

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 626  
AUTHOR: Smallwood-Cuevas  
BILL DATE: May 5, 2025, Amended  
SUBJECT: Perinatal Health Screenings and Treatment  
SPONSOR: California Coalition for Perinatal Mental Health &  
Justice; Policy Center for Maternal Mental Health;  
Sage Therapeutics; PSI-California; Black Women for  
Wellness Action Project

DESCRIPTION OF CURRENT LEGISLATION:

Requires a licensed health care provider who provides perinatal care to screen, diagnose, and treat their patient for a perinatal mental health condition in accordance with applicable clinical guidelines or standards appropriate to the provider's license, training, and scope of practice, as specified.

Requires health plans and insurers to provide coverage for at least one medication approved by the U.S. Food and Drug Administration (FDA) for perinatal mental health and for at least one FDA-approved digital therapeutic for perinatal mental health.

BACKGROUND:

Licensees of the Medical Board of California (Board) are required to treat their patients or clients according to the standard of care. The standard of care<sup>1</sup> is the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent providers in the same or similar circumstances at the time in question.

[Business and Professions Code \(BPC\) section 2234](#) states that it is unprofessional conduct for a physician to commit acts of gross negligence, repeated negligent acts, and incompetence, among other provisions.

[BPC section 2507](#) defines the scope of practice for a licensed midwife (LM). In general, it states that an LM is authorized to attend cases of normal pregnancy and childbirth and provide prenatal, intrapartum, and postpartum care, including family-planning care for the mother and immediate care for a newborn. [BPC section 2519](#) states, among

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<sup>1</sup> See [presentation slides](#) (Agenda Item 20) from the [August 2020 Quarterly Board Meeting](#).

other provisions, that incompetence or gross negligence in carrying out the usual functions of an LM is cause for discipline.

If anyone believes that a health care provider has not provided appropriate care, they should file a complaint with the appropriate regulatory authority.

[Health and Safety Code \(HSC\) section 1367.625](#) and [Insurance Code section 10123.867](#) generally require health insurance providers to develop a mental health program that requires maternal mental health screening to be conducted during pregnancy, during the first six weeks of the postpartum period, including additional postpartum screens, if determined to be medically necessary and clinically appropriate in the judgment of the treating provider.

#### ANALYSIS:

According to the author's fact sheet:

“Despite their prevalence, [Perinatal Mental Health] PMH disorders remain under-addressed within the healthcare system. Current laws lack sufficient resources and accountability to ensure timely, effective care. Untreated PMH disorders can lead to long-term consequences, including chronic mental health conditions, impaired parent-child bonding, adverse childhood experiences, and behavioral and developmental delays in children<sup>2</sup>.

They also contribute to higher rates of infant mortality and adverse birth outcomes such as low birth weight and preterm birth. Research and expert guidelines, such as those from ACOG, indicate that early and frequent screening, combined with comprehensive treatment, are key to preventing these challenges, along with public awareness and education. However, these standards are not consistently implemented or enforced in California.”

As it pertains to the Board, SB 626 amends Health and Safety Code (HSC) section 123640 to state that a licensed health care practitioner who provides perinatal care for a patient shall screen, diagnose, and treat the patient for a “perinatal mental health” condition in accordance with applicable clinical guidelines or standards appropriate to the provider’s license, training, and scope of practice. The bill would define perinatal mental health to mean a mental health condition that occurs during pregnancy, the postpartum period, or the perinatal period and includes, but is not limited to, postpartum or perinatal depression.

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<sup>2</sup> [NIH article: Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes](#)

The proposed amendments to this section indicate that practitioner should follow guidelines adopted by the [American College of Obstetricians and Gynecologists \(ACOG\)](#), unless those guidelines do not align with the provider's scope of practice. If guidelines do not align with the provider's scope of practice, they may follow other guidelines or standards adopted by other recognized professional bodies. The term "recognized" is not defined.

Further, the amendments state that this language does not expand or alter a licensed provider's existing scope of practice.

The proposed amendments to this section also state that this section does not do any of the following:

- Require a health care practitioner to act outside the standard of care as defined by their relevant licensing board.
- Require adherence to specific clinical guidelines if those guidelines are inconsistent with the practitioner's standard of care or scope of practice.
- Limit the authority of a licensing board to determine whether a practitioner has met the standard of care in disciplinary proceedings.
- 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.

