

## **BILL ANALYSIS**

Senate Research Center  
79R13218 ESH-D

C.S.S.B. 1194  
By: Van de Putte  
Education  
5/4/2005  
Committee Report (Substituted)

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

In the United States, 70.8 percent of all deaths among persons aged 10–24 years result from only four causes: motor-vehicle crashes, other unintentional injuries, homicide, and suicide. Studies show that, at an alarming rate, students are engaging in behaviors that increase their likelihood of death from those causes, including substance abuse, driving while intoxicated, carrying weapons, physical violence, and suicide attempts.

While school-based health centers have been extremely successful in improving the health and subsequent attendance and academic achievement of innumerable students, there is currently no option for those centers to pursue behavioral health services. If behavioral health care is not offered through school-based health centers, many of the students served by those centers will not have access to any other source of behavioral health care. Allowing school health centers to provide behavioral health services would help facilitate the treatment of many students who are engaging in dangerous behaviors that put their lives at risk.

C.S.S.B. 1194 adds behavioral health care as a service option for these school-based health centers. Behavioral health services would be governed by current code provisions which require that the consent of a parent or other person with legal control of the student must be obtained before each treatment is provided. The bill also specifies that any behavioral health services must be provided by a licensed behavioral health provider. In addition, C.S.S.B. 1194 requires that along with other health professionals and community members, licensed behavioral health care providers are included in local health education and health care advisory councils that oversee school-based health centers.

### **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. Amends Section 38.051(a), Education Code, to authorize the [delivery of cooperative health care] model to provide for the delivery of behavioral health services and disease prevention of emerging health threats that are specific to the district.

SECTION 2. Amends Sections 38.054 and 38.057, Education Code, to make conforming changes.

SECTION 3. Amends Section 38.058(b), to make conforming changes.

SECTION 4. Amends Section 38.060(b), to make conforming changes.

SECTION 5. Amends Section 38.061(b), to require the staff of a school-based health center to, before delivering a medical service or behavioral health care service to a person with a primary care physician under the state Medicaid program, a state children's health plan program, or a private health insurance or health benefit plan or with an advanced practice nurse listed as a primary care provider under such a program or plan, notify the physician or advanced practice nurse for the purpose of sharing medical information and obtaining authorization for delivering the medical or behavioral health service.

SECTION 6. Amends Section 38.063(f), to make conforming changes.

SECTION 7. Effective date: upon passage or September 1, 2005.