
UNFINISHED BUSINESS

Bill No: SB 626
Author: Smallwood-Cuevas (D) and Cervantes (D), et al.
Amended: 7/17/25 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 4/30/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25

AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SENATE FLOOR: 38-0, 6/2/25

AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear,
Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez,
Grayson, Grove, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello,
Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas,
Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Hurtado, Reyes

ASSEMBLY FLOOR: 74-0, 8/28/25 (Consent) - See last page for vote

SUBJECT: Perinatal health screenings and treatment

SOURCE: California Coalition for Perinatal Mental Health & Justice
Policy Center for Maternal Mental Health
Sage Therapeutics
PSI-California
Black Women for Wellness Action Project

DIGEST: This bill revises an existing requirement on plans and insurers relating to maternal mental health (MMH) screenings to require case management, care

coordination, guidelines, and, the standards of care appropriate to the provider's scope of practice, as specified. Encourages health plans and insurers to provide coverage for at least one medication approved by the U.S. Food and Drug Administration (FDA) for perinatal mental health and for at least one FDA-approved digital therapeutic for perinatal mental health.

Assembly Amendments of 7/17/25 make clarifying changes to this bill such as replacing the term "standards" with "the standards of care" and replace "medical providers" with the term "licensed health care practitioners." Additionally, the amendments permit a licensed health care practitioner to satisfy the requirement to offer screening, by referring the patient or client to another licensed health care practitioners who is authorized to screen, diagnose, and treat the patient or client for a perinatal mental health condition.

ANALYSIS:

Existing law:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Services Plan Act of 1975; the California Department of Insurance (CDI) to regulate health and other insurers; and the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. (Health and Safety Code (HSC) §1340, et seq., Insurance Code (INS) §106, et seq. and Welfare and Institutions Code (WIC) §14000, et seq.)
- 2) Requires a health plan, including a Medi-Cal managed care plan, or insurer to develop a MMH program designed to promote quality and cost-effective outcomes. Requires the program to consist of at least one MMH screening to be conducted during pregnancy, at least one additional screening to be conducted during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider. (HSC §1367.625 and INS §10123.867)
- 3) Requires the MMH program to be developed consistent with sound clinical principles and processes, and include quality measures to encourage screening, diagnosis, treatment, and referral. Requires the MMH program guidelines and criteria to be provided to relevant medical providers, including all contracting obstetric providers. As part of a MMH program the health plan or insurer is encouraged to improve screening, treatment, and referral to MMH services, include coverage for doulas, incentivize training opportunities for contracting

obstetric providers, and, educate enrollees about the program. (HSC §1367.625 and INS §10123.867)

- 4) Defines contracting obstetric provider to mean an individual who is certified or licensed pursuant law, as specified, or an initiative act, as specified, and who is contracted with the health plan or insurer to provide services under the contract or policy. (HSC §1367.625 and INS §10123.867)
- 5) Defines MMH as a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression. (HSC §1367.625 and INS §10123.867)
- 6) Requires a licensed health care practitioner who provides prenatal, postpartum, or interpregnancy care for a patient to ensure that the mother is offered screening or is appropriately screened for MMH conditions, except when providing emergency services. Defines “health care practitioner” as a physician, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or a licensed midwife. (HSC §123640)

This bill:

- 1) Changes the name of the MMH program to “perinatal mental health program” that requires one or more perinatal mental health (PMH) screening during the pregnancy and during the postpartum period and perinatal periods in accordance with applicable clinical guidelines and standards of care appropriate to the provider’s scope of practices.
- 2) Encourages health plans and insurers as part of their PMH programs to provide coverage for medication approved by the FDA for PMH and FDA-approved digital therapeutics approved for perinatal mental health and referral to perinatal mental health services, as specified.
- 3) Requires guidelines to be guidelines adopted by the American College of Obstetricians and Gynecologist (ACOG), unless those guidelines do not align with the provider’s scope of practices. If there is not alignment, permits the guidelines to include, but not be limited to, guidelines adopted by other recognized professional bodies. Indicates this does not expand or alter a licensed provider’s existing scope of practice.
- 4) Requires health plans and insurers to provide case management and care coordination during the perinatal period, annually report to DMHC and CDI on the utilization and outcomes of case management services; and, publicly post the information reported to DMHC and CDI on the plan’s or insurer’s website.

- 5) Requires this bill not be construed to limit access to additional treatment options for PMH.
- 6) Permits a licensed health care practitioner to satisfy the requirement to offer screening, by referring the patient or client to another authorized licensed health care practitioner, as specified.
- 7) Requires a licensed health care practitioner who provides perinatal care for a patient to diagnose and treat the patient or client for a PMH condition in accordance with the standards appropriate to the provider's licensed, training, and scope of practice.

