

The House Committee on Health offers the following substitute to HB 1346:

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:

**SECTION 1.**

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The General Assembly finds that:

- (1) Georgia has prioritized advancements in access to mental health care and addressing issues of maternal health and maternal mortality;
- (2) The largest demographic of Americans grappling with depression is women of childbearing age. The mental well-being of women before, during, and after giving birth is a matter of significant concern for women, their families, their communities, and their healthcare providers. This issue is of particular interest to the General Assembly in that it has far-reaching impact on the public health and the welfare of people in this state;
- (3) Maternal mental health conditions are among the most common complications of pregnancy and childbirth;
- (4) Statistics from experts in the field show that one in five perinatal women will experience mood and anxiety disorders at some time during the period spanning from pregnancy through 12 months after the birth of a child;
- (5) Maternal depression, anxiety, and other mood disorders can be debilitating conditions, but they are treatable if properly diagnosed;
- (6) Early identification and treatment of maternal mental health conditions significantly improves outcomes for mothers and children;
- (7) Children born to mothers with untreated depression face a higher likelihood of encountering developmental challenges and increased utilization of medical and mental health services throughout their lives;
- (8) It is imperative, then, in order to protect and promote public health and welfare, to ensure the prompt diagnosis and treatment of women experiencing postpartum depression or other maternal mental health disorders;
- (9) The American Medical Association, the American College of Obstetrics and 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, 2027."

## SECTION 4.

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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 may 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 may 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.  
113 Appropriate information and resources addressing perinatal mood or anxiety disorders  
114 shall be provided during such screenings, including referrals, as clinically appropriate,  
115 to licensed mental health professionals, community health workers, home visiting

116 programs, peer support specialists, social workers, and other community based providers  
117 capable of addressing behavioral health and related social needs. When feasible, such  
118 referrals shall include coordination to ensure timely follow-up care. Each such screening  
119 may utilize questionnaires that conform with nationally recognized clinical practice  
120 guidelines and may be used for the purposes of diagnosis, treatment, appropriate  
121 management, or ongoing monitoring of a woman's mental health, well-being, disease, or  
122 condition as supported by medical and scientific evidence.

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

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

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

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

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

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

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

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

- 143 (D) Utilization rates of telehealth services;
- 144 (2) Outcome measures, including but not limited to:
- 145 (A) Rates of postpartum depression and anxiety identification;
- 146 (B) Emergency department utilization for mental health concerns;
- 147 (C) Psychiatric hospitalization rates; and
- 148 (D) Duration of treatment engagement;
- 149 (3) Equity measures, including but not limited to:
- 150 (A) Screening and treatment rates stratified by race, ethnicity, and geographic location;
- 151 and
- 152 (B) Disparities in access to care and outcomes; and
- 153 (4) Patient experience measures, including but not limited to:
- 154 (A) Satisfaction with screening process;
- 155 (B) Perceived barriers to care; and
- 156 (C) Experiences with telehealth services.
- 157 (g) Subject to appropriations by the General Assembly or receipt of other funding for such
- 158 purpose, the department shall establish a three-year pilot program for remote maternal
- 159 mental health screening and monitoring no later than January 1, 2027, that shall:
- 160 (1) Prioritize high-risk populations and rural communities;
- 161 (2) Include telehealth services;
- 162 (3) Integrate with existing maternal health programs including home visiting services;
- 163 and
- 164 (4) Collect data on program effectiveness and barriers to care.
- 165 (h) The department may allocate sufficient funds to support:
- 166 (1) Technology infrastructure and support;
- 167 (2) Provider training and technical assistance; and
- 168 (3) Program evaluation and reporting.
- 169 (i) The department shall:

- 170 (1) Promulgate rules and regulations necessary to implement this Code section;  
171 (2) Establish a process for monitoring compliance; and  
172 (3) Report annually to the Senate Health and Human Services Committee and the House  
173 Committees on Health and Public Health on the implementation progress and outcomes  
174 of the requirements of this Code section.
- 175 (j) The annual report provided in subsection (i) of this Code section shall be required from  
176 July 1, 2027, through July 1, 2029.
- 177 (k) To implement the provisions of this Code section, the department shall, when  
178 necessary, submit a Medicaid state plan amendment or waiver request to the United States  
179 Department of Health and Human Services."

180 **SECTION 5.**

181 This Act shall become effective on January 1, 2027, 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.