HOUSE RESEARCH ORGANIZATION	digest	5/23/97	SB 434 Harris (Berlanga) (CSSB 434 by Berlanga)
SUBJECT:	Coordinating state policies on inpatient mental health facilities		
COMMITTEE:	Public Health — committee substitute recommended		
VOTE:	7 ayes — Berlanga, Hirschi, Coleman, Davila, Delisi, Glaze, Maxey		
	0 nays		
	2 absent — Janek, Rodri	guez	
SENATE VOTE:	On final passage, Local and Uncontested Calendar, February 26 — 31-0		
WITNESSES:	For — Matthew T. Wall, Texas Hospital Association, Psychiatric and Chemical Dependency Services Hospitals Council		
	Against — None		
	On — L. Jann Melton-Kissel		
BACKGROUND :	The Texas Department of Health (TDH) licenses and regulates hospitals, and enforces regulations developed by the Texas Department of Mental Health and Mental Retardation (MHMR) on the provision of psychiatric services in free-standing psychiatric hospitals or wings of acute care hospitals providing such services.		
DIGEST:	developing and enforcing services in TDH-licensed	e the TDH and MHMR to g policies and rules relating l inpatient facilities. The buld have to review these ies.	ng to mental health Health and Human
	committee on inpatient r policies related to menta facilities; coordination as consistency in interpretin	nental health services to a lealth services provided	l in TDH-licensed inpatient those facilities to address policies and rules; and

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The committee would be composed of three representatives of hospitals, three consumers of mental health services, two licensed and practicing physicians board-certified in psychiatry, and one family member of a mental health services consumer.

Committee members would serve staggered four-year terms. The committee would have to meet at least four times a year and would be abolished on September 1, 2001, unless the MHMR adopted an order continuing its existence.

The Texas Board of Health would provide the advisory committee with two representatives who could address the committee on any issue relevant to a matter before it, but could not vote.

CSSB 434 would take effect September 1, 1997.

NOTES: The committee substitute changed the caption; required that the Health and Human Services Commission ensure, rather than determine, compliance by TDH and MHMR; specified the advisory committee's duties; and revised the committee's composition and term limitations.