

BILL ANALYSIS

S.B. 672
By: Buckingham
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Mental health disorders are often chronic conditions that people experience along with other health conditions, such as heart disease and diabetes. Yet, according to the Centers for Medicare and Medicaid Services, only a quarter of patients receive effective mental health care, including in primary care settings, where the majority of patients with mental health conditions receive their usual care. Research has shown that by not providing early detection and access to behavioral health treatment, the result is an inefficient system that is producing suboptimal health outcomes at a much higher cost. Significant research spanning three decades has identified one particular service model—the Collaborative Care Model (CoCM)—as being effective and efficient in delivering integrated care.

The CoCM uses a team-based, interdisciplinary approach to deliver evidence-based diagnoses, treatment, and follow-up care. It integrates physical and mental health care under the supervision of a primary care provider with an emphasis on early intervention and measuring progress. This model can save taxpayer dollars since it results in earlier diagnoses and treatment before mental illness reaches a crisis level. Moreover, the CoCM is useful in a number of settings and can be adapted to rural and urban primary care practices. Recognizing the effectiveness of the CoCM, many commercial payers and Medicare have already begun reimbursing for this type of care. However, it is not currently covered under Texas Medicaid. S.B. 672 seeks to change that.

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

S.B. 672 amends the Human Resources Code to require the Health and Human Services Commission to provide reimbursement under Medicaid to a participating treating health care provider who provides to a child or adult recipient behavioral health services that are classified by a current procedural terminology code as collaborative care management services.

EFFECTIVE DATE

September 1, 2021.