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The Honorable Caroline Menjivar, Chair
California State Senate Committee on Health
1021 O Street, Suite 3310
Sacramento, CA 95814

Position Letter: SB 626 (Smallwood-Cuevas) – Support if Amended

Dear Chairwoman Menjivar and Members of the California State Senate Committee on Health,

Students for Patient Advocacy Nationwide (SPAN) greatly appreciates the intent of SB 626, which seeks to expand access to maternal mental health screening, diagnosis, and treatment. by aligning clinical practices with perinatal care guidelines. The bill represents a strong step toward ensuring that patients receive comprehensive mental health support **throughout the perinatal period**. We applaud the bill's emphasis on clinical guidance from the American College of Obstetricians and Gynecologists (ACOG) and its effort to standardize expectations for health plans and providers.

However, we respectfully urge the committee to adopt a targeted amendment to ensure the bill's enforceability and protect its intended scope of coverage. Specifically, SB 626 must include a statutory definition of the "perinatal period." Currently, the bill references ACOG guidelines without stating a clear timeframe. While ACOG's mental health guidance defines the perinatal period as spanning **pregnancy through 12 months postpartum**, the term is used inconsistently across other clinical and legal contexts, sometimes ending as early as six weeks postpartum.

This ambiguity risks leaving health plans and providers free to apply narrower interpretations, which would result in denial of care for mental health conditions that commonly emerge after the traditional six-week postpartum visit (**CDC Vital Signs, 2023**). According to that report, **1 in 5 women experience postpartum depressive symptoms**, and **over 75% of cases begin after six weeks**, often peaking between three to six months postpartum (**CDC, May 2023**). Without a codified timeframe, patients may face inconsistent access to treatment during this critical risk window.

Importantly, referencing ACOG alone does not guarantee uniform interpretation or enforcement. Clinical guidelines are advisory and not legally binding unless their core terms are explicitly defined in statute. Insurers may adopt narrower internal policies or cite alternate ACOG publications that define postpartum care in shorter time frames. Regulators cannot compel adherence to the 12-month standard without a

statutory anchor. Similar definitional gaps have created implementation challenges in postpartum Medicaid coverage and mental health parity enforcement across states.

Amendment Proposal:

We humbly request the following statutory definition to **SB 626's operative section**:

“Perinatal period” means the time beginning with pregnancy and extending through 12 months following childbirth.”

This language should be inserted into any portion of the bill that defines or operationalizes perinatal mental health coverage **ideally within Health and Safety Code Section 1367.625 and Insurance Code Section 10123.867, as amended by SB 626.**

Codifying this timeframe will ensure that perinatal mental health screening, treatment, and case management remain accessible during the full duration of clinical risk. It will also eliminate ambiguity for insurers, providers, regulators, and patients thus preserving the spirit of the bill's and its enforceability.

SPAN respectfully urges the committee to adopt this amendment before the bill advances. We are committed to supporting SB 626's goals and would welcome the opportunity to provide additional input, testimony, or technical feedback as needed.

Sincerely,



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Policy research Director, SPAN



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