MAINE STATE LEGISLATURE

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ONE HUNDRED AND FIFTH LEGISLATURE

Legislative Document

No. 880

H. P. 649 House of Representatives, February 16, 1971 Referred to Committee on Health and Institutional Services. Sent up for concurrence and ordered printed.

BERTHA W. JOHNSON, Clerk

Presented by Mr. Lewin of Augusta.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SEVENTY-ONE

AN ACT Relating to Involuntary Hospitalization of the Mentally Ill.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 34, § 2332, sub-§ 2, amended. The first paragraph of subsection 2 of section 2332 of Title 34 of the Revised Statutes is amended to read as follows:

Certification by 2 licensed physicians, one of whom must not be employed on other than a minimum fee for service basis by a state psychiatric hospital involved in receiving the patient, that they have examined the individual and that they are of the opinion that:

Sec. 2. R. S., T. 34, § 2332, amended. The 2nd sentence of the 2nd paragraph of section 2332 of Title 34 of the Revised Statutes is amended to read as follows:

An individual with respect to whom such certification has been issued may not be admitted on the basis thereof at any time after the expiration of $\frac{1}{10}$ 3 days after the date of either examination.

- Sec. 3. R. S., T. 34, § 2333, sub-§ 2, amended. Subsection 2 of section 2333 of Title 34 of the Revised Statutes is amended to read as follows:
- 2. Certification. A certification by at least one licensed physician, who must not be employed on other than a minimum fee for service basis by a state psychiatric hospital involved in receiving the patient, that he has examined the individual and is of the opinion that the individual is mentally ill and, because of illness, is likely to injure himself or others if not immediately restrained.

STATEMENT OF FACT

The number of admissions at state hospitals has increased up to 300% in the last decade and public concern about forced admissions has also increased and been expressed increasingly more forcibly. This has resulted in a great deal of hostility being expressed against the hospitals for receiving patients, no matter how necessary. Coupled with these factors is the appearance in ever increasing numbers at the doors of state hospitals of patients with needs for admission who greatly resent having their admission forced by a hospital physician. This resentment expresses itself strongly against the necessary following treatment by a hospital physician and other personnel with associated loss of time and effort and increased hospital stay periods. The preliminary involvement of community physicians and other people when certification is needed helps prevent these developments and, in addition, often provides much additional needed patient information. This can be accomplished without refusing admission at any time to a serious emergency situation.

With the advent of the one physician emergency certification, it is no longer necessary to have a further delay period in the two physician certification procedure. Good reasons still exist at times for involving two physicians but the same time limitation for the one physician certification should now apply.