# GENERAL ASSEMBLY OF NORTH CAROLINA

# SESSION 1997

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SENATE BILL 757 Children and Human Resources Committee Substitute Adopted 4/30/97
Short Title: Advance Instr./Mental Health. (Public)
Sponsors:
Referred to:
April 8, 1997
A BILL TO BE ENTITLED  AN ACT TO ESTABLISH ADVANCE INSTRUCTION FOR MENTAL HEALTH TREATMENT.  The General Assembly of North Carolina enacts:  Section 1. Article 3 of Chapter 122C of the General Statutes is amended by
Section 1. Article 3 of Chapter 122C of the General Statutes is amended by designating G.S. 122C-51 through G.S. 122C-70 as "Part 1".  Section 2. Article 3 of Chapter 122C of the General Statutes is amended by adding the following new Part to read:
"PART 2. ADVANCE INSTRUCTION FOR MENTAL HEALTH TREATMENT.  "§ 122C-71. Purpose.
(a) The General Assembly recognizes as a matter of public policy the fundamental right of an individual to control the decisions relating to the individual's medical care, and that this right may be exercised on behalf of the individual by an agent chosen by the
<ul> <li>(b) The purpose of this Part is to establish an additional, nonexclusive method for an individual to exercise the right to consent to or refuse mental health treatment when the individual lacks sufficient understanding or capacity to make or communicate mental health treatment decisions</li> </ul>

(c) This Part is intended and shall be construed to be consistent with the provisions of Article 3 of Chapter 32A of the General Statutes, provided that in the event of a conflict between the provisions of this Part and Article 3 of Chapter 32A, the provisions of this Part control.

#### **"§ 122C-72. Definitions.**

As used in this Part, unless the context clearly requires otherwise, the following terms have the meanings specified:

- (1) 'Advance instruction' or 'advance instruction for mental health treatment' means a written instrument, signed by two qualified witnesses, that makes a declaration of instructions, that also provides information and preferences regarding mental health treatment, and that may appoint an attorney-in-fact.
- (2) 'Attending physician' means the physician who has primary responsibility for the care and treatment of the principal.
- (3) 'Attorney-in-fact' means an adult validly appointed under G.S. 122C-75 to make mental health treatment decisions for a principal under an advance instruction for mental health treatment and also means an alternative attorney-in-fact.
- (4) <u>'Incapable' means that, in the opinion of a physician or eligible psychologist, the person currently lacks the capacity to make and communicate mental health treatment decisions. As used in this subdivision, the term 'eligible psychologist' has the meaning given the term in G.S. 122C-3(13b).</u>
- (5) 'Mental health treatment' means the process of providing for the physical, emotional, psychological, and social needs of the principal. 'Mental health treatment' includes, but is not limited to, electroconvulsive treatment (ECT), commonly referred to as 'shock treatment', treatment of mental illness with psychotropic medication, and admission to and retention in a facility for care or treatment of mental illness.
- (6) 'Principal' means the person making the advance instruction.
- (7) 'Qualified witness' means a witness who affirms that the principal is personally known to the witness, that the principal signed or acknowledged the principal's signature on the advance instruction in the presence of the witness, that the witness believes the principal to be of sound mind and not to be under duress, fraud, or undue influence, and that the witness is not:
  - <u>a.</u> The attending physician or mental health service provider or a relative of the physician or provider; or
  - b. An owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident.

"§ 122C-73. Scope, use, and authority of advance instruction for mental health treatment.

