

By: Walle, Thierry, Morales, Ortega

H.B. No. 2618

Substitute the following for H.B. No. 2618:

By: Thompson of Harris

C.S.H.B. No. 2618

A BILL TO BE ENTITLED

AN ACT

relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.

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

SECTION 1. 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.

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

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

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

12 (1) either:

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

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

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

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

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

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

8 (3) develop specialized training to:

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

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

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

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

22 (6) create a protocol within federally qualified
23 health centers participating in the pilot program for referring to
24 peer support services women who are diagnosed as having or
25 identified as being at risk of developing a perinatal mood and
26 anxiety disorder;

27 (7) ensure that services provided by peer support

1 specialists under the pilot program are within the scope of a duty
2 of care prescribed by commission rule for peer support specialists
3 who provide similar services; and

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

7 (A) maternal health and mental health outcomes;
8 and

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

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

14 (1) provide peer support services to women who:

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

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

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

23 (A) provide guidance to the women;

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

27 (C) provide the women with information on mental

1 health care resources as necessary.

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

7 Sec. 32.105. REPORT. Not later than January 1, 2021, the
8 commission shall prepare and submit to the governor, lieutenant
9 governor, and legislature a written report that:

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

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

16 Sec. 32.106. EXPIRATION. This subchapter expires September
17 1, 2023.

18 SECTION 2. (a) Not later than December 31, 2019, the
19 executive commissioner of the Health and Human Services Commission
20 shall adopt rules as necessary to establish the pilot program as
21 required by Subchapter E, Chapter 32, Health and Safety Code, as
22 added by this Act.

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

27 SECTION 3. This Act takes effect September 1, 2019.