

BILL ANALYSIS

S.B. 2069
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

The bill sponsor has informed the committee that clinicians often face challenges when searching for available psychiatric beds for individuals needing intensive psychiatric services, which can be problematic for emergency departments since they tend to be the gateway for inpatient psychiatric care. The bill sponsor has also informed the committee that emergency department clinicians must consider factors such as the patient's acuity, age, gender, and security level when seeking availability in facilities, which often translates into countless hours spent calling facilities until a suitable opening is found, contributing to longer emergency department wait times and delayed care for the patient.

Some states track psychiatric bed availability in real time and publish it on registries so providers can find openings efficiently. The bill author has informed the committee that states have reported that these registries improve access to psychiatric beds and reduce emergency department wait times. S.B. 2069 aims to require the Health and Human Services Commission to create a work group to study the feasibility of implementing a statewide or regional registry of available acute psychiatric beds.

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

S.B. 2069 requires the Health and Human Services Commission (HHSC) to establish a work group to conduct a study on the feasibility of implementing a statewide or regional acute psychiatric bed registry to list available beds at inpatient mental health facilities for the inpatient psychiatric treatment of certain individuals. The bill defines "inpatient mental health facility" by reference to that term's definition under the Texas Mental Health Code.

S.B. 2069 establishes that the work group consists of the following members appointed by the executive commissioner of HHSC:

- the chair of the Texas Hospital Association or the chair's designee;
- the president of the Texas Medical Association or the president's designee;
- the president of the Texas Nurses Association or the president's designee;
- two members who are experts in the field of technology;
- one member who is a licensed psychiatrist;
- one member who is a licensed professional counselor;

- one member who works in a substance use treatment facility;
- one member who is a representative of a hospital located in a rural area of Texas;
- one member who is a representative of a hospital located in a county with a population of four million or more;
- one member who is a representative of a hospital located in an urban area of Texas in a county with a population of less than four million;
- one member who is a representative of a public hospital;
- one member who is a representative of a private hospital;
- one member who is a statistician;
- one member who is a public health expert; and
- any other member with appropriate expertise as the executive commissioner determines necessary.

The bill requires the work group to elect from among the membership a presiding officer and to meet periodically and at the call of the presiding officer.

S.B. 2069 requires HHSC, not later than November 1, 2027, to prepare and submit to each standing committee of the senate and house of representatives having primary jurisdiction over mental health a written report that summarizes the results of the study conducted under the bill's provisions. The report must do the following:

- evaluate the effect of bed registries;
- include recommendations for increasing public awareness of bed registries;
- include recommendations for leveraging financial incentives and legislative, regulatory, or contractual mechanisms to expedite the entry of data for bed registries;
- assess the effect of hospital reimbursements in increasing bed availability;
- evaluate psychiatric treatment capacity in relation to bed availability; and
- include any other information HHSC considers necessary.

The bill's provisions expire and the work group is abolished November 1, 2028.

S.B. 2069 requires the executive commissioner of HHSC to appoint the members to the work group established by the bill as soon as practicable after the bill's effective date.

EFFECTIVE DATE

September 1, 2025.