

SUBJECT: Amending the definition of behavioral health services under Medicaid

COMMITTEE: Human Services — favorable, without amendment

VOTE: 8 ayes — Frank, Rose, Campos, Klick, Manuel, Noble, Ramos, Shaheen
1 nay — Hull

WITNESSES: For — Christine Bryan, Clarity Child Guidance Center; Texas Hospital Association (*Registered, but did not testify*: Jesse Sifuentez, Baylor Scott & White Health; Stacy Wilson, Children’s Hospital Association of Texas; Georgia Bates, City of Uvalde; Heather Vasek, DHR Health (Hidalgo County), Oceans Healthcare; Michael Dole, Driscoll Health System; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness Texas; Rebecca Galinsky, Protect TX Fragile Kids; Eric Glenn, Superior Health Plan; Maureen Milligan, Teaching Hospitals of Texas; Jessica Lynch, Texas Association of Health Plans; Kay Ghahremani, Texas Association of Community Health Plans; David Reynolds, Texas Chapter American College of Physicians Services; Meredith Cooke, Texas Children’s Hospital; Isabel Casas, Texas Council of Community Centers; Caitlin Flanders, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Jennifer Allmon, The Texas Catholic Conference of Bishops; Anthony Dragun, G Sealy Massingill, TMA; Tiffany Patterson, United Ways of Texas; Vilma Luna, Universal Health Services Behavioral Health; and seven individuals)

Against — None

On — (*Registered, but did not testify*: Erica Brown, Health and Human Services Commission)

BACKGROUND: Government Code sec. 533.00255 requires the Health and Human Services Commission (HHSC) to integrate behavioral health services into

the Medicaid managed care program.

Some have suggested that lack of explicit statutory definitions for certain behavioral health services contributes to a gap in services for certain Medicaid recipients.

DIGEST: HB 2337 would amend the definition of behavioral health services in Government Code sec. 533.00255 to include intensive outpatient services and partial hospitalization services.

The bill would define “intensive outpatient services” as outpatient treatment services for various conditions that did not require detoxification or 24-hour supervision provided to patients who required a time-limited, multi-faceted array of services, structures, and supports by clinical staff capable of providing, at a minimum, services including:

- individual counseling;
- group counseling;
- family counseling;
- motivational enhancement training; and
- relapse prevention, drug refusal, and coping skills training.

“Partial hospitalization services” would mean distinct and organized intensive ambulatory treatment services provided for periods of 24 hours at most at a location other than a patient’s home or in an inpatient or a residential care setting. Partial hospitalization services would include services specified by certain related federal regulations.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would be required to request the waiver and could delay implementation until the waiver or authorization was granted.

The bill would take effect September 1, 2023.

NOTES: According to the Legislative Budget Board, HB 2337 would have a

negative impact of about \$2.9 million on general revenue related funds for fiscal 2024-25.