

**SENATE . . . . . No. 1085**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*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 relative to the well-being of new mothers and infants.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Joan B. Lovely</i>	<i>Second Essex</i>	
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/26/2021</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>3/8/2021</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>3/15/2021</i>

**SENATE . . . . . No. 1085**

By Ms. Lovely, a petition (accompanied by bill, Senate, No. 1085) of Joan B. Lovely, James J. O'Day, Michael O. Moore and Elizabeth A. Malia for legislation relative to the well-being of new mothers and infants. The Judiciary.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 2274 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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

An Act relative to the well-being of new mothers and infants.

*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. Section 15 of chapter 123 of the General Laws, as so appearing, is hereby  
2 amended by inserting after the word “psychologists”, in lines 7 and 8, the following words:- ;  
3 provided however, that a defendant who gave birth within 12 months prior to the crime for which  
4 the defendant has been charged shall undergo a screening for perinatal psychiatric complications  
5 by a treating physician, psychiatrist or psychologist or other qualified physician or psychologist.

6 SECTION 2. Subsection (a) of section 15 of chapter 123 of the General Laws, as so  
7 appearing, is hereby amended by inserting at the end thereof the following new sentence:- When  
8 an examination is ordered for a female defendant who suffers or suffered, at the time the crime  
9 for which the defendant has been charged with occurred, from mental illness related to a  
10 perinatal psychiatric complication such as postpartum psychosis or postpartum depression, said

11 examination shall be conducted by an expert in reproductive psychiatry within 48 hours of such  
12 order.

13 SECTION 3. Section 16 of chapter 123 of the General Laws, as so appearing, is hereby  
14 amended by inserting at the end thereof the following new subsection:-

15 (g) Any person committed to a facility under the provisions of this section who suffers  
16 from mental illness related to a perinatal psychiatric complication such as postpartum psychosis  
17 or postpartum depression shall receive a diagnosis and treatment plan made in consultation with  
18 an expert in reproductive psychiatry. Additional services, including but not limited to parenting  
19 assessment, parenting capacity building, and parent-child dyadic therapy shall be made available  
20 if deemed appropriate by the consulting expert.

21 SECTION 4. Section 1 of Chapter 123 of the General Laws, as so appearing, is hereby  
22 amended by inserting at the end thereof the following new definitions:

23 “Postpartum psychosis”, the most severe of the postpartum mood disorders whereby an  
24 individual experiences alternating states of depression and/or mania (euphoria) and loses touch  
25 with reality. Thinking and judgement are severely impaired. Other symptoms often include  
26 hallucinations and/or delusions, cognitive confusion and disorientation, disorganized or racing  
27 thoughts, excessive restlessness like pacing, minimal need for sleep and delirium. Postpartum  
28 psychosis symptoms can wax and wane, whereby someone is behaving normally at times, while  
29 other times is hallucinating, having delusions (false bizarre beliefs such as their baby is doomed  
30 to hell and they must take their baby’s life in order for them to be safe and reborn), and behaving  
31 in a bizarre manner.

32           “Postpartum depression”, a mood disorder which includes a variety of moderate to severe  
33 symptoms of depression, severe anxiety, panic attacks and/or intrusive distressing obsessive  
34 thoughts and compulsive ritualistic behavior. The clinical symptoms of depression are the  
35 following: insomnia and sleep disturbances; loss of pleasure and motivation in usual activities  
36 (that can include a lack of interest in the infant); sad and depressed mood; lack of clarity in  
37 thinking that can be experienced as foginess; lack of appetite or interest in eating; feelings of  
38 hopelessness, worthlessness and poor self-esteem; extreme fatigue; suicidal thoughts; not feeling  
39 like oneself; feeling overwhelmed and unable to cope with life’s demands.

40           SECTION 5. Chapter 123 of the General Laws, as so appearing, is hereby amended by  
41 adding the following section:-

42           Section 37. (a) The department shall appoint a community program director to coordinate  
43 the department’s role provided for in this section in a particular county or region.

44           (b) Any person committed to a state hospital or other treatment facility under the  
45 provisions of section 16 may be placed on outpatient status, from that commitment subject to the  
46 procedures and provisions of this section.

