2025 Legislative Actions

Below is a summary of bills passed, listed in alphabetical order by state.

For more information on legislation, please contact advocacy@tac.org

Arkansas

AR HB1169 | BillTrack50

AI Summary

This bill clarifies and expands the criteria for **involuntary commitment** in Arkansas by introducing a **new definition of "behavioral health impairment**" and extending involuntary admission provisions to include individuals experiencing mental conditions resulting from medical conditions. Specifically, the bill adds a comprehensive definition of behavioral health impairment as a substantial impairment of emotional processes, conscious control, or perception of reality that significantly interferes with daily living. It modifies existing law to allow involuntary admission not only for individuals with mental illnesses posing a clear and present danger, but also for those with medical conditions like dementia, encephalitis, or delirium that cause similar behavioral health impairments. The bill also enhances patient protections during involuntary confinement by requiring patients to be informed of their rights, providing a contact number for patient relations, mandating regular physician evaluations every 24 hours, and ensuring consistent treatment limitations. These changes aim to provide more comprehensive mental health care and protection for individuals experiencing serious behavioral health challenges, whether from mental illness or underlying medical conditions.

Arizona

AZ HB2742 | BillTrack50

This bill amends Arizona's laws regarding **court-ordered mental health evaluations** to clarify and streamline the process for assessing individuals who may need psychiatric intervention. The bill modifies several key sections of Arizona Revised Statutes to specify **timelines and procedures for mental health screenings and evaluations**. Specifically, the bill requires that for inpatient evaluations, the filing of a petition for court-ordered

treatment must be completed within 72 hours (excluding weekends and holidays), and mandates that the medical director prepare and file such a petition promptly if the evaluation determines the person is a danger to self or others. The bill also adds a new provision specifying that a county's responsibility for a person undergoing a court-ordered evaluation continues until one of three events occurs: the petition for court-ordered treatment is filed, the individual agrees to voluntary treatment, or the individual is released from the evaluation. These modifications aim to provide **more precise guidelines** for mental health professionals and legal authorities when dealing with potential involuntary psychiatric evaluations and treatments.

AZ HB2944 | BillTrack50

This bill modifies Arizona's mental health treatment laws by adding a provision that **excludes time spent in jail or prison from the calculation of a patient's available inpatient treatment days**. Under existing law, courts can order mental health treatment for individuals with mental disorders who are deemed a danger to themselves or others, with maximum treatment periods ranging from 90 to 365 days depending on the specific diagnosis. **The new provision ensures that if a patient has spent time in jail or prison, those days will not count against their court-ordered treatment time allocation**. This change could potentially allow patients to receive a full course of mental health treatment without having their available treatment days reduced by time spent in detention.

AZ SB1102 | BillTrack50

This bill introduces **new regulations for pharmacy benefit managers (PBMs) to protect insured individuals' prescription drug coverage**. The legislation establishes two key provisions: first, a PBM cannot limit or exclude coverage of a prescription drug for a covered individual who was previously approved for that medication and remains insured, with coverage continuing through the end of the health plan year. Second, the bill mandates that PBMs provide at least 60 days' written notice before making any formulary changes that would limit drug coverage and must include a clear process for healthcare providers to request continued use of a non-formulary drug.

AZ SB1163 | BillTrack50

This bill expands existing provisions that allow peace officers to take individuals into custody if they have probable cause to believe the person is a danger to themselves or others due to a mental disorder. The new language **allows VA police officers to perform similar functions for veterans, enabling them to transport a veteran to a screening or evaluation agency if the veteran appears likely to suffer serious physical harm or pose a risk to others without immediate hospitalization**. The changes aim to provide

additional support and intervention options specifically for **veterans experiencing mental health emergencies**, recognizing the unique challenges this population might face.

AZ SB1354 | BillTrack50

This bill **modifies Arizona's legal procedures for court-ordered mental health treatment hearings** by making several significant changes to witness testimony and evidence requirements. The bill requires that **witness testimony** come from **at least two individuals who observed or were acquainted with the patient either before the current evaluation application or, if after submission, who were not formal participants in the evaluation process**. These witnesses **must provide observed facts only** and are prohibited from offering expert opinions or conclusions. The bill also clarifies that **witness testimony can be satisfied through agreed statements or affidavits from evaluating physicians, who must specifically testify about the patient's mental condition, potential danger to self or others, and need for treatment**. Additionally, the bill maintains existing provisions about record-keeping, allowing for stenographic or electronic recording of proceedings, and preserves the patient's right to request a hearing transcript, with provisions for counties to cover transcript costs if the patient cannot afford them. The changes aim to provide **a more structured and standardized approach** to evaluating a patient's mental health status during court-ordered treatment hearings.

AZ SB1604 | BillTrack50

This bill amends Arizona law regarding **secure behavioral health residential facilities**, which are specialized treatment centers for individuals with serious mental illness who have been court-ordered to receive treatment. The key provisions include clarifying that **these facilities can only serve patients committed through specific court orders** (sections 36-550.09 or 13-4521), and importantly, introducing a **new requirement that patients committed under different sections cannot be treated in the same facility**. The bill maintains the existing limit of 16 beds per facility and continues the requirement for an annual report by the Arizona Health Care Cost Containment System (AHCCCS) administration, which must detail the use of appropriated funds and the number of available beds in secure behavioral health residential facilities.

Colorado

CO HB1002 | BillTrack50

This bill amends Colorado law to **strengthen insurance coverage requirements for behavioral, mental health, and substance use disorder treatments** by establishing

more rigorous standards for health benefit plans. The bill requires insurers to provide coverage for mental health and substance use disorder services that is equivalent to coverage for physical illnesses, **prohibiting discriminatory benefit designs**. It mandates that utilization review criteria must be consistent with current generally accepted standards of care, and insurers must use criteria from unaffiliated, nationally recognized not-for-profit clinical specialty associations when reviewing mental health and substance use disorder treatments. The bill introduces **new definitions** for terms like **"medically necessary treatment"** and **"generally accepted standards of care,"** and requires insurers to provide meaningful benefits for mental health conditions in every classification where medical or surgical benefits are provided. Additionally, the bill **prevents insurers from reversing medical necessity determinations through claim reviews**, establishes **procedures for accessing out-of-network providers** when necessary, and **gives the insurance commissioner authority** to adopt rules ensuring compliance. The legislation aims to reduce barriers to mental health and substance use disorder treatment by creating more transparent and equitable insurance coverage standards.

