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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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A N A C T

RELATING TO HEALTH AND SAFETY -- MATERNAL MENTAL HEALTH

Introduced By: Representatives Shekarchi, Shanley, Morin, Coughlin, and Nardolillo

Date Introduced: February 28, 2018

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
2 amended by adding thereto the following chapter:

3 CHAPTER 13.8

4 DIAGNOSIS, TREATMENT AND SUPPORT OF MATERNAL MENTAL HEALTH

5 DISORDERS ACT

6 **23-13.8-1. Legislative findings.**

7 The general assembly hereby finds the following:

8 (1) There is a need for the establishment, operation, and delivery of an effective and cost-
9 effective system for providing assessments and clinical services to women at risk of perinatal
10 mental health disorders.

11 (2) There is a need for mental health communities to develop a culture of awareness, de-
12 stigmatization and screening for perinatal mental health disorders.

13 (3) Medical care providers need a better understanding of recognizing perinatal mental
14 health disorders.

15 (4) Women with a previous history of mental health problems are at increased risk of
16 developing mental problems during pregnancy and postnatal period.

17 (5) Perinatal mental health disorders affect women of all ages, economic status, and racial
18 and ethnic backgrounds.

19 (6) Women need to recognize they are unwell and be prepared to talk about their feelings.

1 (7) Partners should be routinely involved, where appropriate, so they can help identify
2 perinatal difficulties and problems.

3 (8) Maternity and postnatal services should be configured around the women, to both
4 increase continuity of care, promoting the women's willingness to talk and to allow for sufficient
5 time and familiarity for mental health issues to be addressed.

6 (9) There is a need for accurate documentation and better information, to be shared
7 between health professionals and insurers and better communication with mothers with respect to
8 any previous history of all mental health problems.

9 (10) Perinatal mental health disorders can be treated with medication and counseling.

10 (11) Perinatal mental health disorders can be caused by a chemical imbalance triggered
11 by a sudden dramatic drop in hormonal production after the birth of a baby, and women at highest
12 risk for perinatal mental health disorders are those with a previous psychiatric difficulty, such as
13 depression, anxiety or panic disorder and those with a family member suffering from such a
14 psychiatric difficulty, but perinatal mental health disorders frequently strikes without warning in
15 women without any past emotional problems or psychiatric difficulties and without any
16 complications in pregnancy. Symptoms may appear at any time after delivery.

17 (12) Women are more likely to suffer from mood and anxiety disorders during pregnancy
18 and following childbirth than at any other time in their lives; seventy to eighty percent (70 to
19 80%) of all new mothers suffer some degree of postpartum mood disorder lasting anywhere from
20 a week to as much as a year or more, and approximately ten to twenty percent (10 to 20%) of new
21 mothers experience a paralyzing, diagnosable clinical depression.

22 (13) If early recognition and treatment are to occur, perinatal mental health disorders
23 must be discussed in childbirth classes and obstetrical office visits and public education about this
24 illness must be enhanced to lift the social stigma associated with the illness. Such discussion and
25 education will increase the chance that a woman will inform others of her symptoms as she would
26 for physical complications.

27 (14) It is imperative that health care providers who provide prenatal and postnatal care to
28 women have a thorough understanding of perinatal mental health disorders so that they can detect
29 and diagnose this illness in its earliest stages and thus prevent the most severe cases.

30 (15) In addition to the mother, the effects of perinatal mental health disorders can also
31 impact the child and the father significantly. Maternal depression can affect the mother's ability to
32 respond sensitively to her infant's needs, and can strain the parents' relationship as the father feels
33 anxious and helpless because he does not understand what is going wrong or what is the source of
34 the depression.

1 (16) Perinatal mental health disorders are treatable and curable, and education about these
2 disorders can be very beneficial to new parents coping with these emotional and hormonal
3 changes by helping them decide if and when they need outside help.

4 (17) Physicians, nurse midwives, and other licensed health care professionals providing
5 prenatal care to women should provide education to women and their families about perinatal
6 mental health disorders in order to lower the likelihood that new mothers will continue to suffer
7 from this illness in silence.

