

Amend SB 559 (house committee report) by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. Chapter 32, Health and Safety Code, is amended by adding Subchapter E to read as follows:

SUBCHAPTER E. MATERNAL MENTAL HEALTH PEER SUPPORT PILOT PROGRAM

Sec. 32.101. DEFINITIONS. In this subchapter:

(1) "Peer support service" means a service provided by a peer support specialist to a person with mental illness or substance abuse conditions in accordance with commission rules regarding peer specialists.

(2) "Perinatal mood and anxiety disorder" includes any of the following psychiatric illnesses, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), that occur during pregnancy or within 12 months postpartum:

(A) bipolar disorder, including hypomanic, manic, depressive, and mixed types;

(B) major depressive disorder, including single-episode and recurrent types;

(C) generalized anxiety disorder;

(D) obsessive-compulsive disorder;

(E) paranoid or other psychotic disorder; and

(F) post-traumatic stress disorder.

(3) "Pilot program" means the maternal mental health peer support pilot program established under this subchapter.

Sec. 32.102. ESTABLISHMENT OF PILOT PROGRAM. (a) The commission shall establish and operate the maternal mental health peer support pilot program to reduce the risk and manage the effects of perinatal mood and anxiety disorders in women through the delivery of peer support services at federally qualified health centers located in the geographic areas in which the pilot program operates.

(b) The commission shall establish the pilot program in five counties in this state that:

(1) either:

(A) are within an area designated as a mental health professional shortage area; or

(B) have high rates of maternal mortality and morbidity as determined by the commission in consultation with the Maternal Mortality and Morbidity Task Force established under Chapter 34; and

(2) include at least one rural county and one county with a population of at least 500,000.

Sec. 32.103. OPERATION OF PILOT PROGRAM. (a) In establishing the pilot program, the commission shall:

(1) develop a strategy for federally qualified health centers participating in the pilot program and persons responsible for training to collaborate on the training, certification, and guidance of peer support specialists in accordance with existing state procedures and programs;

(2) seek comments regarding best practices for the design and implementation of the pilot program from relevant interested persons, including federally qualified health centers, mental health care providers, local mental health authorities, certified peer support specialists and affiliated organizations, women's health care providers, and individuals who have personal experience with perinatal mood and anxiety disorders;

(3) develop specialized training to:

(A) identify and treat symptoms of perinatal mood and anxiety disorders; and

(B) provide peer support services to pregnant women and new mothers;

(4) develop a strategy for federally qualified health centers and peer support specialists participating in the pilot program to provide peer support services through any form of telephonic communication;

(5) develop a strategy with federally qualified health centers participating in the pilot program to integrate the delivery of peer support services with the health care services provided by the centers to women during pregnancy and within one year of giving birth;

(6) create a protocol within federally qualified health centers participating in the pilot program for referring to peer support services women who are diagnosed as having or

identified as being at risk of developing a perinatal mood and anxiety disorder;

(7) ensure that services provided by peer support specialists under the pilot program are within the scope of a duty of care prescribed by commission rule for peer support specialists who provide similar services; and

(8) develop a method for collecting data, including by consulting with the Maternal Mortality and Morbidity Task Force and other relevant entities regarding the data, on:

(A) maternal health and mental health outcomes;
and

(B) substance use by women receiving peer support services through the pilot program.

(b) A peer support specialist who provides peer support services through the pilot program at a federally qualified health center shall:

(1) provide peer support services to women who:

(A) based on the results of a postpartum depression screening or other screening tool, are diagnosed as having or identified as being at risk of developing a perinatal mood and anxiety disorder; and

(B) are interested in receiving peer support services; and

(2) through the use of the specialist's personal experience with perinatal mood and anxiety disorders:

(A) provide guidance to the women;

(B) if necessary, advocate for the women to receive mental health care services or other specialized health care services; and

(C) provide the women with information on mental health care resources as necessary.

Sec. 32.104. FUNDING. In addition to money appropriated by the legislature, the commission may accept gifts, grants, and donations from any source for the purpose of establishing the pilot program and compensating peer support specialists under the pilot program.

Sec. 32.105. REPORT. Not later than January 1, 2021, the

commission shall prepare and submit to the governor, lieutenant governor, and legislature a written report that:

(1) evaluates the success of the pilot program in reducing perinatal mood and anxiety disorders and substance use in women who received peer support services under the pilot program; and

(2) recommends whether the pilot program should be continued, expanded, or terminated.

Sec. 32.106. EXPIRATION. This subchapter expires September 1, 2023.

SECTION _____. (a) Not later than December 31, 2019, the executive commissioner of the Health and Human Services Commission shall adopt rules as necessary to establish the pilot program as required by Subchapter E, Chapter 32, Health and Safety Code, as added by this Act.

(b) Not later than June 30, 2020, the Health and Human Services Commission shall establish the pilot program as required by Subchapter E, Chapter 32, Health and Safety Code, as added by this Act.