



**Commonwealth of Massachusetts  
General Court**

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**Special Legislative Commission  
on Postpartum Depression**

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**Commissioners:**

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Sen. Thomas McGee, co-chair  
Kristin Alexander  
Dr. Lee Cohen  
Karen Crowley  
Karin Downs  
Rep. Kimberly N. Ferguson  
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Liz Friedman  
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Dr. Janice Goodman  
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Eileen Terlaga  
Lisa Waxman  
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Dr. Michael Yogman**

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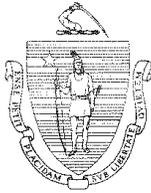
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**Report Submitted June 24, 2014**

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Director of the Commission**

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# Special Legislative Commission on Postpartum Depression 2014 Annual Report



THE GENERAL COURT OF MASSACHUSETTS  
STATE HOUSE, BOSTON 02133-1053

June 24, 2014

His Excellency, Deval L. Patrick  
Governor of the Commonwealth  
State House, Room 360  
Boston, MA 02133

The Honorable Senator Therese Murray  
President of the Senate  
State House, Room 372  
Boston, MA 02133

The Honorable Representative Robert A. DeLeo  
Speaker of the House  
State House, Room 356  
Boston, MA 02133

Dear Governor Patrick, Madame President, and Mister Speaker:

On behalf of the Special Legislative Commission on Postpartum Depression, and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report.

The Commission has made excellent progress over the last year on this vital public health and family health issue, which would not have been possible without your support. The Department of Public Health (DPH) has continued to be an invaluable partner and resource for the Commission and all of its projects. We are looking forward to their completion of regulations to collect data on PPD screening, which will create a helpful baseline as we work to increase screening, treatment, and awareness. We have also jointly created an outstanding new PPD Community Health Center pilot program, using Community Health Workers to help primary care doctors who screen new moms.

We are deeply grateful your support for this pilot program through the budget process, as well as for MCPAP for Moms (building on the Massachusetts Child Psychiatry Access Project), the Commission's other major initiative. MCPAP for Moms, to be rolled out this July, is an exciting new program that addresses PPD by giving OB/GYNs the tools they need to treat moms' mental health challenges directly and/or refer when necessary. Step by step, these programs are helping build a network of support for mothers and families, and increasing public awareness of this sometimes devastating, but highly treatable, mental health challenge.

We are also making strong progress by providing unprecedented opportunities for convening and collaboration for PPD experts, advocates, and survivors from across the Commonwealth – many of whom are also national leaders on the issue – at our State House meetings. Thank you again for your support for our work. We hope you find this report encouraging and informative.

Very truly yours,

Handwritten signature of Thomas M. McGee in black ink.

Thomas M. McGee  
State Senator  
3rd Essex District

Handwritten signature of Ellen Story in black ink.

Ellen Story  
State Representative  
3<sup>rd</sup> Hampshire District

## **Enabling Statute of the Commission**

### **The Acts of 2010**

#### **Chapter 313. AN ACT RELATIVE TO POSTPARTUM DEPRESSION**

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:*

The department of public health may consult with health care providers, including, but not limited to, obstetricians, gynecologists, pediatricians and primary care providers, non-profits and health insurance carriers regarding postpartum depression to develop a culture of awareness, de-stigmatization and screening for perinatal depression so that residents of the commonwealth may be assured of the most effective and affordable provision of public health services possible. The department shall develop standards for measuring effective screening for postpartum depression using recognized clinical standards and best practices and shall make recommendations for health plan and health care provider data reporting. The department shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression. Following the receipt of the data, the commissioner of public health shall issue an annual summary of the activities related to screening for postpartum depression, including best practices and effective screening tools. The department shall annually file the summary with the commissioner of public health and the clerks of the house of representatives and the senate not later than June 30; provided, however, that the first report is due not later than June 30, 2011.

There is hereby established a special commission to consist of 5 members of the senate, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, 5 members of the house of representatives, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the commissioner of early education and care, and the director of Medicaid, or their designees, all of whom shall serve as ex officio members, and 18 persons to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who shall be a midwife licensed to practice in the commonwealth, 1 of whom shall be a representative from the Nurses United for Responsible Services who shall be an advance practice psychiatric nurse, 1 of whom shall be a representative from the Massachusetts Coalition of Nurse Practitioners who shall be a nurse practitioner, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care

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entity contracting with MassHealth, 5 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician, an obstetrician, a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a woman who has experienced postpartum depression, 1 of whom shall be a representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression, 1 of whom shall be a representative from the Massachusetts Association of Health Plans and 3 of whom shall be representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth, is hereby established for the purpose of making an investigation and study relative to postpartum depression, including, but not limited to: (i) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection or treatment of postpartum depression; (ii) a review of current policies and practices with respect to screenings for postpartum depression, including the frequency and location of screenings and training personnel administering the screenings, the availability of reimbursement and issues relative to medical necessity and third-party coverage; (iii) provision of assistance to the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources and in the designation of authorized validated screening tools; (iv) provision of assistance to the department of public health, other state agencies and organizations relative to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and (v) any other matters that the commission considers relevant to the fulfillment of its mission and purpose.