47           (c) In the case of any person charged with and found incompetent to stand trial or not  
48 guilty by reason of mental illness or mental defect in such proceedings of murder, a violation in  
49 which the victim suffers intentionally inflicted great bodily injury, or an act which poses a  
50 serious threat of bodily harm to another person, outpatient status under this section shall not be  
51 available until that person has actually been confined in a state hospital or other treatment facility  
52 for 180 days or more after having been committed under the provisions of law specified in  
53 section 16, unless the court finds a suitable placement, including, but not limited to, an outpatient

54 placement program, that would provide the person with more appropriate mental health  
55 treatment and the court finds that the placement would not pose a danger to the health or safety  
56 of others, including, but not limited to, the safety of the victim and the victim's family.

57 (d) In the case of any person charged with and found incompetent to stand trial or not  
58 guilty by reason of mental illness or mental defect of any misdemeanor or any felony other than  
59 those described in subsection (c), or found not guilty of any misdemeanor by reason of mental  
60 illness or mental defect outpatient status under this section may be granted by the court prior to  
61 actual confinement in a state hospital or other treatment facility under the provisions of law  
62 specified in section 16.

63 (e) Before any person subject to the provisions of subsection (d) may be placed on  
64 outpatient status, the court shall consider all of the following criteria:

65 (i) In the case of a person who is an inpatient, whether the director of the state hospital or  
66 other treatment facility to which the person has been committed advises the court that the  
67 defendant will not be a danger to the health and safety of others while on outpatient status, and  
68 will benefit from such outpatient status.

69 (ii) In all cases, whether the community program director or a designee advises the court  
70 that the defendant will not be a danger to the health and safety of others while on outpatient  
71 status, will benefit from such status, and identifies an appropriate program of supervision and  
72 treatment. In the case of a female defendant who suffers from mental illness related to a perinatal  
73 psychiatric complication such as postpartum psychosis or postpartum depression, an appropriate  
74 treatment program shall be identified in consultation with an expert in reproductive psychiatry.  
75 Additional services, including but not limited to parenting assessment, parenting capacity

76 building and parent-child dyadic therapy shall also be made available if deemed appropriate by  
77 the consulting expert.

78 (f) Prior to determining whether to place the person on outpatient status, the court shall  
79 provide actual notice to the prosecutor and defense counsel, and to the victim, and shall hold a  
80 hearing at which the court may specifically order outpatient status for the person.

81 (g) The community program director or a designee shall prepare and submit the  
82 evaluation and the treatment plan specified in paragraph (ii) of subsection (e) to the court within  
83 15 calendar days after notification by the court to do so, except that in the case of a person who  
84 is an inpatient, the evaluation and treatment plan shall be submitted within 30 calendar days after  
85 notification by the court to do so.

86 (h) Any evaluations and recommendations pursuant to paragraphs (i) and (ii) of  
87 subsection (e) shall include review and consideration of complete, available information  
88 regarding the circumstances of the criminal offense and the person's prior criminal history.

89 (i) Before any person subject to subsection (c) of this section may be placed on outpatient  
90 status the court shall consider all of the following criteria:

91 (i) Whether the director of the state hospital or other treatment facility to which the  
92 person has been committed advises the committing court and the prosecutor that the defendant  
93 would no longer be a danger to the health and safety of others, including himself or herself,  
94 while under supervision and treatment in the community, and will benefit from that status.

95 (ii) Whether the community program director advises the court that the defendant will  
96 benefit from that status, and identifies an appropriate program of supervision and treatment. In

97 the case of a female defendant who suffers from mental illness related to a perinatal psychiatric  
98 complication such as postpartum psychosis or postpartum depression, an appropriate treatment  
99 program shall be identified in consultation with an expert in reproductive psychiatry. Additional  
100 services, including but not limited to parenting assessment, parenting capacity building and  
101 parent-child dyadic therapy shall also be made available if deemed appropriate by the consulting  
102 expert.

103 (j) Prior to release of a person under subsection (c), the prosecutor shall provide notice of  
104 the hearing date and pending release to the victim or next of kin of the victim of the offense for  
105 which the person was committed where a request for the notice has been filed with the court, and  
106 after a hearing in court, the court shall specifically approve the recommendation and plan for  
107 outpatient status. The burden shall be on the victim or next of kin to the victim to keep the court  
108 apprised of the party's current mailing address.

109 (k) In any case in which the victim or next of kin to the victim has filed a request for  
110 notice with the director of the state hospital or other treatment facility, he or she shall be notified  
111 by the director at the inception of any program in which the committed person would be allowed  
112 any type of day release unattended by the staff of the facility.

