
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 912
AUTHOR: Cervantes
VERSION: January 26, 2026
HEARING DATE: April 22, 2026
CONSULTANT: Jen Flory

SUBJECT: Comprehensive perinatal services

SUMMARY: Transfers primary jurisdiction of the Medi-Cal comprehensive perinatal services program from the California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) jointly to DHCS with collaboration from CDPH. Makes other revisions to Medi-Cal's provision of comprehensive perinatal services, including payment requirements for clinics, and requires DHCS to develop a provider training on the services and prepare triennial reports to the Legislature on the number of Medi-Cal recipients receiving the services.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [WIC §14000, et seq.]
- 2) Requires the Medi-Cal program to cover a pregnant individual who is eligible for and is receiving health care coverage under a Medi-Cal program for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. [WIC §14005.185]
- 3) Establishes Comprehensive Perinatal Services Program (CPSP) within CDPH as a community-based system of comprehensive perinatal care for low-income women. States that prenatal care, delivery service, postpartum care, and neonatal and infant care are necessary services that have been demonstrated to be effective in preventing or reducing maternal, perinatal, and infant mortality and morbidity, including prematurity and low birth weight. Includes initial and ongoing physical assessment, psychosocial, nutrition, and health education assessments, interventions, counseling and referral, food supplement programs, vitamins, and breast-feeding and other services as appropriate. Requires all contracted providers to make these services available directly or by subcontract, and to use an appropriate multidisciplinary team. [HSC §123475, et seq.]
- 4) Establishes CPSP services as a Medi-Cal benefit. [WIC §14132]
- 5) Defines CPSP providers to include any general practice physician, family practice physician, obstetrician-gynecologist, pediatrician, certified nurse midwife, a group, any of whose members is one of the above-named physicians, or any preferred provider organization or clinic enrolled in the Medi-Cal program and certified pursuant to the standards of this section. Allows providers to contract with medical and other practitioners, including social workers, health educators, and registered dietitians, for the purpose of delivering CPSP services. [WIC §14134.5]
- 6) States that "perinatal" means the period from the establishment of pregnancy to one month following delivery. Requires the CPSP provider to schedule visits with appropriate providers

and track the patient to make sure services have been received. Requires that the patient receive psychosocial assessment and referrals; nutrition assessment, appropriate referrals to counseling for food supplement programs, vitamins, and breastfeeding, health, childbirth, and parenting education. [WIC §14134.5]

- 7) Requires DHCS to assist local health departments to establish a community perinatal program whose responsibilities may include certifying and monitoring providers of CPSP. Requires DHCS to use local health departments to the extent feasible and to the extent funding for administrative costs are available, in the administration of the program. Provides that if such funds are not available, requires DHCS to use alternative means to implement the program. [WIC §14134.5]
- 8) Requires federally qualified health center (FQHC) and rural health clinic (RHC) services to be covered benefits under the Medi-Cal program and requires these services to be reimbursed on a per-visit basis, as defined. Includes a face-to-face encounter between an FQHC or RHC patient and a comprehensive perinatal practitioner providing comprehensive perinatal services in the definition of “visit.” [WIC §14132.100]

This bill:

- 1) Repeals language establishing CPSP within CDPH and instead requires DHCS to oversee CPSP and enroll health care providers to deliver these services to Medi-Cal recipients.
- 2) Requires DHCS to collaborate with CDPH on updated regulations related to comprehensive perinatal services to clarify the roles and responsibilities of each department and adjust the current monitoring and oversight systems, including the monitoring of Medi-Cal managed care plans (Medi-Cal plans), by January 1, 2028.
- 3) Requires DHCS, with collaboration from CDPH, to develop training on administering comprehensive perinatal services and to require all Medi-Cal perinatal providers to complete the training, including Medi-Cal plan and fee-for-service providers.
- 4) Clarifies that CDPH participation in the administration of CPSP does not supplant, create concurrent, nor supersede DHCS’s authority as the single state agency designated for the administration of the federal Medicaid program as required by state and federal law. Makes other changes throughout the code specifying where CDPH still retains a role in the administration of CPSP.
- 5) Requires DHCS, by July 15, 2027, to issue a report to the Senate and Assembly Health Committees and post it on its website identifying the number of pregnant and postpartum individuals receiving CPSP services from January 1, 2022 to January 1, 2025. Requires subsequent reports every three years starting January 1, 2028.
- 6) Deletes the designated CPSP provider agreement requirement from the description of CPSP services in the Medi-Cal schedule of benefits.
- 7) Deletes reference to CPSP providers and their authorization to contract with other providers, and instead uses “Medi-Cal provider providing pregnancy care,” defined as an obstetrician gynecologist, a family physician, a certified nurse midwife or a licensed midwife, and tasks these providers with the responsibility of informing Medi-Cal recipients of the availability of and access to comprehensive perinatal services.

