

House Bill 649

By: Representatives Bennett of the 94<sup>th</sup>, Oliver of the 84<sup>th</sup>, Hugley of the 141<sup>st</sup>, and Jones of the 25<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 1 of Title 33 of the Official Code of Georgia Annotated, relating to  
2 general provisions relative to insurance, so as to provide for coverage for comprehensive  
3 maternal mental health screening and care; to provide for such screenings at specific points  
4 during and after pregnancy as deemed necessary by a physician or other healthcare provider;  
5 to provide for additional screening; to provide for referral information and resources and  
6 educational materials regarding perinatal mood and anxiety disorders; to provide for a pilot  
7 program; to provide for funding; to provide for rules and regulations; to provide for reports;  
8 to amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,  
9 relating to medical assistance generally, so as to provide for maternal mental health  
10 screenings for perinatal mood and anxiety disorders; to provide for related matters; to  
11 provide for legislative findings; to provide for a short title; to provide for an effective date  
12 and applicability; to provide for contingent effectiveness upon appropriation of funds; to  
13 repeal conflicting laws; and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

H. B. 649

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**SECTION 1.**

15

16 The General Assembly finds that:

17 (1) Georgia has prioritized advancements in access to mental health care and addressing  
18 issues of maternal health and maternal mortality;19 (2) The largest demographic of Americans grappling with depression is women of  
20 childbearing age. The mental well-being of women before, during, and after giving birth  
21 is a matter of significant concern for women, their families, their communities, and their  
22 healthcare providers. This issue is of particular interest to the General Assembly in that it  
23 has far-reaching impact on the public health and the welfare of people in this state;24 (3) Maternal mental health conditions are among the most common complications of  
25 pregnancy and childbirth;26 (4) Statistics from experts in the field show that one in five perinatal women will  
27 experience mood and anxiety disorders at some time during the period spanning from  
28 pregnancy through 12 months after the birth of a child;29 (5) Maternal depression, anxiety, and other mood disorders can be debilitating conditions,  
30 but they are treatable if properly diagnosed;31 (6) Early identification and treatment of maternal mental health conditions significantly  
32 improves outcomes for mothers and children;33 (7) Children born to mothers with untreated depression face a higher likelihood of  
34 encountering developmental challenges and increased utilization of medical and mental  
35 health services throughout their lives;36 (8) It is imperative, then, in order to protect and promote public health and welfare, to  
37 ensure the prompt diagnosis and treatment of women experiencing postpartum depression  
38 or other maternal mental health disorders;39 (9) The American Medical Association, the American College of Obstetrics and  
40 Gynecology, the American College of Nurse Midwives, and the American Academy of

41 Pediatrics recommend perinatal mental health screenings at certain intervals for all  
42 pregnant and postpartum women;  
43 (10) Universal maternal mental health screening questionnaires test for the presence of  
44 prenatal or postpartum mood disorders through validated, evidence based tools;  
45 (11) These screening questionnaires are available at little to no cost;  
46 (12) In order to preserve and promote maternal health and strong families, it is imperative  
47 that the State of Georgia provide access to periodic mental health screening questionnaires  
48 for women throughout and after their pregnancies; and  
49 (13) There is a critical need to ensure equitable access to maternal mental health screening  
50 and care across Georgia, particularly in rural and other underserved communities.

51 **SECTION 2.**

52 This Act shall be known and may be cited as the "Georgia Maternal Mental Health  
53 Improvement Act."

54 **SECTION 3.**

55 Chapter 1 of Title 33 of the Official Code of Georgia Annotated, relating to general  
56 provisions relative to insurance, is amended by adding a new Code section to read as follows:

57 "33-1-28.

58 (a) As used in this Code section, the term:

59 (1) 'Maternal mental health screening' means the use of an independent, evidence based  
60 screening instrument that is generally recognized by mental healthcare providers for  
61 identifying maternal mental health conditions, including without limitation screening  
62 instruments issued or recommended by nonprofit healthcare provider professional  
63 associations and specialty societies.

64 (2) 'Medically necessary' has the same meaning as in Code Section 33-1-27.

65 (3) 'Mental healthcare provider' means any person licensed under Title 43 to provide  
66 prenatal, labor and delivery, or postpartum care, including without limitation physicians,  
67 psychiatrists, psychologists, advanced practice registered nurses, physician assistants,  
68 licensed clinical social workers, and licensed professional counselors and marriage and  
69 family therapists.

70 (4) 'Telehealth services' means services provided via two-way, real-time interactive  
71 communication between a patient and a mental healthcare provider at a distant site  
72 through telecommunications equipment, which services are compliant with federal Health  
73 Insurance Portability and Accountability Act of 1996 (HIPAA) privacy, security, and  
74 breach notification rules.

75 (b) Each health benefit policy issued, delivered, or renewed in this state shall provide  
76 coverage for:

77 (1) Maternal mental health screening during the prenatal period and 12 months  
78 postpartum; and

79 (2) Care and treatment for those screenings positive for maternal mental health  
80 conditions.

81 (c) The coverage provided in subsection (b) of this Code section shall include the  
82 following:

83 (1) Initial screening during the first prenatal visit;

84 (2) Follow-up screening during the second or third trimester;

85 (3) Screening during the six-week postpartum visit;

86 (4) Additional screenings at three, six, and 12 months postpartum; and

87 (5) Additional screenings as deemed medically necessary by a mental healthcare  
88 provider.

89 (d) All of the services provided in this Code section shall be covered whether provided in  
90 person or through telehealth services.

