30:4-27.3a, 30:4-27.9a & 30:4-27.9b, 30:4-177.66
LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2025 **CHAPTER:** 108

NJSA: 30:4-27.3a, 30:4-27.9a & 30:4-27.9b, 30:4-177.66 Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

BILL NO: S4263 (Substituted for A5408 (1R))

SPONSOR(S) Vitale, Joseph F. and others

DATE INTRODUCED: 3/17/2025

COMMITTEE: **ASSEMBLY:** Health

SENATE: Health, Human Services & Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** 06/30/2025

SENATE: 06/30/2025

DATE OF APPROVAL: 7/22/2025

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (S4263 ScaAca (2R) enacted)

ADVANCE LAW Yes

PAMPHLET LAW Yes

S4263

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

REPRINT(S): Yes SHH 5/19/25 1R
AHE 6/12/25 2R

TECHNICAL REVIEW OF BILL: No

COMMITTEE STATEMENT: **ASSEMBLY**: Yes

SENATE: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A5408 (1R)

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

REPRINT(S): Yes AHE 6/12/25 1R

TECHNICAL REVIEW OF BILL: No

COMMITTEE STATEMENT: **ASSEMBLY**: Yes

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

LEGISLATOR STATEMENT: No

FOLLOWING WERE PRINTED:

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NEWSPAPER ARTICLES: No

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P.L. 2025, CHAPTER 108, ***approved July 22, 2025***
Senate, No. 4263 ***(Second Reprint)***

AN ACT [1]**[**removing certain sunset provisions**]**[1] concerning involuntary commitment [1]**[**and**]** and mental health care,[1] amending [1]**[**P.L.2023, c.139**]** and supplementing various parts of statutory law[1] .

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

[1]1. Section 2 of P.L.2023, c.139 (C.30:4-27.3a) is amended to read as follows:

2. a. The Department of Human Services and the Department of Health shall jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

b. No later than 18 months after the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to subsection a. of this section;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SHH committee amendments adopted May 19, 2025.
[2]Assembly AHE committee amendments adopted June 12, 2025.

(3) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.9a) ; and

(4) any recommendations for legislative action.

c. The Department of Human Services and the Department of Health shall jointly conduct a follow-up study to the study conducted pursuant to subsection a. of this section. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

No later than April 30, 2026, the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to this subsection;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient has a complex medical condition, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) an analysis of the supply of and demand, bed capacity, and waiting lists for forensic beds at Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Trenton Psychiatric Hospital, including consideration of whether the number of forensic beds available meets the demand from hospitals and jails based on existing waiting lists;

(4) an analysis of the supply of and demand for short-term care facility beds, including consideration of, as applicable, whether the beds are subject to certificate of need requirements and if so, whether the Department of Health should issue a call for certificate of need applications to increase the supply of short-term care facility beds;

(5) an analysis of the State’s Psychiatric Emergency Screening Services system, including any recommendations for the modernization of the system in order to improve the system’s

operations and effectiveness in placing patients in appropriate care settings in a timely manner;

(6) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a);

(7) an analysis of the information collected pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(8) any recommendations for legislative action.[1]

(cf: P.L.2023, c.139, s.2)

[1]**[**1.**]** 2.[1] Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**24th**]** 36th[1] calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** [1]and ending on the last day of the 36th calendar month following that effective date[1] , a

general hospital, including any satellite emergency department of a general hospital, [1][where a person is located during a screening outreach visit,][1] may not detain [1][the] a[1] person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court [1], or the person, through the person's counsel, provides consent for the continued hold[1] . [1][The] If it becomes evident that a hospital or emergency department will not be able to discharge or admit the person to another facility within 72 hours, the[1] hospital [1][or] ,[1] emergency department [1][may] , or, as applicable, the Designated Screening Service provider, shall[1] submit an emergent application for such order [1][and] . The hospital or emergency department shall[1] continue to hold the person during the pendency of the application [1]and any investigation conducted by the person's counsel[1] , provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender [1]and other designated counsel, as applicable,[1] shall be notified of the emergent application [1][,] and[1] provided with a copy of the application and all supporting documents [1][, and] . The court[1] shall [1][be appointed] appoint the Office of the Public Defender[1] as counsel to represent the patient [1], if there is no other designated counsel[1] . The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court [1][may] shall[1] conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony. [1]The court shall not grant a temporary order granting the continued hold of a person, unless the person's counsel has been designated and notified, completed any necessary interviews with the patient and investigations, and provided notice to the court on the counsel's position on the extended hold.[1]

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital [1][or] ,[1] emergency department [1], or, as applicable, the Designated Screening Service provider[1] :

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment [1], and has

completed a form as a part of the application, which form shall include the dates of the outreach to each short-term care facility or centralized admission, in the case of a forensic patient, and the response from each short-term care facility or centralized admission and if applicable, the specific reason for rejection. In the case of a forensic patient, a hospital, emergency department or, as applicable, the Designated Screening Service provider shall not be required to conduct outreach to facilities that do not serve forensic patients[1] ; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment [1], such examinations may be conducted using telemedicine or telehealth consistent with the standard of care required for the assessment and treatment of the person's condition[1] .

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. [1]In the event that the hospital [2][or] ,[2] emergency department [2], or, as applicable, the Designated Screening Service provider,[2] is unable to place the person into an appropriate facility within the 72 hours of continued hold permitted by the temporary court order, the hospital or emergency department may continue to hold the person, provided that the person's counsel provides consent for the hold and appropriate treatment that meets the standard of care is being rendered to the person.[1] The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) [and ending on the last day of the 24th calendar month following that effective date] [1]and ending on the last day of the 36th calendar month following that effective date[1] , each general hospital and emergency department shall prepare and submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a co-occurring intellectual or developmental disability; [1]has health insurance and if so, the type of health insurance coverage; has a complex medical condition;[1] or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; [1]**[**and**]**[1]

(e) the number of individuals placed in an appropriate treatment facility within 72 hours [1]; and

(f) any other information the department deems necessary[1].

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**15th**]** 27th[1] calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total

number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. [1]and c.[1] of section 2 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

(cf: P.L.2023, c.139, s.1)

[1]3. (New section) The Department of Human Services shall establish an educational committee of stakeholders, which educational committee, commencing on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), shall provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services shall provide the education to short-term care facilities and individual county assignment judges, as necessary.[1]

[1]4. Section 1 of P.L.2017, c.155 (C.30:4-177.66) is amended to read as:

1. a. The Division of Mental Health and Addiction Services in the Department of Human Services shall oversee the development and maintenance of a data dashboard report, which shall collect and track the daily information received pursuant to section 2 of ⟦this act⟧ P.L.2017, c.155 (C.30:4-177.67) about the number of open beds that are available for treatment for individuals in need of mental health or substance use disorder treatment in each facility in the State that is licensed to provide:

(1) long term or extended care services for mental health or substance use disorders and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), and a residential health care facility as defined in section 1 of P.L.1953, c.212 (C.30:11A-1); or

(2) acute or intermediate level of care services for mental health or a substance use disorder and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

b. The information maintained in the data dashboard report shall include, by county:

(1) the address and telephone number of the facility;

(2) the type of services provided by the facility;

(3) the licensed bed capacity of the facility; and

(4) the number of open beds that are available for the provision of mental health or substance use disorder services, based on the information received pursuant to section 2 of **[**this act**]** P.L.2017, c.155 (C.30:4-177.67).

c. The information described in subsection b. of this section shall be:

(1) prominently displayed on the website of the department;

(2) made available to the public, upon request, through the Statewide 2-1-1 telephone system; **[**and**]**

(3) made available using any other means that the Commissioner of Human Services deems appropriate; and

(4) made available to screening services and hospitals in the State.

d. The commissioner is authorized to solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source for the purpose of the development and maintenance of a data dashboard report pursuant to **[**this act**]** P.L.2017, c.155 (C.30:4-177.66 et seq.).

e. Until the data dashboard report required pursuant to subsection a. of this section is developed, each facility shall prominently display the information described in subsection b. of this section on the facility's Internet website and shall update the information daily as necessary.

