

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) Perinatal mood and anxiety disorders occur during pregnancy, as well as during the postpartum period. These disorders can take many forms, including depression, anxiety disorders, such as panic disorder or obsessive-compulsive disorder, and psychosis. Therefore, it is appropriate to use the broader, more accurate term of "perinatal mood and anxiety disorders" (PMAD) to describe the many levels and severities of these afflictions, which can have potentially serious repercussions for the emotional, social, and physical health and well-being of mothers, children, and families.

(b) National studies indicate that 1 in 8 women suffer from perinatal mood and anxiety disorders. 80% of these women go undiagnosed and untreated.

(c) Between 10 and 20 percent of new mothers are affected by perinatal mood and anxiety disorders and may experience symptoms, including, but not limited to, depressed mood, inability to find pleasure in usually engaging activities, sleep disturbances, diminished concentration, appetite and weight loss, anxiety and panic attacks, feelings of guilt and worthlessness, suicidal thoughts, and fears about hurting their baby.

(d) One to two out of every 1,000 new mothers can experience postpartum psychosis, which may begin with manic states, hyperactivity, an inability to sleep, and avoidance of the baby, and may lead to delusions, hallucinations, incoherence, and thoughts of harming their baby or themselves.

(e) A past history of nonpostpartum mood or anxiety disorder and a family history of mood or anxiety disorder increases the risk of postpartum mood or anxiety disorders.

(f) Many women are not adequately informed about, screened for, and treated for perinatal mood and anxiety disorders or psychotic disorders because they are uninsured or underinsured and lack access to comprehensive health care. Many of these women also face cultural and linguistic barriers. Great numbers of at-risk women may not get help if they are not informed about perinatal mood, anxiety, and psychotic disorders as part of their health care, and because they are unaware of, or unable to access, or, due to the stigma, have difficulty accepting the need for, services and treatment for perinatal mood disorders, which can include medical evaluations and treatment, professional therapy, counseling, support groups, and crisis hotlines. It is also imperative that family and friends of a pregnant woman or new mother become aware of the signs and symptoms of perinatal mood and anxiety disorders so that they may help her to obtain adequate medical treatment and support services.

SECTION 2. It is the intent of the Legislature to enact legislation to permit the following:

(a) That the State Department of Public Health appoint a statewide task force to develop a best practices model for public awareness and a standard of care for use by physicians, medical centers, hospitals and/or other organizations related to the medical field, directly dealing with perinatal mood and anxiety disorders.

(b) The State Department of Public Health will be responsible for forwarding such recommendations to all county health departments within the state.

(c) This statewide task force may do any of the following:

(1) Provide awareness, assistance, and information regarding PMAD using television, print media, radio, Internet Web sites, outdoor advertising, and other media, where appropriate, to disseminate information to pregnant women, new mothers and their families regarding the availability of services and treatment for PMAD, which may include medication, professional therapy and counseling, support groups, and telephone crisis hotlines.

(2) Establish an internet web site devoted to providing information about the symptoms and treatment of PMAD that is accessible to the general public.

(3) Undertake public education activities related to PMAD, as appropriate.

(4) Establish a standard of care for pregnant women, new mothers and their families. This may include promoting universal depression screening, increasing women's access to mental health services, increasing education and training for prenatal care providers, mental health providers and increasing perinatal mental health resources.

(5) The task force shall consist of the following members:

(a) A survivor of PMAD.

(b) A representative of the California Medical Association.

(c) A representative of the American College of Obstetrics and Gynecology.

(d) A representative of the California Psychiatric Association.

(e) A representative from Postpartum Support International.

(f) A representative from the California Hospital Association.

(g) A Licensed Professional Counselor.

(h) A representative from the California Nurses Association.

(i) A representative from the California Association for Nurse Practitioners.

(j) A representative from the California Nurse Midwives Association.

(k) A representative of the State Public Affairs Committee of the Junior Leagues of California.

(6) The State Department of Public Health may use nonpublic sources of funding to support the activities of the task force. Voluntary contributions received for the purposes of this Article shall be deposited into a separate account entitled California Postpartum Anxiety and Mood Disorders Awareness Fund, which is hereby created by the rules and regulations set forth in the policies of the State Department of Public Health. Monies in this Fund are hereby continuously appropriated to the State Department of Public Health in this separate account to implement this Article.