



Texas Association of Health Plans
1001 Congress Ave., Suite 300
Austin, Texas 78701
P: 512.476.2091
www.tahp.org

April 11, 2023

Dear Chairman Oliverson and Members of the House Insurance Committee,

Re: Opposition to HB 4713

The Texas Association of Health Plans (TAHP) is the statewide trade association representing health insurers, health maintenance organizations, and other related health care entities operating in Texas. Our members provide health and supplemental benefits to Texans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid.

We are testifying in opposition to HB 4713. This overly prescriptive mandate would force health plans to pay for standardized programs that either duplicate care already available, or force plans to structure programs according to a specified manual from the federal National Institute of Mental Health (NIMH). While this manual is a model for coordinated specialty care for the treatment of first episode psychosis, it is only one model. The bill inappropriately seeks to mandate the NIMH manual as the model of care.

Mental health is a key component to a person's overall well being, and health plans are committed to efforts to provide safe, evidenced-based behavioral health care on par with medical/surgical care. While we are committed to ensuring our enrollees/insureds have access to quality mental health services, we are concerned about the significant cost of this mandate and questionable value. In fact, Texas has some of the strongest mental health coverage requirements in the nation including mental health parity and a complete continuum of required services that are not covered by Medicaid.

A study from California found that the mandate would increase costs of health coverage by nearly \$70,000,000 for the care of just 5,000 individuals with first episode psychosis. But more importantly, the independent analysis found that this care model “does not appear to be more effective than outpatient treatment-as-usual.”

Texas currently provides coordinated specialty care for first episode psychosis through grants to local mental health and behavioral health authorities (LMHAs/LBHAs). Providers serve patients



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across the state in 165 counties through these programs. State-funded programs for first episode psychosis treatment are a more consistent source of funding for care for these individuals given the [high incidence of uninsured \(47%\), publicly insured \(31%\), and the churn between coverage.](#) While studies raise questions about the effectiveness of the CSC model over other models of care, continuation of treatment programs for patients who might move from private insurance, Medicaid, or being uninsured is likely critical to any successful treatment.

We recommend the state continue to make investments in the existing state programs for treatment of first episode psychosis. Before implementing a mandate that is expensive and has not been found to be more effective than other models of care, the state should carefully study this mandate.

Sincerely,

M. Blake Hutson

Blake Hutson
Texas Association of Health Plans