

Date of Hearing: March 17, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 1910 (Boerner) – As Introduced February 12, 2026

SUBJECT: Public health: pelvic floor therapy resources.

SUMMARY: Requires the State Department of Public Health (DPH) to post information about pelvic floor therapy resources to a web page on its public internet website relating to pregnancy and reproductive health.

EXISTING LAW:

- 1) Finds and declares that prenatal and postpartum care, among other things, are essential services necessary to ensure maternal health. [Health and Safety Code (HSC) § 123550]
- 2) Requires DPH to maintain a program of maternal and child health. [HSC § 123225]
- 3) Requires DPH to develop a coordinated state strategy for addressing the health-related needs of women, including implementation of goals and objectives for women's health. Requires the approved programmatic costs associated with this strategy to be the responsibility of DPH unless otherwise provided by law. [HSC § 137]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, one in three people who have given birth will experience a pelvic floor disorder (PFD) in their lifetime. The author continues that there are people every day dealing with functional problems that could have been avoided with preventative postpartum pelvic floor care. The author contends that if California supports new parents before they give birth, California should support them through their healing journey. The author concludes that this bill adds resources to a trusted state website and offers people the ability to access those resources and information to avoid long-term issues with pelvic floor disorders.
- 2) **BACKGROUND.**
 - a) **Background on pelvic floor and pelvic floor disorders.** The pelvic floor is a group of muscles and tissues that support important organs like the bladder, urethra, anus, and internal reproductive organs. These muscles help keep the pelvic organs in place and sustain bladder and bowel control.
 - b) **PFDs.** According to the University of California San Francisco's (UCSF) Department of Surgery's website, PFDs occur when the pelvic muscles and connective tissue in the pelvis weaken or are injured. PFDs may result from pelvic surgery, radiation treatments, and, in some cases, pregnancy or vaginal delivery of a child. UC Davis Health's website notes that several medical conditions and factors can increase the risk of PFDs including: age, chronic straining, heavy lifting, chronic coughing, delivery method in childbirth, multiple births, and obesity or overweight.

PFDs are common and are frequently experienced in birthing people after pregnancy and delivery. UCSF's website highlighted that an estimated one-third of all U.S. women are affected by one type of pelvic floor disorder in their lifetime.

According to a 2022 paper published in the *Physical Therapy and Rehabilitation Journal* titled "Physical Therapy is an Important Component of Postpartum Care in the Fourth Trimester," PFDs negatively impact quality of life. Impairments associated with PFDs can decrease participation in exercise and social activities, possibly leading to isolation and depression. Women with PFDs experience poor body image and self-esteem. Further, approximately 23% of women with urinary incontinence miss work due to their symptoms.

- c) **What is pelvic floor therapy?** According to Johns Hopkins Medicine, pelvic floor therapy is a type of physical therapy that helps strengthen or relax pelvic floor muscles to prevent, treat or manage the symptoms of PFDs. Through a combination of exercise and other nonsurgical treatments, pelvic floor therapy can help children and adults improve core stability and control over urination, bowel movements, and sexual function.

According to the 2022 paper referenced above, pelvic floor physical therapy can include power, strength, endurance and relaxation exercises, as well as electrical stimulation, biofeedback training, manual therapy, and behavioral education. The paper also highlights findings from a 2019 Cochrane review that determined that women who received postpartum physical therapy were five to eight times more likely to eliminate their symptoms of urinary incontinence than women who received general education, lifestyle advice, motivational phone calls, or no interventions.

Pelvic floor physical therapy is usually provided by physical therapists with specialized pelvic floor physical therapy training. The American College of Obstetricians and Gynecologists recommends that obstetricians refer postpartum women to specialized support services, including physical therapy, on an as-needed basis.

According to a 2022 research report published by the *Academy of Pelvic Health Physical Therapy*, titled "The Importance of Information: Prenatal Education Surrounding Birth-Related Pelvic Floor Trauma Mitigates Symptom-Related Distress," research suggests that enhancing understanding during pregnancy of pelvic floor function and the potential for injury in the context of pregnancy and childbirth, as well as the timeline for postpartum rehabilitation, may be an important piece of optimizing health in the fourth trimester (the three-month period following childbirth).

- d) **What infrastructure exists within DPH?** Within its Center for Family Health, DPH's Maternal, Child and Health Division Programs encourage ongoing education, social support, empowerment, healthy life choices, and mental and physical wellness during pregnancy. DPH's webpage on Maternal/Women's Health includes links to information resources on various topics such as breastfeeding, birth plans, gestational diabetes and postpartum care, maternal mental health, maternal mortality, nutrition and physical activity, opioids and pregnancy, preconception health, pregnancy and reproductive health, and safe pregnancies in extreme heat. This bill requires DPH to post information about pelvic floor therapy resources to a webpage on its public internet website relating to pregnancy and reproductive health.

- 3) RELATED LEGISLATION.** AB 2082 (Jeff Gonzalez) would require DPH to, beginning July 1, 2027, establish a program to work with local nonprofit organizations who have a history of serving farmworker communities to provide free menstrual products in rural or agricultural communities. Would require DPH to prioritize those communities with the highest rates of poverty.
- 4) PREVIOUS LEGISLATION.**
- a) AB 2756 (Boerner), Chapter 202, Statutes of 2024 authorizes, until January 1, 2029, San Diego County to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their six to twelve week postpartum window to help people rebuild their pelvic floor after pregnancy and requires the program to record specified information to directly assess pelvic floor changes.
 - b) AB 2789 (Wallis) of 2024 would have required DPH to create and maintain an internet website that contains instructional information regarding how a person can change their name after they get married and a list of all agencies that need to be notified of a name change that occurs after marriage. AB 2789 was held on the Assembly Appropriations suspense file.
 - c) AB 47 (Boerner) of 2023 would have required a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. AB 47 was not heard in the Assembly Health Committee.
 - d) AB 1904 (Boerner Horvath) of 2020 would have required all state-regulated health insurance, including Medi-Cal managed care, to cover pelvic floor physical therapy after pregnancy. AB 1904 was not heard in the Assembly Health Committee.
- 5) POLICY COMMENT.** The author's office indicates that the type of resources intended to be included are information about pelvic floor disorders, pelvic floor therapy and links to self-guided resources such as pelvic floor exercise ideas to support pelvic floor care. Moving forward, the author may wish to consider amending this bill to specify the type of information that DPH is directed to post on their website within the text of the bill.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Eliza Brooks / HEALTH / (916) 319-2097