# Maternal Mental Health National Landscape Review

### 2020 Mom

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August 2019

2020Mom.org

### Who is 2020 Mom?

Formed in 2011 at the suggestion of the California legislature in 2010 as CMMHC Now as 2020 Mom Working Nationally and Supporting State Policy Change











To close gaps in Maternal Mental Health Care.
We believe if families, employers and society are paying for health care benefits, the health care system should detect and treat MMH disorders.



# Agenda

- -National Agency Position Overview
- -Federal Legislation Overview
- -Latest in State Legislation Trends
- -California Strategic Plan Highlights
- -Wrap Up & Q&A



### National Bodies

### American College of Obstetrics and Gynecology (ACOG):

2017

- -Recommended OBs screen at least once for depression & anxiety 2019
- -Redesigning Postpartum Care ('4th Trimester')

#### **US Preventive Services Task Force:**

2017

- -Included Pregnant/postpartum women in recommendation to screen (2009) 2018
- -Recommends Screening and Treatment for Prevention of Maternal Depression

### **Agency for Health Research & Quality**

2015, only 35% of adults were screened for depression.



## Federal Legislation

- -Began in 2016
- -NCMMH sponsoring organization for:

The Bringing Postpartum Depression Out of the Shadows Act (HR 3235/S 2311) "The MMH Act"



Provides grants to at least 5 states for innovative solutions, like psychiatry access lines.

Passed in Nov. 2017 as part of

H.R. 34, the 21st Century Cures Act









# Ongoing Federal Advocacy

#### 2018 as 2020 Mom Advocacy Days

MMH Funding
Paid Maternity & Family Leave
HR 1318/S 1112 Maternal Mortality Review Committees



#### 2019 as Mom Congress, the Maternity Care Coalition

The 'Momninbus' (including MMH Coordinating Committee Appropriations Effort)

www.Mom-Congress.com





#### AZ, CA, FL, IL, PA, UT Legislation in 2018

#### MA, MD, CA Ran state commissions in 2016/2018

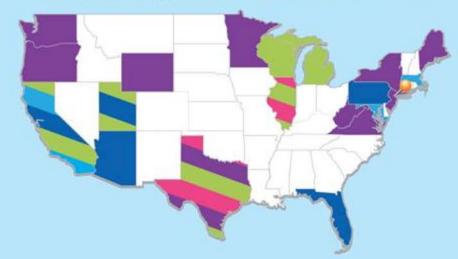
CO, ME, MN, NJ, NY, OR, TX\*, VA, WA,WV Has addressed MMH screening/awareness in the past

### IL, TX Infanticide law: passed in IL, attempted in TX

### NY City A jurisdiction that has addressed screening/awareness MMH in 2016/2017

CA, IL, MI, MN, TX, UT State declarations of May as Maternal Mental Health Month

\*Reimbursement to pediatricians for children w/ Medicaid or CHIP

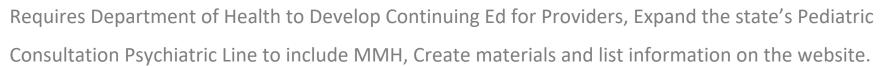


# States that passed Legislation in 2018

#### **UT and MI**

**Duplicating Prior state Awareness Resolutions** 

#### MD SB 600/ HB 775



#### FL Families First Act of 2018 (SB 138/ HR 937)

Requires Department of Health to provide awareness materials on its toll-free family line, website, and through providers. Requires birth hospitals to screen.

#### CA AB 3032 Hospital MMH, AB 2193 OB Screening & Insurer Support

Requires Hospitals to train staff & educate patients // Requires providers screen & Insurers Support

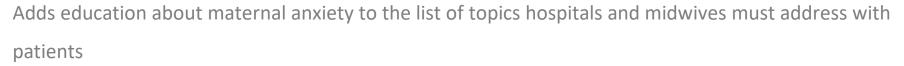


# States that successfully addressed policy in 2019

#### UT

Increased Funding for Early Childhood to Address MMH

#### **VA HR 2613**



#### Pending: CA AB 845

Encourages the state medical board to create training for MDs

To be reintroduced in CA in 2020: AB 2193

Telepsychiatry Consultation for Moms & Children for Obs/PCPs/Pediatricians

Continued legislative attempts in PA.



## New York State Legislation (2015), Effective 2019



#### Eff. 8/11/2019

Health care insurance policies must provide for screening, referral and treatment performed by ab obstetrician, gynecologist, or pediatrician. Consistent with the ACA Screening must be billed at no cost share to the patient (as preventive care).

