



Legislation Details (With Text)

**File #:** Res 0404-2024      **Version:** \*      **Name:** Require obstetricians and gynecologists (OBGYNs) to conduct maternal mental health screening during pregnancy and postpartum, and to require Medicaid to cover such services.

**Type:** Resolution      **Status:** Laid Over in Committee

**In control:** Committee on Mental Health, Disabilities and Addiction

**On agenda:** 5/16/2024

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**Title:** Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation to require obstetricians and gynecologists (OBGYNs) to conduct maternal mental health screening during pregnancy and postpartum, and to require Medicaid to cover such services

**Sponsors:** Linda Lee, Lincoln Restler, Jennifer Gutiérrez, Amanda Farías, Gale A. Brewer, Shahana K. Hanif, Mercedes Narcisse

**Indexes:**

**Attachments:** 1. Res. No. 404, 2. May 16, 2024 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 5-16-24, 4. Committee Report 6/25/24, 5. Hearing Testimony 6/25/24, 6. Hearing Transcript 6/25/24

Date	Ver.	Action By	Action	Result
5/16/2024	*	City Council	Introduced by Council	
5/16/2024	*	City Council	Referred to Comm by Council	
6/25/2024	*	Committee on Mental Health, Disabilities and Addiction	Hearing Held by Committee	
6/25/2024	*	Committee on Mental Health, Disabilities and Addiction	Laid Over by Committee	
6/25/2024	*	Committee on Women and Gender Equity	Hearing Held by Committee	
6/25/2024	*	Committee on Women and Gender Equity	Laid Over by Committee	

Res. No. 404

Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation to require obstetricians and gynecologists (OBGYNs) to conduct maternal mental health screening during pregnancy and postpartum, and to require Medicaid to cover such services

By Council Members Lee, Restler, Gutiérrez, Farías, Brewer, Hanif and Narcisse

Whereas, Maternal mental health (MMH) disorders encompass a range of conditions that affect women and birthing people during pregnancy and the postpartum period, including but not limited to depression, anxiety, bipolar illness, obsessive-compulsive disorder, post-traumatic stress disorder, postpartum psychosis, and substance use disorders; and

Whereas, Research indicates that up to 1 in 5 women experience a MMH disorder during pregnancy or in the first year postpartum, with higher rates among low-income and minority populations; and

Whereas, According to the U.S. Centers for Disease Control and Prevention (CDC) data, approximately 1 in 5 or 23% of all pregnancy-related deaths in the U.S. are due to mental health conditions, which CDC recognizes as preventable deaths; and

Whereas, In 2020, mental health conditions were the leading underlying cause of pregnancy-associated deaths in New York City (NYC), with 9 individuals dying from substance abuse disorder and 2 from suicides, per the 2023 Pregnancy-Associated Mortality report by the NYC Department of Health and Mental Hygiene; and

Whereas, According to March of Dimes, MMH impacts 800,000 families each year in the United States and the COVID-19 pandemic has exacerbated this crisis nearly 3 to 4 times over; and

Whereas, Additionally, nearly 75% of those affected are left untreated or undiagnosed, creating a national annual cost of roughly \$14 billion, or \$32,000 per mother and infant, per March of Dimes; and

Whereas, MMH disorders can have serious and long-lasting effects on both mothers and children, impacting maternal-infant bonding, infant development, and overall family well-being, per the World Health Organization (WHO); and

Whereas, According to the National Institute of Mental Health, untreated MMH disorders can lead to adverse outcomes such as preterm birth, low birth weight, and developmental delays in children; and

Whereas, Studies indicate that early detection and intervention for MMH disorders can significantly improve outcomes for both mothers and children, reducing the risk of complications and promoting maternal and family welfare; and

Whereas, Despite the significant impact of MMH disorders, studies indicate screening and treatment rates remain low, in part due to limited awareness among both healthcare providers and the public about MMH disorders, as well as stigma and shame surrounding mental health issues, leading women and birthing people to

avoid seeking help; and

Whereas, According to the 2020 Healthcare Effectiveness Data and Information Set (HEDIS) analysis, nationally, less than 20% of privately insured and Medicaid patients were screened for prenatal and postnatal maternal mental depression, with only 16% of Medicaid patients screened and given follow-up care during pregnancy and 17% in postpartum; and

Whereas, Similar trends were seen for patients with private insurance, among whom only 9% were screened during pregnancy and 11% in postpartum; and

Whereas, In recognition of the issue, New York State (NYS) has taken some positive steps to improve MMH through the launch of the 2023 Maternal Mental Health Workgroup along with Project TEACH's Maternal Mental Health Initiative, both focused on creating guidance for providers and policy recommendations centered around prenatal and postpartum mood and anxiety disorders; and

Whereas, Additionally, the NYS legislature recently passed S.2039-B/A.2870 to require the NYS Health Commissioner, in consultation with stakeholders, to release guidance and standards for incorporating maternal depression screenings into routine perinatal care; and

Whereas, While these two initiatives will play a crucial role in broadening access to prenatal and postpartum MMH care, they still leave screenings at the discretion of providers; and

Whereas, Another major barrier to MMH care is the lack of insurance coverage for MMH screening and treatment services; and

Whereas, In NYS, Medicaid plays a crucial role in providing healthcare coverage for eligible pregnant and postpartum people, including coverage for postpartum depression screenings, however, it does not fully provide coverage for all the associated prenatal and postpartum MMH disorders screenings and care; and

Whereas, This lack of Medicaid coverage and discretionary MMH screenings creates a treatment gap for millions of pregnant and postpartum people who might be experiencing MMH disorders; and

Whereas, Requiring obstetricians and gynecologists (OBGYNs) to screen for MMH disorders during pregnancy and postpartum visits and mandating Medicaid coverage for such services including but not limited to counseling, therapy, and psychiatric medication management, would greatly improve access to timely and appropriate care for women and birthing people across NYS and NYC; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State Legislature to pass, and the Governor to sign, legislation to require obstetricians and gynecologists (OBGYNs) to conduct maternal mental health screening during pregnancy and postpartum, and to require Medicaid to cover such services.

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3/1/2024  
M.B