

SECOND REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 1779

97TH GENERAL ASSEMBLY

Reported from the Committee on Veterans' Affairs and Health, April 28, 2014, with recommendation that the Senate Committee Substitute do pass.

TERRY L. SPIELER, Secretary.

5815S.04C

AN ACT

To repeal section 630.175, RSMo, and to enact in lieu thereof one new section relating to mental health facility safety provisions.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 630.175, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 630.175, to read as follows:

630.175. 1. No person admitted on a voluntary or involuntary basis to
2 any mental health facility or mental health program in which people are civilly
3 detained pursuant to chapter 632, and no patient, resident or client of a
4 residential facility or day program operated, funded or licensed by the department
5 shall be subject to physical or chemical restraint, isolation or seclusion unless it
6 is determined by the head of the facility [or], the attending licensed physician,
7 **or in the circumstances specifically set forth in this section, by an**
8 **advanced practice registered nurse in a collaborative practice**
9 **arrangement with the attending licensed physician** that the chosen
10 intervention is imminently necessary to protect the health and safety of the
11 patient, resident, client or others and that it provides the least restrictive
12 environment. **An advanced practice registered nurse in a collaborative**
13 **practice arrangement with the attending licensed physician may make**
14 **a determination that the chosen intervention is necessary for patients,**
15 **residents, or clients of facilities or programs operated by the**
16 **department, in hospitals as defined in section 197.020 that only provide**
17 **psychiatric care and in dedicated psychiatric units of general acute**
18 **care hospitals as hospitals are defined in section 197.020. Any**
19 **determination made by the advanced practice registered nurse shall be**

20 documented as required in subsection 2 of this section and reviewed in
21 person by the attending licensed physician if the episode of restraint
22 is to extend beyond:

23 (1) Four hours duration in the case of a person under eighteen
24 years of age;

25 (2) Eight hours duration in the case of a person eighteen years
26 of age or older; or

27 (3) For any total length of restraint lasting more than four hours
28 duration in a twenty-four-hour period in the case of a person under
29 eighteen years of age or beyond eight hours duration in the case of a
30 person eighteen years of age or older in a twenty-four-hour period.

31 The review shall occur prior to the time limit specified under
32 subsection 6 of this section and shall be documented by the licensed
33 physician under subsection 2 of this section.

34 2. Every use of physical or chemical restraint, isolation or seclusion and
35 the reasons therefor shall be made a part of the clinical record of the patient,
36 resident or client under the signature of the head of the facility, or the attending
37 licensed physician, **or the advanced practice registered nurse in a**
38 **collaborative practice arrangement with the attending licensed**
39 **physician.**

40 3. Physical or chemical restraint, isolation or seclusion shall not be
41 considered standard treatment or habilitation and shall cease as soon as the
42 circumstances causing the need for such action have ended.

43 4. The use of security escort devices, including devices designed to restrict
44 physical movement, which are used to maintain safety and security and to
45 prevent escape during transport outside of a facility shall not be considered
46 physical restraint within the meaning of this section. Individuals who have been
47 civilly detained under sections 632.300 to 632.475 may be placed in security
48 escort devices when transported outside of the facility if it is determined by the
49 head of the facility, or the attending licensed physician, **or the advanced**
50 **practice registered nurse in a collaborative practice arrangement with**
51 **the attending licensed physician** that the use of security escort devices is
52 necessary to protect the health and safety of the patient, resident, client, or other
53 persons or is necessary to prevent escape. Individuals who have been civilly
54 detained under sections 632.480 to 632.513 or committed under chapter 552 shall
55 be placed in security escort devices when transported outside of the facility unless

56 it is determined by the head of the facility, or the attending licensed physician,
57 **or the advanced practice registered nurse in a collaborative practice**
58 **arrangement with the attending licensed physician** that security escort
59 devices are not necessary to protect the health and safety of the patient, resident,
60 client, or other persons or is not necessary to prevent escape.

61 5. Extraordinary measures employed by the head of the facility to ensure
62 the safety and security of patients, residents, clients, and other persons during
63 times of natural or man-made disasters shall not be considered restraint,
64 isolation, or seclusion within the meaning of this section.

65 **6. Orders issued under this section by the advanced practice**
66 **registered nurse in a collaborative practice arrangement with the**
67 **attending licensed physician shall be reviewed in person by the**
68 **attending licensed physician of the facility within twenty-four hours or**
69 **the next regular working day of the order being issued, and such**
70 **review shall be documented in the clinical record of the patient,**
71 **resident, or client.**

72 7. For purposes of this subsection, "division" shall mean the
73 division of developmental disabilities. Restraint or seclusion shall not
74 be used in habilitation centers or community programs that serve
75 persons with developmental disabilities that are operated or funded by
76 the division unless such procedure is part of an emergency intervention
77 system approved by the division and is identified in such person's
78 individual support plan. Direct care staff that serve persons with
79 developmental disabilities in habilitation centers or community
80 programs operated or funded by the division shall be trained in an
81 emergency intervention system approved by the division when such
82 emergency intervention system is identified in a consumer's individual
83 support plan.

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