

**SB2341**



**94TH GENERAL ASSEMBLY**  
**State of Illinois**  
**2005 and 2006**  
**SB2341**

Introduced 1/12/2006, by Sen. David Luechtefeld

**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 17137 DRJ 52425 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **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; informing of risks.

9 (a) An adult recipient of services or the ~~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 of the recipient's right to refuse medication. The recipient  
13 and the recipient's guardian or substitute decision maker shall  
14 be given the opportunity to refuse generally accepted mental  
15 health or developmental disability services, including but not  
16 limited to medication. If such services are refused, they shall  
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,  
21 guardian, or substitute decision maker, if any, who refuses  
22 such services of alternate services available and the risks of  
23 such alternate services, as well as the possible consequences  
24 to the recipient of refusal of such services.

25 (b) Authorized involuntary treatment may be given under  
26 this Section for up to 24 hours only if the circumstances  
27 leading up to the need for emergency treatment are set forth in  
28 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

1 physician and the circumstances demonstrating that need are set  
2 forth in writing in the recipient's record.

3 (d) Authorized involuntary treatment may not be  
4 administered under this Section for a period in excess of 72  
5 hours, excluding Saturdays, Sundays, and holidays, unless a  
6 petition is filed under Section 2-107.1 and the treatment  
7 continues to be necessary under subsection (a) of this Section.  
8 Once the petition has been filed, treatment may continue in  
9 compliance with subsections (a), (b), and (c) of this Section  
10 until the final outcome of the hearing on the petition.

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

25 (f) The provisions of this Section with respect to the  
26 emergency administration of authorized involuntary treatment  
27 do not apply to facilities licensed under the Nursing Home Care  
28 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.)