

BILL ANALYSIS

C.S.H.B. 2368
By: Miller
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There have been calls for the state's human services system to better address the maladaptive coping skills and behaviors exhibited by certain children within that system, especially with regard to the Medicaid population. It has been suggested that improved knowledge of the brain and body as affected by trauma and insecure attachment will support an understanding of trauma, improve the delivery of trauma-informed care, and reduce misdiagnoses and the over-prescription of certain psychotropic medications. C.S.H.B. 2368 seeks to address these issues by requiring physicians or providers contracted under the STAR Health program who diagnose or provide treatment for behavioral or mental health conditions or who prescribe psychotropic medication to receive training regarding the impact of trauma on children and trauma-informed care.

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 3 of this bill.

ANALYSIS

C.S.H.B. 2368 amends the Government Code to specify that the provision of health care services for which the Health and Human Services Commission (HHSC) is required to establish outcome-based performance measures and incentives to include in each contract between a health maintenance organization and HHSC to recipients that is procured and managed under a value-based purchasing model includes the provision of behavioral and mental health care services. The bill requires such performance measures and incentives for contracts for services to STAR Health program recipients to be designed to facilitate and increase recipients' access to trauma-informed care.

C.S.H.B. 2368 replaces the requirement for a contract between a managed care organization (MCO) and HHSC for the MCO to provide health care services to STAR Health program recipients to include a requirement that trauma-informed care training be offered to each contracted physician or provider with a requirement for such a contract to include a requirement that each contracted physician or provider who diagnoses or provides treatment for a behavioral or mental health condition or prescribes psychotropic medication receive training regarding the impact of trauma on children and trauma-informed care. The bill requires HHSC to determine the appropriate information to include in the training, sets out the information required to be included in the training, and requires HHSC to make at least one opportunity to receive the training available at no cost to each such physician or provider with whom a contract is entered

into or renewed. A physician or provider is not required to complete the training before September 1, 2023, and the implementation of the training must align with the transition of the Department of Family and Protective Services to a trauma-informed system of care as required by H.B. 1536 or similar legislation of the 86th Legislature, 2019, if that bill or similar legislation is enacted and becomes law.

C.S.H.B. 2368 authorizes HHSC to establish outcome-based performance measures and incentives to encourage improved access to trauma-informed care and behavioral and mental health care services for STAR Health program recipients and to support contracted physicians or providers in receiving the required training and additional training in research-supported or evidence-based, trauma-informed, non-pharmacological interventions.

C.S.H.B. 2368 requires the executive commissioner of HHSC to adopt rules necessary to implement the bill's provisions not later than January 1, 2020. The bill requires HHSC to amend a contract entered into before the bill's effective date with an MCO to comply with the bill's provisions to the extent permitted by the law or the terms of the contract.

EFFECTIVE DATE

September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2368 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute revises the information required to be included in the training and does not include a temporary provision authorizing a contracted physician or provider who received the training before the bill's effective date to meet the training requirement by providing documentation to HHSC of the relevant training. The substitute delays the date by which a physician or provider may first be required to complete the training from not before September 1, 2020, to not before September 1, 2023.

The substitute includes a potential requirement that the implementation of the training aligns with a proposed transition of the Department of Family and Protective Services to a trauma-informed system of care.