



June 23, 2025

The Honorable Mia Bonta
Chair, Assembly Health Committee
1020 N Street, Room 390
Sacramento, CA 95814

SUBJECT: SB 32 (Weber Pierson) – SUPPORT

Dear Assemblymember Bonta:

Many Californians reside in areas where either no labor and delivery (L&D) hospital units are available or these units are at significant risk of closure. These closures are driven by many factors, including low birth volumes, workforce shortages, and ongoing hospital financial challenges. In areas with too few L&D units or none at all, the travel required to access maternity services can lead to worse patient outcomes. Lack of access also negatively affects OB/GYN recruitment and retention, as clinicians are less likely to take or remain in a position where low delivery volume puts them at risk of a diminishing skillset — because even in a low-risk pregnancy, anything can go wrong at any point during delivery, and providers must be prepared.

That’s why the California Hospital Association (CHA), on behalf of more than 400 hospitals and health systems, supports Senate Bill (SB) 32. This bill would require California agencies overseeing health insurance to develop geographic accessibility standards specifically for L&D hospital units — standards that all state-regulated health plans and insurers would be required to meet.

Maternal care deserts are a persistent and growing threat to mothers’ and babies’ health. Reversing these concerning maternal care access trends, particularly in rural and underserved areas, will require a multifaceted approach and long-term commitment from all stakeholders: doctors, payers, hospitals, and others. It is also critical to ensure that any solutions are tailored to each region’s unique needs and demographics. State regulatory standards for plans and insurance companies support the local partnerships and collaborations essential to improving access to maternal care. While commercial insurers and Medi-Cal managed care plans are subject to general hospital network adequacy standards, there is still a need to establish consistent time and distance requirements specifically for hospital-based L&D units.

Adoption and meaningful enforcement of timely access standards for L&D services would lower risks of adverse health outcomes for mothers and babies, as well as bring greater transparency to current gaps in access to these services. SB 32 would incentivize health plans to contribute more meaningfully to solutions. For these reasons, **CHA requests your “YES” vote on SB 32.**

CHA appreciates the author's leadership and looks forward to further collaboration on this important issue.

Sincerely,

Vanessa Gonzalez

Vanessa Gonzalez
Vice President, State Advocacy

cc: The Honorable Akilah Weber Pierson, M.D.
The Honorable Members of the Assembly Health Committee
Scott Bain, Principal Consultant, Assembly Health Committee
Justin Boman, Health Policy Consultant, Assembly Republican Caucus