

2022 Regular Session

HOUSE BILL NO. 784

BY REPRESENTATIVES DUPLESSIS, ADAMS, HUGHES, TRAVIS JOHNSON,
LARVADAIN, MCMAHEN, DUSTIN MILLER, PRESSLY, SELDERS, AND
STAGNI

HEALTH: Provides relative to universal perinatal mood disorder screening for primary care
doctors

1 AN ACT

2 To enact Part XIII of Chapter 5-B of the Louisiana Revised Statutes of 1950, to be
3 comprised of R.S. 40:1125.1 through 1125.4, relative to perinatal mental health
4 policy; to provide for furnishing of certain information by hospitals and birthing
5 centers that provide labor and delivery services; to provide for perinatal mood
6 disorder screening; to provide for treatment; to provide for collaborative care; and
7 to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. Part XIII of Chapter 5-B of the Louisiana Revised Statutes of 1950,
10 comprised of R.S. 40:1125.1 through 1125.4, is hereby enacted to read as follows:

11 Part XIII. PERINATAL MENTAL HEALTH POLICY

12 §1125.1. Short title

13 This Part shall be known and may be cited as "The Perinatal Mood and
14 Anxiety Disorders Act".

15 §1125.2. Awareness

16 In accordance with this Part, all hospitals and birthing centers that provide
17 labor and delivery services shall, prior to discharge following pregnancy, provide
18 pregnant women and their family members information about postpartum depression,
19 including its symptoms, treatment, and available resources. The Louisiana

1 Department of Health bureau of family, in cooperation with the office of behavioral
2 health, shall make such information available to hospitals and birthing centers and
3 shall include this information on the department's website.

4 §1125.3. Screening for postpartum or related mental health disorders

5 A. Healthcare providers who provide postnatal care to women up to twelve
6 months following the birth shall screen for the signs and symptoms of postpartum
7 depression or related mental health disorders through a validated screening tool in
8 accordance with the recommendations from the American College of Obstetricians
9 and Gynecologists if in the exercise of their professional, medical judgment the
10 healthcare providers believe that such screening would be in the best interest of the
11 patient.

12 B. Upon the consent of the caregiver, a healthcare provider who is providing
13 pediatric care to an infant shall screen the caregiver for postpartum depression or
14 related mental health disorders in accordance with the recommendations of the
15 American Academy of Pediatrics if in the exercise of his professional medical
16 judgment the healthcare provider believes that such screening would be in the best
17 interest of the patient. Screenings pursuant to this Subsection shall not create either
18 a physician-patient relationship between the healthcare provider and the caregiver
19 or any continuing obligation to provide medical services or referral by the healthcare
20 provider.

21 §1125.4. Treatment; access to perinatal mental health providers

22 The Louisiana Department of Health shall work with the Medicaid managed
23 care organizations to do the following:

24 (1) Identify providers who specialize in pregnancy-related and postpartum
25 depression or related mental health disorders and pregnancy-related and postpartum
26 substance use disorders, which are searchable by location.

27 (2) Develop network adequacy standards for treatment of pregnant and
28 postpartum women with depression or related mental health disorders and pregnant
29 and postpartum women with substance use disorders.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 784 Engrossed

2022 Regular Session

Duplessis

Abstract: Establishes the Perinatal Mood and Anxiety Disorders Act to improve awareness, screening, and treatment of perinatal mood and anxiety disorders.

Proposed law provides for awareness of all hospitals and birthing centers that provide labor and delivery services.

Proposed law provides that a healthcare provider who is providing pediatric care to an infant shall screen the caregiver for postpartum depression or related mental health disorders if he believes in the exercise of his professional judgment that such screening would be in the best interest of the patient.

Present law provides that perinatal mood and anxiety disorder screening shall not create either a physician-patient relationship between the healthcare provider and the caregiver or any continuing obligation to provide medical services.

Proposed law requires the La. Dept. of Health office, in collaboration with Medicaid-managed care organizations, to identify providers who specialize in pregnancy-related and postpartum depression or related mental health disorders and substance use disorders.

Proposed law requires the La. Dept. of Health office, in collaboration with Medicaid-managed care organizations, to develop network adequacy standards for treatment of pregnant and postpartum women with depression or related mental health disorders and substance use disorders.

(Adds R.S. 40:1125.1-1125.4)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the original bill:

1. Provide that a pediatric healthcare provider who provides care to an infant shall screen the caregiver of the infant for postpartum depression or related mental health disorders if he believes that such screening is in the best interest of the patient.
2. Provide that perinatal mood and anxiety disorder screening shall not create a physician-patient relationship nor shall such screening create any continuing obligation to provide medical services.
3. Require the La. Dept. of Health to collaborate with Medicaid-managed care organizations to identify providers who specialize in pregnancy-related and postpartum depression or mental health disorders and substance use disorders relative to such illnesses and to develop network adequacy standards for treatment of those disorders.
4. Remove reimbursement provisions.
5. Make technical corrections.