

AMENDED IN ASSEMBLY MARCH 25, 2009

AMENDED IN ASSEMBLY MARCH 10, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 159

Introduced by Assembly Member Nava

(Coauthors: Assembly Members Ammiano, Carter, Conway, De Leon, Fletcher, Gaines, Hall, Jones, Bonnie Lowenthal, V. Manuel Perez, and Audra Strickland)

January 27, 2009

An act to add Section 123612 to the Health and Safety Code, relating to perinatal health care, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 159, as amended, Nava. Perinatal mood and anxiety disorders: task force.

Existing law establishes various programs relating to perinatal health, including a comprehensive perinatal outreach program targeting the health effects of drugs and alcohol, the development of regionalized perinatal health systems, and the development of a model needs assessment protocol for pregnant and postpartum substance abusing women.

This bill would permit the State Department of Public Health, *in conjunction with the State Department of Mental Health*, to establish a task force, as prescribed, ~~to address specified issues relating to perinatal mood and anxiety disorders~~ *to develop recommendations and educational materials for the department's perinatal health programs.*

This bill would permit the State Department of Public Health to use nonpublic contributions to carry out the purposes of this bill. This bill

would, if the department creates the task force, create the California Perinatal Mood and Anxiety Disorders Awareness Fund and permit voluntary contributions to be deposited into the fund. This bill would continuously appropriate the money in the fund to the department to carry out the purposes of this bill.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as
2 The Healthy Mothers Act of 2009.

3 SEC. 2. The Legislature finds and declares all of the following:

4 (a) ~~Perinatal mood and anxiety disorders occur during both~~
5 ~~pregnancy and the postpartum period.~~ *A perinatal mood and anxiety*
6 *disorder (PMAD) is a mood and anxiety disorder that occurs*
7 *during pregnancy or within a year of delivery (postpartum).* These
8 disorders can take many forms, including depression, psychosis,
9 and anxiety disorders, such as panic disorder or
10 obsessive-compulsive disorder. These disorders can also include
11 many levels of severity, which can have potentially serious
12 repercussions for the emotional, social, and physical health and
13 well-being of mothers, children, and families. ~~Therefore, “perinatal~~
14 ~~mood and anxiety disorder” (PMAD) is a more appropriate term~~
15 ~~for describing these afflictions because it provides a broader and~~
16 ~~more accurate description of the afflictions.~~

17 (b) ~~National studies indicate that one in five women suffer from~~
18 ~~PMAD. Eighty percent of these women go undiagnosed and~~
19 ~~untreated.~~

20 (c)
21 (b) Between 10 percent and 20 percent of new mothers are
22 affected ~~with~~ *by* PMAD. A mother afflicted with PMAD may
23 experience symptoms, that include, but are not limited to, depressed
24 mood, inability to find pleasure in activities that are usually
25 engaging, sleep disturbances, diminished concentration, appetite
26 and weight loss, anxiety and panic attacks, feelings of guilt and
27 worthlessness, suicidal thoughts, and fears about harming her baby.

28 (d)
29 (c) One to two out of every 1,000 new mothers can experience
30 postpartum psychosis. A new mother with postpartum psychosis

1 may ~~begin with~~ *have* symptoms that include, but are not limited
2 to, manic states, hyperactivity, an inability to sleep, and avoidance
3 of the baby. The disorder can then lead to additional symptoms
4 for the new mother, that include, but are not limited to, delusions,
5 hallucinations, incoherence, and thoughts of harming her baby or
6 herself.

7 (e)

8 (d) A past history of nonpostpartum mood or anxiety disorders
9 and a family history of mood or anxiety disorders increases the
10 risk of PMAD.

11 (f)

12 (e) Many women are not adequately informed about, screened
13 for, or treated for PMAD because they are uninsured, underinsured,
14 or lack access to comprehensive health care. Many of these women
15 also face cultural and linguistic barriers to receiving appropriate
16 care. The stigma associated with PMAD also prevents many at-risk
17 women from accepting the need for services and treatment for
18 their disorder. These services and treatment can include medical
19 evaluations and treatment, professional therapy, counseling, support
20 groups, and crisis hotlines. It is also imperative that family and
21 friends of a pregnant woman or new mother become aware of the
22 signs and symptoms of PMAD so that they may help the pregnant
23 woman or new mother obtain adequate medical treatment and
24 support services.

