

The House Committee on Insurance offers the following substitute to HB 649:

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:

15 **SECTION 1.**

16 The General Assembly finds that:

H. B. 649 (SUB)

- 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  
23 it 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  
30 conditions, 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  
47 imperative that the State of Georgia provide access to periodic mental health screening  
48 questionnaires for women throughout and after their pregnancies; and  
49 (13) There is a critical need to ensure equitable access to maternal mental health  
50 screening and care across Georgia, particularly in rural and other underserved  
51 communities.

52 **SECTION 2.**

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

55 **SECTION 3.**

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

58 "33-1-28.

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

60 (1) 'Maternal mental health screening' means the use of an independent, evidence based  
61 screening instrument that is in accordance with nationally recognized clinical practice  
62 guidelines developed by independent organizations or medical professional societies  
63 utilizing a transparent methodology and reporting structure and with a conflict-of-interest  
64 policy. Such guidelines establish standards of care informed by a systematic review of  
65 evidence and an assessment of the benefits and risks of alternative care options and  
66 include recommendations intended to optimize patient care.

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

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

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

78 (b) Each health benefit policy issued, delivered, or renewed in this state shall provide  
79 coverage for medically necessary:

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

82 (2) Care and treatment for those screenings positive for maternal mental health  
83 conditions.

84 (c) All of the services provided in this Code section shall be covered whether provided in  
85 person or through telehealth services.

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

89 **SECTION 4.**

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

- 92 "49-4-159.5.
- 93 (a) Except in cases where the woman refuses the maternal mental health screening, a
- 94 pregnant or postpartum woman seeking healthcare from a physician or other healthcare
- 95 provider shall be screened for perinatal mood and anxiety disorders, as determined
- 96 necessary:
- 97 (1) At the pregnant woman's first prenatal visit;
- 98 (2) When the pregnant woman is between 28 to 32 weeks' gestation;
- 99 (3) Between delivery and discharge from the facility where the pregnant woman gives
- 100 birth;
- 101 (4) At the woman's six-week postpartum obstetrical visit;
- 102 (5) If there is a pregnancy loss and at the follow-up obstetric visit after such loss; and
- 103 (6) At a pediatric visit occurring when the infant is three months of age or, if there is no
- 104 such visit, at the postpartum woman's healthcare visit any time from three months to one
- 105 year after pregnancy loss or delivery.
- 106 (b) The right to refuse the mental health screening described in subsection (a) of this Code
- 107 section shall not exist for a patient determined by the physician or other healthcare provider
- 108 to be mentally incompetent.
- 109 (c)(1) The maternal mental health screening provided for in subsection (a) of this Code
- 110 section shall be conducted by the physician or other healthcare provider who is providing
- 111 prenatal, obstetric, or postpartum care of the pregnant woman or pediatric care of the
- 112 woman's infant, as deemed necessary by such physician or healthcare provider. Each
- 113 such screening shall utilize questionnaires that conform with nationally recognized
- 114 clinical practice guidelines and shall be used for the purposes of diagnosis, treatment,
- 115 appropriate management, or ongoing monitoring of a woman's mental health, well-being,
- 116 disease, or condition as supported by medical and scientific evidence.
- 117 (2) Additional maternal mental health screenings, which may be refused, may be
- 118 conducted at any other point during the pregnancy or the postpartum period as deemed

119 necessary by the physician or other healthcare provider. Appropriate referral information  
120 and resources addressing perinatal mood or anxiety disorders shall be provided during  
121 such screenings.

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

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

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

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

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

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

136 (C) Completion rates for referrals to behavioral health services; and

137 (D) Utilization rates of telehealth services;

138 (2) Outcome measures, including but not limited to:

139 (A) Rates of postpartum depression and anxiety identification;

140 (B) Emergency department utilization for mental health concerns;

141 (C) Psychiatric hospitalization rates; and

142 (D) Duration of treatment engagement;

143 (3) Equity measures, including but not limited to:

144 (A) Screening and treatment rates stratified by race, ethnicity, and geographic location;

145 and

- 146 (B) Disparities in access to care and outcomes; and  
147 (4) Patient experience measures, including but not limited to:  
148 (A) Satisfaction with screening process;  
149 (B) Perceived barriers to care; and  
150 (C) Experiences with telehealth services.
- 151 (g) The department shall establish a three-year pilot program for remote maternal mental  
152 health screening and monitoring no later than January 1, 2026, that shall:  
153 (1) Prioritize high-risk populations and rural communities;  
154 (2) Include telehealth services;  
155 (3) Integrate with existing maternal health programs including home visiting services;  
156 and  
157 (4) Collect data on program effectiveness and barriers to care.
- 158 (h) The department may allocate sufficient funds to support:  
159 (1) Technology infrastructure and support;  
160 (2) Provider training and technical assistance; and  
161 (3) Program evaluation and reporting.
- 162 (i) The department shall:  
163 (1) Promulgate rules and regulations necessary to implement this chapter;  
164 (2) Establish a process for monitoring compliance; and  
165 (3) Report annually to the Senate Health and Human Services Committee and the House  
166 Committees on Health and Public Health on the implementation progress and outcomes  
167 of the requirements of this Code section.
- 168 (j) The annual report provided in subsection (i) of this Code section shall be required from  
169 July 1, 2026, through July 1, 2028.
- 170 (k) To implement the provisions of this Code section, the department shall, when  
171 necessary submit a Medicaid state plan amendment or waiver request to the United States  
172 Department of Health and Human Services."

173 **SECTION 5.**

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

177 **SECTION 6.**

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