Senate Bill 271

By: Senators Burke of the 11th, Kirk of the 13th and Watson of the 1st

A BILL TO BE ENTITLED AN ACT

- 1 To amend Chapter 3 of Title 37 of the Official Code of Georgia Annotated, relating to
- 2 examination and treatment for mental illness, so as to provide for reasonable standards for
- 3 providing patients and their representatives notice of their rights upon each such patient's
- 4 admission to an emergency receiving facility; to provide for procedure for continued
- 5 involuntary hospitalization of a mentally ill patient when a discharge has been planned and
- 6 is deemed unsafe; to change the time frame for certain notices related to the procedure for
- 7 continued involuntary hospitalization; to provide for a reasonable standard for diligent efforts
- 8 to secure the names of a mental patient's representatives; to provide for related matters; to
- 9 repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 SECTION 1.

- 12 Chapter 3 of Title 37 of the Official Code of Georgia Annotated, relating to examination and
- 13 treatment for mental illness, is amended by revising Code Section 37-3-44, relating to giving
- 14 a patient and his or her representatives notice of their rights upon a patient's admission to an
- 15 emergency receiving facility, as follows:
- 16 "37-3-44.

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- 17 (a) Immediately upon arrival of a patient at an emergency receiving facility under Code
- Section 37-3-43 or as soon thereafter as reasonably possible given a patient's condition or
- mental state at time of arrival, the facility shall give the patient written notice of his or her
- 20 right to petition for a writ of habeas corpus or for a protective order under Code
- 21 Section 37-3-148. This written notice shall also inform the patient that he <u>or she</u> has a right
- to legal counsel and that, if the patient is unable to afford counsel, the court will appoint
- counsel.
- 24 (b) The notice informing the patient's representatives of the patient's hospitalization in an
- emergency receiving facility shall include a clear notification that the representatives may
- petition for a writ of habeas corpus or for a protective order under Code Section 37-3-148."

SECTION 2.

28 Said chapter is further amended by revising Code Section 37-3-83, relating to procedure for

- 29 continued involuntary hospitalization, as follows:
- 30 "37-3-83.
- 31 (a) If it is necessary to continue involuntary treatment of a hospitalized patient beyond the
- end of the period during which the treatment facility is currently authorized under this
- chapter to retain the patient, the chief medical officer prior to the expiration of the period
- shall seek an order authorizing such continued treatment in the manner provided in this
- 35 Code section. The chief medical officer may seek such an order authorizing continued
- involuntary treatment involving inpatient treatment, outpatient treatment, or both under the
- procedures of this Code section and Code Section 37-3-93.
- 38 (b) If the chief medical officer finds that continued involuntary treatment is necessary (1)
- for an individual who was admitted while serving a criminal sentence but whose sentence
- 40 is about to expire or (2) for an individual who was hospitalized while under the jurisdiction
- of a juvenile court but who is about to reach the age of 17, the chief medical officer shall
- seek an order authorizing such continued treatment in the manner provided in this Code
- section; and this chapter shall apply fully to such a patient after that time.
- 44 (c) A Committee for Continued Involuntary Treatment Review shall be established by the
- 45 chief medical officer of each hospital and shall consist of not less than five persons of
- 46 professional status, at least one of whom shall be a physician and at least two others of
- 47 whom shall be either physicians or psychologists. The committee may conduct its meetings
- with a quorum of any three members, at least one of whom shall be a physician. The
- 49 function of this committee shall be to review and evaluate the updated individualized
- service plan of each patient of the hospital and to report to the chief medical officer its
- 51 recommendations concerning the patient's need for continued involuntary treatment. No
- 52 person who has responsibility for the care and treatment of the individual patient for whom
- continued involuntary treatment is requested shall serve on any committee which reviews
- such individual's patient's case.
- 55 (d) If the chief medical officer desires to seek an order under this Code section authorizing
- 56 continued involuntary treatment for up to 12 months beyond the expiration of the currently
- authorized period of hospitalization, he <u>or she</u> shall first file a notice of such intended
- action with the Committee for Continued Involuntary Treatment Review, which notice
- shall be forwarded to the committee at least $\frac{60}{40}$ days prior to the expiration of that
- 60 period.
- 61 (e) If, within 40 days of the expiration of an order for involuntary treatment relating to a
- 62 patient for whom discharge has been planned, the chief medical officer determines
- discharge would now be unsafe, the chief medical officer may execute a certificate to be

