87TH LEGISLATIVE SESSION RECAP
July 2021
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The National Alliance on Mental Illness of Texas (NAMI Texas) is a 501(c)3 nonprofit organization founded by volunteers in 1984. NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local affiliates throughout Texas. NAMI Texas has nearly 2,000 members made up of individuals living with mental illness, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy.

NAMI Texas offers a variety of education and support programs addressing the mental health needs of Texans and designed for individuals living with mental illness, family members, friends, professionals, other stakeholders, and the community at large. NAMI Texas works to inform the public about mental illness by distributing information about mental illness through television interviews, newspapers articles, brochures, newsletters, and other publications.
ABOUT THIS DOCUMENT

The following Legislative Recap is organized to present significant legislation relevant to the policy positions identified in the NAMI Texas Policy Platform for the 87th Legislative Session. In the left margin, icons indicate if each bill passed or failed to pass, if it was championed by NAMI Texas, and if the item is related the budget. The icons provided are as follow:

- Bill Passed.................................................................
- Bill Not Passed............................................................
- Budget Item...............................................................
- NAMI Texas Championed.............................................

Please note that NAMI Texas supported and opposed dozens of bills not shown in this summary document. If you would like to request a complete list of bills on which NAMI Texas took a position, please contact Greg Hansch at executive.director@namitexas.org or Matthew Lovitt at peerpolicy.fellow@namitexas.org.

This recap was compiled by the NAMI Texas Public Policy Team:
- Greg Hansch, Executive Director
- Matthew Lovitt, Peer Policy Fellow
- Ana O’Quin, MSW Policy Intern
LETTER FROM THE EXECUTIVE DIRECTOR

Friends of NAMI Texas,

The 87th Session was one of the more interesting experiences in the recent history of the Texas Legislature. The effects of the COVID-19 pandemic rippled through the policy process. In the face of budgetary uncertainty, Legislators and their staff scrambled to make an impact. Limited access to the Capitol complicated how, when, and to what degree advocates were able to participate. The political climate seemed to strain already tenuous relationships—emotions occasionally ran high.

However, in a session where the need for attention to mental health has never been greater, the Legislature made numerous critical decisions to strengthen access to mental health services and supports. For example, the Legislature extended Medicaid benefits to new moms from 2 to 6 months, improved access to broadband and telehealth services, and established new ways to promote equity in insurance coverage. Unfortunately, limited progress was made on other important mental health policy issues, including improved access to peer support, integrated crisis response, and services that promote health equity in underserved communities.

Despite mixed results, NAMI Texas fought hard to improve the quality and timeliness of care provided to individuals living with mental health concerns and their families. The policy team provided testimony for 17 bills, registered in support or opposition for roughly 160 more, visited countless offices, participated in weekly stakeholder coalition meetings, facilitated four highly successful Days of Action, and were quoted in numerous state-wide and local media sources. Of the 26 bills NAMI Texas championed, 10 were signed by Governor Abbott.

Without the support and partnership of NAMI affiliates, affiliate members, and coalition partners across the state, NAMI Texas would not have been nearly as successful in securing mental health reform during the 87th. Thank you for your continued support. We look forward to a productive interim leading up to the 88th Legislative Session. Together we can encourage more state policymakers and leaders to #Act4MentalHealth.

Sincerely,

Greg Hansch, Executive Director
LEGISLATIVE BILL REPORT

Early Intervention

If not properly diagnosed and treated, the presence of mental illness in children and adolescents increases the likelihood of health concerns as an adult and greatly limits their ability to become maintain healthy relationships, employment, and housing. Early intervention of mental health concerns for youth is key to their mental health and well-being throughout life. The Legislature made notable steps towards youth mental health such as increasing access to suicide prevention information, but there is significant need for legislation regarding coverage for mental health care, higher education mental health care, and school-based mental health support.

Position 1: Expand Mental Health Education for Students and Families


- This budget line item provides a $10 million increase in funding for the Texas Child Mental Health Care Consortium.
- Providing adequate funding for the Consortium improves the quality and quantity of mental health care provided to Texas youth with programs to support primary care providers, telehealth utilization in schools, workforce expansion and training, and critical research initiatives.


- This exceptional item requested $40 million for school practices, procedures, and services that help address learning losses related to stress, grief, and trauma.
- To fully support the mental health needs of students, it is imperative that learning loss funds also target mental health and well-being support.
S.B. 279 (Hinojosa et al.)—Relating to the inclusion of suicide prevention information on certain student identification cards issued by a public or private school or postsecondary educational institution.

- This bill requires the printing of the National Suicide Prevention Lifeline and Crisis Text Line on identification cards issued by public schools for students grade six and higher and students at institutions of higher education.
- Providing access to emergency mental health resources is one of the simplest, most efficient options to promote positive mental health outcomes for young Texans and reduce risk for suicide.

S.B. 179 (Lucio et al.)—Relating to the use of public-school counselors work time.

- This bill requires that school counselors spend 80% or more of their total work time on duties that are part of the counseling program (not non-counseling administrative work).
- For school counselors to be effective in meeting the mental health care needs of students, they need to have the capacity within their schedules to do so.

S.B. 325 (West et al.)—Relating to providing mental health services and mental health education to public school students at school-based health centers.

- This bill codifies mental health services and education services within school-based health centers and places a mental health professional on health care advisory councils that oversee them.
- Offering and strengthening mental health services for youth in a familiar environment will help increase access to mental health support.

H.B. 2954 (Thompson et al.)—Relating to a suicide prevention, intervention, and postvention grant program for certain public elementary schools.

- This bill develops a program for elementary schools with a high level or risk of suicide for their students to access evidenced-based materials for suicide prevention, intervention, and postvention.
- Districts need access to evidenced-based practices on prevention, intervention, and postvention to address concerns around suicide risk for elementary students.
H.B. 1144 (Ramos)—Relating to staff development requirements for public educators regarding suicide prevention and other mental health training.

- This bill requires suicide prevention and mental health training for school staff and teachers every two years instead of only during the new hire period.
- Instead of relying on new-hire training, consistent training on suicide prevention will help educators solidify strategies and awareness around suicide prevention.

Position 2: Guarantee Coverage of Mental Health Conditions for Children

H.B. 2658 (Frank et al.)—Relating to the Medicaid program, including the administration and operation of the Medicaid managed care program.

- This bill was amended to include the language provided in HB 290 (Cortez et al.), to extend Medicaid continuous eligibility for youth under 19 years from 6 months to 1 year.
- Medicaid is a vital mechanism to increase affordability and access to needed mental health services for youth and their families.