(cf: P.L.2017, c.155, s.1)

1[2.**]** 5.**1** This act shall take effect immediately.

Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

CHAPTER 108

AN ACT concerning involuntary commitment and mental health care, amending and supplementing various parts of statutory law.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 2 of P.L.2023, c.139 (C.30:4-27.3a) is amended to read as follows:

C.30:4-27.3a Joint study, Human Services, Health, appropriate treatment settings placement, challenges, supply, demand, involuntary, voluntary commitment beds.

2. a. The Department of Human Services and the Department of Health shall jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

b. No later than 18 months after the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to subsection a. of this section;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition or has been diagnosed with a substance use disorder and a mental health condition;

(3) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(4) any recommendations for legislative action.

c. The Department of Human Services and the Department of Health shall jointly conduct a follow-up study to the study conducted pursuant to subsection a. of this section. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

No later than April 30, 2026, the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to this subsection;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient has a complex medical

condition, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) an analysis of the supply of, and demand, bed capacity, and waiting lists for, forensic beds at Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Trenton Psychiatric Hospital, including consideration of whether the number of forensic beds available meets the demand from hospitals and jails based on existing waiting lists;

(4) an analysis of the supply of and demand for short-term care facility beds, including consideration of, as applicable, whether the beds are subject to certificate of need requirements and if so, whether the Department of Health should issue a call for certificate of need applications to increase the supply of short-term care facility beds;

(5) an analysis of the State's Psychiatric Emergency Screening Services system, including any recommendations for the modernization of the system in order to improve the system's operations and effectiveness in placing patients in appropriate care settings in a timely manner;

(6) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a);

(7) an analysis of the information collected pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(8) any recommendations for legislative action.

2. Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

C.30:4-27.9a Short-term care, psychiatric facility, special psychiatric hospital, detainment, limitations; temporary licenses, beds, involuntary commitment; study, reports.

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 36th calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 36th calendar month following that effective date, a general hospital, including any satellite emergency department of a

general hospital, may not detain a person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court, or the person, through the person's counsel, provides consent for the continued hold. If it becomes evident that a hospital or emergency department will not be able to discharge or admit the person to another facility within 72 hours, the hospital, emergency department, or, as applicable, the Designated Screening Service provider, shall submit an emergent application for such order. The hospital or emergency department shall continue to hold the person during the pendency of the application and any investigation conducted by the person's counsel, provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender and other designated counsel, as applicable, shall be notified of the emergent application and provided with a copy of the application and all supporting documents. The court shall appoint the Office of the Public Defender as counsel to represent the patient, if there is no other designated counsel. The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court shall conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony. The court shall not grant a temporary order granting the continued hold of a person, unless the person's counsel has been designated and notified, completed any necessary interviews with the patient and investigations, and provided notice to the court on the counsel's position on the extended hold.

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital, emergency department, or, as applicable, the Designated Screening Service provider:

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment, and has completed a form as a part of the application, which form shall include the dates of the outreach to each short-term care facility or centralized admission, in the case of a forensic patient, and the response from each short-term care facility or centralized admission and if applicable, the specific reason for rejection. In the case of a forensic patient, a hospital, emergency department, or, as applicable, the Designated Screening Service provider shall not be required to conduct outreach to facilities that do not serve forensic patients; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment, such examinations may be conducted using telemedicine or telehealth consistent with the standard of care required for the assessment and treatment of the person's condition.

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. In the event that the hospital, emergency department, or, as applicable, the Designated Screening Service provider, is unable to place the person into an appropriate facility within the 72 hours of continued hold permitted by the temporary court order, the hospital or emergency department may continue to hold the person, provided that the person's counsel provides consent for the

hold and appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 36th calendar month following that effective date, each general hospital and emergency department shall prepare and submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a co-occurring intellectual or developmental disability; has health insurance and, if so, the type of health insurance coverage; has a complex medical condition; or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility;

(e) the number of individuals placed in an appropriate treatment facility within 72 hours; and

(f) any other information the department deems necessary.

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 27th calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care, psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. and c. of section 2 of P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

C.30:4-27.9b Educational committee, short-term care facilities, legal obligations.

3. The Department of Human Services shall establish an educational committee of stakeholders, which educational committee, commencing on the effective date of P.L.2025, c.108 (C.30:4-27.9b et al.) and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), shall provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services shall provide the education to short-term care facilities and individual county assignment judges, as necessary.

4. Section 1 of P.L.2017, c.155 (C.30:4-177.66) is amended to read as:

C.30:4-177.66 Information relative to open beds in certain residential facilities.

1. a. The Division of Mental Health and Addiction Services in the Department of Human Services shall oversee the development and maintenance of a data dashboard report, which shall collect and track the daily information received pursuant to section 2 of P.L.2017, c.155 (C.30:4-177.67) about the number of open beds that are available for treatment for individuals in need of mental health or substance use disorder treatment in each facility in the State that is licensed to provide:

(1) long-term or extended-care services for mental health or substance use disorders and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), and a residential health care facility as defined in section 1 of P.L.1953, c.212 (C.30:11A-1); or

(2) acute or intermediate level of care services for mental health or a substance use disorder and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

b. The information maintained in the data dashboard report shall include, by county:

(1) the address and telephone number of the facility;

(2) the type of services provided by the facility;

(3) the licensed bed capacity of the facility; and

(4) the number of open beds that are available for the provision of mental health or substance use disorder services, based on the information received pursuant to section 2 of P.L.2017, c.155 (C.30:4-177.67).

c. The information described in subsection b. of this section shall be:

(1) prominently displayed on the website of the department;

(2) made available to the public, upon request, through the Statewide 2-1-1 telephone system;

(3) made available using any other means that the Commissioner of Human Services deems appropriate; and

(4) made available to screening services and hospitals in the State.

d. The commissioner is authorized to solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source for the purpose of the development and maintenance of a data dashboard report pursuant to P.L.2017, c.155 (C.30:4-177.66 et seq.).

e. Until the data dashboard report required pursuant to subsection a. of this section is developed, each facility shall prominently display the information described in subsection b. of this section on the facility's Internet website and shall update the information daily as necessary.

