

SB 1207 (Portantino)

Maternal and Pandemic-Related Mental Health Conditions

PROBLEM

According to the California Department of Public Health, 1 in 5 California women suffered from postpartum depression in 2018. This number is likely to increase with the effect that the COVID-19 pandemic has had on the mental health of mothers, who are already facing the challenges that accompany pregnancy and childbirth. To combat these issues, government, health care service plans, insurers, and health care providers can work cooperatively to provide outreach, education, and access to quality mental health treatment to support all Californians, especially those most vulnerable.

BACKGROUND

The COVID-19 pandemic has created unprecedented changes to everyday life for millions of Californians. The physical and mental health effects of the virus, as well as the multitude of tangential effects, are especially dangerous for women experiencing pregnancy and childbirth. Loss of income or family members, deferral of health screenings and care, and prolonged need for childcare all increase the burden on women, in turn increasing the risk of postpartum depression and other maternal mental health conditions.

Postpartum depression is a severe form of clinical depression related to pregnancy and childbirth. Symptoms include severe mood swings and deep despondency as well as impulses that can compel a mother to harm herself or her child. With 100,000 cases reported per year, adequate support and services are crucial.

Seeing maternal mental health specialists can be a huge financial burden. Mothers may also hesitate to seek help because of stigmas associated with mental illness, as well as cultural expectations surrounding motherhood and the traditional roles of women.

Women of color continue to be among the most affected, in part because many do not have health insurance or their insurance covers little or no mental health treatment. Prenatal symptoms of depression are twice as common for Black (19.9%) and Latina (17.1%) women compared to white (9.5%) and Asian/Pacific Islander (10.3%) women.

The COVID-19 pandemic has added a layer of complexity and isolation that could substantially increase the rates of postpartum depression and other maternal mental health conditions. It is vital to provide adequate for women's mental health during pregnancy and after childbirth, especially during these unprecedented times.

SUMMARY

SB 1207 would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1, 2023. The bill would revise the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also would encourage health care service plans and health insurers to improve screening, treatment, and referral to maternal mental health services, in-

clude coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program. The bill would define “health care service plan” to include specifies Medi-Cal managed health care plans, as specified, and would require those plans to continue to comply with any quality measures required or adopted by the State Department of Health Care Services, notwithstanding the requirements of the bill. Because a violation of the bill 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 district costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

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

EXISTING LAW

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to provide specified mental health and substance use disorder coverage, and requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound

clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified.

SUPPORT

American College of Obstetricians and Gynecologists District IX
Association of California Healthcare Districts
California Catholic Conference
Depression and Bipolar Support Alliance

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