SUBSTITUTE FOR SENATE BILL NO. 826

A bill to amend 1974 PA 258, entitled "Mental health code,"

by amending sections 100a, 100b, 100c, 281b, 400, 420, 423, 425, 426, 427, 429, 430, 434, 435, 438, 452, 461, 463, 4980, 517, 532, 700, 740, and 742 (MCL 330.1100a, 330.1100b, 330.1100c, 330.1281b, 330.1400, 330.1420, 330.1423, 330.1425, 330.1426, 330.1427, 330.1429, 330.1430, 330.1434, 330.1435, 330.1438, 330.1452, 330.1461, 330.1463, 330.14980, 330.1517, 330.1532, 330.1700, 330.1740, and 330.1742), sections 100a, 400, and 420 as amended by 2018 PA 595, section 100b as amended by 2020 PA 55, section 100c as amended by 2020 PA 99, section 281b as added by 2014 PA 200, sections 423, 425, 426, 427, 429, and 463 as amended by 2016 PA 320, sections 430, 4980, 700, and 740 as amended by 1995 PA 290, sections 434, 435, 438, 452, and 461 as amended by 2018 PA 593, sections 517 and 532 as amended by 2018 PA 596, and section 742 as amended by 2004 PA 527.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 100a. (1) "Abilities" means the qualities, skills, and
 competencies of an individual that reflect the individual's talents
 and acquired proficiencies.

4 (2) "Abuse" means nonaccidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a 5 recipient as those terms are defined in section 520a of the 6 7 Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental 8 9 health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the 10 11 department, community mental health services program, or licensed 12 hospital.

13 (3) "Adaptive skills" means skills in 1 or more of the 14 following areas:

- 15 (a) Communication.
- 16 (b) Self-care.
- 17 (c) Home living.
- 18 (d) Social skills.
- 19 (e) Community use.
- 20 (f) Self-direction.
- 21 (g) Health and safety.
- 22 (h) Functional academics.
- 23 (i) Leisure.
- 24 (j) Work.
- 25 (4) "Adult foster care facility" means an adult foster care

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facility licensed under the adult foster care facility licensing
 act, 1979 PA 218, MCL 400.701 to 400.737.

3 (5) "Alcohol and drug abuse counseling" means the act of
4 counseling, modification of substance use disorder related
5 behavior, and prevention techniques for individuals with substance
6 use disorder, their significant others, and individuals who could
7 potentially develop a substance use disorder.

8 (5) (6) "Applicant" means an individual or his or her legal
9 representative who makes a request for mental health services.

10 (6) (7)—"Approved service program" means a substance use 11 disorder services program licensed under part 62 of the public 12 health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide 13 substance use disorder treatment and rehabilitation services by the 14 department-designated community mental health entity and approved 15 by the federal government to deliver a service or combination of 16 services for the treatment of incapacitated individuals.

17 (7) (8) "Assisted outpatient treatment" or "AOT" means the 18 categories of outpatient services ordered by the court under 19 section 468 or 469a. Assisted outpatient treatment may include a 20 case management plan and case management services to provide care 21 coordination under the supervision of a psychiatrist and developed in accordance with person-centered planning under section 712. 22 23 Assisted outpatient treatment may also include 1 or more of the 24 following categories of services: medication; periodic blood tests 25 or urinalysis to determine compliance with prescribed medications; individual or group therapy; day or partial day programming 26 27 activities; vocational, educational, or self-help training or activities; assertive community treatment team services; alcohol or 28 29 substance use disorder treatment and counseling and periodic tests

for the presence of alcohol or illegal drugs for an individual with 1 a history of alcohol abuse or substance use disorder; supervision 2 of living arrangements; and any other services within a local or 3 unified services plan developed under this act that are prescribed 4 to treat the individual's mental illness and to assist the 5 6 individual in living and functioning in the community or to attempt 7 to prevent a relapse or deterioration that may reasonably be 8 predicted to result in suicide, the need for hospitalization, or 9 serious violent behavior. The medical review and direction included 10 in an assisted outpatient treatment plan shall be provided under 11 the supervision of a psychiatrist.

12 (8) (9)—"Board" means the governing body of a community mental
13 health services program.

14 (9) (10)—"Board of commissioners" means a county board of 15 commissioners.

16 (10) (11)—"Center" means a facility operated by the department 17 to admit individuals with developmental disabilities and provide 18 habilitation and treatment services.

19 (11) (12) "Certification" means formal approval of a program
20 by the department in accordance with standards developed or
21 approved by the department.

(12) "Certified nurse practitioner" means a registered
professional nurse who holds a specialty certification as a nurse
practitioner under part 172 of the public health code, 1978 PA 368,
MCL 333.17201 to 333.17242.

26 (13) "Child abuse" and "child neglect" mean those terms as
27 defined in section 2 of the child protection law, 1975 PA 238, MCL
28 722.622.

29

(14) "Child and adolescent psychiatrist" means 1 or more of

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1 the following:

(a) A physician who has completed a residency program in child
and adolescent psychiatry approved by the Accreditation Council for
Graduate Medical Education or the American Osteopathic Association,
or who has completed 12 months of child and adolescent psychiatric
rotation and is enrolled in an approved residency program as
described in this subsection.

8 (b) A psychiatrist employed by or under contract as a child
9 and adolescent psychiatrist with the department or a community
10 mental health services program on March 28, 1996, who has education
11 and clinical experience in the evaluation and treatment of children
12 or adolescents with serious emotional disturbance.

13 (c) A psychiatrist who has education and clinical experience
14 in the evaluation and treatment of children or adolescents with
15 serious emotional disturbance who is approved by the director.

16 (15) "Children's diagnostic and treatment service" means a 17 program operated by or under contract with a community mental 18 health services program, that provides examination, evaluation, and 19 referrals for minors, including emergency referrals, that provides 20 or facilitates treatment for minors, and that has been certified by 21 the department.

(16) "Clinical nurse specialist-certified" means an individual
who is licensed as a registered professional nurse under part 172
of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242,
who has been granted a specialty certification as a clinical nurse
specialist by the Michigan board of nursing under section 17210 of
the public health code, 1978 PA 368, MCL 333.17210.

28 (17) (16)—"Community mental health authority" means a separate
29 legal public governmental entity created under section 205 to

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1 operate as a community mental health services program.

2 (18) (17) "Community mental health organization" means a
3 community mental health services program that is organized under
4 the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501
5 to 124.512.

6 (19) (18) "Community mental health services program" means a
7 program operated under chapter 2 as a county community mental
8 health agency, a community mental health authority, or a community
9 mental health organization.

10 (20) (19) "Consent" means a written agreement executed by a 11 recipient, a minor recipient's parent, a recipient's legal representative with authority to execute a consent, or a full or 12 13 limited quardian authorized under the estates and protected 14 individuals code, 1998 PA 386, MCL 700.1101 to 700.8206, with the 15 authority to consent, or a verbal agreement of a recipient that is 16 witnessed and documented by an individual other than the individual 17 providing treatment.

18 (21) (20) "County community mental health agency" means an 19 official county or multicounty agency created under section 210 20 that operates as a community mental health services program and 21 that has not elected to become a community mental health authority 22 or a community mental health organization.

23 (22) (21) "Department" means the department of health and
24 human services.

(23) (22) "Department-designated community mental health entity" means the community mental health authority, community mental health organization, community mental health services program, county community mental health agency, or community mental health regional entity designated by the department to represent a

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region of community mental health authorities, community mental
 health organizations, community mental health services programs, or
 county community mental health agencies.