### **Concerns with Legislating the Standard of Care**

All Board licensees are required to follow the standard of care, consistent with their scope of practice. Relevant clinical guidelines may help inform the standard of care, but they do not necessarily dictate the standard of care for a particular patient/client.

Relatedly, ACOG's clinical practice guidelines for the treatment and management of mental health conditions during pregnancy and postpartum include an important [disclaimer](#) that includes, in relevant part, the following:

"This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. This information does not represent ACOG clinical guidance. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications, toolkits and other resources regularly; however, this information may not reflect the most recent evidence."

When the Board pursues discipline against a licensee, the standard of care related to the circumstances in question is determined by one or more qualified experts with relevant education, training, and experience.

The proposed amendments to HSC section 123640 could unintentionally lower the quality of care provided to patients/clients if the health care provider relies upon guidelines that are inconsistent with the standard of care. Furthermore, if such a provider acts in accordance with this section, the Board may be unable to take disciplinary action against them (e.g., for negligence or incompetence).

### **Provisions Related Health Insurance**

SB 626 amends existing law to, generally, require health insurers to develop a perinatal mental health program designed to promote quality and cost-effective outcomes. The program shall include perinatal mental health screenings to be conducted during pregnancy and the postpartum and perinatal periods in accordance with applicable clinical guidelines or standards appropriate to the provider's license, training, and scope of practice. These provisions encourage insurers to provide access to medication and digital therapeutics approved for perinatal mental health by the FDA.

The program shall be consistent with sound clinical principles and processes, and include quality measures to encourage screening, diagnosis, treatment, and referral. The program guidelines and criteria shall be provided to relevant medical providers, including all contracting obstetric providers. The bill also requires that insurers provide case management and care coordination for their enrollees and require annual public reporting on the utilization and outcomes of case management services.

The sections related to health insurers have similar concerning language related to following clinical guidelines.

### **Consideration of a Board Position**

SB 626 laudably attempts to increase access to quality perinatal mental health care, which is a documented, ongoing need<sup>3</sup>. Unfortunately, the provisions of the bill that attempt to require providers to follow ACOG, or other guidelines, could inadvertently thwart the author's goals.

Accordingly, staff recommend the Board adopt a Support, if Amended position, seeking amendments that simply and clearly state that health care providers should treat their patients/clients according to the applicable standard of care that is consistent with the

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<sup>3</sup> See the Department of Health Care Services [Birthing Care Pathway Report](#) (February 2025), which states (see p. 15) that California has four (Los Angeles, San Diego, San Bernardino, and Riverside) of the top ten counties in the US with the lowest maternal mental health resources.

provider's scope of practice, or that they shall refer the patient/client to a licensed provider authorized to screen, diagnose, and treat them for a perinatal mental health condition. Similar amendments should be made to the sections relating to health insurers to ensure all the provisions of the bill are aligned. Staff further recommend that the Board delegate authority to the President and Vice President to determine the appropriate amendments that would address these concerns and cause the Board's position to move to Support, at the appropriate time.

FISCAL: None anticipated for the Board.

SUPPORT: American Academy of Pediatrics, California  
 American College of Obstetricians & Gynecologists  
 Be Mom Aware  
 Black Women for Wellness Action Project  
 California Coalition for Perinatal Mental Health & Justice  
 California Access Coalition  
 California Behavioral Health Association  
 California Chapter of Postpartum Support International  
 California Perinatal Hub, Inc.  
 California WIC Association  
 Claris Health  
 Diversity Uplifts  
 Ethical Family Building  
 First 5 California  
 LA Best Babies Network  
 Maternal Mental Health NOW  
 National Council of Jewish Women Los Angeles  
 Postpartum Health Alliance  
 Return to Zero: HOPE  
 Sacramento Maternal Mental Health Collaborative  
 The Children's Partnership  
 The Crow

OPPOSITION: Association of California Life & Health Insurance Companies  
 California Association of Health Plans

POSITION: Recommendation: Support, if Amended

ATTACHMENT: [SB 626, Smallwood-Cuevas. Perinatal Health Screenings and Treatment.](#)  
 Version: 5/5/25 – Amended