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KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2026 REGULAR SESSION

Amend printed copy of **HB 485/HCS 1**

On page 8, line 1, delete "23", and insert "24" in lieu thereof; and

On page 9, line 24, delete "23", and insert "24" in lieu thereof; and

On page 12, line 4, delete "23", and insert "24" in lieu thereof; and

On page 14, line 1, delete "23", and insert "24" in lieu thereof; and

On page 24, line 3, delete "23", and insert "24" in lieu thereof; and

On page 25, line 12, delete "23", and insert "24" in lieu thereof; and

On page 27, line 9, delete "23", and insert "24" in lieu thereof; and

On page 32, line 16, delete "23", and insert "24" in lieu thereof; and

On page 32, line 27, delete "23", and insert "24" in lieu thereof; and

On page 34, line 16, delete "23", and insert "24" in lieu thereof; and

On page 35, before line 1, insert the following:

"→ SECTION 10. A NEW SECTION OF KRS CHAPTER 202A IS CREATED TO
READ AS FOLLOWS:

(1) By October 1 of each year beginning in 2027, the cabinet in coordination with the
Administrative Office of the Courts shall submit to the Legislative Research Commission
for referral to the Interim Joint Committee on Health Services and the Interim Joint
Committee on Judiciary a report that includes:

(a) The number of:

Amendment No. HFA 1

Rep. Rep. Lisa Willner

Committee Amendment

Signed: _____

Floor Amendment

LCR Drafter: _____

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXX

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1. Petitions filed under Section 4 of this Act;
2. Petitions filed under KRS 202A.0811;
3. Court orders for seventy-two (72) hour hospital admission;
4. Petitions dismissed prior to a final order under Section 4 of this Act or KRS 202A.0819;
5. Petitions that result in an order for involuntary hospitalization under Section 4 of this Act and if the orders were for sixty (60) days or three hundred sixty (360) days of involuntary hospitalization;
6. Petitions that result in an order for outpatient treatment or any other reasonable conditions;
7. Petitions filed following a respondent's violation of court-ordered outpatient treatment or other reasonable conditions;
8. Precertification review hearings conducted under this chapter;
9. Discharge hearings conducted under Section 4 of this Act; and
10. Review hearings conducted under Section 9 of this Act;

(b) The stage of a proceeding under this chapter where a:

1. Petition is dismissed; and
2. Court has ordered a respondent to court-ordered outpatient or any other reasonable conditions;

(c) The length of time a respondent receives treatment under this chapter prior to discharge by a hospital or termination of an order to receive outpatient treatment; and

(d) A summary of the services provided to a respondent who is ordered to involuntary hospitalization or to receive outpatient treatment.

(2) Any hospital, qualified mental health professional, and any other mental health agency

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who evaluates or treats a respondent under this chapter shall be required to report data to the cabinet as required under this section. The cabinet shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.

(3) *The cabinet and the Administrative Office of the Courts shall enter into an agreement to share data necessary to prepare the report required under this section.*

(4) *The report prepared under this section shall not identify specific individuals.*"; and

Renumber subsequent sections accordingly; and

On page 38, line 1, delete "23", and insert "24" in lieu thereof; and

On page 40, line 22, delete "11", and insert "12" in lieu thereof; and

On page 64, between lines 17 and 18, insert the following:

"➔Section 31. By November 1, 2026, the Cabinet for Health and Family Services shall provide a report to the Legislative Research Commission for referral to the Interim Joint Committee on Health Services and the Interim Joint Committee on Judiciary describing the existing services, treatments, and supports for mental illness and serious mental illness available to persons who are subject to proceedings under KRS Chapter 202A and 202C and making recommendations for ways to strengthen, increase, and broaden these services, treatments, and supports as appropriate. The descriptions shall include type of providers, eligibility criteria, accessibility, and geographical locations of the services, treatments, and supports."; and

Renumber the subsequent section accordingly.