4 (24) (23)—"Dependent living setting" means all of the 5 following:

6 (a) An adult foster care facility.

7 (b) A nursing home licensed under part 217 of the public
8 health code, 1978 PA 368, MCL 333.21701 to 333.21799e.

9 (c) A home for the aged licensed under part 213 of the public10 health code, 1978 PA 368, MCL 333.21301 to 333.21335.

11 (25) (24)—"Designated representative" means any of the 12 following:

13 (a) A registered nurse or licensed practical nurse licensed or
14 otherwise authorized under part 172 of the public health code, 1978
15 PA 368, MCL 333.17201 to 333.17242.

16 (b) A paramedic licensed or otherwise authorized under part
17 209 of the public health code, 1978 PA 368, MCL 333.20901 to
18 333.20979.

19 (c) A physician's physician assistant licensed or otherwise
20 authorized under part 170 or 175 of the public health code, 1978 PA
21 368, MCL 333.17001 to 333.17084 333.17097 and 333.17501 to
22 333.17556.

23 (d) An individual qualified by education, training, and
24 experience who performs acts, tasks, or functions under the
25 supervision of a physician.

26 (26) (25)—"Developmental disability" means either of the 27 following:

28 (a) If applied to an individual older than 5 years of age, a29 severe, chronic condition that meets all of the following

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1 requirements:

- 2 (i) Is attributable to a mental or physical impairment or a
 3 combination of mental and physical impairments.
- 4

(ii) Is manifested before the individual is 22 years old.

- 5
- (iii) Is likely to continue indefinitely.
- 6 (*iv*) Results in substantial functional limitations in 3 or more7 of the following areas of major life activity:
- 8 (A) Self-care.
- 9 (B) Receptive and expressive language.
- 10 (C) Learning.
- 11 (D) Mobility.
- 12 (E) Self-direction.
- 13 (F) Capacity for independent living.
- 14 (G) Economic self-sufficiency.

15 (v) Reflects the individual's need for a combination and 16 sequence of special, interdisciplinary, or generic care, treatment, 17 or other services that are of lifelong or extended duration and are 18 individually planned and coordinated.

(b) If applied to a minor from birth to 5 years of age, a
substantial developmental delay or a specific congenital or
acquired condition with a high probability of resulting in
developmental disability as defined in subdivision (a) if services
are not provided.

24 (27) (26) "Director" means the director of the department or
 25 his or her designee.

26 (28) (27)—"Discharge" means an absolute, unconditional release
27 of an individual from a facility by action of the facility or a
28 court.

29

(29) (28) "Eligible minor" means an individual less than 18

years of age who is recommended in the written report of a multidisciplinary team under rules promulgated by the department of education to be classified as 1 of the following:

4

(a) Severely mentally impaired.

5

(b) Severely multiply impaired.

6 (c) Autistic impaired and receiving special education services
7 in a program designed for the autistic impaired under subsection
8 (1) subdivision (a) of R 340.1758 of the Michigan Administrative
9 Code or in a program designed for the severely mentally impaired or
10 severely multiply impaired.

(30) (29) "Emergency situation" means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:

15 (a) The individual can reasonably be expected within the near
16 future to physically injure himself, herself, or another
17 individual, either intentionally or unintentionally.

(b) The individual is unable to provide himself or herself
food, clothing, or shelter or to attend to basic physical
activities such as eating, toileting, bathing, grooming, dressing,
or ambulating, and this inability may lead in the near future to
harm to the individual or to another individual.

(c) The individual has mental illness that has impaired his or
her judgment so that the individual is unable to understand his or
her need for treatment and presents a risk of harm.

26 (31) (30) "Executive director" means an individual appointed
27 under section 226 to direct a community mental health services
28 program or his or her designee.

29

Sec. 100b. (1) "Facility" means a residential facility for the

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care or treatment of individuals with serious mental illness,
 serious emotional disturbance, or developmental disability that is
 either a state facility or a licensed facility.

4 (2) "Family" as used in sections 156 to 161 means an eligible5 minor and his or her parent or legal guardian.

6 (3) "Family member" means a parent, stepparent, spouse,
7 sibling, child, or grandparent of a primary consumer, or an
8 individual upon whom a primary consumer is dependent for at least
9 50% of his or her financial support.

10 (4) "Federal funds" means funds received from the federal 11 government under a categorical grant or similar program and does 12 not include federal funds received under a revenue sharing 13 arrangement.

14

(5) "Functional impairment" means both of the following:

(a) With regard to serious emotional disturbance, substantial
interference with or limitation of a minor's achievement or
maintenance of 1 or more developmentally appropriate social,
behavioral, cognitive, communicative, or adaptive skills.

(b) With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.

26 (6) "Guardian" means a person appointed by the court to
27 exercise specific powers over an individual who is a minor, legally
28 incapacitated, or developmentally disabled.

29

(7) "Hospital" or "psychiatric hospital" means an inpatient

program operated by the department for the treatment of individuals
 with serious mental illness or serious emotional disturbance or a
 psychiatric hospital or psychiatric unit licensed under section
 137.

5 (8) "Hospital director" means the chief administrative officer6 of a hospital or his or her designee.

7 (9) "Hospitalization" or "hospitalize" means to provide
8 treatment for an individual as an inpatient in a hospital.

9 (10) "Incapacitated" means that an individual, as a result of 10 the use of alcohol or other drugs, is unconscious or has his or her 11 mental or physical functioning so impaired that he or she either 12 poses an immediate and substantial danger to his or her own health 13 and safety or is endangering the health and safety of the public.

14 (11) "Individual plan of services" or "plan of services" means
15 a written individual plan of services developed with a recipient as
16 required by section 712.

17 (12) "Individual representative" means a recipient's legal 18 guardian, minor recipient's parent, or other person authorized by 19 law to represent the recipient in decision-making related to the 20 recipient's services and supports.

(13) "Intellectual disability" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions:

26 (a) Valid assessment considers cultural and linguistic
27 diversity, as well as differences in communication and behavioral
28 factors.

29

(b) The existence of limitation in adaptive skills occurs

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within the context of community environments typical of the
 individual's age peers and is indexed to the individual's
 particular needs for support.

4 (c) Specific adaptive skill limitations often coexist with5 strengths in other adaptive skills or other personal capabilities.

6 (d) With appropriate supports over a sustained period, the
7 life functioning of the individual with an intellectual disability
8 will generally improve.

9 (14) "Licensed facility" means a facility licensed by the10 department under section 137 or an adult foster care facility.

11 (15) "Licensed psychologist" means a doctoral level
12 psychologist licensed under section 18223(1) of the public health
13 code, 1978 PA 368, MCL 333.18223.

14 (16) "Mediation" means a confidential process in which a 15 neutral third party facilitates communication between parties, 16 assists in identifying issues, and helps explore solutions to 17 promote a mutually acceptable resolution. A mediator does not have 18 authoritative decision-making power.

19 (17) "Medical director" means a psychiatrist appointed under
20 section 231 to advise the executive director of a community mental
21 health services program.

(18) "Mental health professional" means an individual who is
trained and experienced in the area of mental illness or
developmental disabilities and who is 1 of the following:

25 (a) A physician.

26 (b) A psychologist.

