ASSEMBLY THIRD READING
AB 798 (Cervantes)
As Amended April 9, 2019
Majority vote

SUMMARY:

Establishes a pilot program, in counties that elect to participate, including the County of Riverside, to increase providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identity, and manage postpartum depression and other mental health conditions.

Major Provisions
Permits this pilot program to be coordinated by the State Department of Public Health (DPH) and to be privately funded. Sunsets this bill on January 1, 2025.

COMMENTS:

The California Maternal Mental Health (MMH) Collaborative was established in 2011 as a result of the passage of ACR 105 (Nava), Resolution Chapter 9, Statutes of 2010, which declared May as Perinatal Depression Awareness month in California. ACR 105 also urged private and public stakeholders to form a volunteer task force to address opportunities for increasing awareness of, and screening for maternal mental health (MMH) disorders. The stated mission of the California MMH Collaborative is to bring stakeholders together to exchange ideas, identify barriers and opportunities and form collaborative relationships to increase and improve MMH awareness, diagnosis and treatment in California and beyond. In 2013, the organization launched with its partner, Postpartum Support International, a web-based training in MMH to address the shortage of trained providers, and its national campaign, called the 2020 Mom Project, which sets forth tactical steps that hospitals, insurers and providers can take to improve awareness and outcomes.

ACR 148 (Lowenthal), Resolution Chapter 96, Statutes of 2014, sponsored by the California Legislative Women's Caucus, requested the formation of a MMH task force to study, review, and identify: 1) current barriers to screening and diagnosis; 2) current treatment options for both those who are privately insured and those who receive care through the public health system; and, 3) evidence-based data on emerging treatment options that are scalable in public and private health settings. The MMH task force Implementation Steering Committee was asked to identify the needs of both providers and patients in order to improve diagnosis and treatment. On March 1, 2017, the MMH task force released a white paper that identified gaps in the current effort to identify and treat MMH disorders and provides recommendations that address physician capacity, treatment shortages, screening and referral, an awareness campaign, and action steps for stakeholder groups. This bill addresses the treatment shortage recommendation, specifically the recommendation that California adopt a statewide provider-to-provider expert psychiatric access program by 2021.

According to the March 2017 report from the MMH taskforce, MMH disorders, including depression, anxiety, and the much more rare but serious, postpartum psychosis, affect one in five women (20%), during pregnancy or the first year following childbirth. Among those living in poverty, up to 50% may be affected. Maternal depression is the most common complication of pregnancy in the United States, surpassing gestational diabetes and preeclampsia combined. Maternal depression presents a significant early risk to proper child development, the mother-

infant bond, and the family. Maternal depression screening and treatment is an important tool to protect the child from the potential adverse physical and developmental effects of maternal depression. According to the American Academy of Pediatrics (AAP), screening mothers for maternal depression is a best practice for primary care pediatricians and can be integrated into the well-child care schedule, as well as included in the prenatal visit.

In May of 2015, the American Congress of Obstetricians and Gynecologists published "Committee Opinion Number 630," recommending that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. In January 2016, the U.S. Preventive Services Task Force (USPSTF) released a revised recommendation for depression screening of all adults, including pregnant and postpartum women. The USPSTF noted that screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up. In February 2016, the National Council on Patient Safety in Women's Health Care issued the *Maternal Mental Health Bundle*, providing high-level direction to health care providers in office and hospital settings on how to implement maternal mental health screening and treatment, and the most recent AAP *Bright Futures Guidelines* recommends postpartum depression screening from the one-month through the six-month well-child visit.

According to the Author:
It is important to address the key issues of improving access to treatment for MMH. Ensuring the creation of a pilot program that will accommodate a provider-to-provider psychiatry teleconsult and/or virtual mentoring service and a provider training capacity program in Riverside County, among other counties, would help build the capacity of health providers serving pregnant and postpartum women. This bill would ensure comprehensive monitoring and access to specialists, especially where specialized staff is unavailable. This bill would also serve as an important step towards addressing the lack of access to psychiatrists and any perinatal services to improve access to treatment, taking into consideration birth trauma, and the need to increase access for women and their families in need of mental health services during and after pregnancy.

Arguments in Support:
According to the American College Obstetrics and Gynecology, this bill will help address the MMH need of women by equipping interested counties, including Riverside County, with the means necessary to build capacity for health care providers serving these women.

Arguments in Opposition:
There is no known opposition for this bill.

FISCAL COMMENTS:

According to the Appropriations Committee, costs to DPH to conduct a pilot of at least $500,000 to develop a toolkit for use in counties that elect to use it. Other approaches would be more costly and would scale to available resources. This bill indicates the pilot shall be funded by private funds, but in absence of committed private funding there would be General Fund cost pressure to fund a pilot established in state law.

VOTES:

ASM HEALTH: 15-0-0
YES: Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Limón, McCarty, Nazarian, Ramos, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 18-0-0
YES: Gonzalez, Bigelow, Bloom, Bonta, Brough, Calderon, Carrillo, Chau, Diep, Eggman, Fong, Gabriel, Eduardo Garcia, Maienschein, Obernolte, Petrie-Norris, Quirk, Robert Rivas

UPDATED:

VERSION: April 9, 2019

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