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filed with a petition for continued involuntary treatment pursuant to this chapter. The certificate shall indicate the basis for the determination that the patient is a mentally ill person requiring involuntary treatment as defined in paragraph (12) of Code Section 37-3-1, the reason the process for obtaining an order for continued hospitalization was not commenced 40 days or more prior to the expiration date, and the reason continued hospitalization is the least restrictive alternative available. Referral to the Committee for Continued Involuntary Treatment Review is not required prior to the filing of a certificate and petition under this subsection. Under this subsection, the chief medical officer shall serve the petition for an order authorizing continued involuntary treatment along with copies of the updated individualized service plan on the Office of State Administrative Hearings and shall also serve such petition along with a copy of the updated individualized service plan on the patient. A copy of the petition shall be served on the patient's representatives. The petition shall contain a plain and simple statement that the patient or his or her representatives may file a request for a hearing with a hearing examiner appointed pursuant to Code Section 37-3-84 within ten days after service of the petition, that the patient has a right to counsel at the hearing, that the patient or his or her representatives may apply immediately to the court to have counsel appointed if the patient cannot afford counsel, and that the court will appoint counsel for the patient unless the patient indicates in writing that he or she does not desire to be represented by counsel or has made his or her own arrangements for counsel. If, following the filing of the certificate and petition under this subsection, the order authorizing the treatment facility to retain the patient expires, such facility shall be authorized to retain the patient for continued involuntary treatment until a ruling is issued. If at any time the chief medical officer determines that the patient, after consideration of the recommendations of the treatment team, is no longer a mentally ill person requiring involuntary inpatient treatment, the patient shall be immediately discharged from involuntary hospitalization pursuant to subsection (b) of Code Section 37-3-85. (e)(f) Within ten five days of the date of the notice, the committee shall meet to consider the matter of the chief medical officer's intention to seek an order for continued involuntary treatment. Prior to the committee's meeting, the patient and his or her representatives shall be notified of the following: the purpose of such meeting, the time and place of such meeting, their right to be present at such meeting, and their right to present any alternative individualized service plan secured at their expense. In those cases in which the patient will not or cannot appear, at least one member of the committee will make all reasonable efforts to interview the patient and report to the committee. The physician or psychologist proposing the treatment plan shall present an updated individualized service plan for the patient to the committee. The committee shall report to the chief medical officer or his or

