## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL No. 2127 Session of 2024

INTRODUCED BY FIEDLER, CURRY, BOROWSKI, MADDEN, SANCHEZ, BULLOCK, SCHLOSSBERG, KHAN, HANBIDGE, PROBST, ROZZI, BOYLE, HILL-EVANS, TAKAC, WAXMAN, FLEMING, CEPEDA-FREYTIZ, OTTEN, SHUSTERMAN, DEASY, HOWARD, STEELE, O'MARA, GILLEN, KRAJEWSKI, GREEN, CERRATO, WEBSTER, MAYES, SIEGEL, BRENNAN, HADDOCK, KINKEAD, D. MILLER, PARKER, HOHENSTEIN, FREEMAN, KENYATTA, KAZEEM, D. WILLIAMS, CEPHAS, ISAACSON, BOYD, SALISBURY AND YOUNG, APRIL 3, 2024

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES, AS AMENDED, MAY 21, 2024

## AN ACT

1 2 3 4	Requiring information relating to perinatal or postpartum mood and anxiety disorders and resources and screening to be provided to pregnant patients; and providing for powers and duties of the Department of Health.
5	The General Assembly of the Commonwealth of Pennsylvania
6	hereby enacts as follows:
7	Section 1. Short title.
8	This act shall be known and may be cited as the Perinatal and
9	Postpartum Screening Act.
10	Section 2. Definitions.
11	The following words and phrases when used in this act shall
12	have the meanings given to them in this section unless the
13	context clearly indicates otherwise:
14	"Clinical practice guideline." The Clinical Practice <
15	Guideline of the American College of Obstetricians and

1 Gynecologists titled "Screening and Diagnosis of Mental Health-

2 Conditions During Pregnancy and Postpartum Clinical Practice"

3 (Number 4, published June 2023).

4 "BIRTH CENTER." AS DEFINED IN SECTION 802.1 OF THE ACT OF <--</li>
5 JULY 19, 1979 (P.L.130, NO.48), KNOWN AS THE HEALTH CARE
6 FACILITIES ACT.

7 "Department." The Department of Health of the Commonwealth.
8 "HOSPITAL." AS DEFINED IN SECTION 802.1 OF THE HEALTH CARE <--</li>
9 FACILITIES ACT.

10 "MIDWIFE OR NURSE-MIDWIFE." AS DEFINED IN SECTION 2 OF THE 11 ACT OF DECEMBER 20, 1985 (P.L.457, NO.112), KNOWN AS THE MEDICAL 12 PRACTICE ACT OF 1985.

13 "PHYSICIAN." EITHER:

14 (1) AS DEFINED IN SECTION 2 OF THE MEDICAL PRACTICE ACT 15 OF 1985.

16 (2) AS DEFINED IN SECTION 2 OF THE ACT OF OCTOBER 5,
17 1978 (P.L.1109, NO.261), KNOWN AS THE OSTEOPATHIC MEDICAL
18 PRACTICE ACT.

19 "PMAD." A perinatal or postpartum mood and anxiety disorder.
20 "PMAD QUESTIONNAIRE." A CLINICALLY VALID SCREENING TOOL FOR <--</p>
21 PMAD THAT IS BASED ON BEST PRACTICES AND EVIDENCE-BASED RESEARCH
22 AND GUIDELINES.

23 Section 3. Resource information and screening. <--

(a) Duties.--A hospital, birthing BIRTH center, physician, <--</li>
 nurse-midwife or midwife OR NURSE OR NURSE-MIDWIFE that provides <--</li>
 prenatal care to a pregnant patient during gestation,

27 stillbirth, delivery of an infant or postpartum shall:

(1) Provide the patient with a fact sheet, available in
 English, Spanish, Vietnamese and Mandarin Chinese THE PRIMARY <--</li>
 LANGUAGE OF THE PATIENT, that includes common symptoms of the

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medical conditions of PMAD and emotional traumas associated with pregnancy and parenting. The fact sheet shall present, in a prominent place, the following statement, translated to the appropriate language:

5 Perinatal or postpartum mood and anxiety disorders (PMADs) are serious medical conditions that require a 6 7 physician's evaluation and recommendations for 8 treatment. If you are suffering from any of the signs 9 and symptoms of these conditions, you should 10 immediately inform your treating physician or-<--psychiatric physician PSYCHIATRIST OR TREATING 11 <---12 PHYSICIAN.

(2) Provide the patient with a resource list of the
names, addresses and telephone numbers of professional
organizations that provide prenatal counseling, postpartum
counseling and assistance to parents. The resource list shall <--</li>
be available in English, Spanish, Vietnamese and Mandarin
Chinese.

19 (3) Require each pregnant patient to complete a

(B) RESOURCES TO OTHER INDIVIDUALS.--THE INFORMATION <--</li>
21 PROVIDED TO THE PATIENT UNDER SUBSECTION (A) SHALL BE PROVIDED
22 TO ANY OTHER INDIVIDUALS WHO ACCOMPANY THE PATIENT TO A CHECK-UP
23 VISIT, SUBJECT TO THE PATIENT'S CONSENT, AS WELL AS TO ANY OTHER
24 INDIVIDUALS THAT THE PATIENT MAY DESIGNATE.

