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

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

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

3. Maternal depression screenings. (a) The commissioner, in consultation with the office of mental health, and other relevant stakeholders, shall develop and publish guidance and standards for incorporating maternal depression screenings into routine perinatal care. This guidance shall include, but not be limited to, recommendations and best practices related to:

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

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

(iii) screening for substance use disorders;

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

(v) reimbursement methodologies to incentivize provider participation.

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

(i) health equity;

(ii) implicit bias and cultural competency;

(iii) screening, referral and treatment options;

(iv) patient resources and available services;

(v) patients' rights;

(vi) pharmacotherapy;

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

(viii) other topics as identified by the commissioner.

§ 3. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.