

HOUSE BILL 739

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CF SB 74

By: **Delegates Kelly, Carr, Cullison, Hill, Morhaim, Reznik, and M. Washington**
Introduced and read first time: February 13, 2015
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study Maternal Mental Health**

3 FOR the purpose of establishing the Task Force to Study Maternal Mental Health;
4 providing for the composition, chair, and staffing of the Task Force; prohibiting a
5 member of the Task Force from receiving certain compensation, but authorizing the
6 reimbursement of certain expenses; requiring the Task Force to study and make
7 recommendations regarding certain matters; requiring the Task Force to report its
8 findings and recommendations to the Governor and the General Assembly on or
9 before a certain date; providing for the termination of this Act; and generally relating
10 to the Task Force to Study Maternal Mental Health.

11 Preamble

12 WHEREAS, During pregnancy and for up to 1 year after birth, women have an
13 increased risk of developing a mood or anxiety disorder; and

14 WHEREAS, Perinatal Mood and Anxiety Disorders affect between 10% and 25% of
15 all pregnant women and new mothers; and

16 WHEREAS, Perinatal Mood and Anxiety Disorders have been identified in women
17 of every culture, age, income level, and race; and

18 WHEREAS, More than 400,000 infants every year are born to mothers who are
19 depressed, making perinatal depression the most underdiagnosed and untreated obstetric
20 complication in the United States; and

21 WHEREAS, Perinatal Mood and Anxiety Disorders can have very serious adverse
22 effects on the health and functioning of the mother, her infant, and her family; and

23 WHEREAS, Perinatal Mood and Anxiety Disorders are treatable once recognized,
24 yet 50% of all mothers who experience these disorders are never identified; now, therefore,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
2 That:

3 (a) There is a Task Force to Study Maternal Mental Health.

4 (b) The Task Force consists of the following members:

5 (1) one member of the Senate of Maryland, appointed by the President of
6 the Senate;

7 (2) one member of the House of Delegates, appointed by the Speaker of the
8 House;

9 (3) a representative of the Maternal and Child Health Bureau, appointed
10 by the Secretary of Health and Mental Hygiene;

11 (4) a representative of the Behavioral Health Administration, appointed by
12 the Secretary of Health and Mental Hygiene;

13 (5) a representative of the Maryland Medical Assistance Program,
14 appointed by the Secretary of Health and Mental Hygiene;

15 (6) a representative of the Division of Corrections, approved by the
16 Secretary of Public Safety and Correctional Services; and

17 (7) the following members, appointed by the Governor:

18 (i) one representative of the Maryland Hospital Association;

19 (ii) one representative of MedChi, the Maryland State Medical
20 Society;

21 (iii) one representative of the Maryland Chapter of the American
22 Academy of Pediatrics;

23 (iv) one representative of the Maryland Chapter of the Society of
24 Hospital Medicine;

25 (v) one representative of the Mental Health Association of
26 Maryland;

27 (vi) one representative of the Maryland Chapter of the National
28 Alliance on Mental Illness;

29 (vii) one representative of the Maryland Psychiatric Society;

- 1 (viii) one representative of the Maryland Psychological Association;
- 2 (ix) one representative of Postpartum Support Maryland;
- 3 (x) one representative of the Johns Hopkins Women's Mood
4 Disorders Center;
- 5 (xi) one representative of the Maryland Network Against Domestic
6 Violence;
- 7 (xii) one representative from the health insurance industry;
- 8 (xiii) one nurse psychotherapist experienced in providing perinatal
9 mental health services;
- 10 (xiv) one licensed clinical social worker experienced in providing
11 perinatal mental health services;
- 12 (xv) one perinatal registered nurse experienced in providing
13 perinatal mental health services;
- 14 (xvi) one obstetrician experienced in providing perinatal mental
15 health services;
- 16 (xvii) one reproductive psychiatrist;
- 17 (xviii) one reproductive therapist; and
- 18 (xix) one Perinatal Mood and Anxiety Disorders survivor.

19 (c) The Governor shall designate the chair of the Task Force.

20 (d) The Department of Health and Mental Hygiene shall provide staff for the Task
21 Force.

22 (e) A member of the Task Force:

23 (1) may not receive compensation as a member of the Task Force; but

24 (2) is entitled to reimbursement for expenses under the Standard State
25 Travel Regulations, as provided in the State budget.

26 (f) The Task Force shall:

27 (1) identify vulnerable populations and risk factors in the State for
28 maternal mental health disorders that may occur during pregnancy and through the first
29 postpartum year;

1 (2) identify and recommend effective, culturally competent, and accessible
2 prevention screening and identification and treatment strategies, including public
3 education and awareness, provider education and training, and social support services;

4 (3) identify successful postpartum mental health initiatives in other states
5 and recommend programs, tools, strategies, and funding sources that are needed to
6 implement similar initiatives in the State;

7 (4) identify and recommend evidence-based practices for health care
8 providers and public health systems;

9 (5) identify and recommend private and public funding models; and

10 (6) make recommendations on:

11 (i) legislation, policy initiatives, funding requirements, and
12 budgetary priorities to address maternal mental health needs in the State; and

13 (ii) any other relevant issues identified by the Task Force.

14 (g) On or before December 15, 2015, the Task Force shall report its findings and
15 recommendations to the Governor and, in accordance with § 2-1246 of the State
16 Government Article, the General Assembly.

17 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
18 1, 2015. It shall remain effective for a period of 1 year and 1 month and, at the end of June
19 30, 2016, with no further action required by the General Assembly, this Act shall be
20 abrogated and of no further force and effect.