25 SECTION 4. PMAD SCREENING.

26 A PHYSICIAN OR NURSE OR NURSE-MIDWIFE THAT PROVIDES PRENATAL27 OR POSTPARTUM CARE OR WELL-BABY CHECK-UPS SHALL:

(1) REQUEST EACH PREGNANT PATIENT TO COMPLETE A PMAD
 questionnaire and review the completed questionnaire in
 accordance with the CURRENT PMAD clinical practice guideline. <--</li>

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1 The PMAD questionnaire shall be available in English,

2 Spanish, Vietnamese and Mandarin Chinese.

3 (4) Require each patient to complete a questionnaire and
 4 review the completed questionnaire in accordance with the
 5 clinical practice guideline.

6 (5) Require an infant's mother to complete a PROVIDED IN <--</li>
7 THE PRIMARY LANGUAGE OF THE PATIENT OR ADMINISTERED WITH THE
8 ASSISTANCE OF AN INTERPRETER.

9 (2) REQUEST AN INFANT'S MOTHER TO COMPLETE A 10 questionnaire at each well-baby checkup at which the mother 11 is present prior to the infant's first birthday and review 12 the completed questionnaire in accordance with the clinical 13 practice guideline.

14 (6) Obtain (3) REQUEST consent from the patient or <--</p>
15 mother to share the information with the patient or mother's
16 primary licensed health care professional in accordance with
17 Federal law. If the patient or mother is determined to 
18 present an acute danger to herself or someone else, consent
19 is not required.

20 (7) (4) Repeat assessments for perinatal mental health <--21 disorders when, in the professional judgment of the licensed 22 health care professional, a reasonable possibility exists 23 that the patient suffers from perinatal mental health 24 disorders.

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(8) Document in the patient's record that the patient <--

27 (9) Retain the documentation for at least three years in 28 the hospital's, birthing center's, physician's, nurse-29 midwife's or midwife's records.

30 (b) Resources to be included.--The information under-

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subsection (a) shall include resources a pregnant patient may 1 2 contact to receive treatment, counseling and assistance for the 3 medical conditions of PMAD and for emotional traumas associated with pregnancy and parenting. 4 5 (c) Presumption of compliance. A hospital, birthing center, 6 physician, nurse midwife or midwife that provides prenatal care 7 to a patient during gestation or at delivery is presumed to have-8 complied with this section if the patient received prior prenatal care from another hospital, birthing center, physician,-9 nurse-midwife or midwife in this Commonwealth during the same-10 11 pregnancy. (d) Resources to other individuals. The information 12 13 provided to the pregnant patient under subsection (a) shall be provided to any other individuals who accompany the pregnant-14 15 patient to a check up visit, subject to the patient's consent, 16 as well as to any other individuals that the patient may designate. 17 18 (5)PROVIDE INFORMATION DETAILED IN SECTION 3 AND 19 DOCUMENT IN THE PATIENT'S RECORD THAT THE PATIENT RECEIVED 20 THE INFORMATION. 21 Section 4 5. Powers and duties of department. 22 The department shall: 23 (1)Adopt and promulgate rules and regulations as 24 necessary to carry out the purposes and provisions of this 25 act. 26 Enforce this act and the rules and regulations (2)27 promulgated under this act. 28 (3) Make available on the department's publicly 29 accessible Internet website a printable list of THE NAMES, <---

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ADDRESSES AND TELEPHONE NUMBERS OF professional organizations

1 that provide pregnancy counseling and assistance to parents, 2 along with a INCLUDING ORGANIZATIONS THAT PROVIDE PRENATAL <---3 COUNSELING, POSTPARTUM COUNSELING AND ASSISTANCE WITH PMAD. 4 THE DEPARTMENT SHALL ALSO MAKE AVAILABLE THE fact sheet and 5 the statement as referenced in section 3(a)(1). The 6 department shall publish both the resource list and fact 7 sheet in English, Spanish, Vietnamese, Mandarin Chinese and 8 other languages deemed appropriate by the department.

9 (4) Update the list required under paragraph (3) <del>on a</del> <--10 <del>monthly basis.</del> AS NEEDED. <--

(5) ESTABLISH A PUBLIC AWARENESS CAMPAIGN TO INFORM THE
GENERAL PUBLIC ABOUT THE NATURE AND CAUSES OF POSTPARTUM
PERINATAL DEPRESSION AND ITS HEALTH IMPLICATIONS, INCLUDING
ITS SYMPTOMS, METHODS OF COPING WITH THE ILLNESS AND THE MOST
EFFECTIVE MEANS OF TREATMENT.

16 Section  $\frac{5}{5}$  6. Effective date.

17 This act shall take effect in 60 days. AS FOLLOWS: <--</li>
18 (1) SECTION 4 SHALL TAKE EFFECT IN 180 DAYS.

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19 (2) THIS SECTION SHALL TAKE EFFECT IMMEDIATELY.

20 (3) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT IN 24021 DAYS.

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