S.B. 51 (Zaffirini et al.)—Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child.

- This bill adds the definition of serious emotional disturbances in the Texas Insurance Code.
- Clarifying the definition of serious emotional disturbance will provide a benchmark by which to measure the state’s compliance with parity standards in mental health care for youth.

Position 3: Protect Special Education / 504 Accommodations for Eligible Students

S.B. 89 (Menéndez et al.)—Relating to supplemental information required for inclusion with a written statement of an individualized education program developed for certain public-school students who received special education services during the 2019-2020 or 2020-2021 school year.

- This bill requires the addition of a written supplement to a student’s individualized education plan.
- Providing information to teachers in the coming school year around the impacts of the COVID-19 pandemic on students with special needs will help address learning gaps and improve student well-being.
Position 4: Prevent Child Relinquishment and Removals Through Access to Mental Health and Substance Use Treatment and Support Services

S.B. 1896 (Kolkhorst)—Relating to the provision of health and human services by the Department of Family and Protective Services and the Health and Human Services Commission.

- This bill was amendment will ensure that DFPS’s plan to increase placement capacity only refers to psychiatric hospitals for children with severe mental health challenges and only allows 72 hours beyond medical necessity.
- Placing children in inpatient mental health hospitals for lack of less restrictive settings can cause undue emotional distress and exacerbate any mental health concerns they may experience.

Position 5: Support Youth with Mental Health Needs Aging Out of Foster Care

S.B 1 (Nelson)—General Appropriations, Article II, Department of Family & Protective Services, Strategy B.1.6—PAL Purchased Services.

- This budget line item provides $456,000 in additional funding for the Preparation for Adult Living Program.
- Preparation for Adult Living Programs and Supervised Independent Living programs help youth adjust to independent living with the mental health and other supports they need.

H.B. 700 (Jarvis et al.)—Relating to the eligibility of foster children to receive college credit for completing the Preparation for Adult Living Program.

- This bill gives foster children college credit for completing the Preparation for Adult Living Program, in which students can then be considered eligible for Supervised Independent Living programs.
- Preparation for Adult Living Programs and Supervised Independent Living programs help youth adjust to independent living.
Position 6: Guarantee Mental Health Services for Students in Higher Education

S.B. 36 (Zaffirini)—Relating to creating a mental health task force to study mental health services provided at institutions of higher education.

- This bill creates a task force to study and evaluate the mental health services provided to students at colleges and universities and on hazing.
- The task force would research the capacity of institutions of higher education to identify and address mental health needs of students, as well as perform an equity analysis of the provision of mental health services.

Position 7: Facilitate Access to Coordinated Specialty Care for First Episode Psychosis

S.B. 1141 (Zaffirini)—Relating to group health benefit plan coverage for early treatment of first episode psychosis.

- This bill requires commercial insurers to reimburse for all interventions included in the Coordinated Specialty Care treatment model.
- Ensuring access to Coordinated Specialty Care programs for children with commercial insurance can improve treatment outcomes, increase academic engagement, and promote stable familial relationships.

Position 8: Prevent and Treat Trauma and Interpersonal Violence

S.B. 168 (Blanco)—Relating to emergency school drills and exercises conducted by public schools.

- This bill requires school districts to establish a policy pertaining to the notification, announcement, content, and impact reporting of active shooter drills.
- Notifying parents or guardians of active shooter drills can help to prevent unnecessary trauma or emotional distress in children.
Criminal Justice

The physical and psychological consequences of imprisonment often worsen mental health, prolong sentences, and increase rates of homelessness, emergency service utilization, substance use, and recidivism upon prison or jail exit. Continued investment in mental health programs at every point on the Sequential Intercept continuum will ensure that justice-involved individuals living with mental illness are able to fully participate in the community. The Legislature made modest gains in criminal justice reform during the Regular Session, but there may be opportunities to advance a few meaningful initiatives in Special Session.

Position 1: Expand Availability of Peer Re-entry Support Services

H.B. 787 (Allen et al.)—Relating to conditions of community supervision prohibiting contact with certain persons.

- This bill allows justice-involved individuals on community supervision to interact with formerly justice-involved individuals in peer support or similar programs.
- Ensuring access to Peer Support for formerly incarcerated individuals living with mental illness can improve utilization of community-based mental health and substance use services, as well as improve opportunities for housing and employment.


- This rider allocates $1 million to maintain the existing mental health peer support re-entry program for justice-involved individuals living with mental illness.
- Providing Peer Re-Entry services to individuals exiting the criminal justice system improves connection with community-based resources and services upon return to the community.
Position 2: Limit Use of Solitary Confinement

H.B. 2751 (Meza)—Relating to limitations on the use of administrative segregation by the Texas Department of Criminal Justice.

- *This bill limits the maximum duration of solitary confinement to 3 days for misconduct and 10 days for conduct that results in serious bodily injury.*
- *Limiting the use of solitary confinement for individuals experiencing mental health concerns improves their ability to engage in treatment and successfully return to the community.*

Position 3: Improve Medication Continuity for Jail Inmates

H.B. 4354 (Coleman)—Relating to the administration of medication to certain persons in the custody of a sheriff.

- *This bill requires jail physicians to document the justification for switching the medications of inmates who receive competency restoration services through the state hospital system.*
- *Requiring jail physicians to appropriately document the reasons for the medication changes of inmates living with SMI will reduce the risk of decompensation and rehospitalization.*

Position 4: Expand Competency Restoration Options and Improve Competency Restoration Processes

S.B. 49 (Zaffirini)—Relating to procedures regarding defendants who are or may be persons with a mental illness or intellectual disability.

- *This bill provides greater flexibility for magistrates in sentencing individuals living with SMI, creates uniformity in the legal processes associated with outpatient competency restoration services, and limits who can provide jail-based competency restoration services.*
- *Diverting individuals with serious mental illness from incarceration will improve treatment outcomes, increase community engagement, and reduce rates of recidivism for this vulnerable population.*
S.B. 1 (Nelson)—General Appropriations, Article IV, Court of Criminal Appeals, Rider 2: Judicial Education.

- This bill allows the Court of Criminal Appeals to use funds allocated for judicial education to educate judges and attorneys on alternatives to inpatient competency restoration for individuals under forensic commitment.
- Alternatives to inpatient competency restoration services provide justice-involved individuals living with SMI an opportunity to receive mental health services in the least restrictive environment possible.