113 (l) The community program director shall prepare and submit the evaluation and the  
114 treatment plan specified in paragraph (ii) of subsection (i) to the court within 30 calendar days  
115 after notification by the court to do so.

116 (m) Any evaluations and recommendations pursuant to paragraphs (i) and (ii) of  
117 subsection (i) shall include review and consideration of complete, available information  
118 regarding the circumstances of the criminal offense and the person's prior criminal history.

119 (n) Upon receipt by the committing court of the recommendation of the director of the  
120 state hospital or other treatment facility to which the person has been committed that the person  
121 may be eligible for outpatient status as set forth in paragraph (i) of subsection (e) or (i) of this  
122 section, the court shall immediately forward such recommendation to the community program  
123 director, prosecutor, and defense counsel. The court shall provide copies of the arrest reports and  
124 the state summary criminal history information to the community program director.

125 (o) Within 30 calendar days the community program director or a designee shall submit  
126 to the court and, when appropriate, to the director of the state hospital or other treatment facility,  
127 a recommendation regarding the defendant's eligibility for outpatient status, as set forth in  
128 paragraph (ii) of subsection (e) or (i) and the recommended plan for outpatient supervision and  
129 treatment. The plan shall set forth specific terms and conditions to be followed during outpatient  
130 status. The court shall provide copies of this report to the prosecutor and the defense counsel.

131 (p) The court shall calendar the matter for hearing within 15 business days of the receipt  
132 of the community program director's report and shall give notice of the hearing date to the  
133 prosecutor, defense counsel, the community program director, and, when appropriate, to the  
134 director of the state hospital or other facility. In any hearing conducted pursuant to this section,  
135 the court shall consider the circumstances and nature of the criminal offense leading to  
136 commitment and shall consider the person's prior criminal history.

137 (q) The court shall, after a hearing in court, either approve or disapprove the  
138 recommendation for outpatient status. If the approval of the court is given, the defendant shall be  
139 placed on outpatient status subject to the terms and conditions specified in the supervision and  
140 treatment plan. If the outpatient treatment occurs in a county other than the county of



141 commitment, the court shall transmit a copy of the case record to the superior court in the county  
142 where outpatient treatment occurs, so that the record will be available if revocation proceedings  
143 are initiated pursuant to subsection (w) or (x).

144 (r) The department shall be responsible for the supervision of persons placed on  
145 outpatient status under this title. The commissioner shall designate, for each county or region, a  
146 community program director who shall be responsible for administering the community  
147 treatment programs for persons committed from that county or region under the provisions  
148 specified in subsection (b).

149 (s) The department shall notify in writing the chief justice of the trial court, the district  
150 attorney of each county, and the executive director of the committee on public counsel services  
151 as to the person designated to be the community program director for each county or region, and  
152 timely written notice shall be given whenever a new community program director is to be  
153 designated.

154 (t) The community program director shall be the outpatient treatment supervisor of  
155 persons placed on outpatient status under this section. The community program director may  
156 delegate the outpatient treatment supervision responsibility to a designee.

157 (u) The outpatient treatment supervisor shall, at 90-day intervals following the beginning  
158 of outpatient treatment, submit to the court, the prosecutor and defense counsel, and to the  
159 community program director, where appropriate, a report setting forth the status and progress of  
160 the defendant.

161 (v) Outpatient status shall be for a period not to exceed 1 year. At the end of the period of  
162 outpatient status approved by the court, the court shall, after actual notice to the prosecutor, the

163 defense counsel, and the community program director, and after a hearing in court, either  
164 discharge the person from commitment under appropriate provisions of the law, order the person  
165 confined to a treatment facility, or renew its approval of outpatient status. Prior to such hearing,  
166 the community program director shall furnish a report and recommendation to the medical  
167 director of the state hospital or other treatment facility, where appropriate, and to the court,  
168 which the court shall make available to the prosecutor and defense counsel. The person shall  
169 remain on outpatient status until the court renders its decision unless hospitalized under other  
170 provision of the law. The hearing pursuant to the provisions of this section shall be held no later  
171 than 30 days after the end of the 1 year period of outpatient status unless good cause exists. The  
172 court shall transmit a copy of its order to the community program director or a designee.

