

AMENDED IN ASSEMBLY JULY 17, 2025

AMENDED IN SENATE MAY 5, 2025

AMENDED IN SENATE MARCH 24, 2025

SENATE BILL

No. 626

**Introduced by Senators Smallwood-Cuevas and Cervantes
(Coauthor: Senator Valladares)**

February 20, 2025

An act to amend Sections 1367.625 and 123640 of the Health and Safety Code, and to amend Section 10123.867 of the Insurance Code, relating to perinatal health.

LEGISLATIVE COUNSEL'S DIGEST

SB 626, as amended, Smallwood-Cuevas. Perinatal health screenings and treatment.

Existing law requires a licensed health care practitioner who provides prenatal, postpartum, or interpregnancy care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions. For purposes of that requirement, existing law defines “maternal mental health condition” to mean a mental health condition that occurs during pregnancy, the postpartum period, or interpregnancy, as specified.

This bill would modify the term “maternal mental health condition” to “perinatal mental health condition” and additionally include in its definition a mental health condition that occurs during the perinatal period. *The bill would authorize a licensed health care practitioner to satisfy the above-described requirement by referring the patient or client to another licensed health care practitioner who is authorized to screen, diagnose, and treat the patient or client for a perinatal mental*

health condition. The bill would require a licensed health care practitioner who provides perinatal care for a patient ~~to screen, diagnose, or client to diagnose~~ and treat the patient *or client* for a perinatal mental health condition in accordance with ~~applicable clinical guidelines or standards~~ *the standards* appropriate to the provider's license, training, and scope of practice, as specified.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law requires the program to, among other things, conduct specified maternal mental health screenings during pregnancy and the postpartum period. *Existing law requires the program guidelines and criteria to be provided to relevant medical providers, including all contracting obstetric providers.* For purposes of these provisions, existing law defines “maternal mental health” to mean a mental health condition that occurs during pregnancy or during the postpartum period, as specified.

This bill would modify the term “maternal mental health” to “perinatal mental health” and additionally include in its definition a mental health condition that occurs during the perinatal period, as specified. The bill would instead require the above-described program to include perinatal mental health screening to be conducted during pregnancy and during the postpartum and perinatal periods in accordance with applicable clinical guidelines ~~or standards~~ *and the standards of care* appropriate to the provider's ~~license, training, and~~ scope of practice, as specified. *The bill would require program guidelines and criteria to be provided to relevant licensed health care practitioners, as defined, including all contracting obstetric providers.* The bill would require a health care service plan or health insurer to provide case management and care coordination for an enrollee or insured during the perinatal period. The bill would require a plan or an insurer to annually report the utilization and outcomes of case management services to the appropriate department and to post that reported information to its internet website. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.625 of the Health and Safety Code
2 is amended to read:

3 1367.625. (a) A health care service plan shall do all of the
4 following:

5 (1) (A) Develop a perinatal mental health program designed to
6 promote quality and cost-effective outcomes. The program shall
7 include *one or more* perinatal mental health ~~screening~~ *screenings*
8 to be conducted during pregnancy and during the postpartum and
9 perinatal periods in accordance with applicable clinical guidelines
10 ~~or standards and the standards of care~~ appropriate to the provider's
11 ~~license, training, and~~ scope of practice. The program shall be
12 developed consistent with sound clinical principles and processes,
13 and shall include quality measures to encourage screening,
14 diagnosis, treatment, and referral. The program guidelines and
15 criteria shall be provided to relevant ~~medical providers~~, *licensed*
16 ~~health care practitioners~~, including all contracting obstetric
17 providers. As part of a perinatal mental health program, the health
18 care service plan is encouraged to improve screening, treatment,
19 including through the use of medication and digital therapeutics
20 approved for perinatal mental health by the United States Food
21 and Drug Administration, and referral to perinatal mental health
22 services, include coverage for doulas, incentivize training
23 opportunities for contracting obstetric providers, and educate
24 enrollees about the program.

25 (B) (i) The ~~guidelines and standards~~ described in subparagraph
26 (A) shall be guidelines adopted by the American College of
27 Obstetricians and Gynecologists, unless those guidelines do not
28 align with the provider's scope of practice.

29 (ii) If the guidelines described in clause (i) do not align with
30 the provider's scope of practice, the ~~guidelines or standards~~ may

1 include, but are not limited to, guidelines ~~or standards~~ adopted by
2 other recognized professional bodies.

3 (C) This paragraph does not expand or alter a licensed provider's
4 existing scope of practice.

