

Maternal Mental Health Policies & Task Forces in U.S.

**PREPARED BY
THE INSTITUTE OF WOMEN & ETHNIC STUDIES &
THE LOUISIANA DEPARTMENT OF HEALTH**

State	State Maternal Mental Health Task Force (yes or no)	Other Maternal/ Child Mortality Review Program & Committee	State Maternal Health Policies
Alabama	No	Yes	SUD services are included as covered benefits in state pregnancy Medicaid.
Alaska	No	Yes	SUD services are included as covered benefits in state pregnancy Medicaid.
Arizona	Yes		<p>SB 1290: Established the Maternal Mental Health Advisory Committee and aims to improve screening for treating prenatal mood and anxiety disorders pre-pregnancy and post-partum</p> <p>SB 1040: Established Maternal Mortality Report and Morbidity Advisory Council to improve maternal outcomes</p> <p>SB1392: Increased funding to extend maternal benefits for a year postpartum for SUD services, maternal mental health screening, and midwifery services included as covered benefits under AZ pregnancy Medicaid benefits during pregnancy & the postpartum period</p>
Arkansas	No	Yes	<p>HB 1440: Established Maternal Mortality Review Committee</p> <p>HB 1215 & ACT 607: Grant full practice authority to Certified Nurse Midwives</p>
California	Yes	<p>Yes</p> <p><i>The Statewide Maternal Mental Health Task Force was established in 2014 through the California Maternal Mental Health Collaborative (now 2020 MOM). Statewide Medicaid coverage for free-standing birth centers and midwifery services, home-visiting, and SUD services, covered benefits under CA pregnancy Medicaid. Overall the state has and</i></p>	<p>ACR 75: Dedicated the month of May 2021 as Maternal Mental Health Awareness Month</p> <p>AB 1893: Required the state DPH to apply for federal funding through the Bringing Postpartum Depression Out of the Shadows Act to develop MMH programs, including a public awareness campaign</p> <p>AB 2193: Requires obstetric providers to offer screening or screen women directly for maternal mental health disorders at least once during pregnancy or the postpartum period, and requires both private and MediCal (Medicaid) health care service plans to develop maternal mental health programs designed to promote quality and cost-effective outcomes</p>

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California (continued)	Yes	<i>is taking measures to increase access to MMH treatment and support services.</i>	<p>AB 3032: Requires hospitals to develop and implement programs to provide training about maternal mental health conditions to maternity and newborn care unit clinical staff and provide education and information to postpartum women and families about maternal mental health conditions and local treatment options</p> <p>AB 845: Requires the Medical Board of California to consider providing education regarding maternal mental health to Medical Doctors licensed in the Statewide medicaid coverage for freestanding birthcenters & midwife services, and home-visiting services are all covered under CA pregnancy medicaid. CA is focused on increasing access to MMH treatment and support services</p> <p>AB 935: Mothers and Children Health Support Act requires health insurers/plans to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum women with access to a mental health consultation service, including a reproductive/child psychiatrist.</p>
Colorado	No	Yes	<p>SB 21-194: Provisions to enhance Colorado's infrastructure to support all families to ensure that they thrive during the perinatal period, including an extension of Medicaid coverage to 12 months postpartum.</p>