Said commission shall provide guidance and advice to the governor, the general court and the secretary of health and human services relative to current research on postpartum depression including, but not limited to, best and promising practices in the prevention, detection and treatment of postpartum depression and recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

Said commission shall file an annual report at the end of each state fiscal year with the governor and the clerks of the house of representatives and the senate, who shall forward the same to the joint committee on public health and the joint committee on financial services, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations as it considers appropriate.

*Approved, August 19, 2010.*

## **Summary of Meetings and Goals for Next Year**

### **Meeting 4 – October 3, 2012**

This meeting focused on the Commission's project to create a statewide map of existing postpartum depression treatment services (mental health clinicians and support groups). The project was also the subject of a working group meeting held immediately after the full Commission meeting. In both discussions, Commission members and subcommittee members (experts identified to help Commission members with their work in different areas) felt creating this map would be a useful way to determine which areas of the state have a dearth of services, and, ultimately, could serve as a resource and referral guide for struggling moms. The meeting also included a report from the Department of Public Health on their progress instituting a universal code for providers to use to report postpartum depression screening, as well as other updates from the group.

### **Meeting 5 – January 9, 2013**

At this meeting several new and ongoing initiatives were discussed, including continuing work on the mapping project. Rep. Story's office presented a version of the state map of PPD services based on Commission members' lists (at their recommendation), and Rep. Story encouraged members to consider what next steps they'd like take on the project. She also discussed an amendment she was preparing for upcoming budget debate, to allow several Community Health Centers around the state to hire part-time Community Health Workers to assist doctors with PPD screening and referrals, as well as with connecting new moms with other helpful services. In addition, the meeting included an update from the Children's Behavioral Health Initiative on the possibility of coverage for PPD screening in the pediatric setting (in lieu of one of the early behavioral health screens required through that program), and a report on new efforts to train Early Education and Care staff on identifying PPD.

### **Meeting 6 – May 1, 2013**

This meeting focused on two important new initiatives furthering PPD screening and treatment, and on how the Commission could help advance them. Dr. John Straus from the Mass. Child Psychiatry Access Project (MCPAP) discussed the possibility of that program – which provides behavioral health consultant services for pediatricians – expanding to provide information and help to doctors on PPD. Rep. Story also reported that she had secured funding in the House budget for a pilot program that would allow four Community Health Centers across the state to hire part-time Community Health Workers to help doctors who screen moms for PPD connect them with treatment services. The Commission discussed the projects, and how in each case both community members and doctors would require training in perinatal mental health issues for the initiatives to succeed. The body decided that it would focus its efforts on furthering such training, such as through Mass. Medical Society.

### **Meeting 7 – September 18, 2013**

This meeting focused on three PPD initiatives: MCPAP for Moms; the Community Health Center PPD pilot program; and the MassHealth workgroup on PPD screening. Dr. John Straus led a discussion on MCPAP for Moms, an expansion of the Mass. Child Psychiatry Access Project to provide consultation and other services to doctors (OB/GYNs and pediatricians) on PPD and related issues. Members also discussed the pilot program, which is funding Community Health Workers in four Community Health Centers across the

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state to assist new moms with accessing PPD treatment and other services. Among other additional reports, MassHealth staff updated the group on their workgroup on PPD screening; Rep. Story and other Commission members expressed concerns about how challenging it has been for the agency to address PPD, particularly in the pediatric setting as part of the Children's Behavioral Health Initiative (CBHI).

### Meeting 8 – January 15, 2014

This meeting addressed MCPAP for Moms and other ongoing initiatives. The discussion of MCPAP for Moms included a focus on the community support component of the project, led by MotherWoman, as well as on the importance of expanding treatment capacity. MassHealth staff updated the group on their PPD workgroup, and DPH reported that its new regulations on data collection on PPD screening were nearing internal approval and would soon be the subject of public hearings across the state. In the context of these and other projects, Commissioners and other attendees discussed the importance of focusing on “perinatal mental health,” including anxiety and other challenges, not just PPD. There was a brief update on the Community Health Center pilot program, as well as other announcements, including on the upcoming Partners in Perinatal Health conference featuring Jeanne Watson Driscoll. The meeting was adjourned in honor of the many survivors and providers leading the movement to better address PPD.

### Meeting 9 – April 9, 2014

This meeting focused primarily on the Community Health Center pilot program, featuring a panel presentation by six representatives of the participating clinics. These providers (nurses, Community Health Workers, mental health professionals, etc.) shared how the pilot funding had allowed them to screen and help moms more systematically, and increase PPD knowledge and training among clinic staff, among other improvements. They answered questions from the Commission, including on how they might expand their work beyond the pilot stage. There were also updates on MCPAP for Moms; Medicaid's PPD working group; DPH screening data collection regulations; and the “anti-shackling” bill; among other Commission-related work.

### Goals for Next Year

In the coming year the Commission will work on multiple projects promoting better screening, treatment, and awareness of maternal mental health challenges. Pending budget funding, it will assist with the rollout of MCPAP for Moms and the continuation of the PPD Community Health Center pilot program. The Commission will weigh in on DPH's proposed regulations on screening data collection, and encourage Medicaid, which has an internal working group on PPD, to take steps toward screening coverage. It may also participate in other opportunities for advancement on PPD, such as at the upcoming conference of the Massachusetts Chapter of the American College of Obstetricians and Gynecologists and through UMass Boston's Emerging Leaders Program.