

BILL ANALYSIS

C.S.H.B. 1143
By: Strama
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties contend that a thorough assessment of the psychosocial needs of a foster child is imperative to determining appropriate mental health treatment and placement within the foster system and that it is the duty of the legislature to ensure that our most vulnerable citizens are receiving the best possible care. C.S.H.B. 1143 seeks to provide for such a psychosocial assessment.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1143 amends the Family Code to require that a child, not later than the 45th day after the date the child enters the conservatorship of the Department of Family and Protective Services (DFPS), receive a developmentally appropriate, comprehensive psychosocial assessment that must include a screening for trauma and interviews with individuals who have knowledge of the child's needs. The bill requires DFPS to develop a schedule of approved assessment tools that may be used in the performance of an assessment and develop guidelines regarding the contents of an assessment report.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1143 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 266.001, Family Code, is amended by adding Subdivisions (6) and (7) to read as follows:
(6) "Mental illness" has the meaning assigned by Section 571.003, Health and Safety Code.
(7) "Psychotropic drug" has the meaning assigned by Section 261.111.

HOUSE COMMITTEE SUBSTITUTE

No equivalent provision.

SECTION 2. The heading to Section 266.005, Family Code, is amended to read as follows:

Sec. 266.005. PARENTAL NOTIFICATION OF CERTAIN [SIGNIFICANT] MEDICAL CONDITIONS OR ENROLLMENT OR PARTICIPATION IN DRUG RESEARCH PROGRAM.

No equivalent provision.

SECTION 3. Section 266.005(b), Family Code, is amended to read as follows:

(b) Except as provided by Subsection (c), the department shall make reasonable efforts to notify the child's parents within 24 hours of:

- (1) a significant medical condition involving a foster child; ~~and~~
- (2) the enrollment or participation of a foster child in a drug research program under Section 266.0041;
- (3) the diagnosis of a foster child with a mental illness; or
- (4) the prescription of a psychotropic drug for a foster child.

No equivalent provision.

SECTION 4. Subchapter A, Chapter 266, Family Code, is amended by adding Sections 266.011, 266.012, 266.013, 266.014, and 266.015 to read as follows:

Sec. 266.011. PRIOR AUTHORIZATION FOR CERTAIN PSYCHOTROPIC DRUGS. The executive commissioner shall adopt rules requiring prior authorization from the STAR Health Medicaid managed care program before a psychotropic drug prescribed for a foster child may be dispensed. The rules must:

- (1) prohibit a pharmacy from dispensing a psychotropic drug prescribed for a foster child until the pharmacy receives prior authorization from the STAR Health Medicaid managed care program for the prescribed psychotropic drug if the prescription is for:
 - (A) four or more psychotropic drugs to be taken concurrently;
 - (B) two or more psychotropic drugs of the same class to be taken concurrently;
 - (C) a psychotropic drug prescribed for a child younger than five years of age; or
 - (D) a psychotropic drug the commission determines should be reviewed; and

SECTION 1. Chapter 266, Family Code, is amended by adding Section 266.011 to read as follows:

No equivalent provision.

(2) require the STAR Health Medicaid managed care program to respond to a request for authorization required under Subdivision (1) not later than 24 hours after receiving the request.

Sec. 266.012. MEDICAL REPORT FOR PRESCRIPTION OF PSYCHOTROPIC DRUG.

(a) The commission, in conjunction with the department, and with the assistance of appropriate health and human services agencies, community partners, and physicians and other health care providers, shall develop a form to report the prescription of a psychotropic drug to a foster child.

(b) The foster child's physician shall use the form described by Subsection (a) to report the prescription of a psychotropic drug to a foster child or a change in the dosage of a psychotropic drug prescribed for the child and shall update the report as appropriate to document the child's progress in reaching the child's treatment goals.

(c) The executive commissioner shall adopt rules specifying the information required to be included in the report. The report must include:

(1) the child's diagnosis and a description of the symptoms and behaviors for which the physician is prescribing the psychotropic drug;

(2) any possible side effects of the psychotropic drug that the child's care provider should monitor;

(3) a description of generally accepted alternatives to the psychotropic drug, if any, and the reasons why the physician believes that the alternatives are not appropriate;

(4) a description of clearly defined target symptoms and treatment goals based on recognized clinical rating scales or other measures to quantify the child's progress toward the treatment goals;

(5) other information that the physician considers appropriate, including the child's height, weight, blood pressure, and laboratory results; and

(6) if the child has been taking the psychotropic drug for longer than six months, the physician's analysis of the necessity of continuing the psychotropic drug.

No equivalent provision.

(d) The physician and the person authorized to consent to medical care for the foster child under this chapter must review and sign the medical report.

(e) The department shall make the medical report available as part of the child's health passport described by Section 266.006.

Sec. 266.013. COMPREHENSIVE ASSESSMENTS. Not later than the 30th day after the date a child enters the conservatorship of the department, the child shall receive a comprehensive, multidisciplinary assessment that includes a screening for trauma.

Sec. 266.014. ASSESSMENT REQUIRED BEFORE PRESCRIBING PSYCHOTROPIC DRUG. Except for authorizing a refill of an existing prescription or in an emergency that requires the urgent administration of a psychotropic drug, a physician may not prescribe a psychotropic drug for a foster child until the assessment described by Section 266.013 is complete.

Sec. 266.015. STUDY REGARDING USE OF PSYCHOTROPIC DRUGS; REPORT. (a) The department shall review the use of psychotropic drugs in the treatment of foster children. (b) Not later than December 1 of each even-numbered year, the department shall deliver a report on the review conducted under Subsection (a), including an analysis of any trends in the use of psychotropic drugs in the treatment of foster children, to the governor, the lieutenant governor, and the speaker of the house of representatives.

SECTION 5. Section 533.0161(b), Government Code, is amended to read as follows: (b) The commission shall implement a

Sec. 266.011. COMPREHENSIVE ASSESSMENTS. (a) Not later than the 45th day after the date a child enters the conservatorship of the department, the child shall receive a developmentally appropriate, comprehensive psychosocial assessment. The assessment must include:

(1) a screening for trauma; and (2) interviews with individuals who have knowledge of the child's needs.

(b) The department shall develop: (1) a schedule of approved assessment tools that may be used in the performance of an assessment; and (2) guidelines regarding the contents of an assessment report.

No equivalent provision.

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system under which the commission will use Medicaid prescription drug data to monitor the prescribing of psychotropic drugs for ~~children who are~~:

- (1) children who are in the conservatorship of the Department of Family and Protective Services[;] and ~~[(2)]~~ enrolled in the STAR Health Medicaid managed care program or eligible for both Medicaid and Medicare; and
- (2) children who are under the supervision of the Department of Family and Protective Services through an agreement under the Interstate Compact on the Placement of Children under Subchapter B, Chapter 162, Family Code.

SECTION 6. (a) ~~Except as provided by Subsection (b) of this section,~~ this Act takes effect September 1, 2013.

(b) ~~Section 266.012, Family Code, as added by this Act, takes effect February 1, 2014.~~

SECTION 2. This Act takes effect September 1, 2013.