

SENATE No. 1261

The Commonwealth of Massachusetts

PRESENTED BY:

Liz Miranda

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 to expand equitable perinatal mental health services.

PETITION OF:

Table with 3 columns: NAME, DISTRICT/ADDRESS, and Date. Lists 18 petitioners including Liz Miranda, Sal N. DiDomenico, Jason M. Lewis, Lindsay N. Sabadosa, Lydia Edwards, Patrick M. O'Connor, Thomas M. Stanley, Michael J. Barrett, Adam Gomez, Vanna Howard, Danillo A. Sena, Carlos González, Joan B. Lovely, Patricia D. Jehlen, Patricia A. Duffly, John F. Keenan, Bruce E. Tarr, and Rebecca L. Rausch.

<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>7/11/2023</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	<i>9/27/2023</i>
<i>Pavel Payano</i>	<i>First Essex</i>	<i>2/7/2024</i>

SENATE No. 1261

By Ms. Miranda, a petition (accompanied by bill, Senate, No. 1261) of Liz Miranda, Sal N. DiDomenico, Jason M. Lewis, Lindsay N. Sabadosa and other members of the General Court for legislation to expand equitable perinatal mental health services. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act to expand equitable perinatal mental health services.

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

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

5 “Health professional shortage area”, a specific geographic area, specific population group
6 or specific facility federally designated as having a critical shortage of primary, dental, or mental
7 health care providers.

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

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

13 “Perinatal”, the period of time from pregnancy up until one year following birth.

14 “Perinatal healthcare desert”, a region where the population has inadequate access to
15 perinatal healthcare.

16 “Perinatal mental and behavioral health care workforce”, mental or behavioral health care
17 providers who focus on perinatal health in biological parents, birthing persons, adoptive parents,
18 foster parents, and any other individuals involved in the gestation, birth, and custodial care of an
19 infant.

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

21 (b) The secretary may award grants to entities to establish or expand programs to grow
22 and diversify the perinatal mental and behavioral health care workforce.

23 (c) Recipients of grants under this section shall use the grants to grow and diversify the
24 perinatal mental and behavioral health care workforce by:

25 (1) establishing schools or programs that provide education and training to individuals
26 seeking appropriate licensing or certification as mental or behavioral health care providers who
27 will specialize in perinatal mental health conditions or substance use disorders; or

28 (2) expanding the capacity of existing schools or programs described in paragraph (1) of
29 this subsection, for the purposes of increasing the number of students enrolled in those schools or
30 programs, including by awarding scholarships for students.

31 (d) In awarding grants under this section, the secretary shall give priority to any entity
32 that:

33 (1) has demonstrated a commitment to recruiting and retaining students and faculty from
34 medically underserved populations or perinatal health care deserts;

35 (2) has developed a strategy to recruit and retain a diverse pool of students into the
36 perinatal mental and behavioral health care workforce program or school supported by funds
37 received through the grant, particularly from medically underserved populations;

38 (3) has developed a strategy to recruit and retain students who plan to practice in a health
39 professional shortage area;

40 (4) has developed a strategy to recruit and retain students who plan to practice in an area
41 with significant racial, ethnic and rural disparities in perinatal health outcomes, to the extent
42 practicable;

43 (5) includes in the standard curriculum for all students within the perinatal mental and
44 behavioral health care workforce program or school a bias, racism or discrimination training
45 program that includes training on implicit bias and racism; or

46 (6) is operated by or employs providers with past lived-experience with perinatal mental
47 health conditions or substance use disorders.

48 (e) The period of a grant awarded to an entity under this section shall be up to 5 years.

49 (f) To seek a grant under this section, an entity shall submit to the secretary an
50 application at such time, in such manner and containing such information as the secretary may
51 require.