8 (18) All birthing facilities in the state should provide departing new mothers and fathers
9 and other family members, as appropriate, with complete information about perinatal mental
10 health disorders, including its symptoms, methods of coping with the illness, and treatment
11 resources.

12 (19) Physicians, nurse midwives, and other licensed health care professionals providing
13 postnatal care to women should screen new mothers for perinatal mental health disorders
14 symptoms prior to discharge from the birthing facility and at the first few postnatal check-up
15 visits.

16 (20) Physicians, nurse midwives, and other licensed health care professionals providing
17 prenatal and postnatal care to women should include fathers and other family members, as
18 appropriate, in both the education and treatment processes to help them better understand the
19 nature and causes of perinatal mental health disorders so that they too can overcome the spillover
20 effects of the illness and improve their ability to be supportive of the new mother.

21 (21) Currently, Rhode Island lacks any organized treatment protocol for perinatal mental
22 health disorders and lags behind most other states in providing information, support, screening,
23 and treatment for perinatal mental health disorders.

24 (22) The legislature finds that there is a need for a more comprehensive and uniform
25 approach to any screening conducted by physicians and midwives to discover at-risk and high-
26 risk pregnancies. A uniform approach should simplify the process, standardize the procedure and
27 better identify those pregnancies that need more in-depth care and monitoring. Additionally, a
28 uniform application would provide better and more measurable data regarding at-risk and high-
29 risk pregnancies. This would allow public health officials to gain a better understanding of those
30 conditions that are most frequently observed and to develop methodology to address those
31 concerns.

32 **23-13.8-2. Perinatal mental health disorders -- Definition.**

33 As used in this in this chapter, "perinatal mental health disorders" means and includes a
34 wide range of emotional, psychological, and physiological reactions to childbirth, including

1 feelings of anxiety, hopelessness, excessive guilt, tearfulness, sustained sadness, moodiness,
2 inability to feel pleasure, low energy, sleep and appetite disturbances, difficulty concentrating and
3 thoughts of death or suicide, may include psychosis, delusions and hallucinations, which
4 challenge the stamina of a woman during pregnancy or after childbirth, and impair her ability to
5 function and nurture her child.

6 **23-13.8-3. Legislative intent and purpose.**

7 Although the identification and treatment of perinatal mental health disorders are
8 significant problems facing Rhode Island, currently there are no procedures in place to
9 comprehensively address and treat this growing health concern. This chapter should improve
10 recognition and identification of perinatal mental health disorders, raise awareness about them
11 and advance efforts to increase the availability of screening and treatment. This chapter seeks to
12 help develop, launch and evaluate new strategies to improve awareness, detection, and the
13 treatment of perinatal mental health disorders. More specifically, it is intended to adopt and
14 implement a program that addresses the exhaustive list of legislative findings. Its global approach
15 promotes cooperation and coordination between and among the medical and mental health care
16 providers and medical insurance companies, concerning the sharing of sensitive information and
17 the dispensing of medication. It would also expand access to care, its coordination, and improved
18 recognition of perinatal mental health disorders by mothers and their medical providers of
19 perinatal disorders.

20 **23-13.8-4. Awareness, education, information and screening.**

21 (a) The director of the department of health shall work with health care facilities, licensed
22 health care and mental health care professionals, mental health advocates, consumers, and
23 families in the state to develop materials and information about perinatal mental health disorders,
24 including treatment resources; and adopt policies and procedures which effectuate this chapter.

25 (b) Physicians, nurse midwives and other licensed health care professionals, providing
26 personal care to women, must make available to women and their families complete information
27 about perinatal mental health disorders, including symptoms, methods of coping with the
28 disorders and treatment resources.

