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## Addiction Prevention, Treatment, and Recovery Support Services Bill Briefs - 88th Legislative Session

### Funding for Services

**SB 1 (Huffman)/ HB 1 (Bonnen):** General Appropriations Act (state budget) for the 2024-25 biennium.

- Support an Article II rider #154 directing HHSC to increase substance use disorder treatment rates for indigent Texans.
- Publicly funded treatment providers are regularly paid below the cost of providing those services.
- In recent years inflationary pressures, increased labor costs and the challenges of COVID, have brought the disparity between the state rate and the cost of providing treatment to unsustainable levels.
- A rate increase is needed to stabilize the infrastructure and avoid a treatment capacity crisis.
- HHSC SUD division staff determined a rate increase could be provided with already appropriated funds that roll over from year to year.
- This rider would not require an appropriations increase and would provide clear legislative direction that substance use disorder treatment is a priority.

### Prevention

#### **School Mental Health Allotment**

**SB 948 (West)/ HB 2451 (Allison)-** relating to the permissible uses of the school safety allotment and the creation of a mental health allotment under the Foundation School Program.

- To foster a safe and successful school environment, kids need to feel both physically secure and mentally/emotionally supported.
- Schools in Texas are struggling to address rising student behavioral health needs and lack sustainable funding to implement a comprehensive behavioral health strategy that promotes wellness and supports evidence-based prevention and early intervention.
- SB 948 (West)/ HB 2451 (Allison) establishes a dedicated School Behavioral Health allotment to help school districts address the unique needs of their students and communities.
- Through Substance Abuse Prevention and Treatment (SABT) block grant funding, Texas has developed a network of local community organizations that have over 3 decades of experience delivering evidence-based risk & protective factor prevention curriculum in the schools.
- A dedicated School Behavioral Health Allotment would allow school districts to intervene early-- before a mental health crisis occurs or a problem behavior worsens and cost-effectively partner with experienced local organizations to deliver evidence-based programs/services.

**HB 362 (Oliverson)** Relating to the use, possession, delivery, or manufacture of testing equipment that identifies the presence of fentanyl, alpha-methylfentanyl, or any other derivative of fentanyl.

- Eliminates testing equipment and supplies for fentanyl as drug paraphernalia

Fentanyl test strips are an effective tool to save lives from fentanyl overdose. Currently it is illegal to possess these as they are considered drug paraphernalia.

**SB 1319 (Huffman)** Relating to the reporting of certain overdose information and the mapping overdoses for public safety purposes.

- Requires mandatory reporting of overdoses for the purpose of public safety mapping.
- Only applies to a law enforcement officer, first responder, or other person who administers emergency services who is employed by a county.
- Disclosed information can only be specific to the overdose and not include any personal information

Texas lacks a consistent methodology to track overdoses which limits our ability to know where and when overdose clusters occur and effectively mobilize a targeted public health response. Requiring real time overdose reporting will result in improved data collection and save lives by distributing resources where they are needed most.

## **Treatment**

### **Abuse Neglect and Exploitation Training**

**HB 233 (Murr)/SB 831 (Flores)** Relating to inservice training on identifying abuse, neglect, and illegal, unprofessional, and unethical conduct in certain health care facilities.

- Amends HSC Section 161.133 (a) reducing required annual in-service training from eight hours to four hours for all employees of inpatient mental health facility, treatment facility, or hospital that provides comprehensive medical rehabilitation services to assist employees in identifying patient abuse or neglect and illegal, unprofessional, or unethical conduct by or in the facility.

The topics to be included are very prescriptive in the MOU that outlines the training and information and accepted practices do not significantly change year to year. HB 233 maintains the initial training requirement for a new employee at eight hours, to establish a foundation of knowledge, and then allows for an annual refresher training by reducing the ongoing requirement to four hours.

### **Patient Brokering and Solicitation**

**HB 248 (Murr)** Relating to solicitation of patients and other prohibited marketing practices and establishment of the task force on patient solicitation; increasing criminal penalties.

