

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 6244H.011
 Bill No.: HB 2512
 Subject: Mental Health; Department of Mental Health; Courts
 Type: Original
 Date: March 2, 2026

Bill Summary: This proposal creates provisions relating to humane access to emergency psychiatric treatment.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(Unknown)	(Unknown)	(Unknown)
Total Estimated Net Effect on General Revenue	(Unknown)	(Unknown)	(Unknown)

*Oversight assumes the unknown negative impact to DMH and DSS combined could exceed \$500,000 annually for general revenue.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Federal Funds*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Oversight assumes the impact to DMH and DSS combined could exceed \$500,000 annually and net to \$0 for Federal Funds.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Total Estimated Net Effect on FTE	0	0	0

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Missouri Office of Prosecution Services** did not respond to **Oversight's** request for fiscal impact for this proposal.

§§632.700, 632.701, 632.702, 632.703, 632.704, 632.705, 632.706, 632.707 and 632.708 - Humane Access to Emergency Psychiatric Treatment

Officials from the **Department of Mental Health (DMH)** state this proposal amends Chapter 632 Comprehensive Psychiatric Services to add provisions related to emergency psychiatric treatment, including penalty provisions.

Section 632.700 establishes the “The Care Before Predictable Harm Act”.

Section 632.701 states that it is the intent of the General Assembly that treatment under Sections 632.700 to 632.708 shall be provided in clinical settings and not through the criminal justice system.

Section 632.703 states a qualified petitioner or qualified community petitioner may file a verified petition for emergency psychiatric evaluation with the circuit court in the county where the individual resides. The court must review the petition within twenty-four (24) hours of filing. If the court finds it appropriate, they may order the individual to undergo a ninety-six (96) hour psychiatric evaluation.

Section 632.704 requires that this evaluation be conducted by a licensed psychiatrist and shall include appropriate medical testing to rule out underlying medical or physiological conditions. The evaluating psychiatrist is required to submit a written report to the court on the individual. The proposal also states treatment orders can include community mental health services; therapy and case management; substance use disorder treatment; supportive housing placement; and administration of long-acting injectable antipsychotic medication, when medically justified.

Section 632.705 requires the court to hold a hearing within seven days of receiving the evaluation. The court can order assisted outpatient treatment for a period not to exceed 180 days. The treatment order can only be renewed by court order following a hearing. The treatment order must identify the community treatment provider or clinic that is responsible for providing the court ordered services and medication.

Section 632.706 requires the DMH to establish a statewide network of community mental health clinics authorized to administer court-ordered psychiatric treatment, including administration of

long-acting injectable antipsychotic medication. A participating provider cannot refuse to administer long-acting injectable antipsychotic medication. Refusal of the provider to provide the court ordered treatment shall be grounds for removal from the statewide network and may result in “suspension or withholding of state funds”. Under this section, DMH is responsible for adopting clinical standards specific to the administration of medication, documentation, and monitoring.

Section 632.708 requires DMH to submit an annual report to the General Assembly summarizing the implementation of these provisions.

Historically, the current provisions in Chapter 632 for 180-day outpatient detention and treatment have rarely been used since enactment in 1996. According to data from the Office of State Courts Administrator (OSCA) from FY24, there were a total of 2,665 mental health commitment petitions filed, but only 6 were for 180-day outpatient detention and treatment. The average for the last 5 years were 3 per year. It is unknown how much the provisions for commitment in this proposed legislation would be utilized but given the rate of use of current provisions in Chapter 632, it could be minimal.

The proposal creates new mandatory duties for community providers to provide treatment as ordered by the court and imposes sanctions and perhaps loss of funds for those who do not comply. Given this, there could be costs to the community providers providing care pursuant to orders of the court, particularly since it appears the court can order specific types of treatment which may not fall under existing funding streams. To the extent that such costs are eligible for inclusion into provider cost reports, there could be subsequent increases in rates for treatment services paid by the state. The proposal may drive an increase in service utilization; therefore, the state could incur additional treatment costs above and beyond the increases experienced each year. Additionally, community providers could face sanctions for refusing “to comply with court ordered treatment”. The costs to comply could be substantial to community providers.

DMH shall submit an annual report to the General Assembly with statistics about petitions filed pursuant to this section utilizing existing resources.

The estimated fiscal impact is unknown for FY 2027, FY 2028, and FY 2029.

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the DMH. Oversight assumes the unknown negative impact to DMH could exceed \$250,000 annually to GR and Federal Funds.

Officials from the **Department of Social Services (DSS)** state this legislation may result in some additional utilization of existing services that fall under the Department of Mental Health's budget. However, some of these services may involve Medicaid participants, which therefore

may have an impact to MHD. The potential impact would be \$0 to unknown for IGTDMMH and Federal authority if DMH services are impacted. Expenses would typically have a regular FMAP split (35% GR; 65% Federal).

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the DSS as \$0 to Unknown negative impact to GR and Federal funds for Medicaid participants. Oversight assumes costs to GR and Federal Funds could exceed \$250,000 annually.

Officials from the **Office of the State Courts Administrator (OSCA)** state this proposal may have some impact but there is no way to quantify that amount currently. Any significant changes will be reflected in future budget requests.

Oversight notes OSCA assumes this proposal may have some impact on their organization although it can't be quantified at this time. As OSCA is unable to provide additional information regarding the potential impact, Oversight assumes the proposed legislation will have a \$0 or (Unknown) cost to the General Revenue Fund. For fiscal note purposes, Oversight also assumes the impact will be under \$250,000 annually. If this assumption is incorrect, this would alter the fiscal impact as presented in this fiscal note. If additional information is received, Oversight will review it to determine if an updated fiscal note should be prepared and seek approval to publish a new fiscal note.

