



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2088</b>		DATE: <b>3/5/2026</b>	
COMMITTEE: <b>Health and Mental Health</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2026 11:53 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**I am in Support of this Bill.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CLAIRE HILLMAN</b>		PHONE NUMBER: <b>816-404-3617</b>	
BUSINESS/ORGANIZATION NAME: <b>UNIVERSITY HEALTH</b>		TITLE: <b>ASSOCIATE GENERAL COUNSEL</b>	
ADDRESS: <b>2301 HOLMES ST.</b>			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64108</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DAVE WEBSTER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2026 4:37 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JESSICA PETRIE</b>		PHONE NUMBER: <b>573-635-6044</b>	
REPRESENTING: <b>NATIONAL ASSOCIATION OF SOCIAL WORKERS MO CHAPTER</b>		TITLE:	
ADDRESS: <b>PO BOX 1805</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>jessica@wintonpolicygroup.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/5/2026 9:04 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JOHN KILLIAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/5/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHAEL BRISBIN JR.</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2026 7:49 PM</b>	

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I am a resident of Odessa, Missouri. I have been diagnosed with schizophrenia, which is a serious mental illness. When my illness has had severe episodes, I have been so sick that I could not realize I was ill and could not make treatment decisions. It's very dangerous when this happens. Court ordered treatment like this bill describes is a life-saving treatment order. These are serious brain conditions that deserve effective treatment and I am living proof. If I ever have an episode again, I hope there are laws like this to protect me. Please pass this bill.

With my condition, it is vital that I stay on my medications. I really can't miss even a day of medicine. If I deteriorate and lose my mental capacity to make decisions, I am in serious danger. This bill would allow my parents and the courts to step in and make sure I stay in treatment without any dangerous relapses.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MIKE QUINN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/5/2026 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>NOEL TORPEY</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI BEHAVIORAL HEALTH COUNCIL</b>		TITLE:
ADDRESS: <b>217 EAST CAPITOL AVE</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL: <b>ntorpey@hbstrategies.us</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/4/2026 3:32 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PEGGY POLLOCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/5/2026 7:25 PM</b>
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I have an adult daughter with anosognosia. She has psychosis and is declining. As her mother, it is so disheartening to know that I can do nothing to help her. If she were to be taken to the ER, she would refuse treatment. It is ongoing grief that can't be resolved.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ROBIN ROBERSON-STOJANOVA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2026 10:26 PM</b>	
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I am writing today as the parent and legal guardian of an Missourian who is living with Serious Mental Illness to express my strong support for HB 2088. This legislation offers a vital lifeline for Missourians living with severe mental illness who struggle to engage with voluntary treatment due to the nature of their condition, such as "anosognosia," or total lack of insight into their illness.

Currently, many Missouri families find themselves trapped in a "revolving door" of emergency rooms, crisis centers, and jails because our laws often require a person to become a "clear and present danger" before the state can intervene. HB 2088 changes this reactive approach by:

**Prioritizing Early Intervention:** It allows for court-ordered, community-based treatment before a crisis occurs, reducing the trauma of involuntary hospitalization.

**Providing Accountability:** By mandating a dedicated case manager and court oversight, it ensures that both the individual and the mental health system remain committed to the recovery plan.

**Enhancing Public Safety and Health:** Studies of similar AOT programs nationwide show significant reductions in homelessness, incarceration, and victimization for those with severe mental illness.

HB 2088 is a compassionate, evidence-based solution that respects civil liberties while ensuring that our most vulnerable neighbors do not fall through the cracks of the healthcare system.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>THOMAS CHAFFEE</b>		PHONE NUMBER: <b>913-620-7866</b>	
BUSINESS/ORGANIZATION NAME: <b>UNIVERSITY HEALTH</b>		TITLE: <b>MEDICAL DOCTOR</b>	
ADDRESS: <b>300 WEST 19TH TERRACE</b>			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64108</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>TYLER TRAVERS</b>		PHONE NUMBER:
REPRESENTING: <b>NATIONAL ALLIANCE ON MENTAL ILLNESS - MISSOURI</b>		TITLE:
ADDRESS:		
CITY: <b>COLUMBIA</b>	STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL: <b>tyler.vertexgov@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/4/2026 6:27 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARAH BERRY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/5/2026 7:04 AM</b>	

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HB 2088 authorizes two years of court-ordered involuntary outpatient treatment, backed by the power to take a person into custody and hospitalize them “without a hearing” if a provider reports “noncompliance.” (§632.605.2). That is not a modest policy adjustment. It is a new civil-control regime over Missourians who have not been convicted of any crime.