CO HB1049 | BillTrack50

This bill **enhances communication rights** for individuals who are **arrested, imprisoned, or in custody** by establishing clearer definitions and **expanding access to legal representation**. It strengthens existing laws by explicitly **guaranteeing arrested persons the right to communicate** with an **attorney and family** members through reasonable telephone calls or other communication methods, and **mandates that these communications be permitted at the earliest possible time after arrival** at a confinement facility. The bill also requires that peace officers and facility staff provide attorneys or their authorized representatives the ability to communicate with confined persons through **various electronic methods**, **including telephone calls and interactive audiovisual conferencing**, with the communication being private, unrecorded, and **at no cost to the confined person or attorney**. Additionally, the bill ensures that when a person is about to be moved out of state, they are entitled to a reasonable delay to obtain counsel and protect their personal liberty. These provisions aim to protect the legal rights of individuals in custody and facilitate their access to legal representation.

CO HB1058 | BillTrack50

This bill provides modifications to Colorado's legal framework regarding the Not Guilty by Reason of Insanity (NGRI) defense, with several key provisions. Specifically, the bill makes technical changes to **how mental conditions are defined**, including specifying that an abnormality manifested only by repeated criminal conduct does not constitute a mental disease or defect. Additionally, the bill **provides more detailed guidelines for mental**

health examinations, including **requirements for video and audio recording of evaluations** and **protections to preserve the defendant's presumption of innocence** during such examinations.

CO SB009 | BillTrack50

This bill establishes procedures for recognizing and enforcing tribal court orders in Colorado, specifically focusing on arrest warrants and **behavioral health commitment orders**. For behavioral health commitment orders, the bill **mandates that state entities (including courts, hospitals, law enforcement, and healthcare providers) recognize tribal court commitment orders with the same legal standing as state court orders**. This includes allowing communication between healthcare providers and tribal court officers about a patient's treatment and status and requiring recognition of orders rescinding original commitment orders.

CO SB041 | BillTrack50

This bill addresses **competency issues in the criminal justice system** by making several key changes to how individuals who may be incompetent to stand trial are handled. The bill **creates a new Bridges Wraparound Care Program** that **allows the state to continue providing services to defendants for up to 90 days after their charges are dismissed due to incompetency and permits the state to enter agreements for permanent supportive housing for these individuals.** It requires the state to collect residency information for people whose charges are dismissed or who are referred to the program. The bill also modifies existing laws to **extend the time for competency evaluations from 7 to 14 days**, **requires more thorough review of prior competency opinions**, and adds **new provisions for how courts handle cases involving potentially incompetent defendants**. Additionally, the bill introduces provisions to toll (pause) time limitations for criminal proceedings when a defendant is in a competency-related diversion program or when a case is dismissed to **facilitate short-term mental health treatment**. **The legislation aims to improve mental health services and procedural fairness for individuals with potential competency challenges in the criminal justice system, with a focus on providing appropriate support and treatment.**

CO SB042 | BillTrack50

This bill addresses Colorado's **behavioral health crisis response** by establishing a **comprehensive review and reporting process**. The **Department of Public Safety and the Behavioral Health Administration will collaborate** to identify and compile information **about existing community-based crisis response programs, such as co-responder, alternative response, and mobile crisis response programs**. By June 30, 2026, they will

consult with a diverse group of stakeholders, including healthcare providers, law enforcement, emergency services, and community organizations, to understand the unique resources and models used in different communities. The bill requires the **compilation of a public report detailing existing resources, identifying reimbursement gaps in behavioral health crisis care, and developing recommendations to address these gaps**. Additionally, the **bill mandates that hospitals can only discharge patients on emergency mental health holds if they no longer meet the hold criteria and requires state reimbursement for mental health treatment stays at institutions for mental diseases for up to 60 days.** The Behavioral Health Administration must also report to legislative committees by January 1, 2027, about reimbursement options and funding opportunities at state and federal levels to improve the behavioral health crisis response continuum.

Florida

FL H1091 | BillTrack50

This bill addresses **multiple aspects of substance abuse and mental health care** in Florida, with a **primary focus on expanding and improving mental health crisis services**. The legislation **introduces the 988 suicide and crisis lifeline call center** as a key component of crisis services, requiring the Department of Children and Families to authorize and provide oversight of these centers. The bill **modifies several statutes** related to mental health treatment, including **provisions for involuntary placement, guardian advocates, and expert evaluations**. It establishes **new requirements for clinical psychologists and mental health professionals**, specifying training and experience standards for those conducting mental health evaluations and making placement determinations. The bill also **updates procedures for continued involuntary services, allowing administrative law judges to issue orders for involuntary services and ensuring patients have representation through public defenders**.

Georgia

GA SB132 | BillTrack50

This **bill modifies Georgia's legal procedures for evaluating the mental competency of accused individuals**, introducing several key changes. Under the new law, when a court becomes aware of potential mental competency issues, a **hearing must be held if the information comes from the accused or their attorney**. The bill establishes **different procedures for nonviolent misdemeanor cases**, including **shorter evaluation periods (45 days instead of 90) and an automatic dismissal of charges if the accused remains incompetent after 120 days of treatment**. For more serious cases, the evaluation period

remains 90 days, with the possibility of up to nine months of treatment if there's a substantial probability of restoring competency. The bill also clarifies the release and handling of competency evaluation reports, ensuring they remain sealed except when shared with the accused and prosecuting attorney. Additionally, the legislation updates the **Department of Behavioral Health and Developmental Disabilities' authority** to receive and handle conviction data for employment screening purposes, **expanding their ability to conduct criminal background checks on individuals who work with or are in contact with department clients.**

