

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

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

1 commissioner;

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

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

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

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

14 (C) The University of Texas Southwestern Medical  
15 Center;

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

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

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

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

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

26 (I) the Texas Tech University Health Sciences  
27 Center;

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

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

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

7                   (M) Baylor College of Medicine.

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

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

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

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

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

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

25           Sec. 104A.005. POWERS AND DUTIES. (a) The institute shall  
26 coordinate with the statewide behavioral health coordinating  
27 council and work with relevant state agencies, consortiums,

1 councils, cooperatives, collaborations, boards, centers, and other  
2 state entities to enhance mental health care and impact substance  
3 use disorder in this state through the health-related institutions  
4 of higher education listed in Section 104A.003(a)(5) by providing  
5 funding for:

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

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

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

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

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

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

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

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

1 including:

2 (A) depression;

3 (B) first episode psychosis;

4 (C) substance use disorder;

5 (D) bipolar disorder and schizophrenia; and

6 (E) population health;

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

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

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

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

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

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

20 (F) child-adolescent psychiatry; and

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

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

27 (4) research, develop, test, and disseminate best

1 practices for prescribing opioid drugs;

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

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

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

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

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

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

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

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

24 (G) the most recent pharmacogenetic strategies;

25 (H) the genetic determinants of addiction; and

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

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

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

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

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

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

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

26           (c) The institute shall establish a process for the  
27 selection of research projects to fund under this section. The

1 process must provide for the evaluation of research projects based  
2 on their alignment with the statewide behavioral health strategic  
3 plan or whether they address key issues identified by the  
4 institute.

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

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

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

18 (1) three members appointed by the governor;

19 (2) three members appointed by the lieutenant  
20 governor;

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

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

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

27 (c) A vacancy on the executive committee shall be filled in



1 the same manner as the original appointment.

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

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

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

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

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

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

1 provision using other money available to the institute for that  
2 purpose.

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

5 (a) The board may not permit any person to have access to  
6 information submitted to the board under Section 481.074(q) or  
7 481.075 except:

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

14 (A) investigating a specific license holder; or  
15 (B) monitoring for potentially harmful  
16 prescribing or dispensing patterns or practices under Section  
17 481.0762;

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

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

26 (4) a medical examiner conducting an investigation;

27 (5) provided that accessing the information is

1 authorized under the Health Insurance Portability and  
2 Accountability Act of 1996 (Pub. L. No. 104-191) and regulations  
3 adopted under that Act:

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

7 (B) a practitioner who:

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

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

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

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

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

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

27 (1) the administration, investigation, or enforcement

1 of this chapter or another law governing illicit drugs in this state  
2 or another state;

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

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

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

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

16 (j) The board may enter into an interoperability agreement  
17 with one or more states or an association of states authorizing the  
18 board to access prescription monitoring information maintained or  
19 collected by the other state or states or the association,  
20 including information maintained on a central database such as the  
21 National Association of Boards of Pharmacy Prescription Monitoring  
22 Program InterConnect. Pursuant to an interoperability agreement,  
23 the board may authorize the prescription monitoring program of one  
24 or more states or an association of states or an institution of  
25 higher education described by Subsection (a)(8) to access  
26 information submitted to the board under Sections 481.074(q) and  
27 481.075, including by submitting or sharing information through a

1 central database such as the National Association of Boards of  
2 Pharmacy Prescription Monitoring Program InterConnect.

3 SECTION 3. Not later than December 1, 2019, the appropriate  
4 appointing authority shall appoint members to the Texas Mental and  
5 Behavioral Health Research Institute in accordance with Section  
6 104A.003, Health and Safety Code, as added by this Act.

7 SECTION 4. If the constitutional amendment proposed by the  
8 86th Legislature, Regular Session, 2019, providing for the issuance  
9 of general obligation bonds by the Texas Public Finance Authority  
10 to fund research, treatment, and access to services in this state  
11 for behavioral health, mental health, and substance use and  
12 addiction issues is approved by the voters, the Texas Mental and  
13 Behavioral Health Research Institute established by Chapter 104A,  
14 Health and Safety Code, as added by this Act, is eligible to receive  
15 funding through the proceeds of bonds issued under the authority of  
16 Section 68, Article III, Texas Constitution, for any activities  
17 conducted by the institute that serve the purposes of that  
18 constitutional provision.

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

23 SECTION 6. If S.B. 10, Acts of the 86th Legislature, Regular  
24 Session, 2019, creating the Texas Mental Health Care Consortium, or  
25 similar legislation creating a comparable entity, becomes law, the  
26 Texas Mental and Behavioral Health Research Institute established  
27 by Chapter 104A, Health and Safety Code, as added by this Act,

1 shall, to the greatest extent possible, coordinate with the Texas  
2 Mental Health Care Consortium or comparable entity in conducting  
3 meetings and carrying out the purposes of each entity.

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