

Bill Summary

Senate Bill (SB) 626 would require coverage for the diagnosis and treatment of perinatal mental health conditions, including:



- At least 1 **FDA-approved medication** and at least 1 **digital therapeutic** for perinatal mental health
- Perinatal-period **case management and care coordination**
- Screening for a perinatal mental health condition following ACOG guidelines

Context

The **perinatal period** is the duration of a pregnancy plus 12 months after the pregnancy has ended.

Perinatal mental health conditions can include depression, postpartum psychosis, anxiety disorders, bipolar disorder, PTSD, and OCD.



Psychotherapy and pharmacotherapy are both often used to treat patients with mental health conditions during pregnancy.

Insurance Subject to the Mandate

SB 626 would apply to the health insurance of approximately **24.1 million enrollees** (63% of all Californians)

- CDI and DMHC-Regulated** (Commercial and CalPERS)
- Medi-Cal** (DMHC Regulated)
- Federally-Regulated** (Medicare, self-insured, etc.)

Medical Effectiveness



- **Some evidence** that FDA-approved medication is clinically effective at treating severe postpartum depression, but **not enough research** to determine if it is more effective than SSRIs
- **Not enough research** to determine if FDA-approved digital therapeutics are effective for treating postpartum depression
- **Not enough research** to determine whether screening for perinatal depression improves health outcomes
- **Conflicting evidence** that care coordination and case management improve health outcomes

Benefit Coverage

At baseline, **3%** of enrollees have coverage for an FDA-approved medication and **2%** have coverage for an FDA-approved digital therapeutic for perinatal mental health conditions.



CHBRP: California Health Benefits Review Program
CDI: California Department of Insurance
DMHC: California Department of Managed Health Care
FDA: Food and Drug Administration
PMPM: Per member per month
PTSD: Post-Traumatic Stress Disorder
OCD: Obsessive-Compulsive Disorder
SSRI: Selective serotonin reuptake inhibitor

Utilization & Public Health Impacts

CHBRP estimates postmandate utilization will increase by the following number of enrollees:

- FDA-approved medication: **328**
- FDA-approved digital therapeutic: **5,402**
- Screenings: **37,581**

CHBRP predicts **no short-term public health impacts** at the state level, but future long-term impacts are possible.



Cost Impacts

SB 626 would increase total net annual expenditures by **\$9,842,000** or **0.01%** for enrollees in DMHC-regulated plans and CDI-regulated policies. SB 626 would increase PMPM premiums by a range of **\$0.0132** for small group CDI policies to **\$0.0467** for large group DMHC plans.