27 (c) A registered professional nurse licensed or otherwise
28 authorized to engage in the practice of nursing under part 172 of
29 the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

(d) A licensed master's social worker licensed or otherwise 1 authorized to engage in the practice of social work at the master's 2 3 level under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518. 4

(e) A licensed professional counselor licensed or otherwise 5 6 authorized to engage in the practice of counseling under part 181 7 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.

8 (f) A marriage and family therapist licensed or otherwise 9 authorized to engage in the practice of marriage and family therapy 10 under part 169 of the public health code, 1978 PA 368, MCL 11 333.16901 to 333.16915.

12 (q) A physician assistant.

13 (h) A certified nurse practitioner.

14

(i) A clinical nurse specialist-certified.

15 (19) "Minor" means an individual under the age of 18 years. 16 (20) "Multicultural services" means specialized mental health services for multicultural populations such as African-Americans, 17 18 Hispanics, Native Americans, Asian and Pacific Islanders, and 19 Arab/Chaldean-Americans.

20 (21) "Neglect" means an act or failure to act committed by an 21 employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under 22 23 contract with the department, a community mental health services 24 program, or a licensed hospital; or an employee or volunteer of a 25 service provider under contract with the department, a community 26 mental health services program, or a licensed hospital, that denies 27 a recipient the standard of care or treatment to which he or she is entitled under this act. 28

29

Sec. 100c. (1) "Peace officer" means an officer of the

1 department of state police or of a law enforcement agency of a
2 county, township, city, or village who is responsible for the
3 prevention and detection of crime and enforcement of the criminal
4 laws of this state. For the purposes of sections 408, 426, 427a,
5 and 427b, peace officer also includes an officer of the United
6 States Secret Service with the officer's consent and a police
7 officer of the Veterans' Administration Medical Center Reservation.

8 (2) "Peer review" means a process, including the review 9 process required under section 143a, in which mental health 10 professionals of a state facility, licensed hospital, or community 11 mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to 12 recipients. Peer review evaluations are confidential in accordance 13 14 with section 748(9) and are based on criteria established by the 15 facility or community mental health services program itself, the 16 accepted standards of the mental health professions, and the 17 department.

18 (3) "Person requiring treatment" means an individual who meets19 the criteria described in section 401.

(4) "Physician" means an individual licensed or otherwise
authorized to engage in the practice of medicine under part 170 of
the public health code, 1978 PA 368, MCL 333.17001 to 333.17097, or
to engage in the practice of osteopathic medicine and surgery under
part 175 of the public health code, 1978 PA 368, MCL 333.17501 to
333.17556.

(5) "Physician assistant" means an individual practicing as a
physician's assistant as that term is defined in sections 17001 and
17501 of the public health code, 1978 PA 368, MCL 333.17001 and
333.17501.

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(6) (5)—"Primary consumer" means an individual who has
 received or is receiving services from the department or a
 community mental health services program or services from the
 private sector equivalent to those offered by the department or a
 community mental health services program.

6 (7) (6)—"Priority" means preference for and dedication of a
7 major proportion of resources to specified populations or services.
8 Priority does not mean serving or funding the specified populations
9 or services to the exclusion of other populations or services.

10 (8) (7) "Protective custody" means the temporary custody of an 11 individual by a peace officer with or without the individual's consent for the purpose of protecting that individual's health and 12 safety, or the health and safety of the public, and for the purpose 13 14 of transporting the individual under section 276, 408, or 427 if 15 the individual appears, in the judgment of the peace officer, to be 16 a person requiring treatment or is a person requiring treatment. 17 Protective custody is civil in nature and is not an arrest.

(9) (8) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals with serious mental illness or serious emotional disturbance. As used in this subsection, "general hospital" means a hospital as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.

(10) (9)—"Psychiatrist" means 1 or more of the following:
(a) A physician who has completed a residency program in
psychiatry approved by the Accreditation Council for Graduate
Medical Education or the American Osteopathic Association, or who
has completed 12 months of psychiatric rotation and is enrolled in
an approved residency program as described in this subdivision.

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(b) A psychiatrist employed by or under contract with the
 department or a community mental health services program on March
 28, 1996.

4 (c) A physician who devotes a substantial portion of his or
5 her time to the practice of psychiatry and is approved by the
6 director.

(11) (10) "Psychologist" means an individual who is licensed
or otherwise authorized to engage in the practice of psychology
under part 182 of the public health code, 1978 PA 368, MCL
333.18201 to 333.18237, and who devotes a substantial portion of
his or her time to the diagnosis and treatment of individuals with
serious mental illness, serious emotional disturbance, substance
use disorder, or developmental disability.

14 (12) (11) "Recipient" means an individual who receives mental 15 health services, either in person or through telemedicine, from the 16 department, a community mental health services program, or a 17 facility or from a provider that is under contract with the 18 department or a community mental health services program. For the 19 purposes of this act, recipient does not include an individual 20 receiving substance use disorder services under chapter 2A unless 21 that individual is also receiving mental health services under this act in conjunction with substance use disorder services. 22

(13) (12) "Recipient rights advisory committee" means a
committee of a community mental health services program board
appointed under section 757 or a recipient rights advisory
committee appointed by a licensed hospital under section 758.

27 (14) (13) "Recovery" means a highly individualized process of
28 healing and transformation by which the individual gains control
29 over his or her life. Related services include recovery management,

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recovery support services, recovery houses or transitional living
 programs, and relapse prevention. Recovery involves the development
 of a new meaning, purpose, and growing beyond the impact of
 addiction or a diagnosis. Recovery may include the pursuit of
 spiritual, emotional, mental, or physical well-being.

6 (15) (14) "Regional entity" means an entity established under
7 section 204b to provide specialty services and supports.

8 (16) "Registered professional nurse" means that term as
9 defined in section 17201 of the public health code, 1978 PA 368,
10 MCL 333.17201.

11 (17) (15) "Rehabilitation" means the act of restoring an 12 individual to a state of mental and physical health or useful 13 activity through vocational or educational training, therapy, and 14 counseling.

15 (18) (16) "Resident" means an individual who receives services 16 in a facility.

17 (19) (17)—"Responsible mental health agency" means the 18 hospital, center, or community mental health services program that 19 has primary responsibility for the recipient's care or for the 20 delivery of services or supports to that recipient.

(20) (18) "Rule" means a rule promulgated under the
 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to
 24.328.

Sec. 281b. (1) Upon receipt of a petition filed under section
25 281a and the payment of the filing fee, if any, the court shall
26 examine the petitioner under oath as to the contents of the
27 petition.

28 (2) If, after reviewing the contents of the petition and29 examining the petitioner under oath, it appears to the court that

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there is probable cause to believe the respondent may reasonably
 benefit from treatment, the court shall do all of the following:

3 (a) Schedule a hearing to be held within 7 days to determine
4 if there is clear and convincing evidence that the respondent may
5 reasonably benefit from treatment.

6 (b) Notify the respondent and all other individuals named in
7 the petition under section 281a(3)(d) to (h) concerning the
8 allegations and contents of the petition and of the date and the
9 purpose of the hearing.

10 (c) Notify the respondent that the respondent may retain 11 counsel and, if the respondent is unable to retain counsel, that 12 the respondent may be represented by court-appointed counsel at 13 public expense if the respondent is indigent. Upon the appointment 14 of court-appointed counsel for an indigent respondent, the court 15 shall notify the respondent of the name, address, and telephone 16 number of the court-appointed counsel.

