

By: Miller

H.B. No. 4083

A BILL TO BE ENTITLED

1 AN ACT
2 relating to trauma screening for certain children and
3 trauma-informed care training for certain providers participating
4 in the Medicaid managed care program.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Section 266.0042, Family Code, is amended to
7 read as follows:

8 Sec. 266.0042. CONSENT FOR PSYCHOTROPIC
9 MEDICATION. Consent to the administration of a psychotropic
10 medication is valid only if:

11 (1) the consent is given voluntarily and without undue
12 influence; and

13 (2) the person authorized by law to consent for the
14 foster child receives verbally or in writing information that
15 describes:

16 (A) the specific condition to be treated;

17 (B) the beneficial effects on that condition
18 expected from the medication;

19 (C) the probable health and mental health
20 consequences of not consenting to the medication;

21 (D) the probable clinically significant side
22 effects and risks associated with the medication; ~~and~~

23 (E) the generally accepted alternative
24 medications and non-pharmacological interventions to the

1 medication, if any, and the reasons for the proposed course of
2 treatment; and

3 (F) the determination, following a screening of
4 the foster child for trauma, that the symptoms exhibited by the
5 foster child are related to a diagnosed mental disorder and not a
6 traumatic event or that the administration of the psychotropic
7 medication is recommended for temporary relief for symptoms related
8 to a traumatic event.

9 SECTION 2. Section 533.0052, Government Code, is amended to
10 read as follows:

11 Sec. 533.0052. STAR HEALTH PROGRAM: TRAUMA-INFORMED CARE
12 TRAINING. (a) A contract between a managed care organization and
13 the commission for the organization to provide health care services
14 to recipients under the STAR Health program must require that:

15 (1) [~~include a requirement that trauma-informed care~~
16 ~~training be offered to]~~ each contracted physician or provider who
17 diagnoses mental health conditions or disorders for, prescribes
18 psychotropic medications for, or provides non-pharmacological
19 interventions or therapeutic treatment for mental health
20 conditions or disorders to foster children in the conservatorship
21 of the Department of Family and Protective Services receives a
22 minimum of eight hours of trauma-informed care training that the
23 Department of Family and Protective Services, after consultation
24 with the Department of State Health Services, considers appropriate
25 and that includes training on:

26 (A) attachment theory;

27 (B) the impact of trauma on a child's:

- 1 (i) brain development;
2 (ii) neurochemistry;
3 (iii) behavior; and
4 (iv) cognitive processes and perception;
5 (C) managing psychological triggers of traumatic
6 memories;
7 (D) to reduce the chances of misdiagnosis,
8 distinctions between symptoms related to trauma exposure and
9 symptoms related to mental health disorders;
10 (E) the types and appropriate uses of
11 non-pharmacological interventions and evidence-based treatment
12 modalities for trauma;
13 (F) the factors to consider regarding the
14 potential use of psychotropic medications by children who have
15 experienced traumatic events; and
16 (G) the impact of alcohol use on the brain
17 development of a child in utero and the impact of fetal alcohol
18 spectrum disorder on a child's behavior; and
19 (2) each contracted physician or provider who provides
20 non-pharmacological interventions or therapeutic treatment to
21 foster children in the conservatorship of the Department of Family
22 and Protective Services be certified to use at least one
23 evidence-based, trauma-informed intervention or therapy that has
24 received a positive rating for the strength of the research
25 evidence supporting the intervention or therapy from the California
26 Evidence-Based Clearinghouse for Child Welfare.
27 (a-1) The commission shall make the training described by

1 Subsection (a)(1) available at no cost to each contracted physician
2 or provider.

3 (a-2) A contracted physician or provider may meet the
4 requirements in Subsection (a) by providing documentation to the
5 commission of relevant training and certification.

6 (b) The commission shall require ~~[encourage]~~ each managed
7 care organization providing health care services to recipients
8 under the STAR Health program to require that each contracted
9 physician or provider receives ~~[make]~~ training in distinguishing
10 post-traumatic stress disorder from other mental health disorders,
11 such as ~~[and]~~ attention-deficit/hyperactivity disorder, bipolar
12 disorder, and oppositional defiant disorder, not later than
13 ~~[available to a contracted physician or provider within a~~
14 ~~reasonable time after]~~ the date the physician or provider begins
15 providing services under the managed care plan.

16 (c) Notwithstanding any other law, a contracted physician
17 or provider is not required to meet the training and certification
18 requirements of this section before September 1, 2019. This
19 subsection expires September 1, 2021.

20 SECTION 3. (a) Section [533.0052](#), Government Code, as
21 amended by this Act, applies only to a contract between the Health
22 and Human Services Commission and a managed care organization that
23 is entered into or renewed on or after the effective date of this
24 Act.

25 (b) To the extent permitted by law or the terms of the
26 contract, the Health and Human Services Commission shall amend a
27 contract entered into before the effective date of this Act with a

1 managed care organization to require compliance with Section
2 [533.0052](#), Government Code, as amended by this Act.

3 SECTION 4. If before implementing any provision of this Act
4 a state agency determines that a waiver or authorization from a
5 federal agency is necessary for implementation of that provision,
6 the agency affected by the provision shall request the waiver or
7 authorization and may delay implementing that provision until the
8 waiver or authorization is granted.

9 SECTION 5. This Act takes effect September 1, 2017.