

BILL ANALYSIS

Senate Research Center
78R637 DLF-D

S.B. 493
By: Shapleigh
Health & Human Services
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As Filed

DIGEST AND PURPOSE

Currently, the level of funding that the Texas Department of Mental Health and Mental Retardation (TDMHMR) receives enables TDMHMR to serve only about 27 percent of children in TDMHMR's projected priority population. As a result, more than 110,000 Texas children who may qualify for publicly funded mental health services remain untreated. As proposed, S.B. 493 requires the Health and Human Services Commission (HHS) to regularly evaluate program contractors and subcontractors that provide or arrange for services for persons enrolled in Medicaid, including the managed care Medicaid program, CHIP, and the Texas Health Steps Program, including the comprehensive care program. HHS will be required to monitor payment arrangements, penetration rates, utilization rates, provider networks, and reimbursement rates.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 531B, Government Code, by adding Section 531.0224, as follows:

Sec. 531.0224. MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. (a) Requires the Health and Human Services Commission (HHS), to ensure appropriate delivery of mental health and substance abuse services, to regularly evaluate program contractors and subcontractors that provide or arrange for the services of persons enrolled in certain programs.

(b) Requires HHS to monitor certain activities and rates relating to mental health and substance abuse services.

SECTION 2. Requires HHS to prepare a report concerning certain alternatives that may be used to fund expansion of the range of mental health and substance abuse services provided to persons enrolled in the Medicaid program. Requires HHS, not later than December 1, 2005, to submit the report for the consideration of the committees of the senate and house of representatives with jurisdiction over the Medicaid program.

SECTION 3. Effective date: upon passage or September 1, 2003.