ISSUE BRIEF

Strengthening Maternal Mental Health

Legislative and policy actions that states can take **to support mothers and children during pregnancy and beyond.**

BACKGROUND

Maternal mental health conditions are common, with nearly 1 in 5 mothers experiencing a condition during pregnancy or within the first year after birth. Left untreated, these conditions are associated with over 20% of pregnancy-related deaths, as well as adverse outcomes for babies and children.

When mothers receive needed mental health support, the result is often healthier pregnancies, better parent and child outcomes, and improved cognitive, social, and emotional development for the baby that can extend into later childhood.

State policymakers have a critical role to play in ensuring that mothers and infants receive the mental health support they need during this pivotal time. By advancing smart policies, states can strengthen families, improve population health, and reduce downstream costs.

1 in 5

mothers experience a mental health condition during pregnancy or within the first year after birth

20%+

of pregnancy-related deaths are associated with untreated maternal mental health conditions

Four strategies for state policymakers

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Establish a Maternal Mental Health Task Force

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Require reimbursement for universal screening

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Promote maternal psychiatric consultation lines

0 4

Remove barriers to treating families early

POLICY CENTER FOR Maternal Mental Health | inseparable

STRATEGY 01

Establish a Maternal Mental Health Task Force

While nearly all states have **Maternal Mortality Review Committees** that analyze cross-system data on deaths during pregnancy and the first year postpartum, a broader **Maternal Mental Health Task Force** can take a more comprehensive approach — examining prevention, treatment, and recovery services to identify gaps and prevent tragedies before they occur.

Establishing a Task Force gives states a formal governance structure to improve coordination and alignment across agencies. It provides insight into the current landscape of services for pregnant women and mothers, and how effectively the healthcare system is addressing maternal mental health conditions.

To maximize impact, the Task Force should include an array of voices and perspectives — bringing together agency officials, lawmakers, providers, advocates, and **individuals with lived experience**. This ensures recommendations are grounded in both policy expertise and real-world experience.

POLICY ACTION

- Establish a Maternal Mental Health Task Force focused on identifying policy and budgetary recommendations to the governor and legislature
- Coordinate with existing governance structures focused on maternal health, including Maternal Mortality Review Committees

STATE EXAMPLE

Maryland enacted SB 74 (2015) establishing the Task Force to Study Maternal Mental Health charged with providing recommendations on at-risk populations; screening, identification, and treatment strategies; effective policies and programs; public/private funding models; and budget requirements. The state continues to work toward implementation, most recently through the passage of HB 1118 (2026), which expanded coverage of maternal mental health screenings and provider training.

STRATEGY 02

Require Reimbursement for Universal Screening

Early screening is an important first step in identifying potential mental health conditions in patients. Identifying concerns during pregnancy or following birth can connect mothers to services earlier, improving their postpartum experience and reducing the likelihood of more severe outcomes, including emergency department visits and hospitalizations.

Prevention and early treatment are far more effective, and less costly, than delayed response. Expanding screening during routine care helps normalize mental health as an essential part of overall health and makes conversations more routine, ensuring mothers receive support when they need it.

The American College of Obstetricians and Gynecologists (ACOG) recommends that all individuals receiving well-woman, pre-pregnancy, prenatal, and postpartum care be screened for depression and anxiety using validated tools such as the PHQ-9 and the Edinburgh Postnatal Depression Scale (EPDS).

POLICY ACTION

- Require commercial insurance and Medicaid reimbursement for universal screening for maternal mental health conditions at the first prenatal visit, later in pregnancy, and during postpartum visits

✳ *Adding specific timelines for screening, consistent with ACOG recommendations, would further strengthen bills around reimbursement.*

STATE EXAMPLE

VIRGINIA enacted HB 1400 (2026) requiring coverage of screenings during pregnancy and in the first six weeks postpartum — and beyond that period if determined to be clinically necessary by the provider. The bill also removes prior authorization and step therapy barriers for related medications.

STRATEGY 03

Promote Maternal Psychiatric Consultation Lines

There are not enough maternal mental health specialists to meet the growing needs of mothers. Psychiatric consultation lines extend the reach of the existing workforce by supporting obstetricians, primary care providers, and pediatricians.

These consultation lines provide real-time access to clinicians with expertise in maternal mental health — offering guidance on screening, diagnosis, and treatment, including medication management. By equipping frontline providers with specialized support, consultation lines reduce delays in treatment and help ensure mothers receive timely, evidence-based care from the providers they already know and trust.

The Health Resources & Services Administration (HRSA) currently funds 13 statewide consultation lines. While only one state, Kentucky, has established a maternal psychiatric consultation line through legislation, others have invested through federal and state funds.

POLICY ACTION

- Establish and invest in maternal psychiatric consultation lines
- Require Medicaid and commercial coverage of psychiatric consultation lines
- Allocate state general funds to support psychiatric consultation lines

STATE EXAMPLE

KENTUCKY passed SB 74 (2024), establishing the Kentucky Maternal Psychiatry Access Program to provide reproductive psychiatry consultation to OB/GYNs and other providers treating the perinatal population. This consultation line is administered by the Department of Public Health, with the majority of funding provided through HRSA as part of a five-year grant.

STRATEGY 04

Remove Barriers to Treating Families Early

Dyadic care is an approach to behavioral health care that treats the child and caregiver together. It focuses on the child's emotional, developmental, and physical needs; the caregiver's mental health and capacity to respond to the child; and the quality of the relationship between them.

Because mothers and young children thrive when supported together, aligning billing structures to support dyadic care enables providers to deliver services to both parent and child in a coordinated, holistic way — reducing the need for more intensive and costly interventions later.

Allowing providers to bill for treatment of symptoms without a formal diagnosis — through Z Codes — is a complementary policy that helps expand access to dyadic care. This approach empowers parents to seek help early, without fear of over-diagnosis, denied coverage, or uncovered costs, and before concerns escalate into more acute issues.

POLICY ACTION

- Conduct a study to explore barriers for implementing dyadic care
- Require Medicaid and commercial reimbursement for dyadic care
- Require Medicaid and commercial reimbursement for Z Codes

STATE EXAMPLE

CALIFORNIA added dyadic billing as a benefit for Medi-Cal members in 2023, including assessments, screenings, counseling, and brief intervention — available to both the child (under 21) and their caregiver. Services can be provided by primary care providers or behavioral health providers.