

BILL ANALYSIS

C.S.S.B. 10
By: Nelson
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

It has been observed that recent school shootings and an increase in youth suicide rates have led to a heightened focus on young Texans with mental health issues and that many children and youth with mental health issues are seen in a primary care setting, underscoring the need to empower pediatricians with guidance about treatment options. Furthermore, there are concerns that Texas faces a severe shortage of child psychiatrists and other mental health professionals and that these workforce shortages present a barrier to services. C.S.S.B. 10 seeks to leverage the expertise of certain health-related institutions of higher education to address gaps in the state's mental health system by establishing the Texas Mental Health Care Consortium.

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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 10 amends the Health and Safety Code to establish the Texas Mental Health Care Consortium to leverage the expertise and capacity of certain health-related institutions of higher education, as listed in the bill, to address urgent mental health challenges and improve the mental health care system in Texas and to enhance the state's ability to address mental health care needs through collaboration of the applicable health-related institutions of higher education. The consortium is composed of the specified health-related institutions of higher education, the Health and Human Services Commission, the Texas Higher Education Coordinating Board, three nonprofit organizations that focus on mental health care designated by the applicable health-related institutions of higher education, and any other entity that the executive committee of the consortium considers necessary.

C.S.S.B. 10 establishes that the consortium is administratively attached to the coordinating board for the purpose of receiving and administering appropriations and other funds under the bill's provisions but that the coordinating board is not responsible for providing to the consortium staff human resources, contract monitoring, purchasing, or any other administrative support services.

C.S.S.B. 10 establishes that the consortium is governed by an executive committee and provides for the executive committee's composition, the election of a presiding officer, and the filling of vacancies. The bill requires the consortium to designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council. The bill requires the executive committee to:

- coordinate the provision of funding to the applicable health-related institutions of higher education to carry out the bill's purposes;
- establish procedures and policies for the administration of funds under the bill's provisions;
- monitor funding and agreements entered into under the bill's provisions to ensure recipients of funding comply with the terms and conditions of the funding and agreements; and
- establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.

C.S.S.B. 10 requires the consortium to establish a network of comprehensive child psychiatry access centers and requires such a center to be located at an applicable health-related institution of higher education that is part of the consortium. The bill requires such a center to provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs. The bill requires the consortium to establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services. The consortium must implement this requirement with a focus on the behavioral health needs of at-risk children and adolescents. The bill requires the consortium to leverage the resources of a hospital system to carry out these provisions of the bill if the hospital system:

- provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with those described by the bill; and
- has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

C.S.S.B. 10 authorizes an applicable health-related institution of higher education to enter into a memorandum of understanding with a community mental health provider to establish a comprehensive child psychiatry access center or to establish or expand an applicable telemedicine or telehealth program.

C.S.S.B. 10 authorizes a person to provide mental health care services to a child younger than 18 years of age through a program established under the bill's provisions regarding access to care only if the person obtains the written consent of the parent or legal guardian of the child. The consortium must develop and post on its website a model form for a parent or legal guardian to provide consent under this section. These provisions do not apply to services provided by a school counselor in accordance with Education Code provisions relating to developmental guidance and counseling programs, the general duties of a school counselor, or counseling regarding postsecondary education.

C.S.S.B. 10 prohibits a child psychiatry access center established under the bill's provisions from submitting an insurance claim or charging a pediatrician or primary care provider a fee for providing consultation services or training opportunities under those provisions.

C.S.S.B. 10, with respect to community psychiatry workforce expansion:

- authorizes the executive committee to provide funding to an applicable health-related institution of higher education for the purpose of funding:
 - two new resident rotation positions; and
 - one full-time psychiatrist who treats adults or one full-time psychiatrist who treats children and adolescents to serve as academic medical director at a facility operated by a community mental health provider;

- requires such an academic medical director to collaborate and coordinate with a community mental health provider to expand the amount and availability of mental health care resources by developing training opportunities for residents and supervising residents at a facility operated by the community mental health provider; and
- requires an institution of higher education that receives the funding from the executive committee for the academic medical director and resident positions to require that psychiatric residents participate in rotations through the facility operated by a community mental health provider.

C.S.S.B. 10 authorizes the executive committee to provide funding to an applicable health-related institution of higher education for the purpose of funding a physician fellowship position that will lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents. The bill requires such funding to be used to increase the number of fellowship positions at the institution and prohibits the funding from being used to replace existing funding for the institution.

C.S.S.B. 10 requires the consortium, not later than December 1 of each even-numbered year, to prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and to post on the consortium's website a written report that outlines its activities and objectives, the applicable health-related institutions of higher education that receive funding by the executive committee, and any legislative recommendations based on the activities and objectives of the consortium.

C.S.S.B. 10 establishes that the consortium is required to implement a provision of the bill only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the consortium may, but is not required to, implement a provision of the bill.

C.S.S.B. 10 requires the Supreme Court of Texas and the Texas Court of Criminal Appeals, in consultation with the consortium, to develop a training program to educate and inform designated judges and their staff on mental health care resources available within the geographic region in which the designated judges preside. The bill authorizes those courts to develop and operate the training program in conjunction with any other training programs.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.

COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE

While C.S.S.B. 10 may differ from the engrossed in minor or nonsubstantive ways, the following summarizes the substantial differences between the engrossed and committee substitute versions of the bill.

The substitute does not include the specification, in the bill's definition of "community mental health provider," that the term includes community centers established under statutory provisions regarding community services for persons with mental illness or an intellectual disability.

The substitute does not include the following among the bill's explicitly stated purposes of the consortium:

- enhancing the state's ability to address mental health care needs through institutional alignment of the applicable health-related institutions of higher education;
- improving the effectiveness and efficiency of mental health care services delivered in this state;

- facilitating access to mental health care services through telemedicine, telehealth, and other cost-effective, evidence-based programs;
- improving mental health and substance use disorder research efforts conducted by health-related institutions of higher education; and
- improving and expanding the psychiatric workforce through training and development opportunities between the applicable health-related institutions of higher education and community mental health providers.

The substitute includes The University of Texas M.D. Anderson Cancer Center and the Texas Higher Education Coordinating Board in the consortium. The substitute does not include a provision requiring the consortium's executive committee to meet at the call of the presiding officer. The substitute revises the provision setting out the composition of the executive committee by:

- providing the option for a member who is a chair of an applicable academic department of psychiatry to designate a licensed psychiatrist, including a child-adolescent psychiatrist, to serve in the chair's place;
- including as a member a representative of the coordinating board, appointed by the commissioner of the coordinating board;
- including as a member a representative of a hospital system in Texas designated by a majority of the members who are chairs, or designees of the chairs, of the applicable academic departments;
- authorizing the president of each of the applicable health-related institutions of higher education to designate a representative to serve on the committee; and
- not including as a member a representative of an organization that represents the interests of community centers established under statutory provisions regarding community services for persons with mental illness or an intellectual disability.

The substitute does not include a provision prohibiting the coordinating board from using funds intended to carry out the purposes of the bill's provisions for any costs incurred by the coordinating board under the bill's provisions.

The substitute does not include a provision requiring the consortium to ensure, in carrying out its general duties, that evidence-based tools are used to help expand the delivery of mental health services.

The substitute does not include the following with respect to the child psychiatry access network and telemedicine and telehealth programs:

- the specification in the bill provision requiring the establishment of a network of comprehensive child psychiatry access centers that the network be a statewide network;
- the specification in the bill provision requiring the establishment or expansion of telemedicine or telehealth programs that the programs be at the applicable health-related institutions of higher education; and
- the provision requiring the consortium to develop a statewide plan to implement the establishment or expansion of telemedicine or telehealth programs.

The substitute does not include provisions requiring a comprehensive child psychiatry access center to collaborate with community mental health providers in providing certain consultation services and training opportunities but clarifies, in the bill provision authorizing an applicable health-related institution of higher education to enter into a memorandum of understanding with a community mental health provider, that the explicit purpose of the memorandum of understanding is to establish a child psychiatry access center or to establish or expand

telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services.

The substitute does not include provisions requiring, with respect to a mental health research plan:

- the consortium to:
 - develop and implement a mental health research plan to advance the research component of the statewide behavioral health strategic plan;
 - create an aggregated inventory of mental health and substance use disorder research completed by institutions of higher education in this state; and
 - coordinate mental health and substance use disorder research efforts by the applicable health-related institutions of higher education to ensure those institutions engage in effective and targeted research to leverage additional funding; and
- the executive committee to establish a process for the selection of research projects to fund that evaluates research projects based on their alignment with the statewide behavioral health strategic plan and multi-institutional collaboration among the applicable health-related institutions of higher education.

The substitute does not include a provision regarding a psychiatry workforce expansion project whereby the consortium is required to enhance collaboration between the applicable health-related institutions of higher education and community mental health providers to increase psychiatric residency training and improve the quality of care for persons receiving mental health care services in Texas. The substitute revises the bill provision related to that expansion project that authorizes the executive committee to provide funding to an applicable health-related institution of higher education for the purpose of funding an academic medical director at a facility operated by a community mental health provider and two resident rotation positions by:

- specifying that the resident rotation positions are new resident rotation positions;
- including the supervision of residents at a facility operated by the community mental health provider as an additional method of expanding the amount and availability of mental health care resources;
- not including the development of training opportunities for medical students as an additional method of such expansion; and
- not including the promotion of the use of telemedicine, telehealth, or other evidence-based tools to provide comprehensive mental health care services to a greater population as an additional method of such expansion.

The substitute includes an authorization for the executive committee to provide funding to an applicable health-related institution of higher education to fund a certain physician fellowship position and includes a requirement for the funding to be used to increase the number of fellowship positions at the institution.

The substitute, with respect to the required report to the governor, lieutenant governor, speaker of the house, and the standing committees of the legislature with primary jurisdiction over behavioral health issues, changes the report from an annual to a biennial report and requires the report to outline any legislative recommendations based on the activities and objectives of the consortium. The substitute does not include the requirement that the report outline any research accomplishments associated with the consortium.

The substitute includes a provision establishing that the consortium is required to implement a provision of the bill only if the legislature appropriates money specifically for that purpose.