

BILL ANALYSIS

C.S.H.B. 1794
By: Bell
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

First responders perform jobs that carry a wide range of inherent dangers which can lead to mental health disorders, such as depression and post-traumatic stress disorder. C.S.H.B. 1794 seeks to address this issue by requiring the establishment of a work group to develop and make recommendations for improving access to mental health care services for first responders.

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

C.S.H.B. 1794 requires the Health and Human Services Commission (HHSC), not later than December 1, 2017, to establish the Work Group on Mental Health Access for First Responders to develop and make recommendations for improving access to mental health care services for first responders. The bill sets out the composition of the 15-member work group and designates its presiding officer. A work group member expressly is not entitled to compensation for service or to reimbursement for any expenses incurred in performing work group duties. The bill provides for the meeting times of the work group and subjects the meetings to state open meetings law with a certain exception for meetings by teleconference. The bill requires HHSC to provide administrative support for the work group and requires funding for the administrative and operational expenses of the work group to be provided from the HHSC existing budget. The bill authorizes the work group to accept gifts, grants, and donations from any source to perform a work group duty.

C.S.H.B. 1794 requires the work group to develop recommendations to address the difference in access to mental health care services between volunteer fire departments and small law enforcement agencies, fire departments, and emergency medical services providers and large law enforcement agencies, fire departments, and emergency medical services providers; potential solutions for state and local governments to provide greater access to mental health care services for first responders; the sufficiency of first responder organizations' employee health insurance plans for obtaining access to mental health care services for first responders; the sufficiency of first responder organizations' human resources policies; the effectiveness of workers' compensation and other benefit claims for first responders; the feasibility of mental health training during the licensing or certification and renewal process for first responders; the effectiveness of methods for assessing a first responder's mental health care needs after a critical incident; the opportunities for public-private partnerships to provide mental health care services

to first responders; and possible Texas-specific barriers, including stigmas, for first responders seeking mental health care services. The bill defines a "first responder organization" as a volunteer fire department or an organization, including a fire department, law enforcement agency, or emergency medical services provider, of a political subdivision of the state that employs a first responder.

C.S.H.B. 1794 authorizes the work group to collaborate with the Bill Blackwood Law Enforcement Management Institute of Texas at Sam Houston State University, the College of Criminal Justice at Sam Houston State University, or any other academic institution considered necessary by the presiding officer of the work group in developing the described recommendations and for academic research related to the recommendations. The bill requires the work group to develop a written report of those recommendations and to electronically deliver the report to the governor, the lieutenant governor, and all members of the legislature not later than January 1, 2019. The bill abolishes the work group and the bill's provisions expire June 1, 2019.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1794 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. (a) In this section:

(1) "First responder" has the meaning assigned by Section 421.095, Government Code.

(2) "First responder organization" means:

(A) an organization, including a fire department, law enforcement agency, or emergency medical services provider, of a political subdivision of this state that employs a first responder; or

(B) a volunteer fire department.

(3) "Work group" means the Work Group on Mental Health Access for First Responders.

(b) The Health and Human Services Commission shall establish the Work Group on Mental Health Access for First Responders to develop and make recommendations for improving access to mental health care services for first responders.

(c) The work group is composed of 13 members appointed by the governor, unless otherwise provided, as follows:

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. (a) In this section:

(1) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(2) "First responder" has the meaning assigned by Section 421.095, Government Code.

(3) "First responder organization" means:

(A) an organization, including a fire department, law enforcement agency, or emergency medical services provider, of a political subdivision of this state that employs a first responder; or

(B) a volunteer fire department.

(4) "Work group" means the Work Group on Mental Health Access for First Responders.

(b) Not later than December 1, 2017, the Health and Human Services Commission shall establish the Work Group on Mental Health Access for First Responders to develop and make recommendations for improving access to mental health care services for first responders.