5. This act shall take effect immediately.

Approved July 22, 2025.

SENATE, No. 4263

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MARCH 17, 2025

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator NICHOLAS P. SCUTARI
District 22 (Somerset and Union)

Co-Sponsored by:
Senators McKeon and Burgess

SYNOPSIS

Makes permanent certain sunset provisions concerning involuntary commitment.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 5/19/2025)

AN ACT removing certain sunset provisions concerning involuntary commitment and amending P.L.2023, c.139.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 24th calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** , a general hospital, including any satellite emergency department of a general hospital, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. The hospital or emergency department may submit an emergent

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter.

application for such order and continue to hold the person during the pendency of the application, provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender shall be notified of the emergent application, provided with a copy of the application and all supporting documents, and shall be appointed as counsel to represent the patient. The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court may conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony.

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital or emergency department:

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment.

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** , each general hospital and emergency department shall prepare and

submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a co-occurring intellectual or developmental disability; or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; and

(e) the number of individuals placed in an appropriate treatment facility within 72 hours.

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 15th calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted

to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. of section 2 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

(cf: P.L.2023, c.139, s.1)

2. This act shall take effect immediately.

STATEMENT

This bill would make permanent certain provisions of P.L.2023, c.139 (C.30:4-27.9a et al.). P.L.2023, c.139 provides, in part, that a general hospital, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. The hospital or emergency department may submit an emergent application for such order and continue to hold the person during the pendency of the application, provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender is to be notified of the emergent application, and is to be appointed as counsel to represent the patient. At the request of counsel, the court may conduct a hearing on the record.

The court may grant a temporary order granting the continued hold of a person if the hospital or emergency department:

(1) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment; and

(2) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment.

P.L.2023, c.139 also requires each general hospital and emergency department to prepare and submit to the Department of

Human Serves (DHS) a quarterly report containing de-identified data on individuals detained at the hospital or emergency department, and any temporary court order applied for or obtained. The report would also be made available to the public on the department's Internet webpage.

This bill would make permanent the above-mentioned provisions of P.L.2023, c.139.

[First Reprint]

SENATE, No. 4263

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MARCH 17, 2025

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator NICHOLAS P. SCUTARI
District 22 (Somerset and Union)

Co-Sponsored by:
Senators McKeon and Burgess

SYNOPSIS

Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on May 19, 2025, with amendments.

(Sponsorship Updated As Of: 5/19/2025)

AN ACT [1]**[**removing certain sunset provisions**]**[1] concerning involuntary commitment [1]**[**and**]** and mental health care,[1] amending [1]**[**P.L.2023, c.139**]** and supplementing various parts of statutory law[1] .

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

[1]1. Section 2 of P.L.2023, c.139 (C. 30:4-27.3a) is amended to read as follows:

2. a. The Department of Human Services and the Department of Health shall jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

b. No later than 18 months after the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to subsection a. of this section;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) ; and

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SHH committee amendments adopted May 19, 2025.

(4) any recommendations for legislative action.

c. The Department of Human Services and the Department of Health shall jointly conduct a follow-up study to the study conducted pursuant to subsection a. of this section. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

No later than April 30, 2026, the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to this subsection;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient has a complex medical condition, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) an analysis of the supply of and demand, bed capacity, and waiting lists for forensic beds at Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Trenton Psychiatric Hospital, including consideration of whether the number of forensic beds available meets the demand from hospitals and jails based on existing waiting lists;

(4) an analysis of the supply of and demand for short-term care facility beds, including consideration of, as applicable, whether the beds are subject to certificate of need requirements and if so, whether the Department of Health should issue a call for certificate of need applications to increase the supply of short-term care facility beds;

(5) an analysis of the State's Psychiatric Emergency Screening Services system, including any recommendations for the modernization of the system in order to improve the system's operations and effectiveness in placing patients in appropriate care settings in a timely manner;

(6) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human

Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a);

(7) an analysis of the information collected pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(8) any recommendations for legislative action.[1]

(cf: P.L.2023, c.139, s.2)

[1]**[**1.**]** 2.[1] Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**24th**]** 36th[1] calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** [1]and ending on the last day of the 36th calendar month following that effective date[1] , a general hospital, including any satellite emergency department of a general hospital, [1]**[**where a person is located during a screening outreach visit,**]**[1] may not detain [1]**[**the**]** a[1] person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional

hours, as determined by the court [1], or the person, through the person's counsel, provides consent for the continued hold[1] . [1][The] If it becomes evident that a hospital or emergency department will not be able to discharge or admit the person to another facility within 72 hours, the[1] hospital [1][or] ,[1] emergency department [1][may] , or, as applicable, the Designated Screening Service provider, shall[1] submit an emergent application for such order [1][and] . The hospital or emergency department shall[1] continue to hold the person during the pendency of the application [1]and any investigation conducted by the person's counsel[1] , provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender [1]and other designated counsel, as applicable,[1] shall be notified of the emergent application [1][,] and[1] provided with a copy of the application and all supporting documents [1][, and] . The court[1] shall [1][be appointed] appoint the Office of the Public Defender[1] as counsel to represent the patient [1], if there is no other designated counsel[1] . The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court [1][may] shall[1] conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony. [1]The court shall not grant a temporary order granting the continued hold of a person, unless the person's counsel has been designated and notified, completed any necessary interviews with the patient and investigations, and provided notice to the court on the counsel's position on the extended hold.[1]

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital [1][or] ,[1] emergency department [1], or, as applicable, the Designated Screening Service provider[1] :

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment [1], and has completed a form as a part of the application, which form shall include the dates of the outreach to each short-term care facility or centralized admission, in the case of a forensic patient, and the response from each short-term care facility or centralized admission and if applicable, the specific reason for rejection. In the case of a forensic patient, a hospital, emergency department or, as applicable,

the Designated Screening Service provider shall not be required to conduct outreach to facilities that do not serve forensic patients[1] ; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment [1], such examinations may be conducted using telemedicine or telehealth consistent with the standard of care required for the assessment and treatment of the person's condition[1] .

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. [1]In the event that the hospital or emergency department is unable to place the person into an appropriate facility within the 72 hours of continued hold permitted by the temporary court order, the hospital or emergency department may continue to hold the person, provided that the person's counsel provides consent for the hold and appropriate treatment that meets the standard of care is being rendered to the person.[1] The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) [and ending on the last day of the 24th calendar month following that effective date] [1]and ending on the last day of the 36th calendar month following that effective date[1] , each general hospital and emergency department shall prepare and submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a

co-occurring intellectual or developmental disability; [1]has health insurance and if so, the type of health insurance coverage; has a complex medical condition;[1] or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; [1]**[**and**]**[1]

(e) the number of individuals placed in an appropriate treatment facility within 72 hours [1]; and

(f) any other information the department deems necessary[1].

