

# HOUSE BILL 739

J1

51r0641  
CF SB 74

---

By: ~~Delegates Kelly, Carr, Cullison, Hill, Morhaim, Reznik, and M. Washington~~  
M. Washington, Hammen, Angel, Barron, Bromwell, Hayes, McMillan, Miele,  
Oaks, Pena-Melnyk, Pendergrass, Sample-Hughes, West, and K. Young

Introduced and read first time: February 13, 2015

Assigned to: Health and Government Operations

---

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 11, 2015

---

## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Task Force to Study Maternal Mental Health**

3 FOR the purpose of establishing the Task Force to Study Maternal Mental Health;  
4 providing for the composition, chair, and staffing of the Task Force; prohibiting a  
5 member of the Task Force from receiving certain compensation, but authorizing the  
6 reimbursement of certain expenses; requiring the Task Force to study and make  
7 recommendations regarding certain matters; requiring the Task Force to report its  
8 findings and recommendations to the Governor and the General Assembly on or  
9 before a certain date; providing for the termination of this Act; and generally relating  
10 to the Task Force to Study Maternal Mental Health.

11 Preamble

12 WHEREAS, During pregnancy and for up to 1 year after birth, women have an  
13 increased risk of developing a mood or anxiety disorder; and

14 WHEREAS, Perinatal Mood and Anxiety Disorders affect between 10% and 25% of  
15 all pregnant women and new mothers; and

16 WHEREAS, Perinatal Mood and Anxiety Disorders have been identified in women  
17 of every culture, age, income level, and race; and

---

**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 WHEREAS, More than 400,000 infants every year are born to mothers who are  
2 depressed, making perinatal depression the most underdiagnosed and untreated obstetric  
3 complication in the United States; and

4 WHEREAS, Perinatal Mood and Anxiety Disorders can have very serious adverse  
5 effects on the health and functioning of the mother, her infant, and her family; and

6 WHEREAS, Perinatal Mood and Anxiety Disorders are treatable once recognized,  
7 yet 50% of all mothers who experience these disorders are never identified; now, therefore,

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
9 That:

10 (a) There is a Task Force to Study Maternal Mental Health.

11 (b) The Task Force consists of the following members:

12 (1) one member of the Senate of Maryland, appointed by the President of  
13 the Senate;

14 (2) one member of the House of Delegates, appointed by the Speaker of the  
15 House;

16 (3) a representative of the Maternal and Child Health Bureau, appointed  
17 by the Secretary of Health and Mental Hygiene;

18 (4) a representative of the Behavioral Health Administration, appointed by  
19 the Secretary of Health and Mental Hygiene;

20 (5) a representative of the Maryland Medical Assistance Program,  
21 appointed by the Secretary of Health and Mental Hygiene;

22 (6) a representative of the Division of Corrections, ~~approved~~ appointed by  
23 the Secretary of Public Safety and Correctional Services; and

24 (7) the following members, appointed by the Governor:

25 (i) one representative of the Maryland Hospital Association;

26 (ii) one representative of MedChi, the Maryland State Medical  
27 Society;

28 (iii) one representative of the Maryland Chapter of the American  
29 Academy of Pediatrics;

30 (iv) one representative of the Maryland Chapter of the Society of  
31 Hospital Medicine;

- 1 (v) one representative of the Mental Health Association of  
2 Maryland;
- 3 (vi) one representative of the Maryland Chapter of the National  
4 Alliance on Mental Illness;
- 5 (vii) one representative of the Maryland Psychiatric Society;
- 6 (viii) one representative of the Maryland Psychological Association;
- 7 (ix) one representative of Postpartum Support Maryland;
- 8 (x) one representative of the Johns Hopkins Women's Mood  
9 Disorders Center;
- 10 (xi) one representative of the Maryland Network Against Domestic  
11 Violence;
- 12 (xii) one representative from the health insurance industry;
- 13 (xiii) one nurse psychotherapist experienced in providing perinatal  
14 mental health services;
- 15 (xiv) one licensed clinical social worker experienced in providing  
16 perinatal mental health services;
- 17 (xv) one perinatal registered nurse experienced in providing  
18 perinatal mental health services;
- 19 (xvi) one obstetrician experienced in providing perinatal mental  
20 health services;
- 21 (xvii) one reproductive psychiatrist;
- 22 (xviii) one reproductive therapist; and
- 23 (xix) one Perinatal Mood and Anxiety Disorders survivor.
- 24 (c) The Governor shall designate the chair of the Task Force.
- 25 (d) ~~The Department of Health and Mental Hygiene~~ Mental Health Association of  
26 Maryland shall provide staff for the Task Force.
- 27 (e) A member of the Task Force:
- 28 (1) may not receive compensation as a member of the Task Force; but

1 (2) is entitled to reimbursement for expenses under the Standard State  
2 Travel Regulations, as provided in the State budget.

3 (f) The Task Force shall:

4 (1) identify vulnerable populations and risk factors in the State for  
5 maternal mental health disorders that may occur during pregnancy and through the first  
6 postpartum year;

7 (2) identify and recommend effective, culturally competent, and accessible  
8 prevention screening and identification and treatment strategies, including public  
9 education and awareness, provider education and training, and social support services;

10 (3) identify successful postpartum mental health initiatives in other states  
11 and recommend programs, tools, strategies, and funding sources that are needed to  
12 implement similar initiatives in the State;

13 (4) identify and recommend evidence-based practices for health care  
14 providers and public health systems;

15 (5) identify and recommend private and public funding models; and

16 (6) make recommendations on:

17 (i) legislation, policy initiatives, funding requirements, and  
18 budgetary priorities to address maternal mental health needs in the State; and

19 (ii) any other relevant issues identified by the Task Force.

20 (g) On or before December 15, ~~2015~~ 2016, the Task Force shall report its findings  
21 and recommendations to the Governor and, in accordance with § 2-1246 of the State  
22 Government Article, the General Assembly.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
24 1, 2015. It shall remain effective for a period of 1 year and ~~1 month~~ 7 months and, at the  
25 end of ~~June 30~~ December 31, 2016, with no further action required by the General  
26 Assembly, this Act shall be abrogated and of no further force and effect.