

## **BILL ANALYSIS**

Senate Research Center  
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C.S.S.B. 672  
By: Buckingham et al.  
Health & Human Services  
3/18/2021  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

C.S.S.B. 672 would allow for the use of Collaborative Care Model to address mental health conditions in Medicaid. Mental health disorders are often chronic conditions that people experience along with other health conditions, such as heart disease and diabetes. Yet, according to the Centers for Medicare and Medicaid Services, only 25 percent of patients receive effective mental health care, including in primary care settings, where the majority of patients with mental health conditions receive their usual care.

Research has shown that by not providing early detection and access to behavioral health treatment and/or focusing only on the physical ailment to the detriment of the behavioral health condition, the result is an inefficient system that is producing suboptimal health outcomes at a much higher cost. Significant research spanning three decades has identified one model—the Collaborative Care Model (CoCM)—in particular, as being effective and efficient in delivering integrated care. Since Collaborative Care results in earlier diagnoses and treatment—before mental illness reaches a crisis level—it saves taxpayer dollars.

The CoCM uses a team-based, interdisciplinary approach to deliver evidence-based diagnoses, treatment and follow-up care. It integrates physical and mental healthcare under the supervision of a primary care provider with an emphasis on early intervention and measuring progress, just as is done for diabetes or any other physical health condition. The CoCM can be adapted to rural and urban primary care practices.

Recognizing the effectiveness of this model, many commercial payers and Medicare have already begun reimbursing for this type of care. However, it is not currently covered under Texas Medicaid. By adding a reimbursement for CoCM as proposed by C.S.S.B. 672, the state can help improve patient access and outcomes for those suffering from mental health conditions in the Texas Medicaid system, while at the same time, saving taxpayer dollars. The committee substitute is a Legislative Council draft but makes no substantive changes to the bill.

C.S.S.B. 672 amends current law relating to Medicaid coverage of certain collaborative care management services.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 32.024, Human Resources Code, by adding Subsection (oo), to require the Health and Human Services Commission to provide medical assistance reimbursement to a treating health care provider who participates in Medicaid for the provision to a child or adult medical assistance recipient of behavioral health services that are classified by a Current Procedural Terminology code as collaborative care management services.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2021.