

# STATE OF NEW YORK

2870--B

2023-2024 Regular Sessions

## IN ASSEMBLY

January 27, 2023

Introduced by M. of A. SOLAGES, BICHOTTE HERMELYN, KELLES, RAGA, CUNNINGHAM -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to maternal depression screenings

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 1 of section 2500-k of the public health law,  
2 as added by chapter 199 of the laws of 2014, is amended to read as  
3 follows:  
4 1. Definitions. As used in this section:  
5 (a) "Maternal depression" means a wide range of emotional and psycho-  
6 logical reactions [~~a woman~~ an individual may experience [~~during~~  
7 throughout pregnancy [~~or after childbirth~~ and the postpartum period.  
8 These reactions may include, but are not limited to, feelings of despair  
9 or extreme guilt, prolonged sadness, lack of energy, difficulty concen-  
10 trating, fatigue, extreme changes in appetite, and thoughts of suicide  
11 or of harming the baby. Maternal depression may include prenatal  
12 depression, perinatal mood and anxiety disorder, the "baby blues," post-  
13 partum depression, or postpartum psychosis[~~--- the severest form~~].  
14 (b) "Maternal health care provider" means a physician, midwife, nurse  
15 practitioner, or physician assistant, or other health care practitioner  
16 acting within his or her lawful scope of practice, attending a [~~pregnant~~  
17 ~~woman or a woman up to one year after childbirth~~ perinatal individual,  
18 including [~~a~~] any practitioner attending the [~~woman's~~] individual's  
19 child, from conception up to one year [~~after childbirth~~] postpartum.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD03810-05-4

1 § 2. Subdivisions 3 and 4 of section 2500-k of the public health law,  
2 subdivision 4 as renumbered by chapter 463 of the laws of 2017, are  
3 renumbered subdivisions 4 and 5 and a new subdivision 3 is added to read  
4 as follows:

5 3. Maternal depression screenings. (a) The commissioner, in consulta-  
6 tion with the office of mental health, and other relevant stakeholders,  
7 shall develop and publish guidance and standards for incorporating  
8 maternal depression screenings into routine perinatal care. This guid-  
9 ance shall include, but not be limited to, recommendations and best  
10 practices related to:

11 (i) when maternal health care providers should initiate maternal  
12 depression screenings and how often such screenings should be repeated  
13 throughout pregnancy and the postpartum period;

14 (ii) screening for social needs that may contribute to maternal  
15 depression such as social support, intimate partner violence, food and  
16 housing insecurity, diaper insecurity, and barriers to appropriate  
17 healthcare;

18 (iii) screening for substance use disorders;

19 (iv) referrals for appropriate follow-up evaluation, diagnosis, and  
20 treatment; and

21 (v) reimbursement methodologies to incentivize provider participation.

22 (b) The commissioner, in consultation with the office of mental  
23 health, and other relevant stakeholders, shall identify existing infor-  
24 mation and training programs designed to support maternal depression  
25 screening and treatment, and publish the links to such information and  
26 training programs on the department's website. The identified informa-  
27 tion and training programs shall include the following topics:

28 (i) health equity;

29 (ii) implicit bias and cultural competency;

30 (iii) screening, referral and treatment options;

31 (iv) patient resources and available services;

32 (v) patients' rights;

33 (vi) pharmacotherapy;

34 (vii) trauma-informed, patient-centered care; and

35 (viii) other topics as identified by the commissioner.

36 § 3. This act shall take effect on the one hundred eightieth day after  
37 it shall have become a law. Effective immediately, the addition, amend-  
38 ment and/or repeal of any rule or regulation necessary for the implemen-  
39 tation of this act on its effective date are authorized to be made and  
40 completed on or before such effective date.