



Hospitals and Involuntary Commitment

*House Select Committee on Involuntary
Commitment and Public Safety*

November 13, 2025



Passed unanimously in 2018, Senate Bill 630 modernized North Carolina's involuntary commitment law through a collaborative effort among hospitals, behavioral health providers, law enforcement agencies, and state agencies to help patients receive the right care, at the right time, in the right place.



RIGHT CARE



Promotes psychiatric advance directives

Requires health screening to rule out other medical conditions



Limits use of physical restraints for children

RIGHT PLACE



Promotes cross-sector development of local crisis plans

Promotes identifying alternatives to law enforcement transport



Prioritizes specialty behavioral health facilities instead of EDs

RIGHT TIME



Allows 20,000 more clinicians to conduct IVC first exams

Standardizes allowable timeframes so patients can get into care



Facilitates timely commitment hearings in-unit or by video

Typical IVC Experience in EDs

- Challenges related to involuntary commitment generally occur due to the scope and function of the ED, and patients under IVC require significant resources in an ED setting.
- Delays in patient care are common regardless of if the individual being evaluated meets criteria for inpatient care.
- Specialty behavioral health inpatient capacity, such as forensic units for those criminally involved, have limited capacity.
- The expected impact of Iryna's Law related to pretrial release highlights existing strains on the system.

Building on Previous Reforms

- Promote and expand non-ED sites as the preferred location for first examination, with local EDs as the last resort.
- Allow first commitment examinations under Iryna's Law to be completed by telehealth in the local detention facility for defendants.
- NC DHHS Non-Law Enforcement Transportation pilot provides an opportunity to build a sustainable, statewide transportation system that is secure, safe, and timely.