

The background of the slide is a photograph of the United States Capitol building in Washington, D.C., taken at sunset. The sky is a mix of purple, pink, and orange. The Capitol's dome is the central focus, with its iconic statue on top. The building's facade is lit up from within, and the American flag is visible on a pole in front of the entrance. The image is framed by a dark blue vertical bar on the left and a blue and red curved graphic on the right.

Congressional Briefing:

Unveiling the New Maternal Mental Health State Report Cards & Policy Roadmap

Thursday, May 4, 2023



POLICY CENTER
FOR Maternal Mental Health™
Formerly 2020 Mom

5:00

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Health

2022 and 2023: *National Policy in Maternal Mental Health*

Katrina Velasquez, Esq., MA,
Managing Principal, Center Road Solutions
Friday, March 24th, 2023



Filling the Gaps in Federal & State Government

- Passed the TRIUMPH for New Moms Act in December 2022
- Created a federal interdepartmental Task Force to:
 - Conduct a landscape review of federal MMH activities
 - Identify gaps and make policy recommendations to federal & state governments

**Congratulations to the Policy Center for Maternal Mental Health
for leading this legislation!**

Provider Screening and Intervention with Moms

- Passed Into the Light for Maternal Mental Health Act in Dec. 2022
 - *Authorized funding and another 5-year continuation of these grants at \$24M/yr*
- Funded these grants to states for FY 2023 at \$10.5M

Hats Off to MMHLA for leading this legislation!

24/7 Hotline Help for Moms

1-833-9-HELP4MOMS

- Passed Into the Light for Maternal Mental Health Act in Dec 2022
 - *Officially Authorized the Maternal Mental Health Hotline for 5 years at \$10M/yr*
 - *Expanded the services to include:*
 - *Maternal substance use disorder,*
 - *Coordination with other federal hotlines like 988 & domestic violence hotline, and*
 - *Cultural competency on the hotline for vulnerable populations like Members of the Armed Services, Veterans, and individuals of color*
- Funded the hotline for FY 2023 at \$7M

Congratulations to MMHLA for leading this legislation!

Grants to Community Based Organizations to Help Diverse Moms

- Funded through the HHS Office of Minority Health for FY 2023 at \$7M in December 2022

Congratulations to the Shades of Blue Project for leading this legislation!

2023-2024 MMH Federal Policy Initiatives

Maternal mental health in the military
(servicemembers & spouses)

Increasing funding for provider trainings and the
MMH hotline

Ensuring issues around maternal health &
maternal mental health include diverse
perspectives of mothers of color/CBOs

And much more!

Maternal Mental Health State Report Cards

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Research Scientist

The Milken Institute School of Public Health

The George Washington University

In this presentation

- 1) What are the **Maternal Mental Health State Report Cards** and why were they developed?
- 2) What **measures** and methods were used?
- 3) Which states are emerging as **top-performing states**?

Why were the Maternal Mental Health State Report Cards developed?

- Maternal mental health **need** is massive (1-in-5 mothers impacted; causes 22% of maternal deaths)
- Screening is **not** occurring (>50% disorders going undiagnosed)
- Treatment is **not** occurring (only 15% that need treatment receive it)
- Filling these gaps **is not only a matter of life or death, but foundational for children to thrive**

Until now, states had not been “scored” on their efforts to meet MMH needs and fill gaps

The Report Cards use **17 key measures** to provide **a snapshot of state efforts** to address MMH across three categories.

**MMH
Providers and
Programs**

Are there
adequate ratios to
meet needs?

**MMH Screening
Requirements**

What is state
progress towards
universal
screening?

**MMH
Coverage and
Treatment**

What are state
efforts to ensure
services are
received?

How were the Report Cards developed?

Identification of available state and county-level data sets





Development of 17 state measures

States awarded between 1-3 points for each measure

States with the most points were identified as “top performers” in efforts to address maternal mental health

The 2023 Report Cards are **preliminary**.

New measures will be included as data is available, such as state efforts to:

-  Require that health plans report on the new HEDIS MMH screening measure
-  Cover douglas, peer supports, and community health worker care
-  Fund community-based organizations providing MMH services
-  Require provider implicit bias training

The Report Cards can be used for:



**Education and
coalition-building**



**Advocacy and
policy-making**



**Benchmarking state
progress: cards will be
updated annually**

The 17 Measures

Category #1: Providers & Programs

Do states meet the following *provider-patient ratios*?