5 (2) Provide case management and care coordination for an
6 enrollee during the perinatal period.

7 (3) Annually report to the department on the utilization and
8 outcomes of case management services.

9 (4) Publicly post the information reported pursuant to paragraph
10 (3) on the plan's internet website.

11 (b) For the purposes of this section:

12 (1) "Contracting obstetric provider" means an individual who
13 is certified or licensed pursuant to Division 2 (commencing with
14 Section 500) of the Business and Professions Code, or an initiative
15 act referred to in that division, and who is contracted with the
16 enrollee's health care service plan to provide services under the
17 enrollee's plan contract.

18 (2) *"Health care practitioner" means a physician and surgeon,*
19 *naturopathic doctor, nurse practitioner, physician assistant, nurse*
20 *midwife, or a midwife licensed pursuant to Division 2 (commencing*
21 *with Section 500) of the Business and Professions Code or an*
22 *initiative act referred to in that division and who is acting within*
23 *their scope of practice.*

24 ~~(2)~~
25 (3) "Health care service plan" includes Medi-Cal managed care
26 plans that contract with the State Department of Health Care
27 Services pursuant to Chapter 7 (commencing with Section 14000)
28 and Chapter 8 (commencing with Section 14200) of Part 3 of
29 Division 9 of the Welfare and Institutions Code. The State
30 Department of Health Care Services shall seek any federal
31 approvals it deems necessary to implement this section. This
32 section applies to Medi-Cal managed care plan contracts only to
33 the extent that the State Department of Health Care Services obtains
34 any necessary federal approvals, and federal financial participation
35 under the Medi-Cal program is available and not otherwise
36 jeopardized.

37 ~~(3)~~
38 (4) "Perinatal mental health" means a mental health condition
39 that occurs during pregnancy, the postpartum period, or the

1 perinatal period and includes, but is not limited to, postpartum or
2 perinatal depression.

3 (c) This section does not apply to specialized health care service
4 plans, except specialized behavioral health-only plans offering
5 professional mental health services.

6 (d) Notwithstanding subdivision (a), a Medi-Cal managed care
7 plan shall continue to comply with any quality measures required
8 or adopted by the State Department of Health Care Services.
9 Quality measures included in a Medi-Cal managed care plan's
10 perinatal mental health program shall not be inconsistent with
11 quality measures required or adopted by the State Department of
12 Health Care Services.

13 (e) This section shall not be construed to limit access to
14 additional treatment options for perinatal mental health.

15 SEC. 2. Section 123640 of the Health and Safety Code is
16 amended to read:

17 123640. (a) A licensed health care practitioner who provides
18 prenatal, postpartum, perinatal, or interpregnancy care for a patient
19 *or client* shall ensure that the ~~mother~~ *patient or client* is offered
20 screening or is appropriately screened for perinatal mental health
21 ~~conditions.~~ *conditions consistent with Section 1367.625.*

22 (b) *A licensed health care practitioner may satisfy the*
23 *requirements of subdivision (a) by referring the patient or client*
24 *to another licensed health care practitioner who is authorized to*
25 *screen, diagnose, and treat the patient or client for a perinatal*
26 *mental health condition.*

27 ~~(b)(1)~~

28 (c) A licensed health care practitioner who provides perinatal
29 care for a patient shall ~~screen, diagnose,~~ *diagnose* and treat the
30 patient *or client* for a perinatal mental health condition in
31 accordance with ~~applicable clinical guidelines or the~~ standards
32 appropriate to the provider's license, training, and scope of practice.

33 ~~(2) (A) The guidelines and standards described in paragraph~~
34 ~~(1) shall be guidelines adopted by the American College of~~
35 ~~Obstetricians and Gynecologists, unless those guidelines do not~~
36 ~~align with the provider's scope of practice.~~

37 ~~(B) If the guidelines described in subparagraph (A) do not align~~
38 ~~with the provider's scope of practice, the guidelines or standards~~
39 ~~may include, but are not limited to, guidelines or standards adopted~~
40 ~~by other recognized professional bodies.~~

~~(3) This subdivision does not expand or alter a licensed provider's existing scope of practice.~~

~~(e)~~

(d) This section shall not apply to a licensed health care practitioner when providing emergency services or care, as defined in Section 1317.1.

~~(d)~~

(e) This section does not preclude any licensed or certified provider acting within their scope of practice from screening for perinatal mental health conditions.