Idaho

ID S1024 | BillTrack50

This bill amends Idaho law **to comprehensively update and clarify regulations surrounding mental health and substance use disorder services for children, adolescents, and adults**. The bill **introduces new definitions and eligibility screening processes for mental health and substance use disorder services**, requiring individuals to meet specific criteria such as age, residency, diagnosis, and functional impairment to access services. It establishes **requirements for substance use disorder personnel**, including qualifications for professionals and trainees, and allows for waivers in certain background check denial situations. The bill also **provides guidance on service provider selection, residential treatment services, and financial responsibility for treatment**. Additionally, it **defines key terms like "serious mental illness" and "serious and persistent mental illness,"** and **creates pathways for individuals to access mental health and substance use disorder services through structured eligibility screenings**. The legislation aims to standardize and improve mental health and substance use disorder service delivery across Idaho, with most provisions set to take effect on July 1, 2025.

Louisiana

LA HB137 | BillTrack50

This bill amends Louisiana law to **expand the list of professionals who can conduct telehealth examinations for emergency certificates to include psychologists and medical psychologists**. Under the revised law, these professionals **can now evaluate a patient remotely via video conferencing technology when determining if an individual needs immediate mental health treatment**, but with an **important stipulation: a licensed healthcare professional must be physically present in the examination room with the patient during the video conference to assist with gathering necessary information**. This change provides more flexibility in mental health assessments,

particularly in situations where in-person evaluations might be challenging, while ensuring that there is still direct professional support present during the telehealth examination.

Mississippi

MS HB1404 | BillTrack50

This bill addresses several **modifications to Mississippi's mental health commitment and treatment laws.** The key provisions include **creating an exemption from the pre-affidavit screening requirement for individuals already being treated in a licensed acute psychiatric hospital who have already undergone two qualified professional evaluations, provided the hospital notifies the community mental health center at least 24 hours before filing a commitment affidavit.** The bill also **requires community mental health centers to submit quarterly reports to county boards of supervisors** using a standard form developed by the State Department of Mental Health and adds a definition for "interested person" in the context of alcohol and drug treatment commitments. Additionally, the bill makes several technical amendments to existing statutes to conform with these changes, such as **updating language around commitment procedures and screening processes**. The modifications aim to streamline the mental health commitment process, reduce administrative burdens, and provide more clarity in the procedures for involuntary commitment of individuals with mental health, alcohol, or drug-related issues.

Montana

MT SB191 | BillTrack50

This bill establishes a comprehensive **framework for licensing residential treatment centers** (RTCs) in Montana, focusing on creating **standards to ensure safe and effective mental health care for youth under 19 years old**. The Department of Public Health and Human Services is tasked with developing detailed licensing regulations, including requirements for staff-to-patient ratios, staff qualifications, training, treatment services, insurance, background checks, and policies for suicide prevention and abuse reporting. Importantly, RTCs must obtain accreditation from an entity approved by the Centers for Medicare and Medicaid Services, with provisions for a 6-month provisional license (up to one year total) while pursuing full accreditation. The bill also updates existing educational statutes to incorporate residential treatment centers, ensuring that children in these facilities receive **appropriate educational opportunities** consistent with their individual needs, whether they have disabilities or not. By defining RTCs as facilities providing comprehensive mental health services including assessment, counseling, skilled nursing,

medication management, and behavioral health treatment, the legislation aims to create a **structured approach to supporting youth with complex mental health challenges who cannot be adequately served in other settings**.

MT SB317 | BillTrack50

This bill amends Montana's health insurance regulations to **prohibit prior authorization for certain psychiatric drugs under specific circumstances**. The legislation prevents health insurance issuers from requiring prior authorization **for psychiatric prescription drugs** that are designated as being **in shortage**, based on the official shortage list published quarterly by the United States Food and Drug Administration (FDA). The bill also introduces a provision that **manufacturers of drugs subject to this shortage exemption cannot engage in predatory pricing or marketing related to the drug shortage**, with potential enforcement and penalties under state commercial regulations. The bill expands existing prior authorization restrictions, which already prevent such requirements for generic drugs, drugs with previously approved authorizations, and drugs with adjusted dosages. Specifically, the new **provision ensures that patients can more easily access psychiatric medications during supply shortages**, **potentially reducing barriers to mental health treatment** by streamlining the prescription process during times of limited drug availability.

MT SB429 | BillTrack50

This bill generally revises laws related to determining and restoring fitness in criminal proceedings, focusing on several key areas. The bill clarifies what constitutes contempt of court, **modifies commitment procedures for mental health examinations**, and establishes **new protocols for the involuntary administration of medication to defendants deemed unfit to proceed**. Specifically, it provides that a defendant's inability to be admitted to a mental health facility is not contempt under certain circumstances, such as lack of available beds or insufficient medical information. The **bill establishes a prioritization system for admissions to the Montana State Hospital, with first priority given to pretrial defendants ordered for evaluation and treatment**. It also creates **more detailed procedures for court-ordered mental health evaluations**, including restrictions on what types of opinions can be included in examination reports. Additionally, the bill outlines **new processes for involuntary medication**, requiring specific criteria to be met and establishing review committees and hearing procedures. The **legislation aims to balance the rights of defendants with the need for appropriate mental health treatment in the criminal justice system**, providing more comprehensive and nuanced guidelines for handling cases involving defendants with mental health challenges.

MT SB430 | BillTrack50

This bill generally revises Montana's laws related to **civil commitment and emergency detention of mentally ill persons**. It introduces several key changes to how individuals with mental health issues can be detained, committed, and transferred between facilities. The bill **expands the definition of an "emergency situation" to include scenarios where a person appears to require commitment due to mental health challenges and** adds more specific criteria for when a person can be detained. It establishes **new requirements for transporting and transferring individuals to mental health facilities**, with the **Montana State Hospital now designated as a "placement of last resort".** The bill also modifies provisions around contempt of court, particularly in situations involving mental health commitments, and clarifies that facilities cannot be forced to accept a patient if doing so would exceed their licensed capacity. Additionally, the bill provides more detailed guidelines for court-ordered commitments, **emphasizing the need to choose the least restrictive treatment alternatives** and requiring courts to make specific findings of fact when ordering commitment. The legislation **aims to provide more structured and thoughtful approaches to managing mental health emergencies while protecting the rights of individuals experiencing mental health challenges**.

