



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

Lisa Musielewicz

H.B. 111

132nd General Assembly
(As Passed by the House)

Reps. Carfagna and Ryan, Brenner, Butler, Cupp, Dever, Duffey, Goodman, Hambley, LaTourette, Riedel, Schaffer, Seitz, Stein, Wiggam, Young, Holmes, O'Brien, Bishoff, Anielski, Antonio, Arndt, Blessing, Boccieri, Boyd, Celebrezze, Clyde, Craig, Edwards, Fedor, Gavarone, Ginter, Green, Greenspan, Householder, Howse, Huffman, Ingram, Keller, Kent, Kick, Landis, Leland, Lepore-Hagan, Manning, Miller, Patton, Pelanda, Perales, Ramos, Reece, Reineke, Rogers, Scherer, Sprague, Strahorn, Sweeney, West

BILL SUMMARY

- Permits a clinical nurse specialist or certified nurse practitioner who is certified as a psychiatric-mental health nurse to have an individual involuntarily hospitalized for mental health treatment in an emergency.

CONTENT AND OPERATION

Emergency hospitalization by clinical nurse specialists and certified nurse practitioners

The bill permits a clinical nurse specialist or certified nurse practitioner to have an individual involuntarily hospitalized for mental health treatment in an emergency if the nurse has a psychiatric-mental health certification from the American Nurses Credentialing Center or similar certification from a national certifying organization approved by the Board of Nursing.¹ As with other professionals permitted by current law to have an individual involuntarily hospitalized (see "**Taking an individual into custody**," below), the nurse must have reason to believe that the individual is a mentally ill person subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.²

¹ R.C. 5122.10(A)(1)(d) and (e).

² R.C. 5122.10(A).

This involuntary, emergency hospitalization process may be initiated when there is insufficient time to seek hospitalization through the judicial process that otherwise would apply.³ With the exception of adding clinical nurse specialists and certified nurse practitioners to the list of professionals that may initiate involuntary hospitalization, the bill maintains the current involuntary hospitalization process, which is discussed below.

Background – involuntary hospitalization under Ohio law

Taking an individual into custody

Under current law, a psychiatrist, licensed clinical psychologist, physician, health officer, parole officer, police officer, sheriff, chief of the adult parole authority, or a parole or probation officer with the chief's authority may take a mentally ill individual ("respondent") into custody and transport the respondent to a hospital. The person initiating the transport must do both of the following:⁴

(1) Provide a written statement to the hospital stating why the person believes the respondent meets the requirements of Ohio law to be considered a "mentally ill person subject to court order"⁵ and represents a substantial risk of physical harm to self or others, including a statement of the circumstances under which the respondent was taken into custody;

(2) Explain to the respondent who the person is, his or her professional designation and affiliation, that the custody is not a criminal arrest, and that the respondent will be examined at a specified hospital or mental health facility.

Examination by hospital staff

The respondent must be examined within 24 hours after arrival at the hospital. If the hospital's chief clinical officer decides after examination that the respondent is not a mentally ill person subject to court order, the officer must discharge the respondent unless a court has issued a temporary detention order as part of the process of judicial hospitalization of the person or the person has been sentenced to the Ohio Department of Rehabilitation and Correction. If the chief clinical officer decides after the examination that the respondent is a mentally ill person subject to court order, the officer may detain the respondent for no more than three court days following the day of examination. During the three-day period, the chief clinical officer may admit the

³ Judicial hospitalization is governed by R.C. 5122.11, not in the bill.

⁴ R.C. 5122.10(B) and (C).

⁵ R.C. 5122.01(B).



respondent as a voluntary patient or file an affidavit commencing proceedings for judicial hospitalization.⁶

HISTORY

ACTION	DATE
Introduced	03-07-17
Reported, H. Health	03-29-17
Passed House (96-0)	03-30-17

H0111-PH-132.docx/ks

⁶ R.C. 5122.10(E).