(d) Notify the respondent that the court will cause the 17 respondent to be examined not later than 24 hours before the 18 19 hearing date by a physician, physician assistant, certified nurse 20 practitioner, or clinical nurse specialist-certified for the 21 purpose of a physical examination and by an independent health professional for the purpose of a substance use disorder assessment 22 23 and diagnosis. In addition, the court shall notify the respondent 24 that the respondent may have an independent expert evaluation of 25 his or her physical and mental condition conducted at the 26 respondent's own expense.

27 (e) Cause the respondent to be examined not later than 24
28 hours before the hearing date by a physician, physician assistant,
29 certified nurse practitioner, or clinical nurse specialist-

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certified for the purpose of a physical examination and by an
 independent health professional for the purpose of a substance use
 disorder assessment and diagnosis.

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(f) Conduct the hearing.

5 (3) The physician, physician assistant, certified nurse 6 practitioner, or clinical nurse specialist-certified who examined 7 the respondent for the purpose of a physical examination, the 8 health professional who examined the respondent for the purpose of 9 the substance use disorder assessment and diagnosis, and, if 10 applicable, the individual who conducted the independent expert 11 evaluation of the respondent's physical and mental condition at the respondent's expense shall certify his or her findings to the court 12 within 24 hours after the examination. The findings must include a 13 14 recommendation for treatment if the physician, physician assistant, 15 certified nurse practitioner, clinical nurse specialist-certified, 16 health professional, or individual determines that treatment is 17 necessary.

18 (4) If, upon completion of the hearing held under this 19 section, the court finds by clear and convincing evidence that the 20 requirements of section 281a(1) are met, the court may order the involuntary treatment of the respondent after considering the 21 recommendations for treatment that were submitted to the court 22 23 under subsection (3). If ordered, the court shall order the 24 involuntary treatment to be provided by an approved service program 25 or by a health professional qualified by education and training to 26 provide the treatment.

27 (5) A respondent who fails to undergo and complete the
28 treatment ordered under subsection (4) is in contempt of court. An
29 approved service program to which or health professional to whom a

respondent is ordered for treatment under subsection (4) shall must
 notify the court of a respondent's failure to undergo or complete
 treatment ordered under subsection (4).

4 (6) If at any time after a petition is filed under section
5 281a the court finds that there is not probable cause to order or
6 continue treatment or the petitioner withdraws the petition, the
7 court shall dismiss the proceedings against the respondent.

8 (7) As used in this section, "substance use disorder
9 assessment and diagnosis" includes an evaluation of all of the
10 following:

11 (a) Whether the individual has a substance use disorder.

(b) Whether the individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or whether a substantial likelihood of the threat of danger in the near future exists.

16 (c) Whether the individual can reasonably benefit from 17 treatment.

18 Sec. 400. As used in this chapter, unless the context requires 19 otherwise:

(a) "Clinical certificate" means the written conclusion and
statements of a physician, physician assistant, certified nurse
practitioner, clinical nurse specialist-certified, or a-licensed
psychologist that an individual is a person requiring treatment,
together with the information and opinions, in reasonable detail,
that underlie the conclusion, on the form prescribed by the
department or on a substantially similar form.

27 (b) "Competent clinical opinion" means the clinical judgment
28 of a physician, psychiatrist, physician assistant, certified nurse
29 practitioner, clinical nurse specialist-certified, or licensed

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1 psychologist.

2 (c) "Court" means the probate court or the court with
3 responsibility with regard to mental health services for the county
4 of residence of the subject of a petition, or for the county in
5 which the subject of a petition was found.

6 (d) "Formal voluntary hospitalization" means hospitalization7 of an individual based on both of the following:

8 (i) The execution of an application for voluntary
9 hospitalization by the individual or by a patient advocate
10 designated under the estates and protected individuals code, 1998
11 PA 386, MCL 700.1101 to 700.8206, to make mental health treatment
12 decisions for the individual.

13 (*ii*) The hospital director's determination that the individual14 is clinically suitable for voluntary hospitalization.

(e) "Informal voluntary hospitalization" means hospitalizationof an individual based on all of the following:

17

(i) The individual's request for hospitalization.

18 (*ii*) The hospital director's determination that the individual19 is clinically suitable for voluntary hospitalization.

20

(iii) The individual's agreement to accept treatment.

21 (f) "Involuntary mental health treatment" means court-ordered 22 hospitalization, assisted outpatient treatment, or combined 23 hospitalization and assisted outpatient treatment as described in 24 section 468. For the purpose of this chapter, involuntary mental health treatment does not include a full or limited guardian 25 26 authorized under the estates and protected individuals code, 1998 27 PA 386, MCL 700.1101 to 700.8206, with the authority to consent to 28 mental health treatment for an individual found to be a legally 29 incapacitated individual under the estates and protected

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1 individuals code, 1998 PA 386, MCL 700.1101 to 700.8206.

2 (g) "Mental illness" means a substantial disorder of thought
3 or mood that significantly impairs judgment, behavior, capacity to
4 recognize reality, or ability to cope with the ordinary demands of
5 life.

6 (h) "Preadmission screening unit" means a service component of
7 a community mental health services program established under
8 section 409.

9 (i) "Private-pay patient" means a patient whose services and
10 care are paid for from funding sources other than the community
11 mental health services program, the department, or other state or
12 county funding.

(j) "Release" means the transfer of an individual who is
subject to an order of combined hospitalization and assisted
outpatient treatment from 1 treatment program to another in
accordance with his or her individual plan of services.

(k) "Subject of a petition" means an individual regarding whom a petition has been filed with the court asserting that the individual is or is not a person requiring treatment or for whom an objection to involuntary mental health treatment has been made under section 484.

Sec. 420. If a written notice of termination of mental health 22 23 treatment is given to a hospital or provider of mental health treatment under section 419, if the notice is not withdrawn, and if 24 25 the hospital director or provider of mental health treatment determines that the patient is a person requiring treatment and 26 27 should remain in the hospital or continue to receive mental health treatment, the hospital director, provider of mental health 28 29 treatment, or other suitable person shall within 3 days after

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receipt of the notice file a petition with the court that complies 1 with section 434. The petition shall must be accompanied by 1 2 clinical certificate executed by a psychiatrist and 1 clinical 3 certificate executed by either a physician, physician assistant, 4 5 certified nurse practitioner, clinical nurse specialist-certified, 6 or a-licensed psychologist. If a petition is filed, the hospital or 7 provider of mental health may continue hospitalization or mental 8 health treatment of the patient pending hearings convened under 9 sections 451 to 465.

10 Sec. 423. A hospital designated by the department or by a 11 community mental health services program shall hospitalize an individual presented to the hospital, pending receipt of a clinical 12 certificate by a psychiatrist stating that the individual is a 13 14 person requiring treatment, if a petition, a physician's, physician 15 assistant's, certified nurse practitioner's, clinical nurse **specialist-certified's**, or a-licensed psychologist's clinical 16 certificate, and an authorization by a preadmission screening unit 17 18 have been executed. For an individual hospitalized under this 19 section, a petition shall have been executed not more than 10 days 20 before the presentation of the individual to the hospital, and the petition must meet the conditions set forth in section 434(1) and 21 22 (2).

Sec. 425. A physician's, physician assistant's, certified nurse practitioner's, clinical nurse specialist-certified's, or a licensed psychologist's clinical certificate required for hospitalization of an individual under section 423 shall must have been executed after personal examination of the individual named in the clinical certificate, and within 72 hours before the time the clinical certificate is received by the hospital. The clinical

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certificate may be executed by any physician, physician assistant,
 certified nurse practitioner, clinical nurse specialist-certified,
 or licensed psychologist, including a physician or licensed
 psychologist who is a staff member or employee of the hospital that
 received the clinical certificate.