MT SB435 | BillTrack50

This bill **updates Montana's laws related to mental health holds and legal proceedings for individuals with mental health conditions**. The key provisions include **establishing a standardized 72-hour mental health hold process**, where a mental health professional can detain an individual who presents a danger to themselves or others or cannot provide for their basic needs. During this hold, the **individual must be evaluated within 24 hours**, and the **mental health professional must provide a report recommending further treatment or potential commitment**. The bill also modifies existing statutes to **clarify rights during mental health proceedings**, specifically addressing when and how hearings can be conducted using electronic audio-video communication. **Importantly, the bill emphasizes that an individual's right to counsel and treatment cannot be waived, but their right to be physically present at a hearing can be waived under specific circumstances, such as when their presence might negatively impact their mental health**. The bill also provides **guidelines for who will cover the costs of mental health examinations, detention, and treatment**, prioritizing the individual's own resources, insurance, public assistance programs, and ultimately the county of residence. These **changes aim to provide a more structured and compassionate approach to managing mental health emergencies and legal proceedings**.

MT SB524 | BillTrack50

This bill **revises laws related to Category D assisted living facilities**, introducing several key changes to how these specialized care facilities can operate and serve individuals with mental health needs. The bill **allows Category D assisted living facilities to be independent or co-located with other licensed facilities but limits them to a maximum of 15 residents**. Importantly**, these facilities are not required to use seclusion, chemical restraints, or physical restraints, but if they choose to do so, they must receive prior authorization and develop specific policies**. The legislation aims to **provide an alternative to involuntary commitment at the Montana State Hospital by creating a more flexible and potentially less restrictive option for individuals with mental health challenges**. The bill requires the Department of Public Health and Human Services to provide technical assistance to these facilities and develop a specialized reimbursement model that supports their unique care needs. **The goal is to create a more individualized and supportive environment for residents while providing a pathway for diversion from more restrictive institutional settings.** The bill includes provisions for court-ordered commitment to these facilities, with specific criteria for eligibility and a focus on finding the least restrictive treatment option for individuals with mental health disorders. The legislation is set to terminate on June 30, 2029, allowing for periodic review and adjustment of these new provisions.

North Dakota

ND HB1468 | BillTrack50

This bill provides a **$16,000,000 appropriation** from the strategic investment and improvements fund to the North Dakota Department of Health and Human Services for a **behavioral health facility grant during the 2025-2027 biennium**. The grant aims to **increase the number of behavioral health beds** in the west central human service center region by supporting an entity that will add at least **30 new inpatient behavioral health beds**. To receive the grant, the **recipient must operate the facility for at least ten years**, with a **sliding scale repayment requirement if the facility closes early** (10% of the grant is forgiven for each year of operation). The grant will only be awarded after the physical infrastructure is complete, and the entity demonstrates adequate staffing plans. Notably, the bill exempts this grant process from the standard state procurement and selection requirements (chapter 54-44.4), providing flexibility in the grant allocation. The goal appears to be **addressing a regional shortage of behavioral health care capacity** by incentivizing the expansion of inpatient mental health services.

ND SB2113 | BillTrack50

This bill reimagines North Dakota's behavioral health service delivery system by **replacing regional human service centers with state-operated behavioral health clinics**. The bill makes **comprehensive changes across multiple sections of state law to rename and redefine these clinics, including modifying their powers, duties, and governance structures**. Key provisions include establishing a new definition for "state-operated behavioral health clinic", creating a **certification process for community behavioral health clinics, extending treatment hearing timelines from four to five days in certain mental health proceedings**, and modifying the cross-disability advisory council's membership and structure. The bill also introduces a **new financing mechanism** for health and human services through a special fund within the state treasury and requires clinics to participate in a behavioral health bed management system. Additionally, the legislation **expands information-sharing capabilities** between department divisions and adds new powers to the Department of Health and Human Services, such as the ability to pay stipends to service recipients or providers who serve on councils or boards. The changes **aim to improve behavioral health service delivery, increase flexibility, and enhance coordination of mental health and substance use disorder services across North Dakota**.

ND SB2291 | BillTrack50

This bill comprehensively updates North Dakota's **guardianship and conservatorship laws to improve protections for wards** and clarify legal procedures. It introduces several key changes, including **expanding the definition of an "incapacitated person**", creating **new provisions for removing, resigning, or replacing guardians**, and establishing more detailed notice requirements for guardianship and conservatorship proceedings. The bill defines an "alternative resource plan" as a potential alternative to guardianship that uses support services like home health aides, powers of attorney, and supported decision-making. It also **strengthens guardians' fiduciary duties, clarifies their liability, and adds provisions requiring guardians to safeguard the ward's civil rights and personal autonomy**. Importantly, the bill mandates that guardians must use the "**least restrictive form of intervention" and involve the ward as fully as possible in decision-making**. The legislation **aims to balance protecting vulnerable individuals with preserving their personal freedom and dignity by providing more structured and compassionate oversight of guardianship and conservatorship arrangements**.

New York

NY State Assembly Bill 2025-A3006C

AMENDMENTS IMPACTING BEHAVIORAL HEALTH IN 2025 NYS BUDGET (“PART EE”)

(PROVISIONS ADOPTED FROM NYC'S "SUPPORTIVE INTERVENTIONS ACT"

This legislative proposal introduces significant reforms to the state's mental health laws to enhance care coordination, improve crisis response, and ensure continuity of treatment for individuals with serious mental illness. Key changes include clarifications to legal standards, expanded roles for mental health professionals, stronger discharge planning requirements, and improved crisis response systems.

