

BILL ANALYSIS

Senate Research Center
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S.B. 826
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AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Post partum depression is a devastating mood disorder which strikes many women during and after pregnancy. According to the Texas Department of Insurance (TDI) and the Department of State Health Services (DSHS), since post partum depression is a not a "stand-alone" diagnosis, women who suffer from post partum depression would fall under the "major depressive disorders" section of the Insurance Code and thus receive the benefits assigned by that code. However, this eligibility for services is not explicitly stated in the Insurance Code, so there is a cap on the services that may be provided within a twelve-month period, and the specific needs of this disease are not taken into account when providing services. Texas women are not receiving the mental health services they need when suffering from post partum depression. Too often, the only time post partum depression is spoken about or women with this disease are given the medical attention they need is when a tragedy occurs and a child or mother dies.

S.B. 826 explicitly states that all women suffering from post partum depression deserve full access to public mental health services in Texas, regardless of whether they are receiving Medicaid/Medicare health benefits, employer-provided health insurance, or are self-insured. S.B. 826 also prohibits an arbitrary cap on the amount of services that may be provided under this Act.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.0248, as follows:

Sec. 32.0248. MENTAL HEALTH SERVICES FOR CERTAIN PERSONS WITH POSTPARTUM DEPRESSSION. Requires the Health and Human Services Commission (department), within a twelve-month period following the date on which a woman gives birth, to provide mental health services, in accordance with rules adopted by the executive commissioner of the Health and Human Services Commission (commissioner), to a woman diagnosed with postpartum depression, as defined by Section 1366.0565, Insurance Code, who meets certain eligibility requirements. Requires the department to provide mental health services to a woman regardless of whether the woman has been found to be a danger to herself or others. Prohibits the department from placing an arbitrary or artificial limit on the amount of services that may be provided.

SECTION 2. Amends Subchapter B, Chapter 1366, Insurance Code, by adding Section 1366.0565, as follows:

Sec. 1366.0565. COVERAGE FOR POSTPARTUM DEPRESSION. Defines "postpartum depression." Requires a health benefit plan that provides maternity benefits, including benefits for childbirth, to provide to a woman who has given birth to a child coverage for postpartum depression. Prohibits a health benefit plan from imposing treatment limitations or financial requirements, including copayment, coinsurance, or deductible requirements, on coverage provided under this section that are different from the limitations or requirements imposed on coverage for other medical conditions under

the plan. Provides that Subchapter A, Chapter 1355, Insurance Code, does not apply to coverage provided under this section. Requires a standard health benefit plan provided under Chapter 1507 or Article 3.80 or 20A.09N, Insurance Code, notwithstanding any other law, to provide the coverage required by this section.

SECTION 3. Makes application of Section 1366.0565, Insurance Code, as added by this Act, prospective to January 1, 2006.

SECTION 4. Authorizes delay of implementation until any necessary federal waivers or authorizations are obtained.

SECTION 5. Effective date: September 1, 2005.