6 Sec. 426. Upon delivery to a peace officer of a petition and a 7 physician's, physician assistant's, certified nurse practitioner's, 8 clinical nurse specialist-certified's, or licensed psychologist's 9 clinical certificate, the peace officer shall take the individual 10 named in the petition into protective custody and transport the 11 individual immediately to the preadmission screening unit or hospital designated by the community mental health services program 12 for hospitalization under section 423. If the individual taken to a 13 14 preadmission screening unit meets the requirements for 15 hospitalization, then unless the community mental health services program makes other transportation arrangements, the peace officer 16 17 shall take the individual to a hospital designated by the community 18 mental health services program. Transportation to another hospital 19 due to a transfer is the responsibility of the community mental 20 health services program.

Sec. 427. (1) If a peace officer observes an individual 21 conducting himself or herself in a manner that causes the peace 22 23 officer to reasonably believe that the individual is a person 24 requiring treatment, the peace officer may take the individual into 25 protective custody and transport the individual to a preadmission screening unit designated by a community mental health services 26 27 program for examination under section 429 or for mental health 28 intervention services. The preadmission screening unit shall 29 provide those mental health intervention services that it considers

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appropriate or shall provide an examination under section 429. The 1 preadmission screening services may be provided at the site of the 2 preadmission screening unit or at a site designated by the 3 preadmission screening unit. Upon arrival at the preadmission 4 5 screening unit or site designated by the preadmission screening 6 unit, the peace officer shall execute a petition for 7 hospitalization of the individual. As soon as practical, the 8 preadmission screening unit shall offer to contact an immediate 9 family member of the recipient to let the family know that the 10 recipient has been taken into protective custody and where he or 11 she is located. The preadmission screening unit shall honor the 12 recipient's decision as to whether an immediate family member is to be contacted and shall document that decision in the recipient's 13 14 record. In the course of providing services, the preadmission 15 screening unit may provide advice and consultation to the peace 16 officer , which that may include a recommendation to release the 17 individual from protective custody. In all cases where a peace 18 officer has executed a petition, the preadmission screening unit 19 shall ensure that an examination is conducted by a physician, 20 physician assistant, certified nurse practitioner, clinical nurse 21 **specialist-certified**, or licensed psychologist. The preadmission screening unit shall ensure provision of follow-up counseling and 22 23 diagnostic and referral services if needed if it is determined 24 under section 429 that the person does not meet the requirements 25 for hospitalization.

25

26 (2) A peace officer is not financially responsible for the
27 cost of care of an individual for whom a peace officer has executed
28 a petition under subsection (1).

29

(3) A hospital receiving an individual under subsection (1)

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who has been referred by a community mental health services
 program's preadmission screening unit shall notify that unit of the
 results of an examination of that individual conducted by the
 hospital.

5 Sec. 429. (1) A hospital designated under section 422 shall 6 receive and detain an individual presented for examination under 7 section 426, 427, 435, 436, or 438, for not more than 24 hours. 8 During that time the individual shall be examined by a physician, 9 physician assistant, certified nurse practitioner, clinical nurse 10 **specialist-certified**, or a licensed psychologist unless a clinical 11 certificate has already been presented to the hospital. If the examining physician, physician assistant, certified nurse 12 practitioner, clinical nurse specialist-certified, or licensed 13 14 psychologist does not certify that the individual is a person 15 requiring treatment, the individual shall be released immediately. If the examining physician, physician assistant, certified nurse 16 17 practitioner, clinical nurse specialist-certified, or licensed 18 psychologist executes a clinical certificate, the individual may be hospitalized under section 423. 19

20 (2) If a preadmission screening unit provides an examination under section 409, 410, or 427, the examination shall must be 21 conducted as soon as possible after the individual arrives at the 22 23 preadmission screening site, and the examination shall must be completed within 2 hours, unless there are documented medical 24 25 reasons why the examination cannot be completed within that time 26 frame or other arrangements are agreed upon by the peace officer 27 and the preadmission screening unit.

28 Sec. 430. If a patient is hospitalized under section 423, the
29 patient shall must be examined by a psychiatrist as soon after

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hospitalization as is practicable, but not later than 24 hours, 1 excluding legal holidays, after hospitalization. The examining 2 psychiatrist shall must not be the same physician, physician 3 assistant, certified nurse practitioner, or clinical nurse 4 5 **specialist-certified** upon whose clinical certificate the patient 6 was hospitalized. If the psychiatrist does not certify that the 7 patient is a person requiring treatment, the patient shall must be 8 released immediately. If the psychiatrist does certify that the 9 patient is a person requiring treatment, the patient's 10 hospitalization may continue pending hearings convened pursuant to 11 under sections 451 to 465.

Sec. 434. (1) Any individual 18 years of age or over may file with the court a petition that asserts that an individual is a person requiring treatment.

15 (2) The petition shall must contain the facts that are the 16 basis for the assertion, the names and addresses, if known, of any 17 witnesses to the facts, and, if known, the name and address of the 18 nearest relative or guardian, or, if none, a friend, if known, of 19 the individual.

20 (3) Except as provided in subsection (7), the petition shall21 be accompanied by the clinical certificate of a physician,

22 physician assistant, certified nurse practitioner, clinical nurse 23 specialist-certified, or a-licensed psychologist, unless after 24 reasonable effort the petitioner could not secure an examination. 25 If a clinical certificate does not accompany the petition, the petitioner shall set forth the reasons an examination could not be 26 27 secured within the petition. The petition may also be accompanied by a second clinical certificate. If 2 clinical certificates 28 29 accompany the petition, at least 1 clinical certificate must have

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1 been executed by a psychiatrist.

2 (4) Except as otherwise provided in subsection (7) and section
3 455, a clinical certificate that accompanies a petition must have
4 been executed within 72 hours before the filing of the petition is
5 filed, and after personal examination of the individual.

6 (5) If the individual is found not to be a person requiring
7 treatment under this section, the petition and any clinical
8 certificate shall be maintained by the court as a confidential
9 record to prevent disclosure to any a person who is not
10 specifically authorized under this chapter to receive notice of the
11 petition or clinical certificate.

12 (6) The petition described in this section may assert that the
13 subject of the petition should receive assisted outpatient
14 treatment in accordance with section 468(2)(d).

15 (7) A petition that does not seek hospitalization but only
16 requests that the subject of the petition receive assisted
17 outpatient treatment is not subject to subsection (3) or (4).

18 Sec. 435. (1) If the petition is accompanied by 1 clinical 19 certificate, the court shall order the individual to be examined by 20 a psychiatrist.

(2) If the petition is not accompanied by a clinical
certificate, and if the court is satisfied a reasonable effort was
made to secure an examination, the court shall order the individual
to be examined by a psychiatrist and either a physician, a

25 physician assistant, a certified nurse practitioner, a clinical
26 nurse specialist-certified, or a licensed psychologist.

27 (3) The individual may be received and detained at the place
28 of examination as long as necessary to complete the examination or
29 examinations, but not more than 24 hours.

