



April 10, 2025

The Honorable Caroline Menjivar  
Chair, Senate Health Committee  
1021 O Street, Room 3310  
Sacramento, CA 95814

**SUBJECT: SB 32 (Weber Pierson) – SUPPORT**

Dear Senator Menjivar:

Within California and across much of the nation, maternal care deserts remain a persistent and growing threat to health outcomes for mothers and babies alike. Driven by many factors, including low birth volumes, workforce shortages, and ongoing financial instability of hospitals, approximately 3 million Californians reside in places with no labor-and-delivery (L&D) hospital units available, or where these units are acutely vulnerable to closure. In areas with no or too few L&D units, the travel distance required to access maternity services significantly affects the quality of care received. For instance, an expectant mother traveling six additional miles faces an 11% increase in the likelihood of experiencing negative outcomes and a 15% increase in the likelihood the baby will be admitted to neonatal intensive care. These risks worsen the farther a patient must travel, and they have a disproportionate impact on people of color and low-income populations.

Reversing these trends in rural and underserved areas will require a multifaceted policy approach and lasting engagement among all stakeholders. It is also critical to ensure that any solutions are tailored to the unique needs and demographics of a given locality or region. State regulatory standards for plans and insurers help drive the local partnerships and provider collaborations essential to expanding capacity and 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 across all three frameworks the state uses for health insurance.

**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.**

The adoption and meaningful enforcement of timely access standards for L&D services will lower risks of adverse health outcomes for both mothers and their newborns.

For these reasons, **CHA requests your “YES” vote on SB 32.**

CHA appreciates the author’s leadership and looks forward to further collaboration on these important issues.

Sincerely,



Vanessa Gonzalez  
Vice President, State Advocacy

cc: The Honorable Akilah Weber Pierson, M.D.  
The Honorable Members of the Senate Health Committee  
Jen Flory, Principal Consultant, Senate Health Committee  
Tim Conaghan and Joe Parra, Health Policy Consultants, Senate Republican Caucus