

HCS HBs 1082 & 1094 -- BEHAVIORAL HEALTH SERVICES

SPONSOR: Thompson

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 14 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 8 to 0.

The following is a summary of the House Committee Substitute for HB 1082.

Currently, a judge may order a pretrial examination of an accused person whom the judge has reasonable cause to believe lacks mental fitness to proceed. The psychiatrist, psychologist, or physician performing the examination shall submit a report with findings, opinions, and recommendations on treatment in suitable hospitals. This bill requires the examination report to contain recommendations as to whether the accused, if found to lack mental fitness to proceed, should be committed to a suitable hospital for treatment or if the treatment can be provided in a county jail or other detention facility approved by the Director of the Department of Mental Health. Additionally, the report shall contain a recommendation as to whether the accused, if found to lack mental fitness to proceed and if not charged with a dangerous felony, murder in the first degree, or rape in the second degree, should be committed to a suitable hospital facility or may be appropriately treated in the community, and whether the accused can comply with bond conditions and treatment conditions. The Director, or his or her designee, shall determine the locations and conditions under which treatment shall be provided to the accused.

Additionally, this bill repeals all references to a "mental health coordinator", currently defined in statute as a mental health professional who has knowledge of the laws relating to hospital admissions and civil commitment, and who is authorized by the Director of the Department of Mental Health or their designee to serve a designated geographic area or mental health facility. Associated duties, responsibilities, and powers of mental health coordinators are also repealed.

For any respondent arriving at a mental health facility, this bill shortens the allotted time frame for designated facility staff to meet with the respondent and explain their statutory rights from four days to 48 hours.

This bill is similar to SB 387 (2023).

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

**PROPONENTS:** Supporters say that competency restorations on occasion need to be conducted outside of a hospital setting, and several issues, including waiting times for evaluation, and subsequent waits for admittance and treatment, may be relieved by the bill's provisions. For sufferers, symptoms can worsen and may be extremely difficult or dangerous for jail staff to manage, with additional complications resulting from the workforce shortage in these settings. Offenders must be cognitively able to participate in their criminal proceedings, and due process must occur.

Testifying in person for the bill were Representative Thompson; and Nora Bock, Missouri Department of Mental Health.

**OPPONENTS:** Those who oppose the bill say that the bill needs amending due to public safety concerns arising from the requirement that the Department director or their designee determine locations of treatment to be provided.

Testifying in person against the bill was Locke Thompson, Missouri Association of Prosecuting Attorneys.

**OTHERS:** Others testifying on the bill say that if folks do require involuntary medication or admission, clinical due process must still occur, and hope to allow clients and staff to collaborate on the provision of care.

Testifying in person on the bill was Jeanette Simmons, Department of Mental Health.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.