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(4) After an examination ordered under subsection (1), the 1 examining psychiatrist shall either transmit a clinical certificate 2 to the court or report to the court that execution of a clinical 3 certificate is not warranted. After each examination ordered under 4 5 subsection (2), the examining psychiatrist, or the examining 6 physician, physician assistant, certified nurse practitioner, 7 clinical nurse specialist-certified, or licensed psychologist, as 8 applicable, shall either transmit a clinical certificate to the 9 court or report to the court that execution of a clinical 10 certificate is not warranted.

11 (5) If 1 examination was ordered and the examining psychiatrist reports that execution of a clinical certificate is 12 not warranted, or if 2 examinations were ordered and 1 of the 13 14 examining physicians or the physician assistant, certified nurse 15 practitioner, clinical nurse specialist-certified, or licensed psychologist reports that execution of a clinical certificate is 16 not warranted, the court shall dismiss the petition or order the 17 18 individual to be examined by a psychiatrist, or if a psychiatrist is not available, by a physician, physician assistant, certified 19 20 nurse practitioner, clinical nurse specialist-certified, or 21 licensed psychologist. If a third examination report states that execution of a clinical certificate is not warranted, the court 22 23 shall dismiss the petition.

24 (6) This section does not apply to a petition filed under25 section 434(7).

Sec. 438. If it appears to the court that the individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself or herself in the near future or presents a substantial risk of

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significant physical harm to others in the near future, the court 1 may order the individual hospitalized and may order a peace officer 2 to take the individual into protective custody and transport the 3 individual to a preadmission screening unit designated by the 4 5 community mental health services program. If the preadmission 6 screening unit authorizes hospitalization, the peace officer shall 7 transport the individual to a hospital designated by the community 8 mental health services program, unless other arrangements are 9 provided by the preadmission screening unit. If the examinations 10 and clinical certificates of the psychiatrist, and the physician, 11 the physician assistant, the certified nurse practitioner, the 12 clinical nurse specialist-certified, or the licensed psychologist, are not completed within 24 hours after hospitalization, the 13 14 individual shall must be released.

15 Sec. 452. (1) The court shall fix a date for every hearing 16 convened under this chapter. Except as provided in subsection (2), 17 the hearing shall must be convened promptly, but not more than 7 18 days after the court's receipt of any of the following:

(a) A petition for a determination that an individual is a
person requiring treatment, a clinical certificate executed by a
physician, a physician assistant, a certified nurse practitioner, a
clinical nurse specialist-certified, or a licensed psychologist,
and a clinical certificate executed by a psychiatrist.

24 (b) A petition for a determination that an individual
25 continues to be a person requiring treatment and a clinical
26 certificate executed by a psychiatrist.

(c) A petition for discharge filed under section 484.
(d) A demand or notification that a hearing that has been
temporarily deferred under section 455(6) be convened.

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(2) A hearing for a petition under section 434(7) shall be
 convened not more than 28 days after the filing of the petition,
 unless the petition was filed while the subject of the petition was
 an inpatient at a psychiatric hospital, in which case the hearing
 shall be convened within 7 days of the filing of after the petition
 is filed.

Sec. 461. (1) An individual may not be found to require
treatment unless at least 1 physician, physician assistant,
certified nurse practitioner, clinical nurse specialist-certified,
or licensed psychologist who has personally examined that
individual testifies in person or by written deposition at the
hearing.

(2) For a petition filed under section 434(7), that does not 13 14 seek hospitalization before the hearing, an individual may not be 15 found to require treatment unless a psychiatrist who has personally examined that individual testifies. A psychiatrist's testimony is 16 not necessary if a psychiatrist signs the petition. If a 17 18 psychiatrist signs the petition, at least 1 physician, physician assistant, certified nurse practitioner, clinical nurse specialist-19 20 certified, or licensed psychologist who has personally examined that individual must testify. The requirement for testimony may be 21 22 waived by the subject of the petition. If the testimony given in 23 person is waived, a clinical certificate completed by a physician, licensed psychologist, physician assistant, certified nurse 24 25 practitioner, clinical nurse specialist-certified, or psychiatrist must be presented to the court before or at the initial hearing. 26 (3) The examinations required under this section for a 27 28 petition filed under section 434(7) shall be arranged by the court 29 and the local community mental health services program or other

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1 entity as designated by the department.

2 (4) A written deposition may be introduced as evidence at the hearing only if the attorney for the subject of the petition was 3 given the opportunity to be present during the taking of the 4 5 deposition and to cross-examine the deponent. This testimony or 6 deposition may be waived by the subject of a petition. An 7 individual may be found to require treatment even if the petitioner 8 does not testify, as long as there is competent evidence from which 9 the relevant criteria in section 401 can be established.

10 Sec. 463. (1) If requested before the first scheduled hearing 11 or at the first scheduled hearing before the first witness has been sworn on a petition, the subject of a petition in a hearing under 12 this chapter has the right at his or her own expense, or if 13 14 indigent, at public expense, to secure an independent clinical 15 evaluation by a physician, psychiatrist, physician assistant, 16 certified nurse practitioner, clinical nurse specialist-certified, or licensed psychologist of his or her choice relevant to whether 17 18 he or she requires treatment, whether he or she should be 19 hospitalized or receive treatment other than hospitalization, and 20 whether he or she is of legal capacity.

(2) Compensation for an evaluation performed by a physician, a
 physician assistant, a certified nurse practitioner, a clinical
 nurse specialist-certified, or a licensed psychologist shall be in
 an amount that is reasonable and based upon time and expenses.

(3) The independent clinical evaluation described in this section is for the sole use of the subject of the petition. The independent clinical evaluation or the testimony of the individual performing the evaluation shall not be introduced into evidence without the consent of the subject of the petition.

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Sec. 4980. (1) Except as provided in subsection (4), a minor 1 hospitalized under this chapter shall not be kept in the hospital 2 more than 3 days, excluding Sundays and holidays, after receipt by 3 the hospital of a written notice of intent to terminate the 4 5 hospitalization of the minor executed by the minor's parent, 6 quardian, or person in loco parentis or by the minor if the minor 7 is 14 years of age or older and was admitted to the hospital upon 8 his or her own request.

9 (2) Upon receipt of an oral request to terminate
10 hospitalization of a minor pursuant to under subsection (1), the
11 hospital promptly shall supply the necessary form for termination
12 of hospitalization to the person giving notice.

13 (3) Upon receipt of notice or an oral request under subsection
14 (1) or (2) by a hospital under contract with the community mental
15 health services program, the hospital director immediately shall
16 notify the executive director.

17 (4) If notice of intent to terminate hospitalization is 18 received by a hospital under subsection (1) or (2), and the 19 director of the hospital determines that the minor to whom the 20 notice applies should remain in the hospital, the director of the 21 hospital or a person designated by the director of the hospital shall file, within 3 days, excluding Sundays and holidays, after 22 23 receipt of the notice, a petition with the court requesting an 24 order to continue hospitalization of the minor. The petition shall 25 must be accompanied by 1 certificate executed by a child and adolescent psychiatrist and 1 certificate executed by either a 26 27 physician, a physician assistant, a certified nurse practitioner, a clinical nurse specialist-certified, or a licensed psychologist. If 28 29 a petition is filed with the court under this subsection, the

hospital shall continue to hospitalize the minor pending a court
 hearing on the petition.

3 (5) Upon receipt of a petition to continue hospitalization of
4 a minor under subsection (4), the court shall schedule a hearing to
5 be held within 7 days, excluding Sundays and holidays, after
6 receipt of the petition. The hearing shall be convened in
7 accordance with sections 451 to 465.

