

CONCURRENCE IN SENATE AMENDMENTS

AB 55 (Bonta)

As Amended September 02, 2025

Majority vote

SUMMARY

Removes the requirement that an alternative birth center (ABC) be a comprehensive perinatal services program (CPSP) provider as a condition of licensure, and a condition for Medi-Cal reimbursement. Removes the requirement that an ABC be 30 minutes from a hospital.

Senate Amendments

- 1) Clarify the types of comprehensive services that ABCs provide to their clients;
- 2) Specify that ABCs have a written policy for hospital transfers should one be necessary;
- 3) Require a conversation with the patient or client about the ABCs' transfer policy and the estimated transfer time, and that the written policy be provided to, and signed by, the client; and,
- 4) Require, at the time of transfer that the midwife who was responsible for the patient's care immediately prior to transfer provide the hospital all of the patient's medical records that are available at the time of transfer, and requires other records that are not yet available, or in the record, to be sent as soon as practicable after transfer.

COMMENTS

Background. In the past decade, more than 50 labor and delivery wards have closed in California hospitals. As a result, large areas of California are without access to birthing facilities or maternity care providers. The absence of access to maternity care has disproportionately impacted California's low-income, Black, Latinx, and Indigenous populations, and those living in rural communities. When maternity wards close, particularly in rural counties, birthing people receive less prenatal care and rates of preterm birth increase. Currently, twelve California counties, most of them rural, do not have any hospitals delivering babies.

Centers for Disease Control and Prevention (CDC) Report Shows Decrease in Maternal Death Rates as Disparities Persist. Maternal deaths in the U.S. declined in 2023, with the overall mortality rate dropping from 22.3 to 18.6 deaths per 100,000 live births, according to a new report from the CDC National Center for Health Statistics. The report notes that in 2023, 669 women died of maternal causes compared to 817 women who died of the same causes in 2022. Significant improvements were noted for White non-Hispanic and Hispanic women, with rates falling to 14.5 and 12.4, per 100,000 live births respectively. Asian women also experienced a slight decline, from 13.2 deaths per 100,000 live births in 2022 to 10.7. However, maternal mortality among non-Hispanic Black women increased from 49.5 to 50.3 deaths per 100,000 live births, remaining over three times higher than other racial and ethnic groups. While the CDC asserts the slight increase is not statistically significant, it is the only rate for a race or ethnic group tracked in the report that did not appear to decline. These findings highlight persistent racial and age-related disparities, with the maternal mortality rate for women aged 40 and older nearly five times higher than for those under 25.

ABCs. An ABC is a health care facility for childbirth where care is provided in the midwifery and wellness model. An ABC is freestanding and not a hospital. ABCs in California are specialized clinics that provide labor and delivery care and other perinatal services for pregnant individuals. According to the Centers for Medicare and Medicaid Services (CMS), outcomes for Medicaid patients at low risk for complications who give birth in freestanding birth centers are generally better than those for Medicaid patients who deliver in hospitals, and care in these centers is less costly to the health care system. While most births in California take place in hospitals, ABCs serve a small but growing number of families. The number of planned out-of-hospital births attended by midwives has doubled over the past decade, even as birth rates overall declined, according to the 2022 Licensed Midwife Annual Report Summary.

This bill will expand options for Black moms and birthing people. For low-risk births, ABCs provide more access to care providers, removing barriers to care. In California, there are currently 27 open, self-identified freestanding "birth centers," though some are very small and take very few clients. Four of these facilities are licensed.

The American Association of Birth Centers (AABC) sets national standards to provide a consistent and specific tool for measuring the quality of services provided to childbearing families in birth centers. Federal and state regulation, licensure, and national accreditation constitute branches of external evaluation of quality in birth centers. Licensing protects the public by monitoring compliance to codes, ordinances, and a variety of regulations. The standards and attributes for national accreditation are uniformly applied in all localities, thereby eliminating state and local inconsistency.

The AABC recommends that transfer time to a hospital not be specified in regulation but that transfer guidelines focus on having transfer plans in place. There is no data that demonstrates that a specific distance from the birth center to the transfer hospital is required for optimal outcomes. Other states such as Washington, Colorado, Oregon (has a "reasonable distance" rule), Hawaii, Texas, and New York have no set time and distance requirements. In Washington, where birth outcomes are comparable between freestanding birth centers and hospitals, there are no regulatory or statutory requirements regarding a birth center's proximity to a hospital.

Current home birth transfer requirements. Licensed Midwives and Certified Nurse Midwives in the community setting are already required by state law to have a consultation plan and transfer plan that is written including, "the specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetrics." This bill proposes to adopt those same home birth transfer requirements for ABCs.

According to the Author

California continues to struggle to address concerning trends in maternal health. Particularly worrisome is that licensed birth centers, or ABCs, which have been found to improve newborn and maternal health outcomes, have continued to close across the state. Eliminating requirements that are only driving up prices for providers and are irrelevant to patient safety is a much-needed step to ensure our remaining birth centers can stay afloat and lay the groundwork for more facilities to open. The author states that this bill is particularly important for combatting the worsening maternal health trends under our current system that are disproportionately impacting

Black and Indigenous pregnant patients, and that could be better addressed by accessible, culturally concordant care.

Arguments in Support

Western Center on Law and Poverty, Black Women for Wellness Action Project, California Black Women's Health Project, California Nurse-Midwives Association, American Association of Birth Centers – California Chapter, and the California Association of Licensed Midwives are the co-sponsors of this bill. They state that, according to data collected by CalMatters, 56 hospitals in California, accounting for 16% of all general acute care hospitals in the state, have stopped attending births since 2012; more than half of these facilities have shuttered services entirely within the last four years. As a result, large areas of California are without access to birthing facilities or perinatal care providers. The co-sponsors note that the absence of access to perinatal care has disproportionately harmed California's low-income, Black, Latinx, Indigenous, and rural communities, which experience higher rates of adverse birth outcomes. When maternity wards close, particularly in rural counties, birthing people receive less prenatal care, and rates of preterm birth increase. Birth centers specialize in childbirth and care for patients with *uncomplicated pregnancies* in an environment that is less restrictive and more home-like than a hospital. In 2018, the Centers for Medicare & Medicaid Services published findings from their Strong Start for Mothers and Newborns initiative, which evaluated the effectiveness of three different models of care, including birth centers, to provide enhanced prenatal care to Medicaid beneficiaries. Birthing people who received prenatal care at a birth center had half the national rates of preterm birth, low birth weight, and cesarean sections.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Senate Appropriations Committee, the Department of Public Health estimates minor and absorbable costs for licensing activities related to alternative birth centers. Unknown potential costs (General Fund and federal funds) related to Medi-Cal reimbursements for alternative birth centers.

VOTES:

ASM HEALTH: 15-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Sanchez, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 75-0-4

YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Arambula, Ellis, Flora, Sanchez

SENATE FLOOR: 39-0-1

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Stern

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