H.B. 3835 (Moody)—Relating to the establishment of regional assisted outpatient treatment programs to provide court-ordered outpatient mental health services in certain counties.

- This bill allows commissioners’ courts to establish regional assisted outpatient treatment (AOT) programs to provide court-ordered outpatient care.
- Providing individuals living with SMI the opportunity to participate in community-based services will reduce the risk associated with incarceration.

Position 5: Improve Mental Health Services in Juvenile Justice System

S.B. 904 (Perry)—Relating to requiring trauma training for certain attorneys.

- This bill requires all attorneys eligible to be appointed to child protection cases to complete an approved training on trauma-informed care.
- Educating attorneys on the impact of trauma can improve the services, supports, and placements provided to children at risk of relinquishment.

S.B. 1 (Nelson)—General Appropriations, Article V, Department of Criminal Justice, Rider 35: Continuity of Care.

- This rider ensures that TCOOMMI will continue to collaborate with DSHS, county and municipal jails, and community centers to improve service delivery and increase medication continuity for justice-involved individuals who participate in competency restoration services.
- Ensuring continued collaboration across multiple state agencies and facilities that provide services and supports to justice-involved individuals living with mental illness can increase service engagement, improve treatment outcomes, and decrease rates of recidivism.
Position 6: Implement a Statewide Good Samaritan Policy

H.B. 1694 (Raney et al.)—Relating to a defense to prosecution for certain offenses involving possession of small amounts of controlled substances, marihuana, dangerous drugs, or abusable volatile chemicals, or possession of drug paraphernalia for defendants seeking assistance for a suspected overdose.

- This bill provides a defense to prosecution for the possession of controlled substances if the person was seeking medical assistance for a person experiencing a suspected overdose.
- Providing individuals who use substances an opportunity to obtain treatment outside the criminal justice system can improve opportunities for recovery and limit the potential consequences associated with incarceration.

Position 7: Exempt Individuals with Severe Mental Illness from Capital Punishment

H.B. 140 (Rose et al.)—Relating to the applicability of the death penalty to a capital offense committed by a person with severe mental illness.

- This bill exempts individuals from capital punishment if they were experiencing a mental health crisis at the time of the offense.
- Exempting individuals experiencing a mental health crisis from capital punishment recognizes the diminished culpability at the time of the offense and provides them an opportunity to engage in their rehabilitation.

Position 8: Maintain Funding for Post-Booking Jail Diversion Programs


- This rider allocates roughly $2.2 million for a specialty court grant program, an increase of roughly $400,000 from the previous biennium.
- Increasing funding for specialty courts can divert individuals living with mental illness from the criminal justice system into community-based services.
Position 9: Establish an Office of Forensic Services

S.B. 1346 (Eckhardt)—Relating to the creation of the office of forensic services within the Department of State Health Services.

- *This bill establishes an Office of Forensic Services within HHSC to help shape policies related to service delivery, funding, and rulemaking in the provision of forensic mental health services.*
- *Establishing an Office of Forensic Services can improve the efficiency and efficacy services provided to justice-involved individuals living with mental illness.*

Additional Bills of Note:

H.B. 869 (Thompson, S. et al.)—Relating to the applicability of the death penalty to a capital offense committed by a person with an intellectual disability.

- *This bill exempts individuals living with an intellectual or developmental disability from capital punishment.*
- *Exempting individuals living with intellectual or developmental disabilities from the death penalty recognizes their diminished culpability and creates an opportunity for them to engage in the appropriate supports and services.*

H.B. 1783 (White et al.)—Relating to the age of a child at which a juvenile court may exercise jurisdiction over the child and to the minimum age of criminal responsibility.

- *This bill raises the minimum age of a child over whom a court can exercise jurisdiction or hold a child criminally responsible from 10 to 13 years of age.*
- *Raising the lower age of criminal responsibility can help to reduce the impact that criminal justice involvement has on vulnerable youth and communities.*

S.B. 237 (Bettencourt et al.)—Relating to the issuance of a citation for a criminal trespass offense punishable as a Class B misdemeanor.

- *This bill provides peace officers the option to issue a citation for a class B misdemeanor criminal trespass, rather than taking the suspect into custody.*
- *Establishing certain criminal trespass offenses as eligible for cite-and-release can decrease criminal justice involvement for individuals living with mental illness who may also be experiencing homelessness.*
Insurance Coverage, Parity, & Medications

Texas ranks near the bottom in per capita mental health expenditure. Access to insurance coverage ensures that Texans can receive the appropriate mental health care when needed. The Legislature made significant strides in improving access to high quality insurance coverage this Session, including the passage of three NAMI Texas championed bills related to medication access and insurance coverage parity.

**Position 1: Enhance Medicaid and CHIP Coverage for Low-Income Adults and Families**

H.B. 133 (Rose et al.)—Relating to the provision of certain benefits under Medicaid and the Healthy Texas Women program, including the transition of case management for children and pregnant women program services and Healthy Texas Women program services to a managed care program.

- **This bill extends Medicaid coverage for new moms from 2 months to 6 months postpartum.**
- **Extending coverage to 6 months for postpartum moms will ensure that they are able to access needed mental health services and supports during a period of heightened vulnerability to certain mental health concerns.**

**Position 2: Promote Medication Access and Continuity by Limiting Non-Medical Switching**

S.B. 2051 (Menendez)—Relating to step therapy protocols required by health benefit plans for coverage of prescription drugs for serious mental illnesses.

- **This bill prohibits health plans from implementing step therapy, or fail first, protocols or requiring a patient to prove a history of failure for anti-psychotics.**
- **Reducing the use of step-therapy protocols for medications to treat certain serious mental illnesses can improve treatment engagement, compliance, and outcomes.**
S.B. 523 (Buckingham)—Relating to the effect of certain reductions in a health benefit plan enrollee's out-of-pocket expenses for prescription drugs on enrollee cost-sharing requirements.

- This bill requires insurers to count third-party discounts or other reductions in out-of-pocket expense toward the enrollee's deductible, copay, cost-share, or out-of-pocket maximum.
- Including discounts in the out-of-pocket maximum to be paid by consumers can prevent instances of medication discontinuation due to financial constraints.

H.B. 2822 (Hull et al.)—Relating to the availability of antipsychotic prescription drugs under the vendor drug program and Medicaid managed care.