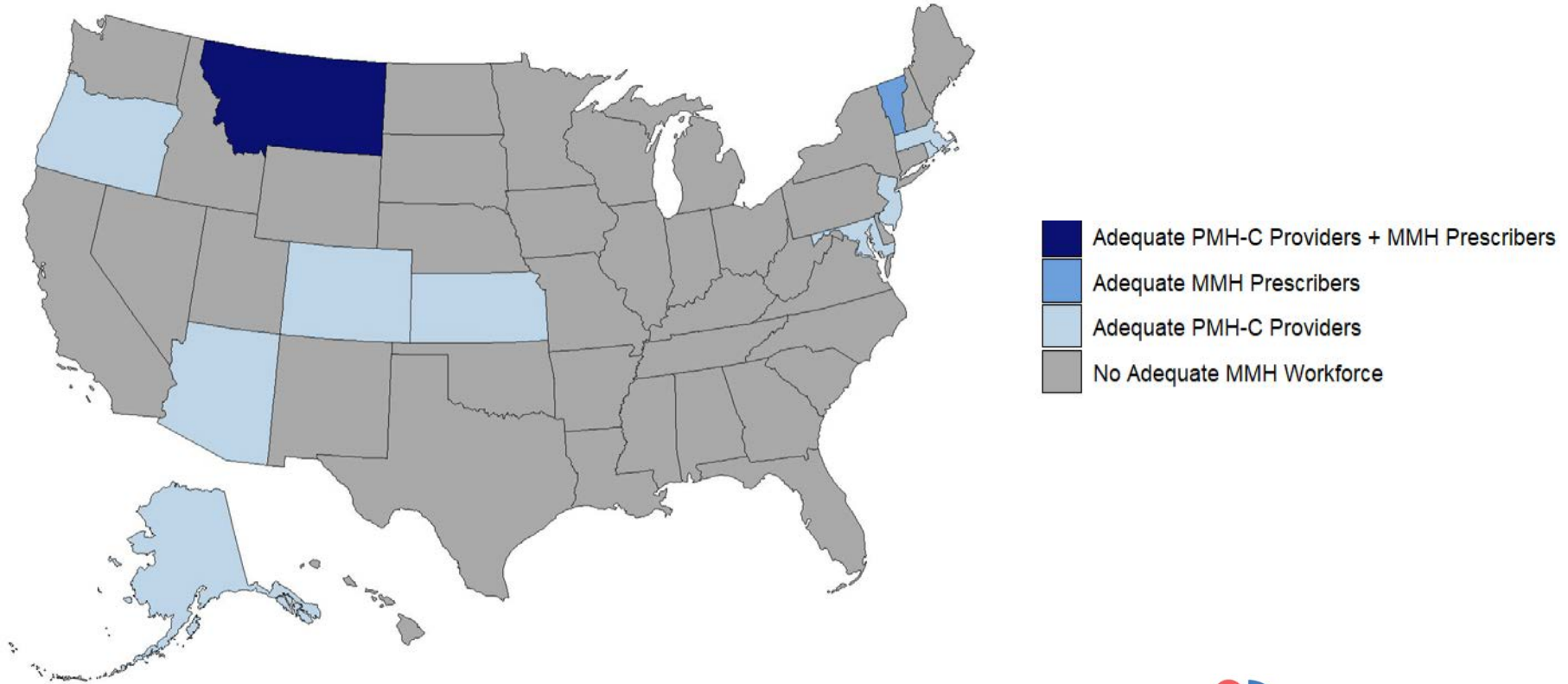
Perinatal Mental Health-Certified (PMH-C)
provider-patient ratio
(5 providers per every 1,000 births)

★ MT, VT

Maternal mental health prescriber ratio
(1 provider per every 5,000 births)

★ AL, AZ, CO, DC, KS, MA, MD, MT, NJ, OR, RI

Only one state has an adequate MMH workforce.



Category #1: Providers & Programs

Do states offer maternal mental health *treatment programs*?

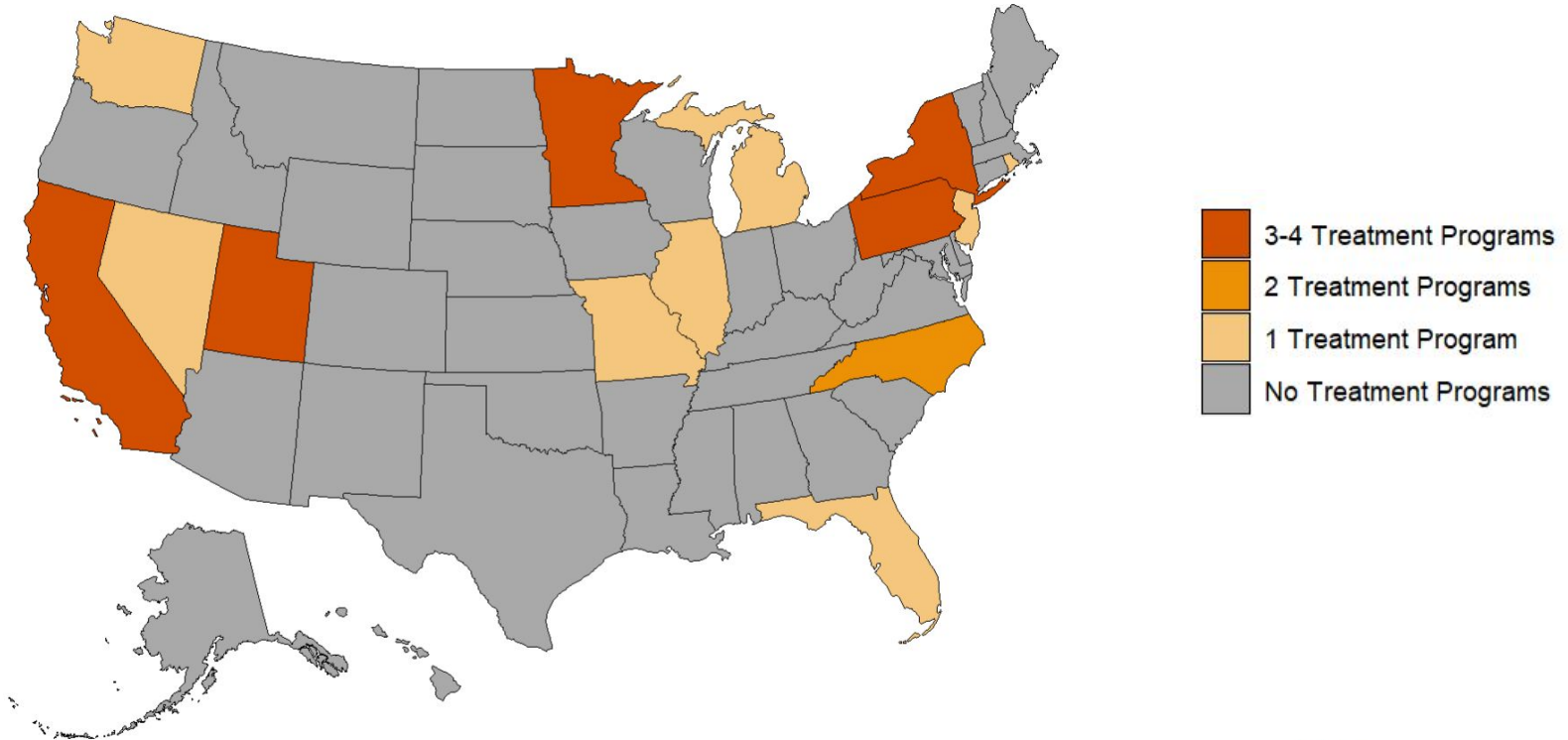
State has inpatient maternal mental health treatment program

★ CA, NC, NY

State has outpatient-intensive or partial-hospitalization maternal mental health treatment program

★CA, FL, IL, MI, MN, MO, NC, NJ, NV, NY, PA, RI, UT, WA

Only 14 states have **maternal mental health treatment programs**.



