

By: Walle

H.B. No. 2618

A BILL TO BE ENTITLED

AN ACT

relating to the maternal peer support pilot program for perinatal mood 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 PEER SUPPORT PILOT PROGRAM

Sec. 32.101. DEFINITION. In this subchapter, "pilot program" means the maternal peer support pilot program established under this subchapter.

Sec. 32.102. ESTABLISHMENT OF PILOT PROGRAM. (a) The commission shall establish and operate the maternal peer support pilot program to reduce the risk and manage the effects of perinatal mood 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 three 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

1 Chapter 34; and

2 (2) include at least one rural county and one county
3 with a population of at least one million.

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

6 (1) develop a strategy for federally qualified health
7 centers participating in the pilot program and persons responsible
8 for training to collaborate on the training, certification, and
9 guidance of peer support specialists;

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

17 (3) develop specialized training to:

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

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

22 (4) develop a strategy for peer support specialists
23 participating in the pilot program to provide peer support services
24 through telemedicine or telehealth services;

25 (5) collaborate with federally qualified health
26 centers participating in the pilot program to integrate the
27 delivery of peer support services with the health care services

1 provided by the centers to women during pregnancy and within one
2 year of giving birth;

3 (6) create a protocol for referring to peer support
4 services women who are diagnosed as having or identified as being at
5 risk of developing a perinatal mood disorder;

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

10 (8) develop a method for collecting data on:

11 (A) maternal health and mental health outcomes;

12 and

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

15 (b) A peer support specialist who provides peer support
16 services through the pilot program shall:

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

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

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

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

26 (A) provide guidance to the women;

27 (B) if necessary, advocate for the women to

1 receive mental health care services or other specialized health
2 care services; and

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

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

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

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

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

18 Sec. 32.106. EXPIRATION. This chapter expires September 1,
19 2023.

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

25 (b) Not later than June 31, 2020, the Health and Human
26 Services Commission shall establish the pilot program as required
27 by Subchapter E, Chapter 32, Health and Safety Code, as added by

1 this Act.

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