- This bill limits the application of Medicaid prior authorization protocols for antipsychotic medications for individuals living with SMI.
- Limiting prior authorizations for anti-psychotic medications will reduce the administrative burden associated with prescribing said medications and improve the provision of timely care to individuals living with serious mental illness.

H.B. 1646 (Lambert et al.)—Relating to the modification of certain prescription drug benefits and coverage offered by certain health benefit plans.

- This bill prevents insurers from modifying coverage benefits between plan years if the plan enrollee maintains the same coverage.
- Preventing insurers from modifying health plan benefits for consumers who maintain the same coverage across plan years will limit treatment disengagement or medication noncompliance due to changes that reduce or eliminate coverage.

Position 3: Implement Policies that Provide Insurance Equity

H.B. 2595 (Price et al.)—Relating to a parity complaint portal and educational materials and parity law training regarding benefits for mental health conditions and substance use disorders to be made available through the portal and otherwise; designating October as mental health condition and substance use disorder parity awareness month.

- This bill requires TDI to establish an online portal for insurance consumers and healthcare providers to report suspected violations of coverage parity rights.
- Empowering health care providers and consumers to report suspected violations of parity rights will increase accountability and equity in coverage provided by health plans to individuals living with mental health concerns.
Position 4: Integrate Mental Health and Primary Care

S.B. 672 (Buckingham et al.)—Relating to Medicaid coverage of certain collaborative care management services.

- The bill makes collaborative care a Medicaid reimbursable service.
- Providing coverage for collaborate care services will help to improve access to and delivery of mental health services in a primary care setting to individuals with Medicaid benefits.
Housing & Other Supports

Mental illness can contribute to the onset and chronicity of housing instability and homelessness. Additional funding for housing, employment, and community support will help individuals living with mental illness to experience recovery. The Legislature made tremendous progress in filling gaps in the housing continuum this Session, including the enactment of two budget riders to improve housing options for individuals who receive care through the state hospital system—win.

Position 1: Boost the Continuum of Care with Step-Down and Congregate Housing

S.B. 1 (Nelson)—General Appropriations, Article II, Health & Human Services, Rider 100: Step-down Housing Pilot for Individuals with Serious Mental Illness.

- This rider requires HHSC to develop a plan for establishing a step-down program at State Supported Living Facilities (SSLCs) for individuals exiting the state hospital system and allows them to allocate funds for capital improvements to existing facilities.
- Providing innovative housing solutions to long-term residents of the state hospital system will support community reintegration for individuals with complex needs and improve access to care for those in need of inpatient services.


- This rider directs HHSC to study the efficacy and efficiency of step-down services in diverting individuals from inpatient state hospital services to community care.
- Identifying successes and setbacks in the step-down housing care continuum will help state leaders and policymakers to make more informed decisions regarding the services provided to individuals with unique mental health needs.

H.B. 149 (Reynolds et al.)—Relating to a study to evaluate state and local regulation of group homes.

- This bill requires HHSC to conduct a study on state and local regulation of group homes to analyze the complaint process, common complaints, regulatory enforcement, and licensing on said facilities.
- Assessing the efficacy of state and local laws that regulate group homes can help guide future decisions on how to best protect individuals living with mental illnesses in their efforts to live independently in their communities.
S.B. 500 (Miles)—Relating to creating the criminal offense of operating a boarding home facility without a permit in certain counties and municipalities.

- This bill creates a criminal offense for operating a boarding home without a permit in counties or municipalities in which a permit is required.
- Enhancing oversight and enforcement of local laws that regulate boarding home facilities will ensure that residents are provided the services, supports, and protections to which they are entitled.

H.B. 707 (Moody et al.)—Relating to a study on expanding recovery housing in this state.

- This bill requires HHSC to conduct a study that identifies current options, opportunities, and challenges related to recovery housing for individuals living with substance use concerns.
- Conducting a systematic review of the recovery housing continuum in Texas will help state leaders and policymakers make more informed decisions about the resources needed to best support individuals living with substance use concerns.

S.B. 503 (Miles)—Relating to creating the criminal offense of failing to report abuse, neglect, or exploitation in boarding home facilities by certain persons.

- This bill creates a criminal offense for failing to report abuse, neglect, or exploitation of boarding home residents in counties or municipalities that don’t require permitting of boarding homes.
- Establishing a legal mechanism to protect the rights of boarding home residents will improve their ability to obtain and maintain independence in their chosen communities.

X H.B. 2754 (Allen et al.)—Relating to post-release housing for inmates released on parole or to mandatory supervision.

- This bill allows TDCJ to issue payment for post-release housing, prioritize use of payments for alternatives to residential incarceration, and implement a planning procedure to identify and assess post-release housing options.
- Providing individuals exiting the criminal justice system with more options for post-release housing can improve their ability to access needed services and supports, obtain employment, and reduce rates of recidivism.
Position 2: Increase Access to Permanent Supportive and Rapid Re-Housing

H.B. 115 (Rodriguez et al.)— Relating to the exemption from ad valorem taxation of certain property owned by a charitable organization and used in providing housing and related services to certain homeless individuals.

- This bill lowers the qualification criteria for a property tax exemption for charitable organizations providing permanent housing for individuals experiencing homelessness.
- Lowering the property tax exemption criteria for organizations that provide housing to individuals experiencing homelessness can increase the supply of housing options and improve the quality of services provided to this population.

Position 3: Provide Additional Funding for Clubhouses and Employment Support


- This budget line item increases total funding allocated to community mental health services by $20 million over the previous biennium. A rider requiring HHSC to allocate $1 million to Clubhouses in each fiscal year of the biennium was not adopted.
- Ensuring that Clubhouses are adequately funded will improve their ability to deliver the housing, employment, and support services that promote recovery.

Position 4: Increase Rental and Utility Assistance Funding for People with Mental Illness

S.B. 1 (Nelson)—General Appropriations, Article VII, Department of Housing & Community Affairs, Strategy A.1.6: Section 811 PRA.

- This budget line item increases total funding for Section 811 Project Rental Assistance for very-low-income individuals living with disabilities by $13.2 million for the 2022-23 biennium.
- Increasing access to affordable housing for individuals living with serious mental illnesses will improve opportunities to engage in mental health treatment, maintain stability, and engage in their community.
Additional Bills of Note:

H.B. 2469 (Campos)—Relating to the establishment of a pilot project to provide supportive housing services through Medicaid to persons experiencing chronic homelessness.

- This bill requires HHSC to establish and operate a pilot program to provide supportive housing and behavioral health services to individuals experiencing chronic homelessness in Medicaid.
- Establishing a pilot program to provide supportive housing to individuals living with mental illness and chronic homelessness will help state and community leaders to identify best practices in providing services to this vulnerable population.