Category #1: Providers & Programs

Do states have a *strategic plan* and *community resources* to address maternal mental health?

State has formed a Task Force or Commission to issue a strategic plan on maternal mental health

★ AZ, CA, DC, FL, LA, OR, TX

State has at least one CBO providing direct maternal mental health services per 50,000 births

★ 22 states

Category #2: Screening Requirements & Reimbursement

What is state progress towards *requiring* universal screening?

State requires OB-GYNs to screen
for maternal mental health disorders

★ CA, IL, LA, NJ

Category #2: Screening Requirements & Reimbursement

What is state progress towards *reimbursing* screening?

State reimburses
Medicaid OB-GYNs for *prenatal and
postpartum* screenings

★ AZ, CA, CO, FL, IL, MA, VA

>3% of private insurance patients'
providers bill for screening

★ In 2 states, 1-2% of patients' OB-GYNs bill: CO, IN

★ In 0 states, 3%+ of patients'
providers bill

Category #2: Screening Requirements & Reimbursement

What is state progress towards *measuring* screening?

State requires Medicaid health plans to collect HEDIS maternal mental health measures

★ CA, CO, IN, MO, NC, PA, WI, WA

Ties payment to screening measures

HEDIS maternal mental health measures:

- 1) % of deliveries where patient was screened for clinical depression during pregnancy & received follow-up care within 30 days of screen finding*
- 2) % of deliveries where patient was screened for clinical depression during the postpartum period & received follow-up care within 30 days of screen finding*

Category #3: Insurance Coverage and Treatment

What is state progress towards ensuring that **coverage** is available to those who need it most?

State has expanded Medicaid

★ 40 states plus DC

State has extended Medicaid
postpartum coverage up to 1 year

★ 38 states plus DC

Category #3: Insurance Coverage and Treatment

What is state progress towards ensuring health plans provide *quality* maternal mental health services?

State requires all health plans to develop a maternal mental health quality management program ★ CA, LA

Category #3: Insurance Coverage and Treatment

What is state progress towards making sure *treatment* is received?

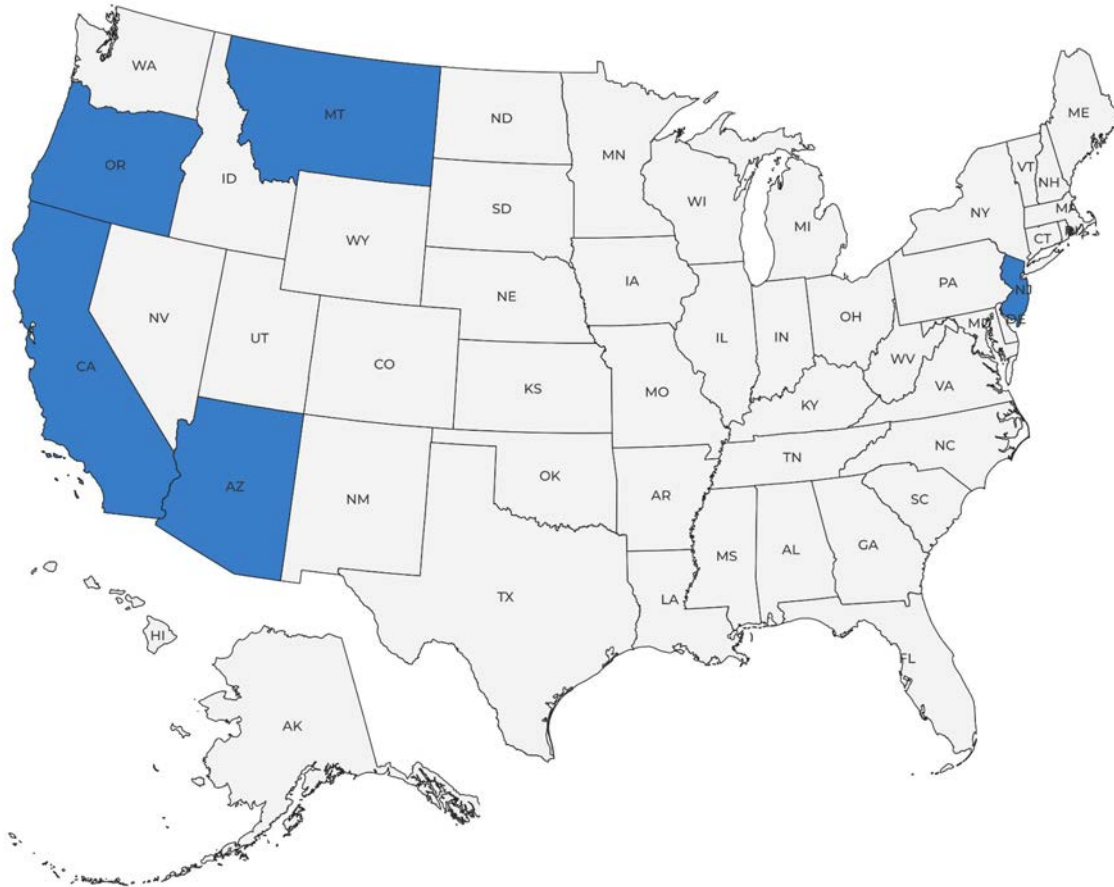
>15% prenatal patients' providers bill private insurance for mental health treatment

