

Chapter 221

(House Bill 775)

AN ACT concerning

Public Health – Maternal Mental Health

FOR the purpose of requiring the Department of Health and Mental Hygiene, in consultation with stakeholders, to identify certain information about perinatal mood and anxiety disorders; requiring the Department to make available certain information on the Department’s Web site and to provide certain information to certain health care facilities and certain health care providers; requiring the Department, in collaboration with certain professional associations and public health entities, to identify and develop certain training programs; requiring the Department to ~~identify methods~~ develop a plan to expand the Maryland Behavioral Health Integration in Pediatric Primary Care ~~Program~~ (BHIPP) program for a certain purpose; requiring the Department, in collaboration with certain affected stakeholders, to develop the plan; requiring the Department, in developing the plan, to identify and address certain issues; requiring the Department to submit the plan to certain committees of the General Assembly on or before a certain date; defining certain terms; and generally relating to maternal mental health.

BY adding to

Article – Health – General

Section 20–1801 ~~through 20–1803~~ and 20–1802 to be under the new subtitle “Subtitle 18. Maternal Mental Health”

Annotated Code of Maryland

(2015 Replacement Volume and 2016 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 18. MATERNAL MENTAL HEALTH.

20–1801.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) “HEALTH CARE FACILITY” MEANS A FACILITY OR AN OFFICE WHERE HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS BY A HEALTH CARE PROVIDER.

(II) “HEALTH CARE FACILITY” INCLUDES A HOSPITAL AND A LIMITED SERVICE HOSPITAL.

(3) “HEALTH CARE PROVIDER” MEANS A PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH OR MEDICAL CARE IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

(4) “HOSPITAL” HAS THE MEANING STATED IN § 19–301 OF THIS ARTICLE.

(5) “LIMITED SERVICE HOSPITAL” HAS THE MEANING STATED IN § 19–301 OF THIS ARTICLE.

(B) THE DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS, SHALL IDENTIFY UP-TO-DATE, EVIDENCE-BASED, WRITTEN INFORMATION ABOUT PERINATAL MOOD AND ANXIETY DISORDERS THAT:

(1) HAS BEEN REVIEWED BY MEDICAL EXPERTS AND NATIONAL AND LOCAL ORGANIZATIONS SPECIALIZING IN MATERNAL MENTAL HEALTH;

(2) IS DESIGNED FOR USE BY HEALTH CARE PROVIDERS AND PREGNANT AND POSTPARTUM WOMEN AND THEIR FAMILIES;

(3) IS CULTURALLY AND LINGUISTICALLY APPROPRIATE FOR POTENTIAL RECIPIENTS OF THE INFORMATION; AND

(4) INCLUDES:

(I) INFORMATION ADDRESSING:

1. THE SIGNS AND SYMPTOMS OF PERINATAL MOOD AND ANXIETY DISORDERS;

2. PERINATAL MEDICATION USAGE;

3. RISK FACTORS OF PERINATAL MOOD AND ANXIETY DISORDERS, INCLUDING PERINATAL LOSS AND HIGH-RISK PREGNANCY;

4. HOW AND WHEN TO SCREEN FOR SYMPTOMS OF PERINATAL MOOD AND ANXIETY DISORDERS;

5. BRIEF INTERVENTION STRATEGIES; AND

6. EVIDENCE-BASED PSYCHOSOCIAL TREATMENTS; AND

(II) CONTACT INFORMATION FOR NATIONAL AND LOCAL MATERNAL MENTAL HEALTH PROGRAMS AND SERVICES.

(C) THE DEPARTMENT SHALL:

(1) PROVIDE THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (B) OF THIS SECTION TO HEALTH CARE FACILITIES AND HEALTH CARE PROVIDERS THAT PROVIDE PRENATAL CARE, LABOR AND DELIVERY SERVICES, AND POSTNATAL CARE TO EXPECTANT PARENTS; AND

(2) MAKE THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (B) OF THIS SECTION AVAILABLE ON THE DEPARTMENT’S WEB SITE.

20-1802.

(A) THE DEPARTMENT, IN COLLABORATION WITH MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY, THE MARYLAND NURSES ASSOCIATION, THE MARYLAND AFFILIATE OF THE AMERICAN COLLEGE OF NURSE MIDWIVES, THE MARYLAND PSYCHOLOGICAL ASSOCIATION, AND ANY OTHER HEALTH PROFESSIONAL ASSOCIATION OR PUBLIC HEALTH ENTITY IN THE STATE IDENTIFIED BY THE DEPARTMENT, SHALL IDENTIFY AND DEVELOP TRAINING PROGRAMS THAT IMPROVE EARLY IDENTIFICATION OF POSTPARTUM DEPRESSION AND PERINATAL MOOD AND ANXIETY DISORDERS.

(B) THE PROGRAMS DEVELOPED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE CONTINUING MEDICAL EDUCATION PROGRAMS DEVELOPED BY ORGANIZATIONS THAT ARE ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION.

~~**20-1803.**~~

~~**THE DEPARTMENT SHALL IDENTIFY METHODS TO EXPAND THE BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY CARE PROGRAM TO ASSIST OBSTETRIC, PRIMARY CARE, PEDIATRIC, AND OTHER HEALTH CARE PROVIDERS IN ADDRESSING THE EMOTIONAL AND MENTAL HEALTH NEEDS OF PREGNANT AND POSTPARTUM WOMEN.**~~

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Department of Health and Mental Hygiene, in collaboration with affected stakeholders, shall develop a statewide plan to expand the Maryland Behavioral Health

Integration in Pediatric Primary Care (BHIPP) program to assist obstetric, primary care, pediatric, and other health care providers in addressing the emotional and mental health needs of pregnant and postpartum women.

(b) The affected stakeholders with whom the Department collaborates under subsection (a) of this section shall include:

(1) the directors of the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program; and

(2) any other public or private institution or organization with links to the targeted populations of providers and patients that the Department considers appropriate.

(c) In developing the plan required under subsection (a) of this section, the Department shall identify and address:

(1) the scope of emotional and mental health conditions to be included in the plan;

(2) methods to accomplish provider outreach and education;

(3) staffing requirements;

(4) consultation standards;

(5) clinical resources; and

(6) funding requirements and mechanisms.

(d) On or before December 1, 2017, the Department, in accordance with § 2-1246 of the State Government Article, shall submit the plan developed under this section to the Senate Finance Committee and the House Health and Government Operations Committee.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October~~ July 1, 2017.

Approved by the Governor, April 18, 2017.