

BILL ANALYSIS

C.S.H.B. 4085
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Judiciary & Civil Jurisprudence
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Counties are currently allowed to bill a private mental health facility for certain court costs associated with referring a person to the facility in a proceeding under the Texas Mental Health Code. The system allowing for this dates back to the 1990s and was at least in part intended to benefit public facilities. Today we live in a very different environment for the delivery of mental health services, one in which the demand for services is growing at a rapid pace that cannot be met by public facilities alone, and in which even the state contracts with private facilities for services. In the few counties that do pass these costs along to private mental health facilities, the facilities are paying large amounts that inhibit their ability to stay in business, hire professional staff, and provide mental health services to their community. C.S.H.B. 4085 seeks to alleviate the financial burden on these facilities by expanding the circumstances under which a county is required to reimburse a private mental health facility for court costs.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 4085 amends the Health and Safety Code to exclude a filing fee or other cost associated with a hearing or proceeding under the Texas Mental Health Code from the costs the state or a county is conditionally prohibited from paying for a patient committed to a private mental hospital. The bill revises the requirement for a probate court judge to order the court clerk to refund court costs paid or advanced for a person by an inpatient mental health facility on the filing of an affidavit with the court clerk as follows:

- extends the applicability of the requirement to the judge of any court conducting a hearing or proceeding under the Texas Mental Health Code;
- expands the applicable inpatient mental health facilities, which currently only include a private mental hospital licensed by the Department of State Health Services (DSHS) or an identifiable part of a DSHS-licensed general hospital in which diagnosis, treatment, and care for persons with mental illness is provided, to also include the following:
 - a DSHS-operated facility; and
 - a local mental health authority or a facility operated by or under contract with such an authority; and
- expands the applicable affidavits, which currently only include an affidavit certifying that the facility has received no compensation or reimbursement for the person's treatment, to also include an affidavit certifying the following:

- the facility provided treatment for the person under a contract with a local mental health authority; or
- the facility provided treatment for the person and only received reimbursement under Medicaid.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 4085 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute extends the applicability of the requirement for a probate court judge to order the court clerk to refund court costs paid or advanced for a person by an applicable inpatient mental health facility on the filing of an applicable affidavit to the judge of any court conducting a hearing or proceeding under the Texas Mental Health Code, whereas the introduced did not include such an extension. Whereas the introduced included an affidavit certifying that the facility provided treatment for the person and the person is eligible for Medicaid benefits among the affidavits that trigger the requirement, the substitute instead includes an affidavit certifying that the facility provided treatment for the person and only received reimbursement under Medicaid.