- 8) Authorizes DHCS to implement an alternative payment methodology or other appropriate financing mechanism that allows FQHCs and RHCs to obtain reimbursement for encounters with community health workers at no less than the applicable Medi-Cal fee-for-service rate when provided either on the same day or different day as a billable visit, no sooner than January 1, 2028 and subject to federal approval and federal financial participation.
- 9) Excludes FQHC or RHC comprehensive perinatal practitioners who are not otherwise eligible to bill for an FQHC or RHC visit from billing whenever the payment methodology in 8) is implemented.
- 10) Extends the definition of perinatal from one month following delivery to twelve months following the end of pregnancy.
- 11) Gives DHCS discretion in determining whether regulations are needed and otherwise authorizes implementation via guidance.
- 12) Deletes existing law related to the role of local health departments.

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

COMMENTS:

- 1) *Author's statement.* According to the author, in 1984, the Legislature established CPSP. CPSP is provided to eligible low income pregnant and postpartum people from conception to 60 days postpartum. In addition to standard obstetric services, patients receive enhanced services in other areas such as psychosocial, health education, nutrition and more. According to the California State Auditor, based on their report of 2023, CPSP has a lack of data available to track how often Medi-Cal members receive the services. This bill will help provide more transparency in the number of people who seek the services under this program by transferring the administration and oversight responsibilities of CPSP to DHCS. This bill will also require DHCS to submit a report to the Assembly and Senate Health Committee every three years and disclose which providers conducted the reviews of the perinatal services, which is already a requirement of this program. Finally, this bill requires a Medi-Cal provider providing pregnancy care to inform each Medi-Cal member treated during the perinatal period regarding the availability of and access to the CPSP. Modifying the administration and oversight of the CPSP program will help inform the usage of one of many important maternal programs in the State.
- 2) *CPSP.* CPSP is administered by the CDPH's Maternal, Child and Adolescent Health division, and provides a model of enhanced perinatal services for Medi-Cal eligible pregnant and postpartum individuals from entry to care through postpartum. These enhanced services are delivered by qualified Medi-Cal providers. CPSP services must be provided in conformance with current American College of Obstetrics and Gynecologists recommendations and California regulation. CPSP providers are reimbursed by fee-for-service Medi-Cal or according to their contract with a Medi-Cal managed care plan (Medi-Cal plan). CPSP clients receive a program orientation, initial nutrition, psychosocial and health education assessments, second and third trimester reassessments and postpartum assessments. The practitioner develops an individualized care plan to address needs identified in the assessments, conducts case coordination, and ensures that the client receives appropriate nutrition, health education and psychosocial interventions and referrals from a multidisciplinary team. The plan is developed for each CPSP client at the time of the initial

assessment and updated at least every trimester and postpartum visit, and more often if needed. CPSP providers are also required to make referrals to programs and services such as the Women, Infant and Children nutrition program, genetic screening, dental care, and family planning, as well as provide case coordination to assure that health care members work together with the client to assure that the care plan is completed, and the client receives the necessary services.