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**15th**]** 27th[1] calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph

(1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. [1]and c.[1] of section 2 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

(cf: P.L.2023, c.139, s.1)

[1]3. (New section) The Department of Human Services shall establish an educational committee of stakeholders, which educational committee, commencing on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), shall provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services shall provide the education to short-term care facilities and individual county assignment judges, as necessary.[1]

[1]4. Section 1 of P.L.2017, c.155 (C.30:4-177.66) is amended to read as:

1. a. The Division of Mental Health and Addiction Services in the Department of Human Services shall oversee the development and maintenance of a data dashboard report, which shall collect and track the daily information received pursuant to section 2 of ⟦this act⟧ P.L.2017, c.155 (C.30:4-177.67) about the number of open beds that are available for treatment for individuals in need of mental health or substance use disorder treatment in each facility in the State that is licensed to provide:

(1) long term or extended care services for mental health or substance use disorders and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), and a residential health care facility as defined in section 1 of P.L.1953, c.212 (C.30:11A-1); or

(2) acute or intermediate level of care services for mental health or a substance use disorder and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

b. The information maintained in the data dashboard report shall include, by county:

(1) the address and telephone number of the facility;

(2) the type of services provided by the facility;

(3) the licensed bed capacity of the facility; and

(4) the number of open beds that are available for the provision of mental health or substance use disorder services, based on the information received pursuant to section 2 of **[**this act**]** P.L.2017, c.155 (C.30:4-177.67).

c. The information described in subsection b. of this section shall be:

(1) prominently displayed on the website of the department;

(2) made available to the public, upon request, through the Statewide 2-1-1 telephone system; **[**and**]**

(3) made available using any other means that the Commissioner of Human Services deems appropriate; and

(4) made available to screening services and hospitals in the State.

d. The commissioner is authorized to solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source for the purpose of the development and maintenance of a data dashboard report pursuant to **[**this act**]** P.L.2017, c.155 (C.30:4-177.66 et seq.).

e. Until the data dashboard report required pursuant to subsection a. of this section is developed, each facility shall prominently display the information described in subsection b. of this section on the facility's Internet website and shall update the information daily as necessary.

(cf: P.L.2017, c.155, s.1)

1[2.**]** 5.**1** This act shall take effect immediately.

[Second Reprint]

SENATE, No. 4263

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MARCH 17, 2025

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator NICHOLAS P. SCUTARI
District 22 (Somerset and Union)
Assemblywoman LINDA S. CARTER
District 22 (Somerset and Union)
Assemblywoman SHAVONDA E. SUMTER
District 35 (Bergen and Passaic)
Assemblywoman SHANIQUE SPEIGHT
District 29 (Essex and Hudson)

Co-Sponsored by:
Senators McKeon, Burgess and Assemblyman Atkins

SYNOPSIS

Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on June 12, 2025, with amendments.

(Sponsorship Updated As Of: 6/30/2025)

AN ACT [1]**[**removing certain sunset provisions**]**[1] concerning involuntary commitment [1]**[**and**]** and mental health care,[1] amending [1]**[**P.L.2023, c.139**]** and supplementing various parts of statutory law[1] .

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

[1]1. Section 2 of P.L.2023, c.139 (C. 30:4-27.3a) is amended to read as follows:

2. a. The Department of Human Services and the Department of Health shall jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

b. No later than 18 months after the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to subsection a. of this section;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) ; and

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SHH committee amendments adopted May 19, 2025.
[2]Assembly AHE committee amendments adopted June 12, 2025.

(4) any recommendations for legislative action.

c. The Department of Human Services and the Department of Health shall jointly conduct a follow-up study to the study conducted pursuant to subsection a. of this section. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

No later than April 30, 2026, the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to this subsection;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient has a complex medical condition, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) an analysis of the supply of and demand, bed capacity, and waiting lists for forensic beds at Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Trenton Psychiatric Hospital, including consideration of whether the number of forensic beds available meets the demand from hospitals and jails based on existing waiting lists;

(4) an analysis of the supply of and demand for short-term care facility beds, including consideration of, as applicable, whether the beds are subject to certificate of need requirements and if so, whether the Department of Health should issue a call for certificate of need applications to increase the supply of short-term care facility beds;

(5) an analysis of the State's Psychiatric Emergency Screening Services system, including any recommendations for the modernization of the system in order to improve the system's operations and effectiveness in placing patients in appropriate care settings in a timely manner;

(6) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human

Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a);

(7) an analysis of the information collected pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(8) any recommendations for legislative action.[1]

(cf: P.L.2023, c.139, s.2)

[1][1.] 2.[1] Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1][24th] 36th[1] calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) [and ending on the last day of the 24th calendar month following that effective date] [1]and ending on the last day of the 36th calendar month following that effective date[1] , a general hospital, including any satellite emergency department of a general hospital, [1][where a person is located during a screening outreach visit,][1] may not detain [1][the] a[1] person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional

hours, as determined by the court [1], or the person, through the person's counsel, provides consent for the continued hold[1] . [1][The] If it becomes evident that a hospital or emergency department will not be able to discharge or admit the person to another facility within 72 hours, the[1] hospital [1][or] ,[1] emergency department [1][may] , or, as applicable, the Designated Screening Service provider, shall[1] submit an emergent application for such order [1][and] . The hospital or emergency department shall[1] continue to hold the person during the pendency of the application [1]and any investigation conducted by the person's counsel[1] , provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender [1]and other designated counsel, as applicable,[1] shall be notified of the emergent application [1][,] and[1] provided with a copy of the application and all supporting documents [1][, and] . The court[1] shall [1][be appointed] appoint the Office of the Public Defender[1] as counsel to represent the patient [1], if there is no other designated counsel[1] . The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court [1][may] shall[1] conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony. [1]The court shall not grant a temporary order granting the continued hold of a person, unless the person's counsel has been designated and notified, completed any necessary interviews with the patient and investigations, and provided notice to the court on the counsel's position on the extended hold.[1]

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital [1][or] ,[1] emergency department [1], or, as applicable, the Designated Screening Service provider[1] :

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment [1], and has completed a form as a part of the application, which form shall include the dates of the outreach to each short-term care facility or centralized admission, in the case of a forensic patient, and the response from each short-term care facility or centralized admission and if applicable, the specific reason for rejection. In the case of a forensic patient, a hospital, emergency department or, as applicable,

the Designated Screening Service provider shall not be required to conduct outreach to facilities that do not serve forensic patients[1] ; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment [1], such examinations may be conducted using telemedicine or telehealth consistent with the standard of care required for the assessment and treatment of the person's condition[1] .

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. [1]In the event that the hospital [2][or] ,[2] emergency department [2], or, as applicable, the Designated Screening Service provider,[2] is unable to place the person into an appropriate facility within the 72 hours of continued hold permitted by the temporary court order, the hospital or emergency department may continue to hold the person, provided that the person's counsel provides consent for the hold and appropriate treatment that meets the standard of care is being rendered to the person.[1] The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) [and ending on the last day of the 24th calendar month following that effective date] [1]and ending on the last day of the 36th calendar month following that effective date[1] , each general hospital and emergency department shall prepare and submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a co-occurring intellectual or developmental disability; [1]has health insurance and if so, the type of health insurance coverage; has a complex medical condition;[1] or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; [1]**[**and**]**[1]

(e) the number of individuals placed in an appropriate treatment facility within 72 hours [1]; and

(f) any other information the department deems necessary[1].

