



**Commonwealth of Massachusetts
General Court**

**Special Legislative Commission
on Postpartum Depression**

Commissioners:

**Rep. Ellen Story, co-chair
Sen. Joan B. Lovely, co-chair
Kristin Alexander
Dr. Lee Cohen
Karen Crowley
Karin Downs
Rep. Kimberly N. Ferguson
Sen. Jennifer Flanagan
Elizabeth Fluet
Liz Friedman
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Sen. Thomas McGee
Sen. Richard Moore
Dr. Tiffany A. Moore Simas
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Sen. Richard Ross
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Dr. Alison Schonwald
Nancy Schwartz
Dr. Jayne Singer
Dr. Joshua Sparrow
Eileen Terlaga
Lisa Waxman
Cmsr. Thomas Weber
Dr. Michael Yogman**

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Commission on Postpartum
Depression**

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Report Submitted June 30th, 2015

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THE GENERAL COURT OF MASSACHUSETTS
STATE HOUSE, BOSTON 02133-1053

June 30, 2015

His Excellency, Charlie Baker
Governor of the Commonwealth
State House, Room 280
Boston, MA 02133

The Honorable Senator Stanley C. Rosenberg
President of the Senate
State House, Room 332
Boston, MA 02133

The Honorable Representative Robert A. DeLeo
Speaker of the House
State House, Room 356
Boston, MA 02133

Dear Governor Baker, President Rosenberg, and Speaker DeLeo:

On behalf of the Special Legislative Commission on Postpartum Depression (PPD), and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report.

The Commission has continued to make excellent progress over the last year on this vital public health issue, which would not have been possible without your support. In accordance with the statute, DPII has finalized regulations to collect data on PPD screening and has started the process of collecting data from healthcare providers in Massachusetts. This past year, we also continued the PPD Community Health Center Pilot Program across four cities in Massachusetts: Holyoke, Jamaica Plain, Lynn and Worcester. Each health center developed their own pilot program that used Community Health Workers to help primary care and women's health providers screen mothers for depression and help connect mothers and families to services as needed, including mental health care. Unfortunately, in November of 2014, the pilot program sustained a 9C cut.

We would also like to share the success of MCPAP for Moms, the Commission's other major initiative. MCPAP for Moms, launched in July of 2014, builds on the Massachusetts Child Psychiatry Access Program (MCPAP). MCPAP for Moms addresses PPD by giving primary care doctors and OB/GYN's the tools they need to treat mothers' mental health challenges directly and/or refer to mental health specialists when necessary. Since launching, the program has served 494 women and conducted 79 trainings with healthcare providers and agencies. Massachusetts continues to lead the way in problem-solving and innovating ways to address complex public health issues.

Finally, the Commission has continued to build on the opportunities presented when convening PPD experts, advocates, and survivors from across the Commonwealth at our State House meetings. Thank you again for your support. We hope you find this report encouraging and informative.

Very truly yours,

Handwritten signature of Joan B. Lovely in black ink.

Joan B. Lovely
State Senator
2nd Essex District

Handwritten signature of Ellen Story in black ink.

Ellen Story
State Representative
3rd Hampshire District

Enabling Statute of the Commission

The Acts of 2010

Chapter 313. AN ACT RELATIVE TO POSTPARTUM DEPRESSION

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

The department of public health may consult with health care providers, including, but not limited to, obstetricians, gynecologists, pediatricians and primary care providers, non-profits and health insurance carriers regarding postpartum depression to develop a culture of awareness, de-stigmatization and screening for perinatal depression so that residents of the commonwealth may be assured of the most effective and affordable provision of public health services possible. The department shall develop standards for measuring effective screening for postpartum depression using recognized clinical standards and best practices and shall make recommendations for health plan and health care provider data reporting. The department shall issue regulations that require providers and carriers to annually submit data on screening for postpartum depression. Following the receipt of the data, the commissioner of public health shall issue an annual summary of the activities related to screening for postpartum depression, including best practices and effective screening tools. The department shall annually file the summary with the commissioner of public health and the clerks of the house of representatives and the senate not later than June 30; provided, however, that the first report is due not later than June 30, 2011.