52 (g) The secretary shall provide, directly or by contract, technical assistance to entities
53 seeking or receiving a grant under this section on the development, use, evaluation and post grant
54 period sustainability of the perinatal mental and behavioral health care workforce programs or
55 schools proposed, established or expanded through the grant. The secretary shall advertise or
56 promote technical assistance for potentially eligible programs to raise awareness about the grants
57 and the technical assistance, particularly to encourage small providers to apply.

58 (h) The secretary shall collaborate with the executive office of labor and workforce
59 development to develop perinatal mental and behavioral health care workforce standards to
60 measure the efficacy of grants awarded pursuant to this section.

61 (i) As a condition of receipt of a grant under this section for a perinatal mental and
62 behavioral health care workforce program or school, a recipient of funds shall agree to submit to
63 the secretary an annual report on the activities conducted through the grant. The report shall
64 include:

65 (1) the number and demographics of students participating in the program or school;

66 (2) the extent to which students in the program or school are entering careers in health
67 professional shortage areas designated by the commonwealth, areas with significant racial and
68 ethnic disparities in perinatal health outcomes and perinatal health care deserts to the extent such
69 data are available; and

70 (3) whether the program or school has included in the standard curriculum for all students
71 a bias, racism or discrimination training program that includes training on implicit bias and
72 racism, and if so data on perinatal mental and behavioral health care outcomes for patients
73 belonging to medically underserved populations who receive treatment from such students.

74 (j) Not later than 4 years after the date of enactment of this section, the secretary shall
75 prepare and submit to the governor, the clerks of the house of representatives and the
76 senate, and make publicly available on the department's website a report on the effectiveness of
77 the grant program under this section, including information about:

78 (1) recruiting students from medically underserved populations;

79 (2) increasing the number of mental or behavioral health care providers specializing in
80 perinatal mental health conditions or substance use disorders from medically underserved
81 populations;

82 (3) increasing the number of mental or behavioral health care providers specializing in
83 perinatal mental health conditions or substance use disorders working in health professional
84 shortage areas; and

85 (4) increasing the number of mental or behavioral health care providers specializing in
86 perinatal mental health conditions or substance use disorders working in areas with significant
87 racial and ethnic disparities in perinatal health outcomes, as well as perinatal health care deserts
88 and rural areas, to the extent such data are available.

89 (5) supporting and increasing the number of providers with past lived-experience with
90 perinatal mental health conditions or substance use disorders.

91 Section 2. Chapter 6A of the General Laws is hereby amended by inserting after section
92 16DD the following section:-

93 Section 16EE. (a) As used in this section, the following words shall have the following
94 meanings:

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

97 “Eligible entity”, a: (1) community-based organization serving perinatal individuals,
98 including organizations serving individuals from medically underserved populations and other
99 underserved populations; (2) non-profit or patient advocacy organization with expertise in
100 mental and behavioral health of perinatal individuals; (3) maternity care provider; (4) mental or
101 behavioral health care provider who treats mental health conditions or substance use disorders in
102 perinatal individuals; (5) public health agencies, including the department of public health or a
103 local public health department; (6) federally recognized Indian tribe or tribal organization; (7)
104 non-profit organizations with expertise in early relational health; (8) non-profit or community
105 organizations serving perinatal individuals experiencing pregnancy or infant loss; or (9) public
106 health agencies or non-profit or community organizations providing home visiting services for
107 perinatal individuals; or (10) domestic violence shelter.

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

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

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

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

121 “Perinatal”, the period of time from pregnancy up until one year following birth.

122 “Perinatal individuals”, biological parents, birthing persons, adoptive parents, foster
123 parents, and any other individuals involved in the gestation, birth, and custodial care of an infant.

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

125 (b) The secretary shall establish a program to award grants to eligible entities to address
126 mental health conditions and substance use disorders with respect to perinatal individuals, with a
127 focus on medically underserved populations.

128 (c) To receive a grant under this section an eligible entity shall submit to the secretary an
129 application at such time, in such manner and containing such information as the secretary may
130 require, including how the entity will use funds for activities described in subsection (e) that are
131 culturally congruent.

