

SUBJECT: Reimbursing Medicaid providers for certain behavioral health services

COMMITTEE: Human Services — favorable, without amendment

VOTE: 7 ayes — Frank, Hinojosa, Klick, Meza, Neave, Noble, Shaheen

1 nay — Hull

1 absent — Rose

SENATE VOTE: On final passage, March 25 — 30-0

WITNESSES: No public hearing.

DIGEST: SB 672 would require the Health and Human Services Commission to reimburse a treating health care provider participating in Medicaid who provided behavioral health services classified as collaborative care management services.

The bill would take effect September 1, 2021.

SUPPORTERS SAY: SB 672 would increase access to behavioral health services by requiring the Health and Human Services Commission to reimburse Medicaid providers for services provided through a collaborative care model (CoCM), which involves coordination among primary care and behavioral health providers to detect and treat a patient's health issues. The bill would help improve outcomes for those struggling with mental health issues by providing a more efficient and effective patient care model in the Medicaid program.

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, just as is done for physical health conditions. Integration of behavioral health and general medical services has been shown to improve patient outcomes, save

money, and reduce stigma related to mental health.

The bill has no fiscal note and would help save taxpayer dollars through early detection and access to behavioral health services in the Medicaid program. More than 15 states provide a collaborative care model for behavioral health services in their Medicaid programs with positive outcomes, such as decreased emergency room costs. Additionally, Medicare and many commercial payers already have begun reimbursing providers for services provided in a collaborative care model. Providing Medicaid reimbursement in Texas for services in a CoCM would help improve patients' access and outcomes to quality behavioral health services.

**CRITICS
SAY:**

SB 672 could increase costs in the Medicaid program by requiring reimbursement for health care practitioners providing behavioral health services in a collaborative care model.

NOTES:

The House companion, HB 2834 by Bonnen, was considered by the House Human Services Committee in a public hearing on April 20 and left pending.