

SUBJECT: Creating the Texas Mental and Behavioral Health Research Institute

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — S. Thompson, Wray, Allison, Coleman, Lucio, Ortega, Price,  
Sheffield

1 nay — Frank

2 absent — Guerra, Zedler

WITNESSES: For — Wayne Sneed, Austin ISD; Denise Zimmermann, Spring ISD; Uchenna Umeh, Texas Medical Association, Texas Pediatric Society, Federation of Texas Psychiatry; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Anne Dunkelberg, Center for Public Policy Priorities; Mandi Kimball, Children at Risk; Matt Moore, Children's Health System of Texas; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Jason Sabo, Mental Health America of Greater Houston; Julia Egler and Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Lauren Spreen, Texas Academy of Family Physicians; Windy Johnson, Texas Conference of Urban Counties; Lee Johnson, Texas Council of Community Centers; Allison Franklin, Texas Criminal Justice Coalition; Tom Kowalski, Texas Healthcare and Bioscience Institute; Sara Gonzalez, Texas Hospital Association; Erin Cusack, Texas Nurse Practitioners; Andrew Cates, Texas Nurses Association; Kyle Ward, Texas PTA; Ashley Harris, United Ways of Texas; Knox Kimberly, Upbring)

Against — Lee Spiller, Citizens Commission on Human Rights; Judy Powell, Parent Guidance Center; Amy Hedtke; Kristin McGarity; (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Mark Ramsey, Republican Party of Texas SREC SD7; Mary Elizabeth Castle, Texas Values; and eight individuals)

On —Elizabeth Newlin, McGovern Medical School at UTHealth Houston; Sheila Hemphill, Texas Right To Know; Consuelo Walss-Bass, The University of Texas Health Science Center at Houston; Devin Grider; Margaret Ortiz; (*Registered, but did not testify*: Sonja Gaines, Health and Human Services Commission; Rex Peebles, Higher Education Coordinating Board)

**BACKGROUND:** Health and Safety Code sec. 481.076(a) prohibits the Texas State Board of Pharmacy from permitting any person to have access to certain prescribing information submitted to the board, except for certain state boards and authorized parties.

Sec. 481.076(d) limits the use of information submitted to the Texas State Board of Pharmacy to certain uses.

Sec. 481.076(j) allows the board to enter into interoperability agreements with other states authorizing the board to access prescription monitoring information maintained or collected by the other states.

**DIGEST:** CSHB 10 would establish the Texas Mental and Behavioral Health Research Institute to create best practices, leadership, and vision for addressing child and adolescent behavioral health needs and to fund research on behavioral health issues.

**Members.** The institute would comprise:

- three representatives of Texas nonprofit organizations that focused on mental health care, one each appointed by the governor, lieutenant governor and House speaker;
- a representative of the Health and Human Services Commission (HHSC) with expertise in mental health care services, appointed by the executive commissioner of HHSC;
- a representative of HHSC with experience in mental health facilities, appointed by the executive commissioner of HHSC;
- a representative of the Texas Higher Education Coordinating

- Board, appointed by the commissioner of the board; and
- the chairs of the psychiatry departments or designees of the chairs from certain health-related higher education institutions as specified in the bill.

The appropriate appointing authorities would be required to appoint members to the institute by December 1, 2019.

The institute would elect a presiding member from among its membership and establish a schedule of regular meetings. The members of the institute would designate a member to represent the institute on the statewide behavioral health coordinating council.

**Powers and duties.** The institute would provide funding for:

- research conducted by health-related institutions of higher education;
- the dissemination of best practices by such institutions;
- the recruitment of researchers and clinicians to these institutions;
- the training of students, residents, and fellows in connection with research efforts under these institutions; and
- clinical trials, studies, or other patient programs of these institutions approved by an institutional review board.

The institute could solicit and accept gifts, grants, and donations from any source to carry out the provisions of the bill.

**Executive committee.** An executive committee would be created to make final decisions on all research proposals recommended by the institute for funding. The executive committee would comprise 11 members with appropriate expertise in mental and behavioral issues and would include:

- three appointed by the governor;
- three appointed by the lieutenant governor;
- three appointed by the House speaker;

- one appointed by the institute's members; and
- one who represented the statewide behavioral health coordinating council, appointed by the governor.

The executive committee would select a presiding officer from among its members.

**Research program.** The institute would establish a mental and behavioral health and substance use disorder research program to provide funding to the health-related institutions of higher education as specified in the bill.

These institutions would implement a statewide research framework focused on preventing, identifying, and treating mental health conditions including depression, first episode psychosis, substance use disorder, bipolar disorder, and schizophrenia. They would recruit mental health, behavioral health, and substance use disorder researchers outside of higher-education institutions in Texas.

*Mental and behavioral health.* The institutions would be tasked with supporting mental and behavioral health research related to:

- underlying causes, external factors, and physical or other health issues that could affect behavioral health;
- public health trends and strategies on behavioral health;
- new treatments or solutions for addressing behavioral health issues;
- child-adolescent psychiatry; and
- co-occurring mental and behavioral health issues in children with intellectual or developmental disabilities.