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**15th**]** 27th[1] calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of

this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. [1]and c.[1] of section 2 of [this act] P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

(cf: P.L.2023, c.139, s.1)

[1]3. (New section) The Department of Human Services shall establish an educational committee of stakeholders, which educational committee, commencing on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), shall provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services shall provide the education to short-term care facilities and individual county assignment judges, as necessary.[1]

[1]4. Section 1 of P.L.2017, c.155 (C.30:4-177.66) is amended to read as:

1. a. The Division of Mental Health and Addiction Services in the Department of Human Services shall oversee the development and maintenance of a data dashboard report, which shall collect and track the daily information received pursuant to section 2 of [this act] P.L.2017, c.155 (C.30:4-177.67) about the number of open beds that are available for treatment for individuals in need of mental health or substance use disorder treatment in each facility in the State that is licensed to provide:

(1) long term or extended care services for mental health or substance use disorders and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), and a residential health care facility as defined in section 1 of P.L.1953, c.212 (C.30:11A-1); or

(2) acute or intermediate level of care services for mental health or a substance use disorder and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

b. The information maintained in the data dashboard report shall include, by county:

(1) the address and telephone number of the facility;

(2) the type of services provided by the facility;

(3) the licensed bed capacity of the facility; and

(4) the number of open beds that are available for the provision of mental health or substance use disorder services, based on the information received pursuant to section 2 of **[**this act**]** P.L.2017, c.155 (C.30:4-177.67).

c. The information described in subsection b. of this section shall be:

(1) prominently displayed on the website of the department;

(2) made available to the public, upon request, through the Statewide 2-1-1 telephone system; **[**and**]**

(3) made available using any other means that the Commissioner of Human Services deems appropriate; and

(4) made available to screening services and hospitals in the State.

d. The commissioner is authorized to solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source for the purpose of the development and maintenance of a data dashboard report pursuant to **[**this act**]** P.L.2017, c.155 (C.30:4-177.66 et seq.).

e. Until the data dashboard report required pursuant to subsection a. of this section is developed, each facility shall prominently display the information described in subsection b. of this section on the facility's Internet website and shall update the information daily as necessary.

(cf: P.L.2017, c.155, s.1)

1[2.**]** 5.**1** This act shall take effect immediately.

ASSEMBLY AGING AND HUMAN SERVICES COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 4263

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 12, 2025

The Assembly Health Committee reports favorably and with committee amendments Senate Bill No. 4263 (1R).

As amended, this bill amends P.L.2023, c.139 and extends the expiration of certain provisions of P.L.2023, c.139 from 24 months from the effective date of P.L.2023, c.139 to 36 months.

P.L.2023, c.139 provides, in part, that a general hospital or emergency department, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. P.L.2023, c.139 also required the Department of Human Services and the Department of Health to jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State.

The bill revises certain provisions of P.L.2023, c.139 to stipulate when consent can be provided to authorize a continued hold of a person and to provide additional requirements concerning the manner in which a hospital, emergency department, or Designated Screening Service provider can apply for a temporary court order for a continued hold and a court can grant an order. The bill expands certain reporting requirements for general hospitals and emergency departments under P.L.2023, c.139.

As amended, the bill requires the Departments of Human Services and Health to jointly conduct a follow-up study to the study conducted pursuant to P.L.2023, c.139. No later than April 30, 2026, the Commissioner of Human Services will submit to the Governor and Legislature a report on the study's updated findings and additional analyses required by the bill.

The bill requires the Department of Human Services to establish an educational committee of stakeholders, which educational committee, commencing on the bill’s effective date and ending on the last day of

the 36th calendar month following the effective date of P.L.2023, c.139, will provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services will provide the education to short-term care facilities and individual county assignment judges, as necessary.

The bill amends the requirements of P.L.2017, c.155 to provide that the data dashboard report developed under P.L.2017, c.155 be made available to screening services and hospitals in the State. The bill provides that, until the data dashboard report is developed, certain facilities will prominently display certain information on the facility's Internet website and will update the information daily as necessary.

As amended and reported by the committee, Senate Bill No. 4263 (1R), is identical to Assembly Bill No. 5408 which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments extend a provision of section 2 to Designated Screening Service providers.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 4263

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 19, 2025

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 4263.

As amended, this bill amends P.L.2023, c.139 and extends the expiration of certain provisions of P.L.2023, c.139 from 24 months from the effective date of P.L.2023, c.139 to 36 months.

P.L.2023, c.139 provides, in part, that a general hospital or emergency department, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. P.L.2023, c.139 also required the Department of Human Services and the Department of Health to jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State.

The bill revises certain provisions of P.L.2023, c.139 to stipulate when consent can be provided to authorize a continued hold of a person and to provide additional requirements concerning the manner in which a hospital, emergency department, or Designated Screening Service provider can apply for a temporary court order for a continued hold and a court can grant an order. The bill expands certain reporting requirements for general hospitals and emergency departments under P.L.2023, c.139.

As amended, the bill requires the Departments of Human Services and Health to jointly conduct a follow-up study to the study conducted pursuant to P.L.2023, c.139. No later than April 30, 2026, the Commissioner of Human Services will submit to the Governor and Legislature a report on the study's updated findings and additional analyses required by the bill.

The bill requires the Department of Human Services to establish an educational committee of stakeholders, which educational committee,

commencing on the bill and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139, will provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services will provide the education to short-term care facilities and individual county assignment judges, as necessary.

The bill amends the requirements of P.L.2017, c.155 to provide that the data dashboard report developed under P.L.2017, c.155 be made available to screening services and hospitals in the State. The bill provides that, until the data dashboard report is developed, certain facilities will prominently display certain information on the facility's Internet website and will update the information daily as necessary.

COMMITTEE AMENDMENTS:

The committee amendments extends the expiration of certain provisions of P.L.2023, c.139 from 24 months from the effective date of P.L.2023, c.139 to 36 months.

The committee amendments revise certain provisions of P.L.2023, c.139 to stipulate when consent can be provided to authorize a continued hold of a person and to provide additional requirements concerning the manner in which a hospital or emergency department can apply for a temporary court order for a continued hold and the court can grant an order. The committee amendments extend certain provisions of the bill to Designated Screening Service providers.

The committee amendments require the Departments of Human Services and Health to jointly conduct a follow-up study to the study conducted pursuant to P.L.2023, c.139 and to submit a report on the study's updated findings and additional analyses required by the amendments.

The committee amendments expand certain reporting requirements for general hospitals and emergency departments under the bill.

The bill establishes certain requirements for the Department of Human Services to provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients.

The committee amendments provide that the data dashboard report developed under P.L.2017, c.155 be made available to screening services and hospitals in the State. Until the data dashboard report is developed, the committee amendments require certain facilities to prominently display certain information on the facility's Internet website and update the information daily as necessary.

The committee amendments revise the title and synopsis of the bill to reflect these changes.

