

Commonwealth of Massachusetts General Court

The Ellen Story Commission on Postpartum Depression

2020 Annual Report

Report Submitted on October 8th 2020

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Special Legislative Commission on Postpartum Depression
2020 Annual Report

October 8, 2020

His Excellency, Charlie Baker
Governor of the Commonwealth
State House, Room 360
Boston, MA 02133

The Honorable Senator Karen E. Spilka
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 Spilka, and Speaker DeLeo:

On behalf of the Ellen Story Commission on Postpartum Depression, and in accordance with Chapter 313 of the Acts of 2010, we present you with the Commission's annual report. This year the Commission was forced to pause activities as Massachusetts navigated the COVID-19 pandemic. As a result, the Commission is releasing an abbreviated 2020 annual report.

The Commission has continued to make excellent progress over the last year on the issue of perinatal mental health, which would not have been possible without your support. The Department of Public Health (DPH) has continued to be an invaluable partner, and MCPAP for Moms and the PPD Pilot Programs continue to support many women and families across the Commonwealth.

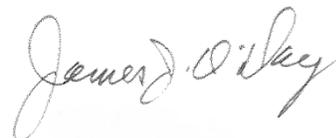
We are deeply grateful for your continued support for MassHealth's reimbursement policy to cover the cost of PPD screening across the Commonwealth. The routine screening and referral mechanisms we have established in the perinatal and postpartum period across the Commonwealth are making an essential impact on the well-being of women and families, but we know there is more work to be done. Rates of reported screening show that there are women with PPD who are not being identified, and there are significant racial and ethnic inequities within both screening and incidence rates. The current disparities in outcomes and access to resources for pregnant and postpartum women of color in particular presents another urgent and under-resourced need that the Commission has worked diligently over the past year to address. We continue to work on this matter to achieve equitable health outcomes for parents of color.

Thank you again for your support. We hope you find this report informative.

Sincerely,



Joan B. Lovely
State Senator
2nd Essex District



James O'Day
State Representative
14th Worcester 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, nonprofits 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 legislative commission, pursuant to section 2A of chapter 4 of the General Laws, to be known as the Ellen Story commission on postpartum depression, 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 advanced 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 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. The co-chairs of the commission may each appoint up to 3 additional commission members to fulfill the purpose of the commission.

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; Amended November 2, 2015 and December 19, 2016

List of Commission Members

Sen. Joan Lovely, Co-Chair

Rep. James O'Day, Co-Chair

Commissioner Samantha Aigner-Treworgy, Department of Early Education and Care

Kristin Alexander, Department of Children and Families, Designee

Anne Boffa, Harvard Pilgrim, Commercial health insurance representative

Rebecca Butler, Commissioner of Insurance, Designee

Dr. Lee Cohen, Psychiatrist, Massachusetts Medical Society

Jessie Colbert, Representative Co-Chair Appointment

Karen Crowley, Massachusetts Coalition of Nurse Practitioners

Sen. Diana DiZoglio, Senate Member

Rep. Mindy Domb, House Member

Karin Downs, Department of Public Health, Designee

Rep. Kimberly N. Ferguson, House Member

Rep. Carole Fiola, House Member

Liz Friedman, Representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression

Sen. Anne Gobi, Senate Member

Dr. Janice Goodman, Massachusetts Association of Advanced Practice Psychiatric Nurses

Nneka Hall, Senate Co-Chair Appointment

Margaret Hannah, House Co-Chair Appointment

Dr. Gordon Harper, Department of Mental Health, Designee

Dr. Julie Johnston, Family Physician, Massachusetts Medical Society

Peggy Kaufman, National Association of Social Workers

Divya Kumar, A woman who has experienced postpartum depression

Kerry LaBounty, Health New England, Commercial health insurance representative

Dr. Monica Le, Director of Medicaid, Designee

Timoria McQueen Saba, House Co-Chair Appointment

Rep. Liz Miranda, House Member

Dr. Tiffany A. Moore Simas, Obstetrician, Massachusetts Medical Society

Elizabeth (Fluet) Murphy, Esq., Massachusetts Association of Health Plans

Dr. Lisa Scarfo, AllWays Health Partners, managed care organization representative

Dr. Jayne Singer, Massachusetts Psychological Association

Dr. Joshua Sparrow, Child Psychiatrist, Massachusetts Medical Society

Sen. Bruce Tarr, Senate Member

Dr. Michael Yogman, Children's Behavioral Health Advisory

Summary of Meetings and Events

Meeting 28 – September 25, 2019

At this meeting, the Commission welcomed our six newest commissioners; Representatives Mindy Domb and Liz Miranda, both of whom filled House of Representatives seats; Senators Diana DiZoglio, Anne Gobi, John Keenan, all whom filled Senate seats; and Nneka Hall, a full spectrum doula and PAIL advocate, appointed by Senator Lovely to fill one of the Senate Chair seats.

