

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 626  
 AUTHOR: Smallwood-Cuevas  
 BILL DATE: July 17, 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  
 POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

Requires patients/clients to be screened for a perinatal mental health condition in accordance with applicable clinical guidelines and standards of care appropriate to the practitioner's scope of practice. Requires practitioners to diagnose and treat their patients/clients according to the standards appropriate to the provider's license, training, and scope of practice. Requires insurers to develop a perinatal mental health program designed to promote quality and cost-effective outcomes, as specified.

**SB 626 has not been amended since the Medical Board of California (Board) adopted a Support position on the bill.**

BACKGROUND:

Licensees of the 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

<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 pertains to the Board, SB 626 amends HSC section 123640 to state that a licensed health care practitioner who provides prenatal, postpartum, perinatal, or interpregnancy care for a patient/client shall ensure that they are screened for a perinatal mental health condition in accordance with applicable clinical guidelines and the relevant standard of care. A practitioner may meet this requirement by referring the patient/client to another practitioner with the appropriate authorization to screen, diagnose, and treat someone for such a condition.

The proposed changes to this section further state that a practitioner who provides perinatal care shall diagnose and treat their patient/client for a perinatal mental health

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

condition according to the standards appropriate to the provider’s license, training, and scope of practice.

**Provisions Related Health Insurance**

SB 626 updates existing statutes that generally require health insurers to develop a perinatal mental health program designed to promote quality and cost-effective outcomes. The bill requires the program to include one or more perinatal mental health screenings to be conducted during pregnancy and the postpartum and perinatal periods in accordance with applicable clinical guidelines and standards of care appropriate to the provider’s scope of practice. SB 626 states that the practitioner should perform perinatal mental health screenings according to 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.

The required 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 practitioners, including all contracting obstetric providers. SB 626 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. This bill encourages insurers to provide access to medication and digital therapeutics approved for perinatal mental health by the FDA.

FISCAL: None anticipated for the Board.

SUPPORT: American Academy of Pediatrics, California  
 American Association of University Women - California  
 American College of Obstetricians & Gynecologists  
 Be Mom Aware  
 California Access Coalition  
 California Association for Nurse Practitioners  
 California Behavioral Health Association  
 California Catholic Conference  
 California Chapter of Postpartum Support International  
 California Life Sciences Association  
 California Medical Association  
 California Nurse Midwives Association  
 California Perinatal Wellness Alliance  
 California WIC Association  
 California’s Perinatal Hub, Inc.  
 Claris Health  
 County of Fresno  
 Curio Digital Therapeutics

Diversity Uplifts, Inc.  
Ethical Family Building  
Everychild Foundation  
First 5 Alameda, California, and LA  
Hispanas Organized for Political Equality  
LA Best Babies Network  
March of Dimes  
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  
Western Center on Law & Poverty

OPPOSITION: None received.

ATTACHMENT: [SB 626, Smallwood-Cuevas. Perinatal Health Screenings and Treatment.](#)  
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