~~(e)~~

(f) For purposes of this section, the following definitions apply:

(1) "Health care practitioner" means a physician and surgeon, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or a midwife licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code or an initiative act referred to in that division and who is acting within their scope of practice.

(2) "Perinatal mental health condition" means a mental health condition that occurs during pregnancy, the postpartum period, the perinatal period, or interpregnancy and includes, but is not limited to, postpartum or perinatal depression.

~~(f) This section does not do any of the following:~~

~~(1) Require a health care practitioner to act outside the standard of care as defined by their relevant licensing board.~~

~~(2) Require adherence to specific clinical guidelines if those guidelines are inconsistent with the practitioner's standard of care or scope of practice.~~

~~(3) Limit the authority of a licensing board to determine whether a practitioner has met the standard of care in disciplinary proceedings.~~

~~(4) Prevent a licensed midwife from referring a patient to a physician in accordance with Section 2507 of the Business and Professions Code when a condition exceeds their scope of practice.~~

SEC. 3. Section 10123.867 of the Insurance Code is amended to read:

10123.867. (a) A health insurer shall do all of the following:

(1) (A) Develop a perinatal mental health program designed to promote quality and cost-effective outcomes. The program shall include *one or more* perinatal mental health ~~screening~~ *screenings*

1 to be conducted during pregnancy and during the postpartum and
2 perinatal periods in accordance with applicable clinical guidelines
3 ~~or standards and the standards of care~~ appropriate to the provider's
4 ~~license, training, and~~ scope of practice. The program shall be
5 developed consistent with sound clinical principles and processes,
6 and shall include quality measures to encourage screening,
7 diagnosis, treatment, and referral. The program guidelines and
8 criteria shall be provided to relevant ~~medical providers, licensed~~
9 *health care practitioners*, including all contracting obstetric
10 providers. As part of the perinatal mental health program, a health
11 insurer is encouraged to improve screening, treatment, including
12 through the use of medication and digital therapeutics approved
13 for perinatal mental health by the United States Food and Drug
14 Administration, and referral to perinatal mental health services,
15 include coverage for doulas, incentivize training opportunities for
16 contracting obstetric providers, and educate insureds about the
17 program.

18 (B) (i) The guidelines ~~and standards~~ described in subparagraph
19 (A) shall be guidelines adopted by the American College of
20 Obstetricians and Gynecologists, unless those guidelines do not
21 align with the provider's scope of practice.

22 (ii) If the guidelines described in clause (i) do not align with
23 the provider's scope of practice, the guidelines ~~or standards~~ may
24 include, but are not limited to, guidelines ~~or standards~~ adopted by
25 other recognized professional bodies.

26 (C) This paragraph does not expand or alter a licensed provider's
27 existing scope of practice.

28 (2) Provide case management and care coordination for an
29 insured during the perinatal period.

30 (3) Annually report to the department on the utilization and
31 outcomes of case management services.

32 (4) Publicly post the information reported pursuant to paragraph
33 (3) on the insurer's internet website.

34 (b) For the purposes of this section:

35 (1) "Contracting obstetric provider" means an individual who
36 is certified or licensed pursuant to Division 2 (commencing with
37 Section 500) of the Business and Professions Code, or an initiative
38 act referred to in that division, and who is contracted with the
39 insured's health insurer to provide services under the insured's
40 health insurance policy.

1 (2) “*Health care practitioner*” means a physician and surgeon,
2 naturopathic doctor, nurse practitioner, physician assistant, nurse
3 midwife, or a midwife licensed pursuant to Division 2 (commencing
4 with Section 500) of the *Business and Professions Code* or an
5 initiative act referred to in that division and who is acting within
6 their scope of practice.

7 ~~(2)~~

8 (3) “Perinatal mental health” means a mental health condition
9 that occurs during pregnancy, the postpartum period, or the
10 perinatal period and includes, but is not limited to, postpartum or
11 perinatal depression.

12 (c) This section does not apply to specialized health insurers,
13 except behavioral health-only insurers that provide coverage for
14 professional mental health services.

15 (d) This section shall not be construed to limit access to
16 additional treatment options for perinatal mental health.

17 SEC. 4. No reimbursement is required by this act pursuant to
18 Section 6 of Article XIII B of the California Constitution because
19 the only costs that may be incurred by a local agency or school
20 district will be incurred because this act creates a new crime or
21 infraction, eliminates a crime or infraction, or changes the penalty
22 for a crime or infraction, within the meaning of Section 17556 of
23 the Government Code, or changes the definition of a crime within
24 the meaning of Section 6 of Article XIII B of the California
25 Constitution.