

HOUSE No. 4741

The Commonwealth of Massachusetts

PRESENTED BY:

Jamie Zahlaway Belsito and Joan B. Lovely

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 adoption of the accompanying bill:

An Act establishing a maternal mental health equity grant program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Jamie Zahlaway Belsito</i>	<i>4th Essex</i>	<i>4/7/2022</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>4/7/2022</i>
<i>Lydia Edwards</i>	<i>First Suffolk and Middlesex</i>	<i>4/13/2022</i>
<i>Christina A. Minicucci</i>	<i>14th Essex</i>	<i>4/14/2022</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>5/16/2022</i>

HOUSE No. 4741

By Representative Belsito of Topsfield and Senator Lovely, a joint petition (subject to Joint Rule 12) of Jamie Zahlaway Belsito, Joan B. Lovely and others for legislation to establish a program to address maternal mental health conditions and substance use disorders of certain pregnant and postpartum individuals. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act establishing a maternal mental health equity grant program.

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

1 Chapter 6A of the General Laws is hereby amended by inserting after section 16CC the
2 following section:-

3 Section 16DD. (a) As used in this section, the following words shall, unless the context
4 requires otherwise, have the following meanings:

5 “Culturally congruent care”, care that is in agreement with the preferred cultural values,
6 beliefs, worldview, language and practices of the health care consumer.

7 “Eligible entity”, a: (1) community-based organization serving pregnant and postpartum
8 individuals, including organizations serving individuals from medically underserved populations
9 and other underserved populations; (2) non-profit or patient advocacy organization with
10 expertise in maternal mental and behavioral health; (3) maternity care provider; (4) mental or
11 behavioral health care provider who treats maternal mental health conditions or substance use

12 disorders; (5) public health agencies, including the department of public health or a local public
13 health department; or (6) federally recognized Indian tribe or tribal organization.

14 “Freestanding birth center”, a health facility: (1) that is not a hospital; (2) where
15 childbirth is planned to occur away from the pregnant woman's residence; (3) that is licensed or
16 otherwise approved by the commonwealth to provide prenatal labor and delivery or postpartum
17 care; and (4) that complies with other requirements established by the commonwealth relating to
18 the health and safety of individuals provided services by the facility.

19 “Maternity care provider”, a health care provider who: (1) is a physician, physician
20 assistant, certified nurse-midwife, nurse practitioner or clinical nurse specialist; and (2) has a
21 focus on maternal or perinatal health.

22 “Medically underserved populations”, federally designated populations that have too few
23 primary care providers, high infant mortality, high poverty or high elderly population.

24 “Mental or behavioral health care provider”, a health care provider in the field of mental
25 or behavioral health, including substance use disorders, acting in accordance with the laws of the
26 commonwealth.

27 “Secretary”, the secretary of health and human services.

28 (b) The secretary of health and human services shall establish a program to award grants
29 to eligible entities to address maternal mental health conditions and substance use disorders with
30 respect to pregnant and postpartum individuals, with a focus medically underserved populations.

31 (c) To receive a grant under this section an eligible entity shall submit to the secretary an
32 application at such time, in such manner and containing such information as the secretary may

33 require, including how the entity will use funds for activities described in subsection (e) that are
34 culturally congruent.

35 (d) In awarding grants under this section, the secretary shall give priority to an eligible
36 entity that:

37 (1) is partnering, or will partner, with a community-based organization to address
38 maternal mental health conditions or substance use disorders described in subsection (a); and

39 (2) is operating in an area with high rates of adverse maternal health outcomes or
40 significant racial or ethnic disparities in maternal health outcomes.

41 (e) An eligible entity that receives a grant under this section shall use funds for the
42 following:

43 (1) establishing or expanding maternity care programs to improve the integration of
44 maternal mental health and behavioral health care services into primary care settings where
45 pregnant individuals regularly receive health care services;

46 (2) establishing or expanding group prenatal care programs or postpartum care programs;

47 (3) expanding existing programs that improve maternal mental health and behavioral
48 health during the prenatal and postpartum periods, with a focus on individuals from medically
49 underserved populations;

50 (4) providing services and support for pregnant and postpartum individuals with maternal
51 mental health conditions and substance use disorders, including referrals to addiction treatment
52 centers that offer evidence-based treatment options;

53 (5) addressing stigma associated with maternal mental health conditions and substance
54 use disorders, with a focus on medically underserved populations;

55 (6) raising awareness of warning signs of maternal mental health conditions and
56 substance use disorders, with a focus on pregnant and postpartum individuals from medically
57 underserved populations;

58 (7) establishing or expanding programs to prevent suicide or self-harm among pregnant
59 and postpartum individuals, including, but not limited to, the moms do care program
60 administered by the bureau of substance addiction services in the department and the
61 Massachusetts child psychiatry access program;

62 (8) offering evidence-aligned programs at freestanding birth centers that provide maternal
63 mental and behavioral health care education, treatments, and services, and other services for
64 individuals throughout the prenatal and postpartum period;

65 (9) establishing or expanding programs to provide education and training to maternity
66 care providers with respect to identifying potential warning signs for maternal mental health
67 conditions or substance use disorders in pregnant and postpartum individuals, with a focus on
68 individuals from medically underserved populations. In the case where such providers identify
69 such warning signs, offering referrals to mental or behavioral health care professionals;

70 (10) developing a website, or other method of publication, that includes information on
71 health care providers who treat maternal mental health conditions and substance use disorders;

72 (11) establishing or expanding programs in communities to improve coordination
73 between maternity care providers and maternal mental or behavioral health care providers who

74 treat maternal mental health conditions and substance use disorders, including through the use of
75 toll-free hotlines; and

76 (12) carrying out other programs aligned with evidence-based practices for addressing
77 maternal mental health conditions and substance use disorders for pregnant and postpartum
78 individuals, with a focus on medically underserved populations.

79 (f) An eligible entity that receives a grant under this section shall submit annually to the
80 secretary, and make publicly available, a report on the activities conducted using funds received
81 through a grant under this section. Such reports shall include quantitative and qualitative
82 evaluations of such activities, including the experience of individuals who received health care
83 through such grant.

84 (g) Not later than the end of each fiscal year that grants are awarded, the secretary shall
85 submit to the governor and the clerks of the house of representatives and the senate a report that
86 includes:

87 (1) a summary of the reports received under subsection (f);

88 (2) an evaluation of the effectiveness of grants awarded under this section;

89 (3) recommendations with respect to expanding coverage of evidence-based screenings
90 and treatments for maternal mental health conditions and substance use disorders; and

91 (4) recommendations with respect to ensuring activities described under subsection (e)
92 continue after the end of a grant period.