

**GOVERNOR'S STATEMENT UPON SIGNING
SENATE BILL NO. 3929
(Third Reprint)**

Today I have signed Senate Bill No. 3929 (Third Reprint) to address an emergent crisis facing New Jersey's mental health care infrastructure, where a shortage of beds has hampered the ability of health care professionals to treat those with mental illness in the most suitable, least restrictive environment. These capacity issues are particularly troubling in cases where an individual's condition is so severe that they are in need of involuntary commitment, yet the path to timely intervention is unclear. Senate Bill No. 3929 (Third Reprint) both provides interim solutions to these problems and takes important steps to increase bed capacity, which is the appropriate and sustainable long-term solution.

The backdrop to Senate Bill No. 3929 (Third Reprint) requires an understanding of New Jersey's involuntary commitment process and its interplay with the regulatory scheme used by the Department of Health ("DOH") to assess and manage the supply and demand of psychiatric beds in our State's health care facilities. New Jersey's involuntary commitment laws impose a 72-hour time limit for hospitals to temporarily hold a patient in need of involuntary commitment while seeking judicial review of the patient's continued need for psychiatric treatment. The law is designed to balance individual liberties and due process rights with the State's duty to ensure the safety of the patient and the general public. The expedited nature of judicial review helps facilitate prompt treatment so that patients may be returned to their full autonomy as soon as clinically appropriate. Unfortunately, the current scheme assumes an availability of psychiatric beds that has not been fully realized. Problems often arise when hospitals are unable to identify a receiving facility within the allotted timeframe and must release the patient notwithstanding their potential danger to self or others.

Senate Bill No. 3929 (Third Reprint) provides two avenues of relief for hospitals to better navigate the involuntary commitment process and the relevant pathways to care for the patients involved. Specifically, this time-limited legislation allows hospitals to: (1) apply to the courts for additional time to place patients in need of involuntary commitment upon satisfying certain evidentiary standards; and (2) apply to DOH for the temporary approval of additional psychiatric beds based on a demonstration of need and other factors.

The bill provides that, for a two-year period, general hospitals and their satellite emergency departments will be permitted to apply for a court order allowing the continued hold of an individual "up to" an additional 72 hours when a patient is in need of involuntary commitment if they can show an appropriate short-term care or psychiatric facility, or psychiatric hospital with an available bed cannot be located within the initial 72-hour period. Such applications will be subject to due process constraints requiring hospitals to make an affirmative showing that they exhausted all

reasonable efforts to place the individual, and to demonstrate the person's need for involuntary commitment on a higher standard of proof than what is typically required at the initial phase of such proceedings. These applications will be subject to challenge by the Office of the Public Defender, who will be appointed to represent each patient.

To address larger problems with the State's mental health care infrastructure, Senate Bill No. 3929 (Third Reprint) also relaxes the application process used by DOH to regulate the supply and demand of psychiatric beds without sacrificing appropriate standards of review. For a fifteen-month period, hospitals will be permitted to apply to DOH for a temporary license of additional beds to be used for involuntary commitment purposes, which DOH may approve upon a showing of need and other factors as may be deemed appropriate by the Commissioner of DOH. Whereas the current approval process is ordinarily limited to a biannual review, this temporary measure will allow hospitals to seek relief ahead of schedule and work to increase the number of beds available for involuntary commitment.

I want to be clear that Senate Bill No. 3929 (Third Reprint) is not intended to serve as a permanent framework for the judicial review of involuntary commitment proceedings or DOH's manner of assessing the need of a particular health care service or its infrastructure. The bill merely ensures a continuity of care for those in need of involuntary commitment while simultaneously pursuing long-term policy efforts that may better improve system capacity. These components of the legislation are paired with a comprehensive study to be conducted by DOH and the Department of Human Services, which will culminate in recommendations for future action. I am confident that my Administration and the Legislature will continue working with advocates and industry stakeholders alike on additional initiatives that may address mental health issues in our State.

Date: August 16, 2023

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor