Date of Hearing: August 3, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

SB 1207 (Portantino) – As Amended April 7, 2022

Policy Committee: Health Vote: 14 - 0

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

SUMMARY:

This bill requires a health care service plan (health plan) or health insurer to include quality measures in an existing maternal mental health program (program), and encourages a health plan or insurer to provide coverage for doulas, incentivize training opportunities for obstetric providers, and educate enrollees and insured individuals about the program. This bill also extends, to July 1, 2023, the deadline for the development of the program.

FISCAL EFFECT:

- 1) The Department of Health Care Services states this bill could increase costs for monitoring and managing maternal mental health, but costs are not expected to be significant.
- 2) The Department of Managed Health Care estimates absorbable costs.
- 3) Minimal or no costs to the California Public Employees Retirement System and Department of Insurance.

COMMENTS:

According to the author:

The physical and mental health effects of the COVID-19 pandemic 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...With 100,000 cases reported per year, adequate support and services are crucial...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.

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