

The Senate Health and Human Services Committee offered the following substitute to HB 343:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 2 of Chapter 1 of Title 37 of the Official Code of Georgia Annotated,
2 relating to the powers and duties of the Department of Behavioral Health and Developmental
3 Disabilities as it related to mental health, so as to provide for crisis stabilization units for the
4 purpose of providing psychiatric stabilization or detoxification services; to provide for a
5 definition; to provide for licensure; to provide for requirements; to provide for rules and
6 regulations; to amend Chapter 3 of Title 37 of the Official Code of Georgia Annotated,
7 relating to examination and treatment for mental illness, so as to provide for immunity for
8 hospitals in certain circumstances; to provide for related matters; to repeal conflicting laws;
9 and for other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

11 Article 2 of Chapter 1 of Title 37 of the Official Code of Georgia Annotated, relating to the
12 powers and duties of the Department of Behavioral Health and Developmental Disabilities
13 as it related to mental health, is amended by adding a new Code section to read as follows:

14 "37-1-29.

15 (a) As used in this Code section, the term 'crisis stabilization unit' means a short-term
16 residential program operated for the purpose of providing psychiatric stabilization and
17 detoxification services that complies with applicable department standards and that
18 provides brief, intensive crisis services 24 hours a day, seven days a week.

19 (b) The department shall be authorized to license crisis stabilization units pursuant to this
20 Code section for the purpose of providing psychiatric stabilization and detoxification
21 services in a community based setting rather than inpatient hospitalization and other higher
22 levels of care.

23 (c) The department shall establish minimum standards and requirements for the licensure
24 of crisis stabilization units. Such standards and requirements shall include, but not be
25 limited to, the following:
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- 27 (1) The capacity to carry out emergency receiving and evaluating functions;
28 (2) Voluntary and involuntary admission criteria;
29 (3) The prohibition to hold itself out as a hospital or bill for hospital or inpatient services;
30 (4) The unit is operated by an accredited and licensed, if applicable, health care
31 authority;
32 (5) The unit has operating agreements with private and public inpatient hospitals and
33 treatment facilities;
34 (6) The unit operates within the guidelines of the federal Emergency Medical Treatment
35 and Active Labor Act with respect to stabilization and transfer of clients;
36 (7) Length of stay;
37 (8) Designation of transitional beds;
38 (9) Billing;
39 (10) Physician and registered professional nurse oversight;
40 (11) Staff to client ratios;
41 (12) Patient restraint or seclusion;
42 (13) Safety and emergency protocols;
43 (14) Pharmacy services;
44 (15) Medication administration; and
45 (16) Reporting requirements.
- 46 (d) A crisis stabilization unit shall be designated as an emergency receiving facility under
47 Code Sections 37-3-40 and 37-7-40 and an evaluation facility under Code Sections 37-3-60
48 and 37-7-60, but shall not be designated as a treatment facility under Code Section 37-3-80
49 or 37-7-80. Crisis stabilization units may admit individuals on a voluntary basis.
50 Individuals may be provided 24 hour observation, detoxification and stabilization services,
51 medication prescribed by a physician, and other appropriate treatment or services.
- 52 (e) No entity shall operate as a crisis stabilization unit without having a valid license
53 issued pursuant to this Code section.
- 54 (f) Application for a license to operate a crisis stabilization unit shall be submitted to the
55 department in the manner prescribed by the department's rules and regulations.
- 56 (g) The department shall issue a license to an applicant who meets all the rules and
57 regulations for the licensure of crisis stabilization units. The license shall be
58 nontransferable for a change of location or governing body.
- 59 (h) Each licensee shall permit authorized department representatives to enter upon and
60 inspect any and all premises for which a license has been granted or applied for so that
61 verification of compliance with all relevant laws or regulations can be made.
- 62 (i) The department may deny any license application which does not meet all the rules and
63 regulations for the licensure of crisis stabilization units and may suspend or revoke a

64 license which has been issued if an applicant or a licensee violates any such rules and
 65 regulations; provided, however, that before any order is entered denying a license
 66 application or suspending or revoking a license previously granted, the applicant or license
 67 holder, as the case may be, shall be afforded an opportunity for a hearing as provided for
 68 in Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

69 (j) Any program licensed as a crisis stabilization unit pursuant to this Code section shall
 70 be exempt from the requirements to obtain a certificate of need pursuant to Article 3 of
 71 Chapter 6 of Title 31.

72 (k) It is the intent of the General Assembly that this Code section provide a public benefit
 73 and comply with all safety net obligations in this title and that patients without private
 74 health care coverage receive priority consideration for crisis stabilization unit placement.

75 (l) The department shall promulgate rules and regulations in accordance with the General
 76 Assembly's intent as set out in subsection (k) of this Code section to implement the
 77 provisions of this Code section."

78 **SECTION 2.**

79 Chapter 3 of Title 37 of the Official Code of Georgia Annotated, relating to examination and
 80 treatment for mental illness, is amended by revising Code Section 37-3-4, relating to
 81 immunity of physicians, peace officers, or other private or public hospital employees, as
 82 follows:

83 "37-3-4.

84 Any hospital or any physician, psychologist, peace officer, attorney, or health official, or
 85 any hospital official, agent, or other person employed by a private hospital or at a facility
 86 operated by the state, by a political subdivision of the state, or by a hospital authority
 87 created pursuant to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance
 88 with the admission and discharge provisions of this chapter shall be immune from civil or
 89 criminal liability for his or her actions in connection with the admission of a patient to a
 90 facility or the discharge of a patient from a facility; provided, however, that nothing in this
 91 Code section shall be construed to relieve any hospital or any physician, psychologist,
 92 peace officer, attorney, or health official, or any hospital official, agent, or other person
 93 employed by a private hospital or at a facility operated by the state, by a political
 94 subdivision of the state, or by a hospital authority created pursuant to Article 4 of Chapter
 95 7 of Title 31, from liability for failing to meet the applicable standard of care in the
 96 provision of treatment to a patient."

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SECTION 3.

Said chapter is further amended by revising subsection (e) of Code Section 37-3-163, relating to recognition of patient's physical integrity, as follows:

"(e) In cases of grave emergency where the medical staff of the facility in which a mentally ill individual has been accepted for treatment determines that immediate surgical or other intervention is necessary to prevent serious physical consequences or death and where delay in obtaining consent would create a grave danger to the physical health of such person, as determined by at least two physicians, then essential surgery or other intervention may be administered without the consent of the person, the spouse, next of kin, attorney, guardian, or any other person. In such cases, a record of the determination of the physicians shall be entered into the medical records of the patient and this will be proper consent for such surgery or other intervention. Such consent will be valid notwithstanding the type of admission of the patient and it shall also be valid whether or not the patient has been adjudged incompetent. This Code section is intended to apply to those individuals who, as a result of their advanced age, impaired thinking, or other disability, cannot reasonably understand the consequences of withholding consent to surgery or other intervention as contemplated by this Code section. Any hospital or any physician, agent, employee, or official who obtains consent or relies on such consent, as authorized by this Code section, and who acts in good faith and within the provisions of this chapter shall be immune from civil or criminal liability for his or her actions in connection with the obtaining of or the relying upon such consent; provided, however, that nothing in this Code section shall be construed to relieve any hospital or any physician, agent, employee, or official from liability for failing to meet the applicable standard of care in the provision of treatment to a patient. Actual notice of any action taken pursuant to this Code section shall be given to the patient and the spouse, next of kin, attorney, guardian, or representative of the patient as soon as practicably possible."

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SECTION 4.

All laws and parts of laws in conflict with this Act are repealed.