SENATE COMMITTEE ON HEALTH
Senator Dr. Richard Pan, Chair

BILL NO: SB 1207
AUTHOR: Portantino
VERSION: March 16, 2022
HEARING DATE: April 27, 2022
CONSULTANT: Teri Boughton

SUBJECT: Health care coverage: maternal and pandemic-related mental health conditions

SUMMARY: Requires health plan and insurer maternal mental health programs to include quality measures to encourage screening, diagnosis, treatment and referral, requires program guidelines and criteria to be provided to providers, and requires education of enrollees and insureds about the plan's or insurer's program.

Existing law:

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq., and WIC §14000, et seq.]

2) Requires health plans and insurers to develop a maternal mental health (MMH) program designed to promote quality and cost-effective outcomes, developed with sound clinical principals and processes, and to provide, upon request, guidelines and criteria to medical providers including contracting obstetric providers. [HSC §1367.625 and INS §10123.867]

3) Establishes the following definitions:

   a) "Contracting obstetric provider" means an individual who is certified or licensed pursuant to specified law, or an initiative act, as specified, and who is contracted to provide services under the enrollee's plan contract or insured's insurance policy.

   b) "MMH" means 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]

4) Excludes specialized health plans or insures, except specialized behavioral health-only plans or insurers offering professional mental health services. [HSC §1367.625 and INS §10123.867]

5) 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. [HSC §123640]

6) Defines "Health care practitioner" as a physician and surgeon, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or a midwife licensed as specified. [HSC §123640]

7) Defines "MMH condition" as a mental health condition that occurs during pregnancy, the postpartum period, or interpregnancy and includes, but is not limited to, postpartum depression. [HSC §123640]

This bill:

1) Requires, by July 1, 2023, health plans and insurers to include quality measures to encourage screening, diagnosis, treatment and referral as part of the MMH program that is already required under existing law.

2) Requires program guidelines and criteria to be provided to medical providers and all contracting obstetric providers.

3) Encourages the inclusion of coverage for doulas, incentivizing training opportunities for contracting providers, and education of enrollees or insureds about the MMH program.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) *Author's statement.* 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 MMH 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. 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. 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.

2) *Impacts of MMH in California.* According to an April 2017 report by the California Task Force on the Status of MMH Care (CTF report), untreated MMH disorders significantly and negatively impact the short- and long-term health and well-being of affected mothers and their children, which can lead to adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic costs. Even when MMH disorders are detected, treatment occurs in less than 15% of identified cases. MMH disorders encompass a range of mental health conditions, and can occur for the first time during the perinatal period or even exist before conception and continuing, or worsening, during the perinatal period. Women who have had prior episodes of depression or anxiety are especially vulnerable at any time during the perinatal period. The CTF report cites Maternal and Infant Health Assessment (MIHA) data that shows the highest prevalence of depressive symptoms during and after pregnancy was found among Black and Hispanic women, women of lower educational attainment, women who are Medi-Cal beneficiaries, and women in poverty. The large proportion of California's birthing population (44%) with income levels at or below the federal poverty guideline (FPG) experience the highest prevalence of maternal depressive symptoms (28.4%) while symptoms decrease

significantly (11.8%) among those with income exceeding 300% of FPG. Maternal depression contributes to the $210.5 billion economic burden the U.S. faces each year for major depressive disorders through absenteeism at work, lost productivity, direct treatment costs, and expenditures related to suicide. The CTF report states the annual cost of not treating a mother with depression is $7,200 in lost income and productivity, with an additional $15,300 attributed to the child, totaling $22,500. The CTF report states that MMH disorders cost California an estimated $2.25 billion each year.

3) *Prior legislation.* AB 935 (Maienschein of 2021) would have required health plans and insurers to provide access to a telehealth consultation program, as specified, that meets specified criteria and provides providers who treat children and pregnant and certain postpartum women with access to a mental health consultation program. *AB 935 was held in the Assembly Appropriations Committee.*

   AB 1357 (Cervantes of 2021) would have required the California Department of Public Health (CDPH) to develop and maintain on its website a referral network of community-based mental health providers and support services addressing prenatal, delivery, and postpartum care needs. *AB 1357 was vetoed by Governor Newsom, whose veto message stated:*

   "AB 1357 is duplicative as there are existing resources available to pregnant and postpartum individuals. The Department of Health Care Services maintains a website that provides information about how individuals can seek mental health services through their local county. State programs such as the Adolescent Family Life Program, Black Infant Health Program, California Home Visiting Program, Perinatal Equity Initiative, and the Comprehensive Perinatal Services Program work to ensure pregnant and postpartum individuals are assessed, informed, linked, and referred to appropriate health and social services, including mental health services.

   Local health jurisdictions also inform pregnant and postpartum individuals of services and providers that are available and unique to each county. Finally, an individual's source of health coverage, whether it be Medi-Cal, a county mental health plan, or commercial health plan can arrange for care through its local provider network. For these reasons, I do not believe adding yet another website is necessary".

   AB 1477 (Cervantes, Chapter 535, Statutes of 2021) requires a health care practitioner who provides interpregnancy care to ensure that a mother is offered screening or is appropriately screened for MMH conditions. Expands the definition of "MMH condition" to include a condition that occurs during interpregnancy care.

   AB 3003 (Cervantes of 2020) was substantially similar to AB 1477. *AB 3003 was not heard in the Assembly Health Committee due to constraints caused by the COVID-19 pandemic.*

   AB 1893 (Maienschein, Chapter 140, Statutes of 2018) requires CDPH to investigate and apply for federal funding opportunities to support MMH, as specified.

AB 2193 (Maienschein, Chapter 755, Statutes of 2018) requires health plans and health insurers to develop, consistent with sound clinical principles and processes, a MMH program, as specified. Requires, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient, to offer to screen or appropriately screen a mother for MMH conditions.

4) *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 MMH 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 MMH conditions. It is vital to provide adequate for women's mental health during pregnancy and after childbirth. For The Depression and Bipolar Support Alliance California writes two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation's suicides every year, and cost $23 billion in lost workdays and other workplace losses. The COVID pandemic has clearly had massive effects on the mental health of people globally, and Californians are no exception.

5) *Opposition.* The California Association of Health Plans, the Association of California Life and Health Insurance Companies, and America's Health Insurance Plans (opponents) write that this bill and thirteen other health insurance mandate bills will increase costs, reduce choice and competition, and further incent some employers and individuals to avoid state regulation by seeking alternative coverage options. Opponents indicate now is not the time to inhibit competition with proscriptive mandates that reduce choice and increase costs. In the face of continued uncertainty and efforts to fragment the market and promote less comprehensive coverage, California needs to protect the coverage gains we've made and stay focused on the stability and long-term affordability of our health care system. Benefit mandates impose a one-size-fits-all approach to medical care and benefit design driven by the Legislature, rather than consumer choice. Benefit mandates that do not promote evidence-based medicine can lead to lower quality care, over- or misutilization of services, and higher costs for treatments that may be ineffective, less safe, or higher cost than other, new or trusted services. California is rightly focused on achieving both universal coverage and cost containment at a time when the national conversation has shifted toward lower costs through less comprehensive options.

SUPPORT AND OPPOSITION:

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

Oppose: America's Health Insurance Plans
Association of California Life and Health Insurance Companies
California Association of Health Plans

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