91 (e) To implement the provisions of this Code section, the department shall, when  
92 necessary, submit a Medicaid state plan amendment or waiver request to the United States  
93 Department of Health and Human Services.

94 (f) The provisions of this Code section shall apply to all policies, contracts, and certificates  
95 executed, delivered, issued for delivery, continued, or renewed in this state on or after  
96 January 1, 2026."

#### 97 SECTION 4.

98 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to  
99 medical assistance generally, is amended by adding a new Code section to read as follows:

100 "49-4-159.5.

101 (a) Except in cases where the woman refuses the maternal mental health screening, a  
102 pregnant or postpartum woman seeking healthcare from a physician or other healthcare  
103 provider shall be screened for perinatal mood and anxiety disorders, as determined  
104 necessary:

105 (1) At the pregnant woman's first prenatal visit;

106 (2) When the pregnant woman is between 28 to 32 weeks' gestation;

107 (3) Between delivery and discharge from the facility where the pregnant woman gives  
108 birth;

109 (4) At the woman's six-week postpartum obstetrical visit;

110 (5) If there is a pregnancy loss and at the follow-up obstetric visit after such loss; and

111 (6) At a pediatric visit occurring when the infant is three months of age or, if there is no  
112 such visit, at the postpartum woman's healthcare visit any time from three months to one  
113 year after pregnancy loss or delivery.

114 (b) The right to refuse the mental health screening described in subsection (a) of this Code  
115 section shall not exist for a patient determined by the physician or other healthcare provider  
116 to be mentally incompetent.

117 (c)(1) The maternal mental health screening provided for in subsection (a) of this Code  
118 section shall be conducted by the physician or other healthcare provider who is providing  
119 prenatal, obstetric, or postpartum care of the pregnant woman or pediatric care of the  
120 woman's infant, as deemed necessary by such physician or healthcare provider. Each  
121 such screening shall utilize questionnaires that conform with nationally recognized  
122 clinical practice guidelines and shall be used for the purposes of diagnosis, treatment,  
123 appropriate management, or ongoing monitoring of a woman's mental health, well-being,  
124 disease, or condition as supported by medical and scientific evidence.

125 (2) Additional maternal mental health screenings, which may be refused, may be  
126 conducted at any other point during the pregnancy or the postpartum period as deemed  
127 necessary by the physician or other healthcare provider. Appropriate referral information  
128 and resources addressing perinatal mood or anxiety disorders shall be provided during  
129 such screenings.

130 (d) A physician or other healthcare provider who provides obstetric or pediatric care shall  
131 provide educational materials through electronic or other means on the signs and symptoms  
132 of perinatal mood and anxiety disorders to pregnant and postpartum women under his or  
133 her care, or to mothers of children under his or her care, as deemed necessary by such  
134 physician or healthcare provider.

135 (e) This Code section shall not preclude any other healthcare provider acting within his or  
136 her scope of practice from screening for maternal mental health conditions or from  
137 providing referral information and resources or educational materials on perinatal mood  
138 and anxiety disorders.

139 (f) The department shall establish a comprehensive quality metrics program that includes  
140 the following:

141 (1) Process measures, including but not limited to:

142 (A) Percentage of eligible patients screened at each required interval;

143 (B) Time from positive screen to first behavioral health contact;

- 144 (C) Completion rates for referrals to behavioral health services; and  
145 (D) Utilization rates of telehealth services;  
146 (2) Outcome measures, including but not limited to:  
147 (A) Rates of postpartum depression and anxiety identification;  
148 (B) Emergency department utilization for mental health concerns;  
149 (C) Psychiatric hospitalization rates; and  
150 (D) Duration of treatment engagement;  
151 (3) Equity measures, including but not limited to:  
152 (A) Screening and treatment rates stratified by race, ethnicity, and geographic location;  
153 and  
154 (B) Disparities in access to care and outcomes; and  
155 (4) Patient experience measures, including but not limited to:  
156 (A) Satisfaction with screening process;  
157 (B) Perceived barriers to care; and  
158 (C) Experiences with telehealth services.  
159 (g) The department shall establish a three-year pilot program for remote maternal mental  
160 health screening and monitoring no later than January 1, 2026, that shall:  
161 (1) Prioritize high-risk populations and rural communities;  
162 (2) Include telehealth services;  
163 (3) Integrate with existing maternal health programs including home visiting services;  
164 and  
165 (4) Collect data on program effectiveness and barriers to care.  
166 (h) The department may allocate sufficient funds to support:  
167 (1) Technology infrastructure and support;  
168 (2) Provider training and technical assistance; and  
169 (3) Program evaluation and reporting.  
170 (i) The department shall:

- 171 (1) Promulgate rules and regulations necessary to implement this chapter;  
172 (2) Establish a process for monitoring compliance; and  
173 (3) Report annually to the Senate Health and Human Services Committee and the House  
174 Committees on Health and Public Health on the implementation progress and outcomes  
175 of the requirements of this Code section.  
176 (j) The annual report provided in subsection (i) of this Code section shall be required from  
177 July 1, 2026, through July 1, 2028.  
178 (k) The department shall be authorized to promulgate rules and regulations for the purpose  
179 of administering the requirements under this Code section."

180 **SECTION 5.**

181 This Act shall become effective on January 1, 2026, only if prior to such date, funds are  
182 specifically appropriated for the purposes of this Act in an appropriations Act making  
183 specific reference to this Act.

184 **SECTION 6.**

185 All laws and parts of laws in conflict with this Act are repealed.