Suicide is the most unique public-health epidemic due to the multiple root causes which create many challenges to addressing and prevention. The staggering numbers speak to these challenges. Suicide is the only leading cause of death in America whose rates continue to increase. A 2019 report released by Governor Cuomo’s Suicide Prevention Task Force details how the rates of suicide in New York State are actually outpacing this disturbing national trend, with state suicide rates increasing 29.1% from 1999 to 2016.

The impact of COVID-19 has increased the necessity of the reforms contained in Nicole’s Law. The outbreak, social-distance practice and the economic ramifications have had a tremendous impact on our collective mental health. A recent CDC report found that: 40.9% of respondents reported an adverse mental or behavioral health condition. 30.9% of those reported having started or increased substance use to cope with stress or emotions related to COVID-19. 10.7% reported having seriously considered suicide in the preceding 30 days. The same report states that 25% of young adults have considered suicide during COVID-19.

Hospitals across the state have been required to have 30% of their beds available to handle another COVID-19. Too many hospitals have disproportionally targeted psychiatric and detox beds to meet this mandate. As intensive behavioral health services continue to be reduced we need Nicole’s Law enacted to protect those most vulnerable to suicide and drug over-doses.

- **Nicole’s Law** has the power to advance suicide prevention by reforming hospital procedures involving the most vulnerable patients who have multiple episodes of self-inflicted life-threatening injuries (classified as a suicide-attempt, drug-overdose or self-injury). Nicole’s Law would hold hospitals accountable in delivering person-centered treatment for people with multiple episodes of self-inflicted life-threatening injuries, providing their families and caretakers with resources and direct much needed improvement in discharging patients.

- **Nicole’s Law would create a red flag practice for vulnerable patients who need more specialized, intensive and potentially life-saving supports.** If a family member or caretaker informs the care providers that their loved one has had multiple incidents of self-inflicted life-threatening injuries, the provider must obtain the previous hospital records to verify the episode(s) and examine what precise treatment the patient previously received to ensure not to repeat practices which failed the patient leading to another episode of self-inflicted life-threatening injury.

- **Nicole’s Law demonstrates the value of family insights** when it comes to people with serious mental illness by ensuring that in these cases all attempts would be made to talk to families and receive their insights on the person’s mental health history and their views on what did not work in previous treatment settings. **Seeking family insight would not violate HIPAA laws,** as under the law medical professionals are already required to listen to families; Nicole’s Law would simply encourage the underused resource of family insight.

- **Nicole’s Law would also require enhanced discharge planning,** including providing families and caretakers with resources on how to care and monitor someone with a tendency towards self-inflicted life-threatening injuries. They would also be connected to a community-based service provider, receive priority to access services and receive a case-worker to monitor the progress for a specified time-period.
Legislative History of Nicole’s Law

Nicole’s Law was introduced into the New York State Senate in July of 2019 following Roy and Lucille Ettere’s testimony during a Senate hearing on addressing suicide where they detailed the failures made by several hospitals which contributed to the loss of their daughter, Nicole, by suicide. During early 2020 before the COVID-19 outbreak, Nicole’s Law had gained bi-partisan sponsorship in both houses. COVID-19 has led to a reduction of psychiatric and detox hospital beds, which has made the reforms in Nicole’s Law all the more important and necessary.

**Bill Number in 2019-20 Legislative Session:** S.6629/A.9535

**2019-20 Senate Sponsors:**
Sponsor: Carlucci
Co-Sponsor: Harckham: Lanza, Sepulveda

**2019-20 Assembly Sponsors:**
Sponsor: De La Rosa
Co-Sponsor: Weprin, Williams, Hunter, Byrne, Ra

**Bill Memo:**

**TITLE OF BILL:** An act to amend the mental hygiene law, in relation to establishing Nicole’s law

**PURPOSE:** This bill will be known as "Nicole's Law." This bill would create a red-flag system to ensure individuals admitted to hospitals following a self-inflicted, life-threatening injury would receive enhanced person-centered treatment, their families are provided with resources on how to care for this vulnerable population, an appropriate discharge plan including an immediate connection to community services, with the person receiving priority access to community services and follow-up with the individual following discharge. The bill would also address the practices of how psychiatric clinical trials handle perspective participants disqualified because of a previous suicide attempt within the calendar year.

**SUMMARY OF PROVISIONS:**

Section 1: This act shall be known and may be cited as "Nicole's law"

Section 2 defines how to identify and red-flag an individual meeting Nicole's Law criteria; defines enhanced inpatient treatment for this population; details how the law would aim to increase family participation in the recovery process.

The bill requires the Commissioner of the Department of Health to promulgate proper discharge planning for this population. It also requires language on how to improve the practices when one fails to qualify for a psychiatric clinical trial conducted in New York State due to a prior incident of suicidality in the previous calendar year.

Section 3: Effective Date

**JUSTIFICATION:** Nicole Ettere was a 37 year old and very vivacious woman who worked diligently in the medical field for over 10 years prior to her illness, body dysmorphia. She struggled with anxiety and depression and in March 2017 was unable to continue working. She was briefly hospitalized five times after five suicide attempts from June through August of 2017. Nicole took her own life on September 19, 2017.
This bill aims to address and curtail the raising suicide rates in New York State which are currently outpacing the alarming national rates. While there are many factors contributing to this disturbing trend, one of the leading factors and one that can be immediately addressed is enhancing the quality and focus of the treatment someone receives following a self-inflicted, life-threatening injury.

It is also critical that someone receives appropriate discharge planning and is connected to community-based services and given priority access to those services during the especially vulnerable period immediately following a discharge from a hospital or psychiatric facility. The law also acknowledges the crucial role families play in the recovery process and would ensure families receive resources and support on how to care for someone following a self-inflicted, life-threatening injury.

The law would also establish a best practice for increasing access to services for people who have failed to qualify for clinical research trials due to having a suicidal incident in the past year. Together Nicole's Law will enhance inpatient care and the family’s role in recovery as well as increase and ease the access to community-based care for a population most at risk of engaging in a self-inflicted-life threatening injury.

Most importantly, Nicole's Law will save lives.