

By: Coleman

H.B. No. 2964

A BILL TO BE ENTITLED

AN ACT

1
2 relating to mental health services for women with postpartum
3 depression.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Subchapter B, Chapter 32, Human Resources Code,
6 is amended by adding Section 32.0249 to read as follows:

7 Sec. 32.0249. MENTAL HEALTH SERVICES FOR CERTAIN PERSONS
8 WITH POSTPARTUM DEPRESSION. (a) The department shall, within the
9 12-month period following the date on which a woman gives birth,
10 provide mental health services, in accordance with rules adopted by
11 the executive commissioner of the Health and Human Services
12 Commission, to a woman who is:

13 (1) diagnosed with postpartum depression, as defined
14 by Section 1366.0565, Insurance Code; and

15 (2) eligible for medical assistance under this
16 chapter.

17 (b) The department shall provide mental health services to a
18 woman under Subsection (a) regardless of whether the woman has been
19 found to be a danger to herself or others.

20 (c) The department may not place an arbitrary or artificial
21 limit on the amount of services that may be provided under
22 Subsection (a).

23 SECTION 2. Subchapter B, Chapter 1366, Insurance Code, is
24 amended by adding Section 1366.0565 to read as follows:

1 Sec. 1366.0565. COVERAGE FOR POSTPARTUM DEPRESSION. (a)

2 In this section, "postpartum depression" means a disorder with
3 postpartum onset that is categorized as a mood disorder by the
4 American Psychiatric Association in the Diagnostic and Statistical
5 Manual of Mental Disorders, fourth edition, or a subsequent edition
6 of that manual that the commissioner by rule adopts to take the
7 place of the fourth edition.

8 (b) A health benefit plan that provides maternity benefits,
9 including benefits for childbirth, must provide to a woman who has
10 given birth to a child coverage for postpartum depression.

11 (c) A health benefit plan may not impose treatment
12 limitations or financial requirements, including copayment,
13 coinsurance, or deductible requirements, on coverage provided
14 under this section that are different from the limitations or
15 requirements imposed on coverage for other medical conditions under
16 the plan.

17 (d) Subchapter A, Chapter 1355, does not apply to coverage
18 provided under this section.

19 (e) Notwithstanding any other law, a standard health
20 benefit plan provided under Chapter 1507 must provide the coverage
21 required by this section.

22 SECTION 3. Section 1366.0565, Insurance Code, as added by
23 this Act, applies only to a health benefit plan that is delivered,
24 issued for delivery, or renewed on or after January 1, 2008. A
25 health benefit plan that is delivered, issued for delivery, or
26 renewed before January 1, 2008, is governed by the law as it existed
27 immediately before the effective date of this Act, and that law is

1 continued in effect for that purpose.

2 SECTION 4. If before implementing any provision of this Act
3 a state agency determines that a waiver or authorization from a
4 federal agency is necessary for implementation of that provision,
5 the agency affected by the provision shall request the waiver or
6 authorization and may delay implementing that provision until the
7 waiver or authorization is granted.

8 SECTION 5. This Act takes effect September 1, 2007.