86R32604 JG-F

By:  Nelson, et al. S.B. No. 10

(Zerwas, Price, Button, Allison, Coleman, et al.)

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

By:  Thompson of Harris C.S.S.B. No. 10

A BILL TO BE ENTITLED

AN ACT

relating to the creation of the Texas Mental Health Care Consortium.

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 113 to read as follows:

CHAPTER 113. TEXAS MENTAL HEALTH CARE CONSORTIUM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 113.0001.  DEFINITIONS. In this chapter:

(1)  "Community mental health provider" means an entity that provides mental health care services at a local level.

(2)  "Consortium" means the Texas Mental Health Care Consortium.

(3)  "Executive committee" means the executive committee of the consortium.

SUBCHAPTER B. CONSORTIUM

Sec. 113.0051.  ESTABLISHMENT; PURPOSE. The Texas Mental Health Care Consortium is established to:

(1)  leverage the expertise and capacity of the health-related institutions of higher education listed in Section 113.0052 to address urgent mental health challenges and improve the mental health care system in this state; and

(2)  enhance the state's ability to address mental health care needs through collaboration of the health-related institutions of higher education listed in Section 113.0052.

Sec. 113.0052.  COMPOSITION. The consortium is composed of:

(1)  the following health-related institutions of higher education:

(A)  Baylor College of Medicine;

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

(C)  Texas Tech University Health Sciences Center;

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

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

(F)  the Dell Medical School at The University of Texas at Austin;

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

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

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

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

(K)  The University of Texas Rio Grande Valley School of Medicine;

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

(M)  The University of Texas Southwestern Medical Center;

(2)  the commission;

(3)  the Texas Higher Education Coordinating Board;

(4)  three nonprofit organizations that focus on mental health care, designated by a majority of the members described by Subdivision (1); and

(5)  any other entity that the executive committee considers necessary.

Sec. 113.0053.  ADMINISTRATIVE ATTACHMENT. The consortium is administratively attached to the Texas Higher Education Coordinating Board for the purpose of receiving and administering appropriations and other funds under this chapter. The board is not responsible for providing to the consortium staff human resources, contract monitoring, purchasing, or any other administrative support services.

SUBCHAPTER C. EXECUTIVE COMMITTEE

Sec. 113.0101.  EXECUTIVE COMMITTEE COMPOSITION. (a) The consortium is governed by an executive committee composed of the following members:

(1)  the chair of the academic department of psychiatry of each of the health-related institutions of higher education listed in Section 113.0052 or a licensed psychiatrist, including a child-adolescent psychiatrist, designated by the chair to serve in the chair's place;

(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;

(5)  a representative of each nonprofit organization described by Section 113.0052 that is part of the consortium, designated by a majority of the members described by Subdivision (1);

(6)  a representative of a hospital system in this state, designated by a majority of the members described by Subdivision (1); and

(7)  any other representative designated:

(A)  under Subsection (b); or

(B)  by a majority of the members described by Subdivision (1) at the request of the executive committee.

(b)  The president of each of the health-related institutions of higher education listed in Section 113.0052 may designate a representative to serve on the executive committee.

Sec. 113.0102.  VACANCY. A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Sec. 113.0103.  PRESIDING OFFICER. The executive committee shall elect a presiding officer from among the membership of the executive committee.

Sec. 113.0104.  STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL. The consortium shall designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

Sec. 113.0105.  GENERAL DUTIES. The executive committee shall:

(1)  coordinate the provision of funding to the health-related institutions of higher education listed in Section 113.0052 to carry out the purposes of this chapter;

(2)  establish procedures and policies for the administration of funds under this chapter;

(3)  monitor funding and agreements entered into under this chapter to ensure recipients of funding comply with the terms and conditions of the funding and agreements; and

(4)  establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.

SUBCHAPTER D. ACCESS TO CARE

Sec. 113.0151.  CHILD PSYCHIATRY ACCESS NETWORK AND TELEMEDICINE AND TELEHEALTH PROGRAMS. (a) The consortium shall establish a network of comprehensive child psychiatry access centers. A center established under this section shall:

(1)  be located at a health-related institution of higher education listed in Section 113.0052; and

(2)  provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs.

