California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 30, 2018
TO	Board of Psychology
FROM	 Cherise Burns Central Services Manager
SUBJECT	Agenda Item #21(b)(2)(L) – AB 2193 (Maienschein) Maternal Mental Health

Background:

AB 2193 would require the licensed health care practitioner treating or attending a mother or child, or both, to screen the mother for maternal mental health conditions once during pregnancy and once during the postpartum period. This bill would also require the facility where these practitioners treat the individual to ensure that those practitioners perform the required screening and report the findings. AB 2193 would also require the practitioners to report their findings to the mother's primary care physician.

Staff spoke with the authors office and was informed that amendments are forthcoming to specify physicians and surgeons specializing in Obstetrics and Gynecology are the practitioners to whom the bill would apply. At the time of this memo, the amendments had not been published.

Location: 4/26/2018 Assembly Committee on Appropriations

Status: 4/26/2018 From committee: Amend, and do pass as amended and re-refer to Committee on Appropriations.

Votes: Assembly Committee on Health

Action Requested:

The Policy and Advocacy Committee recommends watching AB 2193 (Maienschein) to determine its impact on access to perinatal mental health services.

Attachment A: AB 2193 (Maienschein) Bill Text

AB-2193 Maternal mental health. (2017-2018)

SECTION 1. *Section 685 is added to the Business and Professions Code, to read:*

685. *(a) It shall be the duty of any health care practitioner who treats or attends a mother or child, or both, to screen the mother for maternal mental health conditions at least once during pregnancy and once during the postpartum period, unless the health care practitioner has received confirmation from a treating psychiatrist that she will remain under the treating psychiatrist's care during pregnancy and the postpartum period, as applicable. The health care practitioner shall, in a manner consistent with applicable federal privacy law, report the findings of that screening to the mother's primary care physician if the health care practitioner is not the mother's primary care physician.*

(b) It shall be the duty of any facility where a health care practitioner treats or attends the mother or child, or both, in the first postdelivery appointment to ensure that the health care practitioner conducts the screening and reports the findings of the screening as described in subdivision (a).

(c) This section shall not be construed to limit when and how often a mother postdelivery is screened for maternal mental health conditions.

(d) A violation of subdivision (a) constitutes unprofessional conduct and grounds for disciplinary action by the health care practitioner's licensing entity. A violation of subdivision (a) shall not constitute a crime.

(e) A facility subject to subdivision (b) that violates subdivision (b) shall be subject to punishment by the facility's licensing entity, except that a violation of subdivision (b) shall not constitute a crime.

(f) Nothing in this section shall prohibit another provider type from screening for maternal mental health conditions.

(g) For purposes of this section, the following definitions apply:

(1) "Maternal mental health condition" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(2) "Health care practitioner" means an individual who is certified or licensed pursuant to this division or an initiative act referred to in this division and is acting within his or her scope of practice.

SEC. 2. *Section 1367.625 is added to the Health and Safety Code, to read:*

1367.625. *(a) By July 1, 2019, a health care service plan shall develop a case management program that is available for an enrollee and his or her treating provider when the provider, acting within his or her scope of practice, determines that the enrollee may have a maternal mental health condition.*

(b) The case management program required by subdivision (a) shall do all of the following:

(1) Provide the provider and enrollee direct support in accessing treatment and, if available, managing care in accordance with the provider's treatment plan.

(2) Provide direct access to a clinician assigned to both the provider and the patient.

(3) Support the provider and enrollee in accessing care in a timely manner, consistent with appointment time standards developed pursuant to Section 1367.03, to provide both of the following services:

(A) Direct access for the enrollee to a therapist trained in maternal mental health.

(B) Direct access for both the provider and enrollee to a provider-to-provider psychiatric consultation with a

psychiatrist familiar with the latest research surrounding treatment of pregnant and lactating women.

(4) When a treatment plan is available, require clinical case managers in the program to extend the capacity of the enrollee's provider by following the enrollee's treatment access, symptoms, and symptom severity, and recommending potential changes to the treatment plan when clinically indicated. A clinical case manager shall also provide written reports on an enrollee's status to the enrollee's provider on a periodic basis of no less than once every eight months.

(c) Commencing July 1, 2019, and annually thereafter, a health care service plan shall notify providers in writing of the availability of the case management program described in this section and the process by which a provider can access that program.

