As Reported by the House Health Committee

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H. B. No. 111

Representatives Carfagna, Ryan

Cosponsors: Representatives Brenner, Butler, Cupp, Dever, Duffey, Goodman, Hambley, LaTourette, Riedel, Schaffer, Seitz, Stein, Wiggam, Young, Holmes, O'Brien, Bishoff

A BILL

То	amend sections 5122.01 and 5122.10 of the	1
	Revised Code to authorize certain advanced	2
	practice registered nurses to have a person	3
	involuntarily transported to a hospital for a	4
	mental health examination.	5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 5122.01 and 5122.10 of the	6
Revised Code be amended to read as follows:	7
Sec. 5122.01. As used in this chapter and Chapter 5119. of	8
the Revised Code:	9
(A) "Mental illness" means a substantial disorder of	10
thought, mood, perception, orientation, or memory that grossly	11
impairs judgment, behavior, capacity to recognize reality, or	12
ability to meet the ordinary demands of life.	
(B) "Mentally ill person subject to court order" means a	14
mentally ill person who, because of the person's illness:	15
(1) Represents a substantial risk of physical harm to self	16

as manifested by evidence of threats of, or attempts at, suicide 17 or serious self-inflicted bodily harm; 18

(2) Represents a substantial risk of physical harm to
others as manifested by evidence of recent homicidal or other
violent behavior, evidence of recent threats that place another
in reasonable fear of violent behavior and serious physical
harm, or other evidence of present dangerousness;

(3) Represents a substantial and immediate risk of serious
physical impairment or injury to self as manifested by evidence
that the person is unable to provide for and is not providing
for the person's basic physical needs because of the person's
mental illness and that appropriate provision for those needs
cannot be made immediately available in the community;

(4) Would benefit from treatment for the person's mental
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illness and is in need of such treatment as manifested by
substantial rights of others or the person;
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(5) (a) Would benefit from treatment as manifested by34evidence of behavior that indicates all of the following:35

(i) The person is unlikely to survive safely in the36community without supervision, based on a clinical37determination.38

(ii) The person has a history of lack of compliance with39treatment for mental illness and one of the following applies:40

(I) At least twice within the thirty-six months prior to
the filing of an affidavit seeking court-ordered treatment of
the person under section 5122.111 of the Revised Code, the lack
of compliance has been a significant factor in necessitating
hospitalization in a hospital or receipt of services in a

forensic or other mental health unit of a correctional facility,46provided that the thirty-six-month period shall be extended by47the length of any hospitalization or incarceration of the person48that occurred within the thirty-six-month period.49

(II) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the fortyeight-month period.

(iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment.

(iv) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

(b) An individual who meets only the criteria described in division (B)(5)(a) of this section is not subject to hospitalization.

(C) (1) "Patient" means, subject to division (C) (2) of this 69 section, a person who is admitted either voluntarily or 70 involuntarily to a hospital or other place under section 71 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code 72 subsequent to a finding of not guilty by reason of insanity or 73 incompetence to stand trial or under this chapter, who is under 74

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observation or receiving treatment in such place.

(2) "Patient" does not include a person admitted to a
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hospital or other place under section 2945.39, 2945.40,
2945.401, or 2945.402 of the Revised Code to the extent that the
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reference in this chapter to patient, or the context in which
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the reference occurs, is in conflict with any provision of
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sections 2945.37 to 2945.402 of the Revised Code.

(D) "Licensed physician" means a person licensed under the
 laws of this state to practice medicine or a medical officer of
 the government of the United States while in this state in the
 performance of the person's official duties.
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(E) "Psychiatrist" means a licensed physician who has 86 satisfactorily completed a residency training program in 87 psychiatry, as approved by the residency review committee of the 88 American medical association, the committee on post-graduate 89 education of the American osteopathic association, or the 90 American osteopathic board of neurology and psychiatry, or who 91 on July 1, 1989, has been recognized as a psychiatrist by the 92 Ohio state medical association or the Ohio osteopathic 93 association on the basis of formal training and five or more 94 years of medical practice limited to psychiatry. 95

(F) "Hospital" means a hospital or inpatient unit licensed
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by the department of mental health and addiction services under
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section 5119.33 of the Revised Code, and any institution,
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hospital, or other place established, controlled, or supervised
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by the department under Chapter 5119. of the Revised Code.