(b)  The consortium shall establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services. The consortium shall implement this subsection with a focus on the behavioral health needs of at-risk children and adolescents.

(c)  A health-related institution of higher education listed in Section 113.0052 may enter into a memorandum of understanding with a community mental health provider to:

(1)  establish a center under Subsection (a); or

(2)  establish or expand a program under Subsection (b).

(d)  The consortium shall leverage the resources of a hospital system under Subsection (a) or (b) if the hospital system:

(1)  provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with those described by Subsection (a); and

(2)  has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

Sec. 113.0152.  CONSENT REQUIRED FOR SERVICES TO MINOR. (a)  A person may provide mental health care services to a child younger than 18 years of age through a program established under this subchapter only if the person obtains the written consent of the parent or legal guardian of the child.

(b)  The consortium shall develop and post on its Internet website a model form for a parent or legal guardian to provide consent under this section.

(c)  This section does not apply to services provided by a school counselor in accordance with Section 33.005, 33.006, or 33.007, Education Code.

Sec. 113.0153.  REIMBURSEMENT FOR SERVICES. A child psychiatry access center established under Section 113.0151(a) may not submit an insurance claim or charge a pediatrician or primary care provider a fee for providing consultation services or training opportunities under that section.

SUBCHAPTER E. MENTAL HEALTH WORKFORCE

Sec. 113.0201.  COMMUNITY PSYCHIATRY WORKFORCE EXPANSION. (a) The executive committee may provide funding to a health-related institution of higher education listed in Section 113.0052 for the purpose of funding:

(1)  one full-time psychiatrist who treats adults or one full-time psychiatrist who treats children and adolescents to serve as academic medical director at a facility operated by a community mental health provider; and

(2)  two new resident rotation positions.

(b)  An academic medical director described by Subsection (a) shall collaborate and coordinate with a community mental health provider to expand the amount and availability of mental health care resources by developing training opportunities for residents and supervising residents at a facility operated by the community mental health provider.

(c)  An institution of higher education that receives funding under Subsection (a) shall require that psychiatric residents participate in rotations through the facility operated by the community mental health provider in accordance with Subsection (b).

Sec. 113.0202.  CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP. (a) The executive committee may provide funding to a health-related institution of higher education listed in Section 113.0052 for the purpose of funding a physician fellowship position that will lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents.

(b)  The funding provided to a health-related institution of higher education under this section must be used to increase the number of fellowship positions at the institution and may not be used to replace existing funding for the institution.

SUBCHAPTER F. MISCELLANEOUS PROVISIONS

Sec. 113.0251.  BIENNIAL REPORT. Not later than December 1 of each even-numbered year, the consortium shall prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and post on its Internet website a written report that outlines:

(1)  the activities and objectives of the consortium;

(2)  the health-related institutions of higher education listed in Section 113.0052 that receive funding by the executive committee; and

(3)  any legislative recommendations based on the activities and objectives described by Subdivision (1).

Sec. 113.0252.  APPROPRIATION CONTINGENCY. The consortium 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 consortium may, but is not required to, implement a provision of this chapter.

Sec. 113.0253.  JUDICIAL INSTRUCTION REGARDING MENTAL HEALTH CARE RESOURCES. The Supreme Court of Texas and the Texas Court of Criminal Appeals, in consultation with the consortium, shall develop a training program to educate and inform designated judges and their staff on mental health care resources available within the geographic region in which the designated judges preside. The Supreme Court of Texas and the Texas Court of Criminal Appeals may develop and operate the training program in conjunction with any other training programs.

SECTION 2.  As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission, the commissioner of the Texas Higher Education Coordinating Board, and the members of the executive committee described by Section 113.0101(a)(1), Health and Safety Code, as added by this Act, shall make the appointments and designations required by Section 113.0101, Health and Safety Code, as added by this Act.

SECTION 3.  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.