

HOUSE No. 3897

The Commonwealth of Massachusetts

PRESENTED BY:

Ellen Story

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to post-partum depression.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Ellen Story	3rd Hampshire
John J. Binienda	17th Worcester
William N. Brownsberger	24th Middlesex
Christine E. Canavan	10th Plymouth
Stephen R. Canessa	12th Bristol
Cheryl A. Coakley-Rivera	10th Hampden
Mark V. Falzone	9th Essex
Mary E. Grant	6th Essex
John D. Keenan	7th Essex
Kay Khan	11th Middlesex
Peter V. Kocot	1st Hampshire
Jennifer M. Callahan	18th Worcester
Barbara A. L'Italien	18th Essex
James R. Miceli	19th Middlesex
Denise Provost	27th Middlesex
Kathi-Anne Reinstein	16th Suffolk
Pam Richardson	6th Middlesex
John W. Scibak	2nd Hampshire
Carl M. Sciortino, Jr.	34th Middlesex

Joyce A. Spilotis
Brian P. Wallace

12th Essex
4th Suffolk

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO POST-PARTUM DEPRESSION.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1

2 SECTION 1. Chapter 17 of the General Laws is hereby amended by adding
3 the following section:-

4 Section 18. The department of public health shall administer
5 training around the commonwealth on screening tools, managing maternal
6 responses, and maternal depression generally, building on previous
7 agency trainings. Said department shall develop a curriculum to
8 expand opportunities for additional training, including web-based
9 training materials. The trainings will strongly encourage
10 obstetricians, nurse midwives, and pediatricians to incorporate
11 screenings into every visit in a routine manner.

12 SECTION 2. Chapter 175 of the General Laws is hereby amended by
13 inserting after section 47I the following section:-

14 Section 47J. Any individual policy of accident and sickness
15 insurance issued pursuant to section 108, and any group blanket policy
16 of accident and sickness insurance issued pursuant to section 110,
17 except policies providing supplemental coverage to Medicare or to
18 other government programs, delivered, issued or renewed by agreement
19 within or without the commonwealth shall provide coverage for
20 screening for post-partum depression, consistent with rules,
21 regulations and criteria established by the department of public
22 health pursuant to section 218 of chapter 111. Said screening process
23 in multiple settings will increase the likelihood of detection of
24 post-partum depression and reduce the stigma associated with it. These
25 screenings shall consist of 3 screenings in an obstetrical setting,

26 including: (a) one in the first trimester, including risk assessment
27 based on history of prior depression; (b) 1 in the third trimester;
28 and (c) 1 at the 6-week post-partum visit. At least 4 required
29 screenings in a pediatric setting, including (i) one in the first month
30 of life, including risk assessment based on history of prior
31 depression; and (ii) three additional screenings at routine well-child
32 visits during the child's first year. If a woman switches her
33 children's pediatrician during the first year of her child's life, the
34 new pediatrician is required to perform a screen and risk assessment
35 at the first appointment, as well as at as many of the remaining
36 required screens as possible. If a woman switches obstetricians or
37 nurse midwives during pregnancy the new provider is required to
38 perform a screen and risk assessment at the first appointment, as well
39 as the remaining required screens. Because both parents have access
40 to children's medical records, pediatricians should consider safety
41 and confidentiality when indicating the results of depression screens
42 on those records. All providers must use a validated instrument for
43 screens, to be determined by the department. The commonwealth and
44 private insurers shall establish a reimbursement structure for
45 screenings, and are strongly encouraged to use existing billing codes.

46 SECTION 3. Section 110 of said chapter 175, as so appearing, is hereby
47 amended by adding the following subdivision:-

48 (Q) Any individual policy of insurance described in subdivisions
49 (A), (C) or (D), which is delivered or issued for delivery within or
50 without the commonwealth and which covers residents of the
51 commonwealth and any employees health and welfare fund which is
52 promulgated or renewed to any persons or group of persons in the
53 commonwealth shall provide benefits for screening for post-partum
54 depression. Said screening process in multiple settings will increase
55 the likelihood of detection of post-partum depression and reduce the
56 stigma associated with it. These screenings shall consist of 3
57 screenings in an obstetrical setting, including: (a) one in the first
58 trimester, including risk assessment based on history of prior
59 depression; (b) 1 in the third trimester; and (c) 1 at the 6-week
60 post-partum visit. At least 4 required screenings in a pediatric
61 setting, including (i) one in the first month of life, including risk
62 assessment based on history of prior depression; and (ii) three
63 additional screenings at routine well-child visits during the child's
64 first year. If a woman switches her children's pediatrician during the
65 first year of her child's life, the new pediatrician is required to
66 perform a screen and risk assessment at the first appointment, as well
67 as at as many of the remaining required screens as possible. If a
68 woman switches obstetricians or nurse midwives during pregnancy the

69 new provider is required to perform a screen and risk assessment at
70 the first appointment, as well as the remaining required screens.
71 Because both parents have access to children's medical records,
72 pediatricians should consider safety and confidentiality when
73 indicating the results of depression screens on those records. All
74 providers must use a validated instrument for screens, to be
75 determined by the department. The commonwealth and private insurers
76 shall establish a reimbursement structure for screenings, and are
77 strongly encouraged to use existing billing codes.

