



November 1, 2024

Kevin Beagan, Acting Commissioner
Rebecca Butler, Counsel to the Commissioner
Massachusetts Division of Insurance

Submitted via email

Re: Sections 44-47 of Chapter 186 of the Acts of 2024, Relative to Maternity Benefits

Dear Mr. Beagan and Ms. Butler,

Thank you for Governor Healey's steadfast support for maternal health and mental health, and for the opportunity to testify on the Perinatal Mental Health screening coverage provisions in the new omnibus maternal health law. We are members of the Massachusetts Mind the Gap Coalition, a group of over 40 health care organizations, nonprofits, community-based organizations, survivors and other advocates supported by [Postpartum Support International's national Mind the Gap initiative](#), working to improve state policies around Perinatal Mood and Anxiety Disorders (PMADs) and related issues. We would like to testify in strong support of additional guidance by the Division of Insurance on the PMAD coverage expansion in the omnibus bill (sections 44-47 of Chapter 186 of the Acts of 2024).

Integrated, Universal Screening as an Essential First Step to Addressing PMADs

As we testified at the Division's hearing on October 23, 2024, PMADs are the most common complication of pregnancy and a major public health issue, impacting 20% or more of birthing people in Massachusetts each year, with devastating mental health, family, community, and economic impacts if left untreated. Unfortunately, [75% of those with PMADs do NOT receive care](#), and [parents of Color are both more likely to experience these mental health challenges and less likely to receive treatment](#).

Further, [care drops off at each stage of treatment](#) – with only 20-30% of cases identified, 14% of parents receiving needed mental health services, and 3% achieving remission. Because of the significant stigma, fear, and lack of information around PMADs, parents are reluctant to disclose these challenges to a provider – or anyone – so repeated screening, integrated into existing touchpoints in maternity and pediatric care, is a critical first step to addressing this public health crisis.

National Context

Massachusetts has an opportunity to be a national leader on PMAD screening; although [10 states have passed screening-related legislation](#), only California's addresses private coverage, requiring insurers to develop a plan to promote quality and cost-effective outcomes. Prior to the Massachusetts law, 6 states mandated OB screening, and two (Nevada and Washington) addressed Medicaid reimbursement.

Recommendations: Maternity Care

We understand that most private payors currently cover PMAD screening as part of the preventative services coverage requirement in the Affordable Care Act, and that this is typically done as part of the maternity bundle. Multiple medical groups including the [American College of Obstetricians and Gynecologists](#) and the [American College of Nurse-Midwives](#) also recommend repeated, integrated

screening and follow-up. However, research shows that, more often than not, screening does *not* occur. **We therefore recommend that maternity bundles be increased to reimburse for up to three perinatal screens, and note that provider education will be critical to encouraging this best practice (see below)**.

Pediatric Care

In the pediatric setting, we recommend that providers are reimbursed for up to three screens in the twelve months postpartum for birthing and non-birthing parents. This would bring coverage closer in line with [EPSDT \(Early and Periodic Screening, Diagnostic, and Treatment\) protocols](#) and [American Academy of Pediatrics recommendations to screen at the 1-, 2-, 4- and 6-month well child visits](#) because of the significant impact of untreated perinatal mental health conditions on the child's development.

Provider Education

Increased provider and carrier education about the importance of repeated PMAD screening should be carried out in alignment with any efforts by the Department of Public Health, MassHealth, and other relevant state agencies. The Department of Public Health's development of an expanded digital resource center on PMADs will be helpful to this work. It is our understanding that MassHealth currently reimburses outside the maternity bundle for one prenatal and one postpartum screen in maternity care, and for one postpartum screen in the pediatric setting, which we also hope will be expanded with the new law. Also related to this, we support the [DPH's recommendations on screening tools](#).

Thank you for your consideration.

Sincerely,

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Better Beginnings Birth Services
Boston Children's Hospital
The Brazelton Institute
The Brazelton Touchpoints Center
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Massachusetts Section of the American College
of Obstetricians and Gynecologists
Massachusetts Section of the Association of
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Society for Maternal-Fetal Medicine
Springfield Community-Based Doulas
Vital Village Networks, Inc.
Women of Color Health Equity Collective*

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