86R12293 MM-F

By:  Miller H.B. No. 2368

A BILL TO BE ENTITLED

AN ACT

relating to access to and the provision of behavioral and mental health care services and trauma-informed care in the Medicaid managed care program.

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

SECTION 1.  Sections 533.0051(a) and (d), Government Code, are amended to read as follows:

(a)  The commission shall establish outcome-based performance measures and incentives to include in each contract between a health maintenance organization and the commission for the provision of health care services, including behavioral and mental health care services, to recipients that is procured and managed under a value-based purchasing model.  The performance measures and incentives must:

(1)  be designed to facilitate and increase recipients' access to appropriate health care services, including behavioral and mental health care services; [~~and~~]

(2)  to the extent possible, align with other state and regional quality care improvement initiatives; and

(3)  for contracts for the provision of behavioral and mental health care services to recipients under the STAR Health program, be designed to facilitate and increase recipients' access to trauma-informed care.

(d)  Subject to Subsection (f), the commission shall assess the feasibility and cost-effectiveness of including provisions in a contract described by Subsection (a) that require the health maintenance organization to provide to the providers in the organization's provider network pay-for-performance opportunities that support quality improvements in the care of recipients. Pay-for-performance opportunities may include incentives for providers to provide care after normal business hours and to participate in the early and periodic screening, diagnosis, and treatment program and other activities that improve recipients' access to care, including trauma-informed care and behavioral and mental health care services. If the commission determines that the provisions are feasible and may be cost-effective, the commission shall develop and implement a pilot program in at least one health care service region under which the commission will include the provisions in contracts with health maintenance organizations offering managed care plans in the region.

SECTION 2.  Section 533.0052, Government Code, is amended by amending Subsection (a) and adding Subsections (c), (d), (e), (f), and (g) to read as follows:

(a)  A contract between a managed care organization and the commission for the organization to provide health care services, including behavioral and mental health care services, to recipients under the STAR Health program must include a requirement that [~~trauma-informed care training be offered to~~] each contracted physician or provider who diagnoses or provides treatment for a behavioral or mental health condition or prescribes psychotropic medication receive training regarding the impact of trauma on children and trauma-informed care.

(c)  The commission shall determine the appropriate information to include in the training required by Subsection (a). The training must include information regarding:

(1)  the effects of trauma, toxic stress, and adverse childhood experiences on a child's:

(A)  brain development; and

(B)  emotional, cognitive, and social functioning;

(2)  trauma screening and accessing a child's trauma history;

(3)  the management of traumatic memories;

(4)  the overlap between symptoms of trauma and symptoms of mental health disorders, including attention-deficit/hyperactivity disorder, bipolar disorder, and oppositional defiant disorder;

(5)  the potential risks of using psychotropic medication for children who have experienced trauma;

(6)  the availability of research-supported, trauma-informed, non-pharmacological interventions; and

(7)  appropriate coding and billing procedures for reimbursement of trauma-informed care, treatments, and services.

(d)  The commission shall make at least one opportunity to receive the training required by Subsection (a) available at no cost to each contracted physician or provider described by Subsection (a).

(e)  A contracted physician or provider described by Subsection (a) who has received the training required by that subsection before September 1, 2019, may meet the training requirement by providing documentation to the commission of the relevant training. This subsection expires September 1, 2020.

(f)  Notwithstanding any other law, a contracted physician or provider described by Subsection (a) is not required to meet the training requirement of this section before September 1, 2020. This subsection expires September 1, 2021.

(g)  The commission may establish performance measures and incentives described by Section 533.0051 to encourage improved access to trauma-informed care and behavioral and mental health care services for recipients under the STAR Health program and to support contracted physicians or providers described by Subsection (a) in receiving:

(1)  training required by Subsection (a); and

(2)  additional training in research-supported, trauma-informed, non-pharmacological interventions.

SECTION 3.  Not later than January 1, 2020, the executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement Sections 533.0051 and 533.0052, Government Code, as amended by this Act.

SECTION 4.  (a)  Sections 533.0051 and 533.0052, Government Code, as amended by this Act, apply only to a contract between the Health and Human Services Commission and a managed care organization that is entered into or renewed on or after the effective date of this Act.

(b)  To the extent permitted by law or the terms of the contract, the Health and Human Services Commission shall amend a contract entered into before the effective date of this Act with a managed care organization to comply with Sections 533.0051 and 533.0052, Government Code, as amended by this Act.

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

SECTION 6.  This Act takes effect September 1, 2019.