8 (6) If the court finds the minor to be suitable for
9 hospitalization by clear and convincing evidence, the court shall
10 order the minor to continue hospitalization for not more than 60
11 days. If the court does not find by clear and convincing evidence
12 that the minor is suitable for hospitalization, the court shall
13 order the minor discharged from the hospital.

Sec. 517. (1) A hearing convened to determine whether an individual meets the criteria for treatment is governed by this section and sections 517-518 to 522. Sections 517 This section and sections 518 to 522 do not apply to a hearing provided for in section 511 concerning an objection to an administrative admission.

19 (2) Upon receipt of a petition and a report as provided for in
20 section 516 or 532, or receipt of a petition as provided for in
21 section 531, the court shall do all of the following:

(a) Fix a date for a hearing to be held within 7 days,
excluding Sundays or holidays, after the court's receipt of the
documents or document.

(b) Fix a place for a hearing, either at a facility or otherconvenient place, within or outside of the county.

27 (c) Cause notice of a petition and of the time and place of
28 any a hearing to be given to the individual asserted to meet the
29 criteria for treatment, his or her attorney, the petitioner, the

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prosecuting or other attorney specified in subsection (4), the 1 community mental health services program, the director of a 2 facility to which the individual is admitted, the individual's 3 spouse if his or her whereabouts are known, the quardian, if any, 4 5 of the individual, and other relatives or persons as the court may 6 determine. The notice shall be given at the earliest practicable 7 time and sufficiently in advance of the hearing date to permit 8 preparation for the hearing.

9 (d) Cause the individual to be given within 4 days of after 10 the court's receipt of the documents described in section 516 a 11 copy of the petition, a copy of the report, unless the individual 12 has previously been given a copy of the petition and the report, notice of the right to a full court hearing, notice of the right to 13 14 be present at the hearing, notice of the right to be represented by 15 legal counsel, notice of the right to demand a jury trial, and 16 notice of the right to an independent clinical or psychological 17 evaluation.

18 (e) Subsequently give copies of all orders to the persons19 identified in subdivision (c).

(3) The individual asserted to meet the criteria for treatment
is entitled to be represented by legal counsel in the same manner
as counsel is provided under section 454, and is entitled to all of
the following:

24 (a) To be present at the hearing.

25 (b) To have upon demand a trial by jury of 6.

26 (c) To obtain a continuance for any reasonable time for good27 cause.

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28 (d) To present documents and witnesses.

29 (e) To cross-examine witnesses.

(f) To require testimony in court in person from 1 physician,
 1 physician assistant, 1 certified nurse practitioner, 1 clinical
 nurse specialist-certified, or 1 licensed psychologist who has
 personally examined the individual.

5 (g) To receive an independent examination by a physician,
6 physician assistant, certified nurse practitioner, clinical nurse
7 specialist-certified, or licensed psychologist of his or her choice
8 on the issue of whether he or she meets the criteria for treatment.

9 (4) The prosecuting attorney of the county in which a court 10 has its principal office shall participate, either in person or by 11 assistant, in hearings convened by the court of his or her county 12 under this chapter, except that a prosecutor need not participate in or be present at a hearing whenever a petitioner or some other 13 14 appropriate person has retained private counsel who will be present 15 in court and will present to the court the case for a finding that 16 the individual meets the criteria for treatment.

17 (5) Unless the individual or his or her attorney objects, the
18 failure to timely notify a spouse, guardian, or other person
19 determined by the court to be entitled to notice is not cause to
20 adjourn or continue any a hearing.

(6) The individual, any an interested person, or the court on its own motion may request a change of venue because of residence; convenience to parties, witnesses, or the court; or the individual's mental or physical condition.

Sec. 532. In addition to the right to a hearing under section 531, a resident admitted by court order has the right to a hearing and may petition the court for discharge without leave of court once within each 12-month period from the date of the original order of admission. The petition shall must be accompanied by a

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physician's, a physician assistant's, a certified nurse 1 2 practitioner's, a clinical nurse specialist-certified's, or a licensed psychologist's report setting forth the reasons for the 3 physician's, physician assistant's, certified nurse practitioner's, 4 clinical nurse specialist-certified's, or licensed psychologist's 5 6 conclusion that the resident no longer meets the criteria for 7 judicial treatment. If no report accompanies the petition because the resident is indigent or is unable for reasons satisfactory to 8 9 the court to procure a report, the court shall appoint a physician, 10 a physician assistant, a certified nurse practitioner, a clinical 11 nurse specialist-certified, or a licensed psychologist to examine 12 the resident, and the physician, physician assistant, certified 13 nurse practitioner, clinical nurse specialist-certified, or 14 licensed psychologist shall furnish a report to the court. If the 15 report concludes that the resident continues to meet the criteria 16 for treatment, the court shall so notify the resident and shall 17 dismiss the petition for discharge. If the report concludes 18 otherwise, a hearing shall be held according to sections 517 to 19 522.

20 Sec. 700. As used in this chapter, unless the context requires 21 otherwise:

(a) "Criminal abuse" means 1 or more of the following: 22 23 (i) An assault that is a violation or an attempt or conspiracy 24 to commit a violation of sections 81 to 90 of the Michigan penal 25 code, Act No. 328 of the Public Acts of 1931, being sections 750.81 26 to 750.90 of the Michigan Compiled Laws. MCL 750.81 to 750.90. 27 Criminal abuse does not include an assault or an assault and 28 battery that is a violation of section 81 of Act No. 328 of the 29 Public Acts of 1939, being section 750.81 of the Michigan Compiled

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Laws, the Michigan penal code, MCL 750.81, and that is committed by
 a recipient against another recipient.

3 (ii) A criminal homicide that is a violation or an attempt or
4 conspiracy to commit a violation of section 316, 317, or 321 of Act
5 No. 328 of the Public Acts of 1931, being sections 750.316,
6 750.317, and 750.321 of the Michigan Compiled Laws.the Michigan
7 penal code, MCL 750.316, 750.317, and 750.321.

8 (iii) Criminal sexual conduct that is a violation or an attempt
9 or conspiracy to commit a violation of sections 520b to 520e or
10 520g of Act No. 328 of the Public Acts of 1931, being sections
11 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws.the
12 Michigan penal code, MCL 750.520b to 750.520e and 750.520g.

13 (*iv*) Vulnerable adult abuse that is a violation or an attempt
14 or conspiracy to commit a violation of section 145n of the Michigan
15 penal code, Act No. 328 of the Public Acts of 1931, being section
16 750.145n of the Michigan Compiled Laws.MCL 750.145n.

(v) Child abuse that is a violation or an attempt or
conspiracy to commit a violation of section 136b of Act No. 328 of
the Public Acts of 1931, being section 750.136b of the Michigan
Compiled Laws.the Michigan penal code, MCL 750.136b.

(b) "Health care corporation" means a nonprofit health care
corporation operating under the nonprofit health care corporation
reform act, Act No. 350 of the Public Acts of 1980, being sections
550.1101 to 550.1704 of the Michigan Compiled Laws.1980 PA 350, MCL
550.1101 to 550.1704.

(c) "Health care insurer" means an insurer authorized to
provide health insurance in this state or a legal entity that is
self-insured and provides health care benefits to its employees.
(d) "Health maintenance organization" means an organization

licensed under part 210 of the public health code, Act No. 368 of 1 the Public Acts of 1978, being sections 333.21001 to 333.21098 of 2 the Michigan Compiled Laws.that term as defined in section 3501 of 3 the insurance code of 1956, 1956 PA 218, MCL 500.3501. 4 5 (e) "Michigan penal code" means the Michigan penal code, 1931 6 PA 328, MCL 750.1 to 750.568. 7 (f) (e) "Money" means any legal tender, note, draft, 8 certificate of deposit, stock, bond, check, or credit card.