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Connecticut	No	<p>Yes</p> <p><i>Medicaid coverage for free standing birthing centers & midwifery services are covered under statewide CT pregnancy Medicaid.</i></p> <p><i>Child Health and Development Institute of Connecticut has a current initiative to provide training to pediatric providers to help them identify mothers who suffer from depression early on and connect them to therapeutic services.</i></p>	<p>SB 471: States that every five years thereafter, the Commissioner of Mental Health and Addiction Services, in consultation with the Commissioner of Public Health, shall develop and implement a five-year strategic plan to improve access to perinatal mood and anxiety disorder screening, referral, treatment and support services. Enacted legislation to seek federal approval to extend postpartum state Medicaid eligibility coverage to 12-months, which allows for moms to receive maternal mental health treatment and services for a longer period of time. SUD services are included in pregnancy Medicaid services.</p>
Delaware	No	Yes	<p>Title 16 801 D: Maternal mental healthcare policy to increase the likelihood that a woman who has given birth and demonstrates symptoms of maternal depression will receive the necessary mental health treatment. The goal of this policy is to provide sufficient resources, information and support for patient screening for maternal depression soon after childbirth, to decrease child abuse or neglect, and to address the need for inpatient treatment for women who screen positive. Maternal healthcare providers shall begin evaluations and take action when they recognize symptoms of maternal depression in a woman or family, including when care for a baby suffers, or other symptoms as defined in the Diagnostic and Statistical Manual of Mental Disorders. Hospitals and medical care facilities should provide, upon discharge, the written materials and information about maternal depression to any woman who presents with signs of maternal depression and encourages mothers to share the materials and information with her baby's family members or caregivers.</p>

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Florida	No	Yes <i>Midwife services and home visiting services are included in FL statewide pregnancy Medicaid coverage. The state has not added MMH screening and treatment initiatives for women during pregnancy and postpartum.</i>	Florida Families First Act of 2018 (S.B. 138/H.B. 937): Requires the Department of Health to create public service announcements to educate the public on perinatal mental health care; and revised components included in the postpartum evaluation and follow-up care required by birth centers to include a mental health screening and the provision of specific information on postpartum depression. Healthy Start provides a free home visiting program that provides education and care coordination to pregnant women and families of children under the age of three to address many maternal health concerns. CS HB 1381: Requires DOH to establish telehealth minority maternity care pilot programs in specified counties by specified date and provides for funding of pilot programs.
Georgia	No	Yes	Received Federal approval to extend Medicaid Postpartum coverage through year one and pending state action. Maternal Mental Health Resources
Hawaii	No	Yes	Act 203, SB 2317: Authorizes comprehensive multidisciplinary reviews of child deaths and maternal deaths with the purpose of understanding risk factors and prevent future child and maternal deaths in Hawaii.
Idaho	No	Yes	

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Illinois	No	Yes	<p>Public Act (PA) 101-0386: Maternal Mental Health Insurance Coverage Act: Requires insurance coverage for mental health conditions that occur during pregnancy or during the postpartum period</p> <p>PA 101-0512: Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act: Requires the Department of Human Services to develop educational materials on maternal mental health conditions and make them available to birthing hospitals, defined as hospitals with licensed obstetric beds. Applicable hospitals must distribute those materials to employees regularly working with pregnant or postpartum women and supplement those materials with information and resources relevant to their facility or region.</p>
Illinois (continued)	No	Yes	<p>PA 100-0574: Allows postpartum illnesses like depression and psychosis to be mitigating factors in sentencing. Mothers who are serving sentences for child neglect or infanticide may apply for a new sentencing hearing if they are serving more than the minimum sentence. Mothers who can prove they suffered from postpartum mental illness when they committed crimes can reduce their sentencing. Received Federal approval to extend Medicaid Postpartum coverage through year one and pending state action.</p>
Indiana	No	Yes	<p>SB 10: Amends the definition of "maternal mortality" to include deaths of pregnant women from any cause. Also specifies that for purposes of the review of records by the statewide maternal mortality review committee, health care providers include mental health professionals. Maternal mental health screening and treatment has been adopted into maternal care treatment plans. SUD services are included in pregnancy Medicaid services.</p>

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Iowa	No	Yes	<p>IDPH Title V: Allows maternal health clinics to provide preventive health services to Medicaid eligible and other low income women including maternal mental health screening and treatment support options.</p> <p>SF 11: Ensures that any continued health care coverage for low-income women include coverage of comprehensive maternal health services including but not limited to screening and treatment for postpartum depression and chronic conditions prevalent in women of childbearing age before, during, and up to 60 days after the postpartum period as a part of the state Medicaid plan.</p>
Kansas	No	Yes	<p><u>Kansas Maternal Depression Screening Policy</u> supports reimbursement for up to three maternal depression screenings during the prenatal period under the mother’s Medicaid ID and allows reimbursement for up to five maternal depression screenings during the 12-month postpartum period under the child’s Medicaid ID as part of a pediatric visit. Freestanding birth centers, midwifery services, and home visiting services are covered under KS pregnancy Medicaid and screening for Perinatal Mood and Anxiety Disorders (PMAD) is being implemented in home visitation and clinical settings.</p>

