

# STATE OF NEW YORK

2039--A

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

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.

LBD03810-02-4

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 other relevant stakeholders, shall develop and publish guid-  
7 ance and standards for incorporating maternal depression screenings into  
8 routine perinatal care. This guidance shall include, but not be limited  
9 to, recommendations and best practices related to:

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

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

17 (iii) screening for substance use disorders;

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

20 (v) reimbursement methodologies to incentivize provider participation.

21 (b) The commissioner, in consultation with other relevant stakehold-  
22 ers, shall identify existing information and training programs designed  
23 to support maternal depression screening and treatment, and publish the  
24 links to such information and training programs on the department's  
25 website. The identified information and training programs shall include  
26 the following topics:

27 (i) health equity;

28 (ii) implicit bias and cultural competency;

29 (iii) screening, referral and treatment options;

30 (iv) patient resources and available services;

31 (v) patients' rights;

32 (vi) pharmacotherapy;

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

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

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