



2017 LEGISLATIVE RECOMMENDATIONS

ABOUT 2020 MOM:

2020 Mom, is a non-profit organization with a mission of closing gaps in maternal mental health care. 2020 Mom understands the complex U.S. health care system and works collaboratively to develop and shares tools and a platform for action with national, state and local stakeholders and thought leaders to drive policy change. The National Coalition of Maternal Mental Health (NCMMH) is powered by 2020 Mom.

OUR CURRENT POSITION

Maternal Mental Health not Postpartum Depression

Though Postpartum Depression is the term most often used by the media and law makers/agencies, the term Maternal Mental Health Disorders is now being more widely adopted as it refers to the range of disorders that can be experienced, including anxiety and psychosis and more accurately reflects both pregnancy and the postpartum period, in which these disorders can occur. Additionally clinicians and researchers who previously used the term "perinatal" or "peripartum" depression or anxiety and mood disorders are also moving to use of "maternal mental health disorders which is more widely understood by all audiences including patients and the public.

Obstetric Providers as Home Base

Because MMH disorders are almost as prevalent during pregnancy as in the postpartum, we believe obstetric providers (Ob/Gyns and Prescribing Nurse Midwives) should serve as the home base for screening and treatment, beginning with conducting mental health risk assessments in child bearing age, and screening during pregnancy, and the postpartum period. Though obstetric providers protocol is to see a woman once during the postpartum period (twice if there is a C-section) through their global maternity capitation rate (through private insurance and Medicaid), obstetric providers can bill for appointments if/when a woman seeks treatment for potential maternal mental health condition after such time if the patient has active health insurance.

Pediatricians and Lactation Consultants, Icing on the Cake

Pediatricians and Lactation Consultants also play an important role in normalizing difficulty in the postpartum period and prevalence of MMH disorders. Pediatricians can screen during well child visits (following the Bright Futures intervals) as can lactation consultants and both can direct the mother to a list of local treatment resources and/or back to her obstetric provider (or PCP) for treatment when warranted.



GENERAL LEGISLATIVE OPPORTUNITIES

Education

- Obstetric and psychiatric provider education built around the maternal mental health core competencies published this year. We suggest working through state agencies that license medical schools and residency programs in the state.
- Continuing Education is also important but these programs are already being developed nationally and made available, medical schools and residency programs are more difficult to penetrate without a legislative push/call to action.
- Not unique to MMH: Consider mandating mental health training/continuing education for first responders (paramedics/police) and judicial staff (DA Office, Judges, Defense)

Department of Health

- Encourage all county departments of public health (perhaps with technical assistance provided by DPH) to address maternal mental health via community maternal-child health multi-stakeholder coalitions, with the aim of building up local MMH treatment pathways.

Insurers

- Require private health insurers to inform Ob/Gyns and other obstetric providers of their billing and payment protocol for maternal mental health screening and treatment.
- Ask the Department of Insurance to address through regulations, network availability/access to behavioral health providers trained in MMH.
- Not Unique to MMH: Require insurers to integrate behavioral health care into their medical insurance policies and provider contracts. The bifurcated insurance system leads to the bifurcated mental health and medical care systems

Reproductive Psychiatry Access

- Consider legislation that would develop a state reproductive psychiatry access program to allow Obstetric prescribers to consult with a reproductive psychiatrist to effectively manage depression, anxiety when complex drug regimes are warranted. Reproductive psychiatrists are psychiatrists with confidence and competence in treating MMH disorders, given special risks involved in treating pregnant and lactating women, including managing women with severe mental illness.

Committee

- If the state does not have an active maternal mortality review committee, such a committee should immediately be formed using the CDC's "Review to Action" model, to investigate deaths that occur during the perinatal period, including suicide.
<http://www.reviewtoaction.org/rsc-ra/term/70>
- Find a legislative champion to consider setting up a Legislative Select Committee on Maternal Mental Health and sponsoring legislation.



WHAT ISN'T RECOMMENDED RIGHT NOW:

Public Awareness Campaigns and Screening Mandates

OUR POSITION:

2020 Mom including the multiple stakeholders we have engaged over the years strongly believe that providers must be trained and treatment pathways must exist before wide-scale public awareness efforts are launched. Such an effort is recommended after treatment pathways/accessibility has been addressed, including access to reproductive psychiatrists. Screening mandates have also been proven ineffective without such training and systems of care in place.

For general awareness opportunities, please consider partnering with 2020 Mom's National Maternal Mental Health Coalition during our May (May is Maternal Mental Health Month) Social Media Campaign. Please contact 2020 Mom for more information.