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## SENATE BILL 6739

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State of Washington 60th Legislature 2008 Regular Session

By Senators Franklin, Prentice, Marr, and Jacobsen

Read first time 01/22/08. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to psychiatric advanced registered nurse

2 practitioners; amending RCW 71.05.215 and 71.05.217; and reenacting and

3 amending RCW 71.05.020.

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4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 71.05.020 and 2007 c 375 s 6 and 2007 c 191 s 2 are 6 each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Admission" or "admit" means a decision by a physician <u>or</u> advanced nurse practitioner that a person should be examined or treated as a patient in a hospital;
- (2) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;
- 16 (3) "Attending staff" means any person on the staff of a public or 17 private agency having responsibility for the care and treatment of a 18 patient;

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1 (4) "Commitment" means the determination by a court that a person 2 should be detained for a period of either evaluation or treatment, or 3 both, in an inpatient or a less restrictive setting;

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- (5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;
- (6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;
- (7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;
- (8) "Department" means the department of social and health services;
  - (9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;
  - (10) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;
  - (11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;
- (12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;
- 31 (13) "Developmental disabilities professional" means a person who 32 has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is 33 a psychiatrist, psychologist, psychiatric advanced registered nurse 34 practitioner, or social worker, and such 35 other developmental disabilities professionals as may be defined by rules adopted by the 36 37 secretary;

1 (14) "Developmental disability" means that condition defined in RCW 71A.10.020(3);

- (15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;
- (16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;
- (17) "Gravely disabled" means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;
- (18) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;
- (19) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction;
- 37 (20) "Imminent" means the state or condition of being likely to 38 occur at any moment or near at hand, rather than distant or remote;

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- 1 (21) "Individualized service plan" means a plan prepared by a 2 developmental disabilities professional with other professionals as a 3 team, for a person with developmental disabilities, which shall state:
  - (a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;
  - (b) The conditions and strategies necessary to achieve the purposes of habilitation;
  - (c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;
  - (d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;
    - (e) The staff responsible for carrying out the plan;
  - (f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and
    - (g) The type of residence immediately anticipated for the person and possible future types of residences;
    - (22) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;
      - (23) "Likelihood of serious harm" means:

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- (a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
- 31 (b) The person has threatened the physical safety of another and 32 has a history of one or more violent acts;
- 33 (24) "Mental disorder" means any organic, mental, or emotional 34 impairment which has substantial adverse effects on a person's 35 cognitive or volitional functions;
- 36 (25) "Mental health professional" means a psychiatrist, 37 psychologist, psychiatric nurse, or social worker, and such other

mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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- (26) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;
- (27) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;
- (28) "Professional person" means a mental health professional and shall also mean a physician, <u>psychiatric advanced registered nurse</u> <u>practitioner</u>, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;
- (29) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing.
- (30) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;
- (((30))) <u>(31)</u> "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;
- (((31))) (32) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;
- $((\frac{32}{32}))$  "Registration records" include all the records of the department, regional support networks, treatment facilities, and other

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- persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;
  - $((\frac{33}{3}))$  "Release" means legal termination of the commitment under the provisions of this chapter;

- $((\frac{34}{1}))$  <u>(35)</u> "Resource management services" has the meaning given in chapter 71.24 RCW;
- (((35))) (36) "Secretary" means the secretary of the department of social and health services, or his or her designee;
- 10 ((<del>(36)</del>)) <u>(37)</u> "Social worker" means a person with a master's or 11 further advanced degree from an accredited school of social work or a 12 degree deemed equivalent under rules adopted by the secretary;
  - ((<del>(37)</del>)) (<u>38)</u> "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others;
- $((\frac{38}{39}))$  "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.
- **Sec. 2.** RCW 71.05.215 and 1997 c 112 s 16 are each amended to read 29 as follows:
  - (1) A person found to be gravely disabled or presents a likelihood of serious harm as a result of a mental disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

1 (2) The department shall adopt rules to carry out the purposes of 2 this chapter. These rules shall include:

- (a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication.
- (b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, psychiatric advanced registered nurse practitioner, or physician in consultation with a mental health professional with prescriptive authority.
- (c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW ((71.05.370(7))) 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.
- (d) Administration of antipsychotic medication in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.
- (e) Documentation in the medical record of the ((physician's)) attempt by the physician or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.
- **Sec. 3.** RCW 71.05.217 and 1997 c 112 s 31 are each amended to read 29 as follows:

Insofar as danger to the individual or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights, a list of which shall be prominently posted in all facilities, institutions, and hospitals providing such services:

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- 1 (1) To wear his or her own clothes and to keep and use his or her 2 own personal possessions, except when deprivation of same is essential 3 to protect the safety of the resident or other persons;
  - (2) To keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;
  - (3) To have access to individual storage space for his or her private use;
    - (4) To have visitors at reasonable times;

- 9 (5) To have reasonable access to a telephone, both to make and 10 receive confidential calls;
  - (6) To have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails;
  - (7) Not to consent to the administration of antipsychotic medications beyond the hearing conducted pursuant to RCW  $71.05.320((\frac{2}{10}))$  or the performance of electroconvulsant therapy or surgery, except emergency life-saving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures:
  - (a) The administration of antipsychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proves by clear, cogent, and convincing evidence that there exists a compelling state interest that justifies overriding the patient's lack of consent to the administration of antipsychotic medications or electroconvulsant therapy, that the proposed treatment is necessary and effective, and that medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective.
  - (b) The court shall make specific findings of fact concerning: (i) The existence of one or more compelling state interests; (ii) the necessity and effectiveness of the treatment; and (iii) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she were competent to make such a determination.
- 37 (c) The person shall be present at any hearing on a request to 38 administer antipsychotic medication or electroconvulsant therapy filed

pursuant to this subsection. The person has the right: (i) To be 1 2 represented by an attorney; (ii) to present evidence; (iii) to crossexamine witnesses; (iv) to have the rules of evidence enforced; (v) to 3 remain silent; (vi) to view and copy all petitions and reports in the 4 5 court file; and (vii) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, 6 7 psychiatric advanced registered nurse practitioner, psychologist within their scope of practice, or physician to examine and testify on behalf 8 9 of such person. The court shall appoint a psychiatrist, psychiatric advanced registered nurse practitioner, psychologist within their scope 10 of practice, or physician designated by such person or the person's 11 12 counsel to testify on behalf of the person in cases where an order for 13 electroconvulsant therapy is sought.

(d) An order for the administration of antipsychotic medications entered following a hearing conducted pursuant to this section shall be effective for the period of the current involuntary treatment order, and any interim period during which the person is awaiting trial or hearing on a new petition for involuntary treatment or involuntary medication.

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- (e) Any person detained pursuant to RCW  $71.05.320((\frac{2}{(2)}))$  (3), who subsequently refuses antipsychotic medication, shall be entitled to the procedures set forth in ((RCW 71.05.217(7))) this subsection.
- (f) Antipsychotic medication may be administered to a nonconsenting person detained or committed pursuant to this chapter without a court order pursuant to RCW 71.05.215(2) or under the following circumstances:
  - (i) A person presents an imminent likelihood of serious harm;
- (ii) Medically acceptable alternatives to administration of antipsychotic medications are not available, have not been successful, or are not likely to be effective; and
- (iii) In the opinion of the physician <u>or psychiatric advanced</u> registered nurse practitioner with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment be instituted before a judicial hearing as authorized pursuant to this section can be held.

If antipsychotic medications are administered over a person's lack of consent pursuant to this subsection, a petition for an order authorizing the administration of antipsychotic medications shall be

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filed on the next judicial day. The hearing shall be held within two judicial days. If deemed necessary by the physician or psychiatric advanced registered nurse practitioner with responsibility for the treatment of the person, administration of antipsychotic medications may continue until the hearing is held;

- (8) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue;
- 9 (9) Not to have psychosurgery performed on him or her under any 10 circumstances.

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