H.B. 3914 (Ortega et al.)—Relating to the inclusion of adults with mental illness in reduced-fare programs of public transportation providers.

- This bill ensures that all individuals with certain mental illnesses can participate in reduced fare programs by public transportation providers.
- Improving access to public transportation for individuals living with mental health concerns can improve their ability to engage in mental health treatment, access community-based supports, and obtain and maintain recovery.

S.B. 224 (Perry et al.)—Relating to simplified certification and recertification requirements for certain persons under the supplemental nutrition assistance program.

- This bill requires HHSC to develop and implement simplified certification and recertification for SNAP benefits for people over 60 years old or living with a disability, including mental illness.
- Simplifying the certification and recertification process for SNAP benefits will help to ensure that individuals living with disabilities are able to access supports essential to their health and wellbeing.
Mental Health System Capacity

The mental health care system in Texas does not have the capacity to meet the full range of consumer needs. Continued investment in the mental health system will improve the quality and timeliness of care and reduce the risk associated with untreated mental illness. The Legislature continued significant investment in essential services and supports in the mental health care continuum, perhaps most notably the state hospital system and community-based inpatient care.

Position 1: Increase Funding for Community Based Outpatient Programs


- These budget line items increase the total funding allocated to community mental health services for adults and children approximately $136 million for the 2022-23 biennium.
- Increasing funding for community-based mental health services will improve access to essential services for low-income individuals and families.

Position 2: Sustain Investment in State Hospital Redesign and Reconstruction


- This budget line item includes approximately $71 million for completion of the Kerrville State Hospital expansion and the establishment of a new inpatient psychiatric facility in Harris County.
- Providing continued investment in the state hospital system will ensure that individuals in need on inpatient services are able to access timely care.

H.B. 2 (Bonnen)—Supplemental Appropriations

- This bill allocates $321 million for the completion of the Austin and San Antonio State Hospital redesign and expansion projects, as well as to begin the planning process for a new state hospital in the Dallas area.
- Investing in the state hospital system will ensure that individuals in need on inpatient care are able to access timely care.

- This rider allocates an additional $15 million for inpatient psychiatric beds in urban areas and $15 million for inpatient psychiatric beds in rural areas.
- Increasing funding for community-based inpatient psychiatric care ensures that more people experiencing a mental health crisis can access timely care in the least restrictive setting possible.

Position 3: Increase Medicaid Reimbursement Opportunities and Rates for Peer Support Services

S.B. 1915 (Blanco)—Relating to the provision of recovery community organization peer-to-peer services under Medicaid.

- This bill requires HHSC to establish a workgroup to develop rules for Medicaid eligibility of Recovery Community Organization and the delivery of peer-to-peer services in non-clinical setting.
- Establishing rules that allow consumer-operated organizations to provide Medicaid reimbursable peer support services will ensure that individuals living with mental illness are able to access essential supports in myriad settings.

H.B. 4265 (Rose)—Relating to the provision of peer services, including family partner peer support services by family partners, and the provision of those services under Medicaid.

- This bill establishes rules for the delivery of Certified Family Partner Services to families of youth living with mental health concerns and provides Medicaid reimbursement for said services.
- Providing Medicaid reimbursement for Certified Family Partner Services will improve access to peer support for families of youth experiencing mental illness.

S.B. 1457 (Zaffirini)—Relating to peer specialists for and the provision of peer services to individuals with an intellectual or developmental disability, including the provision of those services under Medicaid.

- This bill provides Medicaid reimbursement for Peer Support Services delivered to individuals with intellectual or developmental disabilities.
- Providing reimbursement for peer support services to individuals with IDD will ensure that they are able to access non-clinical supports that improve treatment engagement.
H.B. 1413 (Romero et al.)—Relating to the adoption of rules regarding the provision of peer support services to persons older than a certain age and the provision of those services under Medicaid.

- This bill reduces the age of eligibility to receive Peer Support Services from 21 to 18 years.
- Reducing the age of eligibility to receive Peer Support Services will ensure that youth have access to non-clinical supports that improve the efficacy of clinical mental health services.


- This rider increased the Medicaid reimbursement rate for Peer Support Services to the equivalent of what is provided for mental health rehabilitation.
- Providing reimbursement for peer services comparable to the rate of reimbursement for similar care will improve utilization of peer services, promote retention in the peer workforce, and improve the quality of non-clinical supports provided to individuals living with mental health and substance use concerns.

**Position 4: Maintain Improvements in Access and Capacity to Telehealth Services**

H.B. 4 (Price et al.)—Relating to the provision and delivery of health care services under Medicaid and other public benefits programs using telecommunications or information technology and to reimbursement for some of those services.

- This bill improves access to telehealth services in Medicaid for individuals living with mental illness.
- Improving access to telehealth services will provide more opportunities to individuals living with mental illness who reside in workforce shortage areas, have limited access to transportation, or face other obstacles in obtaining in-person care to receive needed services and supports.

H.B. 5 (Ashby et al.)—Relating to the expansion of broadband services to certain areas.

- This bill establishes a Broadband Development Office to conduct various duties that improve access to broadband services in rural or remote communities.
- Establishing an office to direct expansion of broadband access will help to ensure that individuals living with mental illness who reside rural or remote areas in Texas are able to access needed telehealth services.
Position 5: Grant APRNs Full Practice Authority

H.B. 2029 (Klick)—Relating to the licensing and authority of advanced practice registered nurses.
- This bill grants full practice authority to Advanced Practice Registered Nurses (APRNs).
- Granting full practice authority to APRNs will help to reduce the administrative and financial burden of existing clinical oversight rules and encourage more providers to deliver essential mental health services in workforce shortage areas across Texas.

Additional Bills of Note

H.B. 15 (Thompson, S. et al.)—Relating to the creation of the Texas brain university research initiative.
- This bill establishes an advisory board to award grants to institutions and researchers who study the prevention and treatment of brain-related diseases, including mental illness.
- Advancing research on brain-related conditions can help to improve the efficacy and efficiency of treatment of mental illness.

H.B. 706 (Moody et al.)—Relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services.
- This bill requires Medicaid to reimburse LCSWs and LPCs at a rate comparable to psychologists and psychiatrists and reimburse LMFTs and LMSWs at 70% of reimbursement for psychologists and psychiatrists.
- Enhancing rates of reimbursement to certain clinicians who provide mental health services will help to address workforce turnover and shortages that hinder the delivery of care to individuals living with mental illness.