Legal and Clinical Framework Updates
The definition of "likely to result in serious harm"—a key standard for involuntary removal or admission—is clarified to explicitly include situations where a person, due to their mental illness, is unable or unwilling to meet basic needs like food, medical care, or shelter. The law is also updated to permit a psychiatric nurse practitioner (Psych NP) to serve as one of the two required clinicians in a "two-physician certificate" (2PC) for involuntary hospitalization, expanding the pool of professionals who can initiate necessary interventions.

Improved Coordination and Communication
Hospitals must now make reasonable efforts to notify community mental health providers when a patient receiving inpatient or emergency psychiatric care is on their caseload. Discharge planning is strengthened significantly: hospitals must coordinate with care managers and community providers, screen for suicide and substance use risk, and ensure follow-up appointments are scheduled within seven days. Patients with complex needs must receive tailored referrals and a clinical handoff to post-discharge care teams.

Support for Families and Community Integration
The law expands who can petition for mental health evaluations and Assisted Outpatient Treatment (AOT) by adding domestic partners to the list of eligible individuals. It also allows, with patient consent, for discharge plans to be shared with family members or close contacts.

AOT criteria are also refined to allow for easier re-entry into treatment for individuals who relapse within six months of leaving the program. Prior non-compliance with treatment will no longer disqualify someone from being found likely to benefit from AOT.

Enhanced Crisis Response
Police officers initiating involuntary removals must request EMS transport when practical, to prioritize medical safety and trauma-informed care—standard practice in NYC. A new **Behavioral Health Crisis Technical Assistance Center**, jointly operated by OMH and OASAS, will support local governments in developing public health-led responses to crises,

improve coordination between 911 and 988 systems, and promote best practices through training and consultation.

Law Enforcement Training and Standards
The **Municipal Police Training Council** is tasked with developing standardized policies for responding to mental health crises. All officers must complete training in crisis intervention, de-escalation, and diversion from the criminal justice system. Current officers must be trained within 36 months (24 months in NYC). Completion of this training is now a requirement for police certification.

Privacy Protections
The bill strengthens privacy protections by ensuring mental health and substance use crisis records held by 911 systems are kept confidential and cannot be used for commercial purposes.

Oregon

OR HB2915 | BillTrack50

This bill amends Oregon Revised Statute (ORS) 179.505 **to allow health care services providers to disclose written accounts (medical records containing individually identifiable health information) to the Psychiatric Security Review Board for individuals who are conditionally released to the Department of Corrections**. Specifically, the bill adds a new provision under the section detailing permissible disclosures of written accounts, allowing such disclosure for individuals currently under the board's jurisdiction and conditionally released, as provided in ORS 161.336 and in the manner described in the conditional release order. This change **provides a clear legal pathway for sharing medical information with the Psychiatric Security Review Board in cases involving individuals who have been conditionally released from institutional settings, potentially improving oversight and management of such cases**. The bill maintains existing strict confidentiality protections for medical records while creating a specific exception for this particular circumstance involving the Psychiatric Security Review Board.

OR SB834 | BillTrack50

This bill makes several modifications to Oregon's mental health treatment laws, primarily focusing on state hospitals and mental health facilities. The bill **clarifies that Oregon State Hospitals in Salem and Junction City are exclusively for inpatient care of persons with mental illness over 18 years old, explicitly prohibiting treatment of individuals under 18**. It **revises various statutes related to voluntary and involuntary mental health hospitalizations**, **removing previous age-specific provisions that**

allowed minors to be admitted with parental consent. The **bill updates language around commitment procedures**, including **how certified evaluators assess defendants' fitness to proceed** and the **conditions under which individuals can be committed to state mental health facilities**. Additionally, the bill introduces **more flexible provisions for community mental health programs to determine appropriate care and restoration services**, particularly **for defendants with mental health challenges**. The changes aim to streamline mental health treatment processes, clarify age restrictions, and provide more nuanced approaches to assessing and treating individuals with mental health conditions within the legal system.

Utah

UT HB0039 | BillTrack50

This bill **addresses health care services for individuals involved in the criminal justice system,** with a focus **on improving medical care and support for inmates and offenders.** The **bill requires the Department of Health and Human Services to collaborate with the Department of Corrections to provide comprehensive health care to inmates**, including creating policies, developing performance measures, and **implementing a telehealth psychiatric consultation program**. The legislation mandates the department to study and potentially implement medical monitoring technology in correctional facilities and establish an electronic health record system. Additionally, the bill **requires the department to contract with psychiatrists to fill correctional psychiatric positions and provide annual reports on health care staffing and service delivery**. For offenders with mental health issues, the bill introduces a new coordination process between the Department of Corrections and local mental health authorities to **ensure appropriate clinical assessments, treatment planning, and support services are provided before and after an offender's release**. The bill also includes **provisions for potential civil commitment, assisted outpatient treatment, and assignment to community treatment teams for eligible offenders with mental health needs.**

UT HB0056 | BillTrack50

This bill makes several **modifications to Utah's civil commitment laws** for individuals with mental illness or intellectual disabilities, focusing primarily **on improving discharge procedures and patient rights**. Specifically, the bill **streamlines and standardizes discharge instructions for individuals temporarily or involuntarily committed, requiring local mental health authorities and intermediate care facilities to provide more comprehensive and patient-centered guidance upon release**. Key changes include **mandating information about crisis hotlines, peer support services,**

medication changes, and how to contact healthcare providers, while removing some more detailed medical documentation requirements. The bill also introduces **flexibility in how discharge instructions are delivered, allowing patients to choose between paper or electronic formats**. Additionally, the bill slightly modifies some procedural aspects of commitment processes, such as changing references from "legal holidays" to "state holidays" and giving more discretion to healthcare providers in sharing patient information. The effective date of the bill is set for May 7, 2025, indicating a planned implementation timeline that allows institutions time to prepare for the new requirements. Overall, the bill **aims to enhance the transition process and support for individuals after mental health or intellectual disability commitments by providing more meaningful and accessible discharge information**.