- (a) Any adult of sound mind may make an advance instruction regarding mental health treatment. The advance instruction may include consent to or refusal of mental health treatment. The advance instruction may also appoint an attorney-in-fact.
- (b) An advance instruction may include, but is not limited to, the names and telephone numbers of individuals to be contacted in case of mental health crisis, situations that may cause the principal to experience a mental health crisis, responses that may assist the principal to remain in the principal's home during a mental health crisis, the types of assistance that may help stabilize the principal if it becomes necessary to enter a facility, and medications that the principal is taking or has taken in the past and the effects of those medications.
- (c) A person shall not be required to execute or to refrain from executing an advance instruction as a condition for insurance coverage, as a condition for receiving mental or physical health services, as a condition for receiving privileges while in a facility, or as a condition of discharge from a facility.
- (d) A principal may nominate, by advance instruction for mental health treatment, the guardian of the person of the principal if a guardianship proceeding is thereafter commenced. The court shall make its appointment in accordance with the principal's most recent nomination in an unrevoked advance instruction for mental health treatment, except for good cause shown.
- (e) If, following the execution of an advance instruction for mental health treatment, a court of competent jurisdiction appoints a guardian of the person of the principal, or a general guardian with powers over the person of the principal, the advance instruction for mental health treatment shall remain in effect and shall be superior to the powers and duties of the guardian of the person with respect to mental health treatment covered under the advance instruction.
- (f) An advance instruction for mental health treatment may be combined with or incorporated into a health care power of attorney or general power of attorney that is executed in accordance with the requirements of Chapter 32A of the General Statutes.

#### "§ 122C-74. Effectiveness and duration; revocation.

- (a) A validly executed advance instruction becomes effective when it is delivered to the principal's physician or other mental health treatment provider and remains valid until revoked or expired. The physician or provider shall act in accordance with an advance instruction when the principal has been determined to be incapable. The physician or provider shall continue to obtain the principal's informed consent to all mental health treatment decisions if the principal is capable of providing informed consent or refusal.
- (b) Upon being presented with an advance instruction, a physician or other provider shall make the advance instruction a part of the principal's medical record. When acting under authority of an advance instruction, a physician or provider shall comply with it to the fullest extent possible, unless compliance is not consistent with:
  - (1) Best medical practice to benefit the principal;
  - (2) The availability of treatments requested; and
  - (3) Applicable law.

 If the physician or other provider is unwilling at any time to comply with any part or parts of an advance instruction for one or more of the reasons set out in subdivisions (1) through (3) of this subsection, the physician or provider shall promptly notify the principal and, if applicable, the attorney-in-fact, and shall document the reason for not complying with the advance instruction and shall document the notification in the principal's medical record.

- (c) Except as provided in subsection (b) of this section, the physician or provider may subject the principal to mental health treatment in a manner contrary to the principal's wishes as expressed in an advance instruction for mental health treatment only:
  - (1) If the principal is committed to a 24-hour facility pursuant to Article 5 of G.S. 122C and treatment is authorized in compliance with G.S. 122C-57 and administrative rule; or
  - (2) <u>In cases of emergency endangering life or health.</u>
- (d) An advance instruction does not limit any authority provided in Article 5 of G.S. 122C either to take a person into custody, or to admit, retain, or treat a person in a facility.
- (e) When making an advance instruction, the principal shall indicate whether the advance instruction may be revoked only if the principal is capable, or if it may be revoked at any time. If the advance instruction directs that it may be revoked only if the principal is capable, then the revocation is effective when a capable principal communicates the revocation to the attending physician or other provider. If the advance instruction directs that the revocation may be made at any time, then a revocation is effective when made by a capable principal, or when an incapable principal communicates the revocation to the attending physician or other provider, as the case may be. The attending physician or other provider shall note the revocation as part of the principal's medical record.
- (f) If an advance instruction indicates that it may be revoked at any time, then the advance instruction continues in effect unless and until it is revoked by the principal. If an advance instruction indicates that it may be revoked only if the principal is capable, then an advance instruction that has not become operative expires at the end of two years from the date of execution, unless earlier revoked by the capable principal. The authority of a named attorney-in-fact and any alternative attorney-in-fact named in the advance instruction continues in effect as long as the advance instruction appointing the attorney-in-fact is in effect or until the attorney-in-fact has withdrawn.
- (g) A physician or provider who administers or does not administer mental health treatment according to and in good faith reliance upon the validity of an advance instruction is not subject to criminal prosecution, civil liability, or professional disciplinary action resulting from a subsequent finding of an advance instruction's invalidity.
- "§ 122C-75. Scope of authority of attorney-in-fact; powers and duties; limitation on liability.

