BRIAN MAIENSCHEIN

ASSEMBLYMAN, SEVENTY-SEVENTH DISTRICT

Assembly Bill 935

The Mothers and Children Mental Health Support Act of 2021

As Introduced 2/17/2021

Summary

AB 935 would require health insurers and plans to develop a provider-to-provider telehealth consultation program to connect primary care providers with experts in maternal or pediatric mental health to enable providers to appropriately diagnose and best treat children and pregnant or postpartum patients experiencing a mental health disorder.

Background

Emerging evidence indicates that the COVID-19 pandemic has worsened the public mental health crisis in the US. California's mothers and children are particularly vulnerable populations.

Prior to the pandemic, it was estimated that 1 in 5 women - or 100,000 California mothers each year - suffer from a maternal mental health (MMH) disorder such as depression, anxiety, or psychosis during pregnancy or within the first year after childbirth. A recent study conducted during the pandemic shows that rates of clinically significant anxiety and depression symptoms have more than doubled - rising to 72% and 41% respectively - among pregnant and postpartum women,[1] as they face fears of contracting the virus; social isolation and reduced support during and after giving birth; lack of childcare due to limited daycare availability and school closures; and job or income loss due to the economic downturn.

When diagnosis and treatment are offered early, the risk of longer-term mental health disorders can be reduced - yet fewer than 15% of suffering mothers receive appropriate treatment,[2] due in part to the severe shortage of psychiatrists in California who specialize in medication management for mental health disorders. Unfortunately, California mothers continue to have difficulty getting access to the mental healthcare they need during the pandemic. In a survey of 542 new and expectant mothers in California who screened online for perinatal depression from May through December 2020, 65% of these mothers reported that they were not receiving treatment or support at the time, despite seeking help.[3]

Scientists note that untreated MMH disorders during pregnancy increase the risk of preterm and low birthweight babies, and can negatively impact not only the mother's health and family stability, but also infant brain development in the postpartum period. A recent publication estimated the average cost of an untreated MMH disorder to be $31,800 per mother-child pair from pregnancy through the first

[1] Davenport, M. et al. Moms are Not OK: COVID-19 and Maternal Mental Health. Frontiers in Global Womens' Health, 19 June 2020.

[2] Byatt, L. et al. Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: a Systematic Review. Obstet. Gynecol. 2015; 126(5): 1048-1058.

[3] Mental Health America, online Edinburgh Postnatal Depression Screening questionnaire and survey results from May-December 2020.

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five years after birth, including lost income and productivity for the mother, and medical expenditures for both mother and child.[4] According to the California Task Force on Maternal Mental Health, the total societal cost of untreated MMH disorders in California is estimated to be $2.25 billion dollars per year.[5]

The COVID crisis has also had a devastating impact on the mental health of children as they have been forced to adapt to remote schooling and prolonged social isolation. Prior to the pandemic, 5.3% of children and teens were diagnosed with anxiety or depression, and nearly half of children suffering from mental health disorders did not receive treatment.[6] The CDC reported that the proportion of pediatric Emergency Department visits for mental health issues rose by 44% during the pandemic from mid-March through mid-October of 2020 compared to the same period in 2019 (increasing from 1,161 to 1,673 per 100,000 ED visits).[7] Teens have been particularly hard hit by mental health issues - one large study of private healthcare claims showed that the percentage of medical claims for mental health disorders doubled for patients in the 13-18 group in March and April 2020 vs. the same period in 2019.[8] And the costs are enormous - mental illness in youth in the US is linked to $202 billion in lost productivity and crime spending in Americans under the age of 24.[9]

Visits to primary care providers (PCPs) for behavioral health issues have increased by 17% during the pandemic[10] - demonstrating a need to support PCPs in the screening, diagnosis, and treatment of mental health conditions. Leading primary care and state healthcare organizations have issued guidelines recommending screening for mental health disorders in perinatal women and children. In 2015, the American College of Obstetricians and Gynecologists publicly recommended that clinicians screen perinatal patients at least once for depression and anxiety symptoms, and be prepared to initiate

[4] Luca, D. et al. Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. American Journal of Public Health, 2020 May 6.