Comments

According to the author of this bill:

PMH 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Assembly Appropriations Committee, 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 DHCS, if any, are likely negligible.

SUPPORT: (Verified 8/28/25)

California Coalition for Perinatal Mental Health & Justice (source)

Policy Center for Maternal Mental Health (co-source)

Sage Therapeutics (co-source)

PSI-California (co-source)

Black Women for Wellness Action Project (co-source)

American Academy of Pediatrics, California

American College of Obstetricians & Gynecologists

Asian Americans Advancing Justice Southern California

Asian Resources, Inc.

Be Mom Aware

Black Women for Wellness Action Project

California Access Coalition

California Association for Nurse Practitioners

California Behavioral Health Association

California Black Women's Health Project

California Chapter of Postpartum Support International

California Catholic Conference

California Perinatal Hub, Inc.

California WIC Association

Claris Health

County of Fresno

Curio Digital Therapeutics

Diversity Uplifts

Ethical Family Building

Everychild Foundation

First 5 California

First 5 LA

Hispanas Organized for Political Equality

Jewish Family Service LA

LA Best Babies Network

Maternal Mental Health NOW

March of Dimes

Medical Board of California

National Council of Jewish Women Los Angeles

Postpartum Health Alliance

Return to Zero: HOPE
Sacramento Maternal Mental Health Collaborative
South Asian Network
Southeast Asia Resource Action Center
The Children's Partnership
The Crow
Western Center on Law & Poverty
One individual

OPPOSITION: (Verified 8/28/25)

Association of California Life & Health Insurance Companies
California Association of Health Plans

ARGUMENTS IN SUPPORT: Cosponsors of this bill (California Coalition for Perinatal Mental Health & Justice, Policy Center for Maternal Mental Health, Postpartum Support International-California, and Black Women for Wellness Action Project) write, "This bill offers California a scalable, affordable, and equity-driven solution to address our MMH crisis. It builds on existing law to improve unintended outcomes without expanding scope of practice or adding significant cost, providing clarity on screening requirements aligning with clinical bodies, and providing coverage for targeted treatments. In a moment of fiscal constraint, this bill is a smart, strategic investment, one that will save the state and private payers cost over time, save lives, close treatment and care coordination gaps and prevent long-term suffering for families across the state." The California Coalition for Perinatal Mental Health & Justice writes that this bill will make significant strides in improving access to mental health care for birthing families, particularly those from marginalized communities, and, by expanding coverage and ensuring accountability, this bill will help reduce health disparities, save lives, and ultimately lead to healthier, more supported families across the state. ACOG writes, "This bill takes an important step by updating terminology from "MMH" to "PMH," better reflecting the full spectrum of mental health needs from pregnancy through the postpartum period. ACOG says most notably, the bill requires that screenings, diagnoses, and treatments be guided by clinical standards set by ACOG, ensuring that care is grounded in the most current, evidence-based practices, and, by relying on clinical guidelines rather than codifying specific practices in statute, this bill allows the standard of care to evolve with advances in science and medicine. ACOG believes this flexibility is critical to improving outcomes and expanding access to effective mental health services for pregnant and postpartum individuals. Finally, ACOG indicates the bill also includes essential provisions for case management, care coordination, and coverage of

treatment tools, including digital therapeutics, which together create a more comprehensive and responsive system of support for patients during the perinatal period.

ARGUMENTS IN OPPOSITION: The California Association of Health Plans and the Association of California Life and Health Insurance Companies write in opposition to 17 health insurance mandate bills including this one. The opposition writes these bills will increase costs, reduce choice and competition and further incent some employers and individuals to avoid state regulation by seeking other coverage options. Benefit mandates impose a one-size-fits all approach to medical care and benefit design without consideration for consumer choice. The opposition strongly urges the Legislature to pause any new mandate bills at this time given the uncertainty regarding what benefits may or may not be covered in the EHB benchmark plan. The opposition also indicates that adding new mandates at a time when the Office of Health Care Affordability (OHCA) is working to curb healthcare costs could disrupt those efforts and make it difficult for health care entities to meet the OCHA spending target. The opposition urges the Legislature to consider the cumulative impacts of these mandates on premiums and access to coverage, and they believe that benefit mandates stifle the use of innovative, evidence-based medicine.

ASSEMBLY FLOOR: 74-0, 8/28/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Ellis, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Alvarez, Berman, Elhawary, Gallagher, Valencia

Prepared by: Teri Boughton / HEALTH / (916) 651-4111
8/28/25 16:50:12

**** END ****