H.B. 2093 (Cortez et al.)—Relating to including certain licensed physician assistants in the definition of non-physician mental health professional for purposes of certain provisions applicable to non-physician mental health professionals.
- This bill adds Physician Assistants (PAs) to the definition of non-physician mental health providers.
- Including PAs in the definition of non-physician mental health providers will allow for reimbursement of certain clinical services and provide an additional opportunity to address workforce shortages in Texas.
S.B. 454 (Kolkhorst)—Relating to mental health services development plans as updated by the Health and Human Services Commission and local mental health authority groups.

- This bill requires HHSC to convene the All Texas Access workgroups on a quarterly basis to continue planning and implementation of programs that reduce costs associated with delivering care to people living with mental illness, including those related to transportation, incarceration, and emergency room utilization.
- Supporting the continuation of the All Texas Access program will provide additional opportunities to innovate in the delivery of mental health care to address the unique needs of historically underserved communities across Texas.

H.B. 3088 (Coleman et al.)—Relating to the administration of certain mental health grant programs established by the Health and Human Services Commission.

- This bill lowers the required county match to be eligible for state grants to provide mental health services.
- Reducing the county funding match requirements to receive certain state grants for the provision of mental health services can increase county participation in grant programs and improve access and availability of timely care to individuals seeking services.
Targeted Populations

In Texas, individuals from cultural and ethnic minority communities, those experiencing poverty, veterans of the armed forces, and other marginalized identities experience disparities in access to care that worsen mental health outcomes. Legislation that promotes equity in access to services and resources can improve individual and collective well-being. Apart from services provided to veterans, the Legislature made limited progress in providing essential resources and supports to underserved individuals and communities in Texas.

Position 1: Improve Maternal Mental Health

S.B. 147 (Powell)—Relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.

- This bill requires HHSC to establish a maternal mental health peer support pilot program in five mental health workforce shortage areas with high rates of maternal mortality.
- Establishing a pilot program to deliver Peer Support Services to new moms will allow HHSC to develop best practices on how to deliver the best care and leverage existing resources in underserved communities across Texas.

Position 2: Eliminate Ethnic and Racial Disparities in Mental Health

H.B. 4139 (Coleman et al.)—Relating to the Office for Health Equity.

- This bill requires HHSC to establish an Office of Health Equity to develop and implement health initiatives that decrease or eliminated health disparities in minority communities
- Establishing an Office of Health Equity provides Texas an opportunity to develop programs and resources that better serve historically underserved and marginalized communities.
H.B. 2714 (Hernandez et al.)—Relating to implicit bias training for justices and judges of state courts, judicial officers, certain court personnel, and attorneys licensed to practice law in this state.

- This bill requires all judges to receive 2 hours of implicit bias training every 2 years and attorneys to complete 1 hour of implicit bias training for each compliance period.
- Requiring judges and attorneys to routinely participate in implicit bias training can improve their ability to serve individuals and families with unique social, cultural, and ethnic identities.

H.B. 1637 (Sherman)—Relating to implicit bias training for members of the legislature and legislative employees.

- This bill requires legislators and legislative staff to receive implicit bias training every 2 years.
- Requiring state policymakers and their staff to routinely participate in implicit bias training can improve their ability to serve constituents with unique social, cultural, and ethnic identities.

H.B. 2493 (Morales, E. et al.)—Relating to student loan repayment assistance for certain health care workers employed in rural counties.

- This bill grants eligibility to student loan repayment programs coordinated by the Texas Higher Education Coordinating Board to healthcare workers who provide services in rural areas of Texas.
- Incentivizing health care workers to serve rural or remote communities with loan repayment programs can help to address healthcare workforce shortages and improve the quality and timeliness of care provided to all Texans.

Position 3: Mitigate the Impact of Poverty & Economic Instability on Mental Health and Well-Being

H.B. 1298 (Bernal)—Relating to requiring certain employers to provide paid sick leave to employees; providing administrative penalties.

- This bill requires all employers to provide paid sick leave to certain employees and establishes rules pertaining to the accrual of paid leave.
- Requiring employers to provide paid sick leave to full-time employees can create opportunities for individuals to receive essential medical or mental healthcare and improve overall wellbeing.
H.B. 247 (Meza)—Relating to employment leave for certain family or medical obligations.

- This bill requires all employers to provide certain employees with paid leave to receive medical care or to support immediate family members who need care.
- Requiring employers to provide paid medical leave to full-time employees can create opportunities for individuals to receive essential medical or mental healthcare.

**Position 4: Enhance Mental Health Coverage for Veterans**

H.B. 3821 (Hunter)—Relating to employing and training mental health professionals for the mental health program for veterans.

- This bill requires the Texas Veterans Commission to train and employ mental health professionals to assist HHSC in the development and administration of mental health programs for veterans.
- Incorporating mental health professionals trained to serve veterans in the administration veteran-specific programming can improve the quality of services delivered to this population and reduce significant health disparities.

H.B. 2903 (Raymond et al.)—Relating to an instruction guide for family members and caregivers of veterans who have mental health disorders.

- This bill requires HHSC, DSHS, and Texas Veterans Commission to produce educational materials for family members of veterans with mental health concerns.
- Educating family members of veterans on mental illness, crisis response, and available resources can help to mitigate the risks associated with service-related mental health conditions and promote timely access to the appropriate community-based services.

H.B. 1443 (Morales, E.)—Relating to county jailer training on interacting with veterans in the criminal justice system.

- This bill requires jailers to complete training on interacting with veterans in a criminal justice setting.
- Requiring jailers to participate in regular training on how to best support justice-involved veterans can help ensure inmate safety and promote timely access to the appropriate services.
S.B. 91 (Menéndez)—Relating to coverage for serious mental illness under certain group health benefit plans.

- *This bill adds PTSD to the definition of SMI in Texas statute, as it relates to the coverage benefit provided by certain health plans.*
- *Adding PTSD to the definition of SMI will require commercial insurers to provide coverage for the generally accepted services used to treat PTSD.*

S.B. 1093 (Creighton)—Relating to the administration of a veterans treatment court program.

- *This bill allows greater flexibility in the community supervision of veterans participating in specialty court programs.*
- *Providing greater flexibility in the community supervision of veterans participating in specialty court programs can help to improve service engagement and support recovery beyond supervision.*

**Position 5: Eliminate Mental Health Disparities for LGBTQ+ Individuals**

H.B. 3196 (Meza)—Relating to the prohibition of the provision of conversion therapy to an individual by health care providers and certain entities.

