

March 6, 2017

Lieutenant Governor Dan Patrick
Room 2E.13
P.O. Box 12068
Austin, TX 78711

The Honorable Joe Straus
Room 2W.13
P.O. Box 2910
Austin, TX 78768

The Honorable Jane Nelson
P.O. Box 12068
Capitol Station
Austin, TX 78711

The Honorable John Zerwas
Room GW.17
P.O. Box 2910
Austin, TX 78768

The Honorable Juan “Chuy” Hinojosa
P.O. Box 12068
Capitol Station
Austin, TX 78711

The Honorable Oscar Longoria
Room E1.510
P.O. Box 2910
Austin, TX 78768

Dear Lieutenant Governor Patrick, Speaker Straus, Senator Nelson, Senator Hinojosa, Mr. Zerwas, and Mr. Longoria,

Postpartum depression (PPD) is the most common complication of childbirth and can affect families in a range of ways that include emotional and physical wellbeing and economic security. In Texas alone, 68,000 mothers of infants are likely to suffer from the condition every year.ⁱ

Thankfully, state lawmakers have demonstrated their commitment to addressing the seriousness of the condition by including PPD screening and treatment under the Healthy Texas Women programⁱⁱ and by making mental health, including postpartum depression, a key focus of interim hearings.ⁱⁱⁱ

PPD can be devastating to the economic growth and security of families across Texas. Postpartum depression has been associated with decreased employment and income in affected mothers.^{iv} In addition, untreated PPD has also been tied to negative outcomes for children—such as delays in language, cognitive, and motor

development and other vital components of school readiness—that can impair the ability of our youngest Texans to achieve economic security as they grow older.^v

The undersigned organizations are committed to the wellbeing of Texas’ children and families. We write in support of a state budget rider that would help the state to seek out a new federal grant opportunity to expand existing, successful programs focusing on PPD and develop new, innovative PPD treatment initiatives without the state incurring significant costs.

The 21st Century Cures Act, a federal law recently passed with strong bipartisan support, seeks to facilitate medical research and improve treatments for chronic conditions.^{vi} The law includes several mental health provisions, including one authorizing federal grants to states to develop, maintain, or expand programs for screening and treatment of postpartum depression. Up to \$5 million total grant funding will be available to distribute to at least three states annually.

While the funding would unfortunately not be enough to ensure all women could access care, through this grant opportunity, Texas would have significant flexibility to expand and test new programming for early detection and treatment of postpartum depression.^{vii}

The state could choose to use this funding, for example, to expand trainings for providers to screen for postpartum depression, explore telehealth strategies to reach more mothers, increase capacity at Local Mental Health Authorities and community health centers to offer mental health services for new mothers, or strengthen referral avenues for those diagnosed with the condition.

Whatever strategies the state elects to pursue under the grant, this investment would represent a significant step forward for Texas families. We welcome the opportunity to work with you to improve the health and wellbeing of families across the state.

Sincerely,

Children at Risk
First3Years

Mental Health America of Greater Houston
National Association of Social Workers-Texas
Texans Care for Children
Texas Association of Community Health Centers
Young Invincibles

children at Risk



CC: Members of the Texas Senate Committee on Finance
Members of the Texas House Appropriations Committee

ⁱ The rate of PPD for Texas women is approximately 17% and the average number of births in the state is just under 400,000. Texas Health and Human Services, Report on Medicaid and Postpartum depression, October 2016, iii, accessed January 23, 2017, <https://hhs.texas.gov/sites/hhs/files//Postpartum-Depression-Among-Women-Utilizing-TexasMedicaid.pdf>; Henry J. Kaiser Family Foundation, Total Number of Births 2014, accessed January 23, 2017, <http://kff.org/other/stateindicator/number-of-births/>.

ⁱⁱ Texas Health and Human Services, Healthy Texas Women, <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/womens-health-services/healthy-texas-women>. The Healthy Texas Women program covers PPD screening, medications, and brief

assessment and consultation with primary care provider. The Family Planning Program covers postpartum depression screening.

ⁱⁱⁱ Legislative Reference Library of Texas, Interim Hearings – Week of May 16, <http://www.lrl.state.tx.us/whatsNew/client/index.cfm/2016/5/9/Interim-Hearings--Week-of-May-16> (see May 19, 2016 hearing in House Committee of Public Health).

^{iv} Lisa Sontag-Padilla, Dana Schultz, et al., Maternal Depression: Implications for Systems Serving Mother and Child, RAND Corporation, 2, accessed January 23, 2017, http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR404/RAND_RR404.pdf.

^v Laura E. Kersten-Alvarez, Clemens M. H. Hosman, et al, The impact of maternal postpartum depression on the language development of children at 12 months, *Child Care Health Dev.*, May 2012; 38(3):420, <https://www.ncbi.nlm.nih.gov/pubmed/21651606>. Deave T, Heron J, Evans J, et al. *The impact of maternal depression in pregnancy on early child development*. *BJOG*. 115:1043–51 (2008). Earls, M. *Clinical report—Incorporating recognition and management of perinatal and postpartum depression into pediatric practice*. *American Academy of Pediatrics*. 126(5), 1032–1039 (2010).

^{vi} 21st Century Cures Act, Pub. L. No. 114-255, <https://www.congress.gov/114/bills/hr34/BILLS-114hr34enr.pdf>.

^{vii} *Ibid.*