★ MA, RI, VT

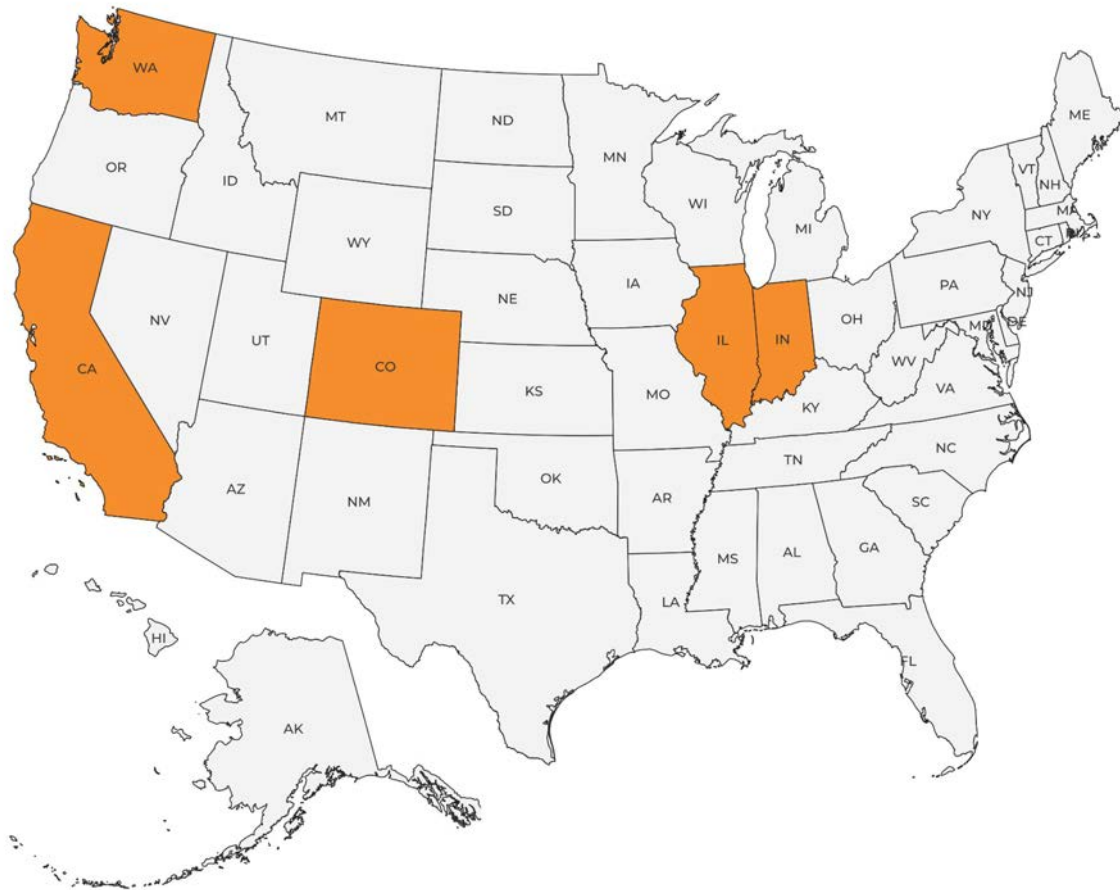
>15% postpartum patients' providers bill private insurance for mental health treatment

