

AMENDED IN ASSEMBLY MARCH 10, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 159

Introduced by Assembly Member Nava

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 to establish a task force, as prescribed, to address specified issues relating to perinatal mood and anxiety disorders.

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 The
2 Healthy Mothers Act of 2009.

3 SECTION 1.

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

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

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

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

26 (d) One to two out of every 1,000 new mothers can experience
27 postpartum psychosis. A new mother with postpartum psychosis
28 may begin with symptoms that include, but are not limited to,
29 manic states, hyperactivity, an inability to sleep, and avoidance of
30 the baby. The disorder can then lead to additional symptoms for
31 the new mother, that include, but are not limited to, delusions,
32 hallucinations, incoherence, and thoughts of harming her baby or
33 herself.

34 (e) A past history of nonpostpartum mood or anxiety disorders
35 and a family history of mood or anxiety disorders increases the
36 risk of PMAD.

37 (f) Many women are not adequately informed about, screened
38 for, or treated for PMAD because they are uninsured, underinsured,

or lack access to comprehensive health care. Many of these women also face cultural and linguistic barriers to receiving appropriate care. The stigma associated with PMAD also prevents many at-risk women from accepting the need for services and treatment for their disorder. These services and treatment can include medical evaluations and treatment, professional therapy, counseling, support groups, and crisis hotlines. It is also imperative that family and friends of a pregnant woman or new mother become aware of the signs and symptoms of PMAD so that they may help the pregnant woman or new mother obtain adequate medical treatment and support services.

~~SEC. 2.~~

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

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

(b) The State Department of Public Health may establish and convene a statewide perinatal mood and anxiety disorders task force to develop a best practices model for public awareness of PMAD and a standard of care for PMAD that may be used by physicians, medical centers, hospitals, and other organizations related to the medical field.

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

(1) The task force membership shall consist of both of the following:

(A) A survivor of PMAD.

(B) A representative from each of the following:

(i) The American College of Obstetrics and Gynecology.

(ii) *The California Association of Marriage and Family Therapists.*

~~(ii)~~

(iii) The California Association of Nurse Practitioners.

~~(iii)~~

(iv) The California Hospital Association.

~~(iv)~~

(v) The California Medical Association.

~~(v)~~

(vi) The California Nurse Midwives Association.

~~(vi)~~

1 (vii) The California Nurses Association.

2 ~~(vii)~~

3 (viii) The California Psychiatric Association.

4 ~~(viii)~~

5 (ix) The State Public Affairs Committee of the Junior Leagues
6 of California.

7 ~~(ix)~~

8 (x) Postpartum Support International.

9 (2) The task force may do ~~all~~ of the following:

10 (A) ~~Provide~~ *Increase* awareness, assistance, and information
11 regarding PMAD. The task force may disseminate to pregnant
12 women and new mothers and the families of these women
13 information regarding the availability of services and treatment
14 for PMAD, including, but not limited to, medication, professional
15 therapy and counseling, support groups, and telephone crisis
16 hotlines. The task force may use television, print media, radio,
17 Internet Web sites, outdoor advertising, and other appropriate
18 media to accomplish these goals.

19 (B) Establish a publicly accessible Internet Web site that
20 provides information about the symptoms and treatment of PMAD.

21 (C) Undertake public education activities related to PMAD, as
22 appropriate.

23 (D) Establish a recommended standard of care for pregnant
24 women and new mothers and the families of these women. This
25 standard of care may include promoting universal depression
26 screening, increasing women's access to mental health services,
27 increasing education and training for prenatal care providers and
28 mental health providers, and increasing perinatal mental health
29 resources.

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

33 (4) The department may use only nonpublic funding sources to
34 support the activities of the task force. Voluntary contributions
35 received for the purposes of this section shall be deposited into a
36 separate account, the California Perinatal Mood and Anxiety
37 Disorders Awareness Fund, which is hereby created in the State
38 Treasury. Any repayments, interest, or new appropriation shall be
39 deposited in the fund, notwithstanding Section 16305.7 of the
40 Government Code.

- 1 (d) Notwithstanding Section 13340 of the Government Code,
- 2 all moneys in the fund shall be continuously appropriated to the
- 3 department to carry out the purposes of this section.

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