

SECOND REGULAR SESSION

SENATE BILL NO. 1056

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR RIDDLE.

Read 1st time February 15, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6511S.011

AN ACT

To repeal section 630.175, RSMo, and to enact in lieu thereof one new section relating to physician assistants.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 630.175, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 630.175, to read as follows:

630.175. 1. No person admitted on a voluntary or involuntary basis to
2 any mental health facility or mental health program in which people are civilly
3 detained pursuant to chapter 632 and no patient, resident or client of a
4 residential facility or day program operated, funded or licensed by the department
5 shall be subject to physical or chemical restraint, isolation or seclusion unless it
6 is determined by the head of the facility, the attending licensed physician, or in
7 the circumstances specifically set forth in this section, by an advanced practice
8 registered nurse **or physician assistant** in a collaborative practice arrangement
9 with the attending licensed physician that the chosen intervention is imminently
10 necessary to protect the health and safety of the patient, resident, client or others
11 and that it provides the least restrictive environment. An advanced practice
12 registered nurse **or physician assistant** in a collaborative practice arrangement
13 with the attending licensed physician may make a determination that the chosen
14 intervention is necessary for patients, residents, or clients of facilities or
15 programs operated by the department, in hospitals as defined in section 197.020
16 that only provide psychiatric care and in dedicated psychiatric units of general
17 acute care hospitals as hospitals are defined in section 197.020. Any
18 determination made by the advanced practice registered nurse **or physician**
19 **assistant** shall be documented as required in subsection 2 of this section and
20 reviewed in person by the attending licensed physician if the episode of restraint

21 is to extend beyond:

22 (1) Four hours duration in the case of a person under eighteen years of
23 age;

24 (2) Eight hours duration in the case of a person eighteen years of age or
25 older; or

26 (3) For any total length of restraint lasting more than four hours duration
27 in a twenty-four-hour period in the case of a person under eighteen years of age
28 or beyond eight hours duration in the case of a person eighteen years of age or
29 older in a twenty-four-hour period.

30 The review shall occur prior to the time limit specified under subsection 6 of this
31 section and shall be documented by the licensed physician under subsection 2 of
32 this section.

33 2. Every use of physical or chemical restraint, isolation or seclusion and
34 the reasons therefor shall be made a part of the clinical record of the patient,
35 resident or client under the signature of the head of the facility, or the attending
36 licensed physician, or the advanced practice registered nurse **or physician**
37 **assistant** in a collaborative practice arrangement with the attending licensed
38 physician.

39 3. Physical or chemical restraint, isolation or seclusion shall not be
40 considered standard treatment or habilitation and shall cease as soon as the
41 circumstances causing the need for such action have ended.

42 4. The use of security escort devices, including devices designed to restrict
43 physical movement, which are used to maintain safety and security and to
44 prevent escape during transport outside of a facility shall not be considered
45 physical restraint within the meaning of this section. Individuals who have been
46 civilly detained under sections 632.300 to 632.475 may be placed in security
47 escort devices when transported outside of the facility if it is determined by the
48 head of the facility, or the attending licensed physician, or the advanced practice
49 registered nurse **or physician assistant** in a collaborative practice arrangement
50 with the attending licensed physician that the use of security escort devices is
51 necessary to protect the health and safety of the patient, resident, client, or other
52 persons or is necessary to prevent escape. Individuals who have been civilly
53 detained under sections 632.480 to 632.513 or committed under chapter 552 shall
54 be placed in security escort devices when transported outside of the facility unless
55 it is determined by the head of the facility, or the attending licensed physician,
56 or the advanced practice registered nurse **or physician assistant** in a

57 collaborative practice arrangement with the attending licensed physician that
58 security escort devices are not necessary to protect the health and safety of the
59 patient, resident, client, or other persons or is not necessary to prevent escape.

60 5. Extraordinary measures employed by the head of the facility to ensure
61 the safety and security of patients, residents, clients, and other persons during
62 times of natural or man-made disasters shall not be considered restraint,
63 isolation, or seclusion within the meaning of this section.

64 6. Orders issued under this section by the advanced practice registered
65 nurse **or physician assistant** in a collaborative practice arrangement with the
66 attending licensed physician shall be reviewed in person by the attending licensed
67 physician of the facility within twenty-four hours or the next regular working day
68 of the order being issued, and such review shall be documented in the clinical
69 record of the patient, resident, or client.

70 7. For purposes of this subsection, "division" shall mean the division of
71 developmental disabilities. Restraint or seclusion shall not be used in
72 habilitation centers or community programs that serve persons with
73 developmental disabilities that are operated or funded by the division unless such
74 procedure is part of an emergency intervention system approved by the division
75 and is identified in such person's individual support plan. Direct-care staff that
76 serve persons with developmental disabilities in habilitation centers or
77 community programs operated or funded by the division shall be trained in an
78 emergency intervention system approved by the division when such emergency
79 intervention system is identified in a consumer's individual support plan.

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