25 SEC. 3. Section 123612 is added to the Health and Safety Code,
26 to read:

27 123612. (a) For purposes of this section, “PMAD” means
28 perinatal mood and anxiety disorders.

29 (b) The State Department of Public Health, *in conjunction with*
30 *the State Department of Mental Health*, may establish and convene
31 a statewide perinatal mood and anxiety disorders task force to
32 develop a best practices model for public awareness of PMAD and
33 a standard of care for PMAD that may be used by physicians,
34 medical centers, hospitals, and other organizations related to the
35 medical field. *recommendations and educational materials for the*
36 *department’s perinatal health programs.*

37 (c) If the department creates the task force, pursuant to
38 subdivision (b), all of the following provisions shall apply:

39 (1) The task force membership shall consist of ~~both~~ *each* of the
40 following:

- 1 (A) A survivor of PMAD, *to be appointed by the Governor.*
- 2 (B) A representative from each of the following:
- 3 (i) The American College of Obstetrics and Gynecology *District*
- 4 *IX/CA, to be appointed by the Speaker of the Assembly.*
- 5 (ii) The California Association of Marriage and Family
- 6 Therapists, *to be appointed by the Speaker of the Assembly.*
- 7 (iii) The California Association of Nurse Practitioners, *to be*
- 8 *appointed by the Speaker of the Assembly.*
- 9 (iv) The California Hospital Association, *to be appointed by*
- 10 *the Senate Committee on Rules.*
- 11 (v) The California Medical Association, *to be appointed by the*
- 12 *Senate Committee on Rules.*
- 13 (vi) The California Nurse Midwives Association, *to be appointed*
- 14 *by the Governor.*
- 15 (vii) The California Nurses Association, *to be appointed by the*
- 16 *Senate Committee on Rules.*
- 17 (viii) The California Psychiatric Association, *to be appointed*
- 18 *by the Governor.*
- 19 (ix) The State Public Affairs Committee of the Junior Leagues
- 20 of California, *to be appointed by the Governor.*
- 21 (x) Postpartum Support International, *to be appointed by the*
- 22 *Governor.*
- 23 (xi) *The Union of American Physicians and Dentists, to be*
- 24 *appointed by the Senate Committee on Rules.*
- 25 (xii) *The United Nurses Associations of California/Union of*
- 26 *Health Care Professionals, to be appointed by the Speaker of the*
- 27 *Assembly.*
- 28 (2) The task force may do the following:
- 29 (A) ~~Increase awareness, assistance,~~ *awareness and provide*
- 30 *assistance and information regarding PMAD. The task force may*
- 31 *disseminate to pregnant women and new mothers and the families*
- 32 *of these women information regarding the availability of services*
- 33 *and treatment for PMAD, including, but not limited to, medication,*
- 34 *professional therapy and counseling, support groups, and telephone*
- 35 *crisis hotlines. The task force may use television, print media,*
- 36 *radio, Internet Web sites, outdoor advertising, and other appropriate*
- 37 *media to accomplish these goals.*
- 38 (B) Establish a publicly accessible Internet Web site that
- 39 provides information about the symptoms and treatment of PMAD.

1 (C) Undertake public education activities related to PMAD, as
2 appropriate.

3 ~~(D) Establish a recommended standard of care for pregnant~~
4 ~~women and new mothers and the families of these women. This~~
5 ~~standard of care may include promoting universal depression~~
6 ~~screening, increasing women's access to mental health services,~~
7 ~~increasing education and training for prenatal care providers and~~
8 ~~mental health providers, and increasing perinatal mental health~~
9 ~~resources.~~

10 (D) *Identify national guidelines for care of women with PMAD.*

11 (E) *Identify barriers to screening and treatment of women with*
12 *PMAD and options for reducing those barriers.*

13 (3) The department shall be responsible for forwarding any
14 recommendations of the task force to the Legislature, the Governor,
15 and to all county health departments.

16 (4) The department may use only nonpublic funding sources to
17 support the activities of the task force. Voluntary contributions
18 received for the purposes of this section shall be deposited into a
19 separate account, the California Perinatal Mood and Anxiety
20 Disorders Awareness Fund, which is hereby created in the State
21 Treasury. Any repayments, interest, or new appropriation shall be
22 deposited in the fund, notwithstanding Section 16305.7 of the
23 Government Code.

24 (d) Notwithstanding Section 13340 of the Government Code,
25 all moneys in the fund shall be continuously appropriated to the
26 department to carry out the purposes of this section.