(G) "Public hospital" means a facility that is tax101
supported and under the jurisdiction of the department of mental
health and addiction services.
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(H) "Community mental health services provider" means an
agency, association, corporation, individual, or program that
provides community mental health services that are certified by
the director of mental health and addiction services under
section 5119.36 of the Revised Code.

(I) "Licensed clinical psychologist" means a person who 109 holds a current_ valid psychologist license issued under section 110 4732.12 of the Revised Code, and in addition, meets the 111 educational requirements set forth in division (B) of section 112 4732.10 of the Revised Code and has a minimum of two years' 113 full-time professional experience, or the equivalent as 114 determined by rule of the state board of psychology, at least 115 one year of which shall be a predoctoral internship, in clinical 116 psychological work in a public or private hospital or clinic or 117 in private practice, diagnosing and treating problems of mental 118 illness or intellectual disability under the supervision of a 119 psychologist who is licensed or who holds a diploma issued by 120 the American board of professional psychology, or whose 121 qualifications are substantially similar to those required for 122 licensure by the state board of psychology when the supervision 123 has occurred prior to enactment of laws governing the practice 124 of psychology. 125

(J) "Health officer" means any public health physician;
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public health nurse; or other person authorized or designated by
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a city or general health district or a board of alcohol, drug
addiction, and mental health services to perform the duties of a
health officer under this chapter.

(K) "Chief clinical officer" means the medical director of
a hospital, community mental health services provider, or board
of alcohol, drug addiction, and mental health services, or, if
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there is no medical director, the licensed physician responsible 134 for the treatment provided by a hospital or community mental 135 health services provider. The chief clinical officer may 136 delegate to the attending physician responsible for a patient's 137 care the duties imposed on the chief clinical officer by this 1.38 chapter. Within In the case of a community mental health 139 services provider, the chief clinical officer shall be 140 designated by the governing body of the services provider and 141 shall be a licensed physician or licensed clinical psychologist 142 who supervises diagnostic and treatment services. A licensed 143 physician or licensed clinical psychologist designated by the 144 chief clinical officer may perform the duties and accept the 145 responsibilities of the chief clinical officer in the chief 146 clinical officer's absence. 147

(L) "Working day" or "court day" means Monday, Tuesday, 148
Wednesday, Thursday, and Friday, except when such day is a 149
holiday. 150

(M) "Indigent" means unable without deprivation of
 satisfaction of basic needs to provide for the payment of an
 attorney and other necessary expenses of legal representation,
 including expert testimony.

(N) "Respondent" means the person whose detention,
 commitment, hospitalization, continued hospitalization or
 commitment, or discharge is being sought in any proceeding under
 this chapter.

(0) "Ohio protection and advocacy system" has the samemeaning as in section 5123.60 of the Revised Code.160

(P) "Independent expert evaluation" means an evaluation161conducted by a licensed clinical psychologist, psychiatrist, or162

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licensed physician who has been selected by the respondent or 163 the respondent's counsel and who consents to conducting the 164 evaluation. 165 (Q) "Court" means the probate division of the court of 166 common pleas. 167 (R) "Expunge" means: 168 (1) The removal and destruction of court files and 169 records, originals and copies, and the deletion of all index 170 references; 171 172 (2) The reporting to the person of the nature and extent of any information about the person transmitted to any other 173 person by the court; 174 (3) Otherwise insuring that any examination of court files 175 and records in question shall show no record whatever with 176 respect to the person; 177 (4) That all rights and privileges are restored, and that 178 the person, the court, and any other person may properly reply 179 that no such record exists, as to any matter expunded. 180 (S) "Residence" means a person's physical presence in a 181 county with intent to remain there, except that: 182 (1) If a person is receiving a mental health service at a 183 facility that includes nighttime sleeping accommodations, 184 residence means that county in which the person maintained the 185 person's primary place of residence at the time the person 186 entered the facility; 187 (2) If a person is committed pursuant to section 2945.38, 188 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, 189 residence means the county where the criminal charges were 190

filed.

