

SENATE THIRD READING
SB 520 (Caballero)
As Amended March 24, 2025
Majority vote

SUMMARY

Creates the California Nurse-Midwifery Education (CNME) Fund in the Department of Health Care Access and Information (HCAI) for the purpose of establishing California-based, master's level nurse-midwifery education programs. Requires HCAI to administer the fund, which will receive money from the General Fund (GF) upon appropriation.

COMMENTS

Background. Communities around California face a severe lack of access to reproductive health and maternity care. The California Hospital Association reports that from 2014 to 2024, more than 50 maternity units closed throughout the state. The maternity workforce shortage is one of several drivers, with a projected shortage of 1,100 OB/GYNs in California by 2030. Nurse-midwives have documented excellent care outcomes. California nurse-midwives attend approximately 13% of births in California, but could provide greater health care access with workforce expansion. Nurse-midwifery is a mandated Medi-Cal benefit, but access to midwifery care across the state is highly variable.

Maternal Health in California. Like the rest of the nation, California is facing a maternal health crisis. Every five days, a Californian loses their life to pregnancy-related complications. According to the California Department of Public Health (DPH) pregnancy-related mortality dashboard, although the state's pregnancy-related mortality ratio is lower than the national ratio, it has been rising in recent years and the majority of these deaths are preventable. The severe maternal morbidity rate in California has also been rising and is higher than the national rate. Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences. SMM has been steadily increasing in recent years. This crisis is disproportionately impacting Black, American Indian/Alaska Native, and Pacific Islander individuals.

California Department of Health Care Services' (DHCS) Birthing Care Pathway Report. With 40% of births statewide covered by Medi-Cal, DHCS is positioned to drive significant improvements in maternal health and birth equity. DHCS began developing the Birthing Care Pathway in 2023 to cover the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum. The Birthing Care Pathway is designed to be a roadmap for state entities, managed care plans (MCP), counties, providers, social service entities, philanthropy, and other key partners serving pregnant and postpartum Medi-Cal members. In February 2025, DHCS released the Birthing Care Pathway Report, which includes a series of policy solutions that address the physical, behavioral, and health-related social needs of pregnant and postpartum members by improving access to providers (including midwives); strengthening clinical care and care coordination across the care continuum; providing whole-person care; and modernizing how Medi-Cal pays for maternity care.

Recent Nurse Midwife program closure. The University of California San Francisco (UCSF) recently closed its nurse-midwifery master's degree program in favor of opening a doctoral degree program. A 2024 California Health Care Foundation report on the closure notes that

UCSF estimates tuition and fees will cost \$152,000 for a three-year doctoral degree in midwifery, compared with \$65,000 for a two-year Master of Science in Nursing. Studies show that 71% of nursing master's students and 74% of nursing doctoral students rely on student loans, and nurses with doctorates earn negligibly or no more than those with master's degrees. Currently the state only has one other program: the California State University, Fullerton master's degree in nurse-midwifery.

According to the Author

California continues to face significant challenges related to maternal health. Despite efforts, maternal mortality rates remain deeply concerning, particularly among Black, Indigenous, and people of color communities. Many rural and low-income areas of the state suffer from a shortage of healthcare providers capable of delivering essential maternal care. The author notes that nurse-midwives play a critical role in improving maternal physical and mental health outcomes, providing compassionate, culturally competent, and evidence-based care during pregnancy, labor, and postpartum. The author contends that a new Nurse-Midwifery Master's Degree Program will cultivate the next generation of highly trained nurse-midwives who can provide comprehensive maternal care in communities that need it the most, ensuring that more families have access to safe, respectful, and personalized care during their pregnancy journey. The author concludes that the bill represents a significant step to help California achieve its maternal health goals, promote positive health outcomes, and address the healthcare workforce shortage.

Arguments in Support

The California Nurse Midwives Association (CNMA) is the sponsor of this bill and states that there is currently only one nurse-midwifery master's degree program in California, at CSU Fullerton. CNMA points to the fact that that this lack of educational opportunity places limitations on the workforce potential and ultimately on access to high quality reproductive health care in California. To meet current demand, California needs as many clinically prepared midwives as quickly and cost-effectively as possible. With an effective pipeline, midwives can be rapidly and professionally prepared to provide high quality health care to both parent and child. CNMA concludes that this bill would establish a Nurse-Midwifery Fund within HCAI, and that by combining both state and private funds, this fund will support new nurse-midwifery master's degree programs to help the state meet its goals of reducing maternal and infant mortality and improving maternal physical and mental health outcomes, while simultaneously addressing the healthcare workforce needs, particularly in communities with higher rates of adverse pregnancy outcomes and provider shortages.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, one-time General Fund cost pressures of \$2 million to fund the CNME Fund. The author, along with three other legislators, submitted a request for \$2 million in the 2025-26 state budget to fund this bill. The request was not granted.

VOTES

SENATE FLOOR: 38-0-2

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

ABS, ABST OR NV: Limón, Reyes

ASM HEALTH: 15-0-1

YES: Bonta, Chen, Aguiar-Curry, Caloza, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Elhawary

ABS, ABST OR NV: Addis

ASM HIGHER EDUCATION: 9-0-1

YES: Fong, Boerner, Jeff Gonzalez, Jackson, Muratsuchi, Patel, Celeste Rodriguez, Sharp-Collins, Tangipa

ABS, ABST OR NV: DeMaio

ASM APPROPRIATIONS: 15-0-0

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

UPDATED

VERSION: March 24, 2025

CONSULTANT: Lara Flynn / HEALTH / (916) 319-2097

FN: 0001377