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

134 (1) is partnering, or will partner, with a community-based organization to address mental
135 health conditions or substance use disorders in perinatal individuals described in subsection (a);
136 and

137 (2) is operating in an area with high rates of adverse perinatal health outcomes or
138 significant racial or ethnic disparities in perinatal health outcomes.

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

141 (1) establishing or expanding maternity care programs to improve the integration of
142 perinatal mental health and behavioral health care services into primary care settings where
143 perinatal individuals regularly receive health care services;

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

145 (3) expanding existing programs that improve mental health and behavioral health for perinatal
146 individuals, with a focus on perinatal individuals from medically underserved populations;

147 (4) providing services and support for perinatal individuals with perinatal mental health
148 conditions and substance use disorders, including referrals to addiction treatment centers that
149 offer evidence-based treatment options;

150 (5) addressing stigma associated with perinatal mental health conditions and substance
151 use disorders, with a focus on medically underserved populations;

152 (6) raising awareness of warning signs of perinatal mental health conditions and
153 substance use disorders, with a focus on perinatal individuals from medically underserved
154 populations;

155 (7) establishing or expanding programs to prevent suicide or self-harm among perinatal
156 individuals;

157 (8) offering evidence-aligned programs at freestanding birth centers that provide perinatal
158 mental and behavioral health care education, treatments, and services, and other services for
159 perinatal individuals;

160 (9) establishing or expanding programs to provide education and training to maternity
161 care providers with respect to identifying potential warning signs for mental health conditions or
162 substance use disorders in perinatal individuals, with a focus on individuals from medically
163 underserved populations. In the case where such providers identify such warning signs, offering
164 referrals to mental or behavioral health care professionals;

165 (10) publicizing information about health care providers who treat perinatal mental health
166 conditions and substance use disorders;

167 (11) establishing or expanding programs in communities to improve coordination
168 between maternity care providers and perinatal mental or behavioral health care providers who
169 treat mental health conditions and substance use disorders in perinatal individuals, including
170 through the use of toll-free hotlines;

171 (12) establishing or expanding programs with services for individuals suffering
172 pregnancy or infant loss;

173 (13) establishing or expanding programs with services to address the perinatal risks of
174 domestic violence;

175 (14) establishing or expanding programs that provide home visits to address perinatal
176 mental health conditions and substance use disorders;

177 (15) establishing or expanding programs that improve early relational health;

178 (16) carrying out other programs aligned with evidence-based practices for addressing
179 mental health conditions and substance use disorders for perinatal individuals, with a focus on
180 medically underserved populations; or

181 (17) other similar programs.

182 (f) The period of a grant awarded to an entity under this section shall be up to 5 years. .

183 (g) The secretary shall provide, directly or by contract, technical assistance to entities
184 seeking or receiving a grant under this section on the development, use, evaluation and post-
185 grant period sustainability of the program proposed, established or expanded through the grant.
186 The secretary shall advertise or promote technical assistance for potentially eligible programs to
187 raise awareness about the grants and the technical assistance, particularly to encourage small
188 providers to apply.

189 (h) An eligible entity that receives a grant under this section shall submit annually to the
190 secretary, and make publicly available, a report on the activities conducted using funds received
191 through a grant under this section. Such reports shall include quantitative and qualitative
192 evaluations of such activities, including the experience of perinatal individuals who received
193 health care through such grant.

194 (i) Not later than the end of each fiscal year that grants are awarded, the secretary shall
195 submit to the governor, the clerks of the house of representatives and the senate, and make
196 publicly available on the department's website a report that includes:

197 (1) a summary of the reports received under subsection (h);

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

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

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

203 Section 3. The executive office of health and human services in consultation with the
204 executive office of labor and workforce development shall promulgate regulations for the
205 implementation of sections 16DD and 16EE within 90 days of enactment.