When the residence of a person is disputed, the matter of 192 residence shall be referred to the department of mental health 193 and addiction services for investigation and determination. 194 Residence shall not be a basis for a board's denying services to 195 any person present in the board's service district, and the 196 board shall provide services for a person whose residence is in 197 dispute while residence is being determined and for a person in 198 an emergency situation. 199

(T) "Admission" to a hospital or other place means that a patient is accepted for and stays at least one night at the hospital or other place.

(U) "Prosecutor" means the prosecuting attorney, village solicitor, city director of law, or similar chief legal officer who prosecuted a criminal case in which a person was found not guilty by reason of insanity, who would have had the authority to prosecute a criminal case against a person if the person had not been found incompetent to stand trial, or who prosecuted a case in which a person was found guilty.

(V) (1) "Treatment plan" means a written statement of
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reasonable objectives and goals for an individual established by
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the treatment team, with specific criteria to evaluate progress
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towards achieving those objectives.

(2) The active participation of the patient in
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establishing the objectives and goals shall be documented. The
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treatment plan shall be based on patient needs and include
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services to be provided to the patient while the patient is
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hospitalized, after the patient is discharged, or in an
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outpatient setting. The treatment plan shall address services to

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be provided. In the establishment of the treatment plan,	220
consideration should be given to the availability of services,	221
which may include but are not limited to all of the following:	222
(a) Community psychiatric supportive treatment;	223
(b) Assertive community treatment;	224
(c) Medications;	225
(d) Individual or group therapy;	226
(e) Peer support services;	227
(f) Financial services;	228
(g) Housing or supervised living services;	229
(h) Alcohol or substance abuse treatment;	230
(i) Any other services prescribed to treat the patient's	231
mental illness and to either assist the patient in living and	
functioning in the community or to help prevent a relapse or a	
deterioration of the patient's current condition.	234
(3) If the person subject to the treatment plan has	235
executed an advanced directive for mental health treatment, the	236
treatment team shall consider any directions included in such	237
advanced directive in developing the treatment plan.	238
(W) "Community control sanction" has the same meaning as	239
in section 2929.01 of the Revised Code.	240
(X) "Post-release control sanction" has the same meaning	241
as in section 2967.01 of the Revised Code.	242
(Y) "Local correctional facility" has the same meaning as	243
in section 2903.13 of the Revised Code.	244
(Z) "Clinical nurse specialist" and "certified nurse	245

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practitioner" have the same meanings as in section 4723.01 of	
the Revised Code.	
Car E122 10 (A) (1) Any neurobistrist discovered eliminal	248
Sec. 5122.10. (A) (1) Any psychiatrist, licensed clinical	-
psychologist, licensed physician, health officer, parole-	249
officer, police officer, or sheriff of the following who has	250
reason to believe that a person is a mentally ill person subject	251
to court order and represents a substantial risk of physical	252
harm to self or others if allowed to remain at liberty pending	253
<u>examination</u> may take a <u>the</u>person into custody, or the chief of	254
the adult parole authority or a parole or probation officer with	255
the approval of the chief of the authority may take a parolee,	256
an offender under a community control sanction or a post-release-	257
control sanction, or an offender under transitional control into	258
custody and may immediately transport the parolee, offender on	259
community control or post-release control, or offender under-	260
transitional control person to a hospital or, notwithstanding	261
section 5119.33 of the Revised Code, to a general hospital not	262
licensed by the department of mental health and addiction	263
services where the parolee, offender on community control or	264
post-release control, or offender under transitional control-	265
<u>person</u> may be held for the period prescribed in this section, if	266
the psychiatrist, licensed clinical psychologist, licensed	267
physician, health officer, parole officer, police officer, or	268
sheriff has reason to believe that the person is a mentally ill	269
person subject to court order under division (B) of section	270
5122.01 of the Revised Code, and represents a substantial risk-	271
of physical harm to self or others if allowed to remain at	272
liberty pending examination:	273
(a) A psychiatrist;	274

(b) A licensed physician;

