

94TH GENERAL ASSEMBLY State of Illinois 2005 and 2006 HB4927

Introduced 1/19/2006, by Rep. Dan Reitz

SYNOPSIS AS INTRODUCED:

405 ILCS 5/2-107

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

Amends the Mental Health and Developmental Disabilities Code. Makes a technical change in a Section concerning refusal of services and informing of risks.

LRB094 17138 DRJ 52426 b

FISCAL NOTE ACT MAY APPLY

1 AN ACT concerning health.

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

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

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- 7 (405 ILCS 5/2-107) (from Ch. 91 1/2, par. 2-107)
- 8 Sec. 2-107. Refusal of services; informing of risks.
- (a) An adult recipient of services or the the recipient's 9 guardian, if the recipient is under guardianship, and the 10 recipient's substitute decision maker, if any, must be informed 11 of the recipient's right to refuse medication. The recipient 12 and the recipient's guardian or substitute decision maker shall 13 14 be given the opportunity to refuse generally accepted mental 15 health or developmental disability services, including but not limited to medication. If such services are refused, they shall 16 17 not be given unless such services are necessary to prevent the 18 recipient from causing serious and imminent physical harm to 19 the recipient or others and no less restrictive alternative is 20 available. The facility director shall inform a recipient, guardian, or substitute decision maker, if any, who refuses 21 22 such services of alternate services available and the risks of 23 such alternate services, as well as the possible consequences to the recipient of refusal of such services. 24
 - (b) Authorized involuntary treatment may be given 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.
- 29 (c) Authorized involuntary treatment may not be continued 30 unless the need for such treatment is redetermined at least 31 every 24 hours based upon a personal examination of the 32 recipient by a physician or a nurse under the supervision of a

- physician and the circumstances demonstrating that need are set forth in writing in the recipient's record.
 - (d) Authorized involuntary treatment may not be administered under this Section for a period in excess of 72 hours, excluding Saturdays, Sundays, and holidays, unless a petition is filed under Section 2-107.1 and the treatment continues to be necessary under subsection (a) of this Section. Once the petition has been filed, treatment may continue in compliance with subsections (a), (b), and (c) of this Section until the final outcome of the hearing on the petition.
 - (e) The Department shall issue rules designed to insure that in State-operated mental health facilities authorized involuntary treatment is administered in accordance with this Section and only when appropriately authorized and monitored by a physician or a nurse under the supervision of a physician in accordance with accepted medical practice. The facility director of each mental health facility not operated by the State shall issue rules designed to insure that in that facility authorized involuntary treatment is administered in accordance with this Section and only when appropriately authorized and monitored by a physician or a nurse under the supervision of a physician in accordance with accepted medical practice. Such rules shall be available for public inspection and copying during normal business hours.
 - (f) The provisions of this Section with respect to the emergency administration of authorized involuntary treatment do not apply to facilities licensed under the Nursing Home Care Act.
- 29 (g) Under no circumstances may long-acting psychotropic
 30 medications be administered under this Section.
- 31 (Source: P.A. 90-538, eff. 12-1-97; 91-726, eff. 6-2-00.)