★ RI

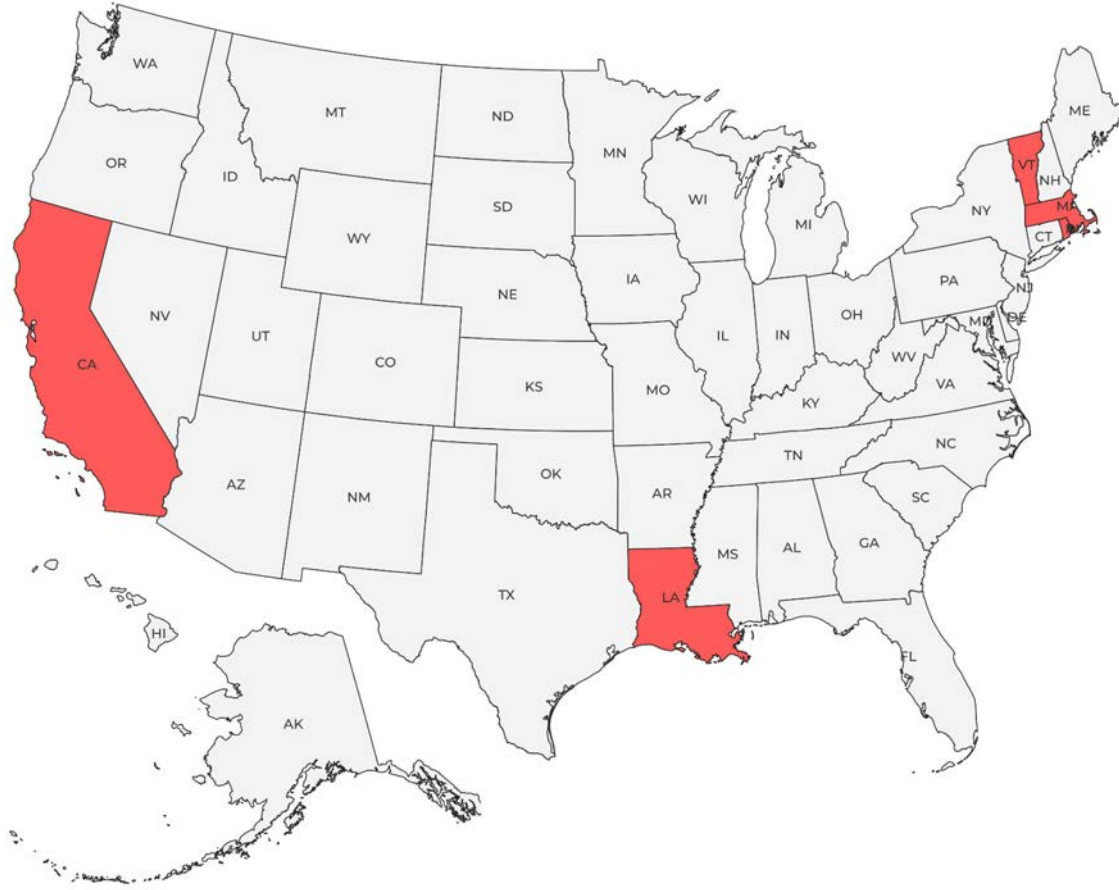
State Performance & 2023 Grades



Top Performing States: Providers & Programs

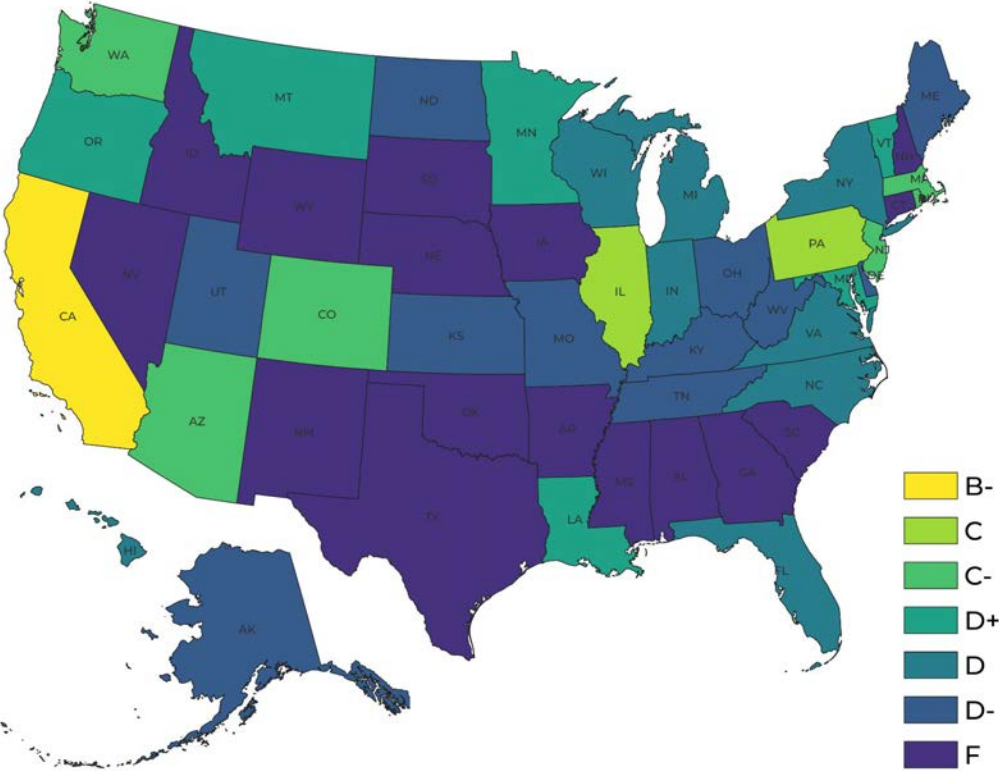


Top Performing States: Screening Requirements & Reimbursement

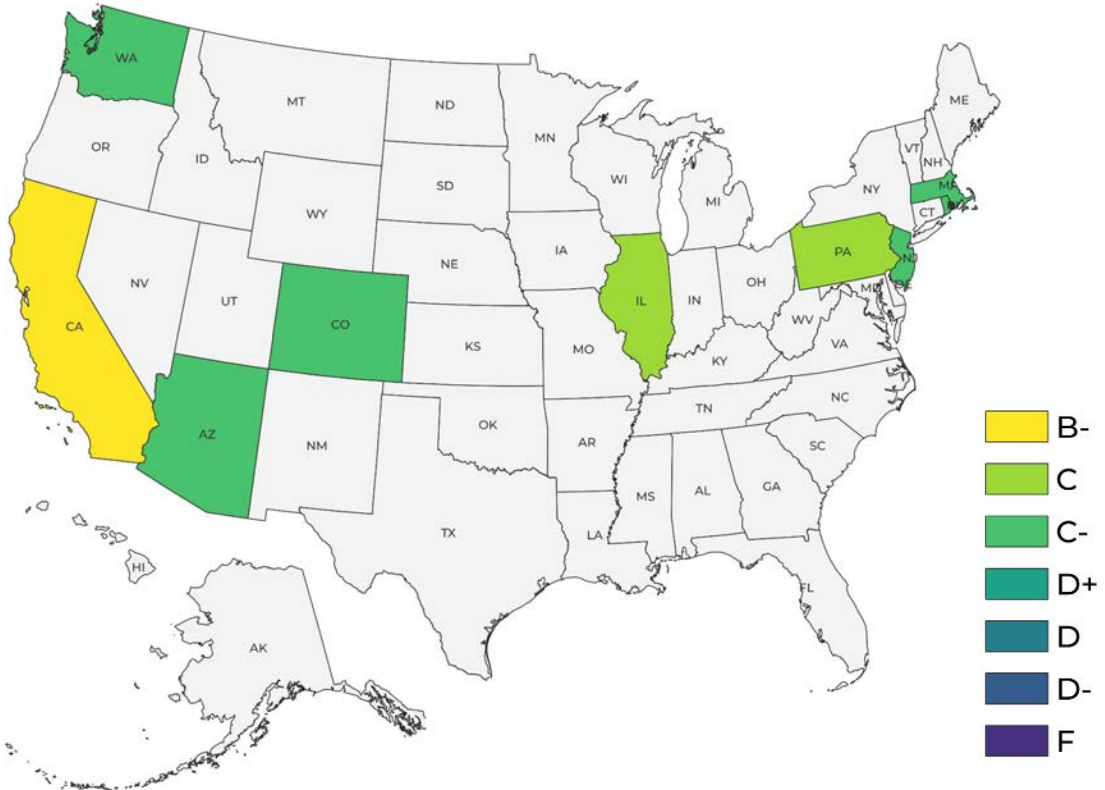


Top Performing States: Insurance Coverage & Treatment

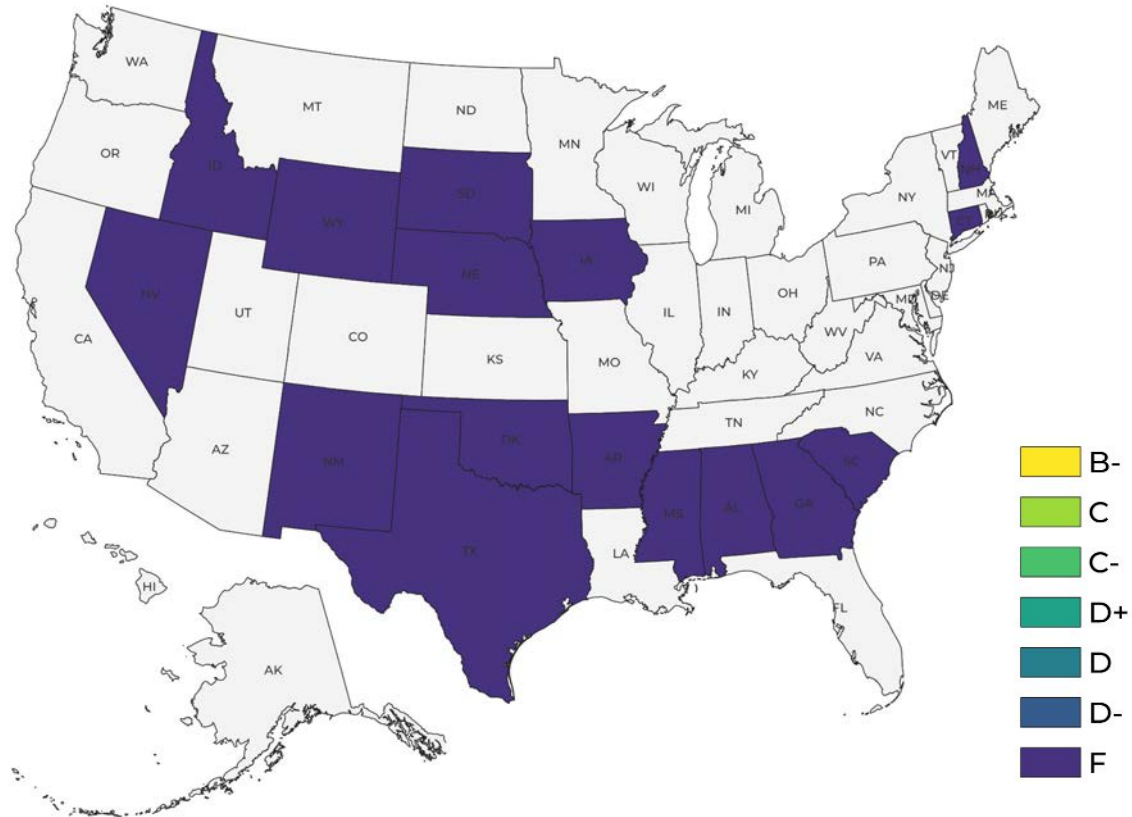
2023: 42 states received Ds and Fs; US Grade is a “D”



The highest grade received is a **B-**



16 states received failing grades