UT HB0167 | BillTrack50

This bill aims to **improve** offender **reintegration and support services** in Utah by making several key changes across multiple areas of law. The bill creates a **new Rehabilitation and Reentry Services Special Revenue Fund with $2 million** in initial funding to provide direct services to offenders, including **educational services, job training, life skills training, job placement assistance, housing support, and health services**. It modifies local criminal justice coordinating councils to include more specific goals around connecting residents on probation or parole with **critical resources like housing, employment, and mental health services**. The bill **also adjusts public employment regulations to be more inclusive of individuals with criminal histories, reducing barriers to employment** by preventing employers from automatically disqualifying job applicants based on past convictions, particularly for mental health professionals. Additionally, the legislation enables the Department of Corrections to procure technology services that can help coordinate services across agencies and improve accountability for individuals on probation or parole. The bill demonstrates a **comprehensive approach to supporting offender reintegration by addressing employment, service coordination, and direct support mechanisms, with the ultimate goal of reducing recidivism and helping individuals successfully return to their communities.**

UT HB0276 | BillTrack50

This bill makes numerous technical amendments to various statutes related to **mental health commitments, competency proceedings**, and definitions across multiple areas of Utah law. The bill focuses on clarifying and updating procedures for involuntary commitment, patient rights, competency evaluations, and terminology related to mental health and intellectual disabilities. Key changes include: Revising definitions related to intellectual disabilities and mental health, including updating terminology and aligning

definitions across different sections of Utah Code. The bill **modifies processes for involuntary commitment proceedings for both adults and minors, expanding patient rights and adding more specific procedural requirements for commitment hearings and evaluations**. It introduces **new provisions for patient rights during commitment, such as the right to communicate with attorneys, receive visitors, and have access to personal belongings**. The bill also updates procedures for competency evaluations in criminal and juvenile proceedings, **including more specific guidelines for forensic evaluators, reporting requirements, and standards for determining a person's competency to stand trial.** Additionally, the bill modifies timelines and processes for commitment and release, including **more detailed requirements for discharge instructions and follow-up care**. The changes aim to provide more comprehensive protections and clearer procedures for individuals undergoing mental health evaluations and commitments while ensuring their rights are respected throughout the process.

UT HB0347 | BillTrack50

This bill makes several amendments to Utah's social services and healthcare programs, focusing on areas such as **Medicaid, mental health, substance use treatment**, and licensing. The bill introduces a new **"deemed site" status for substance use and mental health treatment providers**, allowing facilities that meet certain accreditation and performance standards to opt out of routine on-site renewal inspections. It modifies the Medicaid drug program by **adjusting rules around preferred drug lists, particularly for atypical anti-psychotic and psychotropic medications, ensuring that patients who are stabilized on specific drugs can continue their treatments**. The bill also **expands Medicaid coverage for inmates preparing for release by applying for a waiver to provide limited healthcare benefits up to 90 days before release**, including services like **reentry case management and medication-assisted treatment**. Additionally, the bill makes technical changes to various definitions and responsibilities within the Division of Integrated Healthcare, updates the membership of the Utah Substance Use and Mental Health Advisory Committee, and includes appropriations for specific behavioral health and homeless services programs.

Virginia

VA HB1552 | BillTrack50

This bill modifies regulations for critical access hospitals in Virginia regarding their use of **swing beds**, which are hospital beds that can be used flexibly to provide skilled nursing care. Currently, hospitals are limited to using up to 10 percent of their beds as swing beds, but this bill allows critical access hospitals to use an average of up to 10 swing beds per

day when calculated over their fiscal year. The bill includes several important provisions: the hospital must make a good faith effort to place patients in certified nursing facilities before exceeding the 10-bed limit, they cannot have more than 15 swing beds per day for more than five consecutive days, and if they exceed the average in a fiscal year, they have one year to reduce their swing bed usage. Additionally, the State Commissioner of Health is required to collect and publicly share annual data from critical access hospitals using this fiscal year averaging method. The bill includes a sunset provision, meaning these new provisions will expire on July 1, 2028, unless renewed. This change is intended to provide critical access hospitals, typically located in rural areas, with **more flexibility in managing patient care and bed utilization.**

VA HB1845 | BillTrack50

This bill modifies Virginia law regarding the **time limits for prosecuting felony cases after a probable cause finding**. Currently, if an accused person is held in custody, they must be tried within five months of a probable cause determination, or within nine months if released on recognizance. The bill specifically clarifies **and expands an exception to these time limits related to competency evaluations**. It adds language explicitly stating that **the time periods for prosecution are paused during evaluations or restoration proceedings related to the defendant's competency or insanity**, as outlined in Chapter 11 of the Virginia Code. This means that time spent conducting competency assessments or treatment to restore a defendant's mental capacity to stand trial will not count against the prosecution's time limits for bringing the case to trial. The modification ensures that prosecutors are not penalized for necessary mental health assessments and provides a clear legal mechanism for pausing the prosecution timeline when a defendant's mental competency is in question. The **bill uses technical legal language to precisely amend the existing statute, ensuring that competency-related proceedings do not trigger automatic dismissal of criminal charges.**

VA HB1895 | BillTrack50

This bill **amends the definition of "psychiatric emergency department**" in Virginia's code related to involuntary temporary detention orders, specifically for hospitals in the City of Hampton. The bill **removes the requirement that such a department be located adjacent to a facility licensed by the Department of Behavioral Health and Developmental Services**, and instead adds **new licensing requirements**: the psychiatric emergency department **must now be licensed by either the Department of Behavioral Health and Developmental Services or the Department of Health**. Additionally, the bill **mandates that at least one physician who is primarily responsible for the emergency department must be physically present and on duty at all times** the hospital is operating

as an emergency service. The legislation is time-limited, with an expiration date of July 1, 2026, and is **designed to enable certain trained individuals to perform evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment.** This change aims to provide **more flexibility** in how psychiatric emergency departments are defined and operated, **potentially increasing access to mental health evaluation and treatment services in the specified location**.