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Kentucky	No	Yes	<p>HB 294: All hospitals or alternative birthing centers offering obstetric services or licensed health care providers—including licensed Certified Professional Midwives or Nurse Midwives—providing birthing services outside of a hospital or birthing center shall, prior to releasing each maternity patient, make available to the patient and relevant family members information about the signs and incidence of postpartum depression and perinatal depression; information must be included online on how to locate behavioral health care providers who treat or provide support for maternal depression.</p> <p>HB 297: The Department for Medicaid Services and any managed care organization with whom the department contracts for the delivery of Medicaid services shall allow maternal depression screenings to be claimed as a service for the child as part of the Early and Periodic Screening, Diagnostic and Treatment benefit if the covered child is less than five years of age.</p>
Louisiana	Temporary	Yes	<p>HCR 103: Requests that certain state agencies address the impacts of maternal depression and anxiety and provide evidence-based preventive care, early identification, and treatment services</p> <p>HCR 105: Establishes the Louisiana Maternal Mental Health Task Force for the purposes of advancing education and treatment and improving services relating to maternal mental health. Medicaid shall cover perinatal depression screening administered to an enrollee’s caregiver.</p> <p>HB 468: Provides Medicaid coverage for an low-income pregnant individuals, to provide for postpartum coverage</p>
Maine	No	Yes	<p>Enacted legislation to seek federal approval to extend postpartum state Medicaid eligibility coverage to 12 months, which allows for moms to receive maternal mental health treatment and services for a longer period of time.</p>

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Maryland	Temporary		<p>HB 775/SB 600: Requires the Department of Health and Mental Hygiene, in consultation with stakeholders, to identify specific information about perinatal mood and anxiety disorders. Requires the Department to make available such information on the Department’s website and to provide such information to specified health care facilities and health care providers. Requires the Department, in collaboration with specified health professional associations, to develop specified training programs to improve early identification of postpartum depression and perinatal mood and anxiety disorders.</p> <p>Enacted legislation to seek federal approval to extend postpartum state Medicaid eligibility coverage to 12-months, which allows for moms to receive maternal mental health treatment and services for a longer period of time. Midwifery services are included as a covered benefit of MD pregnancy Medicaid and Doula services are able to be reimbursed.</p> <p>SB 923: Requires the Maryland Medical Assistance Program to provide comprehensive medical, dental, and other health care services for a pregnant program recipient for the duration of the pregnancy and for 1 year immediately following the end of the woman’s pregnancy.</p>

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Massachusetts	Yes	Yes	<p><u>The Ellen Story Commission on Postpartum Depression</u> was tasked with investigating policy initiatives to address perinatal mental health and promote mental health during pregnancy and the postpartum period.</p> <p><u>HB 2285:</u> Requires the Division of Medical Assistance to provide coverage for screenings for postpartum depression.</p> <p><u>An Act Relative to Post-Partum Depression:</u> The department of public health may consult with health care providers, non-profits and health insurance carriers regarding postpartum depression to develop a culture of awareness, de-stigmatization and screening for perinatal depression.</p>
Michigan	No	Yes	<p><u>Maternal Infant Health Program (MIHP):</u> Home visiting program for Medicaid eligible pregnant women and infants up to age one which allows MIHP teams in every county of the state to include a licensed social worker, a registered nurse, and an infant mental health (IMH) specialist, who must be a licensed clinician with endorsement by the Michigan Association for Infant Mental Health (Infant Family Specialist required, Infant Mental Health Specialist preferred) and may provide brief mental health interventions. MIHP providers follow up within three visits after any referral for maternal depression is made and help mothers address barriers to engaging in treatment.</p>

