

Recovery Day at the Texas Capitol 2021

PREVENTION BUILDS RESILIENT YOUTH AND STRONG COMMUNITIES

Evidence-based substance use/misuse prevention activities occur at the individual and community levels and do more than decrease substance use/misuse. In schools, evidence-based risk and protective factor based programs also reduce other problematic youth behaviors such as bullying, violence, teen pregnancy and promote academic motivation and achievement. Utilizing the existing Texas substance use prevention infrastructure is an effective and efficient way for schools to implement restorative discipline practices, promote wellbeing and prevent a range of risky or problematic behaviors.

SB 2063 (Menendez) (Public Education Committee)

Relating to public school discipline policies, practices, and procedures regarding student substance use and substance abuse prevention and intervention and mental health training for campus behavior coordinators.

- » Requires schools to develop discipline policies regarding student substance use and suggests policy elements that emphasize alternative disciplinary approaches;
- » Requires schools to develop substance abuse prevention and intervention practices and procedures which include assessment, intervention plans and assistance with referral to services.

HB 1201 (Wu) (Public Education Committee)

Relating to alternative settings for behavior management in public schools, including the development of restorative discipline practices as part of a school district's discipline and placement of a student in a disciplinary alternative education program.

- » Requires school districts to develop and implement restorative discipline practices over punishment.

PRESERVE FUNDING LEVELS FOR SUBSTANCE USE DISORDER PREVENTION TREATMENT AND RECOVERY SUPPORT SERVICES

Substance use disorders take a costly and devastating toll on our citizens, families, communities, and drive costs across multiple areas of the state's budget including public safety, criminal justice, healthcare, social welfare, child protective services. A public health approach that includes a full continuum of substance use disorder prevention, treatment and recovery support services is critical to reducing the costs, both financial and human, of substance misuse and addiction.

HB 1 & SB 1 (FY2022/2023 Appropriations Bills)

- » Funding for substance use disorder services is found in Article II-Health and Human Services, Strategy D.2.4
- » SB 1 (Senate Finance Committee) cuts \$20 M from current treatment funding levels and HB 1 maintains FY 2020/2021 funding levels
- » Support HB 1 (House Appropriations Committee) funding recommendations for the 2022/2023 biennium.

SB 2013 (Hinojosa)

Relating to a study on administrative penalties assessed against a substance use disorder service provider and to requiring the Health and Human Services Commission to provide administrative penalty schedules on the commission's Internet website.

- » Study the economic impact and effects of administrative penalties assessed on SUD providers;
- » Post the actual penalty schedule on the HHSC website



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TREATMENT IS EFFECTIVE AND INCLUDES A FULL CONTINUUM OF CARE

Unfortunately, a majority of Texans with Substance Use Disorder (SUD) do not receive the treatment they need due to a shortage of service providers and workforce. Both publicly and privately funded providers face challenges. Inadequate rates hamper state-funded providers and violations of state and federal parity law deny access to some individuals despite commercial health benefit coverage. These limitations persist in the midst of an addiction epidemic that claims more lives each year than ever before.

HB 297 (Murr) (Public Health Committee)

Relating to inservice on prevention of abuse, neglect, and illegal, unprofessional, and unethical conduct provided by certain healthcare facilities. (specifically applies to psychiatric hospitals, treatment facilities, medical hospitals that provide physical rehab)

- » SB 210 (73R) originally established training requirement; updates HSC Sec 161.133(a); Maintains initial 8 hr training requirement; reduces annual requirement to 4 hrs;
- » Will preserve staff time for patient care rather than redundant training;
- » Facilities have multiple mechanisms in place to protect patients.

SB 171 (Blanco) (Health & Human Services Committee)

Relating to a report regarding Medicaid reimbursement rates and access to care.

- » Low Medicaid rates is disincentive for providers to participate;
- » For some, Medicaid provides only access to SUD treatment & recovery services.

HB 2595 (Price) (Insurance Committee)

Relating to educational materials and parity law training regarding benefits for mental health conditions and SUD.

- » Increases awareness of consumer rights under parity laws;
- » Establish complaint portal to simplify process and decrease overall confusion;
- » Increases education for consumers and health benefit plan employees.

HB 3331 (Murr) (Public Health Committee)

Relating to a report on state actions to prevent chemical dependency facilities from engaging in certain prohibited solicitation practices.

- » Original legislation (1993) has been overlooked and patient brokering occurs impacting vulnerable individuals;
- » Creates a task force to make recommendations for prevention of violations;
- » Written report regarding prohibited solicitation practices by SUD service providers;
- » Strengthens current statute by implementing enforcement mechanisms and stronger penalties;
- » Clearly defines solicitation, deceptive marketing parameters and kickback activities.

HB 4 (Price)/SB 412 (Buckingham) (Public Health Committee)

Relating to telemedicine, telehealth, and technology-related health care services.

- » Pandemic opened opportunity for telehealth services in SUD and mental health treatment;
- » Will maintain gains and broaden access to services across various demographic groups and into rural communities.



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RECOVERY SUPPORT SERVICES

Recovery is defined as a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. As a best practice, quality recovery supports engulf the principles of Health, Home, Community and Purpose while incorporating peers and families. Since the recovery process is highly personal and occurs using many pathways, recovery services and supports must be flexible. Texans need and want access to quality support services that promote their health and well-being.

HB 544- Minjarez (Public Health Committee)

Relating to voluntary recovery housing certification with referral/funding requirements

- » Hearing on 03/24; Pending in committee;
- » HB 292 (Murr) similar without referral/funding requirements;
- » Defines recovery housing in statute;
- » Directs HHSC to appoint one or more certifying agencies;
- » Requests certified recovery residences to have a certified administrator;
- » Expands investment in training and technical assistance;
- » Prohibits recovery homes from engaging in patient brokering or kickbacks and from using false, misleading or deceptive marketing;
- » Strengthens fair housing rights of residents in certified recovery housing;
- » Implements and incentives voluntary recovery housing certification;
- » Requires recovery housing to be certified in order to receive state funding;
- » Requires referrals from state funded and licensed facilities and professionals be directed to certified homes.

HB 707- Moody (Public Health Committee)

Relating to a study on expanding recovery housing in this state

- » Hearing 03/24; Pending in committee;
- » Conduct a study on expansion of recovery housing in rural and urban areas across Texas;
- » Identify the impact of state and federal regulatory deficiencies on recovery housing;
- » Identify the current status of recovery housing in Texas. Important life changing fact

HB 898- White (Public Health Committee)

Relating to an interagency grant program to support and sustain the operations of community recovery organizations

- » Establishes a definition of a Community Recovery Organization broad enough include peer / family governed entities focused on mental health / substance use and that use best practices;
- » Directs agencies to identify potential funding sources and provides agencies eligibility criteria as funding becomes available;
- » Requires partial governance by peers & affected family members;
- » Aligns and implements national best practices.