What is driving **poor grades**?



States **do not have enough** therapists and psychiatrists with specialties in MMH disorders



States **lack MMH treatment programs** and **community-based MMH resources**



States **do not require** providers to screen for MMH disorders



States **do not hold health plans** to quality standards re: MMH services

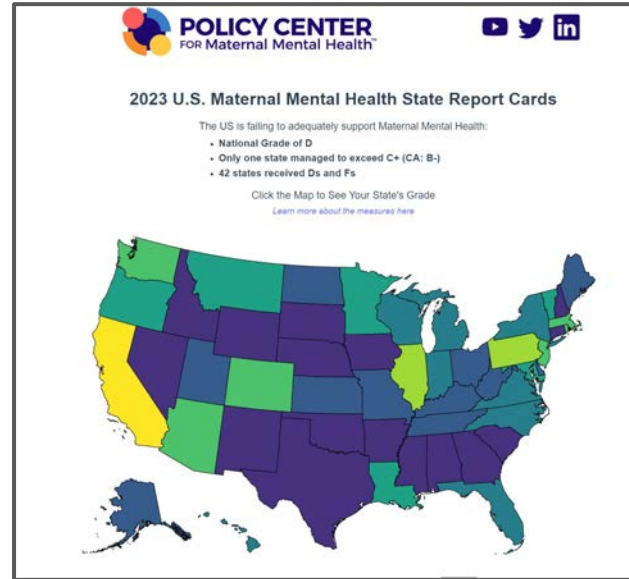
Getting Your State Report Card

Find your state's report card



Find your State Report Card on the Policy Center website.