VA HB1937 | BillTrack50

This bill establishes a **comprehensive acute psychiatric bed registry** in Virginia designed to help healthcare providers **quickly locate available psychiatric treatment beds**. The registry will provide **real-time information** about available beds in public and private inpatient psychiatric facilities and crisis stabilization units, **including details such as bed type, security level, and patient admission criteria**. The bill creates a Bed Registry Advisory Council composed of representatives from various healthcare organizations who will oversee the registry's operations, review data access requests, and ensure patient privacy. The Commissioner of Behavioral Health and Developmental Services is authorized to contract with a private entity to develop and administer the registry, with mandatory provisions to protect patient privacy and data security in compliance with federal laws like HIPAA. Importantly, the bill includes a Virginia Freedom of Information Act exemption, meaning that individual patient information submitted to the registry will remain confidential. All state facilities, community services boards, behavioral health authorities, and private inpatient providers are required to participate in the registry and update their bed availability information at least daily, with the **ultimate goal of facilitating appropriate and timely psychiatric care placement for individuals in need**.

VA HB2738 | BillTrack50

This bill amends Virginia's health insurance code to **enhance coverage for mental health and substance abuse disorders by establishing clear definitions and requirements for health insurance providers**. The bill introduces **comprehensive definitions for terms** like "**generally accepted standards of mental health or substance use disorder care**" and "**medically necessary**", which emphasize **evidence-based, clinically appropriate treatments that address patients' specific needs**. It **mandates that health insurance coverage for mental health and substance use disorders must apply these standards consistently for children, adolescents, and adults, ensuring that utilization reviews, medical necessity determinations, and prior authorizations are conducted using uniform, scientifically-recognized criteria**. The **legislation requires insurers to provide mental health benefits that are on par with medical and surgical benefits, in line with the federal Mental Health Parity and Addiction Equity Act, and explicitly prohibits**

insurers from applying more restrictive or conflicting criteria than those established by professional medical standards. Additionally, the bill requires the Bureau of Insurance to develop **annual reporting requirements and compile a public report** detailing how health carriers are implementing these mental health coverage provisions, including an **analysis of denied claims, network adequacy, and compliance with parity requirements**.

VA SB804 | BillTrack50

This bill amends Virginia Code § 19.2-243 to modify the limitations on prosecuting felonies based on the time elapsed after a probable cause finding. The bill clarifies and slightly modifies existing language about time periods for prosecuting felonies, specifically focusing on how time is calculated when an individual is in custody or has been released on recognizance. The key change involves **explicitly excluding time spent on competency evaluations or restoration proceedings from the calculation of prosecution time limits**. The bill specifies **that if a defendant is held continuously in custody, they must be tried within five months of a probable cause finding, or within nine months if released on recognizance**. The bill also adds specific language about competency evaluations, noting that time spent on evaluations or restoration of competency (as defined in Chapter 11 of the Virginia Code) will not count against the prosecution's time limit for bringing a case to trial. Additionally, the bill makes some minor grammatical adjustments, such as changing "five" and "nine months" to "five-month" and "nine-month" periods. These modifications **provide more precise guidelines for criminal prosecutions and ensure that competency-related proceedings do not unfairly impact a defendant's right to a timely trial.**

VA SB819 | BillTrack50

This bill aims to enhance mental health care by requiring health care professionals and evaluators to **consider referring individuals to community-based outpatient stabilization programs for voluntary treatment in various mental health-related scenarios**. Specifically, the bill adds provisions that **mandate consideration of referral to these community-based programs in situations such as emergency custody orders, temporary detention orders, and release from psychiatric facilities**. These referrals would **occur when an individual does not meet the criteria for involuntary detention or hospitalization, but may still benefit from voluntary mental health treatment**. The bill **applies to various stages of mental health evaluation and intervention, including initial emergency evaluations, temporary detention assessments, commitment hearings, and discharge processes**. By explicitly requiring professionals to consider these voluntary community-based programs, the legislation **aims to provide more comprehensive and**

less restrictive mental health support, potentially helping individuals access treatment before their conditions escalate to requiring involuntary intervention. The community-based outpatient stabilization programs are designed to offer voluntary mental health treatment and support in a less intensive setting than hospitalization.

VA SB838 | BillTrack50

This bill addresses the **regulation and oversight of recovery residences** (housing facilities for individuals with substance abuse disorders) by making several key changes. The bill modifies existing law to allow the Department of Behavioral Health and Developmental Services to issue provisional six-month certifications to recovery residences that are working towards full accreditation, with the possibility of a three-month extension. Importantly, the bill changes the penalty for operating an uncertified recovery residence from a civil penalty to a Class 1 misdemeanor. The bill also **establishes a work group tasked with developing comprehensive guidelines for recovery residences, including creating a uniform set of certification criteria, establishing a Residents' Bill of Rights, developing protocols for resident complaints and investigations, defining standards for recovery residence operators and house managers, and creating methods for local inspections**. The work group, which will include representatives from various addiction and recovery organizations, is required to submit its findings and recommendations to the General Assembly by November 1, 2025. Additionally, the bill **mandates that recovery residences disclose their credentialing entity to prospective residents and requires the Department to maintain a public list of conditionally and fully certified recovery residences with specific details about each facility.**

Washington

WA HB1359 | BillTrack50

This bill establishes a **comprehensive task force to review and modernize** Washington **state laws related to criminal insanity and competency to stand trial**. The task force will consist of **36 members representing various stakeholders**, including government agencies, courts, prosecutors, defense attorneys, law enforcement, victims' advocates, mental health organizations, and individuals with direct lived experience in the forensic mental health system. The group's primary objectives are to comprehensively review Chapter 10.77 RCW, identify and remove administrative barriers, consider language changes that promote patient-centered terminology, reduce stigma, and improve understanding of competency evaluation processes. The task force is required to **make recommendations for law changes that would facilitate diversion, effective treatment, and responsible hospital discharges**. All meetings will be held virtually, and the task force

must submit its findings and recommendations to the governor and legislature by December 1, 2026. Additionally, the bill includes provisions for recodifying existing statutes and decodifying certain sections of law, with an expiration date of December 31, 2026. The bill will become null and void if specific funding is not provided by June 30, 2025.

