

# STATE OF NEW YORK

2039--B

Cal. No. 96

2023-2024 Regular Sessions

## IN SENATE

January 18, 2023

Introduced by Sens. BROUK, ADDABBO, CLEARE, COONEY, GOUNARDES, HARCKHAM, HOYLMAN-SIGAL, KENNEDY, MYRIE, PERSAUD, SALAZAR, SANDERS, SKOUFIS, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues -- recommitted to the Committee on Women's Issues in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, amended on second report, ordered to a third reading, and to be reprinted as amended, retaining its place in the order of third reading

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:

Section 1. Subdivision 1 of section 2500-k of the public health law, as added by chapter 199 of the laws of 2014, is amended to read as follows:

1. Definitions. As used in this section:

(a) "Maternal depression" means a wide range of emotional and psychological reactions [~~a woman~~ an individual may experience [~~during~~ throughout pregnancy [~~or after childbirth~~ and the postpartum period. These reactions may include, but are not limited to, feelings of despair or extreme guilt, prolonged sadness, lack of energy, difficulty concentrating, fatigue, extreme changes in appetite, and thoughts of suicide or of harming the baby. Maternal depression may include prenatal depression, perinatal mood and anxiety disorder, the "baby blues," postpartum depression, or postpartum psychosis[~~the severest form~~].

(b) "Maternal health care provider" means a physician, midwife, nurse practitioner, or physician assistant, or other health care practitioner acting within his or her lawful scope of practice, attending a [~~pregnant woman or a woman up to one year after childbirth~~ perinatal individual,

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

LBD03810-04-4

1 including ~~[a] any~~ practitioner attending the ~~[woman's]~~ individual's  
2 child, from conception up to one year ~~[after childbirth]~~ postpartum.

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

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

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

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

20 (iii) screening for substance use disorders;

21 (iv) referrals for appropriate follow-up evaluation, diagnosis, and  
22 treatment; and

23 (v) reimbursement methodologies to incentivize provider participation.

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

30 (i) health equity;

31 (ii) implicit bias and cultural competency;

32 (iii) screening, referral and treatment options;

33 (iv) patient resources and available services;

34 (v) patients' rights;

35 (vi) pharmacotherapy;

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

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

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