



## Legislation Text

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### Res. No. 405

Resolution calling upon the New York State legislature to pass, and the Governor to sign, legislation mandating Medicaid Managed Care Organizations to collect and report prenatal and postpartum depression screenings and follow-up data using HEDIS measures.

By Council Members Lee, Restler, Gutiérrez, Farías, Hanif, Sanchez, Ayala, Won, Bottcher, Louis, Hudson, Rivera and Mealy

Whereas, According to the U.S. Centers for Disease Control and Prevention (CDC), mental health conditions are the leading cause of pregnancy-related deaths in the nation, accounting for approximately 1 in 5 or 23% of all pregnancy-related deaths; and

Whereas, Despite such statistics, the United States (U.S.) does not require healthcare organizations to collect any data related to maternal mental health (MMH) screening and follow-up, which could otherwise help to identify gaps in care and improve healthcare access for pregnant people; and

Whereas, Studies indicate that standardized MMH screening and data collection initiatives correlate with reductions in maternal mortality rates and enhancements in maternal and infant health outcomes; and

Whereas, In 2019, the National Committee for Quality Assurance (NCQA), a non-profit organization and the creator of the Healthcare Effectiveness Data and Information Set (HEDIS)-a widely recognized set of performance measures used by healthcare organizations to assess the quality of care provided to patients enrolled in their programs-developed 2 additional measures for health insurance plans to monitor how often screening and follow-up for maternal depression occurs in the U.S.; and

Whereas, HEDIS measures cover a wide range of clinical areas, including preventive care, chronic disease management, behavioral health, and patient experience; and

Whereas, New York State (NYS) and the U.S. as a whole already utilize HEDIS measures to monitor

and improve healthcare quality across various domains such as diabetes care, high blood pressure control, childhood immunization status, lead screening, and prenatal and postpartum care; and

Whereas, The 2 new HEDIS measures, “Prenatal Depression Screening and Follow-Up” and “Postpartum Depression Screening and Follow-Up,” entail the collection of data from health insurers via electronic data capture systems, allowing screening data to be collected from various types of providers including obstetricians and gynecologists (OBGYNs), midwives, and pediatricians, as well as non-providers like insurance plan high-risk pregnancy case managers; and

Whereas, Since 2022, most private, non-Medicaid plans have adopted these 2 HEDIS measures and have been publicly reporting their MMH screening data on the NCQA’s annual Quality Compass report; and

Whereas, In 2021, the Centers for Medicare & Medicaid Services (CMS) approved the “Postpartum Depression Screening and Follow-Up” measure as part of its annual Adult Core Measure Set, but has yet to publish any related data due to incompatibility issues with the electronic data collection method used by the measure, according to the Policy Center for Maternal Mental Health; and

Whereas, Per the Policy Center for Maternal Mental Health, although there is no news of the “Postpartum Depression Screening and Follow-Up” measure being published in future reports, it has yet to be officially omitted by CMS, leaving the door open for the “Prenatal Depression Screening and Follow-Up” measure to also be approved and published alongside its twin measure; and

Whereas, A few states such as Pennsylvania, Colorado, and California already require their Medicaid Managed Care Organizations (MCOs) to report on postpartum and prenatal depression screening and follow-up measures using the 2 HEDIS measures; and

Whereas, NYS does not require its MCOs to collect and report prenatal and postpartum depression screening and follow-up data despite MMH conditions ranking among the leading causes of maternal mortality in the state and New York City (NYC); and

Whereas, According to the NYS Office of Mental Health, 15-20% of women experience some form of pregnancy-related depression or anxiety with higher prevalence rates among low-income and minority populations; and

Whereas, According to the American College of Obstetricians and Gynecologists (ACOG), 40% of Black birthing persons experience MMH conditions during pregnancy or postpartum, with over half of such instances going unreported; and

Whereas, In NYC, Black women are more than 8 times more likely to die from pregnancy-related complications than white women, according to the NYC Department of Health and Mental Hygiene; and

Whereas, Lack of standardized data collection impedes efforts to assess MMH disorders among patients, identify disparities, monitor the effectiveness of existing interventions, and develop targeted strategies to improve MMH care; and

Whereas, Underreporting of MMH conditions affects thousands of New Yorkers, particularly birthing persons of color, and creates an urgent need for standardized data collection to address disparities and improve MMH care; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State legislature to pass, and the Governor to sign, legislation mandating Medicaid Managed Care Organizations to collect and report prenatal and postpartum depression screenings and follow-up data using HEDIS measures.

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