

Date of Hearing: July 8, 2025

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Mike Fong, Chair

SB 520 (Caballero) – As Amended March 24, 2025

SENATE VOTE: 38-0

SUBJECT: Nurse-midwifery education program

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. Specifically, **this bill:**

- 1) Establishes the CNME Fund for the purpose of establishing California-based, master's level nurse-midwifery education programs with the California State University (CSU), the University of California (UC), or both.
- 2) Requires HCAI to administer the CNME Fund upon appropriation by the Legislature. States the intent of the Legislature to appropriate two million dollars from the GF to HCAI for the 2025-26 fiscal year. Authorizes the funds to receive donations and contributions from public and private entities, partnerships between public and private entities, fees, cash advances, and transfers from the GF.
- 3) Requires HCAI to establish competitive application criteria to ensure the optimal sites selection for the education programs within the CSU system or the UC, including prioritization of programs that serve an area of demonstrated maternity or midwifery workforce need.
- 4) Requires HCAI to ensure that a master's degree is an option for students as the culminating degree of the education programs receiving funds. Requires the education programs to meet the regulatory requirements for nurse-midwifery education in California and the necessary requirements to be accredited or pre-accredited by the Accreditation Commission for Midwifery Education. Specifies that the programs are not required to be located within a school of nursing.
- 5) Requires the CNME Fund to support the annual operating costs for the development, operation, and maintenance of the education programs through the graduation of the first cohort of matriculated students, or five years, whichever is shorter.
- 6) Requires any funds, public or private, received for the CNME Fund to supplement, not supplant, any current or future funding to midwifery workforce education programs, including allocations to midwifery education programs administered through the Song-Brown Health Care Workforce Training Act. Requires any funds allocated to the education

programs receiving funds to supplement, not supplant, the university's budget allocations for any fiscal year.

EXISTING LAW:

- 1) Establishes HCAI, and requires HCAI, among other functions, to collect, analyze, and publish data about health care workforce and health professional training; identify areas of health workforce shortages; and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. Establishes the Health Professions Education Foundation (HPEF) within HCAI to develop criteria for evaluating applicants for various scholarships and loans. (Health and Safety Code (HSC) Sections 127000, et seq. and § 127750, et seq.)
- 2) Requires HCAI, as part of the Midwifery Workforce Training Act, which became operative January 1, 2022, to establish a program to contract with programs that train certified nurse midwives (CNMs) and licensed midwives in accordance with the global standards for midwifery education and the international definition of “midwife” as established by the International Confederation of Midwives, in order to increase the number of students receiving quality education and training as a CNM or as a licensed midwife. [HSC Section 128298(b)(1)]
- 3) Requires HCAI to only contract with programs that train CNMs and programs that train licensed midwives that, at minimum, include, or that intend to create, a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities, or that seek to recruit and retain racially and ethnically diverse students, underrepresented groups, or people from underserved or historically marginalized communities. (HSC Section 128298(b)(2))

FISCAL EFFECT: According to the Senate Committee on Appropriations, HCAI anticipates minor and absorbable costs for state administration. Ongoing General Fund cost pressures of two million dollars to support the California Nurse-Midwifery Education Fund.

COMMENTS: *Double-referral.* SB 520 (Caballero) was heard in the Assembly Committee on Health on June 24, 2025, where it passed with unanimous support.

Purpose. According to the author, “California continues to face significant challenges related to maternal health. Despite our efforts, maternal mortality rates remain deeply concerning, particularly among Black, Indigenous, and people of color (BIPOC) communities. Many rural and low-income areas of the state suffer from a shortage of healthcare providers capable of delivering essential maternal care. 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.”

“SB 520 will establish a new Nurse-Midwifery Master’s Degree Program in California to help address the critical need for skilled healthcare professionals who can deliver high-quality

maternal care, particularly in underserved communities. This bill directly supports California's efforts to reduce maternal mortality and improve maternal physical and mental health. 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 bill represents a significant step to help California achieve its maternal health goals, promote positive health outcomes, and address the healthcare workforce shortage. It is a crucial investment in the health and well-being of families and in the future of our healthcare system."

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.

Committee staff notes a trend over the past fifteen years authorizing the expansion of doctoral programs in medical fields. Notwithstanding the differentiation of the mission envisioned by the Master Plan, and as outlined in statute, the Legislature has authorized the CSU to go beyond its original mission to offer professional doctoral degrees which include the Doctor of Audiology (Au.D), Doctor of Physical Therapy (D.P.T.), Doctor of Nursing Practice (DNP), Doctor of Occupational Therapy (OTD), and Doctor of Public Health (Dr.PH). Each program was individually approved through legislation.

Recent Nurse Midwife program closure. UC 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 to \$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.

Arguments in support. The County of Fresno wrote in support, arguing that AB 520 (Caballero) "is vital for addressing the significant maternal healthcare workforce shortages and improving health outcomes for families in Fresno County and across the Central Valley. Fresno County, like many regions in California, particularly those with large rural and underserved populations, faces persistent challenges in ensuring adequate access to quality maternal and infant healthcare. The shortage of maternity care providers directly impacts the health and well-being of our mothers and babies."

"SB 520 offers a direct and impactful solution by establishing the California Nurse-Midwifery Education Fund to support new master's-level nurse-midwifery programs within the CSU and

UC systems. If a program were to be established at a campus in or near Fresno County, such as CSU Fresno, it would create a crucial pipeline of highly trained nurse-midwives who are more likely to practice in our region upon graduation. This would significantly increase access to comprehensive and evidence-based maternal care for our diverse communities.”

“The integration of more nurse-midwives into our healthcare system is proven to lead to better birth outcomes, lower maternal and infant mortality rates, and greater patient satisfaction. SB 520 is a strategic investment in our healthcare workforce that will directly contribute to improving these vital health metrics for Fresno County residents. This initiative represents a valuable opportunity for workforce development and job creation within our county, providing well-paying careers in a critical healthcare field.”

Related and prior legislation. AB 836 (Stefani) requires HCAI, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education. Requires the study to be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California that would, among other things, identify viable education programs that can serve both rural and urban geographic areas. AB 836 is pending in the Senate Health Committee.

AB 1918 (Petrie-Norris), Chapter 561, Statutes of 2022, establishes the California Reproductive Health Service Corps program within HCAI to reduce the debt burden of current and future health care professionals dedicated to providing reproductive health care in underserved areas of California.

SB 65 (Skinner), Chapter 449, Statutes of 2021, establishes the California Omnibus Act, which, among other provisions, requires HCAI to work to increase the number of students receiving training as certified nurse-midwives or licensed midwives.

REGISTERED SUPPORT / OPPOSITION:

Support

American Association of University Women - California
American Nurses Association/california
Black Women for Wellness Action Project
California Association of Christian Colleges and Universities
California Catholic Conference
California Latinas for Reproductive Justice
California Nurse Midwives Association (CNMA)
County of Fresno
March of Dimes
National Health Law Program
The Bipoc Student Midwives Fund
Western Center on Law & Poverty, INC.

Opposition

None on file.

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