

## **BILL ANALYSIS**

C.S.H.B. 341  
By: Uresti  
State Affairs  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Several physical and psychological health risks are associated with pregnancy, childbirth, and the postpartum period. It has been documented that postpartum depression, a mood disorder that begins after childbirth, affects approximately 15% of all childbearing women. Such disorders may be treated with therapy and support networks. The purpose of C.S.H.B. 341 is to provide women undergoing prenatal care with a means to access organizations that provide counseling to assist them in dealing with postpartum depression or to provide other needed assistance.

### **RULEMAKING AUTHORITY**

It is the opinion of the committee that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 341 requires a hospital, birthing center, physician, or midwife providing prenatal care to a pregnant woman during gestation or at delivery of an infant to provide the woman with a resource list of the names, addresses, and phone numbers of professional organizations that provide postpartum counseling and assistance to parents. A signed acknowledgment of the woman's receipt of the list must be retained in the medical records for at least three years. A hospital, birthing center, physician, or midwife is presumed to have complied with these requirements if the woman received prior prenatal care from another hospital, birthing center, physician, or midwife in this state during the same pregnancy.

C.S.H.B. 341 requires the Texas Department of Health (TDH) to establish guidelines for the provision of the information described above, and to make available on the TDH website, updated monthly, a printable list of professional organizations that provide postpartum counseling and assistance to parents.

C.S.H.B. 341 also makes it disciplinary offense if a hospital, birthing center, physician, or midwife fails to provide the resource list or maintain the signed acknowledgment as required by the bill.

### **EFFECTIVE DATE**

The Act takes effect on September 1, 2003; except that the disciplinary provisions referenced above do not take effect until January 1, 2005. TDH is required to establish guidelines and compile the required resource list not later than January 1, 2004.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

The original bill applied only to a physician or midwife. The substitute applies to a hospital, birthing center, physician, or midwife.

The original bill did not include a requirement for a signed acknowledgment of receipt of the list that must be maintained for three years. The substitute includes such a provision.

The disciplinary provisions in the original bill related solely to a physician or midwife. The substitute includes disciplinary provisions for a hospital, birthing center, physician, or midwife for failing to comply with the requirements of the bill.

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