

**SUBJECT:** Creating a five-year strategic plan to address postpartum depression

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Wray

**WITNESSES:** For — Ashley Kahn, Deeds Not Words; Alissa Sughrue, National Alliance on Mental Illness-Texas; Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; (*Registered, but did not testify:* Juliana Kerker, American College of Obstetricians and Gynecologists-Texas District; Tegra Swogger, Laura Lee Daigle, Kaycee Crisp, and Lindsay Liggett, Circle Up: United Methodist Women; Bill Kelly, City of Houston Mayor’s Office; Claire Bocchini, Erica Ding, Melinda Soeung, and Alyssa Thomason, Doctors for Change; Nora Del Bosque, March of Dimes; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish, National Alliance on Mental Illness-Austin; Will Francis, National Association of Social Workers-Texas Chapter; Elaine Cavazos and Melissa Bentley, Pregnancy and Postpartum Health Alliance; Jamie Dudensing, Texas Association of Health Plans; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Cameron Duncan, Texas Hospital Association; Michelle Romero, Texas Medical Association; Andrew Cates, Texas Nurses Association; Kaitlyn Doerge, Texas Pediatric Society; Erika Ramirez, Texas Women's Healthcare Coalition; Jennifer Lucy, TexProtects; Nataly Saucedo, United Ways of Texas; and 26 individuals)

Against — None

On — Jerome Young; (*Registered, but did not testify:* Manda Hall,

Department of State Health Services; Viveca Martinez, Health and Human Services Commission)

DIGEST: CSHB 253 would require the Health and Human Services Commission (HHSC) to develop and implement a recurring five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services.

The plan would have to provide strategies for:

- increasing awareness among relevant state-administered program providers about the prevalence and effects of postpartum depression on women and children;
- establishing a referral network of community-based mental health providers and support services that address postpartum depression;
- increasing women's access to formal and informal peer support services;
- raising public awareness of and reducing stigma related to postpartum depression; and
- leveraging funding to support community-based postpartum depression screening, referral treatment, and support services.

HHSC would be required to coordinate with the Department of State Health Services, the Statewide Health Coordinating Council, the Office of Mental Health Coordination, and the Statewide Behavioral Health Coordinating Council to develop the strategic plan and to annually review and update it as necessary.

HHSC would be required to develop the initial strategic plan by September 1, 2020, and to develop a new plan for the next five years by September 1 of the last fiscal year of each five-year period.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS  
SAY:**

CSHB 253 would help to prevent maternal deaths by increasing access to both formal and informal care that would help women understand postpartum depression, access treatment, reduce social isolation, and strengthen social support. The bill would raise public awareness and reduce stigma, encouraging more women to seek out care when it is needed.

The bill would leverage funding for existing services to treat women in need, improving health outcomes for both mothers and children without increasing cost to taxpayers. By connecting mothers with preventive care for postpartum depression, the bill could decrease costs to taxpayers by keeping mothers and children out of more expensive forms of care such as emergency rooms.

**OPPONENTS  
SAY:**

CSHB 253 should ensure that administrative costs for the program would not become inflated. Similar postpartum depression programs in other states have resulted in high overhead costs with little benefit to patients. Implications for long-term care also should be considered with respect to treating patients on Medicaid who may not have consistent access to insurance to cover antidepressant medication.

**OTHER  
OPPONENTS  
SAY:**

CSHB 253 should be expanded to cover other mental health issues faced by new mothers.