MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 626
AUTHOR:	Smallwood-Cuevas
CHAPTER:	Chaptered, #973
BILL DATE:	August 20, 2026, 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 maternal mental health condition in accordance with applicable clinical guidelines and standards of care appropriate to the provider's scope of practice. Requires providers 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 maternal mental health program designed to promote quality and cost-effective outcomes, as specified.

RECENT AMENDMENTS

On August 20, 2026, SB 626 was amended, as follows:

- Replaced the term "perinatal mental health condition" with "maternal mental health condition" throughout the bill.

- Updated the definition of a "maternal mental health condition" and various requirements on health insurers.

- Updated the requirements on license health care providers to clarify that they must treat their patient or client within their scope of practice and ensure they receive a clinical evaluation. If the provider diagnoses their patient or client with a maternal mental health condition, they shall offer or provide treatment unless they refer them to another licensed provider authorized to screen, evaluate, diagnose, and treat them. Further, the amendments clarified that the provider must conduct screenings consistent with their scope of practice and applicable clinical guidelines.

IMPLEMENTATION TASKS

- Report in the Board's newsletter (expected to be published by January 2026).

- Publish a newsletter article in 2027 to highlight awareness of this law.

BACKGROUND

Licensees of the Board are required to treat their patients or clients according to the standard of care. The standard of care[1] 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. If anyone believes that a health care provider has not provided appropriate care, they should file a complaint with the appropriate regulatory authority.

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

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[2].

[1] See presentation slides (Agenda Item 20) from the August 2020 Quarterly Board Meeting.
[2] NIH article: Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes

> 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 provider who provides prenatal, postpartum, or perinatal care for a patient/client shall ensure that they are screened for maternal mental health conditions in accordance with applicable clinical guidelines and the relevant standard of care. Further, the provider shall ensure that their patient/client is offered and receives a clinical evaluation, and if so diagnosed, offer or treat them appropriately. A provider 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.

Further, the proposed changes to this section state that a provider who provides prenatal, postpartum, or perinatal care shall diagnose and treat their patient/client for a maternal mental health condition according to the standards appropriate to the provider's license, training, and scope of practice.

SB 626 defines "maternal mental health condition" to mean a mental health condition, including postpartum or perinatal depression, that occurs during the pregnancy or the postpartum period, as defined by the most recent clinical guidelines adopted by the American College of Obstetricians and Gynecologists on the screening and diagnosis of mental health conditions during pregnancy and postpartum, regardless of the pregnancy outcome and inclusive of gender-diverse birthing people.

Provisions Related Health Insurance

SB 626 updates existing statutes that generally require health insurers to develop a maternal mental health program designed to promote quality and cost-effective outcomes. The bill requires the program to include one or more maternal mental health screenings to be conducted during pregnancy and the postpartum period 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 maternal 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 case management and quality measures to encourage screening, diagnosis, treatment, and referral. The program guidelines and criteria shall be provided

to relevant providers, 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 maternal 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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