86R20074 JG-D

By:  Thompson of Harris, Bonnen of Galveston, H.B. No. 10

     Coleman, Phelan, Moody, et al.

Substitute the following for H.B. No. 10:

By:  Coleman C.S.H.B. No. 10

A BILL TO BE ENTITLED

AN ACT

relating to the creation of the Texas Mental and Behavioral Health Research Institute.

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

SECTION 1.  Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 104A to read as follows:

CHAPTER 104A. TEXAS MENTAL AND BEHAVIORAL HEALTH RESEARCH INSTITUTE

Sec. 104A.001.  DEFINITION. In this chapter, "institute" means the Texas Mental and Behavioral Health Research Institute.

Sec. 104A.002.  ESTABLISHMENT; PURPOSE. The institute is established to create best practices, leadership, and vision for addressing child and adolescent behavioral health needs and to provide funding for researching behavioral health issues.

Sec. 104A.003.  COMPOSITION OF INSTITUTE. (a) The institute is composed of the following members:

(1)  three representatives of nonprofit organizations in this state that focus on mental health care, one appointed by the governor, one appointed by the lieutenant governor, and one appointed by the speaker of the house of representatives;

(2)  a representative of the commission with expertise in the delivery of mental health care services, appointed by the executive commissioner;

(3)  a representative of the commission with expertise in mental health facilities, appointed by the executive commissioner;

(4)  a representative of the Texas Higher Education Coordinating Board, appointed by the commissioner of the coordinating board; and

(5)  the chair of the academic department of psychiatry from each of the following health-related institutions of higher education or a licensed psychiatrist, including a child-adolescent psychiatrist, designated to serve by the chair in the chair's place:

(A)  The University of Texas Health Science Center at Houston;

(B)  The University of Texas Health Science Center at San Antonio;

(C)  The University of Texas Southwestern Medical Center;

(D)  The University of Texas Medical Branch at Galveston;

(E)  The University of Texas M. D. Anderson Cancer Center;

(F)  The University of Texas Health Science Center at Tyler;

(G)  The Texas A&M University Health Science Center;

(H)  the University of North Texas Health Science Center at Fort Worth;

(I)  the Texas Tech University Health Sciences Center;

(J)  the Texas Tech University Health Sciences Center at El Paso;

(K)  the Dell Medical School and schools of nursing and pharmacy at The University of Texas at Austin;

(L)  The University of Texas Rio Grande Valley School of Medicine and schools of nursing and pharmacy; and

(M)  Baylor College of Medicine.

(b)  Service on the institute by a public officer or employee is an additional duty of the office or employment.

(c)  The institute shall elect a presiding member from among its membership.

(d)  The members of the institute shall designate a member to represent the institute on the statewide behavioral health coordinating council.

(e)  A vacancy in the membership of the institute shall be filled in same manner as the original appointment.

(f)  The institute shall establish a schedule of regular meetings.

Sec. 104A.004.  ADMINISTRATIVE ATTACHMENT. The institute is administratively attached to the Texas Higher Education Coordinating Board. The coordinating board may use up to three percent of the institute's funds, as approved by the executive committee established under Section 104A.007, for the purpose of providing administrative support to the institute.

Sec. 104A.005.  POWERS AND DUTIES. (a) The institute shall coordinate with the statewide behavioral health coordinating council and work with relevant state agencies, consortiums, councils, cooperatives, collaborations, boards, centers, and other state entities to enhance mental health care and impact substance use disorder in this state through the health-related institutions of higher education listed in Section 104A.003(a)(5) by providing funding for:

(1)  research efforts conducted by a health-related institution of higher education;

(2)  the dissemination of best practice guidelines by a health-related institution of higher education;

(3)  the recruitment of researchers and clinicians to a health-related institution of higher education;

(4)  the training of students, residents, and fellows in connection to a research effort conducted under this chapter by a health-related institution of higher education; and

(5)  clinical trials, studies, or other patient programs of a health-related institution of higher education that are approved by an institutional review board.

(b)  The institute shall adopt rules as necessary to accomplish the purposes of Subsection (a).

