

HOUSE No. 3897

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

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
75 is required to perform a screen and risk assessment at the first appointment, as well as at as many
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.