29 (c) The director of the department of health shall consult with health care providers,
30 including, but not limited to, obstetricians, gynecologists, pediatricians and primary care
31 providers, nonprofits and health insurance carriers regarding perinatal mental health disorders to
32 develop a culture of awareness, de-stigmatization and screening for them so that residents of the
33 state may be assured of the most effective and affordable provision of public health services
34 possible. The director shall develop standards for measuring effective screening for perinatal

1 mental health disorders, using recognized clinical standards, best practices and shall make
2 recommendations for health plan and health care provider data reporting. There shall be a more
3 comprehensive and uniform approach to any screening conducted by physicians and nurse
4 midwives to discover at-risk and high-risk pregnancies. A uniform approach would simplify the
5 process, standardize the procedure and better identify those pregnancies that need more in-depth
6 care, attention, and monitoring. Additionally, a uniform application would provide better and
7 more measurable data regarding at-risk and high-risk pregnancies. This would allow public health
8 officials to gain a better understanding of those conditions that are most frequently observed and
9 to develop methodology to address those concerns. The department shall issue regulations that
10 require providers and carriers to annually submit data on screening for perinatal mental health
11 disorders.

12 (d) The director shall conduct a proactive, public information and communication
13 outreach program concerning the significance, signs and treatment of perinatal mental health
14 disorders.

15 (e) Physicians, nurse midwives, and other licensed health care professionals, providing
16 postnatal care to women, shall screen new mothers for perinatal mental health disorder symptoms
17 prior to discharge from the birthing facility and at the first few postnatal checkup visits;

18 (f) Physicians, nurse midwives, and other licensed health care professionals providing
19 prenatal and postnatal care to women shall include fathers and other family members, as
20 appropriate, in both the education and treatment processes to help them better understand the
21 nature and causes of perinatal mental health disorders so that they too can overcome the spillover
22 effects of the illness and improve their ability to be supportive of the new mother.

23 (g) The director of health shall establish a public awareness campaign to inform the
24 general public about the nature and causes of perinatal mental health disorders and their health
25 implications, including its symptoms, methods of coping with the illness, and the most effective
26 means of treatment.

27 **23-13.8-5. Rules and regulations.**

28 The director of the department of health pursuant to chapter 35 of title 42
29 ("administrative procedures act"), shall adopt rules and regulations to effectuate the intent and
30 purpose of this chapter. The rules shall include uniform maternal risk screening tools to identify
31 women at risk for perinatal mental health disorders.

32 SECTION 2. Sections 40.1-5-22 and 40.1-5-26 of the General Laws in Chapter 40.1-5
33 entitled "Mental Health Law" are hereby amended to read as follows:

34 **40.1-5-22. Duties of the mental health advocate.**

1 The mental health advocate shall perform the following duties:

2 (1) Insure that each person in treatment and, in proper cases, others interested in the
3 person's welfare, is apprised of his or her rights under this chapter.

4 (2) Review periodically the procedures established by facilities to carry out provisions of
5 this chapter.

6 (3) Assist any patient to obtain needed legal assistance concerning problems not related
7 to the provisions of this chapter by referring the persons to appropriate lawyer referral services,
8 public or private, depending upon the person's ability to pay, and assist the persons in the
9 preparation and transmission of correspondence, forms and other communications.

10 (4) Review complaints of persons and investigate those where it appears that a person
11 may be in need of assistance from the mental health advocate.

12 (5) Investigate and report to the director or person in charge of any facility, any
13 occurrences, conditions, or practices with respect to procedure, personnel, or facilities which
14 reflect inadequacies with reference to the provisions of this chapter.

15 (6) Act as counsel for all indigent persons and to assist other than indigents to secure
16 counsel relating to the application of the provisions of this chapter, including, but not limited to,
17 judicial proceedings hereunder.

18 (7) Take all possible action including, but not limited to, programs of public education,
19 legislative advocacy, and formal legal action, to secure and ensure the legal, civil, and special
20 rights of persons who are subject to the provisions of this chapter.

21 (8) Establish a formal liaison between the mental health advocate and community based
22 mental health clinics and other community facilities.

23 (9) Investigate and review any death, including suicide, that may have been caused or
24 precipitated by a mother suffering from a perinatal mental health disorder which occurred no later
25 than one year after the birth of her child. The purpose of the investigation is to ascertain the
26 effectiveness of the diagnosis and treatment programs established pursuant to the "perinatal
27 mental health disorders act" in chapter 13.8 of title 23.