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- An advance instruction may designate a competent adult to act as attorney-infact to make decisions about mental health treatment. An alternative attorney-in-fact may also be designated to act as attorney-in-fact if the original designee is unable or unwilling to act at any time. An attorney-in-fact who has accepted the appointment in writing may make decisions about mental health treatment on behalf of the principal only when the principal is incapable. The decisions shall be consistent with any desires the principal has expressed in the advance instruction.
  - None of the following may serve as attorney-in-fact:
    - The attending physician or mental health service provider or an employee of the physician or provider, if the physician, provider, or employee is unrelated to the principal by blood, marriage, or adoption.
    - (2) An owner, operator, or employee of a health care facility in which the principal is a patient or resident, if the owner, operator, or employee is unrelated to the principal by blood, marriage, or adoption.
- The attorney-in-fact shall not have authority to make mental health treatment (c) decisions unless the principal is incapable.
- The attorney-in-fact is not, as a result of acting in that capacity, personally liable for the cost of treatment provided to the principal.
- Except to the extent the right is limited by the advance instruction or any federal law, an attorney-in-fact has the same right as the principal to receive information regarding the proposed mental health treatment and to receive, review, and consent to disclosure of medical records relating to that treatment. This right of access does not waive any evidentiary privilege.
- In exercising authority under the advance instruction, the attorney-in-fact shall act consistently with the desires of the principal as expressed in the advance instruction. If the principal's desires are not expressed in the advance instruction and are not otherwise known by the attorney-in-fact, the attorney-in-fact shall act in what the attorney-in-fact in good faith believes to be the manner in which the principal would act if the principal was not incapable.
- The appointment of an attorney-in-fact shall not revoke, restrict, or otherwise affect any nonmental health treatment powers granted by the principal to a health care agent pursuant to a health care power of attorney or attorney-in-fact pursuant to a general power of attorney; provided that the mental health treatment powers granted to the attorney-in-fact shall be superior to any similar powers granted by the principal to a health care agent pursuant to a health care power of attorney or an attorney-in-fact pursuant to a general power of attorney.
- An attorney-in-fact is not subject to criminal prosecution, civil liability, or professional disciplinary action for any action taken in good faith pursuant to an advance instruction for mental health treatment.
- An attorney-in-fact may withdraw by giving notice to the principal. If a principal is incapable, the attorney-in-fact may withdraw by giving notice to the attending physician or provider. The attending physician or provider shall note the withdrawal as part of the principal's medical record.

A person who has withdrawn under the provision of subsection (i) of this section may rescind the withdrawal by executing an acceptance after the date of the withdrawal. The acceptance shall be in the same or similar form as provided for in G.S. 122C-77 for accepting an appointment. A person who rescinds a withdrawal shall give notice to the principal if the principal is capable or to the principal's health care provider if the principal is incapable. "§ 122C-76. Penalty. It is a Class 2 misdemeanor for a person, without authorization of the principal,

willfully to alter, forge, conceal, or destroy an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting the principal's desires and interests, with the intent or effect of affecting a mental health treatment decision.

"§ 122C-77. Statutory form for advance instruction for mental health treatment.

The use of the following or similar form in the creation of an advance instruction for mental health treatment is lawful, and when used, it shall be construed in accordance with the provisions of this Article.

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#### ' ADVANCE INSTRUCTION FOR MENTAL HEALTH TREATMENT

being an adult of sound mind, willfully and voluntarily make this advance instruction for mental health treatment to be followed if it is determined by a physician or eligible psychologist that my ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment. 'Mental health treatment' means the process of providing for the physical, emotional, psychological, and social needs of the principal. 'Mental health treatment' includes electroconvulsive treatment (ECT), commonly referred to as 'shock treatment', treatment of mental illness with psychotropic medication, and admission to and retention in a facility for care or treatment of mental illness.

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I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. symptoms may include:

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#### **PSYCHOACTIVE MEDICATIONS**

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

I consent to the administration of the following medications:

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I do not consent to the administration of the following medications:

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Conditions or limitations:

