

Policy At A Glance:

Health Care Coverage: Maternal Mental Health (AB 577)

In an effort to improve the mental wellness of women, California Legislature introduced AB 577 to increase the duration pregnant and postpartum women with a mental health illness receive coverage. AB 577 honors continuity of care, which is essential for the wellbeing of both the mother and the child.

What is Assembly Bill 577?

Assembly Bill (AB) 577 was introduced to assist individuals with a maternal mental health condition whose treating health care provider is either terminated or not participating in their current health plan. AB 577 provides the following provisions for these individuals:

1. Extends the timeframe an individual with a written diagnosis of a maternal mental health condition receives completion of covered services from a terminated or nonparticipating provider if an individual is currently undergoing treatment.¹ This individual would receive services not to exceed 12 months from the diagnosis or from the end of pregnancy, whichever occurs later.
2. Redefines maternal mental health condition as, “a mental health condition that can impact a woman during pregnancy, peri or postpartum, or that arises during pregnancy, in the peri or postpartum period, up to one year after delivery.”¹

In addition to obtaining a written diagnosis from their treating health care provider, their terminated or nonparticipating provider must agree to accept the rate of payment received prior to termination or the rate of payment received by participating providers, respectively, before an extension of covered services can be granted.

California's Maternal Mental Health Policies in 2019

- 2/14/19 AB 577 Introduced**
This bill expands coverage of services by health plans for maternal mental health conditions.
- 2/22/19 AB 1676 Introduced**
This bill requires health plans to provide a telehealth consultation program for children, pregnant women, and postpartum persons suffering from a mental illness.
- 6/25/19 Assembly Concurrent Resolution (ACR) 92 Enacted**
This resolution declares May 2019 as Maternal Mental Health Awareness Month.
- 7/09/19 Senate Bill (SB) 104 Enacted**
This bill expands Medi-Cal eligibility for women with a maternal mental health diagnosis.
- 9/04/19 AB 845 Enacted**
This bill requires the Medical Board of California to consider including a course in maternal mental health.

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What is the Status and Impact of Maternal Mental Health in the United States?

According to the World Health Organization (WHO), about 10% of pregnant women and 13% of women who have just given birth experience a mental health disorder worldwide.² A maternal mental health disorder includes an array of mental health conditions such as anxiety, depression, and postpartum psychosis.³ Of note, depression during and after pregnancy is a common and treatable mental health disorder impacting many women. In the United States, one in nine women are impacted by symptoms of postpartum depression.⁴ In California, one in five women suffer from pregnancy related depression.³ Postpartum depression is defined by the Centers for Disease Control and Prevention (CDC) as depression that occurs after having a baby. Symptoms may include feelings of hopelessness, irritability, restlessness or loss of energy, to name a few. On the other hand, “baby blues” is not as intense or long lasting as postpartum depression and is described as sadness, tiredness, and worry a woman feels after having a baby.⁴



A woman experiencing mental health symptoms is of concern not only to herself, but also to her baby. It has been found that a woman experiencing mental health issues can have a negative impact on her infant for several reasons. For one, these women may engage in potentially harmful behaviors such as missing the child’s well visits, not placing the infant to sleep in a face-up position as recommended, or incorrectly using car seats, resulting in poor health outcomes for the child.⁵ In addition, research suggests maternal depression can have far-reaching consequences on a developing child’s behavior, cognition, and overall health.⁵ Thus, providing an uninterrupted, complete course of treatment for mental health is vital for the women as well as their infants who are our society’s future.

SB104: Health

What is SB104?



California Senate Bill (SB) 104 is an extensive health trailer bill that was signed into law on July 9, 2019, by Governor Gavin Newsom. In addition to other provisions, this bill expands Medi-Cal eligibility from 60 days to 12 months after delivery for women diagnosed with a maternal health condition. These provisions took effect immediately upon signing of the bill and will cease on December 31, 2021, unless specified circumstances are met.⁶ To note, SB 104 impacts Medi-Cal, a public insurance program for California, while AB 577 impacts private health insurance plans and health care service plans.

What is the Reason for the Bill?

Depression during and after pregnancy is very common and impacts many women. Through various policies, California is taking measures to improve the mental wellbeing of women. AB 577 is an example of a bill that aids in the wellness of women and their infants for the following three reasons:

1. Continuity of care. Allowing individuals with a maternal mental health condition an extended coverage of services honors continuity of care. Ideally, their treating provider has built rapport, gained their trust, and has a thorough understanding of their medical and social history. Thus, termination of such a relationship at a vulnerable time in the patient's life may lead to poor health outcomes. Therefore, AB 577 seeks to extend care by the treating provider.
2. Completion of a treatment plan. Treatment options include psychotherapy, pharmacotherapy, and other approaches that may require some time.⁷ Therefore, in addition to allowing for continuity of care, AB 577 provides enough time for completion of treatment, which is pivotal for the wellbeing of the mother and child.
3. Protection of the baby's mental and physical wellness. If the mother is not well, chances are the baby will suffer. Thus, empowering the mother with mental clarity will result in positive behaviors that promote not only the wellbeing of the mother, but also that of the baby.



Who are the Supporters and Opponents of the Bill?

Supporters of this bill include the American College of Obstetricians and Gynecologists (sponsor), the California Psychiatric Association, the California School Employees Association, Disability Rights California, and March of Dimes. Supporters say that this bill is “essential to close gaps in maternal mental health services provided to patients with mental health conditions.”⁸ It will also prevent the interruption of the patient-doctor relationship, which is vital for a patient's adherence to a treatment plan, and lead to beneficial effects for the woman, her infant, and other family members. Currently, there is no opposition to this bill.



According to the National Institute of Mental Health, “family members and friends may be the first to recognize symptoms of postpartum depression in a new mother. They can encourage her to talk with a health care provider, offer emotional support, and assist with daily tasks such as caring for the baby or the home.”⁹

What are the Next Steps?

AB 577 was passed by the state Senate on September 3, 2019, and passed by the state Assembly on September 5, 2019. As of September 11, 2019, the bill has been placed on Governor Gavin Newsom's desk for approval. If AB 577 is approved, women with a maternal mental health condition will receive an extended duration for completion of covered services. By honoring continuity of care, it will enable women with a mental health illness to receive the proper care they need and deserve. The provisions outlined in AB 577 along with other maternal mental health bills enacted in California in 2019 will have a positive, long lasting effect on the mental and physical wellbeing of the mother and her child.

References

1. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB577
2. https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/
3. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200ACR92
4. <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>
5. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/CA
6. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB104
7. <https://effectivehealthcare.ahrq.gov/products/mental-health-pregnancy/protocol>
8. <https://hildalsolis.org/los-angeles-county-supervisor-hilda-l-solis-statement-in-support-of-ab-577-to-extend-postpartum-care-for-new-mothers/>
9. <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>
10. https://www.who.int/mental_health/world-mental-health-day/en/



Did you know?

October 10, 2019, is
**World Mental
Health Day.**

The overall objective of this day is to raise awareness of mental health issues around the world and mobilize efforts in support of mental health.¹⁰



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