9 (g) (f) "Nonprofit dental care corporation" means a dental 10 care corporation incorporated under Act No. 125 of the Public Acts 11 of 1963, being sections 550.351 to 550.373 of the Michigan Compiled 12 Laws.1963 PA 125, MCL 550.351 to 550.373.

(h) (g)—"Person-centered planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

20 (i) (h)—"Privileged communication" means a communication made 21 to a psychiatrist, physician assistant, certified nurse 22 practitioner, clinical nurse specialist-certified, or licensed 23 psychologist in connection with the examination, diagnosis, or 24 treatment of a patient, or to another person while the other person 25 is participating in the examination, diagnosis, or treatment or a 26 communication made privileged under other applicable state or 27 federal law.

(j) (i) "Restraint" means the use of a physical device to
 restrict an individual's movement. Restraint does not include the

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1 use of a device primarily intended to provide anatomical support.

2 (k) (j) "Seclusion" means the temporary placement of a
3 recipient in a room, alone, where egress is prevented by any means.

4 (l) (k)—"Support plan" means a written plan that specifies the
5 personal support services or any other supports that are to be
6 developed with and provided for a recipient.

7 (m) (*l*)—"Treatment plan" means a written plan that specifies
8 the goal-oriented treatment or training services, including
9 rehabilitation or habilitation services, that are to be developed
10 with and provided for a recipient.

Sec. 740. (1) A resident shall not be placed in physical restraint except in the circumstances and under the conditions set forth in this section or in other law.

14 (2) A resident may be restrained only as provided in 15 subsection (3), (4), or (5) after less restrictive interventions have been considered, and only if restraint is essential in order 16 17 to prevent the resident from physically harming himself, herself, 18 or others, or in order to prevent him or her from causing substantial property damage. Consideration of less restrictive 19 20 measures shall be documented in the medical record. If restraint is 21 essential in order to prevent the resident from physically harming 22 himself, herself, or others, the resident may be physically held 23 with no more force than is necessary to limit the resident's 24 movement, until a restraint may be applied.

(3) A resident may be temporarily restrained for a maximum of
30 minutes without an order or authorization in an emergency.
Immediately after imposition of the temporary restraint, a
physician, physician assistant, certified nurse practitioner, or
clinical nurse specialist-certified shall be contacted. If, after

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being contacted, the physician, physician assistant, certified
 nurse practitioner, or clinical nurse specialist-certified does not
 order or authorize the restraint, the restraint shall be removed.

(4) A resident may be restrained prior to before examination 4 pursuant according to an authorization by a physician, physician 5 6 assistant, certified nurse practitioner, or clinical nurse 7 specialist-certified. An authorized restraint may continue only 8 until a physician, a physician assistant, a certified nurse 9 practitioner, a clinical nurse specialist-certified, or a 10 registered professional nurse who has been trained in accordance 11 with the requirements under 42 CFR 482.13(f) can personally examine the resident or for 2 hours, whichever is less. If it is not 12 possible for the physician, the physician assistant, the certified 13 14 nurse practitioner, the clinical nurse specialist-certified, or the 15 registered professional nurse who has been trained in accordance 16 with the requirements under 42 CFR 482.13(f) to examine the resident within 2 hours, a physician, physician assistant, 17 18 certified nurse practitioner, or clinical nurse specialist-19 certified may reauthorize the restraint for another 2 hours. 20 Authorized restraint may not continue for more than 4 hours. 21 (5) A resident may be restrained pursuant according to an 22 order by a physician, physician assistant, certified nurse 23 practitioner, or clinical nurse specialist-certified made after personal examination of the resident. An ordered restraint shall 24 25 continue only for that period of time specified in the order or for 26 8 hours, whichever is less.

27 (6) A restrained resident shall continue to receive food,
28 shall be kept in sanitary conditions, shall be clothed or otherwise
29 covered, shall be given access to toilet facilities, and shall be

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1 given the opportunity to sit or lie down.

2 (7) Restraints shall be removed every 2 hours for not less
3 than 15 minutes unless medically contraindicated or whenever they
4 are no longer essential in order to achieve the objective which
5 that justified their initial application.

6 (8) Each instance of restraint requires full justification for
7 its application, and the results of each periodic examination shall
8 be placed promptly in the record of the resident.

9 (9) If a resident is restrained repeatedly, the resident's
10 individual plan of services shall be reviewed and modified to
11 facilitate the reduction of the use of restraints.

Sec. 742. (1) Seclusion shall be used only in a hospital, a center, or a child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128. A resident placed in a hospital or center shall not be kept in seclusion except in the circumstances and under the conditions set forth in this section.

17 (2) A minor placed in a child caring institution shall not be
18 placed or kept in seclusion except as provided in 1973 PA 116, MCL
19 722.111 to 722.128, or rules promulgated under that act.

20 (3) A resident may be placed in seclusion only as provided
21 under subsection (4), (5), or (6) and only if it is essential in
22 order to prevent the resident from physically harming others, or in
23 order to prevent the resident from causing substantial property
24 damage.

(4) Seclusion may be temporarily employed for a maximum of 30
minutes in an emergency without an authorization or an order.
Immediately after the resident is placed in temporary seclusion, a
physician, physician assistant, certified nurse practitioner, or
clinical nurse specialist-certified shall be contacted. If, after

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1 being contacted, the physician, physician assistant, certified
2 nurse practitioner, or clinical nurse specialist-certified does not
3 authorize or order the seclusion, the resident shall be removed
4 from seclusion.

5 (5) A resident may be placed in seclusion under an 6 authorization by a physician, physician assistant, certified nurse 7 practitioner, or clinical nurse specialist-certified. Authorized 8 seclusion shall continue only until a physician, a physician 9 assistant, a certified nurse practitioner, a clinical nurse 10 specialist-certified, or a registered professional nurse who has 11 been trained in accordance with the requirements under 42 CFR 12 482.13(f) can personally examine the resident or for 1 hour, 13 whichever is less.

14 (6) A resident may be placed in seclusion under an order of a 15 physician, physician assistant, certified nurse practitioner, or clinical nurse specialist-certified made after personal examination 16 17 of the resident to determine if the ordered seclusion poses an undue health risk to the resident. Ordered seclusion shall continue 18 19 only for that period of time specified in the order or for 8 hours, 20 whichever is less. An order for a minor shall continue for a maximum of 4 hours. 21

(7) A secluded resident shall continue to receive food, shall remain clothed unless his or her actions make it impractical or inadvisable, shall be kept in sanitary conditions, and shall be provided a bed or similar piece of furniture unless his or her actions make it impractical or inadvisable.

27 (8) A secluded resident shall be released from seclusion
28 whenever the circumstance that justified its use ceases to exist.
29 (9) Each instance of seclusion requires full justification for

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its use, and the results of each periodic examination shall be
 placed promptly in the record of the resident.

3 (10) If a resident is secluded repeatedly, the resident's
4 individual plan of services shall must be reviewed and modified to
5 facilitate the reduced use of seclusion.

6 Enacting section 1. This amendatory act takes effect 90 days7 after the date it is enacted into law.