

**HOUSE . . . . . No. 3897**

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Nine**  
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An Act providing coverage for treatment of 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 SECTION 1. Chapter 17 of the General Laws is hereby amended by adding the following  
2 section:-

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

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

11 Section 47J. Any individual policy of accident and sickness insurance issued pursuant to  
12 section 108, and any group blanket policy of accident and sickness insurance issued pursuant to  
13 section 110, except policies providing supplemental coverage to Medicare or to other government

14 programs, delivered, issued or renewed by agreement within or without the commonwealth shall  
15 provide coverage for screening for post-partum depression, consistent with rules, regulations and  
16 criteria established by the department of public health pursuant to section 218 of chapter 111.  
17 Said screening process in multiple settings will increase the likelihood of detection of post-  
18 partum depression and reduce the stigma associated with it. These screenings shall consist of 3  
19 screenings in an obstetrical setting, including: (a) one in the first trimester, including risk  
20 assessment based on history of prior depression; (b) 1 in the third trimester; and (c) 1 at the 6-  
21 week post-partum visit. At least 4 required screenings in a pediatric setting, including (i) one in  
22 the first month of life, including risk assessment based on history of prior depression; and (ii)  
23 three additional screenings at routine well-child visits during the child's first year. If a woman  
24 switches her children's pediatrician during the first year of her child's life, the new pediatrician  
25 is required to perform a screen and risk assessment at the first appointment, as well as at as many  
26 of the remaining required screens as possible. If a woman switches obstetricians or nurse  
27 midwives during pregnancy the new provider is required to perform a screen and risk assessment  
28 at the first appointment, as well as the remaining required screens. Because both parents have  
29 access to children's medical records, pediatricians should consider safety and confidentiality  
30 when indicating the results of depression screens on those records. All providers must use a  
31 validated instrument for screens, to be determined by the department. The commonwealth and  
32 private insurers shall establish a reimbursement structure for screenings, and are strongly  
33 encouraged to use existing billing codes.

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

36 (Q) Any individual policy of insurance described in subdivisions (A), (C) or (D), which  
37 is delivered or issued for delivery within or without the commonwealth and which covers  
38 residents of the commonwealth and any employees health and welfare fund which is  
39 promulgated or renewed to any persons or group of persons in the commonwealth shall provide  
40 benefits for screening for post-partum depression. Said screening process in multiple settings  
41 will increase the likelihood of detection of post-partum depression and reduce the stigma  
42 associated with it. These screenings shall consist of 3 screenings in an obstetrical setting,  
43 including: (a) one in the first trimester, including risk assessment based on history of prior  
44 depression; (b) 1 in the third trimester; and (c) 1 at the 6-week post-partum visit. At least 4  
45 required screenings in a pediatric setting, including (i) one in the first month of life, including risk  
46 assessment based on history of prior depression; and (ii) three additional screenings at routine  
47 well-child visits during the child's first year. If a woman switches her children's pediatrician  
48 during the first year of her child's life, the new pediatrician is required to perform a screen and  
49 risk assessment at the first appointment, as well as at as many of the remaining required screens  
50 as possible. If a woman switches obstetricians or nurse midwives during pregnancy the new  
51 provider is required to perform a screen and risk assessment at the first appointment, as well as  
52 the remaining required screens. Because both parents have access to children's medical records,  
53 pediatricians should consider safety and confidentiality when indicating the results of depression  
54 screens on those records. All providers must use a validated instrument for screens, to be  
55 determined by the department. The commonwealth and private insurers shall establish a  
56 reimbursement structure for screenings, and are strongly encouraged to use existing billing  
57 codes.

