Department of Legislative Services

Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 600 (Senator Feldman, *et al.*)
Finance Health and Government Operations

Public Health - Maternal Mental Health

This bill requires the Department of Health and Mental Hygiene (DHMH), in consultation with stakeholders, to identify up-to-date, evidence-based, written information about perinatal mood and anxiety disorders. The information must be provided to health care facilities and providers that provide prenatal care, labor and delivery, and postnatal care and be posted on the DHMH website. In collaboration with specified stakeholders, DHMH must identify and develop training programs that improve early identification of postpartum depression and perinatal mood and anxiety disorders. DHMH also must develop a statewide plan to expand the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program to assist specified providers in addressing the emotional and mental health needs of pregnant and postpartum women. By December 1, 2017, DHMH must submit the plan to specified committees of the General Assembly.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: DHMH expenditures increase minimally in FY 2018 to provide information to health care facilities and providers and to *develop and submit* a statewide plan to expand BHIPP by December 1, 2017, as discussed below. This estimate does not reflect any potential costs associated with *implementing* such a plan. Revenues are not affected.

Local Effect: The bill does not affect local governmental finances.

Small Business Effect: None.

Analysis

Bill Summary: DHMH must identify 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; and (4) includes information addressing the signs and symptoms of perinatal mood and anxiety disorders, perinatal medication usage, risk factors, how and when to screen for symptoms, brief intervention strategies, and evidence-based psychosocial treatments, as well as contact information for national and local maternal mental health programs and services.

Any training programs developed by DHMH must include continuing medical education programs developed by organizations that are accredited by the Accreditation Council for Continuing Medical Education.

Uncodified language requires DHMH, in collaboration with specified stakeholders, to develop a statewide plan to expand BHIPP. In developing the required plan, DHMH must identify and address specified issues, including the scope of emotional and mental health conditions to be included, staffing requirements, and funding requirements and mechanisms.

Current Law/Background: Chapter 323 of 2014 required DHMH to identify up-to-date, evidence-based, written information about Down syndrome and provide such information to health care facilities and providers

Chapter 6 of 2015 established the Task Force to Study Maternal Mental Health to explore and make recommendations regarding maternal mental health disorders that occur during pregnancy and the first postpartum year. In December 2016, the task force submitted its findings and recommendations to the Governor and the General Assembly.

The December 2016 *Report of the Task Force to Study Maternal Mental Health* noted that one in seven women will experience depression during pregnancy or in the first 12 months after delivery and more than 400,000 infants every year are born to mothers who are depressed, making perinatal depression the most underdiagnosed and untreated obstetric complication in the United States. Perinatal mood and anxiety disorders have been identified in women of every culture, age, income level, and race and can have very serious adverse effects on the health and functioning of the mother, her infant, and her family. Although such disorders are treatable once recognized, 50% of all mothers who experience these disorders are never identified.

The task force made a total of 15 recommendations including the following:

- improve early identification of postpartum depression and other perinatal mood and anxiety disorders through increased screening and patient education;
- develop continuing maternal mental health education for providers who interact with women of a reproductive age;
- expand psychiatric consultation programs to assist providers in addressing the emotional and mental health needs of pregnant and postpartum patients;
- develop a Maryland Maternal Mental Health Initiative to coordinate ongoing advocacy, education, awareness, and treatment efforts;
- develop and expand peer support networks and navigation;
- expand the array of maternal mental health services by establishing specialized day and inpatient programs, including mother-baby units;
- take steps necessary to address co-morbid maternal mental health conditions, including substance use disorders, high-risk pregnancies, perinatal loss, and intimate partner violence;
- expand access to paid family and medical leave to provide flexibility in the balancing of work and family demands; and
- create a standing Maternal Mental Health Commission to help guide State policy.

BHIPP is designed to support primary care providers in assessing and managing the behavioral health needs of their patients from infancy through young adulthood. Free of charge and regardless of a patient's insurance status, BHIPP offers an array of services to primary care clinicians treating children, including phone consultations, social work colocation, outreach and training, and resource and referral networking. The program is funded by DHMH and the Maryland State Department of Education and is offered in collaboration with the University of Maryland School of Medicine, Johns Hopkins Bloomberg School of Public Health, Salisbury University, and community and advocacy groups. During task force meetings, Maryland providers treating pregnant and postpartum women indicated a strong desire for the same type of behavioral health consultation and support services now offered through BHIPP to providers treating children.

State Expenditures: The bill requires DHMH to (1) *identify* written information about perinatal mood and anxiety disorders; (2) *provide* such information to health care facilities and providers and *post* it on the DHMH website; (3) *identify* and *develop* training programs that improve early identification of postpartum depression and perinatal mood and anxiety disorders; and (4) *develop* a statewide plan to expand BHIPP to assist specified providers in addressing the emotional and mental health needs of pregnant and postpartum women.

The Task Force to Study Maternal Mental Health has already identified relevant information on perinatal mood and anxiety disorders, as well as training programs in other

states that improve early identification of postpartum depression and perinatal mood and anxiety disorders. This analysis assumes DHMH builds on the information and programs identified by the task force. Thus, DHMH, working with stakeholders, can compile and post information on the department website with existing budgeted resources. However, general fund expenditures increase, likely by a minimal amount, to distribute information to health care facilities and providers. Actual expenditures depend on the volume of information provided and the method of distribution.

The bill also requires DHMH to *develop and submit* a statewide plan to expand BHIPP. DHMH advises that it cannot develop such a plan within existing budgeted resources and must instead hire an outside contractor at an estimated cost of $30,000 to develop and submit the plan in the required five-month timeframe. The Department of Legislative Services disagrees and assumes that, while developing the plan redirects existing staff from current duties, it can likely be handled with existing personnel, particularly in light of collaboration with affected stakeholders. Accordingly, DHMH general fund expenditures increase minimally due to expenses related to meeting with stakeholders and preparing the report (*i.e.,* research, review, printing, copying, and distribution).

Although not required to *implement* the plan under the bill, DHMH advises that the Behavioral Health Administration (BHA) provides $1.26 million annually for mental health services through BHIPP. BHA estimates that expansion of BHIPP to assist specified providers in addressing the emotional and mental health needs of pregnant and postpartum women would cost an additional $1.50 million annually.

Additional Information

Prior Introductions: None.

Cross File: HB 775 (Delegate Kelly, *et al.*) - Health and Government Operations.

Information Source(s): *Report of the Task Force to Study Maternal Mental Health*, December 2016; Department of Health and Mental Hygiene; Department of Legislative Services

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Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510