ASSEMBLY, No. 5408

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MARCH 6, 2025

Sponsored by:
Assemblywoman LINDA S. CARTER
District 22 (Somerset and Union)
Assemblywoman SHAVONDA E. SUMTER
District 35 (Bergen and Passaic)
Assemblywoman SHANIQUE SPEIGHT
District 29 (Essex and Hudson)

Co-Sponsored by:
Assemblyman Atkins

SYNOPSIS

Makes permanent certain sunset provisions concerning involuntary commitment.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 6/12/2025)

AN ACT removing certain sunset provisions concerning involuntary commitment and amending P.L.2023, c.139.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 24th calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** , a general hospital, including any satellite emergency department of a general hospital, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. The hospital or emergency department may submit an emergent

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter.

application for such order and continue to hold the person during the pendency of the application, provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender shall be notified of the emergent application, provided with a copy of the application and all supporting documents, and shall be appointed as counsel to represent the patient. The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court may conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony.

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital or emergency department:

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment.

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** , each general hospital and emergency department shall prepare and

submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a co-occurring intellectual or developmental disability; or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; and

(e) the number of individuals placed in an appropriate treatment facility within 72 hours.

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the 15th calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted

to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. of section 2 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.

(cf: P.L.2023, c.139, s.1)

2. This act shall take effect immediately.

STATEMENT

This bill would make permanent certain provisions of P.L.2023, c.139 (C.30:4-27.9a et al.). P.L.2023, c.139 provides, in part, that a general hospital, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. The hospital or emergency department may submit an emergent application for such order and continue to hold the person during the pendency of the application, provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender is to be notified of the emergent application, and is to be appointed as counsel to represent the patient. At the request of counsel, the court may conduct a hearing on the record.

The court may grant a temporary order granting the continued hold of a person if the hospital or emergency department:

(1) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment; and

(2) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment.

P.L.2023, c.139 also requires each general hospital and emergency department to prepare and submit to the Department of

Human Serves (DHS) a quarterly report containing de-identified data on individuals detained at the hospital or emergency department, and any temporary court order applied for or obtained. The report would also be made available to the public on the department's Internet webpage.

This bill would make permanent the above-mentioned provisions of P.L.2023, c.139.

[First Reprint]

ASSEMBLY, No. 5408

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MARCH 6, 2025

Sponsored by:
Assemblywoman LINDA S. CARTER
District 22 (Somerset and Union)
Assemblywoman SHAVONDA E. SUMTER
District 35 (Bergen and Passaic)
Assemblywoman SHANIQUE SPEIGHT
District 29 (Essex and Hudson)

Co-Sponsored by:
Assemblyman Atkins

SYNOPSIS

Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on June 12, 2025, with amendments.

(Sponsorship Updated As Of: 6/12/2025)

AN ACT [1]**[**removing certain sunset provisions**]**[1] concerning involuntary commitment [1]**[**and**]** and mental health care,[1] amending [1]**[**P.L.2023, c.139**]** and supplementing various parts of statutory law[1].

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

[1]1. Section 2 of P.L.2023, c.139 (C. 30:4-27.3a) is amended to read as follows:

2. a. The Department of Human Services and the Department of Health shall jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

b. No later than 18 months after the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to subsection a. of this section;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of **[**this act**]** P.L.2023, c.139 (C.30:4-27.9a) ; and

(4) any recommendations for legislative action.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Assembly AHE committee amendments adopted June 12, 2025.

c. The Department of Human Services and the Department of Health shall jointly conduct a follow-up study to the study conducted pursuant to subsection a. of this section. In conducting the study, the departments shall solicit input from interested stakeholders including, but not limited to, hospitals, the Office of the Public Defender, the Administrative Office of the Courts, advocates representing mental health patients, advocates representing individuals with disabilities, and representatives of psychiatric screening centers.

No later than April 30, 2026, the Commissioner of Human Services shall submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report, which shall include, but not be limited to:

(1) a summary of the findings from the study conducted pursuant to this subsection;

(2) an analysis of the supply of and demand for involuntary commitment beds and voluntary commitment beds, including consideration of, to the extent practicable, the geographic location of the patient and whether the patient is an adult patient or a pediatric patient, whether the patient has a criminal history, whether the patient has a complex medical condition, whether the patient is uninsured or underinsured, and whether the patient has been diagnosed with an intellectual or developmental disability and a mental health condition, or has been diagnosed with a substance use disorder and a mental health condition;

(3) an analysis of the supply of and demand, bed capacity, and waiting lists for forensic beds at Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Trenton Psychiatric Hospital, including consideration of whether the number of forensic beds available meets the demand from hospitals and jails based on existing waiting lists;

(4) an analysis of the supply of and demand for short-term care facility beds, including consideration of, as applicable, whether the beds are subject to certificate of need requirements and if so, whether the Department of Health should issue a call for certificate of need applications to increase the supply of short-term care facility beds;

(5) an analysis of the State's Psychiatric Emergency Screening Services system, including any recommendations for the modernization of the system in order to improve the system's operations and effectiveness in placing patients in appropriate care settings in a timely manner;

(6) the number of temporary licenses granted by the Department of Health pursuant to paragraph (1) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a) as of the date the information concerning the licenses is submitted to the Commissioner of Human Services pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a);

(7) an analysis of the information collected pursuant to paragraph (3) of subsection c. of section 1 of P.L.2023, c.139 (C.30:4-27.9a); and

(8) any recommendations for legislative action.[1]

(cf: P.L.2023, c.139, s.2)

[1]**[**1.**]** 2.[1] Section 1 of P.L.2023, c.139 (C.30:4-27.9a) is amended to read as follows:

1. a. Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**24th**]** 36th[1] calendar month following that effective date, a short-term care or psychiatric facility, or a special psychiatric hospital, may detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for no more than 72 hours from the time the screening certificate was executed.

Except in the event a general hospital was granted a temporary court order permitting the continued hold of the person pursuant to subsection b. of this section, which delayed a person's admission to the short-term care or psychiatric facility or special psychiatric hospital, a short-term care or psychiatric facility or special psychiatric hospital shall not detain a person admitted to the facility involuntarily by referral from a screening service without a temporary court order for more than 72 hours from the time the screening certificate was executed.

