## **100TH GENERAL ASSEMBLY**

# State of Illinois

# 2017 and 2018

#### HB5557

by Rep. Ann M. Williams

## SYNOPSIS AS INTRODUCED:

405 ILCS 5/2-107

from Ch. 91 1/2, par. 2-107

Amends the Mental Health and Developmental Disabilities Code. Provides that electroconvulsive therapy may not be administered under the emergency treatment provisions of the Code but may be administered under the administration of psychotropic medication and electroconvulsive therapy provisions of the Code upon application to a court. Provides that the same written advisements about the treatment as required under other provisions of the Code of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent the advice is consistent with the recipient's ability to understand the information communicated and shall be given to the recipient as soon as the condition of the recipient permits and promptly to any substitute decision maker, unless already given under those provisions.

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FISCAL NOTE ACT MAY APPLY

A BILL FOR

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AN ACT concerning health.

# Be it enacted by the People of the State of Illinois, represented in the General Assembly:

4 Section 5. The Mental Health and Developmental 5 Disabilities Code is amended by changing Section 2-107 as 6 follows:

7 (405 ILCS 5/2-107) (from Ch. 91 1/2, par. 2-107)

8 Sec. 2-107. Refusal of services; <u>emergency treatment;</u>
9 informing of risks.

(a) An adult recipient of services or the recipient's 10 guardian, if the recipient is under guardianship, and the 11 recipient's substitute decision maker, if any, must be informed 12 13 of the recipient's right to refuse medication or 14 electroconvulsive therapy. The recipient and the recipient's quardian or substitute decision maker shall be given the 15 opportunity to refuse generally accepted mental health or 16 developmental disability services, including but not limited 17 medication or electroconvulsive therapy. 18 to Excluding 19 electroconvulsive therapy, if If such services are refused, 20 they shall not be given unless such services are necessary to 21 prevent the recipient from causing serious and imminent 22 physical harm to the recipient or others and no less restrictive alternative is available. Electroconvulsive 23

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1 therapy may not be administered under this Section but may be 2 administered under Section 2-107.1 of this Code. The facility 3 director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses such services of alternate 4 5 services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal 6 7 of such services. The same written advisements about the treatment as required under subsection (a-5) of Section 2-102 8 9 of this Code shall be given to the recipient as soon as the condition of the recipient permits and promptly to any 10 11 substitute decision maker, unless already given under 12 subsection (a-5) of Section 2-102.

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(b) Psychotropic medication or electroconvulsive therapy may be administered under this Section for up to 24 hours only if the circumstances leading up to the need for emergency treatment are set forth in writing in the recipient's record.

17 (c) Administration of medication or electroconvulsive therapy may not be continued unless the need for such treatment 18 19 is redetermined at least every 24 hours based upon a personal 20 examination of the recipient by a physician or a nurse under 21 the supervision of a physician and the circumstances 22 demonstrating that need are set forth in writing in the 23 recipient's record.

(d) <u>Psychotropic</u> Neither psychotropic medication nor
 electroconvulsive therapy may <u>not</u> be administered under this
 Section for a period in excess of 72 hours, excluding

1 Saturdays, Sundays, and holidays, unless a petition is filed 2 under Section 2-107.1 and the treatment continues to be 3 necessary under subsection (a) of this Section. Once the 4 petition has been filed, treatment may continue in compliance 5 with subsections (a), (b), and (c) of this Section until the 6 final outcome of the hearing on the petition.

7 (e) The Department shall issue rules designed to insure 8 that in State-operated mental health facilities psychotropic 9 medication is and electroconvulsive therapy are administered 10 in accordance with this Section and only when appropriately 11 authorized and monitored by a physician or a nurse under the 12 supervision of a physician in accordance with accepted medical 13 practice. The facility director of each mental health facility not operated by the State shall issue rules designed to insure 14 15 that in that facility psychotropic medication is and 16 electroconvulsive therapy are administered in accordance with 17 this Section and only when appropriately authorized and monitored by a physician or a nurse under the supervision of a 18 physician in accordance with accepted medical practice. Such 19 20 rules shall be available for public inspection and copying 21 during normal business hours.

(f) The provisions of this Section with respect to the emergency administration of psychotropic medication and electroconvulsive therapy do not apply to facilities licensed under the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or

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1 the MC/DD Act.

2 (g) Under no circumstances may <u>electroconvulsive therapy</u>
 3 <u>or</u> long-acting psychotropic medications be administered under
 4 this Section.

5 (h) Whenever psychotropic medication or electroconvulsive 6 therapy is refused pursuant to subsection (a) of this Section 7 at least once that day, the physician shall determine and state 8 in writing the reasons why the recipient did not meet the 9 criteria for administration of medication or electroconvulsive 10 therapy under subsection (a) and whether the recipient meets 11 the standard for administration of psychotropic medication or 12 electroconvulsive therapy under Section 2-107.1 of this Code. If the physician determines that the recipient meets the 13 14 standard for administration of psychotropic medication or 15 electroconvulsive therapy under Section 2-107.1, the facility 16 director or his or her designee shall petition the court for administration of psychotropic medication or electroconvulsive 17 therapy pursuant to that Section unless the facility director 18 19 or his or her designee states in writing in the recipient's 20 record why the filing of such a petition is not warranted. This 21 subsection (h) applies only to State-operated mental health 22 facilities.

(i) The Department shall conduct annual trainings for all
 physicians and registered nurses working in State-operated
 mental health facilities on the appropriate use of emergency
 administration of psychotropic medication and

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- 1 electroconvulsive therapy, standards for <u>its</u> their use, and the 2 methods of authorization under this Section.
- 3 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)