to be examined within a certain period of time by a physician, psychologist, or 7 psychiatric nurse practitioner; requiring that an individual confined on observation 8 status be voluntarily admitted or released with a certain plan under certain 9 circumstances; providing that an individual confined on observation status is entitled to certain rights and protections; requiring that certain regulations require 10 11 that an impartial hearing officer receive testimony from a physician, psychologist, or 12 psychiatric nurse practitioner who examined the confined individual; making a 13 stylistic change; and generally relating to involuntary admissions to facilities for the treatment of mental disorders. 14

- 15 BY repealing and reenacting, with amendments,
- 16 Article Health General
- 17 Section 10–617 and 10–632
- 18 Annotated Code of Maryland
- 19 (2019 Replacement Volume)
- 20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 21 That the Laws of Maryland read as follows:
- 22 Article Health General
- 23 10-617.
- 24 (a) A facility or Veterans' Administration hospital may not admit the individual 25 under this part unless:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

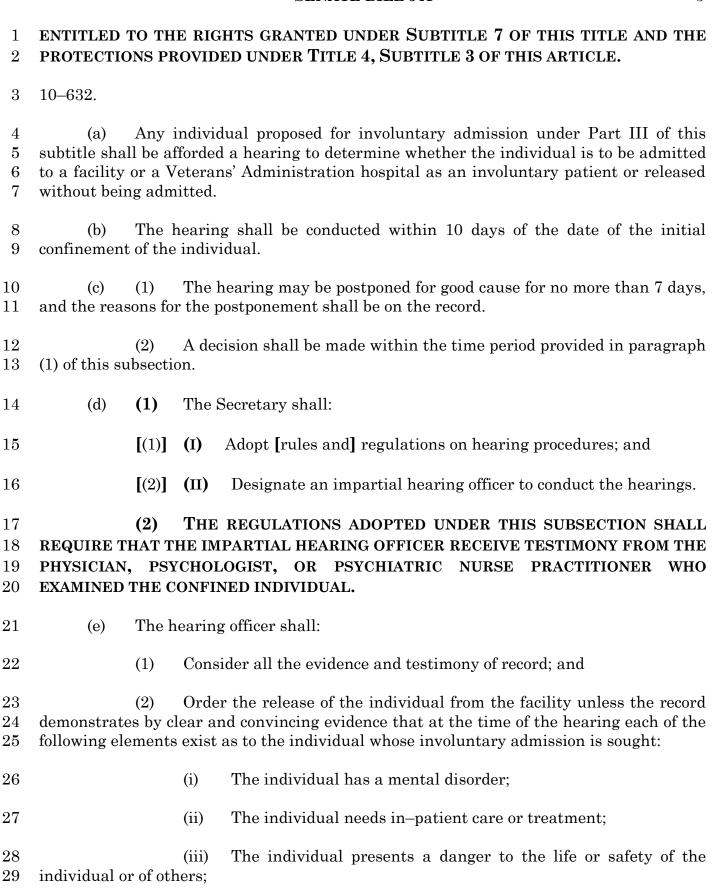


UNDER § 10–809 OF THIS TITLE.

30

31

- 1 The individual has a mental disorder; (1) 2 The individual needs inpatient care or treatment; (2) 3 (3) The individual presents a danger to the life or safety of the individual or of others: 4 5 **(4)** The individual is unable or unwilling to be admitted voluntarily; and 6 (5)There is no available, less restrictive form of intervention that is 7 consistent with the welfare and safety of the individual. 8 In addition to the limitations in subsection (a) of this section, a State facility may not admit an individual who is 65 years old or older unless a geriatric 9 evaluation team determines that there is no available, less restrictive form of care or 10 treatment that is adequate for the needs of the individual. 11 12 If admission is denied because of the determination of the geriatric **(2)** 13 evaluation team, the team shall: 14 (i) Inform the applicant; and 15 (ii) Help the applicant obtain the less restrictive form of care or treatment that the team finds would be adequate for the needs of the individual. 16 17 (C) A FACILITY OR VETERANS' ADMINISTRATION HOSPITAL MAY TAKE AN INDIVIDUAL ADMITTED UNDER THIS PART INTO CONFINEMENT ON 18 19 OBSERVATION STATUS. 20 **(2)** AN INDIVIDUAL CONFINED ON OBSERVATION STATUS (I)21SHALL BE EXAMINED WITHIN 24 HOURS OF THE CONFINEMENT BY A PHYSICIAN, 22PSYCHOLOGIST, OR PSYCHIATRIC NURSE PRACTITIONER. 23IF THE PHYSICIAN, PSYCHOLOGIST, OR PSYCHIATRIC (II)24NURSE PRACTITIONER PERFORMING THE EXAMINATION FINDS THAT THE 25 INDIVIDUAL DOES NOT MEET THE REQUIREMENTS FOR ADMISSION UNDER THIS 26 SECTION, THE INDIVIDUAL SHALL BE: 27 1. VOLUNTARILY ADMITTED UNDER PART II OF THIS 28 SUBTITLE; OR 29 2. RELEASED WITH AN AFTERCARE PLAN AS REQUIRED
 - (3) AN INDIVIDUAL CONFINED ON OBSERVATION STATUS SHALL BE



The individual is unable or unwilling to be voluntarily admitted

30

(iv)

7

8

9

10

11

18

1 to the facility;

- 2 (v) There is no available less restrictive form of intervention that is 3 consistent with the welfare and safety of the individual; and
- 4 (vi) If the individual is 65 years old or older and is to be admitted to a State facility, the individual has been evaluated by a geriatric evaluation team and no less restrictive form of care or treatment was determined by the team to be appropriate.
 - (f) A hearing officer may not order the release of an individual who meets the requirements for involuntary admission under subsection (e)(2) of this section on the grounds that a health care provider or an emergency or other facility did not comply with disclosure or notice requirements under § 10–625(c) or § 10–631(b)(5) of this subtitle, § 10–803(b)(2) of this title, or § 4–306(c) or § 4–307(l) of this article.
- 12 (g) The hearing officer may not order the release of an individual who meets the 13 requirements for involuntary admission under subsection (e)(2) of this section on the 14 grounds that the individual was kept at an emergency facility for more than 30 hours in 15 violation of § 10–624(b)(4) of this subtitle.
- 16 (h) The parent, guardian, or next of kin of an individual involuntarily admitted 17 under this subtitle:
 - (1) Shall be given notice of the hearing on the admission; and
- 19 (2) May testify at the hearing.
- 20 (i) If a hearing officer enters an order for involuntary commitment under Part III of this subtitle and the hearing officer determines that the individual cannot safely possess a firearm based on credible evidence of dangerousness to others, the hearing officer shall order the individual who is subject to the involuntary commitment to:
- 24 (1) Surrender to law enforcement authorities any firearms in the 25 individual's possession; and
- 26 (2) Refrain from possessing a firearm unless the individual is granted relief 27 from firearms disqualification in accordance with § 5–133.3 of the Public Safety Article.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 29 October 1, 2020.