Whitney Hall, the former coordinator of the Commission, gave a recap of the Commission's annual Awareness Day held on May 16th, 2019. The 2019 Awareness Day focused on addressing inequities in perinatal mental health. Whitney provided the Commission with updates on the budget and legislative activities.

Several Commissioners discussed how racism, implicit bias, and medical mistreatment affect the health of women of color. Women of color face significant disparities in care and treatment during pregnancy, during delivery, and in the postpartum period. Countless studies continue to show that women of color are at a significantly higher risk of dying from pregnancy-related mortality. It is imperative that the Commission works to achieve equitable access to care and treatment across Massachusetts. This is a goal the Commission continues to work on.

Commissioners and attendees identified another common issue of geographic and cultural disparities in access to perinatal mental health resources. Soraya DosSantos, a psychotherapist and the Regional Coordinator for PSI of Massachusetts, discussed a lack of culturally sensitive care for mothers living in Southeastern Massachusetts. She spoke of low-quality patient care resulting in mothers who screen positive for postpartum depression (PPD), usually, only receiving a prescription for an antidepressant. Improving care for mothers who screen positive for PPD will require providers to collaborate with other providers to deliver comprehensive care and to provide mothers with referrals to additional resources.

Beth Buxton from the Massachusetts Department of Public Health (DPH) provided an update on funding community health centers to improve PPD screening and parental mental health. The funding includes forming a data analysis working group to disseminate research findings for use in guiding future improvements. This year, DPH allocated \$50K to community health centers in Worcester, Lynn, Holyoke, Fall River, and Salem. One of the requirements is for

community health centers to develop an outreach plan to ensure women who have screened positive for PPD receive support in the clinic.

Meeting 29 - March 4, 2020

At this meeting, representatives from the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms delivered updates on the Commission-supported substance use disorder expansion for pregnant and postpartum women. MCPAP gave a presentation on a proposal from Postpartum Support International (PSI) Massachusetts Chapter. PSI Massachusetts is seeking to add paid staff positions to manage and coordinate support services for families and professional training to healthcare and mental health providers in the state. The training includes educating providers on perinatal mental health disorders and culturally relevant services. The Commission will continue to foster relationships with MCPAP and PSI to serve women and families experiencing PPD.

DPH provided an update on the data analysis working group. The data analysis conducted is imperative to improving the Commission's understanding of gaps in care and PPD screening rates. The information presented will be used to guide future Commission activities.

The Commission's annual Awareness Day was planned for May 6, 2020, and the Commission discussed potential themes for the event.

Commissioner Nneka Hall updated the Commission on initiatives she has been leading such as Pajamas for Children, launching Mama Claudia's Kitchen, and attending the State of the Union as a guest of Congresswoman Ayanna Pressley. Additionally, Commissioner Nneka Hall received the Brinklow Humanitarian Micro-grant for her organization Quietly United in Loss Together (QUILT), which provides support to families who have suffered the loss of a pregnancy and/or infant from conception through age two.

Commissioner Gordon Harper announced his retirement. Commissioner Harper represented the Massachusetts Department of Mental Health and provided the Commission with his invaluable perspective as a pediatrician and psychiatrist. The Commission is thankful for his work and insight that he has contributed to the Commission.

Future Goals

In the coming year, the Commission will continue to work on multiple projects promoting better screening, treatment, and awareness of prenatal and postpartum mental health of mothers and fathers, as well as the dissemination of lessons learned from PPD initiatives in the Commonwealth. The Commission will work to address the inequities parents of color face when trying to access treatment and support for perinatal mental health care. The Commission will also identify and determine ways to address the cultural and geographic inequities in perinatal mental health care. This information will be shared locally and nationally through the Commission's website; ppdcommission.com, Twitter account; twitter.com/ppdcommission, and Facebook; facebook.com/ppdcommission. The Commission will continue to assist MCPAP for Moms and the PPD Community Health Center pilot programs through continued advocacy and legislative support. Finally, the Commission will pursue other goals as determined by the Commission.