Within 24 hours of admission, the admitting facility shall initiate court proceedings for the involuntary commitment of the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10) and request a temporary court order permitting the continued hold of the person pending the return date of the involuntary commitment hearing, which shall take place no later than 20 days from initial commitment.

b. (1) Notwithstanding the provisions of section 9 of P.L.1987, c.116 (C.30:4-27.9) or any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) **[**and ending on the last day of the 24th calendar month following that effective date**]** [1]and ending on the last day of the 36th calendar month following that effective date[1] , a general hospital, including any satellite emergency department of a general hospital, [1]**[**where a person is located during a screening outreach visit,**]**[1] may not detain [1]**[**the**]** a[1] person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court [1], or the person, through the person's counsel, provides consent for the continued hold[1] . [1]**[**The**]**

If it becomes evident that a hospital or emergency department will not be able to discharge or admit the person to another facility within 72 hours, the[1] hospital [1][or] ,[1] emergency department [1][may] , or, as applicable, the Designated Screening Service provider, shall[1] submit an emergent application for such order [1][and] . The hospital or emergency department shall[1] continue to hold the person during the pendency of the application [1]and any investigation conducted by the person's counsel[1] , provided that appropriate treatment that meets the standard of care is being rendered to the person. The Office of the Public Defender [1]and other designated counsel, as applicable,[1] shall be notified of the emergent application [1][,] and[1] provided with a copy of the application and all supporting documents [1][, and] . The court[1] shall [1][be appointed] appoint the Office of the Public Defender[1] as counsel to represent the patient [1], if there is no other designated counsel[1] . The application may be decided by the court on documentary presentations relevant to the standards established under paragraph (2) of this subsection. At the request of counsel, the court [1][may] shall[1] conduct a hearing on the record, at which hearing the court shall consider the arguments of counsel and all relevant evidence submitted. The court shall determine the format of the hearing based on the apparent complexity of the matter and the extent of doubt as to the merits of the application, and may, at its discretion, rely on certifications from witnesses or require live testimony. [1]The court shall not grant a temporary order granting the continued hold of a person, unless the person's counsel has been designated and notified, completed any necessary interviews with the patient and investigations, and provided notice to the court on the counsel's position on the extended hold.[1]

(2) The court may grant a temporary order granting the continued hold of a person upon an application submitted pursuant to paragraph (1) of this subsection if the hospital [1][or] ,[1] emergency department [1], or, as applicable, the Designated Screening Service provider[1] :

(a) exhausted all reasonable efforts to place the individual in a short-term care or psychiatric facility, or special psychiatric hospital, depending on which facility is appropriate for the person's condition and is the least restrictive environment [1], and has completed a form as a part of the application, which form shall include the dates of the outreach to each short-term care facility or centralized admission, in the case of a forensic patient, and the response from each short-term care facility or centralized admission and if applicable, the specific reason for rejection. In the case of a forensic patient, a hospital, emergency department or, as applicable, the Designated Screening Service provider shall not be required to

conduct outreach to facilities that do not serve forensic patients[1] ; and

(b) demonstrates that there is a substantial likelihood that, by reason of mental illness, the person will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined the patient and deemed the patient is in need of involuntary commitment [1], such examinations may be conducted using telemedicine or telehealth consistent with the standard of care required for the assessment and treatment of the person's condition[1] .

The court shall include such conditions in the temporary order as the court deems appropriate to promote diligent efforts to locate an available facility to accommodate the patient's needs and protect the rights of the person detained pending commitment. [1]In the event that the hospital, emergency department, or, as applicable, the Designated Screening Service provider, is unable to place the person into an appropriate facility within the 72 hours of continued hold permitted by the temporary court order, the hospital or emergency department may continue to hold the person, provided that the person's counsel provides consent for the hold and appropriate treatment that meets the standard of care is being rendered to the person.[1] The Office of the Public Defender shall be notified and provided with a copy of any temporary court order granted pursuant to this paragraph. The patient shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from the date of initial commitment or within 20 days from the date an application was filed pursuant to paragraph (1) of this subsection, whichever date occurs first, unless the patient has been administratively discharged pursuant to section 17 of P.L.1987, c.116 (C.30:4-27.17).

(3) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, commencing on the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) [and ending on the last day of the 24th calendar month following that effective date] [1]and ending on the last day of the 36th calendar month following that effective date[1] , each general hospital and emergency department shall prepare and submit to the Department of Human Services a quarterly report, which report shall include, but not be limited to, information on:

(a) the number of applications submitted to the court for a temporary court order permitting the continued hold of a person beyond 72 hours pursuant to paragraph (1) of this subsection;

(b) the number of temporary court orders granted pursuant to paragraph (2) of this subsection permitting the continued hold of a person beyond 72 hours;

(c) whether a person detained for longer than 72 hours: has a criminal history; has a co-occurring substance use disorder; has a

co-occurring intellectual or developmental disability; [1]has health insurance and if so, the type of health insurance coverage; has a complex medical condition;[1] or is unable to be released because the 72-hour timeframe falls on a weekend and either admission to treatment facilities are not provided on weekends, or discharges from the facility do not occur on weekends;

(d) the length of time each individual was held beyond 72 hours before finding appropriate placement in a treatment facility; [1]**[**and**]**[1]

(e) the number of individuals placed in an appropriate treatment facility within 72 hours [1]; and

(f) any other information the department deems necessary[1].

Any information included in a report concerning specific individuals shall be de-identified. Each report shall be made available to the public within 60 days of the date the Department of Human Services receives the report.

c. (1) Notwithstanding the provisions of any other law, rule, or regulation to the contrary, the Commissioner of Health may, to the extent the commissioner finds necessary, commencing 120 days following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.) and ending on the last day of the [1]**[**15th**]** 27th[1] calendar month following that effective date, allow a general acute care hospital that is licensed for acute care hospital psychiatric beds to apply to the Department of Health for temporary licenses for beds for the involuntary commitment of patients. The department may issue temporary licenses pursuant to this paragraph if the hospital demonstrates in its application a need for such beds based on retrospective data demonstrating the need for involuntary commitment beds, a showing that the hospital continually exhausts all reasonable efforts to place individuals in short-term care or psychiatric facilities, or special psychiatric hospitals, and any other factors as determined by the Commissioner of Health. Any temporary license granted pursuant to this paragraph, unless otherwise confirmed at the next certificate of need review, as required pursuant to N.J.A.C.8:33-4.4 or its successor regulation, shall expire within 90 days of the Commissioner of Health's decision rendered pursuant to that full review process.

(2) The Department of Health shall make available on its Internet website and continuously update information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to paragraph (1) of this subsection.

(3) The department shall submit information concerning the total number of temporary licenses granted pursuant to paragraph (1) of this subsection, as well as the number of temporary licenses granted to each hospital that submitted an application pursuant to

paragraph (1) of this subsection, to the Commissioner of Human Services, which information shall: (a) be submitted in a manner that allows the Commissioner of Human Services sufficient time to include the information in the report required pursuant to subsection b. [1]and c.[1] of section 2 of ⟦this act⟧ P.L.2023, c.139 (C.30:4-27.3a); and (b) reflect the number of temporary licenses granted as of the date the information is submitted.
(cf: P.L.2023, c.139, s.1)

[1]3. (New section) The Department of Human Services shall establish an educational committee of stakeholders, which educational committee, commencing on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139 (C.30:4-27.9a et al.), shall provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services shall provide the education to short-term care facilities and individual county assignment judges, as necessary.[1]

[1]4. Section 1 of P.L.2017, c.155 (C.30:4-177.66) is amended to read as:

1. a. The Division of Mental Health and Addiction Services in the Department of Human Services shall oversee the development and maintenance of a data dashboard report, which shall collect and track the daily information received pursuant to section 2 of ⟦this act⟧ P.L.2017, c.155 (C.30:4-177.67) about the number of open beds that are available for treatment for individuals in need of mental health or substance use disorder treatment in each facility in the State that is licensed to provide:

(1) long term or extended care services for mental health or substance use disorders and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2), and a residential health care facility as defined in section 1 of P.L.1953, c.212 (C.30:11A-1); or

