

BILL ANALYSIS

H.B. 475
By: Johnson
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

The bill author has informed the committee that Texas Medicaid lacks intensive community-based care for youth in the juvenile justice system, leading to Texans using the state's juvenile justice system as a mental health care provider. Evidence-based prevention and intervention programs like multisystemic therapy (MST) are intensive, high-quality, and community-based services that can be provided for youth with mild to severe behavioral problems. The bill author has further informed the committee that MST is the treatment of choice for youth who are repeat violent offenders, including youth who have committed serious crimes, and that while coverage is available in the private market for these therapies, the most at-risk youth in need of these services are youth in Medicaid. H.B. 475 seeks to address this issue by providing for Medicaid reimbursement for services that are classified as MST and requiring the Health and Human Services Commission to establish a separate provider type for MST providers.

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

H.B. 475 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to provide Medicaid reimbursement to a health care provider who delivers services to a Medicaid recipient that are classified as multisystemic therapy by the Healthcare Common Procedure Coding System code. The bill requires the executive commissioner of HHSC to establish a separate provider type for multisystemic therapy providers for purposes of enrollment as a Medicaid provider and Medicaid reimbursement. If before implementing any provision of the bill 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 must request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

EFFECTIVE DATE

September 1, 2025.