173 (w) If at any time during the outpatient period, the outpatient treatment supervisor is of  
174 the opinion that the person requires extended inpatient treatment or refuses to accept further  
175 outpatient treatment and supervision, the community program director shall notify the superior  
176 court in either the county which approved outpatient status or in the county where outpatient  
177 treatment is being provided of such opinion by means of a written request for revocation of  
178 outpatient status. The community program director shall furnish a copy of this request to the  
179 defense counsel and to the prosecutor in both counties if the request is made in the county of  
180 treatment rather than the county of commitment.

181 Within 15 business days, the court where the request was filed shall hold a hearing and  
182 shall either approve or disapprove the request for revocation of outpatient status. If the court  
183 approves the request for revocation, the court shall order that the person be confined in a state  
184 hospital or other treatment facility approved by the community program director. The court shall  
185 transmit a copy of its order to the community program director or a designee. Where the county

186 of treatment and the county of commitment differ and revocation occurs in the county of  
187 treatment, the court shall enter the name of the committing county and its case number on the  
188 order of revocation and shall send a copy of the order to the committing court and the prosecutor  
189 and defense counsel in the county of commitment.

190 (x) If at any time during the outpatient period the prosecutor is of the opinion that the  
191 person is a danger to the health and safety of others while on that status, the prosecutor may  
192 petition the court for a hearing to determine whether the person shall be continued on that status.  
193 Upon receipt of the petition, the court shall calendar the case for further proceedings within 15  
194 business days and the clerk shall notify the person, the community program director, and the  
195 attorney of record for the person of the hearing date. Upon failure of the person to appear as  
196 noticed, if a proper affidavit of service has been filed with the court, the court may issue a *capias*  
197 to compel the attendance of such person. If, after a hearing in court conducted using the same  
198 standards used in conducting probation revocation hearings pursuant to section 3 of chapter 279,  
199 the judge determines that the person is a danger to the health and safety of others, the court shall  
200 order that the person be confined in a state hospital or other treatment facility which has been  
201 approved by the community program director.

202 (y) Upon the filing of a request for revocation under subsection (w) or subsection (x) and  
203 pending the court's decision on revocation, the person subject to revocation may be confined in a  
204 facility designated by the community program director when it is the opinion of that director that  
205 the person will now be a danger to self or to another while on outpatient status and that to delay  
206 confinement until the revocation hearing would pose an imminent risk of harm to the person or  
207 to another. The facility so designated shall continue the patient's program of treatment, shall  
208 provide adequate security so as to ensure both the safety of the person and the safety of others in

209 the facility, and shall, to the extent possible, minimize interference with the person's program of  
210 treatment. Upon the request of the community program director or a designee, a peace officer  
211 shall take, or cause to be taken, the person into custody and transport the person to a facility as  
212 described in subsection (z) and designated by the community program director for confinement  
213 under this section. Within 1 business day after the person is confined in a jail under this section,  
214 the community program director shall apply in writing to the court for authorization to confine  
215 the person pending the hearing under subsection (w) or subsection (x). The application shall be  
216 in the form of a declaration, and shall specify the behavior or other reason justifying the  
217 confinement of the person in a jail. Upon receipt of the application for confinement, the court  
218 shall consider and rule upon it, and if the court authorizes detention in a jail, the court shall  
219 actually serve copies of all orders and all documents filed by the community program director  
220 upon the prosecuting and defense counsel. The community program director shall notify the  
221 court in writing of the confinement of the person and of the factual basis for the opinion that the  
222 immediate confinement in a jail was necessary. The court shall supply a copy of these documents  
223 to the prosecutor and defense counsel.

224 (z) The facility designated by the community program director may be a state hospital, a  
225 local treatment facility, a county jail, or any other appropriate facility, so long as the facility can  
226 continue the person's program of treatment, provide adequate security, and minimize  
227 interference with the person's program of treatment. If the facility designated by the community  
228 program director is a county jail, the patient shall be separated from the general population of the  
229 jail. A county jail may not be designated unless the services specified above are provided, and  
230 accommodations are provided which ensure both the safety of the person and the safety of the  
231 general population of the jail. Within 3 business days of the patient's confinement in a jail, the

232 community program director shall report to the court regarding what type of treatment the patient  
233 is receiving in the facility. If there is evidence that the treatment program is not being complied  
234 with, or accommodations have not been provided which ensure both the safety of the committed  
235 person and the safety of the general population of the jail, the court shall order the person  
236 transferred to an appropriate facility, including an appropriate state hospital.