- 3) *State Auditor report.* The California State Auditor released a report on CPSP on February 15, 2024, finding that neither DHCS nor CDPH provide sufficient oversight of CPSP. The report found that although DHCS requires the Medi-Cal plans it contracts with to conduct reviews of each of their primary care providers at least every three years, in 2022 only 45 of the approximately 2,600 providers' reviews included an assessment of CPSP services. CDPH delegated its oversight of CPSP to local health jurisdictions, but it did not require that those jurisdictions complete the quality assurance chart reviews that would have provided insight into service quality. The auditor's survey of the 61 local health jurisdictions found that 22 did not complete the chart reviews. Finally, the auditor found that the State lacks data on CPSP's utilization necessary for its improvement. The auditor was only able to assess the usage of CPSP for 14% of Medi-Cal recipients in 2022. As part of the report, the auditor found that because nearly all Medi-Cal recipients are now enrolled in a Medi-Cal plan, rather than using the fee-for-service network, the Legislature should assign the primary responsibility for CPSP to DHCS, despite their failure to monitor or oversee the program thus far, and consider additional data collection duties. The auditor also made a number of other recommendations, including updating the CPSP regulations, require training of perinatal providers in the fee-for-service and managed care networks, require Medi-Cal plans to conduct quality assurance reviews, and require information on CPSP in Medi-Cal plan member handbooks. In its responses to the audit, DHCS did not commit to making changes specific to CPSP, but instead committed more generally to improving access to pregnancy and pregnancy-related services and supports. For example, DHCS committed to requiring Medi-Cal plans to independently ensure that providers have training on the comprehensive suite of pregnancy and pregnancy-related benefits covered under Medi-Cal and that the training is documented. CDPH did agree to update CPSP regulations in collaboration with DHCS and improve provider training on the CPSP program.
- 4) *Birth Care Pathway.* In February 2025, DHCS released a Birth Care Pathway report to summarize the current state of maternal health in Medi-Cal, outline DHCS's vision for the Birth Care Pathway, and identify a series of policy solutions to address the physical, behavioral, and health-related social needs of pregnant and postpartum Medi-Cal enrollees by improving access to providers, strengthening clinical care and care coordination, providing whole-person care, and modernizing how Medi-Cal pays for maternity care. With regards to CPSP, the report states that CPSP is provided inconsistently across delivery systems and counties, and many Medi-Cal recipients report being unaware of the services available. The report further states that CPSP should be modernized to ensure uniform, high-quality access to comprehensive perinatal services for all pregnant and postpartum Medi-Cal recipients. The report states that the separate CPSP provider enrollment process with CDPH is burdensome for providers, CPSP should be aligned with more recent clinical guidelines and best practices, and the delivery system and billing codes should be updated. The report also notes that some Workgroup members recommend extending CPSP coverage from 60 days to 12 months postpartum to align with Medi-Cal's 12-month postpartum coverage.

- 5) *All Plan Letter (APL) 26-005*. DHCS released APL 26-005 on March 25, 2026, “Maternity Services for Pregnant and Postpartum Medi-Cal Members,” to describe coverage requirements for Medi-Cal plans pertaining to coverage and delivery of services for pregnant and postpartum Medi-Cal members. The letter implements the Birthing Care Pathway as it pertains to Medi-Cal plans, pointing out that Medi-Cal plans currently cover over 85% of pregnant and postpartum Medi-Cal recipients. With regards to CPSP, the guidance states that Medi-Cal plans must ensure that their maternity network providers implement a comprehensive risk assessment tool for all pregnant and postpartum members that is comparable to the American College of Obstetricians and Gynecologists (ACOG) standard and the CPSP standards and that the results of this assessment are maintained in the recipient’s medical record. An individualized care plan must be developed that includes obstetric, nutrition, psychosocial and health education interventions and provide appropriate follow-ups and referrals as indicated by the identified risk factors. The risk assessment is to be done at an early prenatal visit, once each trimester, and at the postpartum visit. If the assessment is not administered at a visit, the Medi-Cal plan must ensure its care coordination team works directly with the recipient and their provider to complete the assessment. The Medi-Cal plan and network providers must follow up on all identified risks with interventions consistent with the ACOG and CPSP standards and document those interventions in the medical record. These assessments may also be completed through telehealth with the recipient’s consent.

The guidance also specifies that Medi-Cal plans must cover and ensure all medically necessary services for pregnant and postpartum members utilizing the ACOG and CPSP standards as the minimum measure of quality for maternity services, in addition to other allowable standards. Medi-Cal plans cannot, however, require their network providers to enroll as certified CPSP providers in order to be in-network, so long as those providers meet the Medi-Cal provider enrollment requirements. The guidance is silent with regards to the training of network providers on CPSP assessments or standards, though it does mention provider training with regards to some of the other topics of the guidance.