(2) acute or intermediate level of care services for mental health or a substance use disorder and receives State or county funding, including, but not limited to, a psychiatric facility, psychiatric unit of a general hospital, short-term care facility, and special psychiatric hospital, as those terms are defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

b. The information maintained in the data dashboard report shall include, by county:

(1) the address and telephone number of the facility;

(2) the type of services provided by the facility;

(3) the licensed bed capacity of the facility; and

(4) the number of open beds that are available for the provision of mental health or substance use disorder services, based on the information received pursuant to section 2 of **[**this act**]** P.L.2017, c.155 (C.30:4-177.67).

c. The information described in subsection b. of this section shall be:

(1) prominently displayed on the website of the department;

(2) made available to the public, upon request, through the Statewide 2-1-1 telephone system; **[**and**]**

(3) made available using any other means that the Commissioner of Human Services deems appropriate; and

(4) made available to screening services and hospitals in the State.

d. The commissioner is authorized to solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source for the purpose of the development and maintenance of a data dashboard report pursuant to **[**this act**]** P.L.2017, c.155 (C.30:4-177.66 et seq.).

e. Until the data dashboard report required pursuant to subsection a. of this section is developed, each facility shall prominently display the information described in subsection b. of this section on the facility's Internet website and shall update the information daily as necessary.[1]

(cf: P.L.2017, c.155, s.1)

[1]**[**2.**]** 5.[1] This act shall take effect immediately.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5408

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 12, 2025

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 5408.

As amended, this bill amends P.L.2023, c.139 and extends the expiration of certain provisions of P.L.2023, c.139 from 24 months from the effective date of P.L.2023, c.139 to 36 months.

P.L.2023, c.139 provides, in part, that a general hospital or emergency department, where a person is located during a screening outreach visit, may not detain the person for more than 72 hours from the time a screening certificate is executed, unless the hospital or emergency department obtains a temporary court order permitting the continued hold of the person for up to 72 additional hours, as determined by the court. P.L.2023, c.139 also required the Department of Human Services and the Department of Health to jointly conduct a study concerning the challenges of placing individuals in appropriate treatment settings, and the supply of and demand for both involuntary commitment beds and voluntary commitment beds in this State.

The bill revises certain provisions of P.L.2023, c.139 to stipulate when consent can be provided to authorize a continued hold of a person and to provide additional requirements concerning the manner in which a hospital, emergency department, or Designated Screening Service provider can apply for a temporary court order for a continued hold and a court can grant an order. The bill expands certain reporting requirements for general hospitals and emergency departments under P.L.2023, c.139.

As amended, the bill requires the Departments of Human Services and Health to jointly conduct a follow-up study to the study conducted pursuant to P.L.2023, c.139. No later than April 30, 2026, the Commissioner of Human Services will submit to the Governor and Legislature a report on the study's updated findings and additional analyses required by the bill.

The bill requires the Department of Human Services to establish an educational committee of stakeholders, which educational committee, commencing on the bill’s effective date and ending on the last day of the 36th calendar month following the effective date of P.L.2023, c.139, will provide education to short-term care facilities and

individual county assignment judges about the legal obligations of short-term care facilities to accept patients. Thereafter, the Department of Human Services will provide the education to short-term care facilities and individual county assignment judges, as necessary.

The bill amends the requirements of P.L.2017, c.155 to provide that the data dashboard report developed under P.L.2017, c.155 be made available to screening services and hospitals in the State. The bill provides that, until the data dashboard report is developed, certain facilities will prominently display certain information on the facility's Internet website and will update the information daily as necessary.

As amended and reported by the committee, Assembly Bill No. 5408 is identical to Senate Bill No. 4263 (1R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments extend the expiration of certain provisions of P.L.2023, c.139 from 24 months from the effective date of P.L.2023, c.139 to 36 months.

The committee amendments revise certain provisions of P.L.2023, c.139 to stipulate when consent can be provided to authorize a continued hold of a person and to provide additional requirements concerning the manner in which a hospital or emergency department can apply for a temporary court order for a continued hold and the court can grant an order. The committee amendments extend certain provisions of the bill to Designated Screening Service providers.

The committee amendments require the Departments of Human Services and Health to jointly conduct a follow-up study to the study conducted pursuant to P.L.2023, c.139 and to submit a report on the study's updated findings and additional analyses required by the amendments.

The committee amendments expand certain reporting requirements for general hospitals and emergency departments.

The bill establishes certain requirements for the Department of Human Services to provide education to short-term care facilities and individual county assignment judges about the legal obligations of short-term care facilities to accept patients.

The committee amendments provide that the data dashboard report developed under P.L.2017, c.155 be made available to screening services and hospitals in the State. Until the data dashboard report is developed, the committee amendments require certain facilities to prominently display certain information on the facility's Internet website and update the information daily as necessary.

The committee amendments revise the title and synopsis of the bill to reflect these changes.

Governor Murphy Takes Action on Legislation

Posted on - 07/22/2025

TRENTON – Today, Governor Murphy signed the following bills into law:

S2167/A1406 (Ruiz, Vitale/Haider, Swain) – Requires public and certain nonpublic schools to comply with breakfast and lunch standards adopted by USDA

S3052/A4878 (Johnson, Space/Park, Tucker, Speight) – Concerns grade options at public institutions of higher education for service member and dependents unable to complete course due to military obligation

S3711/A5153 (McKeon, Zwicker/Haider, Reynolds-Jackson, Spearman) – Makes annual allocation of $500,000 from Clean Communities Program Fund for public outreach concerning single-use plastics reduction program permanent.

SCS for S3982/A4592 (Ruiz/Reynolds-Jackson/Carter, Morales) – Requires certain information be provided to parent at least two business days prior to annual Individualized Education Program (IEP) team meeting; establishes IEP Improvement Working Group in DOE.

S4263/A5408 (Vitale, Scutari/Carter, Sumter. Speight) – Revises certain provisions concerning, and establishes certain education and data reporting requirements related to, involuntary commitment.

S4426/A5622 (Burzichelli, Singer/Schnall, Peterpaul, Kane) – Appropriates funds to DEP for environmental infrastructure projects for FY2026

S4439/A5729 (Lagana, Cryan/Swain) – Establishes protections for student-athletes and certain institutions of higher education concerning name, image, or likeness compensation; repeals “New Jersey Fair Play Act.”

A3128/SCS for S4071/S3155 (Coughlin, Wimberly, Pintor Marin/Ruiz, Scutari, Singleton, Greenstein, Turner) – Authorizes HMFA to use certain tax credits; directs HMFA to conduct tax credit auctions to provide financial assistance for certain housing purposes

A4897/S3769 (Carter, Atkins, Reynolds-Jackson/Cryan, Amato) – Revises law requiring certain student identification cards to contain telephone number for suicide prevention hotline

A5170/S4027 (Pintor Marin, Speight/Cruz-Perez, Pou) – Requires State to purchase certain unused tax credits issued under New Jersey Economic Recovery Act of 2020

A5546/S4388 (Verrelli, Reynolds-Jackson/Turner) – Concerns financial powers and responsibilities of Capital City Redevelopment Corporation.