[5] California Task Force on the Status of Maternal Mental Health Care. California's Strategic Plan: A Catalyst for Shifting Statewide Systems to Improve Care Across California and Beyond, 2017 April.

[6] Ghandour RM. et al. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. The Journal of Pediatrics, 2018 Oct 12.

[7] Leeb RT, et al. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1675–1680.

[8] Fair Health Whitepaper: The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Healthcare Claims, 2 March 2021.

[9] Child Mind Institute, Children's Mental Health Report 2015.

[10] Ridout, KK et al. Changes in Diagnostic and Demographic Characteristics of Patients Seeking Mental Health Care During the Early COVID-19 Pandemic in a Large, Community-Based Health Care System. J Clin Psychiatry. 2021;82(2):20m13685.

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medical therapy, or refer patients to appropriate behavioral health resources. In 2020, the Women's Preventative Services Initiative recommended screening for anxiety disorders in perinatal women, which may be included as part of a routine checkup with a primary care doctor or OB/GYN and is considered a preventive service covered under the Affordable Care Act.[11] In 2018, the American Academy of Pediatrics recommended universal screening of adolescents and teens 12 and older for depression, as well as guidelines that advise pediatricians of treatment options. In late 2019, the California Department of Health Care Services launched the ACEs Aware Trauma screening program, which offers Medi-Cal providers training, protocols, and payment for screening children and adults for Adverse Childhood Experiences, which increase the risk of mental illness.[12]

Despite these mental health screening guidelines and programs, OB and pediatric providers aren't always adequately equipped to treat mental illnesses in vulnerable women and children.

According to the 2019 California Health Workforce Commission report, significant mental health provider shortages exist in the state - leaving many suffering moms and children without access to adequate mental health services. The Healthforce Center at UCSF projects that the number of psychiatrists in California will continue to decline by 34% from 2016 to 2028 - noting that psychiatric consultation programs to prescribing clinicians, such as primary care physicians, may address these shortages.

Current Law

Under current law, AB 2193 requires California obstetric providers - including OB/GYNs, family practice providers and nurse practitioners - either offer to screen or appropriately screen patients for maternal mental health disorders at least once during the perinatal period. Additionally, state health plans and health insurers are required to create programs to address these disorders.

Current law CCR 2240.1., 1367.031 et. al also requires that health insurers and plans include a sufficient number of mental health treatment providers based on normal utilization patterns.

Current law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age.

[11] Gregory, K. et al. Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative. Annals of Internal Medicine, 7 July 2020.

[12] DHCS Press Release, "California Launches "ACES Aware" Initiative to Address the Public Health Crisis of Toxic Stress from Childhood Trauma." 4 Dec 2019.

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This Bill

This bill seeks to support screening providers with a telemental health consultation program to increase their capacity to diagnose and treat children and pregnant and postpartum women who are suffering from mental illness. Providers who may access the consultation program include primary care providers - including obstetricians, pediatricians, family practice physicians, nurse practitioners, and midwives - and physicians of other specialties who see pregnant and postpartum women - such as maternal / fetal medicine doctors and ER doctors.

Patients (also known as enrollees/beneficiaries) would not interact with the consulting provider service, however the treating provider would be expected to follow up with the patient and discuss diagnosis and potential treatment options after the consultation.

The bill puts the onus on health insurers / plans including MediCal managed care and fee for service (FFS) plans ("plans/insurers") - as California law requires plans/insurers to maintain adequate behavioral provider networks - to provide primary care providers with access to mental health professionals to assist with screening and treatment plan development for mothers and children, referrals to behavioral health providers, and consultation with a psychiatrist regarding medication management, if necessary.

The service must be provided during standard provider hours, including evenings and weekends. The bill would require that the service be provided by telephone and/or telehealth video.

The health care service plan / insurer will be required to communicate the availability of the telehealth consultation program to its contracting primary care providers, including obstetricians, at least twice a year, monitor utilization data, and implement improvements to the program when necessary.

Sponsor

2020 Mom

Support

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