
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2019 - 2020 Regular Session

AB 798 (Cervantes) - Maternal mental health

Version: March 19, 2020

Urgency: No

Hearing Date: August 19, 2020

Policy Vote: HEALTH 9 - 0

Mandate: Yes

Consultant: Samantha Lui

Bill Summary: Assembly Bill 798 would establish a pilot program in, and require participation of, the 10 largest counties by population, including Riverside County, to increase the capacity of health care providers that serve pregnant and postpartum women, and manage postpartum depression and other mental health conditions. Would require Department of Public Health (CDPH) to coordinate the program and submit a legislative report. Would sunset on January 1, 2025.

Fiscal Impact: According to the CDPH, \$984,696 General Fund in FY 2021-22, and annually ongoing until the bill's sunset on January 1, 2025. In addition, tens of millions (General Fund) to deliver the clinical care to prevent, identify, and manage postpartum depression and other maternal mental health conditions. The CDPH anticipates unknown but significant costs providing oversight and the formal evaluation.

Although the bill requires implementation with private funds, staff notes ongoing, cost-pressures (General Fund) after the pilot sunsets to potentially expand statewide beyond the 10-counties in the pilot and any state-local mandate costs to maintain programs being delivered within the pilot.

Background: The CDPH's Maternal, Child and Adolescent Health Division (MCAH) works to improve the health and well-being of women, infants, children, and adolescents throughout the state, by helping strengthen the capacity of Local Health Jurisdictions (LHJs), communities, and Community-Based Organizations (CBOs). Recent research and findings estimate the breadth of maternal mental health and impact, specifically:

- A Summer 2018 CDPH Maternal and Infant Health Assessment (MIHA) brief recounted one in five California women, approximately 100,000 women annually, who recently gave birth experience symptoms of depression during or after pregnancy. Further, depressive symptoms were at least as common during pregnancy (14.1 percent), as postpartum (13.5 percent).
- An April 2019 study by Mathematica Policy Research estimated total societal cost of untreated perinatal mood and anxiety disorders in California is \$2.4 billion for all births in 2017, when following the mother-child pair from pregnancy through five year postpartum.

Proposed Law: AB 798 would create a pilot program for the 10 largest counties, by population, to increase the capacity of health providers to prevent, identify, and manage postpartum depression and other maternal mental health (MMH) conditions. The bill also includes the following:

- Requires CDPH to coordinate the pilot program, which may include a provider-to-provider or patient-to-provider consultation program that utilizes telehealth or e-consult technologies.
- Authorizes the pilot program to offer training, care coordination, access to specialty care for women up to one year after delivery, and access to perinatal psychiatric consultations.
- Requires CDPH, within six months after results from the pilot program are reported, and in consultation with the California Task Force on the Status of Maternal Mental Health, to submit a report to the Legislature.
- Sunsets on January 1, 2025.

Related Legislation:

- AB 2360 (Maienschein, 2019) would require, by July 1, 2021, a health plan and insurer to provide access to a telehealth consultation program that provides contracting providers who treat children and persons who are pregnant or up to one year postpartum with access to a mental health consultation program. The bill is pending consideration in this committee.
- AB 1893 (Maienschein, Chapter 140, Statutes of 2018) requires CDPH to investigate and apply for federal funding opportunities to support MMH, as specified.
- AB 244 (Cervantes, 2017) was substantially similar to this bill. AB 244 was not heard in the Assembly Health Committee.

Staff Comments: According to the CDPH, the workload resources include:

- \$369,028 for two Health Program Specialist IIs to develop, coordinate and implement the pilot program;
- \$215,668 for one Research Scientist III to conduct data collection, analysis and evaluation; and,
- \$400,000 for the contract to implement the survey in 10 counties.

Staff note the ten largest counties, by population, are: Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa, and Fresno.

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