Sec. 104A.006.  MENTAL HEALTH, BEHAVIORAL HEALTH, AND SUBSTANCE USE DISORDER RESEARCH PROGRAM. (a) The institute shall establish a mental health, behavioral health, and substance use disorder research program to provide funding to the health-related institutions of higher education listed in Section 104A.003(a)(5) to:

(1)  implement a statewide research framework focused on preventing, identifying, and treating mental health conditions, including:

(A)  depression;

(B)  first episode psychosis;

(C)  substance use disorder;

(D)  bipolar disorder and schizophrenia; and

(E)  population health;

(2)  support research efforts regarding mental and behavioral health issues, including research related to:

(A)  physical, structural, chemical, electrical, or genetic causes of behavioral health issues;

(B)  external factors that may result in behavioral health issues;

(C)  physical or other health issues that may affect behavioral health;

(D)  public health trends and strategies related to behavioral health;

(E)  new treatments, therapies, pharmaceuticals, medical interventions, or other solutions for addressing behavioral health issues;

(F)  child-adolescent psychiatry; and

(G)  co-occurring mental and behavioral health issues in children with an intellectual or developmental disability;

(3)  in connection to the research efforts conducted under Subdivision (2), administer training to develop a workforce that specializes in psychiatric research and clinical care;

(4)  research, develop, test, and disseminate best practices for prescribing opioid drugs;

(5)  teach the best practices for prescribing opioid drugs described by Subdivision (4) at the health-related institutions of higher education and at any continuing or community education courses provided by the institution;

(6)  conduct substance use disorder research related to identifying:

(A)  addiction recovery methods that use new substance use disorder treatment strategies, therapies, drugs, or telemedicine medical services;

(B)  barriers to the accessibility of evidence-based medical treatments for substance use disorder;

(C)  strategies and new treatment methods to reduce the effects of opioid drugs and other controlled substances on maternal mortality and morbidity rates in this state;

(D)  prevention techniques, policies, and outreach methods to reduce the use of opioid drugs and other controlled substances;

(E)  better pain management strategies for persons recovering from a substance use disorder;

(F)  ways to obtain better data related to substance use disorder and ways to achieve the interoperability of various sources of that data;

(G)  the most recent pharmacogenetic strategies;

(H)  the genetic determinants of addiction; and

(I)  whether risk factors for addiction can be determined or mitigated;

(7)  in connection to the research conducted under Subdivision (6), administer training to develop a workforce that specializes in psychiatric research and clinical care;

(8)  research and test new substance use disorder treatment approaches;

(9)  collaborate with the commission, the Texas State Board of Pharmacy, and any other appropriate organization, agency, or professional board to complete comparative studies of prescribing practices for opioid drugs in this state;

(10)  recruit mental health, behavioral health, and substance use disorder researchers, other than researchers from a public, private, or independent institution of higher education in this state; and

(11)  research or address any other mental health, behavioral health, substance use disorder, or addiction issue identified by the institute.

(b)  A health-related institution of higher education listed in Section 104A.003(a)(5) may apply for funding under this section alone or in partnership with a state agency or other institution of higher education. The institute may prioritize awarding funding under this section to an institution of higher education that applies in partnership with a state agency or other institution. If an institution of higher education is awarded funding under this section, the institution may partner with any necessary entity or person to carry out the purpose for which the funding was awarded.

(c)  The institute shall establish a process for the selection of research projects to fund under this section. The process must provide for the evaluation of research projects based on their alignment with the statewide behavioral health strategic plan or whether they address key issues identified by the institute.

(d)  Notwithstanding any other law, this section does not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides the basis for a cause of action.

Sec. 104A.007.  EXECUTIVE COMMITTEE. (a) The Texas Mental and Behavioral Health Research Institute Executive Committee is created to make final decisions on all research proposals recommended by the institute for funding. The executive committee shall adopt reasonable rules and procedures to ensure that final decisions are made in an unbiased and objective manner.

(b)  The executive committee is composed of 11 members with appropriate expertise in mental and behavioral health issues, appointed as follows:

(1)  three members appointed by the governor;

(2)  three members appointed by the lieutenant governor;

(3)  three members appointed by the speaker of the house of representatives;

(4)  one member appointed by the membership of the institute, who may be the presiding officer of the institute; and

(5)  one member who represents the statewide behavioral health coordinating council, appointed by the governor.

(c)  A vacancy on the executive committee shall be filled in the same manner as the original appointment.

(d)  The executive committee shall elect a presiding officer from among the membership of the executive committee.

Sec. 104A.008.  FUNDING. In addition to any money appropriated to the institute, the institute may solicit and accept gifts, grants, and donations from any source for the purpose of carrying out this chapter.

Sec. 104A.009.  WEBSITE. The Texas Higher Education Coordinating Board shall assist the institute in creating an Internet website for the institute.

Sec. 104A.010.  COLLABORATION WITH HISTORICALLY BLACK COLLEGE OR UNIVERSITY. A health-related institution of higher education listed in Section 104A.003(a)(5) may contract with a historically black college or university in this state to collaborate with the institution in carrying out any part of this chapter.

Sec. 104A.011.  REPORT. Not later than December 1 of each even-numbered year, the institute shall prepare and submit to the governor and the Legislative Budget Board and post on the institute's Internet website a biennial report on the institute's activities and legislative recommendations based on those activities.

Sec. 104A.012. APPROPRIATION CONTINGENCY. The institute is required to implement a provision of this chapter only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the institute may, but is not required to, implement the provision using other money available to the institute for that purpose.