1	ELECTROCONVULSIVE (ECT) TREATMENT (COMMONLY REFERRED			
2	TO AS "SHOCK TREATMENT")			
3	If I become incapable of giving or withholding informed consent for mental health			
4	treatment, my wishes regarding electroconvulsive treatment (ECT), (commonly referred			
5	to as "shock treatment" ) are as follows:			
6	I consent to the administration of electroconvulsive treatment (ECT),			
7	(commonly referred to as "shock treatment").			
8	<u>I do not consent to the administration of electroconvulsive treatment (ECT),</u>			
9	(commonly referred to as "shock treatment").			
10	Conditions or limitations:			
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13	ADMISSION TO AND RETENTION IN FACILITY			
14	If I become incapable of giving or withholding informed consent for mental health			
15	treatment, my wishes regarding admission to and retention in a health care facility for			
16	mental health treatment are as follows:			
17	I consent to being admitted to a health care facility for mental health treatment.			
18	My facility preference is			
19	I do not consent to being admitted to a health care facility for mental health			
20	treatment.			
21	This advance instruction cannot, by law, provide consent to retain me in a facility for			
22	more than 10 days.			
23	Conditions or limitations:			
24				
25				
26	ADDITIONAL INSTRUCTIONS			
27	These instructions shall apply during the entire length of my incapacity.			
28	In case of mental health crisis, please contact:			
29	<u>1.</u> <u>Name:</u>			
30	Home Address:			
31	<u>Home Telephone Number:</u> <u>Work Telephone Number:</u>			
32	Relationship to Me:			
33	<u>2.</u> <u>Name:</u>			
34	Home Address:			
35	<u>Home Telephone Number:</u> <u>Work Telephone Number:</u>			
36	Relationship to Me:			
37	3. My Physician:			
38	Name: Telephone Number:			
39	4. My Therapist:			
40	Name: Telephone Number:			
41	The following may cause me to experience a mental health crisis:			
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1 2	The following may help me avoid a hospitalization:				
3 4 5	I generally react to being hospitalized as follows:				
6 7 8	Staff of the hospital or crisis unit can help me by doing the following:				
9 10 11	I give permission for the following person or people to visit me:				
12 13 14 15	Other instructions:				
16 17 18					
19 20 21 22 23 24 25 26 27	I have attached an additional sheet of instructions to be followed and considered part of this advance instruction.				
22	(Initial one or the other, but not both, of the following, as desired):				
23 24	If I become incapable, and this advance instruction becomes operative				
25	I, at that point, give up my power to revoke this advance instruction				
26	While I am incapable, I direct that this advance instruction remain in				
27	effect and operative to carry out my instructions for treatment as stated				
28	in this advance instruction. I understand that if I select this revocation				
29	option, this advance instruction, if it has not become operative, wil				
30	expire at the end of two years from the date of its execution, or earlier is				
31	I revoke it before the two years have expired.				
32					
33 34	[or]				
34					
35	If I become incapable, and this advance instruction goes into effect,				
36	retain my power to revoke it at any time. I understand that any				
37	revocation made by me will, at the time the revocation is made, end any				
88	benefit that I now seek and that would otherwise derive through this				
39 10	advance instruction.				
10 11	ATTORNEY-IN-FACT				
11 12	I hereby appoint:				
13	Name:				

1	Home Address:			
2	Home Telephone Number: Work Telephone Number:			
3	to act as my attorney-in-fact to make decisions regarding my mental health treatment if			
4	become incapable of giving or withholding informed consent for that treatment.			
5	If the person named above refuses or is unable to act on my behalf, or if I revoke that			
6	person's authority to act as my attorney-in-fact, I authorize the following person to act a			
7	my attorney-in-fact:			
8	Name:			
9	Home Address:			
10	<u>Home Telephone Number:</u> <u>Work Telephone Number:</u>			
11	My attorney-in-fact is authorized to make decisions that are consistent with the wishes			
12	have expressed in this advance instruction or, if not expressed, as are otherwise known by			
13	my attorney-in-fact, my attorney-in-fact is to act in what he or she believes to be my best			
14	interests.			
15	If it becomes necessary for the court to appoint a guardian for me, I hereby nominate my			
16	attorney-in-fact to serve in that capacity.			
17	By signing here, I indicate that I am mentally alert and competent, fully informed as to			
18	the contents of this document, and understand the full import of this grant of powers to			
19	my attorney-in-fact.			
20				
21	Signature of Principal Date			
22				
23	AFFIRMATION OF WITNESSES			
24	We affirm that the principal is personally known to us, that the principal signed or			
25	acknowledged the principal's signature on this advance instruction for mental health			
26	treatment in our presence, that the principal appears to be of sound mind and not under			
27	duress, fraud, or undue influence, and that neither of us is:			
28	A person appointed as an attorney-in-fact by this document;			
29	The principal's attending physician or mental health service provider or a relative of the			
30	physician or provider;			
31	The owner, operator, or relative of an owner or operator of a facility in which the			
32	principal is a patient or resident; or			
33 34	A person related to the principal by blood, marriage, or adoption.			
35	Witnessed by: Witness: Date:			
36	Witness: Date: Witness: Date:			
37	STATE OF NORTH CAROLINA			
38	COUNTY OF			
20	COUNTION			

## ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT

I accept this appointment and agree to serve as attorney-in-fact to make decisions about 41 mental health treatment for the principal. I understand that I have a duty to act consistent 42

with the desires of the principal as expressed in this appointment. I understand that this 43

document gives me authority to make decisions about mental health treatment only while the principal is incapable as determined by a qualified crisis services professional and a physician or eligible psychologist. I understand that the principal may revoke this advance instruction in whole or in part at any time and in any manner when the principal is not incapable.

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Signature of Attorney-in-fact	Date

 Signature of Alternative Attorney-in-fact

Date' "

Section 3. G.S. 122C-57 reads as rewritten:

## "§ 122C-57. Right to treatment and consent to treatment.

- (a) Each client who is admitted to and is receiving services from a facility has the right to receive age-appropriate treatment for mental health, mental retardation, and substance abuse illness or disability. Each client within 30 days of admission to a facility shall have an individual written treatment or habilitation plan implemented by the facility. The client and his the client's legally responsible person shall be informed in an advance of the potential risks and alleged benefits of the treatment choices.
- (b) Each client has the right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline, or staff convenience.
- (c) Medication shall be administered in accordance with accepted medical standards and only upon the order of a physician as documented in the client's record.
- (d) Each voluntarily admitted elient or his client, the client's legally responsible person person, a health care agent named pursuant to a valid health care power of attorney, or an attorney-in-fact named pursuant to a valid advance instruction for mental health treatment has the right to consent to or refuse any treatment offered by the facility. Consent may be withdrawn at any time by the person who gave the consent. If treatment is refused, the qualified professional shall determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the voluntarily admitted client may be discharged. In an emergency, a voluntarily admitted client may be administered treatment or medication, other than those specified in subsection (f) of this section, despite the refusal of the elient or his client, the client's legally responsible person, person, a health care agent named pursuant to a valid health care power of attorney, or an attorney-in-fact named pursuant to a valid advance instruction for mental health treatment. The Commission may adopt rules to provide a procedure to be followed when a voluntarily admitted client refuses treatment.
- (e) In the case of an involuntarily committed client, treatment measures other than those requiring express written consent as specified in subsection (f) of this section may be given despite the refusal of the elient or his client, the client's legally responsible person person, a health care agent named pursuant to a valid health care power of attorney, or an attorney-in-fact named pursuant to a valid advance instruction for mental health treatment in the event of an emergency or when consideration of side effects related to the specific treatment measure is given and in the professional judgment, as documented in the

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client's record, of the treating physician and a second physician, who is either the director of clinical services of the facility, or his the director's designee, either:

- The client, without the benefit of the specific treatment measure, is (1) incapable of participating in any available treatment plan which will give him-the client a realistic opportunity of improving his-the client's condition;
- (2) There is, without the benefit of the specific treatment measure, a significant possibility that the client will harm himself or others before improvement of his the client's condition is realized.
- Treatment involving electroshock therapy, the use of experimental drugs or (f) procedures, or surgery other than emergency surgery may not be given without the express and informed written consent of the elient or his client, the client's legally responsible person, a health care agent named pursuant to a valid health care power of attorney, or an attorney-in-fact named pursuant to a valid advance instruction for mental health treatment. This consent may be withdrawn at any time by the person who gave the consent. The Commission may adopt rules specifying other therapeutic and diagnostic procedures that require the express and informed written consent of the elient or his client, the client's legally responsible person, a health care agent named pursuant to a valid health care power of attorney, or an attorney-in-fact named pursuant to a valid advance instruction for mental health treatment prior to their initiation."

Section 4. This act becomes effective January 1, 1998.