(d) (1) In order to understand the effectiveness of the case management program developed by a plan under this section and to make changes as needed to improve utilization, a health care service plan shall develop a maternal mental health quality management program that tracks all of the following information:

(A) The number, ratio, and geographical distance of behavioral providers trained to treat maternal mental health conditions, including therapists and psychiatrists.

(B) Case management utilization, including utilization by individual providers.

(C) The effectiveness of the program in reducing symptoms.

(D) Enrollee and provider satisfaction with the program, if available.

(2) The information in paragraph (1) shall be reported to a quality assurance committee of the health care service plan on an annual basis, and the plan shall institute corrective actions when warranted.

(e) Nothing in this section shall be construed to prohibit either of the following:

(1) A health care service plan from accepting a referral from another treating provider or case management program with respect to a maternal mental health condition.

(2) A health care service plan from transferring a case to another case management program designed to treat mental health issues after the postpartum period expires.

(f) A health care service plan contract issued, amended, or renewed on or after January 1, 2019, shall provide coverage for maternal mental health conditions and for the case management program developed by the plan under this section. This section shall not apply to a specialized health care service plan contract that does not deliver mental or behavioral health services to enrollees.

(g) For the purposes of this section, the following terms have the following meanings:

(1) "Case management program" means a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes. Case management programs include care management or disease management programs.

(2) "Maternal mental health condition" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(3) "Provider" means an individual who is certified or licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or an initiative act referred to in that division.

SEC. 3. *Section 10123.867 is added to the Insurance Code, to read:*

10123.867. *(a) By July 1, 2019, a health insurer shall develop a case management program that is available for an insured and his or her treating provider when the provider, acting within his or her scope of practice, determines that the insured may have a maternal mental health condition.*

(b) The case management program required by subdivision (a) shall do all of the following:

(1) Provide the provider and insured direct support in accessing treatment and, if available, managing care in accordance with the provider's treatment plan.

(2) Provide direct access to a clinician assigned to both the provider and the insured.

(3) Support the provider and insured in accessing care in a timely manner, consistent with the timely access regulations dopted under Section 10133.5, to provide both of the following services:

(A) Direct access for the insured to a therapist trained in maternal mental health.

(B) Direct access for both the provider and insured to a provider-to-provider psychiatric consultation with a psychiatrist familiar with the latest research surrounding treatment of pregnant and lactating women.

(4) When a treatment plan is available, require clinical case managers in the program to extend the capacity of the insured's provider by following the insured's treatment access, symptoms, and symptom severity, and recommending potential changes to the treatment plan when clinically indicated. A clinical case manager shall also provide written reports on the insured's status to the insured's provider on a periodic basis of no less than once every 8 months.

(c) Commencing July 1, 2019, and annually thereafter, a health insurer shall notify providers in writing of the availability of the case management program described in this section and the process by which a provider can access that program.

(d) (1) In order to understand the effectiveness of the case management program developed by a health insurer under this section and to make changes as needed to improve utilization, a health insurer shall develop a maternal mental health quality management program that tracks all of the following information:

(A) The number, ratio, and geo-distance of behavioral providers trained to treat maternal mental health conditions, including therapists and psychiatrists.

(B) Case management utilization, including utilization by individual providers.

(C) The effectiveness of the program in reducing symptoms.

(D) Insured and provider satisfaction with the program, if available.

(2) The information in paragraph (1) shall be reported to a quality assurance committee of the health insurer on an annual basis, and the health insurer shall institute corrective actions when warranted.

(e) Nothing in this section shall be construed to prohibit either of the following:

(1) A health insurer from accepting a referral from another treating provider or case management program.

(2) A health insurer from transferring a case to another case management program designed to treat mental health issues after the postpartum period expires.

(f) A health insurance policy issued, amended, or renewed on or after January 1, 2019, shall provide coverage for maternal mental health conditions and for the case management program developed by the insurer under this section. This section shall not apply to a specialized health insurance policy that does not deliver mental or behavioral health services to insureds.

(g) For the purposes of this section, the following terms have the following meanings:

(1) "Case management program" means a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes. Case management programs include care management or disease management programs.

(2) "Maternal mental health condition" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(3) "Provider" means an individual who is certified or licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or an initiative act referred to in that division.

SEC. 4. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*