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

60 Section 8BB. Any contract, except contracts providing supplemental coverage to  
61 Medicare or other governmental programs, between a subscriber and the corporation under an  
62 individual group hospital service plan which shall be delivered, issued or renewed in the  
63 commonwealth shall provide, as a basis benefit to all individual subscribers and members within  
64 the commonwealth and to all group members having a principle place of employment within the  
65 commonwealth for expense for the screening for post-partum depression, consistent with rules,  
66 regulations and criteria established by the department of public health pursuant to section 218 of  
67 chapter 111. Said screening process in multiple settings will increase the likelihood of detection  
68 of post-partum depression and reduce the stigma associated with it. These screenings shall  
69 consist of 3 screenings in an obstetrical setting, including: (a) one in the first trimester, including  
70 risk assessment based on history of prior depression; (b) 1 in the third trimester; and (c) 1 at the  
71 6-week post-partum visit. At least 4 required screenings in a pediatric setting, including (i) one in  
72 the first month of life, including risk assessment based on history of prior depression; and (ii)  
73 three additional screenings at routine well-child visits during the child's first year. If a woman  
74 switches her children's pediatrician during the first year of her child's life, the new pediatrician  
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76 of the remaining required screens as possible. If a woman switches obstetricians or nurse  
77 midwives during pregnancy the new provider is required to perform a screen and risk assessment  
78 at the first appointment, as well as the remaining required screens. Because both parents have  
79 access to children's medical records, pediatricians should consider safety and confidentiality  
80 when indicating the results of depression screens on those records. All providers must use a

81 validated instrument for screens, to be determined by the department. The commonwealth and  
82 private insurers shall establish a reimbursement structure for screenings, and are strongly  
83 encouraged to use existing billing codes.

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

86 Section 4CC. Any subscription certificate under an individual or group medical service  
87 agreement, except certificates which provide supplemental coverage to Medicare or other  
88 governmental programs which shall be delivered or issued or renewed in the commonwealth  
89 shall provide as benefits to all individual subscribers and members within the commonwealth  
90 and to all group members having a principal place of employment within the commonwealth for  
91 expense of screening for post-partum depression, consistent with rules, regulations and criteria  
92 established by the department of public health pursuant to section 218 of chapter 111. Said  
93 screening process in multiple settings will increase the likelihood of detection of post-partum  
94 depression and reduce the stigma associated with it. These screenings shall consist of 3  
95 screenings in an obstetrical setting, including: (a) one in the first trimester, including risk  
96 assessment based on history of prior depression; (b) 1 in the third trimester; and (c) 1 at the 6-  
97 week post-partum visit. At least 4 required screenings in a pediatric setting, including (i) one in  
98 the first month of life, including risk assessment based on history of prior depression; and (ii)  
99 three additional screenings at routine well-child visits during the child's first year. If a woman  
100 switches her children's pediatrician during the first year of her child's life, the new pediatrician  
101 is required to perform a screen and risk assessment at the first appointment, as well as at as many  
102 of the remaining required screens as possible. If a woman switches obstetricians or nurse  
103 midwives during pregnancy the new provider is required to perform a screen and risk assessment

104 at the first appointment, as well as the remaining required screens. Because both parents have  
105 access to children’s medical records, pediatricians should consider safety and confidentiality  
106 when indicating the results of depression screens on those records. All providers must use a  
107 validated instrument for screens, to be determined by the department. The commonwealth and  
108 private insurers shall establish a reimbursement structure for screenings, and are strongly  
109 encouraged to use existing billing codes.

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

114 SECTION 7. The department of public health shall establish a multi-disciplinary task  
115 force to promote collaborative communication and continuity of care. Said task force shall  
116 include representatives from the department, the department of mental health, the department of  
117 early education and care, the department of children and families, MassHealth, and the children’s  
118 behavioral health initiative, grass roots groups, professional groups and national organizations  
119 addressing maternal and infant mental health. It will also include one Obstetrician, one  
120 Pediatrician, one Psychiatrist, one Child and Adolescent Psychiatrist, and one mother who has  
121 survived post-partum depression. Said task force shall facilitate the compilation of 2 referral lists  
122 for providers; a list of service providers for individual counseling; and a list of support groups  
123 around the commonwealth, including groups run by nonprofits; and investigate opportunities to  
124 link the referral lists with existing resources, such as parental stress hotlines. This task force shall  
125 also investigate opportunities to establish a day treatment program in the commonwealth for  
126 women suffering from severe post-partum depression with the capacity for women to bring their

127 infants. The taskforce shall investigate opportunities to promote education about post-partum  
128 depression as part of medical school curriculum and continuing medical education.

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

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