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Minnesota	No	Yes	MN State Statute 145.906 : Postpartum Depression Education and Information act requires the development of materials and information about postpartum depression—including treatment resources—and develop policies and procedures. In January 2018, the Michigan Medicaid Provider Manual was updated to include maternal depression screening as part of its guidance related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The child’s primary care provider should conduct this screening during well-child visits at 1, 2, 4, and 6 months, as recommended by the American Academy of Pediatrics.
Mississippi	No	Yes	
Missouri	No	Yes	Received Federal approval to extend Medicaid Postpartum coverage through year one and pending state action. SB 788 : Establishes the Postpartum Depression Care Act which specifies all hospitals and ambulatory surgical centers that provide labor and delivery services provide information about postpartum depression, including its symptoms, treatment, and available resources provided by the Department of Health and Senior Services. Women who are receiving mental health treatment for postpartum depression or related mental health conditions within 60 days of giving birth shall, subject to appropriations and federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months.
Montana	No	Yes	
Nebraska	No	Yes	
Nevada	No	Yes	SUD services are covered benefits under the state pregnancy Medicaid.

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New Hampshire	No	Yes	SUD services are included as benefits in pregnancy Medicaid services.
New Jersey	No	Yes	<p>Received Federal approval to extend Medicaid postpartum coverage through year one and pending state action.</p> <p>SB 1759 & Companion Bill A1099: Requires increased public education and patient screening in relation to perinatal mood disorders. Screening under the bill would be accomplished either through the use of the Perinatal Anxiety Screening Scale (PASS)—a recently developed screening test that has been recognized for its ability to correctly identify women with anxiety disorders, and recommended for use by medical professionals in the screening of pregnant women and new mothers for perinatal anxiety—or through the use of another scale or test that has been approved by the commissioner for such screening purposes. The bill requires the commissioner to develop a public awareness campaign designed to inform the general public about the nature and causes of perinatal anxiety and its health implications, including the symptoms of the disorder, methods of coping with the disorder, and the most effective means of treatment.</p>
New Mexico	No	Yes	<p>Maternal mental health screening or treatment has been added to the recommended maternal treatment of women during pregnancy and postpartum, and midwife services, SUD services, and free standing birth centers are covered benefits under NM pregnancy Medicaid.</p> <p>HB 108: Makes an appropriation to the Department of Health for the establishment of a statewide perinatal service program.</p>

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New York	Not statewide <i>No, but the Maternal Mortality and Disparate Racial Outcomes Task Force launched in 2018 and the Western New York Perinatal Mood and Anxiety Disorders Task Force launched in April 2019 as a part of the Postpartum Resource Center of New York's Vision. The COVID Maternal Task Force was established in 2020 as well as a Maternal Mortality Review Committee.</i>	Yes	Senate S4000: Requires the commissioner of health, in collaboration with the commissioner of mental health, to compile a list of providers who treat or provide support for maternal depression including mental health professionals, other licensed professionals, peer support, not-for-profit corporations, and other community resources. The list shall be made available to the public on the department's website and be searchable by zip code. They are also required to update the list of providers as necessary and within existing appropriations, ensure adequate investment in treatment resources for maternal depression, including a statewide hotline, peer support, adequate referral networks and telehealth or telemedicine services.
North Carolina	No	Yes	Maternal mental health screening or treatment has been added to the recommended maternal treatment of women during pregnancy, and postpartum and midwife services, SUD services, and free standing birth centers are covered benefits under NC pregnancy Medicaid.
North Dakota	No	Yes	The state covers maternal depression screening as a separate service when performed during an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening or other pediatric visit and is considered a risk assessment for the child. Up to three maternal depression screenings are allowed for a child under the age of one under pregnancy Medicaid coverage. SUD services are included as benefits in pregnancy Medicaid services.