78 SECTION 4. Chapter 176A of the General Laws is hereby amended by
79 inserting after section 8AA the following section:-

80 Section 8BB. Any contract, except contracts providing
81 supplemental coverage to Medicare or other governmental programs,
82 between a subscriber and the corporation under an individual group
83 hospital service plan which shall be delivered, issued or renewed in
84 the commonwealth shall provide, as a basis benefit to all individual
85 subscribers and members within the commonwealth and to all group
86 members having a principle place of employment within the commonwealth
87 for expense for the screening for post-partum depression, consistent
88 with rules, regulations and criteria established by the department of
89 public health pursuant to section 218 of chapter 111. Said screening
90 process in multiple settings will increase the likelihood of detection
91 of post-partum depression and reduce the stigma associated with it.
92 These screenings shall consist of 3 screenings in an obstetrical
93 setting, including: (a) one in the first trimester, including risk
94 assessment based on history of prior depression; (b) 1 in the third
95 trimester; and (c) 1 at the 6-week post-partum visit. At least 4
96 required screenings in a pediatric setting, including (i) one in the
97 first month of life, including risk assessment based on history of
98 prior depression; and (ii) three additional screenings at routine
99 well-child visits during the child's first year. If a woman switches
100 her children's pediatrician during the first year of her child's life,
101 the new pediatrician is required to perform a screen and risk
102 assessment at the first appointment, as well as at as many of the
103 remaining required screens as possible. If a woman switches
104 obstetricians or nurse midwives during pregnancy the new provider is
105 required to perform a screen and risk assessment at the first
106 appointment, as well as the remaining required screens. Because both
107 parents have access to children's medical records, pediatricians
108 should consider safety and confidentiality when indicating the results
109 of depression screens on those records. All providers must use a
110 validated instrument for screens, to be determined by the department.
111 The commonwealth and private insurers shall establish a reimbursement

112 structure for screenings, and are strongly encouraged to use existing
113 billing codes.

114 SECTION 5. Chapter 176B of the General Laws is hereby amended by
115 inserting after section 4BB the following section:-

116 Section 4CC. Any subscription certificate under an individual or
117 group medical service agreement, except certificates which provide
118 supplemental coverage to Medicare or other governmental programs which
119 shall be delivered or issued or renewed in the commonwealth shall
120 provide as benefits to all individual subscribers and members within
121 the commonwealth and to all group members having a principal place of
122 employment within the commonwealth for expense of screening for post-
123 partum depression, consistent with rules, regulations and criteria
124 established by the department of public health pursuant to section 218
125 of chapter 111. Said screening process in multiple settings will
126 increase the likelihood of detection of post-partum depression and
127 reduce the stigma associated with it. These screenings shall consist
128 of 3 screenings in an obstetrical setting, including: (a) one in the
129 first trimester, including risk assessment based on history of prior
130 depression; (b) 1 in the third trimester; and (c) 1 at the 6-week
131 post-partum visit. At least 4 required screenings in a pediatric
132 setting, including (i) one in the first month of life, including risk
133 assessment based on history of prior depression; and (ii) three
134 additional screenings at routine well-child visits during the child's
135 first year. If a woman switches her children's pediatrician during the
136 first year of her child's life, the new pediatrician is required to
137 perform a screen and risk assessment at the first appointment, as well
138 as at as many of the remaining required screens as possible. If a
139 woman switches obstetricians or nurse midwives during pregnancy the
140 new provider is required to perform a screen and risk assessment at
141 the first appointment, as well as the remaining required screens.
142 Because both parents have access to children's medical records,
143 pediatricians should consider safety and confidentiality when
144 indicating the results of depression screens on those records. All
145 providers must use a validated instrument for screens, to be
146 determined by the department. The commonwealth and private insurers
147 shall establish a reimbursement structure for screenings, and are
148 strongly encouraged to use existing billing codes.

149 SECTION 6. Section 4 of chapter 176G of the General Laws, as appearing
150 in the 2006 Official Edition, is hereby amended by adding the
151 following sentence:- Such health maintenance contract shall also
152 provide coverage for screening for post-partum depression as set forth
153 in section 47I of chapter 175.

154 SECTION 7. The department of public health shall establish a multi-
155 disciplinary task force to promote collaborative communication and
156 continuity of care. Said task force shall include representatives from
157 the department, the department of mental health, the department of
158 early education and care, the department of children and families,
159 MassHealth, and the children's behavioral health initiative, grass
160 roots groups, professional groups and national organizations
161 addressing maternal and infant mental health. It will also include
162 one Obstetrician, one Pediatrician, one Psychiatrist, one Child and
163 Adolescent Psychiatrist, and one mother who has survived post-partum
164 depression. Said task force shall facilitate the compilation of 2
165 referral lists for providers; a list of service providers for
166 individual counseling; and a list of support groups around the
167 commonwealth, including groups run by nonprofits; and investigate
168 opportunities to link the referral lists with existing resources, such
169 as parental stress hotlines. This task force shall also investigate
170 opportunities to establish a day treatment program in the commonwealth
171 for women suffering from severe post-partum depression with the
172 capacity for women to bring their infants. The taskforce shall
173 investigate opportunities to promote education about post-partum
174 depression as part of medical school curriculum and continuing medical
175 education.

176 SECTION 8. The early intervention partnership program shall be
177 expanded from 9 to 13 communities statewide as determined by the
178 department of public health.

179

180 SECTION 9. The department of public health shall be required to
181 develop, market and distribute culturally-sensitive, multi-lingual
182 public awareness and education materials on maternal depression,
183 including making it available in birth hospitals and pediatricians'
184 office to build on their work in the Maternal and Infant Maternal
185 Health Project, and in consultation with community leaders. The
186 department will investigate partnering with graduate communications
187 programs to establish effective social marketing strategies.