- *This bill prohibits health care providers from providing interventions that attempt to change or modify a client’s sexual orientation, gender identity, or gender expression.*
- *Prohibiting discriminatory practices such as conversion therapy can help to promote the mental health and wellbeing of highly vulnerable LGBTQ+ youth in Texas.*

S.B. 97 (Menéndez)—Relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child.

- *This bill designates conversion therapy as unprofessional conduct subject to disciplinary action by licensing authority for myriad health care providers.*
- *Instituting consequences for the provision of services intended to change or modify a person’s sexual orientation helps to ensure that LGBTQ+ Texans can access services when needed.*
Additional Bills of Note

H.B. 1535 (Klick et al.)—Relating to the medical use of low-THC cannabis by patients with certain medical conditions and the establishment of compassionate-use institutional review boards to evaluate and approve proposed research programs to study the medical use of low-THC cannabis in the treatment of certain patients.

- This bill extends the ability to prescribe low-THC cannabis for medicinal purposes to individuals living with PTSD.
- Allowing providers to prescribe cannabis for certain mental health conditions will provide individuals additional treatment options and contribute to greater treatment engagement.

H.B. 1802 (Dominguez et al.)—Relating to a study on the use of alternative therapies for treating post-traumatic stress disorder.

- This bill requires DSHS and the Texas Medical Board to study the effects of MDMA, psilocybin, and ketamine on veterans living with PTSD.
- Studying alternative therapies for certain mental health conditions can improve the quality of care provided to all Texans.

S.B. 261 (Menéndez)—Relating to the repeal of statutes regarding the criminality or unacceptability of homosexual conduct and to the recognition of certain same-sex relationship statuses.

- This bill repeals laws that criminalize same-sex relationships, recognize marriage as existing between man and woman, or require educational materials for minors to identify homosexuality as unacceptable.
- Eliminating discriminatory language from statute can improve the way individuals, communities, and private and public entities treat LGBTQ+ Texans and prevent the adverse mental health events often associated with discrimination.

S.B. 184 (Johnson)—Relating to reports on the prevalence of eating disorders and eating disorder-related deaths in this state.

- This bill requires DSHS and HHSC to prepare a report on the prevalence of eating disorders and eating disorder-related deaths.
- Recognizing the prevalence of certain conditions creates opportunities to improve the delivery of essential treatment and supports to underserved groups.
Crisis Services & Suicide Prevention

A strong response to a mental health crisis is the most important step in starting a person on the path to recovery. Comprehensive crisis response capacity, policies, and protocol ensure that individuals who are at risk of harm to self or others receive the appropriate care for their needs. Moderate gains were made in the crisis response system during the 87th Legislative Session, in issue areas ranging from services and supports for first responders to the National Suicide Prevention Lifeline and mental health disclosures.

Position 1: Require Professionals and Educators Receive Suicide Prevention Training

H.B. 1144 (Ramos)—Relating to staff development requirements for public educators regarding suicide prevention and other mental health training.
- This bill requires teachers to complete suicide prevention training every two years.
- Requiring teachers to regularly participate in suicide prevention training will help them to identify common signs of suicidality in students and refer to the appropriate school- or community-based providers.

H.B. 1384 (Thierry)—Relating to required suicide prevention training for certain health care practitioners.
- This bill requires all medical providers to complete one hour of suicide prevention training for each licensure renewal period.
- Requiring medical providers to complete suicide prevention training each continuing education renewal period will help them to identify common signs of suicidality and refer to the appropriate mental health providers.

Position 2: Reduce Access to Lethal Means

S.B. 110 (West)—Relating to extreme risk protective orders; creating criminal offenses.
- This bill provides a legal mechanism for the police to seize firearms from people who present a risk of harm to self or others.
- Providing law enforcement an opportunity to seize firearms from individuals who present credible risk of harm to self or others will provide opportunities for individuals in need of mental health care to receive the appropriate services.
S.B. 84 (Miles)—Relating to lethal violence protective orders; creating criminal offenses.
- This bill allows family members, members of household, guardians, and peace officers to file a lethal violence protective order based on dangerous behavior, including behavior with a gun, and a perception of risk of harm to self or others
- Providing law enforcement an opportunity to seize firearms from individuals who present credible risk of harm to others will improve opportunities for individuals in need of mental health care to receive the appropriate services.

**Position 3: Promote Use of Integrated Crisis Response Teams**

H.B. 3075 (Coleman)—Relating to the collection and reporting of certain information regarding mental health jail diversion.
- This bill streamlines the data collection and reporting process regarding the utilization and success of mental health jail diversions.
- Requiring peace officers to collect and report certain information related to mental health jail diversions will provide local and state leaders with the data needed to develop programs and policies that successfully divert individuals living with mental illness from the criminal justice system.

H.B. 1050 (Romero et al.)—Relating to a study on employing mental health professionals or mental health response teams to assist when responding to a behavioral health-related emergency call.
- This bill requires HHSC to conduct study on the availability, outcomes, and efficacy of mental health crisis response for individuals with MI, SUD, and/or IDD.
- Conducting a study on crisis response models currently in use in Texas will allow local and state leaders to make more informed decisions on strategies to divert individuals living with mental illness from the criminal justice system.

**Position 4: Increase the Availability of Crisis Respite Services**

- This budget line item includes funding for crisis respite services equivalent to the funding provided in the 2020-21 biennium.
- Maintaining funding for community-based crisis services helps to ensure that individuals experiencing a mental health crisis can access to appropriate and timely care.
Position 5: Facilitate Access to Mental Health Services for First Responders

H.B. 2002 (Sanford et al.)—Relating to prohibited adverse employment action against certain first responders based on mental illness.

- *This bill prohibits adverse employment decisions for peace officers, fire, and EMS due solely to known or suspected mental illness, unless it might otherwise interfere with public safety.*
- *Protecting first responders from adverse employment actions due to mental illness will help to normalize mental illness, promote seeking treatment, and improve the services provided by first responders to the communities they serve.*

H.B. 788 (Geren)—Relating to the eligibility of emergency service dispatchers to participate in a public safety employees treatment court program.

- *This bill extends access to specialty treatment courts to emergency service dispatchers, that are currently available to police, firefighters, and jailers.*
- *Extending access to specialty courts for emergency service dispatchers will provide them an opportunity to obtain the appropriate community-based mental health services and supports.*

S.B. 64 (Nelson)—Relating to a peer support network for certain law enforcement personnel.

