SUBJECT: Certifying peer specialists and including peer services in Medicaid

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Price, Sheffield, Burkett, Cortez, Guerra, Oliverson, Zedler

0 nays

4 absent — Arévalo, Coleman, Collier, Klick

WITNESSES: For — Dennis Borel, Coalition of Texans with Disabilities; Reginald Smith, Communities for Recovery; Latosha Taylor, Grassroots Leadership; Deborah Rosales-Elkins, NAMI Texas; Will Francis, National Association of Social Workers - Texas Chapter; Michelle Hansford, One Voice Texas; Traci McMurtry, Amelia Murphy, Demetra Sims, and Lillian Stephens, Santa Maria Hostel; Kimber Falkinburg and Mike Janke, Spread Hope Like Fire; Lee Johnson, Texas Council of Community Centers; Marissa Dodson; Sachin Kamble; (*Registered, but did not testify*: Cynthia Humphrey and Duane Galligher, Association of Substance Abuse Programs; Anne Dunkelberg, Center for Public Policy Priorities; Bobby Gutierrez, Justice of the Peace and Constable Association of Texas; Barbara Frandsen, League of Women Voters of Texas; Bill Kelly, Mayor's Office, City of Houston; Andy Keller, Meadows Mental Health Policy Institute; Natalie Smith, Mental Health America of Greater Houston; Gyl Switzer, Mental Health America of Texas; Christine Yanas, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Mark Mendez, Tarrant County; Adriana Kohler and Josette Saxton, Texans Care for Children; Tim Schauer, Texas Association of Community Health Plans; Laura Nicholes, Texas Association of Counties; Jamie Dudensing, Texas Association of Health Plans; Donald Lee, Texas Conference of Urban Counties; Sara Gonzalez, Texas Hospital Association; Michelle Romero, Texas Medical Association; David White, Texas Psychological Association; James Thurston, United Ways of Texas; Chris Frandsen)

Against — None

On — Colleen Horton, Hogg Foundation for Mental Health; (*Registered, but did not testify*: Jonathan Huss, Department of State Health Services; Sonja Gaines and Tamela Griffin, Health and Human Services Commission)

DIGEST:

CSHB 1486 would require the Health and Human Services Commission (HHSC) to include peer services provided by certified peer specialists in its rules and standards governing the scope of services provided under Medicaid, to the extent permitted by federal law. The bill also would direct HHSC, with input from mental health and substance use peer specialists and a workgroup established by the bill, to develop rules to:

- establish training requirements for peer specialists so they could provide services to persons with mental illness or services to persons with substance use conditions;
- establish certification and supervision requirements for peer specialists;
- define the scope of services that peer specialists could provide;
- distinguish peer services from other services that a person must hold a license to provide; and
- protect the health and safety of persons receiving peer services, as necessary.

The bill would direct the HHSC executive commissioner to adopt the rules developed by HHSC as soon as practicable after the bill took effect. If the executive commissioner had not adopted the rules by September 1, 2018, he would be required to submit a written report to the governor, the lieutenant governor, the House speaker, the chair of the Senate Committee on Health and Human Services, and the chair of the House Committee on Public Health explaining why the rules had not yet been adopted.

The HHSC executive commissioner could not adopt rules that precluded the provision of mental health rehabilitative services as governed by 25 Texas Administrative Code, ch. 416, subch. A, as it existed on January 1, 2017.

The stakeholder workgroup established by the bill would include:

- one representative of each organization that certified mental health and substance use peer specialists in Texas;
- three representatives of organizations that employed mental health and substance use peer specialists;
- one mental health peer specialist who worked in an urban area;
- one mental health peer specialist who worked in a rural area;
- one substance use peer specialist who worked in an urban area;
- one substance use peer specialist who worked in a rural area;
- one person who trained mental health peer specialists;
- one person who trained substance use peer specialists;
- three representatives of mental health and addiction licensed health care professional groups who supervised mental health and substance use peer specialists;
- to the extent possible, up to three individuals with personal experience recovering from mental illness, substance use conditions, or co-occurring mental illness and substance use conditions; and
- any other persons the HHSC executive commissioner considered appropriate.

The HHSC executive commissioner would appoint members to the workgroup as soon as practicable after the bill took effect and would appoint one member to serve as presiding officer. The workgroup would meet monthly and would be abolished after the HHSC executive commissioner adopted rules governing peer specialists.

If, before implementing any provision of the bill, a state agency determined that a waiver or authorization from a federal agency was necessary for implementation of that provision, the affected agency would request the waiver implementation and could delay implementing the provision until the waiver or authorization was granted.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2017.

SUPPORTERS SAY:

CSHB 1486 is intended to address the state's significant mental health workforce shortage and to improve opportunities for recovery for individuals experiencing serious mental health or substance use conditions by increasing access to peer specialist services. Peer specialists have significant training and education in the field of mental health or substance use disorders and have a history of living with a mental health condition, a substance use disorder, or both. They provide a unique and essential behavioral health service by assisting individuals experiencing mental illness, substance use, or a co-occurring condition with recovery, wellness, self-direction, responsibility, and independent living.

While peer specialist services are part of a continuum of care and are not intended to replace existing mental health or substance use services, the frequency of those services, such as an emergency room visit, can be reduced when an individual is supported by a peer. This often can result in lower costs and better outcomes. Peer specialists perform a different role from Alcoholics Anonymous (AA) sponsors, but they may offer an AA program to clients as one of many resources for recovery.

The bill would not prevent community organizations from continuing to train and certify peer specialists but would standardize these requirements across the state to ensure fidelity to the peer support model of care. CSHB 1486 also would standardize the definition of peer services as well as the eligibility, certification, and supervision requirements for the delivery of peer support services. The bill would provide protections from peer specialists who were not certified and raise the profile of peer services and the unique services they provide.

Stakeholders would provide input to the Health and Human Services Commission (HHSC) on rulemaking through a workgroup that would be abolished after rules were adopted. The workgroup would include mental health and substance use peer specialists from urban and rural areas,

representatives from peer specialist training and certifying organizations, persons with lived experience of mental illness or substance use recovery, and other representatives to give meaningful input to the HHSC rulemaking process.

CSHB 1486 would provide Medicaid reimbursement for peer specialist services outside of mental health rehabilitation services at a local mental health authority. Providing reimbursement for peer specialist services would benefit both the peer specialist and the patient, helping the patient to reach recovery and the peer specialist to leverage their lived experience of mental illness or substance use to support others in recovery. Providing peer services through Medicaid is significantly less expensive than repeated hospital visits, incarceration, or inpatient substance use treatment due to untreated mental illness, substance use, or a co-occurring condition. The bill would create savings for the state in the long run and would reduce Medicaid cost growth. There is data supporting the success rate of peer specialist services in reducing behavioral health costs.

OPPONENTS SAY:

Some community organizations have their own certification and training requirements for peer specialists, and HHSC does not need to perform this role. CSHB 1486 would cost the state $1.5 million in general revenue in fiscal 2018-19 to provide peer specialist services, and it is unknown whether the bill would generate future savings.

NOTES:

According to the Legislative Budget Board's fiscal note, CSHB 1486 would have a negative impact to general revenue related funds of $1.5 million through fiscal 2018-19.

CSHB 1486 differs from the introduced bill by creating a stakeholder workgroup to provide rule input, adding a provision prohibiting the HHSC executive commissioner from adopting rules that would preclude the provision of mental health rehabilitative services, and requiring the HHSC executive commissioner to submit a written report to certain officials if rules were not adopted by September 1, 2018.