

BILL ANALYSIS

C.S.H.B. 1486
By: Price
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties note that peer specialists assist individuals experiencing mental health or substance use disorders by helping the individuals focus on recovery, wellness, self-direction, responsibility, and independent living. The parties also note that, without a defined scope of services, the services peer specialists provide are not reimbursable under the Medicaid program. C.S.H.B. 1486 seeks to address this issue by requiring the Health and Human Services Commission to provide for peer specialists and services.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 1486 amends the Government Code to require the Health and Human Services Commission (HHSC) to develop, and the executive commissioner of HHSC to adopt, with input from mental health and substance use peer specialists and the stakeholder work group established by the bill's provisions, rules that establish training requirements for peer specialists so that they are able to provide services to persons with mental illness or services to persons with substance use conditions, rules that establish certification and supervision requirements for peer specialists, rules that define the scope of services that peer specialists may provide, rules that distinguish peer services from other services that a person must hold a license to provide, and any other rules necessary to protect the health and safety of persons receiving peer services.

C.S.H.B. 1486 requires HHSC to establish a stakeholder work group to provide input for the adoption of such rules and sets out the composition of the work group as appointed by the executive commissioner. The bill requires the executive commissioner to appoint one member of the work group to serve as the presiding officer, requires the work group to meet once every month, and establishes that the work group is automatically abolished on the adoption of those rules. The bill prohibits the executive commissioner from adopting rules that preclude the provision of mental health rehabilitative services under specified provisions of the Texas Administrative Code as those provisions existed on January 1, 2017. The bill adds a temporary provision set to expire September 1, 2019, requiring the executive commissioner, if the executive commissioner has not adopted the rules by September 1, 2018, to submit on that date a written report to the governor, the lieutenant governor, the speaker of the house of representatives, the chair of the Senate Health and Human Services Committee, and the chair of the House Public Health Committee explaining why the rules have not yet been adopted.

C.S.H.B. 1486 amends the Human Resources Code to require HHSC in its rules and standards governing the scope of services provided under Medicaid to include peer services provided by certified peer specialists to the extent permitted by federal law.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1486 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0999 to read as follows:

Sec. 531.0999. PEER SPECIALISTS. With input from mental health and substance use peer specialists and other relevant stakeholders, the commission shall develop and the executive commissioner shall adopt:

- (1) rules that establish training requirements for peer specialists so that they are able to provide services to persons with mental illness and services to persons with substance use conditions;
- (2) rules that establish certification and supervision requirements for peer specialists;
- (3) rules that define the scope of services that peer specialists may provide;
- (4) rules that distinguish peer services from other services that a person must hold a license to provide; and
- (5) any other rules necessary to protect the health and safety of persons receiving peer services.

No equivalent provision.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0999 to read as follows:

Sec. 531.0999. PEER SPECIALISTS. (a) With input from mental health and substance use peer specialists and the work group described by Subsection (b), the commission shall develop and the executive commissioner shall adopt:

- (1) rules that establish training requirements for peer specialists so that they are able to provide services to persons with mental illness or services to persons with substance use conditions;
- (2) rules that establish certification and supervision requirements for peer specialists;
- (3) rules that define the scope of services that peer specialists may provide;
- (4) rules that distinguish peer services from other services that a person must hold a license to provide; and
- (5) any other rules necessary to protect the health and safety of persons receiving peer services.

(b) The commission shall establish a stakeholder work group to provide input for the adoption of rules under Subsection (a). The work group is composed of the following stakeholders appointed by the executive commissioner:

- (1) one representative of each organization that certifies mental health and substance use peer specialists in this state;
- (2) three representatives of organizations that employ mental health and substance use peer specialists;

- (3) one mental health peer specialist who works in an urban area;
- (4) one mental health peer specialist who works in a rural area;
- (5) one substance use peer specialist who works in an urban area;
- (6) one substance use peer specialist who works in a rural area;
- (7) one person who trains mental health peer specialists;
- (8) one person who trains substance use peer specialists;
- (9) three representatives of mental health and addiction licensed health care professional groups who supervise mental health and substance use peer specialists;
- (10) to the extent possible, not more than three persons with personal experience recovering from mental illness, substance use conditions, or co-occurring mental illness and substance use conditions; and
- (11) any other persons considered appropriate by the executive commissioner.

No equivalent provision.

(c) The executive commissioner shall appoint one member of the work group to serve as presiding officer.

No equivalent provision.

(d) The work group shall meet once every month.

No equivalent provision.

(e) The work group is automatically abolished on the adoption of rules under Subsection (a).

No equivalent provision.

(f) The executive commissioner may not adopt rules under Subsection (a) that preclude the provision of mental health rehabilitative services under Subchapter A, Chapter 416, Title 25, Texas Administrative Code, as that subchapter existed on January 1, 2017.

No equivalent provision.

(g) If the executive commissioner has not adopted rules by September 1, 2018, the executive commissioner shall submit on that date a written report to the governor, the lieutenant governor, the speaker of the house of representatives, the chair of the Senate Health and Human Services Committee, and the chair of the House Public Health Committee explaining why the rules have not yet been adopted. This subsection expires September 1, 2019.

SECTION 2. Section 32.024, Human Resources Code, is amended.

SECTION 3. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall adopt the rules required by Section 531.0999, Government Code, as added by this Act.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017.

SECTION 2. Same as introduced version.

SECTION 3. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall:

(1) adopt the rules required by Section 531.0999(a), Government Code, as added by this Act; and

(2) appoint the members of the stakeholder work group established by Section 531.0999(b), Government Code, as added by this Act.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.