<https://state-report-cards.mhmap.com/>



Review your state's detail

Award	Providers & Programs
✓	PMH-C provider to Patient Ratio
✗	Maternal Mental Health Prescriber to Patient Ratio
✗	Inpatient Perinatal Mental Health Treatment Program
✗	Outpatient Intensive or Partial Hospitalization Programs
✓	Maternal Mental Health Task Force or Commission
✓	CBOs Providing Direct MMH Services

Award	Insurance Coverage & Treatment Payment
✓	Medicaid Expansion
✓	Postpartum Medicaid Extension
✗	Requires health plans to develop a MMH QMP
✓	Private Insurance Prenatal Treatment Billing
✓	Private Insurance Postpartum Treatment Billing

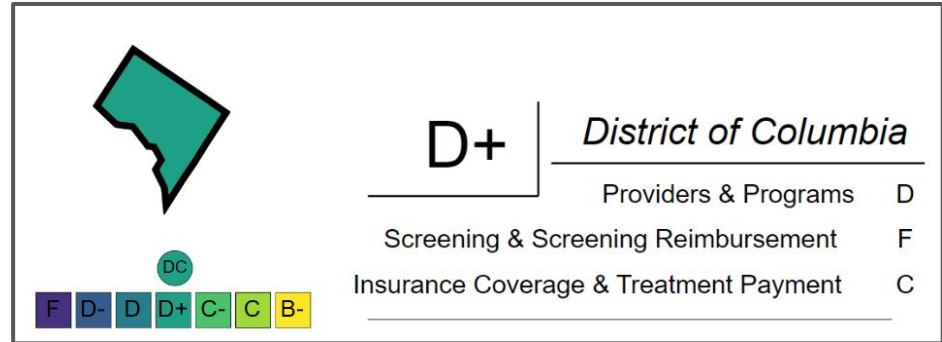
Award	Screening & Screening Reimbursement
✗	Requires OB-GYNs to screen for MMH disorders
✗	Reimburses OB screening: pregnancy and postpartum
✗	Requires MCO's to collect HEDIS prenatal measures
✗	Requires MCO's to collect HEDIS postpartum measures
✗	Private Insurance Prenatal Screening Billing
✗	Private Insurance Postpartum Screening Billing

Share your state's results



Share your State Report Card with
leaders and on Social Media.

[https://state-report-cards.
mmhmap.com/](https://state-report-cards.mmhmap.com/)



What's next? Take action.



**Use the Maternal
Mental Health
Policy Roadmap to
Ignite Change.**

2023 Maternal Mental Health Roadmap

Addressing Maternal Mental Health (MMH) is the shared responsibility of federal and state policymakers, health care providers, hospitals, insurers, and communities. [Download a PDF of this page.](#)

Together, these players can take steps to prevent MMH disorders and close gaps in care.

This roadmap provides the way forward.



Click on the link below to move into recommendations.

 [State Opportunities](#)  [Federal Opportunities](#)  [Partner Opportunities](#)

Maternal Mental Health Policy Roadmap

Joy Burkhard, MBA

Executive Director

Policy Center for Maternal Mental Health




The Policy Center's mission is to close gaps in maternal mental health care in the U.S.

by:

Informing public policy & healthcare practice change policy

Catalyzing cross-sector players to advance change

2023 Maternal Mental Health Roadmap



Addressing Maternal Mental Health (MMH) is the shared responsibility of federal and state policymakers, health care providers, hospitals, insurers, and communities.

Together, these players can take steps to prevent MMH disorders and close gaps in care.

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The states are where the rubber meets the road with health policy.

More states are beginning to take regulatory and legislative action for maternal mental health.

These actions have included declaring May Maternal Mental Health Awareness Month, mandating screening, and state Medicaid agencies reimbursing obstetricians and pediatricians for screening.

View model state legislation & state legislative actions [here](#).





1. Form a Cross-Sector Commission to Study and Develop a State Strategic Plan

Though there are some general barriers that apply across state lines, many challenges are state-specific. It takes cross-sector leaders from state healthcare professional associations, government, insurers, hospitals, and mothers with lived experience to get to the root causes of poor outcomes in states. These Commissions or task forces can be formed at the urging of the governor, by the state health and human services agency (or its delegated agency), by legislature, or through HHS/public health directly. Model legislation, model agendas, and template reports are available through the Policy Center for Maternal Mental Health.



2. Declare May Maternal Mental Health Awareness Month

Legislatures and/or Governors can issue a proclamation or resolution declaring May Maternal Mental Health Month, or the first week of May Maternal Mental Health Week. State health and human service agencies, in conjunction with other agencies such as public health departments, should prioritize raising awareness and in unique ways, which could include: deploying a cross-sector social media campaign, requiring birthing facilities to utilize posters from the state or national nonprofit organizations, embedding the blue dot, the universal symbol of maternal mental health into bus stop campaigns, etc. The national [Maternal Mental Health Hotline](https://mchb.hrsa.gov/national-maternal-mental-health-hotline) could be shared as a resource. Model proclamations and awareness materials are available through the Policy Center for Maternal Mental Health



3. Medicaid Agencies Can Require Plans to Report Maternal Depression HEDIS Measures

It has been recommended by the workgroup advising CMS that the 2025 CMS Adult “Core Set” of mandatory measures include the HEDIS postpartum depression screening measure. States can require reporting prior to 2025, and require that plans also report the depression screening during pregnancy measure. (Of note, commercial plans/insurers who obtain NCQA Accreditation are currently required to report on both the pregnancy and postpartum HEDIS measures).



4. Medicaid Agencies Can Promote Reimbursement Strategies for Maternal Mental Health for Obstetricians and Midwives

Though the focus of research, and therefore programs and initiatives, was postpartum depression, research now clearly illustrates that new onset of maternal depression and anxiety happens nearly as frequently in pregnancy as in the postpartum period. When untreated in pregnancy, these disorders lead to preterm birth and poor outcomes for the mother and baby. State Medicaid agencies can recognize the importance of obstetric providers (including Ob/Gyns and midwives) in detecting and treating these disorders early in pregnancy by addressing reimbursement for screening for these disorders, just as many states have addressed screening reimbursement for pediatricians.



