

BILL ANALYSIS

C.S.H.B. 2618
By: Walle
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

It has been reported that one in six new mothers in Texas suffers from postpartum depression and that half of these women experience depressive symptoms during their pregnancies. Many women, especially those who are lower income, who experience symptoms of a perinatal mood disorder don't know where to find treatment or are reluctant to seek it out. C.S.H.B. 2618 seeks to address these issues by providing peer support services to new mothers suffering from perinatal mood and anxiety disorders through a maternal mental health peer support pilot program.

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 rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 of this bill.

ANALYSIS

C.S.H.B. 2618 amends the Health and Safety Code to require the Health and Human Services Commission (HHSC) to establish and operate the maternal mental health peer support pilot program to reduce the risk and manage the effects of perinatal mood and anxiety disorders in women through the delivery of peer support services at federally qualified health centers located in the geographic areas in which the pilot program operates. The bill requires HHSC, not later than June 30, 2020, to establish the pilot program in five Texas counties that meet certain qualifications and sets out provisions relating to the operation of the program, including HHSC duties and the duties of a peer support specialist who provides peer support services through the program at a federally qualified health center. The bill authorizes HHSC, in addition to money appropriated by the legislature, to accept gifts, grants, and donations from any source for the purpose of establishing the pilot program and compensating peer support specialists under the program. The bill defines "peer support service" and "perinatal mood and anxiety disorder."

C.S.H.B. 2618 requires HHSC, not later than January 1, 2021, to prepare and submit to the governor, lieutenant governor, and legislature a written report that evaluates the pilot program's success in reducing perinatal mood and anxiety disorders and substance use in women who received peer support services and that recommends whether the program should be continued, expanded, or terminated. The bill requires the executive commissioner of HHSC, not later than December 31, 2019, to adopt rules as necessary to establish the pilot program. The bill's provisions expire September 1, 2023.

EFFECTIVE DATE

September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2618 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes the name of the pilot program to include a reference to mental health and expands the scope of the program to include perinatal anxiety disorders. The substitute includes a definition of "perinatal mood and anxiety disorder."

The substitute increases from three to five the number of counties in which the pilot program is required to be established. The substitute lowers from one million to 500,000 the minimum population that at least one county in the program must have.

The substitute includes a definition of "peer support service" and a specification that a peer support specialist who provides peer support services through the pilot program does so at a federally qualified health center.

The substitute revises certain HHSC duties in establishing the program, including the duty to develop a method for collecting data, which is revised by providing for consultation with the Maternal Mortality and Morbidity Task Force and other relevant entities.