28 **40.1-5-26. Disclosure of confidential information and records.**

29 (a) The fact of admission or certification, and all information and records compiled,
30 obtained, or maintained in the course of providing services to persons under this chapter and
31 chapter 13.8 of title 23, shall be confidential.

32 (b) Information and records may be disclosed only:

33 (1) To any person, with the written consent of the patient or his or her guardian.

34 (2) In communications among qualified medical or mental health professionals in the

1 provision of services or appropriate referrals, or in the course of court proceedings. The consent
2 of the patient, or his or her guardian, must be obtained before information or records may be
3 disclosed by a professional person employed by a facility to a professional person not employed
4 by the facility who does not have the medical responsibility for the patient's care.

5 (3) When the person receiving services, or his or her guardian, designates persons to
6 whom information or records may be released, or if the person is a minor, when his or her parents
7 or guardian make the designation.

8 (4) To the extent necessary for a recipient to make a claim, or for a claim to be made on
9 behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.

10 (5) To proper medical authorities for the purpose of providing emergency medical
11 treatment where the person's life or health are in immediate jeopardy.

12 (6) For program evaluation and/or research, provided that the director adopts rules for the
13 conduct of the evaluations and/or research. The rules shall include, but need not be limited to, the
14 requirement that all evaluators and researchers must sign an oath of confidentiality, agreeing not
15 to divulge, publish, or otherwise make known, to unauthorized persons or the public, any
16 information obtained in the course of the evaluation or research regarding persons who have
17 received services such that the person who received the services is identifiable.

18 (7) To the courts, and persons designated by judges thereof, in accordance with
19 applicable rules of procedure. The records and files maintained in any court proceeding pursuant
20 to this chapter shall be confidential and available only to the person who was the subject of the
21 proceeding or his or her attorney.

22 (8) To the state medical examiner in connection with the investigation of a fatality of a
23 current or former patient to the extent necessary to assist the medical examiner in determining the
24 cause of death.

25 (9) To the director of health in accordance with, and to the extent authorized by, the
26 provisions of chapter 37.3 of title 5 and all applicable federal laws and regulations; provided,
27 however, that with respect to any information obtained, the department complies with all state
28 and federal confidentiality laws, including, but not limited to, chapter 37.3 of title 5 and
29 specifically § 5-37.3-4(c), and that the name, or names, of the patient or patients who is or are
30 determined by the director of health to be immaterial to the request, inquiry, or investigation
31 remain unidentifiable. Any treatment facility that provides information to the director of health in
32 accord with a request under this subsection is not liable for wrongful disclosure arising out of any
33 subsequent disclosure by the director of health.

34 (10) To a probate court of competent jurisdiction, petitioner, respondent, and/or their

1 attorneys, when the information is contained within a decision-making assessment tool that
2 conforms to the provisions of § 33-15-47.

3 (11) To the department of children, youth and families and/or the department's contracted
4 designee for the purpose of facilitating effective care planning pursuant to § 42-72-5.2(2) and in
5 accordance with applicable state and federal laws, for a child hospitalized for psychiatric services
6 and such services are paid for in whole or in part by the state, or for a child who may be
7 discharged from an acute-care facility to an out-of-home mental or behavioral health agency for
8 services and when such services will be paid for in whole or in part by the state.

9 (12) To the RItE Care health plans for any child enrolled in RItE Care.

10 (13) To the NICS database for firearms disqualifying information provided that only
11 individual identifying information required by § 40.1-5-8(1) is submitted.

12 [\(14\) To any private or governmental entity that performs services in the screening and](#)
13 [treatment of perinatal mental health disorders pursuant to chapter 13.8 of title 23 and § 40.1-5-](#)
14 [26\(9\).](#)

15 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T
RELATING TO HEALTH AND SAFETY -- MATERNAL MENTAL HEALTH

1 This act would establish a comprehensive plan to diagnose and treat mothers who suffer
2 from perinatal mental health disorders. Those disorders are difficult to discuss by mothers and
3 medical care providers. The act would also promote cooperation and coordination between and
4 among medical care providers and medical insurance companies to ensure the perinatal mental
5 health disorders are effectively treated.

6 This act would take effect upon passage.

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