101 her designee, other than the physician or psychologist proposing the treatment plan or a 102 member of the committee, its written recommendations along with any minority 103 recommendations which may also be submitted. Such report will specify whether or not the patient is a mentally ill person requiring involuntary treatment and whether continued 104 105 hospitalization is the least restrictive alternative available. If, after considering the committee's recommendations and minority 106 (<u>f)(g)</u> recommendations, if any, the chief medical officer or his or her designee, other than the 107 108 attending physician or a member of the committee, determines that the patient is not a mentally ill person requiring involuntary treatment, the patient shall be immediately 109 discharged from involuntary hospitalization pursuant to subsection (b) of Code 110 Section 37-3-85. 111 If, after considering the committee's recommendations and minority 112 (g)(h) recommendations, if any, the chief medical officer or his or her designee, other than the 113 114 attending physician or member of the committee, determines that the patient is a mentally ill person requiring involuntary treatment, he or she shall, within ten five days after 115 receiving the committee's recommendations, serve a petition for an order authorizing 116 117 continued involuntary treatment along with copies of the updated individualized service 118 plan and the committee's report on the designated office within the department Office of 119 State Administrative Hearings and shall also serve such petition along with a copy of the 120 updated individualized service plan on the patient. A copy of the petition shall be served 121 on the patient's representatives. The petition shall contain a plain and simple statement that 122 the patient or his or her representatives may file a request for a hearing with a hearing examiner appointed pursuant to Code Section 37-3-84 within 15 ten days after service of 123 the petition, that the patient has a right to counsel at the hearing, that the patient or his or 124 125 <u>her</u> representatives may apply immediately to the court to have counsel appointed if the 126 patient cannot afford counsel, and that the court will appoint counsel for the patient unless 127 the patient indicates in writing that he <u>or she</u> does not desire to be represented by counsel or has made his or her own arrangements for counsel. 128 (h)(i) If a hearing is not requested by the patient or the his or her representatives within 15 129 130 ten days of service of the petition on the patient and his or her representatives, the hearing examiner shall make an independent review of the committee's report, the updated 131 individualized service plan, and the petition. If he or she concludes that continued 132 133 involuntary treatment may not be necessary or if he or she finds any member of the committee so concluded, then he or she shall order that a hearing be held pursuant to 134 subsection (i) of this Code section. If he or she concludes that continued involuntary 135 136 treatment is necessary, then he or she shall order continued involuntary treatment involving 137 inpatient treatment, outpatient treatment, or both for a period not to exceed one year.

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(i)(j) If a hearing is requested within 15 ten days of service of the petition on the patient and his or her representatives or if the hearing examiner orders a hearing pursuant to subsection (h)(i) or (j)(k) of this Code section, the hearing examiner shall set a time and place for the hearing to be held within 25 days of the time the hearing examiner receives the request but in any event no later than the day on which the current order of involuntary inpatient treatment expires, unless such hearing occurs after the expiration of the order pursuant to subsection (e) of this Code section. Notice of the hearing shall be served on the patient, his or her representatives, the treatment facility, and, when appropriate, on the counsel for the patient. The hearing examiner, within his or her discretion, may grant a change of venue for the convenience of parties or witnesses. Such hearing shall be a full and fair hearing, except that the patient's attorney, when the patient is unable to attend the hearing and is incapable of consenting to a waiver of his or her appearance, may move that the patient not be required to appear; however, the record shall reflect the reasons for the hearing examiner's actions. After such hearing, the hearing examiner may issue any order which the court is authorized to issue under Code Section 37-3-81.1 and subject to the limitations of that Code Section 37-3-81.1, provided that a patient who is an outpatient who does not meet the requirements for discharge under paragraph (2) of subsection (a) of Code Section 37-3-81.1 shall nevertheless be discharged; and provided, further, that the hearing examiner may order the patient's continued inpatient treatment, outpatient treatment, or both for a period not to exceed one year, subject to the power to discharge the patient under subsection (b) of Code Section 37-3-85 or under Code Section 37-3-94. In the event that an order approving continued hospitalization is entered for an individual who was admitted while serving a criminal sentence under the jurisdiction of the Department of Corrections, but whose sentence is about to expire, the chief medical officer shall serve a copy of that order upon the Department of Corrections within five working days of the issuance of the order. (j)(k) The hearing examiner for a patient who was admitted under the jurisdiction of the juvenile court and who reaches the age of 17 without having had a full and fair hearing pursuant to any provisions of this chapter or without having waived such hearing shall order that a hearing be held pursuant to subsection (i)(j) of this Code section."

168 **SECTION 3.**

Said chapter is further amended by revising subsection (a) of Code Section 37-3-147, relating to patient representatives and guardians ad litem, notification provisions, and duration and scope of guardianship ad litem, as follows:

"(a) At the time a patient is admitted to any facility under this chapter or as soon thereafter as reasonably possible given the patient's condition or mental state at time of admission,

that facility shall use diligent efforts to secure the names and addresses of at least two representatives, which names and addresses shall be entered in the patient's clinical record."

176 **SECTION 4.**

177 All laws and parts of laws in conflict with this Act are repealed.