- 6) *Related legislation*. AB 2160 (C. Rodriguez) requires DHCS to update guidance on Medi-Cal coverage for lactation services. *AB 2160 is pending in the Assembly Appropriations Committee*.
- 7) *Prior legislation*. SB 228 (Cervantes of 2025) would have required CDPH, in collaboration with DHCS, to update regulations, create a provider training, and collect information on CPSP. SB 228 would have required DHCS to implement a program to monitor Medi-Cal plan’s provision of CPSP services and to prepare a report on the number of people offered and receiving CPSP services every three years. *SB 228 was held on the Assembly Appropriations Committee suspense file*.

AB 608 (Schiavo of 2023) would have required DHCS to extend the CPSP benefit for up to one year after the end of a Medi-Cal beneficiary’s pregnancy and required DHCS to allow an unlicensed perinatal provider to render preventive services recommended by a licensed provider and to provide those services in a beneficiary’s home or other community setting away from a medical site. *AB 608 was vetoed by Governor Newsom who stated in his veto message: “I support the author’s goal to improve maternal health outcomes and reduce disparities. However, Medi-Cal already provides full-scope coverage for one year after pregnancy, and DHCS is actively working on a “Birthing Care Pathway” proposal to improve services provided during the perinatal period, reduce maternal mortality, and*

address disparities in maternal health outcomes. Given the significant ongoing General Fund costs of over \$20 million annually to implement this bill, it should be evaluated as part of the annual budget process.”

AB 1930 (Arambula of 2022) was substantially similar to AB 608. *AB 1930 was vetoed by Governor Newsom who stated in his veto message: “I support the author’s efforts to improve maternal health outcomes and ensure Medi-Cal offers appropriate care for beneficiaries during and after their pregnancy. DHCS already provides full-scope coverage for all individuals for one year after pregnancy, which offers a range of services above and beyond the services provided by CPSP. However, this bill attempts to expand the services offered by comprehensive perinatal workers and make these services a Medi-Cal benefit apart from CPSP. This bill would result in millions of dollars in ongoing General Fund costs that are not accounted for in the budget.”*

- 8) *Support.* The National Association of Pediatric Nurse Practitioners, California Chapters, write that DHCS is better equipped than CDPH to coordinate services and ensure that pregnant and postpartum Medi-Cal members have access to the care they need. They also write that the bill’s creation of an oversight system and mandated training program will improve service delivery and quality. The California Life Sciences write that by creating accountability and transparency in CPSP delivery, the bill creates the infrastructure that enables their member companies’ maternal health products, including diagnostics, monitoring tools, therapeutics, and care technologies targeting maternal and perinatal health, to reach the patients who need them. They also point to persistent disparities in maternal outcomes in California as a signal that the care infrastructure needs strengthening.
- 9) *Opposition unless amended.* CPCA Advocates, representing community health centers and clinics throughout the state, write in opposition to the proposed payment changes to FQHCs and RHCs as that portion of the bill would eliminate reimbursement for certain CPSP providers from the per-visit payment system utilized by the clinics. They write that this piece threatens the financial viability of integrated perinatal care at clinics and health centers at a time when clinics are facing unprecedented challenges from H.R. 1, federal policy change proposals, state budget decisions and a ballot initiative. They urge striking section 15 from this bill.
- 10) *Amendments.* The author and committee have agreed to the following amendments:
- a) Delete the section that changes the existing payment structure for FQHCs and RHCs;
 - b) Change provider training requirements to requirements for DHCS and plans to send information to providers and recipients about comprehensive perinatal services;
 - c) Technical change on how physician providers are referred to; and,
 - d) Change a report due date to allow for sufficient time between the reporting period and the report due date.

SUPPORT AND OPPOSITION:

Support: California Life Sciences
California Nurse Midwives Association
National Association of Pediatric Nurse Practitioners California Chapters

Oppose: California Primary Care Association Advocates (unless amended)
Local Health Plans of California (unless amended)