(c) The work group is composed of 15 members appointed by the executive commissioner, unless otherwise provided, as

(1) the dean of the Sam Houston State University College of Criminal Justice or the dean's designee;

(2) three practicing mental health professionals, as defined by Section 61.601, Education Code;

(3) one representative of volunteer fire departments;

(4) one representative of paid fire departments, appointed from a list provided by a statewide association of paid firefighters;

(5) two representatives of paid police departments, appointed from a list provided by a statewide association of police officers;

(6) two representatives of emergency medical services providers and personnel licensed under Chapter 773, Health and Safety Code, one of whom must be a representative of a fire department that provides emergency medical services and must be appointed from a list provided by a statewide association of paid firefighters;

(7) one municipal government representative;

(8) one county government representative; and

(9) one representative of the Texas Department of Insurance.

(d) The member described by Subsection (c)(1) of this section is the presiding officer of the work group.

(e) A work group member is not entitled to compensation for service on the work group but is entitled to reimbursement for actual and necessary expenses incurred in performing work group duties. The work group may accept gifts, grants, and donations to pay for those expenses.

(f) The work group shall meet at least quarterly at the call of the presiding officer. Work group meetings are subject to the open meetings law, Chapter 551, Government Code, except that the work group may meet by teleconference.

(g) The Health and Human Services Commission shall provide administrative support for the work group. Funding for the administrative and operational expenses of

follows:

(1) one member from the Health and Human Services Commission with expertise in the field of mental health care;

(2) the dean of the Sam Houston State University College of Criminal Justice or the dean's designee;

(3) three practicing mental health professionals, as defined by Section 61.601, Education Code;

(4) one representative of volunteer fire departments;

(5) one representative of paid fire departments, appointed from a list provided by a statewide association of paid firefighters;

(6) two representatives of paid police departments, appointed from a list provided by a statewide association of police officers;

(7) one representative of a sheriff's department;

(8) two representatives of emergency medical services providers and personnel licensed under Chapter 773, Health and Safety Code, one of whom must be a representative of a fire department that provides emergency medical services and must be appointed from a list provided by a statewide association of paid firefighters;

(9) one municipal government representative;

(10) one county government representative; and

(11) one representative of the Texas Department of Insurance.

(d) The member described by Subsection (c)(1) of this section is the presiding officer of the work group.

(e) A work group member is not entitled to compensation for service on the work group or to reimbursement for any expenses incurred in performing work group duties.

(See Subsec. (g) below.)

(f) The work group shall meet at least quarterly at the call of the presiding officer. Work group meetings are subject to the open meetings law, Chapter 551, Government Code, except that the work group may meet by teleconference.

(g) The Health and Human Services Commission shall provide administrative support for the work group. Funding for the administrative and operational expenses of

the work group shall be provided from the commission's existing budget.

(h) The work group shall develop recommendations to address:

(1) the difference in access to mental health care services between:

(A) volunteer fire departments and small law enforcement agencies, fire departments, and emergency medical services providers; and

(B) large law enforcement agencies, fire departments, and emergency medical services providers;

(2) potential solutions for state and local governments to provide greater access to mental health care services for first responders;

(3) the sufficiency of first responder organizations' employee health insurance plans for obtaining access to mental health care services for first responders;

(4) the sufficiency of first responder organizations' human resources policies, including:

(A) whether guaranteed employment should be offered for a first responder who self-reports a mental health issue;

(B) the effectiveness of existing municipal employee assistance programs for treating post-traumatic stress disorder and whether those programs should be expanded;

(C) any policy modification necessary to improve access to mental health care services for first responders; and

(D) the establishment of best practices for municipalities, counties, and state agencies regarding legal reporting duties for first responders anonymously seeking mental health treatment;

(5) the effectiveness of workers' compensation and other benefit claims for first responders, including determining:

(A) the process by which those claims for first responders are handled and whether that process may be improved;

(B) the feasibility of requiring post-traumatic stress disorder to be covered under workers' compensation for first responders and if covered, the standards for diagnosing that condition;

(C) the effectiveness of workers' compensation benefits and related benefits

the work group shall be provided from the commission's existing budget. The work group may accept gifts, grants, and donations from any source to perform a work group duty.

