

By: Thompson of Harris

H.B. No. 3144

A BILL TO BE ENTITLED

AN ACT

relating to coverage for certain services relating to postpartum depression under certain health benefit plans and the medical assistance and CHIP perinatal programs.

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

SECTION 1. Chapter 62, Health and Safety Code, is amended by adding Subchapter E to read as follows:

SUBCHAPTER E. CHIP PERINATAL PROGRAM

Sec. 62.201. DEFINITION. In this subchapter, "postpartum depression" means a disorder with postpartum onset that is categorized as a mood disorder by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), or a subsequent edition adopted by rule by the executive commissioner.

Sec. 62.202. COVERAGE FOR CERTAIN SERVICES REQUIRED. (a) The covered services under the CHIP perinatal program must 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.

(b) The coverage for postpartum depression provided under Subsection (a):

(1) must provide mental health services to a woman regardless of whether the woman has been found to be a danger to

1 herself or others; and

2 (2) may not place an arbitrary or artificial limit on  
3 the amount of services that may be provided.

4 (c) The executive commissioner shall adopt rules necessary  
5 to implement this section.

6 SECTION 2. Subchapter B, Chapter 32, Human Resources Code,  
7 is amended by adding Section 32.0249 to read as follows:

8 Sec. 32.0249. SERVICES RELATED TO POSTPARTUM DEPRESSION.

9 (a) For purposes of this section, "postpartum depression" means a  
10 disorder with postpartum onset that is categorized as a mood  
11 disorder by the American Psychiatric Association in the Diagnostic  
12 and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), or  
13 a subsequent edition adopted by rule by the executive commissioner.

14 (b) The commission shall provide to a woman who receives  
15 medical assistance benefits during a pregnancy screening and  
16 treatment for postpartum depression for the 12-month period after  
17 the date the woman gives birth.

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

21 (d) The commission may not place an arbitrary or artificial  
22 limit on the amount of services that may be provided under  
23 Subsection (b).

24 (e) The executive commissioner shall adopt rules necessary  
25 to implement this section.

26 SECTION 3. Chapter 1366, Insurance Code, is amended by  
27 adding Subchapter C to read as follows:

1        SUBCHAPTER C. COVERAGE FOR POSTPARTUM DEPRESSION TREATMENT

2        Sec. 1366.101. DEFINITION. In this subchapter, "postpartum  
3 depression" means a disorder with postpartum onset that is  
4 categorized as a mood disorder by the American Psychiatric  
5 Association in the Diagnostic and Statistical Manual of Mental  
6 Disorders, 5th Edition (DSM-5), or a subsequent edition adopted by  
7 rule by the commissioner.

8        Sec. 1366.102. APPLICABILITY OF SUBCHAPTER. (a) This  
9 subchapter applies only to a health benefit plan that provides  
10 benefits for medical or surgical expenses incurred as a result of a  
11 health condition, accident, or sickness, including an individual,  
12 group, blanket, or franchise insurance policy or insurance  
13 agreement, a group hospital service contract, or an individual or  
14 group evidence of coverage or similar coverage document that is  
15 offered by:

- 16            (1) an insurance company;
- 17            (2) a group hospital service corporation operating  
18 under Chapter 842;
- 19            (3) a fraternal benefit society operating under  
20 Chapter 885;
- 21            (4) a stipulated premium insurance company operating  
22 under Chapter 884;
- 23            (5) a health maintenance organization operating under  
24 Chapter 843;
- 25            (6) a multiple employer welfare arrangement that holds  
26 a certificate of authority under Chapter 846; or
- 27            (7) an approved nonprofit health corporation that

1 holds a certificate of authority under Chapter 844.

2 (b) Notwithstanding any provision in Chapter 1551, 1575,  
3 1579, or 1601 or any other law, this subchapter applies to:

- 4 (1) a basic coverage plan under Chapter 1551;  
5 (2) a basic plan under Chapter 1575;  
6 (3) a primary care coverage plan under Chapter 1579;  
7 and  
8 (4) basic coverage under Chapter 1601.

9 (c) This subchapter does not apply to a qualified health  
10 plan if a determination is made under 45 C.F.R. Section 155.170  
11 that:

12 (1) this chapter requires the plan to offer benefits  
13 in addition to the essential health benefits required under 42  
14 U.S.C. Section 18022(b); and

15 (2) this state is required to defray the cost of the  
16 benefits mandated under this chapter.

17 Sec. 1366.103. COVERAGE FOR CERTAIN SERVICES REQUIRED. (a)  
18 A health benefit plan that provides maternity benefits must provide  
19 to a woman who gives birth to a child coverage for screening and  
20 treatment for postpartum depression for the 12-month period after  
21 the date the woman gives birth to the child.

22 (b) The coverage for postpartum depression provided under  
23 Subsection (a):

24 (1) must provide mental health services to a woman  
25 regardless of whether the woman has been found to be a danger to  
26 herself or others; and

27 (2) may not place an arbitrary or artificial limit on

1 the amount of services that may be provided.

2           SECTION 4. As soon as practicable after the effective date  
3 of this Act, the executive commissioner of the Health and Human  
4 Services Commission shall develop and seek a waiver or other  
5 appropriate authorization from the Centers for Medicare and  
6 Medicaid Services to extend the number of postpartum visits a woman  
7 may receive under the CHIP perinatal program in order to implement  
8 Section 62.202, Health and Safety Code, as added by this Act.

9           SECTION 5. If before implementing any provision of this Act  
10 a state agency determines that an additional waiver or additional  
11 authorization from a federal agency is necessary for implementation  
12 of that provision, the agency affected by the provision shall  
13 request the waiver or authorization and may delay implementing that  
14 provision until the waiver or authorization is granted.

15           SECTION 6. Subchapter C, Chapter 1366, Insurance Code, as  
16 added by this Act, applies only to a health benefit plan that is  
17 delivered, issued for delivery, or renewed on or after January 1,  
18 2018. A health benefit plan that is delivered, issued for delivery,  
19 or renewed before January 1, 2018, is governed by the law as it  
20 existed immediately before the effective date of this Act, and that  
21 law is continued in effect for that purpose.

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