Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 626 (Smallwood-Cuevas) – As Amended July 17, 2025

Policy Committee: Health Vote: 16 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill revises an existing requirement on a health plan and health insurer (collectively, "health insurer") to provide a maternal mental health screening program.

Specifically, this bill:

1) Replaces "maternal" with "perinatal" in certain statutes related to mental health screening and care.

2) Makes the following changes in statutes requiring a health insurer, including a Medi-Cal managed care plan, implement a program to promote mental health screenings:

    a) Requires the health insurer include screenings in accordance with clinical guidelines from the American College of Obstetricians and Gynecologists or standards of care appropriate to the provider's scope of practice.

    b) Specifies medication and digital therapeutics approved by FDA for perinatal mental health and referral to perinatal mental health services be included among the means by which a health insurer is encouraged to improve screening and treatment.

    c) Requires a health insurer provide case management and care coordination for an enrollee during the perinatal period.

    d) Requires a health insurer annually report to the Department of Managed Health Care (DMHC) or the Department of Insurance (CDI), as applicable, on the utilization and outcomes of case management services, and publish this information on the plan's or insurer's internet website.

3) Clarifies that the bill does not expand or alter a licensed provider's scope of practice.

4) Authorizes a licensed health care practitioner to satisfy the requirement to screen or offer to screen a patient or client for a perinatal mental health condition by referring the patient or client to another licensed health care practitioner, as specified.

5) Defines "health care practitioner" to mean a licensed physician, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or midwife who is acting within their scope of practice, as specified.

6) Defines "perinatal mental health condition" to mean a mental health condition that occurs during pregnancy, the postpartum period, or the perinatal period, and includes postpartum or perinatal depression.

7) Exempts specialized health care service plans and insurance policies, except specialized behavioral health-only plans offering professional mental health services.

8) Clarifies that the bill does not limit access to additional treatment options for perinatal mental health.

FISCAL EFFECT:

CDI estimates costs of $6,000 in fiscal year (FY) 2025-26, $32,000 in FY 2026-27, and $15,000 in FY 2027-28 and ongoing for state administration (Insurance Fund).

DMHC anticipates minor and absorbable costs.

CalPERS does not anticipate costs associated with this bill.

Costs to the Department of Health Care Services, if any, are likely negligible.

COMMENTS:

1) **Purpose.** This bill is sponsored by Maternal Mental Health Now, Physicians for Social Responsibility-California, Policy Center for Maternal Mental Health, and Black Women for Wellness. According to the author:

> Perinatal mental health conditions, including depression and anxiety, are the most common complications of pregnancy and a leading cause of maternal mortality. In California, one in three birthing people are affected, yet 85% go untreated. These conditions cost the state $2.4 billion annually and increase the risk of chronic mental health issues, suicide, Sudden Infant Death Syndrome, preterm birth, impaired parent-child bonding, adverse childhood experiences, and developmental delays in children. Black, Indigenous, and people of color communities are disproportionately impacted. This bill addresses this urgent need by ensuring equitable, comprehensive mental health care for all birthing people. The bill aligns with state and federal efforts to reduce maternal mortality, including initiatives from the Administration, DHCS, California Department of Public Health, and the California Surgeon General's office. It strengthens existing law by specifying screening timelines per ACOG guidelines, addressing coverage of FDA-approved treatments for perinatal mental health, and requiring insurers and health plans to report screening rates for accountability. This bill will increase access to timely mental health care, reduce societal costs, and improve long-term outcomes, particularly in marginalized communities.

2) **California Health Benefits Review Program (CHBRP) Analysis.**

CHBRP analyzed the introduced version of this bill, which required health plans and insurers to provide coverage for at least one medication approved by the FDA for perinatal mental health and for at least one FDA-approved digital therapeutic for perinatal mental health. CHBRP noted there is one medication and one digital therapeutic with FDA approval for perinatal mental health conditions; both are indicated specifically for postpartum depression. Zuranolone (Zurzuvae), an oral medication, was approved by the FDA to treat postpartum depression in 2023. CHBRP found there is some evidence that zuranolone is effective for postpartum depression. CHBRP reports a two-week course of zuranolone costs $15,902.

The FDA-cleared digital therapeutic is MamaLift Plus, an eight-week, app-based program for patients 22 years and older with mild to moderate postpartum depression. A prescription is required to access MamaLift Plus, which includes self-paced "therapy sessions," exercises, meditations, and the option to request a therapist consultant when needed. FDA clearance means a new medical device has been shown to be a substantial equivalent to devices that are already legally marketed for the same use. The eight-week course of treatment is $650. CHBRP found insufficient research to determine the effect of MamaLift Plus.

CHBRP also found there is insufficient research to determine whether screening for perinatal depression improves health outcomes. CHBRP further states there is conflicting evidence that care coordination and case management are effective in improving health outcomes.

Amendments to this bill deleted the requirements to cover the FDA-approved perinatal mental health treatments discussed above, and instead encourages health insurers to cover the treatments. CHBRP assumes that absent a mandate, this bill will not result in significant changes in coverage of perinatal mental health treatments.

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