# SENATE COMMITTEE ON APPROPRIATIONS
**Senator Sabrina Cervantes, Chair**
**2025 - 2026 Regular Session**

**SB 912 (Cervantes) - Comprehensive perinatal services**

**Version:** April 27, 2026
**Urgency:** No
**Hearing Date:** May 4, 2026
**Policy Vote:** HEALTH 11 - 0
**Mandate:** No
**Consultant:** Agnes Lee

**Bill Summary:** SB 912 would revise and clarify the roles and responsibilities for the Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH) in the administration of the Comprehensive Perinatal Services Program (CPSP).

**Fiscal Impact:**

- Unknown ongoing General Fund costs, potentially hundreds of thousands, for DHCS for state administration.

- Unknown potential General Fund costs, likely minor, for CDPH for state administration to collaborate with DHCS.

**Background:** The CPSP, administered by CDPH, provides a model of enhanced perinatal services for Medi-Cal eligible pregnant and postpartum individuals. These enhanced services are delivered by qualified Medi-Cal providers. CPSP providers are reimbursed by fee-for-service Medi-Cal or according to their contract with a Medi-Cal managed care plan. CPSP clients receive a program orientation, initial nutrition, psychosocial and health education assessments, second and third trimester reassessments and postpartum assessments. DHCS is responsible for the administration of the Medi-Cal program, which provides health care services to low-income individuals.

In February 2024, the California State Auditor (CSA) released a report, *"The Comprehensive Perinatal Services Program: The Lack of Usage Data Prevents the State From Knowing How Often Medi-Cal Members Receive Perinatal Care."* Among the audit results, the CSA found that both CDPH and DHCS have provided limited oversight and have not exercised their respective authority to make program improvements. The CSA also found that both CDPH and DHCS have not sufficiently communicated the availability of the program to providers or members.

In March 2026, DHCS released an All-Plan Letter to describe coverage requirements for Medi-Cal plans pertaining to coverage and delivery of services for pregnant and postpartum Medi-Cal members. 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. 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.

**Proposed Law:** Specific provisions of the bill would:

- Repeal the provision that requires CDPH to develop and maintain a statewide CPSP, and instead require that DHCS must oversee a statewide CPSP and enroll health care providers to deliver these services to Medi-Cal members.

- Require DHCS to collaborate with CDPH to update the regulations related to comprehensive perinatal services to clarify the roles and responsibilities from each department and make adjustments to the current monitoring and oversights systems, including the monitoring of managed care plans and fee-for-service providers, by January 1, 2028.

- Require DHCS, with collaboration from the CDPH, to develop informational and educational materials on comprehensive perinatal services for providers and recipients; and require the DHCS to disseminate the materials, as specified.

- Require DHCS to establish a method for reimbursement of comprehensive perinatal services, as specified.

- Require DHCS to develop systems for the monitoring and oversight of comprehensive perinatal services.

- Require DHCS to establish standards for comprehensive perinatal services rendered by a Medi-Cal provider, as specified.

- Require DHCS to adopt patient rights safeguards for recipients of the comprehensive perinatal services.

- Require DHCS to adopt regulations for implementation, as determined to be necessary by the department.

- Require DHCS to require all Medi-Cal managed care plans to include information on comprehensive perinatal services in the plan member handbooks.

- Require DHCS to update an existing system or implement a new system to monitor and publicly report deidentified comprehensive perinatal services utilization data for eligible Medi-Cal members, consistent with state and federal privacy laws.

- Require DHCS to require Medi-Cal managed care plans to conduct site reviews on perinatal providers at least once every three years, starting in January 1, 2027, to ensure that eligible Medi-Cal managed care plan members receive comprehensive perinatal services.

- Require DHCS, no later than July 15, 2027, to provide a report that identifies the number of pregnant and postpartum individuals that received comprehensive perinatal services from January 1, 2022, to January 1, 2025, inclusive; and require, commencing July 15, 2028, and every three years thereafter, DHCS to provide a report that identifies the number of pregnant and postpartum individuals that received comprehensive perinatal services during the previous three calendar years.

- Require a Medi-Cal managed care plan to inform each Medi-Cal member treated during the perinatal period regarding the availability of and access to comprehensive perinatal services.

**Related Legislation:** SB 228 (Cervantes, 2025) would have included requirements for DHCS and CDPH in the administration of the CPSP. The bill was held on the suspense file in the Assembly Appropriations Committee.

**-- END --**