- Establish a task force to study and make recommendations to prevent and stop patient exploitation and deceptive business practices
- Amends HSC Chapter 164 to include outpatient and recovery housing as types of facilities included and updates types of marketing mechanisms to include current technology (internet)
- Increases fines and penalties for engaging in brokering, deceptive and fraudulent business practices

Patient brokering has plagued substance use and mental healthcare for decades and was prevalent in Texas in the late 1980s and early 1990s. As a result of legislation passed in the 1990s (SB 205 & SB 210, 73R) patient brokering was drastically reduced. Since then, the marketplace has changed, and laws have become outdated and forgotten. A new wave of patient brokering has arisen across the nation, and as other states address this issue, “bad players” have moved to Texas where patient brokering is less scrutinized.

### **Parity and Prior Authorizations**

HB 5121 and 5230 are based on recommendations in the *Texas Mental Health Condition and Substance Use Disorder Parity Strategic Plan*.

**HB 5121 (Turner)** Relating to health benefit plan coverage of treatment of chemical dependency.

- Requires coverage for chemical dependency under Insurance Code Section 1368 to not be less favorable than coverage for physical illness under Chapters 1551, 1575, 1579 and 1601. (Texas state employees, teachers, retired teachers and UT and TAMU employees)
- Removes lifetime maximum for treatment episodes; eliminates requirement for treatment in a hospital setting

(over)

Most health plans in Texas comply with parity law, covering mental health and substance use treatment the same as any other illness. The groups under these four chapters have not had this same guarantee of coverage. In addition, outdated provisions in Section 1368 allow health plans to deny individuals access to treatment in fully licensed and accredited facilities if they are not located in a traditional hospital.

**HB 5230 (Bucy)** Relating to health benefit plan coverage of prescription drugs for serious mental illnesses and opioid and substance use disorders.

- Eliminates fail first requirement for medications for serious mental illness before authorizing medication determined appropriate by authorized prescriber
- Prohibits requirement for pre-authorization for medications for medication-assisted treatment for opioid or substance use disorder treatment

Fail first practices or pre-authorization requirements can delay access to life-saving medications for individuals with serious mental illness or opioid or other substance use disorders. Oftentimes there is a narrow window to start these medications and time is critical.

## Recovery

### **Recovery Housing**

**HB 299 (Murr)** Relating to creating a voluntary accreditation for recovery housing.

- Defines recovery housing in statute
- Prohibits recovery homes from engaging in patient brokering or kickbacks and from using false, misleading or deceptive marketing
- Strengthens the fair housing rights of residents in accredited recovery housing
- Requires recovery housing to be NARR accredited or Oxford House chartered to receive state funds
- Carves out recovery housing from other housing models or facilities such as boarding homes, nursing and continuing care facilities, assisted living, IDD group homes.

Recovery housing residents report the safety of their housing as a key factor in maintaining their recovery. Texas continues to see a rise in “bad players” given the current marketplace and as many states implement policies regarding accreditation. Living in recovery housing has been associated with positive outcomes including decreased substance use, reduced probability of relapse/recurrence, and lower rates of incarceration. Due to increased NIMBYism and overregulation, legislation is needed that protects this vulnerable resource. Well operated recovery housing is a proven and cost-effective means of promoting recovery from substance use issues and fiscally sound practices. Accreditation not only empowers consumer choice but provides reliable information for referrals and a means of reporting concerns.

**HB 965 (Allen/V. Jones)**- Relating to post-release housing for inmates released on parole or to mandatory supervision.

- Housing payments for people released on parole or mandatory supervision;
- Includes adopting standards for housing, including recovery housing
- Creates a task force to develop standards and procedures for re-entry housing temporary rental assistance

Affordability and access to safe, quality housing for people leaving incarceration is an ongoing issue. Individuals on mandatory supervision or parole are often delayed in their re-renty due to lack of access and could potentially end up in housing far from their hometowns. HB 965 addresses these issues by creating a task force that will develop much needed guidelines for re-entry housing and provide rental assistance for houses that meet the standards developed by the task force.

## **Peer Directed Organizations**

**Potential bill** - Relating to establishing a definition for peer directed organizations.

- Establishes a definition and parameters of peer directed organizations (PDO's)
- Defines peer directed organization in statute as non-profit organizations that:
  - are operated by persons recovering from a substance use disorder or mental health condition or affected family members;
  - 51% governed by members of the local community who identify as a person recovering from a substance use disorder or mental health condition; and
  - deliver peer support services and provide resources inside and outside the local community
- Directs state agencies to identify and submit a report regarding potential funding sources in September of even numbered years.

For questions or resources, please contact:

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