There is hereby established a special commission to consist of 5 members of the senate, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, 5 members of the house of representatives, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the commissioner of early education and care, and the director of Medicaid, or their designees, all of whom shall serve as ex officio members, and 18 persons to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who shall be a midwife licensed to practice in the commonwealth, 1 of whom shall be a representative from the Nurses United for Responsible Services who shall be an advance practice psychiatric nurse, 1 of whom shall be a representative from the Massachusetts Coalition of Nurse Practitioners who shall be a nurse practitioner, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care

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entity contracting with MassHealth, 5 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician, an obstetrician, a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a woman who has experienced postpartum depression, 1 of whom shall be a representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression, 1 of whom shall be a representative from the Massachusetts Association of Health Plans and 3 of whom shall be representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth, is hereby established for the purpose of making an investigation and study relative to postpartum depression, including, but not limited to: (i) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection or treatment of postpartum depression; (ii) a review of current policies and practices with respect to screenings for postpartum depression, including the frequency and location of screenings and training personnel administering the screenings, the availability of reimbursement and issues relative to medical necessity and third-party coverage; (iii) provision of assistance to the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources and in the designation of authorized validated screening tools; (iv) provision of assistance to the department of public health, other state agencies and organizations relative to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and (v) any other matters that the commission considers relevant to the fulfillment of its mission and purpose.

Said commission shall provide guidance and advice to the governor, the general court and the secretary of health and human services relative to current research on postpartum depression including, but not limited to, best and promising practices in the prevention, detection and treatment of postpartum depression and recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

Said commission shall file an annual report at the end of each state fiscal year with the governor and the clerks of the house of representatives and the senate, who shall forward the same to the joint committee on public health and the joint committee on financial services, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations as it considers appropriate.

Approved, August 19, 2010.

Summary of Meetings and Goals for Next Year

Meeting 10 – September 10, 2014

This meeting focused on a conversation with Deb Wachenheim on her sister's story, Cindy Wachenheim, who struggled with perinatal and postpartum mental illness. Deb offered advice to the Commissioners on important lessons learned with the potential to inform new policy initiatives. In addition to this, current ongoing projects from the Commission were discussed, including the PPD public campaign project with the Emerging Leaders Program; updates on PPD pilot programs in Holyoke, Lynn, Worcester and Jamaica Plain health centers; MCPAP for Moms; DPH regulations on PPD; Medicaid screening coverage of depression in pediatric settings and the upcoming PPD Awareness Day hosted by Senator Lovely, Senator Tarr and Representative Story.

Meeting 11 – December 3, 2014

This meeting focused on planning for the PPD Awareness Day at the State House, originally scheduled for February of 2015 and later rescheduled for June 29th 2015. Additionally, updates from ongoing Commission projects were discussed, including updates on the PPD community health center pilot programs; MCPAP for Moms; DPH regulations on PPD and Medicaid screening coverage for depression in pediatric setting.

Meeting 12 – April 15, 2015

At this meeting, the participants of the Emerging Leaders Program presented their work in developing a public awareness campaign on PPD in MA. The presentation included information on market research from 428 people in MA about their experiences with PPD and preferences for developing a public awareness campaign. In addition to this, there was an official announcement of the rescheduled date for the snowed out February 2015 PPD Awareness Day, June 29th 2015. The DPH also finalized the DPH PPD screening reporting regulations and packets were made available to Commissioners and general attendees.

Goals for Next Year

In the coming year the Commission will continue to work on multiple projects promoting better screening, treatment, and awareness of maternal mental health challenges. Pending budget funding, it will continue to assist with the rollout of MCPAP for Moms and the continuation of the PPD Community Health Center pilot program, with the specific goal of evaluating the efficacy and lessons learned from these two initiatives. Additionally, the Commission will focus on developing and ultimately launching a public awareness campaign on postpartum depression and other perinatal mental illness.