If the billed by the pediatrician, under a separate policy that the infant is covered under, insurer can "coordinate benefits." It is not the intent that services be billed/provided under both the Ob/Mom's policy AND the Pediatrician/Baby's policy.

# How? Task Force, Blue Ribbon Commission or Legislative, Commission

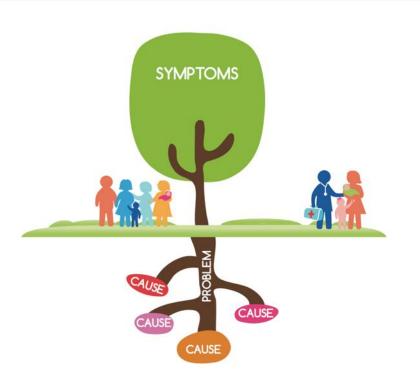
#### Task Force or Blue Ribbon Commission:

Statewide, Standing or Temporary Group of Multiple Stakeholders



**Goal:** Issue a White Paper and/or State Strategic Plan

# Emphasis Stakeholder Buy-in + on Root Cause Identification



#### **Root Causes**

are underlying factors that create problems and allow these problems to persist often after attempts to address the challenge.

### Massachusetts





















States that ran Task Forces or Commissions in 2016/2017



health happens







## CA Task Force:

w/ Health & Justice 4All calendow.org

ACR to call for formation to of a multi-stakeholder body to study & recommend

# California's Recommended Endgame



**100% Screening by 2025** 80% by 2021

Emphasizes and Measures via Ob/Gyns, but Recommends a "No Wrong Door" policy

### California's Work Products

### **Provider Core Competencies**

Identifies the skills and knowledge various providers should have who interact with women in the perinatal period

#### A Continuum of Care

Summarizes the 4 critical timeframes for providers to address MMH disorders

### Screening: Score "Cut Offs" and Timing Recommendations

Developed by PSI at the urging of the task force to identify score cut-off for PHQ-9 and EPDS & Timing of Screens by PCP, Ob/Gyn and Pediatrician

### A "Menu" of Treatment Options

Adapted from the MCPAP for Moms Toolkit to Include Full Range of Tx Options by Severity

### Detailed Recommendations for All Stakeholders

Everyone can and must do something

# 1. Home Base for MMH, Referral Pathways, Capacity & Support (Recommendations 1-5)

- -Ob/Gyns to Serve as Home Base
- -Provider "No Wrong Door" for Screening
- -Boards to Credential/Test Therapists & Repro-Psychiatrists
- -Provider-to-Provider Consult (MCPAP for Moms like strategy)
- -Insurers to Develop Case Management Programs

### 2: Need to Integrate MH-Medical Systems

(Recommendation 6)

-Integrated BH-Medical Insurance (companies: policies/networks)

### 3: Need for Measurement of Screening Rates

(Recommendation 7)

-NCQA HEDIS measure via insurers (OB medical records)

Starting with "Process" Measure (screening)

-Later possibly with "Outcomes" Measure (improved screening score)

# 4: All Women Need More MMH Education & Support (Recommendations 8-11)

- -Community based solutions & resources via Community Coalitions
  -Low Income with basic needs
- -Churches and Community orgs to recognize programs and refer
- -All women with family-friendly policies
- -Public Awareness Campaign

# 5: Detailed Recommendations for All Stakeholders, ex: (Recommendation 12)

- -Trade Association/Board Testing
- -Hospitals: Tx Programs, Mindful of PTSD, 2020 Mom Recs
- -Insurers & Regulators: Designations for specialists + Network
- -State Agencies:
  - ex: DHCS Memo on Screening

Specified Deliverable Dates & Implementation to be Overseen by a "Steering Committee"

## Levers to Effectuate Change

Introducing Legislation is grueling and isn't the only lever. Consider these possibilities:

- Meeting with your state Department of Public Health (Maternal Child Health Division)
- Engaging with a county or state Perinatal Quality Collaborative or state
   Maternal Mortality Review Committee
- Sharing your story or expertise with local media (particularly in May, MMH awareness month)
- Meeting with state legislators or federal congress members staffers in the district office to share why MMH matters to you



### Resources from 2020 Mom

- -Blog Posts
- -Community Action Toolkit
- -State Strategic Plan
- -State Policy Calls
- -E-news





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Q&A and Thank you!