STATE OF NEW YORK

11707

IN ASSEMBLY

September 2, 2026

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Powers) -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to recognizing postpartum psychosis as a condition distinct from postpartum depression and directing the department of health to create screening guidelines for the condition

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

Section 1. Section 2500-k of the public health law, as added by chapter 199 of the laws of 2014, subdivision 1 as amended by chapter 644 of the laws of 2024, subdivision 3 as amended by chapter 42 of the laws of 2025, subdivision 4 as amended by chapter 62 of the laws of 2018 and as renumbered by chapter 644 of the laws of 2024, and subdivision 5 as added by chapter 199 of the laws of 2014 and as renumbered by chapter 644 of the laws of 2024, is amended to read as follows:

§ 2500-k. Maternal depression. 1. Definitions. As used in this section:

(a) "Maternal depression" means a wide range of emotional and psychological reactions an individual may experience throughout pregnancy 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," **or** postpartum depression[~~, or postpartum psychosis~~].

(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 perinatal individual, including any practitioner attending the individual's child, from conception up to one year postpartum.

(c) "Postpartum psychosis" means a mental health emergency that occurs after a person gives birth and that affects the person's sense of reality, causing hallucinations, delusions, paranoia, mood swings or other

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

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behavior changes requiring differentiated screening and clinical care pathways separate from general maternal depression.

2. Maternal depression information and postpartum psychosis information. (a) The commissioner, in consultation with the commissioner of mental health, shall make available to maternal health care providers information on maternal depression and information on postpartum psychosis. The information shall include, but not be limited to:

(i) a summary of the current evidence base and professional guidelines for maternal depression screening and a summary of the current evidence base and professional guidelines for postpartum psychosis screening;

(ii) validated, evidence-based tools for maternal depression screening and for postpartum psychosis screening;

(iii) information about follow-up support for patients who may require further evaluation, referral, or treatment including, when available, information about specific community resources and entities licensed by the office of mental health; and

(iv) information on engaging support for the mother, which may include communicating with the other parent of the child and other family members, as appropriate and consistent with patient confidentiality.

(b) The information on maternal depression and on postpartum psychosis shall be posted on the department's website. The commissioner shall, in collaboration with the commissioner of mental health, update and review the information on maternal depression and on postpartum psychosis, as necessary.

3. Maternal depression screenings and postpartum psychosis screenings. (a) The commissioner, in consultation with the office of mental health, the office of addiction services and supports, and other relevant stakeholders as determined by the commissioner, shall publish guidance 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 or postpartum psychosis 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 or to postpartum psychosis 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, the office of addiction services and supports, and other relevant stakeholders as determined by the commissioner, shall identify existing information and training programs designed to inform providers in an effort to promote 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.
(c) The commissioner, in consultation with the commissioner of mental health, shall publish guidance establishing a distinct screening protocol for postpartum psychosis. Such guidance shall include, but not be limited to:
(i) requirements for prenatal evaluation of personal and first-degree family psychiatric history, including bipolar disorder; and
(ii) identification of specialized screening instruments separate from standard post-birth unipolar depression questionnaires.
4. Maternal depression **and postpartum psychosis** treatment. The commissioner, in consultation with the commissioner of mental health, shall:
(a) inform providers of the need to raise awareness about maternal depression **and postpartum psychosis**; and
(b) provide information on the department's and office of mental health's websites regarding how to locate available providers who treat or provide support for maternal depression **and postpartum psychosis** including, but not limited to, mental health professionals, other licensed professionals, peer support, not-for-profit corporations and other community resources.
5. **Regulations.** The commissioner shall make any regulations necessary to implement this section.
§ 2. This act shall take effect immediately.