Officials from the **Branson Police Department** state this legislation has the potential to save thousands of peace officer man hours in dealing with repeat mental health subjects. The elimination of long-term mental health facilities has had the direct result of adding thousands of calls a year to police agencies, exacerbated by the fact that there are not enough facilities or medical institutions willing to treat people without insurance.

Oversight notes that the Branson Police Department did not provide specific savings amounts in either man hours or other costs. Oversight considers the potential savings as speculative. Oversight considers these savings to be indirect and therefore, have not reflected them in the fiscal note.

Officials from the **Department of Public Safety - Missouri Highway Patrol, Missouri House of Representatives, Missouri Senate, Office of the State Public Defender, Phelps County Sheriff's Department, Kansas City Police Department** and **St. Louis County Police Department** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other circuit clerks, public administrators, law enforcement agencies, and hospitals were requested to respond to this proposed legislation but did not. Upon the receipt of

additional responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note. A general listing of political subdivisions included in our database is available upon request.

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
GENERAL REVENUE			
<u>Cost</u> – DMH (§§632.700-632.708) Increased treatment costs p.3-4*	(Unknown)	(Unknown)	(Unknown)
<u>Cost</u> – DSS/MHD (§§632.700-632.708) Expenditures related to Medicaid participants p.5*	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost</u> – OSCA (§§632.700-632.708) Potential increase in court costs p.5	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
ESTIMATED NET EFFECT ON GENERAL REVNUUE	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
FEDERAL FUNDS			
<u>Revenue Gain</u> – DMH (§§632.700- 632.708) Reimbursement for increased treatment costs p.3-4**	Unknown	Unknown	Unknown
<u>Revenue Gain</u> – DSS/MHD (§§632.700-632.708) Reimbursement for expenditures related to Medicaid participants p.5**	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Cost</u> – DMH (§§632.700-632.708) Increased treatment costs p.3-4**	(Unknown)	(Unknown)	(Unknown)
<u>Cost</u> – DSS/MHD (§§632.700-632.708) Expenditures related to Medicaid participants p.5**	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

* Oversight assumes the unknown negative impact to DMH and DSS combined could exceed \$500,000 annually for GR.

** Oversight assumes the impact to DMH and DSS combined could exceed \$500,000 annually and net to \$0 for Federal Funds.

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

Community providers may see an increase in business from court-ordered treatment. To the extent that such costs are eligible for inclusion into provider cost reports, there could be subsequent increased reimbursements for treatment services. However, community providers could face sanctions for refusing “to comply with court ordered treatment”.

FISCAL DESCRIPTION

This bill establishes the "Care Before Predictable Harm Act".

The Act provides that a "qualified petitioner" or "qualified community petitioner", as such terms are defined in the bill, can file a verified petition for emergency psychiatric evaluation with the circuit court in the county wherein the individual resides. The bill specifies what must be included in the verified petition, and requires the circuit court to review the petition within 24 hours of its filing. False material statements in a petition will be punishable as perjury.

The emergency psychiatric evaluation must be conducted by a licensed psychiatrist and include appropriate medical testing; during this period of emergency detention and evaluation, the psychiatrist can administer appropriate antipsychotic medication, including long-acting injectable antipsychotic medication, if certain determinations have been made and documented by the psychiatrist. Additionally, medication administered under these provisions must be recorded in the individual's medical record.

The bill requires a written report to be submitted to the court by the evaluating psychiatrist stating whether the individual has a severe mental illness, presents a danger to self or others or a predictable harm pattern, requires further treatment, and cannot be treated safely through less restrictive means. The court must hold a hearing within seven days of receiving this evaluation, and can order assisted outpatient treatment for up to 180 days upon clear and convincing evidence the individual meets the described criteria. The order for assisted outpatient treatment may be renewed only upon a new hearing and findings, and any person who knowingly interferes with the execution of a valid court order is guilty of a class B misdemeanor. A treatment order made under the provisions of this bill can include community mental health services, therapy and

case management, substance use disorder treatment, supportive housing placement, and the administration of long-acting injectable antipsychotic medication, when medically justified and documented in the clinical record.

The bill requires the Department of Mental Health to establish a statewide network of community mental health clinics authorized to administer court-ordered psychiatric treatment. A participating clinic is prohibited from refusing to administer court-ordered long-acting injectable antipsychotic medication if the individual lacks capacity to consent at the time of administration, the medication is medically justified, and the medication represents the least restrictive means available to prevent predictable serious harm. Refusal of a clinic to comply with court-ordered treatment under the provisions of this bill is grounds for removal from the statewide network and can result in the suspension or withholding of state funds.

The bill requires the Department of Mental Health to submit an annual report to the General Assembly summarizing the implementation of this bill's provisions, including the number of petitions filed, the number of emergency evaluations ordered, the number of court-ordered assisted outpatient treatment plans issued and renewed, the number of long-acting injectable administrations performed under court order, outcomes demonstrating reductions in repeated emergency interventions, and data demonstrating the number of cases in which intervention prevented predictable serious harm.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Mental Health
Department of Public Safety - Missouri Highway Patrol
Department of Social Services
Missouri House of Representatives
Missouri Senate
Office of the State Courts Administrator
Office of the State Public Defender
Phelps County Sheriff's Department
Kansas City Police Department
St. Louis County Police Department



Julie Morff
Director
March 2, 2026
KP:LR:OD



Jessica Harris
Assistant Director
March 2, 2026