5. Require Health Plans/Insurers to Develop Quality Management Programs

Quality Management programs are created by plans and insurers to monitor delivery of care and services and create interventions to improve performance and outcomes. States can require through legislative and/or regulatory guidance development of Quality Management programs by plans/insurers. These programs will help them prioritize actions to support maternal mental health. Interventions could include: (1) Providing direction to obstetric providers (Ob/Gyns, Midwives and Family Practice PCPs) regarding fee-for-service billing codes for screening and treatment outside of the global maternity care capitation; (2) Monitoring network adequacy related to the number of Perinatal Mental Health Certified (PMH-C) providers and more.



6. Propel Peer Support Specialists for Maternal Mental Health

All states now have a state-sanctioned certified peer support training, certification, and Medicaid reimbursement program. However, states which developed these programs years ago may only have addressed the use of peers for substance use disorders. In that case, programs should be expanded to address the provision of mental health services. States should recognize the value of peer support services (MH/SUD) for the maternal population and work to deploy them into clinical and community-based settings to immediately expand the behavioral health workforce and provide culturally competent and approachable services to mothers and expectant mothers in need. The Policy Center is working to provide an add-on maternal mental health training for state-certified peer specialists.



7. Support Community Based Organizations

Through legislative and/or agency-based services, states can support existing nonprofit community-based organizations (CBOs) and development of new CBOs through: offering grant programs and training on how to become a billing provider, hiring/supervising of certified peer support specialists, billing for certified peer support services and community-based social service, for example.



8. Require Health Plan/Insurer Coverage of Group Maternity Care, Birth Doula, Postpartum Doula, and Home Health Nursing Care

Cover group maternity care programs such as “Centering Pregnancy,” certified doulas offering support during pregnancy and labor and delivery, certified doulas offering postpartum home care and home health nursing care. Birth doulas provide education about staying healthy and the birth process and serve as an interface between medical providers, as needed, particularly during labor and delivery. Additionally, Medicaid and commercial plans/insurers should cover postpartum doula home visits. Postpartum doulas offer holistic care for the entire family is during the postpartum transition, including support with infant sleep, breastfeeding, and more. Finally, cover home health nurses for any birth where there were infant or maternal complications.

Federal Opportunities

The Federal Government provides national Medicaid infrastructure, preventive supports, technical assistance programs, and funding to states.

Current federal maternal mental health programs include HRSA maternal mental health grants to states, and the National Maternal Mental Health Hotline.



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Federal Opportunities



1. Expand PCP/OB Capacity by Creating a National “Provider 988”

Consult Line

Expand PCP and obstetric provider capacity to screen and effectively treat depression and anxiety disorders by creating a “988 for Providers.” More specifically, creating a national consultation line for primary care and obstetric providers to obtain real-time support from a psychiatrist to discuss a patient’s mental health with behavioral health professionals, including psychiatrists. Such a service could support these providers with mental health screening, preliminary diagnosis, and treatment plan development. This service could be modeled after the Health Resource and Services Administration (HRSA) - AIDS, National Clinical Consultation Center:

<https://www.hrsa.gov/grants/find-funding/HRSA-20-072>

Federal Opportunities



2. Create the National Maternal Mental Health Task Force & Strategic Plan

Implement the TRIUMPH for New Moms Act, which calls for the formation of a national task force for maternal mental health to improve coordination of maternal mental health among existing maternal, infant, and mental health federal programs, in addition to the creation of a national strategic plan including detailing additional strategies for Congressional and state actions to improve maternal mental health outcomes. Federal programs where additional support for maternal mental health could be noted include: improved maternal suicide tracking; behavioral health and primary care/obstetric care integration; expansion of the SAMHSA residential treatment for pregnant and postpartum women (“PPW”) program to address severe depression and serious mental illness, development of a national center of excellence (CoE) and more.



3. Create/Expand Behavioral Health Care Professional Training Programs Targeting HRSA Shortage Areas

According to the Health Resource and Services Administration (HRSA) as of May 2023, 163 million Americans live areas with a shortage of mental health professionals and there is a need for 8,200 additional mental health providers. The Federal Government can take timely action by providing funding for education/training to individuals who spend a minimum number of years working in shortage areas. Further, funding should be prioritized to diversify the mental health workforce and support high-need populations like children and mothers.



4. The Department of Labor Should Require Creative Solutions to Address Mental Health Parity

The Department of Labor's Employee Benefits Security Administration (EBSA) has the authority to ensure all Americans have access to mental health and substance use disorder benefits however, actions are not being taken quickly enough to require America's health plans and insurers to comply with the Federal Mental Health Parity and Addiction Act (MHPAEA) in part because plans/insurers believe their hands are tied. However, creative solutions are available, including solutions like contributing to a federal fund to build the mental health workforce. Learn more about additional solutions [here](#).



5. The Women's Preventive Services Guidelines Should be Updated to Incorporate Maternal Mental Health Screening and Intervention

As the U.S. Preventive Services Task Force recommendations are under threat, the Health Resource and Services Administration (HRSA) [Women's Preventive Services Guidelines](#) should be updated to account for maternal depression screening to determine if a person is at risk and cover interventions, including talk therapy and other preventive interventions like [group mindfulness treatments](#). Insurers and health plans should not only cover these services but be required to inform network providers in writing about these benefits, where to find information about delivering these covered intervention services, and the applicable billing codes.



6. Federal Paid Leave Should be Made Available to Parents

Congress should pass a paid parental leave program. Paid parental leave has been associated with improved maternal mental health and improved maternal health. Providing these benefits on a federal basis ensures that small to mid-size businesses can compete with large employers for the best talent and that benefits are available to all American families regardless of where they live and who they work for.

Q & A

Learn More

www.PolicyCenterMMH.org



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