WA HB1813 | BillTrack50

This bill focuses on **improving medical assistance services**, particularly **behavioral health crisis services for Medicaid enrollees** in Washington state. The legislation requires the Health Care Authority to consult quarterly with other departments **to plan for new or expanded services in regional service areas, and to adjust Medicaid managed care rates to reflect these changes**. The bill **mandates that the reprocurement of services include stakeholder input from tribes, patient groups, healthcare providers, and others, and requires developing methodologies to measure network access and adequacy for behavioral health services**. Key provisions include **establishing a 24/7 behavioral health crisis hotline, expanding crisis response services, and creating new coordination mechanisms between managed care organizations and behavioral health administrative services organizations.** By July 1, 2026, managed care organizations must expand delegation arrangements for crisis services, including mobile crisis teams, peer support, and crisis stabilization services. The bill also requires the **development of standardized electronic care coordination data-sharing standards** and **creates an operational plan for a statewide behavioral health administrative services organization serving American Indians and Alaska Natives**. Importantly, the bill's implementation is contingent on specific funding being provided in the omnibus appropriations act by June 30, 2025.

WA SB5128 | BillTrack50

This bill aims to clarify and **improve medical services for individuals in juvenile detention** facilities by making several key changes to existing state laws. It builds upon previous legislation from 2021 that sought to ensure continuity of Medicaid coverage for incarcerated youth. The bill **requires the Health Care Authority (HCA) to suspend rather than terminate medical assistance benefits for individuals in detention facilities, and allows individuals to apply for medical assistance during their confinement**, regardless of their known release date. Specifically, **during the first 29 days of confinement, a person's Medicaid enrollment status cannot be affected**, and **after 29 days**, their medical assistance **can be suspended or kept in a suspense status**. The bill also mandates that the HCA collaborate with various agencies and organizations to **establish procedures for quickly reinstating medical assistance upon release, including mechanisms for receiving applications, reviewing eligibility, and providing medical**

service identity cards. Additionally, the bill **requires the HCA to submit a report by December 1, 2025, detailing its efforts to implement federal requirements for screening, diagnostic, and case management services for juveniles before and after their release from detention facilities**. The legislation is set to expire on July 1, 2026, and includes a provision ensuring that if any part of the act conflicts with federal funding requirements, only that specific part will be considered inoperative.

WA SB5167 | BillTrack50

This bill provides **appropriations and funding allocations** for various state government agencies for the 2025-2027 fiscal biennium. The bill covers multiple sections of government, with a significant focus on administrative and support services for legislative, judicial, health, and corrections agencies. For the legislative branch, the bill allocates specific funding for entities like the House of Representatives, Senate, Joint Legislative Audit and Review Committee, and various other legislative agencies. It provides detailed instructions on how funds can be used, including requirements for staffing, technology projects, and specific program initiatives. For health-related agencies, the bill includes **substantial funding for the Department of Health, with allocations for various programs including suicide prevention, opioid response, community health services, and technology infrastructure**. It provides specific funding for initiatives like school-based health centers, abortion care access, and naloxone distribution. The Department of Corrections receives funding for administrative support, with specific provisions for reentry services, restrictive housing reduction, and various operational improvements. The bill includes detailed conditions on how these funds can be used, such as **expanding discharge services** and implementing new technology systems. The bill **also establishes guidelines for inter-agency collaboration, particularly through a health and human services enterprise coalition**. It includes provisions for tracking expenditures, implementing specific program initiatives, and ensuring efficient use of state resources. Additionally, the bill contains numerous specific appropriations for various agencies, with detailed instructions on fund usage, including provisions for potential bill implementations, technology projects, and specific program initiatives. It covers a wide range of state government functions, from legislative operations to health services and corrections.

West Virginia

WV HB2347 | BillTrack50

This bill, known as the **Joel Archer Substance Abuse Intervention Act**, introduces **several important changes to West Virginia's mental health and substance use disorder involuntary commitment procedures**. The bill **expands the grounds for involuntary**

hospitalization, particularly for individuals with substance use disorders, by **allowing commitment when a person has lost self-control with substance use and their judgment is so impaired that they cannot recognize their need for treatment**. The legislation **modifies the evidentiary standards for mental health professionals**, provides **additional protections for individuals undergoing commitment proceedings**, and **creates pathways for individuals to potentially have their names removed from mental health registries after completing rehabilitation programs**. Key provisions include **requiring the least restrictive treatment setting**, establishing procedures for probable cause hearings, **and allowing for potential discharge or outpatient treatment when appropriate**. The bill also includes **provisions for monitoring individuals with substance use disorders who may experience medical complications during withdrawal, and it requires medical professionals to recommend close medical monitoring in such cases**. Additionally, the legislation aims to develop statewide systems for mental hygiene petition evaluation and seeks interstate agreements to provide efficient mental health services. Notably, the bill emphasizes that an individual's mere refusal of substance abuse services does not automatically constitute evidence of impaired judgment, providing an important protection for individuals' autonomy.

Wyoming

WY SF0160 | BillTrack50

This bill makes **comprehensive amendments to Wyoming's Court Supervised Treatment Program Act, expanding its scope to include mental health treatment alongside substance use disorder treatment**. The bill replaces the term "substance abuse" with "substance use disorder" throughout existing law and creates new definitions for mental health treatment and mental illness. Key provisions include **allowing court-supervised treatment programs to accept participants from any jurisdiction in the state, authorizing public defenders to serve on treatment program teams and represent participants, and broadening the types of participants who can be included in these programs**. The bill aims to **provide more holistic treatment options for individuals with substance use disorders, mental health issues, or dual diagnoses who have been involved in the criminal justice system**. The legislation **seeks to break cycles of criminal behavior by facilitating judicial supervision, assessment, treatment, and aftercare for participants, with goals of promoting recovery, mental wellness, and reducing the number of people with mental illness in jail and criminal court proceedings**. The bill also requires the Supreme Court to potentially create additional rules to support these expanded court-supervised treatment programs and authorizes rulemaking to implement the changes.