1) The bill flips due process on its head: confinement first, hearing later.

Section 632.605.2 allows the court—without a hearing—to order transport by law enforcement and hospitalization up to ten days, and potentially longer on recommendation (up to 90 days or the remainder of the order). The hearing occurs only if the person “objects” after being detained. That structure is constitutionally backwards. When the State deprives a person of liberty, the State must normally justify it with meaningful process before or at least contemporaneous with the restraint, not after the person is already confined.<sup>1</sup>

2) “Noncompliance” becomes a trigger for detention—without criminal safeguards.

This bill effectively treats failure to follow a treatment plan (including medication management) as a basis to trigger confinement—while bypassing the protections that come with criminal enforcement (probable cause standards, prompt judicial review rules that are not contingent on the detainee “objecting,” etc.).

In practice, it creates a two-tier liberty system: ordinary citizens get the presumption of freedom; targeted individuals get supervision, compelled treatment, and fast-track confinement based on a provider report.

3) The criteria are predictive and elastic—inviting overreach.

HB 2088 authorizes orders to “prevent deterioration” likely to result in harm (§632.590(2)(a)) and relies heavily on prior noncompliance history (§632.590(2)(b)).

Predictive standards plus long order durations (two years, extendable) predictably expand the class of people subject to state control. Civil commitment law is supposed to be a narrow, high-threshold intervention because the liberty interest is extreme.<sup>2</sup> This bill widens the funnel.

4) It also waives medical privileges by default.

**Section 632.593.12 deems physician-patient and psychologist-patient privileges waived in these proceedings. That is an extraordinary intrusion—especially paired with a coercive treatment regime—and will chill care-seeking while widening access to sensitive records in adversarial litigation settings.**

**Legislative Notice:**

**Missouri already has civil detention mechanisms when a person meets the statutory dangerousness criteria. HB 2088 goes further by creating a durable outpatient control order backed by hearing-optional hospitalization. That combination is a foreseeable due-process flashpoint and invites constitutional challenge, inconsistent application across circuits, and avoidable liability exposure for counties and agencies tasked with enforcement.**

**For these reasons, I urge the Committee to vote DO NOT PASS on HB 2088.**

**Footnotes:**

**Addington v. Texas, 441 U.S. 418, 425–33 (1979) (civil commitment is a “significant deprivation of liberty” requiring heightened procedural protections and proof by clear and convincing evidence). O’Connor v. Donaldson, 422 U.S. 563, 575–76 (1975) (a State cannot confine a non-dangerous person who can survive safely in freedom); see also Foucha v. Louisiana, 504 U.S. 71, 80–83 (1992) (continued**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHELLE ANAYA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2026 9:46 AM</b>
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Testimony on HB 2088 – Informational

Chair and Members of the Committee,

My name is Michelle Anaya, and I am a Missouri resident and family advocate. I appreciate the intent behind HB 2088 and the effort to create earlier intervention tools that may help individuals receive support before situations escalate into crisis.

My perspective comes from my own family’s experience. My brother Jeffrey has been under Public Administrator guardianship for nearly 20 years and has been institutionalized for more than 15 of those years, currently living hours away from family. When he first entered the system, I was only 16 years old and unable to advocate for him. What should have been a temporary situation during a difficult period has effectively become permanent.

As an adult, I have repeatedly attempted to become involved and have requested consideration as successor guardian so my brother could have family oversight and connection again. Those requests have not moved forward, and I have since learned that many other families across Missouri have faced similar barriers when attempting to re-engage once a Public Administrator has been appointed.

Because of that experience, I recognize both the potential benefit and the potential risk of expanding authority within systems that currently lack clear oversight. Earlier intervention tools like those proposed in HB 2088 might help stabilize situations before they escalate to the point of guardianship or institutional placement.

Missouri’s Public Administrators often manage extremely large caseloads and currently operate without a clear, independent statewide oversight structure. In circumstances like ours, institutional inertia has developed — where maintaining existing placements becomes easier than reevaluating whether community or family-based alternatives may now be appropriate.

As the legislature considers expanding authority through mechanisms like Assisted Outpatient Treatment, I respectfully encourage equal attention to ensuring strong accountability structures accompany that authority. Aligning authority with oversight would help strengthen the impact of HB 2088 while protecting the rights, dignity, and long-term outcomes of the individuals these systems are meant to serve.

**Thank you for your time and consideration.**

**Michelle Anaya  
Kansas City, Missouri  
(816) 874-1633**