*Opioids and substance abuse.* The institutions would collaborate with HHSC, the Texas State Board of Pharmacy, and any other appropriate entity to complete comparative studies of prescribing practices for opioids. The institutions would research and test new substance use disorder treatments, and they would conduct substance use disorder research related to identifying:

- new addiction recovery methods;
- barriers to treatment accessibility;
- strategies to reduce the effects of opioids and other controlled substances on maternal morbidity and mortality rates;
- prevention techniques, policies, and outreach methods to reduce the use of opioids and other controlled substances;
- better pain management strategies for individuals recovering from a substance use disorder;
- ways to obtain better data on substance use disorder;
- the most recent pharmacogenetic strategies;
- the genetic determinants of addiction; and
- whether risk factors for addiction can be determined or mitigated.

In addition to the above, the institutions would research other mental health, behavioral health, substance use disorder, or addiction issues identified by the institute.

*Training.* The institutions would administer training to develop a workforce that specializes in psychiatric research and clinical care related to mental and behavioral health issues and substance abuse.

*Funding awards.* Health-related institutions whose representatives served as members of the institute could apply for funding independently or in partnership with a state agency or other institution of higher education. The institute could prioritize funding awards to institutions applying jointly. An institution that received funding could partner with any necessary entity to carry out the purpose for which funding was awarded.

*Liability and standard of care.* The provisions relating to the creation of the mental health, behavioral health, and substance use disorder research program would not create a civil, criminal, or administrative cause of action or liability. These provisions also would not create a standard of care, obligation, or duty that provided the basis for a cause of action.

**Administration.** The institute would be administratively attached to the Texas Higher Education Coordinating Board. The board could use up to

3 percent of the institute's funds, as approved by the institute's executive committee, to provide administrative support to the institute. The board would assist in creating a website for the institute.

**HBCU collaboration.** Health-related institutions whose representatives served as members of the institute could collaborate with a historically black college or university in Texas in carrying out any of the provisions of this bill.

**Report.** The institute would submit a report to the governor and the Legislative Budget Board by December 1 of each even-numbered year. The institute also would post a biennial report on the institute's website on the activities of the institute and legislative recommendations.

**Appropriation contingency.** The institute would be required to implement a provision of the bill only if the Legislature appropriated money specifically for that purpose. If no appropriation was made, the institute could but would not be required to implement the provision using any other money available to the institute for that purpose.

**Constitutional amendment.** Upon passage of the constitutional amendment proposed in HJR 5 by S. Thompson, which would provide for the issuance of general obligation bonds by the Texas Public Finance Authority to fund behavioral health, mental health, substance abuse, and addiction research and treatment, the institute would be eligible to receive funding through the proceeds of these bonds.

**Texas Mental Health Care Consortium.** If SB 10 by Nelson, which would create the Texas Mental Health Care Consortium, or similar legislation creating a comparable entity became law, the institute would be required to coordinate with the consortium or comparable entity.

**Information sharing.** The bill would include health-related institutions whose representatives served as members of the institute that were certified by the Centers for Medicare and Medicaid Services in the list of entities eligible to receive information submitted to the Texas State Board

of Pharmacy. This information could be used for any purpose outlined by an interoperability agreement related to institutional compliance monitoring or medical or public health research. The Texas State Board of Pharmacy could authorize the Prescription Monitoring Program of these institutions of higher education.

To the extent of any conflict, this bill would prevail over another act of the 86th Legislature relating to nonsubstantive additions to and corrections in enacted codes.

The 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, 2019.

**SUPPORTERS  
SAY:**

CSHB 10 would facilitate the research needed to uncover the underlying causes of mental illness and behavioral health issues by establishing a statewide research institute. The bill also would focus on research to uncover alternative treatments for mental and behavioral health issues, substance abuse disorder, and addiction.

The shooting at Santa Fe High School in 2018 emphasized the urgent need for the state to research the underlying causes of violence in certain children with mental health or behavioral health issues. The bill would facilitate this research by bringing together the state's leading institutions of higher education and researchers and giving them the resources they need.

The bill, together with HJR 5, would provide funding for critical, groundbreaking research on mental health in a manner similar to the Cancer Prevention and Research Institute of Texas. The bill could lead to research that helps identify children at risk of harming themselves or others and alternative treatments for individuals suffering from mental illness or addiction.

Research institutions, universities, and hospitals already have vigorous

privacy protections in place for research subjects. The bill would not weaken these protections or mandate that researchers disclose any information publicly.

Because the bill would focus exclusively on psychiatric medical research, it would not be appropriate to include input on research from nonmedical organizations.

OPPONENTS  
SAY:

CSHB 10 would not adequately address the need for alternative treatments for mental illness and substance abuse and could create privacy concerns by expanding medical research in Texas.

The bill should focus on non-pharmacological treatments for mental health and behavioral issues to ensure patient choice. Overprescribing of psychotropic medications and opioids could have negative effects on individuals suffering from mental illness or addiction.

CSHB 10 would focus exclusively on psychiatric research and would not incorporate valuable input from certain stakeholders, including counseling organizations, social work organizations, and psychologists.

Medical research, and psychiatric research in particular, has high stakes for research subjects. Expanding medical research in Texas could increase the number of research subjects who could be negatively impacted by the release or illegal acquisition of personal data. The collateral consequences of compromised medical records include stigmatization and the risk of losing employment opportunities.

NOTES:

CSHB 10 is the enabling legislation for HJR 5 by S. Thompson, which would amend the Texas Constitution to enable the Texas Public Finance Authority to sell general obligation bonds to fund mental health research and programs. HJR 5 is set for second reading consideration on today's Constitutional Amendments calendar.

According to the Legislative Budget Board, depending on the amount of



funding distributed by the Texas Mental and Behavioral Health Research Institute, there would be some fiscal impact to the state.