

BILL ANALYSIS

S.B. 1889
By: Eltife
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

In certain parts of Texas, particularly those counties that share borders with other states, coordinating care for mental health patients can be difficult. Federal law requires a hospital to stabilize a patient who presents for emergency treatment, regardless of the state in which the person resides. If an out-of-state patient requires an involuntary commitment to a mental health facility, it can be difficult to get that individual back to the individual's home state to receive appropriate treatment. The situation can be complicated further if such a patient is in a hospital without an available inpatient bed. Such circumstances can prove harmful to the patient, who is not getting the proper care, and can be especially burdensome on the hospital because the patient must be held in an emergency room until being involuntarily committed and transferred to an appropriate facility. S.B. 1889 seeks to address this issue by providing for reciprocal agreements between states regarding the return of certain mental health patients.

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

Section 531.0055, Government Code, as amended by Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, expressly grants to the executive commissioner of the Health and Human Services Commission all rulemaking authority for the operation of and provision of services by the health and human services agencies. Similarly, Sections 1.16-1.29, Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, provide for the transfer of a power, duty, function, program, or activity from a health and human services agency abolished by that act to the corresponding legacy agency. To the extent practical, this bill analysis is written to reflect any transfer of rulemaking authority and to update references as necessary to an agency's authority with respect to a particular health and human services program.

S.B. 1889 amends the Health and Safety Code to authorize the Department of State Health Services (DSHS) to enter into reciprocal agreements with the state or local authorities, rather than with proper agencies, of other states to facilitate the return of persons committed to mental health facilities in Texas or another state to the states of their residence and clarifies that the state returning a committed patient to another state is required to bear the expenses of returning the patient, unless the state agrees to share costs under a reciprocal agreement. The bill specifies that DSHS is authorized to return a nonresident patient committed to a mental health facility under a reciprocal agreement, in addition to a patient committed to a DSHS mental health facility, to the proper agency of the patient's state of residence and expands the definition of "mental health facility" to include, with respect to a reciprocal agreement, any hospital or facility designated as a place of commitment by DSHS, a local mental health authority, and the contracting state or local authority.

S.B. 1889 requires DSHS, if a state or local authority of another state petitions DSHS, to enter

into a reciprocal agreement with the state or local authority to facilitate the return of persons committed to mental health facilities in Texas to the state of their residence unless DSHS determines that the terms of the agreement are not acceptable. The bill requires such a reciprocal agreement entered into by DSHS to require DSHS to develop a process for returning persons committed to mental health facilities to their state of residence and requires the process to provide suitable care for the person committed to a mental health facility, use available resources efficiently, and consider commitment to a proximate mental health facility to facilitate the return of the committed patient to the patient's state of residence. The bill requires DSHS to coordinate, as appropriate, with a mental health facility, a mental hospital, health service providers, courts, and law enforcement personnel located in the geographic area nearest the petitioning state.

EFFECTIVE DATE

September 1, 2013.