237 (aa) A resentencing hearing shall be allowed in the following cases, in addition to those  
238 permitted under other sections:

239 At the time of the offense, the defendant was suffering from a serious perinatal  
240 psychiatric complication, a mental illness such as postpartum depression or postpartum  
241 psychosis, which though insufficient to establish the defense of insanity, substantially affected  
242 his or her ability to understand his or her acts or to conform his or her conduct to the  
243 requirements of the law.

244 At the time of the offense, the defendant was suffering from postpartum depression or  
245 postpartum psychosis which was either undiagnosed by a qualified medical professional  
246 (physician, psychiatrist or psychologist) or untreated or unsuccessfully treated, and this  
247 temporary mental illness tended to excuse or justify the defendant's criminal conduct and was  
248 not used in trial or sentencing.

249 (bb) Nothing in this section shall prevent hospitalization pursuant to the provisions of  
250 section 12.

251 (cc) A person whose confinement in a treatment facility under subsection (w) or  
252 subsection (x) is approved by the court shall not be released again to outpatient status unless  
253 court approval is obtained under subsection (e) or subsection (i).

254 (dd) No person who is on outpatient status pursuant to this section shall leave this state  
255 without first obtaining prior written approval to do so from the committing court. The prior  
256 written approval of the court for the person to leave this state shall specify when the person may  
257 leave, when the person is required to return, and may specify other conditions or limitations at  
258 the discretion of the court. The written approval for the person to leave this state may be in a  
259 form and format chosen by the committing court.

260 (ee) In no event shall the court give written approval for the person to leave this state  
261 without providing notice to the prosecutor, the defense counsel, and the community program  
262 director. The court may conduct a hearing on the question of whether the person should be  
263 allowed to leave this state and what conditions or limitations, if any, should be imposed.

264 (ff) Any person who violates subsection (dd) is guilty of a misdemeanor and upon  
265 conviction shall be punished by imprisonment for not more than 6 months in a house of  
266 correction or by a fine of not more than \$1,000.

267 (gg) The department shall be responsible for the community treatment and supervision of  
268 judicially committed patients. These services shall be available on a county or regional basis.  
269 The department may provide these services directly or through contract with private providers.  
270 The program or programs through which these services are provided shall be known as the  
271 forensic conditional release program.

272 (hh) The department shall contact all regional mental health programs by January 1,  
273 2022, to determine their interest in providing an appropriate level of supervision and treatment of  
274 judicially committed patients at reasonable cost. Regional mental health programs may agree or  
275 refuse to operate such a program.

276 (ii) No later than January 1, 2023, and by January 1 of each subsequent year, all state  
277 hospitals or other treatment facilities participating in the forensic conditional release program  
278 shall report to the commissioner the following information: (i) the cost of the program to the  
279 facility; (ii) the demographic profiles of persons receiving supervision and treatment in the  
280 program; and (iii) the rates of adherence to treatment under the program.

281 (jj) No later than January 1, 2023, and by January 1 of each subsequent year, the chief  
282 justice of the trial court shall report to the commissioner the following information: rates and  
283 types of reoffense while these persons are served by the program and after their discharge.

284 (kk) The department shall conduct yearly evaluations of the forensic conditional release  
285 program. An evaluation of the program shall determine its effectiveness in successfully  
286 reintegrating these persons into society after release from state institutions. This evaluation of  
287 program effectiveness shall include, but not be limited to, a determination of the rates of  
288 reoffense while these persons are served by the program and after their discharge. This  
289 evaluation shall also address the effectiveness of the various treatment components of the  
290 program and their intensity.

291 (ll) The department shall ensure consistent data gathering and program standards for use  
292 statewide by the forensic conditional release program.

293 (mm) The department of correction, and the executive office of public safety and security  
294 shall cooperate with the department in conducting this evaluation.

295 (nn) The administrators and the supervision and treatment staff of the forensic conditional  
296 release program shall not be held criminally or civilly liable for any criminal acts committed by  
297 the persons on parole or judicial commitment status who receive supervision or treatment.

298           (oo) The court retains jurisdiction over the person until the end of the period of the  
299 assisted outpatient treatment established under this section or until the court finds that the person  
300 no longer meets the criteria in this section.