

## **BILL ANALYSIS**

Senate Research Center  
81R30767 YDB-D

C.S.H.B. 2196  
By: Truitt (Deuell)  
Health & Human Services  
5/6/2009  
Committee Report (Substituted)

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

Research indicates that people with serious mental illness are more likely than those without mental illness to have poor physical health and face premature death due to untreated and poorly managed medical conditions, such as cardiovascular, pulmonary, and infectious diseases.

In addition to the unacceptable human cost associated with untreated medical conditions and premature death, people with mental illness and other chronic conditions are the greatest users of health services and emergency room care. Evidence demonstrates that integrated health care improves access to and service outcomes for persons with or at-risk for mental illness. Establishing a workgroup in Texas focused on improving integrated health care is of primary importance.

C.S.H.B. 2196 amends current law relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health 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. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to establish a workgroup to recommend best practices in policy, training, and service delivery to promote the integration of health and behavioral health services in this state.

(b) Requires the executive commissioner to appoint members to serve on the workgroup. Requires the workgroup to include at least one representative of the Department of State Health Services; at least one representative of the Department of Aging and Disability Services; at least one representative of the Department of Family and Protective Services; at least one representative of the Health and Human Services Commission; a representative of the Texas Department of Insurance; a representative of a state organization that represents community mental health and mental retardation centers; a representative of a state organization that represents federally qualified health centers; a representative of a state organization that represents substance abuse providers; at least one representative of state associations that represent medical and behavioral health professionals; at least one representative of a statewide organization that promotes mental health and prevention of mental disorders and advocates and educates to improve the care and treatment of persons with mental illness; at least one consumer member of an organization that represents consumers of mental health services; at least one representative of an organization that represents family members of consumers of mental health services; a representative of a mental health philanthropy that is an administrative unit of a public institution of higher education in this state and that agrees to provide administrative support to the workgroup; and additional members who are recognized experts in integrated health care in the state, who have direct experience with the provision of integrated health care, or who represent the interests of consumers, communities, family members, advocates, business leaders, medical and behavioral health providers, and insurers.

(c) Requires the workgroup to study and make recommendations on the integration of health and behavioral health services in this state. Authorizes the workgroup to request any information it needs from state agencies, and requires the state agencies to comply with the request.

(d) Requires the executive commissioner, not later than October 1, 2009, to establish the workgroup as required under Subsection (a) of this section and, not later than August 1, 2010, file with the appropriate committees of the senate and the house of representatives a report that describes the best practices for health and behavioral health integration, barriers to implementing the best practices in this state, and policy considerations for improving integrated service delivery to the citizens of this state.

(e) Provides that this section expires and the workgroup created under this section is abolished on August 31, 2010.

SECTION 2. Effective date: September 1, 2009.