- *This bill requires HHSC to establish a peer support program for peace officers.*
- *Establishing a program to provide peace officers with peer support will ensure that peace officers experiencing mental health concerns are able to access proven non-clinical services, reduce the stigma associated with mental illness, and improve their ability to protect the communities they serve.*

S.B. 1359 (Hughes)—Relating to adoption by law enforcement agencies of a mental health leave policy for peace officers.

- *This bill requires law enforcement agencies to develop policies pertaining to mental health leave for peace officers experiencing mental health concerns related to their work.*
- *Establishing protections for peace officers experiencing mental health concerns will improve service engagement and outcomes, and reduce the potential long-term risks associated with untreated mental illness.*
Position 6: Expand Provider Authorization in Requesting Emergency Detention

H.B. 3977 (Moody)—Relating to the emergency detention of certain persons with a mental illness or cognitive disability and the scope of an order for psychoactive medication for certain patients under court-ordered mental health services.

- This bill allows certain non-physician healthcare and mental health providers who work in emergency departments or facilities operated by the local mental health authority to submit applications for emergency detention.
- Expanding authority to submit applications for emergency detention to non-physician health care providers will improve access to treatment and reduce risk of harm to self or others for people experiencing a mental health crisis.

Position 7: Grant Physicians the Ability to Exercise Emergency Holds

H.B. 3655 (White)—Relating to the authority of certain facilities to temporarily detain a person with mental illness.

- This bill provides certain medical providers the authority to exercise emergency holds on individuals who they believe present risk of harm to self or others.
- Providing medical providers the authority to exercise emergency holds will help to ensure that the appropriate services are delivered to individuals experiencing a mental health crisis.

Position 8: Address Mental Health Information Disclosures

H.B. 549 (Thompson, S.)—Relating to exemptions from liability for certain professionals for the disclosure of certain mental health information.

- This bill provides medical and mental health providers immunity from suit for the disclosure of confidential information to other mental health or medical providers.
- Protecting mental health providers from frivolous lawsuits will help to ensure coordination and collaboration in the delivery care to individuals with complex needs.
Position 9: Expand State Capacity for Crisis Hotline/Support Lines

- *This rider directs HHSC to study the adequacy and efficacy of existing National Suicide Prevention Lifeline infrastructure in preparation for the rollout of 9-8-8.*
- *Studying the adequacy and efficacy of existing Lifeline infrastructure will help local and state leaders to make more informed policy decisions related to crisis response prior to the rollout of 9-8-8.*

**Additional Bills of Note**

H.B. 3121 (Turner, J. et al)—Relating to a voluntary quality standards certification process for certain private residential psychiatric treatment facilities that provide treatments and services to youth; imposing fees; authorizing civil and administrative penalties.
- *This bill creates a voluntary certification for long-term inpatient psychiatric facilities for youth.*
- *Creating a voluntary certification for certain facilities that provide long-term inpatient care will provide greater transparency and accountability in the delivery of mental health services to youth in Texas.*

H.B. 4274 (Rose)—Relating to the criteria for court-ordered inpatient and extended inpatient mental health services.
- *This bill clarifies the inpatient civil commitment criteria for individuals who may be at risk of harm to self or others.*
- *Clarifying existing statute pertaining to involuntary inpatient commitment criteria will ensure that individuals at risk of harm to self or others are able to access the appropriate crisis care.*

H.B. 4074 (Hunter et al.)—Relating to the collection and use of suicide data by the statewide behavioral health coordinating council.
- *This bill requires the Behavioral Health Coordinating Council to provide suicide data to HHSC to be included in the 5-year Behavioral Health Strategic Plan.*
- *Ensuring that HHSC includes up-to-date suicide data in the Behavioral Health Strategic Plan creates awareness of the severity of the issue and provides accountability for programs intended to support individuals at risk of harm to self.*
Bills NAMI Texas Opposed

As with every Legislative Session, a few bills passed that the NAMI Texas Policy Team believes will adversely impact the mental health and wellbeing of Texans. Please note that some of the issue area to which these bills relate are highly divisive and it is not our intention to criticize or condemn policymakers for their support of these bills. Our foremost concern is how the below bills will impact individuals living with mental illness.

H.B. 3924 (Oliverson et al.)—Relating to health benefits offered by certain nonprofit agricultural organizations.

- This bill creates an exemption for certain insurance products to provide inadequate coverage or discriminate against people with pre-existing conditions.
- Permitting insurance providers to sell certain insurance products can contribute to increased out-of-pocket costs and treatment discontinuation for individuals living with mental illness.

S.B. 1267 (West)—Relating to continuing education and training requirements for educators and other school district personnel.

- This bill loosens requirements for educators to complete mental health-related training and removes certain training curriculum requirements related to mental health.
- Eliminating existing rules that require teachers and school administrators to regularly participate in mental health-related trainings can prevent timely referral to services and jeopardize the health of students living with mental illness.

H.B. 3979 (Toth et al.)—Relating to the social studies curriculum in public schools.

- This bill limits certain educators’ ability to teach concepts related to current social issues, including race and racism, and prohibits schools from awarding course credit for student participation in public policy and/or political activism.
- Prohibiting teachers from educating students on the social, political, and economic impacts of racism and discouraging students from participating in the policy process can contribute to the continued marginalization of communities of color.
H.B. 1925 (Capriglione et al.)—Relating to prohibitions on camping in a public place and to a political subdivisions designation of property for camping by homeless individuals; creating a criminal offense.

- This bill prohibits camping on public property without consent, creates a criminal offense for camping in public, and prohibits municipalities from implementing policies that discourage enforcement of camping ban.
- Implementing policies that displace or incarcerate individuals experiencing homelessness can hinder access to essential mental health care, jeopardize current treatment engagement, and contribute to additional adverse experiences that worsen opportunities for recovery.

H.B. 1927 (Schaefer et al.)—Relating to provisions governing the carrying of a firearm by a person who is 21 years of age or older and not otherwise prohibited by state or federal law from possessing the firearm and to other provisions related to the carrying, possessing, transporting, or storing of a firearm or other weapon; creating criminal offenses.

- This bill allows individuals over the age of 21 to carry certain firearms on their person in public without completed the required training to obtain licensure.
- Permitting anyone over the age of 21 to carry firearms in public may increase access to lethal means for individuals at risk of harm to self or others.