(c) A licensed clinical psychologist; 276 (d) A clinical nurse specialist who is certified as a 277 psychiatric-mental health CNS by the American nurses 278 credentialing center or holds a similar certification from a 279 national certifying organization approved by the board of 280 nursing under section 4723.46 of the Revised Code; 281 282 (e) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses 283 credentialing center or holds a similar certification from a 284 national certifying organization approved by the board of 285 nursing under section 4723.46 of the Revised Code; 286 (f) A health officer; 287 (q) A parole officer; 288 (h) A police officer; 289 290 (i) A sheriff. (2) If the chief of the adult parole authority or a parole 291 or probation officer with the approval of the chief of the 292 authority has reason to believe that a parolee, an offender 293 294 under a community control sanction or post-release control sanction, or an offender under transitional control is a 295 296 mentally ill person subject to court order and represents a substantial risk of physical harm to self or others if allowed 297 to remain at liberty pending examination, the chief or officer 298 may take the parolee or offender into custody and may 299 immediately transport the parolee or offender to a hospital or, 300 notwithstanding section 5119.33 of the Revised Code, to a 301

general hospital not licensed by the department of mental health302and addiction services where the parolee or offender may be held303for the period prescribed in this section.304

<u>(B)</u> A written statement shall be given to such <u>the</u>	305
hospital by the transporting psychiatrist, licensed elinical	306
psychologist, licensed physician, health officer, parole-	307
officer, police officer, chief of the adult parole authority,	308
parole or probation officer, or sheriff stating individual	309
authorized under division (A)(1) or (2) of this section to	310
transport the person. The statement shall specify the	311
circumstances under which such person was taken into custody and	312
the reasons for the psychiatrist's, licensed clinical	313
psychologist's, licensed physician's, health officer's, parole-	314
officer's, police officer's, chief of the adult parole-	315
authority's, parole or probation officer's, or sheriff's belief	316
that the person is a mentally ill person subject to court order	317
and represents a substantial risk of physical harm to self or	318
others if allowed to remain at liberty pending examination. This	319
statement shall be made available to the respondent or the	320
respondent's attorney upon request of either.	321

(C) Every reasonable and appropriate effort shall be made 322 to take persons into custody in the least conspicuous manner 323 possible. A person taking the respondent into custody pursuant 324 to this section shall explain to the respondent: the name and 325 professional designation and affiliation of the person taking 326 the respondent into custody; that the custody-taking is not a 327 criminal arrest; and that the person is being taken for 328 examination by mental health professionals at a specified mental 329 health facility identified by name. 330

(D) If a person taken into custody under this section is 331 transported to a general hospital, the general hospital may 332 admit the person, or provide care and treatment for the person, 333 or both, notwithstanding section 5119.33 of the Revised Code, 334 but by the end of twenty-four hours after arrival at the general 335

hospital, the person shall be transferred to a hospital as 336 defined in section 5122.01 of the Revised Code. 337

(E) A person transported or transferred to a hospital or 338 community mental health services provider under this section 339 shall be examined by the staff of the hospital or services 340 provider within twenty-four hours after arrival at the hospital 341 or services provider. If to conduct the examination requires 342 that the person remain overnight, the hospital or services 343 provider shall admit the person in an unclassified status until 344 345 making a disposition under this section. After the examination, if the chief clinical officer of the hospital or services 346 provider believes that the person is not a mentally ill person 347 subject to court order, the chief clinical officer shall release 348 or discharge the person immediately unless a court has issued a 349 temporary order of detention applicable to the person under 350 section 5122.11 of the Revised Code. After the examination, if 3.51 the chief clinical officer believes that the person is a 352 mentally ill person subject to court order, the chief clinical 353 officer may detain the person for not more than three court days 354 following the day of the examination and during such period 355 admit the person as a voluntary patient under section 5122.02 of 356 the Revised Code or file an affidavit under section 5122.11 of 357 the Revised Code. If neither action is taken and a court has not 358 otherwise issued a temporary order of detention applicable to 359 the person under section 5122.11 of the Revised Code, the chief 360 clinical officer shall discharge the person at the end of the 361 three-day period unless the person has been sentenced to the 362 department of rehabilitation and correction and has not been 363 released from the person's sentence, in which case the person 364 shall be returned to that department. 365

Section 2. That existing sections 5122.01 and 5122.10 of

the Revised Code are hereby repealed.