

SUBJECT: Authorizing postpartum depression screening under Medicaid for mothers

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — Price, Sheffield, Arévalo, Burkett, Coleman, Cortez, Guerra,
Klick, Oliverson, Zedler

0 nays

1 absent — Collier

WITNESSES: For —Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; Lisa Hollier, Texas Children's Hospital; Celia Neavel, Texas Pediatric Society, Texas Medical Association, Texas Association of Obstetrics and Gynecology, Texas Academy of Family Practice, March of Dimes; Louise Liebeskind; (*Registered, but did not testify*: Rebecca Teng, ACOG-TX, Texas Medical Association, TCMS; R. Moss Hampton, American Congress of Obstetricians & Gynecologists, District XI (Texas), Texas Medical Association, Texas Association of Obstetricians and Gynecologists, Texas Pediatric Society, Texas Academy of Family Physicians, MOD, Texas Care for Children; Cynthia Humphrey, Association of Substance Abuse Programs; Stacey Pogue, Center for Public Policy Priorities; Jason Sabo, Children at Risk, Young Invincibles; Matt Moore, Children's Health System of Texas; Stacy Wilson, Children's Hospital Association of Texas; Cheasty Anderson, Children's Defense Fund; Kathryn Freeman, Christian Life Commission; Chase Bearden, Coalition of Texans with Disabilities; Reginald Smith, Communities for Recovery; Reginald Smith, Community for Recovery; Wendy Wilson, Consortium of Certified Nurse-Midwives; Eric Woome, Federation of Texas Psychiatry; Leah Gonzalez, Healthy Futures of Texas; Shannon Lucas, March of Dimes; Bill Kelly, City of Houston Mayor's Office; Rebecca Fowler, Mental Health America of Greater Houston; Annalee Gulley, Mental Health America of Greater Houston; Gyl Switzer, Mental Health America of Texas; Christine Yanas, Methodist Healthcare Ministries; Maggie Hennessy, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas;

Eric Kunish, National Alliance on Mental Illness Austin Advocacy Chair; Will Francis and Nakia Winfield, National Association of Social Workers-Texas Chapter; Elaine Cavazos, Pregnancy and Postpartum Health Alliance of Texas; Maureen Milligan, Teaching Hospitals of Texas; Marshall Kenderdine, Texas Academy of Family Physicians; Carl Dunn, Texas ACOG; G. Sealy Massingill, Texas Association of Obstetricians and Gynecologists; Kay Ghahremani, Texas Association of Community Health Plans; Kimberly Carter, Texas Association of Obstetrics and Gynecologists; Johnna Carlson, Texas Children's Hospital; Diana Fite, Texas College of Emergency Physicians; Lee Johnson, Texas Council of Community Centers; Jan Friese, Texas Counseling Association; Carrie Kroll, Texas Hospital Association; Joshua Houston, Texas Impact; Lane Aiena, George Santos, Zoe Tramel, Jerome Jeevarajan, Ruth Abrams, Steven Hays, Moez Mithani, Carolyn Parcels, Sanjana Puri, Jane Stafford, and Dani Steininger, Texas Medical Association; Andrew Cates, Texas Nurses Association; Daniel Vijjeswarapu, Texas Pediatric Society; Alice Bufkin, Texas Women's Healthcare Coalition;, TMA, ACOG; Parin Patel, Texas Medical Association, TAOG; Helen Dunnington, TMA/ACOG; Aidan Utzman, United Ways of Texas; Andrew Smith, University Health System; and 19 individuals)

Against — Monica Ayres, Citizens Commission on Human Rights; (*Registered, but did not testify*: Lee Spiller, Citizens Commission on Human Rights; and 16 individuals)

On — Lesley French, Health and Human Services Commission; Judy Powell, Parent Guidance Center; (*Registered, but did not testify*: Tamela Griffin, Health and Human Services Commission)

DIGEST:

HB 2466 would include postpartum depression screening as a covered service for an enrollee's mother under the Children's Health Insurance Program (CHIP) and children's Medicaid, regardless of whether the mother also was an enrollee in Medicaid. For CHIP, the screening would be a covered service when performed during a covered well-child or other office visit for the enrollee. For children's Medicaid, the screening would be covered when performed during a covered examination for the enrollee

under the Texas Health Steps Comprehensive Care Program. For both programs, services would be covered if performed before the enrollee's first birthday.

The executive commissioner of the Health and Human Services Commission (HHSC) would adopt rules necessary to implement the bill's provisions. The bill would require the rules to be based on clinical and empirical evidence concerning maternal depression as well as information provided by relevant physicians and behavioral health organizations.

HHSC would seek, accept, and spend any federal funds that were available for the services authorized under the bill, including priority funding authorized by Section 317L-1 of the Public Health Service Act as added by the 21st Century Cures Act. If, before implementing any provision of the bill, a state agency determined that a waiver or authorization from a federal agency was necessary for implementing that provision, the agency affected by the provision would request the waiver or authorization and could delay implementing that provision until the waiver or authorization was granted.

The bill would take effect September 1, 2017.

**SUPPORTERS
SAY:**

HB 2466 would improve health outcomes for mothers and babies while saving taxpayer dollars. By offering a screening for postpartum depression to mothers whose children had coverage under children's Medicaid or the Children's Health Insurance Program (CHIP), the bill would facilitate early diagnosis and treatment of postpartum depression. Untreated postpartum depression has negative consequences for both the mother and her baby. Mothers with untreated postpartum depression are more likely to visit the emergency room and have higher health care costs.

The bill would allow more mothers to have access to screening and treatment by allowing mothers to be screened for up to one year after delivery. The bill would not require screening. Currently, mothers who have pregnant women's Medicaid are covered only for 60 days after delivery and many mothers fail to receive any form of treatment for

postpartum depression. Extending the time period for screening is important because postpartum depression can appear up to a year after birth and can appear around or after the time mothers lose coverage under pregnant women's Medicaid.

The bill would have no significant fiscal implication to the state, according to the fiscal note, and would allow women to receive screenings at a pediatrician's office during their child's well-child visit, which is a setting that reduces stigma and increases the rate of follow-up visits. A demonstration project showed that a high majority of women followed up with a pediatrician's referral to a mental health provider.

The bill maintains current confidentiality and informed consent requirements in statute for Medicaid and CHIP, including the services allowed to be provided by the bill. It would be redundant to add that language to this bill, as it is clearly stated in other parts of code. The Health and Human Services Commission would address the specifics of treatment provided under the bill when adopting its rules, which the bill requires to be based on clinical and empirical evidence and information provided by physicians and behavioral health organizations.

**OPPONENTS
SAY:**

HB 2466 would not specifically state that the mother would give informed consent for the screening, that the results of the screening would remain confidential, and that a mother could receive non-mental health treatment related to postpartum depression under the bill.

NOTES:

A companion bill, SB 1257 by Huffman, was referred to the Senate Health and Human Services Committee on March 13.