(h) The work group shall develop recommendations to address:

(1) the difference in access to mental health care services between:

(A) volunteer fire departments and small law enforcement agencies, fire departments, and emergency medical services providers; and

(B) large law enforcement agencies, fire departments, and emergency medical services providers;

(2) potential solutions for state and local governments to provide greater access to mental health care services for first responders;

(3) the sufficiency of first responder organizations' employee health insurance plans for obtaining access to mental health care services for first responders;

(4) the sufficiency of first responder organizations' human resources policies, including:

(A) whether guaranteed employment should be offered for a first responder who self-reports a mental health issue;

(B) the effectiveness of existing municipal employee assistance programs for treating post-traumatic stress disorder and whether those programs should be expanded;

(C) any policy modification necessary to improve access to mental health care services for first responders; and

(D) the establishment of best practices for municipalities, counties, and state agencies regarding legal reporting duties for first responders anonymously seeking mental health treatment;

(5) the effectiveness of workers' compensation and other benefit claims for first responders, including determining:

(A) the process by which those claims for first responders are handled and whether that process may be improved;

(B) the feasibility of requiring post-traumatic stress disorder to be covered under workers' compensation for first responders and if covered, the standards for diagnosing that condition;

(C) the effectiveness of workers' compensation benefits and related benefits

under Chapter 607, Government Code, and whether those benefits are excessively denied;

(D) the effectiveness of outsourcing workers' compensation and other benefit claims to third parties; and

(E) methods for improving the appeals process for workers' compensation and other benefit claims;

(6) the feasibility of mental health training during the licensing or certification and renewal process for first responders;

(7) the effectiveness of methods for assessing a first responder's mental health care needs after a critical incident, including determining:

(A) the feasibility of creating a standardized post-critical incident checklist to assess a first responder's mental health and of establishing minimum requirements for a first responder to return to duty; and

(B) the effectiveness of critical incident stress debriefing programs used by local governments in this state and whether:

(i) those programs may be expanded statewide; and

(ii) peer support may benefit those programs;

(8) the opportunities for public-private partnerships to provide mental health care services to first responders; and

(9) possible Texas-specific barriers, including stigmas, for first responders seeking mental health care services.

(i) In developing the recommendations described by Subsection (h) of this section, and for academic research related to the recommendations, the work group may collaborate with the Bill Blackwood Law Enforcement Management Institute of Texas at Sam Houston State University, the College of Criminal Justice at Sam Houston State University, or any other academic institution considered necessary by the presiding officer of the work group.

(j) The work group shall develop a written report of the work group's recommendations described by Subsection (h) of this section. The work group shall electronically deliver the report to the governor, the lieutenant governor, and all members of the legislature not later than November 1, 2018.

(k) The work group is abolished May 1, 2019.

under Chapter 607, Government Code, and whether those benefits are excessively denied;

(D) the effectiveness of outsourcing workers' compensation and other benefit claims to third parties; and

(E) methods for improving the appeals process for workers' compensation and other benefit claims;

(6) the feasibility of mental health training during the licensing or certification and renewal process for first responders;

(7) the effectiveness of methods for assessing a first responder's mental health care needs after a critical incident, including determining:

(A) the feasibility of creating a standardized post-critical incident checklist to assess a first responder's mental health and of establishing minimum requirements for a first responder to return to duty; and

(B) the effectiveness of critical incident stress debriefing programs used by local governments in this state and whether:

(i) those programs may be expanded statewide; and

(ii) peer support may benefit those programs;

(8) the opportunities for public-private partnerships to provide mental health care services to first responders; and

(9) possible Texas-specific barriers, including stigmas, for first responders seeking mental health care services.

(i) In developing the recommendations described by Subsection (h) of this section, and for academic research related to the recommendations, the work group may collaborate with the Bill Blackwood Law Enforcement Management Institute of Texas at Sam Houston State University, the College of Criminal Justice at Sam Houston State University, or any other academic institution considered necessary by the presiding officer of the work group.

(j) The work group shall develop a written report of the work group's recommendations described by Subsection (h) of this section. The work group shall electronically deliver the report to the governor, the lieutenant governor, and all members of the legislature not later than January 1, 2019.

(k) The work group is abolished and this Act expires June 1, 2019.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017.

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