

**REVENUE:** No revenue impact

**FISCAL:** Fiscal statement issued

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed and Rescind the Subsequent Referral to the Committee on Ways and Means
<b>Vote:</b>	8 - 0 - 0
<b>Yeas:</b>	Frederick, Greenlick, Harker, Parrish, Thompson, Weidner, Gilliam, Tomei
<b>Nays:</b>	0
<b>Exc.:</b>	0
<b>Prepared By:</b>	Jennifer Kellar, Administrator
<b>Meeting Dates:</b>	2/14, 3/7, 4/13, 4/18, 4/20

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**WHAT THE MEASURE DOES:** Creates the Maternal Mental Health Patient and Provider Education Program in Oregon Health Authority (OHA). Requires OHA to develop and provide training and informational materials relating to maternal mental health to health care providers serving pregnant, postpartum and post-pregnancy loss patients. Specifies material must be based on recommendations from the report of the maternal mental health disorders work group and posted to agency's website. Requires hospitals and health care providers serving referenced patients to provide materials published or approved by OHA. Allows OHA to apply for federal grants to provide training and materials. Provides for development of materials, training and operative date of enactment being contingent on funding.

**ISSUES DISCUSSED:**

- Currently five states (Minnesota, Illinois, New Jersey, Iowa and Virginia) provide training and informational materials concerning maternal mental health to health care providers serving pregnant, postpartum and post-pregnancy loss patients
- Worldwide statistics identify 1:8 pregnant or postpartum women develop depression and panic disorder
- Worldwide statistics identify 1:15 women develop postpartum psychosis
- In Oregon, nearly 1:4 new mothers report symptoms of depression during or after pregnancy
- Research indicates most women with pregnancy or postpartum depression are never identified or treated
- Early recognition of risk factors and symptoms stigma of acknowledging postpartum anxiety disorder and having poor mental health
- Training and informational materials assist families and providers in symptom recognition and available resources
- Mandates for screening, identification or treatment
- Personal stories and family ramifications of undiagnosed maternal mental health issues
- Stressors specific to minority status
- Research indicates children of depressed mothers have higher rates of physical, behavioral and developmental problems
- Successful treatment of depression once identified
- Opponents state potential increase in prescribing and usage of medication by patients

**EFFECT OF COMMITTEE AMENDMENT:** Requires OHA to develop informational materials for health care providers serving pregnant, postpartum and patients who have experienced post-pregnancy loss. Specifies the material must be based on recommendations from the report of the maternal mental health disorders work group and posted to the agency's website. Modified language regarding contingency of funding and operative date of enactment.

**BACKGROUND:** Maternal mental health disorders include a range of mood and anxiety disorders affecting women during pregnancy and the first year postpartum; for example, prenatal and postpartum depression, anxiety and panic disorders, and postpartum psychosis. Depression is the leading cause of disease-related disability in women and the most common serious complication of childbirth. In Oregon, nearly one in four new mothers report symptoms of depression

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*This summary has not been adopted or officially endorsed by action of the committee.*

either during or after pregnancy. Women with maternal mental health disorders experience physical, mental and emotional distress.

House Bill 2666, effective June 26, 2009, created a work group on maternal mental health disorders (prenatal through one year postpartum) within Department of Human Services. The charge of the work group was to: identify vulnerable populations and risk factors in Oregon for maternal mental health disorders; identify and recommend effective, culturally competent, and accessible prevention, screening/identification, and treatment strategies (including public education and awareness, provider education and training, and social support services); identify successful maternal mental health initiatives in other states, recommend programs, tools, strategies, and funding sources for Oregon programs; recommend evidence-based practices for health care providers and public health systems; recommend private and public funding models; identify actions to be taken by 2015 to reduce the risk of harm to women and children; and submit a report with findings and recommendations to the Legislative Assembly no later than September 15, 2010.