

## **BILL ANALYSIS**

C.S.H.B. 2135  
By: Coleman  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Interested parties note the prevalence of depression among women, including postpartum depression, which can persist for many months or even years after a woman gives birth if undetected or untreated. The parties express concern regarding a woman's access to screening or treatment for postpartum depression under CHIP or Medicaid. The goal of C.S.H.B. 2135 is to provide such access.

### **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 SECTIONS 1 and 3 of this bill.

### **ANALYSIS**

C.S.H.B. 2135 amends the Health and Safety Code to require the covered services under the CHIP perinatal program to include, for each woman who gives birth to a child who is enrolled in the CHIP perinatal program before birth, screening and treatment for postpartum depression for the 12-month period after the date the woman gives birth to the child. The bill requires such coverage to provide mental health services to a woman regardless of whether the woman has been found to be a danger to herself or others and prohibits such coverage from placing an arbitrary or artificial limit on the amount of services that may be provided. The bill requires the executive commissioner of the Health and Human Services Commission (HHSC) to adopt rules necessary to implement this coverage.

C.S.H.B. 2135 amends the Human Resources Code to require HHSC to continue to provide Medicaid to a woman who is eligible for Medicaid for pregnant women for a period of not less than 12 months following the date the woman gives birth.

C.S.H.B. 2135 requires HHSC to provide to a woman who receives Medicaid benefits during a pregnancy screening and treatment for postpartum depression for the 12-month period after the date the woman gives birth and to provide mental health services to such a woman regardless of whether the woman has been found to be a danger to herself or others. The bill prohibits HHSC from placing an arbitrary or artificial limit on the amount of services that may be provided. The bill requires the executive commissioner to adopt rules necessary to implement these services related to postpartum depression.

C.S.H.B. 2135 requires the executive commissioner to develop and seek a waiver or other appropriate authorization from the Centers for Medicare and Medicaid Services to extend the

number of postpartum visits a woman may receive under the CHIP perinatal program in order to implement the bill's provisions relating to CHIP coverage for certain postpartum depression services.

**EFFECTIVE DATE**

September 1, 2017.

**COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 2135 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED	HOUSE COMMITTEE SUBSTITUTE
SECTION 1. Chapter 62, Health and Safety Code, is amended.	SECTION 1. Same as introduced version.
SECTION 2. Section 32.024, Human Resources Code, is amended.	SECTION 2. Same as introduced version.
SECTION 3. Subchapter B, Chapter 32, Human Resources Code, is amended.	SECTION 3. Same as introduced version.
SECTION 4. Chapter 159, Occupations Code, is amended by adding Section 159.012 to read as follows:	No equivalent provision.
<u>Sec. 159.012. INFORMATION ABOUT BIRTH SPACING. A physician who provides health care services to a patient under Section 62.202, Health and Safety Code, or Section 32.02491, Human Resources Code, shall inform the patient about the evidence-based benefits of birth spacing for mothers and their children.</u>	
SECTION 5. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall develop and seek a waiver or other appropriate authorization from the Centers for Medicare and Medicaid Services to extend the number of postpartum visits a woman may receive under the CHIP perinatal program in order to implement Section 62.202, Health and Safety Code, as added by this Act.	SECTION 4. Same as introduced version.
SECTION 6. If before implementing any provision of this Act a state agency determines that an additional waiver or additional authorization from a federal agency is necessary for implementation of that provision, the agency affected by the	SECTION 5. Same as introduced version.

provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 7. This Act takes effect September 1, 2017.

SECTION 6. Same as introduced version.