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Ohio	No	Yes	<p>The Maternal Depression Screening and Response Program (MDSR) is a required component of Ohio’s home visiting and early intervention program for expectant, first-time, and other parents at highest risk. In 2012, maternal depression screening became mandatory in order for mothers to participate in the home visiting program, and it remains optional for mothers participating in the early intervention program. SUD services are included as benefits in pregnancy Medicaid services. SB 104: Designates the first week of May as Maternal Mental Health Awareness Week.</p>
Oklahoma	No	Yes	<p>SB 419: Requires licensed health care professionals that provide pre- and post-natal care to women and infants and hospitals that provide labor and delivery services to provide education to women and, if possible, their families about perinatal mental health disorders. SUD services are included as benefits in pregnancy Medicaid services.</p>
Oregon	Temporary	Yes	<p>HB 2666: Created a work group on maternal mental health disorders (prenatal through one year postpartum) to identify vulnerable populations and develop recommendations for effective and accessible strategies to improve maternal mental health.</p> <p>HB 2235: Created The Patient and Provider Education Program to identify and address maternal mental health disorders (including prenatal and postpartum depression and anxiety) and to prevent the associated long-term negative outcomes from the disorders for women, children, and families. The program’s charge is to provide information about perinatal depression and anxiety to health care providers who serve pregnant and postpartum patients, including patients who have experienced the loss of a pregnancy or infant.</p> <p>HB 3625: Designates May as Maternal Mental Health Awareness Month.</p>

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Pennsylvania	No	Yes	
Rhode Island	No	Yes	SUD services are included as benefits in pregnancy Medicaid services.
South Carolina	No	Yes	SUD services are included as benefits in pregnancy Medicaid services.
South Dakota	No	Yes	SUD services are included as benefits in pregnancy Medicaid services.
Tennessee	No	Yes	SUD services are included as benefits in pregnancy Medicaid services.
Texas	No	Yes	<p>SB 750: Develops and implements a postpartum depression treatment network for women enrolled in the state’s medical assistance program as well as the Healthy Texas Women program.</p> <p>HB 253: Requires the health and human services commission to develop and implement a five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services. The strategic plan must: include strategies to increase awareness among providers about the effects of postpartum depression on outcomes for women and children; establish a referral network of community-based mental health providers and support services; increase access to formal and informal peer support services; raise public awareness and reduce stigma related to postpartum depression; and leverage sources of funding to support community-based screening, referral, treatment, and support services.</p> <p>HB 2466: Requires that Medicaid and the Children’s Health Insurance Program (CHIP) pay for depression screening if a child is covered, even if the mother is not.</p>

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Utah	No	Yes	<p>S.C.R. 11: Develops and utilizes evidence-based approaches that expand provider training, education and support; screens mothers throughout pregnancy and postpartum, including during their child's well-child visit. Increases public awareness and public education. Expands statewide maternal mental health data collection, monitoring, and evaluation, and shares information across state agencies, non-profits, and local authorities through centralized systems. Increases support for prevention and peer support models. Embeds maternal mental health into all statewide crisis response policies. Expands public and private models for prevention and care. SUD services are included in pregnancy Medicaid services.</p>
Vermont	No	Yes	<p>SUD services are included as benefits in pregnancy Medicaid services.</p>
Virginia	No	Yes	<p>Received Federal approval to extend Medicaid Postpartum coverage through year one and pending state action.</p> <p>HB 2613: Amends and reenacts the Code of Virginia, stating every licensed nurse midwife, licensed midwife, or hospital providing maternity care shall, prior to releasing each maternity patient, make available to such patient and other caretakers, information about the incidence of postpartum blues and perinatal depression, perinatal anxiety and more.</p>
Washington	Not statewide	Yes	<p>SUD services are included as covered benefits in pregnancy Medicaid coverage. Enacted legislation to seek federal approval to extend medicaid postpartum coverage.</p>
West Virginia	No	Yes	<p>Maternal perinatal mood and anxiety disorder screening is required in WV as a part of maternal treatment and care. SUD services are included in pregnancy Medicaid services.</p>
Wisconsin	No	Yes	
Wyoming	No	Yes	