SECTION 2.  Sections 481.076(a), (d), and (j), Health and Safety Code, are amended to read as follows:

(a)  The board may not permit any person to have access to information submitted to the board under Section 481.074(q) or 481.075 except:

(1)  the board, the Texas Medical Board, the Texas Department of Licensing and Regulation, with respect to the regulation of podiatrists [~~State Board of Podiatric Medical Examiners~~], the State Board of Dental Examiners, the State Board of Veterinary Medical Examiners, the Texas Board of Nursing, or the Texas Optometry Board for the purpose of:

(A)  investigating a specific license holder; or

(B)  monitoring for potentially harmful prescribing or dispensing patterns or practices under Section 481.0762;

(2)  an authorized officer or member of the department or authorized employee of the board engaged in the administration, investigation, or enforcement of this chapter or another law governing illicit drugs in this state or another state;

(3)  the department on behalf of a law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of this chapter or another law governing illicit drugs in this state or another state;

(4)  a medical examiner conducting an investigation;

(5)  provided that accessing the information is authorized under the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and regulations adopted under that Act:

(A)  a pharmacist or a pharmacy technician, as defined by Section 551.003, Occupations Code, acting at the direction of a pharmacist; or

(B)  a practitioner who:

(i)  is a physician, dentist, veterinarian, podiatrist, optometrist, or advanced practice nurse or is a physician assistant described by Section 481.002(39)(D) or an employee or other agent of a practitioner acting at the direction of a practitioner; and

(ii)  is inquiring about a recent Schedule II, III, IV, or V prescription history of a particular patient of the practitioner;

(6)  a pharmacist or practitioner who is inquiring about the person's own dispensing or prescribing activity; [~~or~~]

(7)  one or more states or an association of states with which the board has an interoperability agreement, as provided by Subsection (j); or

(8)  a health-related institution of higher education listed in Section 104A.003(a)(5) that is certified by the Centers for Medicare and Medicaid Services as a qualified entity under the qualified entity certification program.

(d)  Information submitted to the board under this section may be used only for:

(1)  the administration, investigation, or enforcement of this chapter or another law governing illicit drugs in this state or another state;

(2)  investigatory, evidentiary, or monitoring purposes in connection with the functions of an agency listed in Subsection (a)(1);

(3)  the prescribing and dispensing of controlled substances by a person listed in Subsection (a)(5); [~~or~~]

(4)  dissemination by the board to the public in the form of a statistical tabulation or report if all information reasonably likely to reveal the identity of each patient, practitioner, or other person who is a subject of the information has been removed; or

(5)  any other purpose outlined by an interoperability agreement related to institutional compliance monitoring or medical or public health research.

(j)  The board may enter into an interoperability agreement with one or more states or an association of states authorizing the board to access prescription monitoring information maintained or collected by the other state or states or the association, including information maintained on a central database such as the National Association of Boards of Pharmacy Prescription Monitoring Program InterConnect.  Pursuant to an interoperability agreement, the board may authorize the prescription monitoring program of one or more states or an association of states or an institution of higher education described by Subsection (a)(8) to access information submitted to the board under Sections 481.074(q) and 481.075, including by submitting or sharing information through a central database such as the National Association of Boards of Pharmacy Prescription Monitoring Program InterConnect.

SECTION 3.  Not later than December 1, 2019, the appropriate appointing authority shall appoint members to the Texas Mental and Behavioral Health Research Institute in accordance with Section 104A.003, Health and Safety Code, as added by this Act.

SECTION 4.  If the constitutional amendment proposed by the 86th Legislature, Regular Session, 2019, providing for the issuance of general obligation bonds by the Texas Public Finance Authority to fund research, treatment, and access to services in this state for behavioral health, mental health, and substance use and addiction issues is approved by the voters, the Texas Mental and Behavioral Health Research Institute established by Chapter 104A, Health and Safety Code, as added by this Act, is eligible to receive funding through the proceeds of bonds issued under the authority of Section 68, Article III, Texas Constitution, for any activities conducted by the institute that serve the purposes of that constitutional provision.

SECTION 5.  To the extent of any conflict, this Act prevails over another Act of the 86th Legislature, Regular Session, 2019, relating to nonsubstantive additions to and corrections in enacted codes.

SECTION 6.  If S.B. 10, Acts of the 86th Legislature, Regular Session, 2019, creating the Texas Mental Health Care Consortium, or similar legislation creating a comparable entity, becomes law, the Texas Mental and Behavioral Health Research Institute established by Chapter 104A, Health and Safety Code, as added by this Act, shall, to the greatest extent possible, coordinate with the Texas Mental Health Care Consortium or comparable entity in conducting meetings and carrying out the purposes of each entity.

SECTION 7.  This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.