

SENATE THIRD READING  
SB 1207 (Portantino)  
As Amended August 24, 2022  
Majority vote

## SUMMARY

Revises existing law as it relates to the development of a maternal mental health program (program) to include quality measures to encourage screening, diagnosis, treatment, and referral; and, to encourage health care service plans (health plans) and health insurers to improve screening, treatment, and referral to maternal mental health services, include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program. Clarifies that health plans include Medi-Cal managed care plans that contract with the Department of Health Care Services (DHCS) and requires DHCS to seek any federal approvals it deems necessary to implement this bill, as specified.

## Major Provisions

## COMMENTS

According to the Department of Public Health, one in five California women who recently gave birth experience symptoms of depression during or after pregnancy. That translates to about 100,000 women a year. All women are at risk for symptoms of perinatal depression; however, Black or Latina women, women who have low incomes or those who have experienced hardships in their childhood or during pregnancy are at heightened risk of having symptoms of depression. Depression during pregnancy is likely to lead to depression after the baby is born and is associated with serious risks to the mother and infant. Though not all women with symptoms of depression will be diagnosed with clinical depression, screening and appropriate care should be provided during prenatal care.

- 1) *California Task Force on the Status of Maternal Mental Health Care.* In 2014, the California Legislative Women's Caucus introduced ACR 148 (Waldron), Resolution Chapter 96, Statutes of 2014, to explore untreated maternal mental health disorders and their impacts. ACR 148 passed and initiated a multidisciplinary Task Force representing stakeholders in mental health, medicine, public health, nursing, research, insurance, and hospitals. From 2015 to 2016, the California Task Force on the Status of Maternal Mental Health Care (the Task Force) examined existing barriers to screening and diagnosis, current treatment options, evidence-based treatments, and emerging treatments. In December 2016, the Task Force published "California's Strategic Plan: A catalyst for shifting statewide systems to improve care across California and beyond." The report included an overview of the current state and recommendations for California to improve maternal mental health care.
- 2) *Doulas.* This bill expands upon the existing program by encouraging health plans and insurers to include doula coverage. Full-spectrum doulas are trained to provide nonclinical emotional, physical, and educational support to help women manage pain, fear, fatigue, and uncertainty throughout their pregnancy and postpartum; doulas do not provide medical care. In addition to supporting pregnant women, doulas also may support their partners and families. There is wide variation in the type of practice or specialization among doulas. They may practice prenatal only, birth-only, postpartum-only, miscarriage/abortion-only care, or a combination of these types of practices. Doulas who practice full-spectrum care provide

educational and emotional support throughout the perinatal period (pregnancy through one year postpartum). Full spectrum and birth doulas are also trained to provide stillbirth and miscarriage support services. Doulas may practice part time or full time; independently, with a group, or through a hospital-based program; and may volunteer or require reimbursement for services.

- 3) *Doula coverage under Medi-Cal.* DHCS announced that doula services will be added to the list of preventive services covered under the Medi-Cal program starting January 1, 2023. According to DHCS, pursuant to federal regulations, doula services must be recommended by a physician or other licensed practitioner. Additionally, to add these services, DHCS must submit a State Plan Amendment to the Centers for Medicare and Medicaid Services and receive federal approval.
- 4) *Doula care pilot programs.* In February 2022, Blue Shield of California announced the Maternal Child Health Equity initiative to help address disproportionate mortality rates among mothers and children, especially in underserved communities. Efforts of the initiative include working with community-based organizations, including Black Wellness and Prosperity Center, Diversity Uplift, and Her Health First to provide training curriculum for doulas and connecting mothers to family-centered services, emergency funds and maternal supplies. Doulas who are culturally congruent and trauma-informed to help ensure mothers are being heard, supported, and informed during the perinatal experience is included to help close racially biased maternal care gaps. Below are examples of other doula care pilot programs in California:
  - a) SisterWeb, San Francisco Community Doula Network. SisterWeb provides prenatal, birth, and postpartum care to low-income women of color in San Francisco in need of doula support. This program began providing services in 2019 and is a partnership between the San Francisco Department of Public Health and SisterWeb;
  - b) HealthNet Community Doula Pilot Program (terminated). In 2019, the Association for Wholistic Maternal and Newborn Health partnered with HealthNet, in a pilot program to help improve birth outcomes for African American/Black women and infants in Los Angeles County. This pilot program's goal was to provide 150 African American/Black women enrolled in HealthNet Medi-Cal with 10 mostly African American/Black doulas in order to lower cesarean rates for their African American clients. The program provided services to 30 women during a six month period; and,
  - c) Perinatal Equity Initiative grants. Planning Grants were awarded to 13 county health departments currently operating Black Infant Health programs for the purpose of improving black infant birth outcomes and reducing infant mortality. Counties are allowed to use this funding to establish doula care programs.

### **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. The author states that 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 themselves or their child. With 100,000 cases

reported per year, adequate support and services are crucial. Evidence suggests that mothers also may 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. The author concludes that 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.

### **Arguments in Support**

The American College of Obstetricians and Gynecologists District IX writes that 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. Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. It is important to identify pregnant and postpartum women with depression because untreated perinatal depression and other mood disorders can have devastating effects. 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.

### **Arguments in Opposition**

The California Association of Health Plans, the Association of California Life and Health Insurance Companies, and America's Health Insurance Plans write that benefit mandates impose a one-size-fits-all approach to medical care and benefit design driven by the legislature, rather than consumer choice. State mandates increase costs of coverage – especially for families who buy coverage without subsidies, small business owners who cannot or do not wish to self-insure, and California taxpayers who foot the bill for the state's share of those mandates.

## **FISCAL COMMENTS**

According to the Assembly Appropriations Committee:

- 1) DHCS 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 California Department of Insurance.

**VOTES****SENATE FLOOR: 32-3-5**

**YES:** Allen, Atkins, Bates, Becker, Bradford, Cortese, Dodd, Durazo, Eggman, Glazer, Gonzalez, Hueso, Hurtado, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

**NO:** Borgeas, Jones, Nielsen

**ABS, ABST OR NV:** Archuleta, Caballero, Dahle, Grove, Hertzberg

**ASM HEALTH: 14-0-1**

**YES:** Wood, Waldron, Aguiar-Curry, Arambula, Carrillo, Flora, Maienschein, Mayes, McCarty, Nazarian, Luz Rivas, Rodriguez, Santiago, Akilah Weber

**ABS, ABST OR NV:** Bigelow

**ASM APPROPRIATIONS: 12-0-4**

**YES:** Holden, Bryan, Calderon, Carrillo, Davies, Mike Fong, Gabriel, Levine, Quirk, Robert Rivas, Akilah Weber, Wilson

**ABS, ABST OR NV:** Bigelow, Megan Dahle, Fong, Eduardo Garcia

**UPDATED**

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