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SB-32 Health care coverage: timely access to care. (2025-2026)

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CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

SENATE BILL

NO. 32

Introduced by Senator Weber Pierson
(Coauthor: [Senator Richardson](#))

December 02, 2024

An act to add and repeal Section 1367.029 of the Health and Safety Code, to add and repeal Section 10133.535 of the Insurance Code, and to add and repeal Section 14197.03 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 32, as amended, Weber Pierson. Health care coverage: timely access to care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the provision of Medi-Cal benefits by a contracted managed care plan and requires that benefits provided by a managed care plan are subject to specified time and distance standards.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides or arranges for the provision of hospital or physician services to comply with specified timely access to care requirements, including ensuring that its network has adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing law authorizes the department director to take enforcement action against health care plans that fail to comply with these provisions, including assessing administrative penalties.

This bill would require, on or before July 1, 2027, the Department of Managed Health Care, the Department of Insurance, and the State Department of Health Care Services to consult together and with stakeholders develop and adopt standards for the geographic accessibility of perinatal units to ensure timely access for enrollees and insureds, as specified. The bill's provisions would become inoperative on July 1, 2033, and would be repealed on January 1, 2034.

Because a violation by a health care service plan of a standard adopted by the Department of Managed Health Care would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1367.029 is added to the Health and Safety Code, to read:

1367.029. (a) On or before July 1, 2027, the department shall develop and adopt standards for the geographic accessibility of perinatal units to ensure timely access for enrollees. These standards shall be no longer in time or distance than those imposed for Medi-Cal managed care plans by county type adopted pursuant to Section 14197.03 of the Welfare and Institutions Code according to each plan's applicable service area or areas.

(b) The department shall consult with the State Department of Health Care Services, the Department of Insurance, and stakeholders in developing the standards. *The departments shall consult with stakeholders representing the American College of Obstetricians and Gynecologists, the California Hospital Association, consumers, health plans, labor, and other health care professionals who provide pediatric and pregnancy-related services, including, but not limited to, registered nurses, nurse midwives, and licensed midwives.*

(c) Pursuant to Section 1367.03, the department may authorize alternative access standards or issue waivers to plans for the standards adopted under this section.

(d) For the purposes of this section, "perinatal unit" has the same meaning as set forth in Section 70545 of Title 22 of the California Code of Regulations.

(e) This section shall become inoperative on July 1, 2033, and, as of January 1, 2034, is repealed.

SEC. 2. Section 10133.535 is added to the Insurance Code, to read:

10133.535. (a) On or before July 1, 2027, the department shall develop and adopt standards for the geographic accessibility of perinatal units to ensure timely access for insureds. These standards shall be no longer in time or distance than those imposed for Medi-Cal managed care plans by county type adopted pursuant to Section 14197.03 of the Welfare and Institutions Code according to each plan's applicable service area or areas.

(b) The department shall consult with the State Department of Health Care Services, the Department of Managed Health Care, and stakeholders in developing the standards. *The departments shall consult with stakeholders representing the American College of Obstetricians and Gynecologists, the California Hospital Association, consumers, health plans, labor, and other health care professionals who provide pediatric and pregnancy-related services, including, but not limited to, registered nurses, nurse midwives, and licensed midwives.*

(c) The department may issue an exception to an insurer for the standards adopted under this section.

(d) For the purposes of this section, "perinatal unit" has the same meaning as set forth in Section 70545 of Title 22 of the California Code of Regulations.

(e) This section shall become inoperative on July 1, 2033, and, as of January 1, 2034, is repealed.

SEC. 3. Section 14197.03 is added to the Welfare and Institutions Code, to read:

14197.03. (a) On or before July 1, 2027, the department shall develop and adopt time and distance standards for perinatal units to ensure that covered benefits are accessible to enrollees.

(b) The department shall consult with the Department of Managed Health Care, the Department of Insurance, and stakeholders in developing the standards. *The departments shall consult with stakeholders representing the American College of Obstetricians and Gynecologists, the California Hospital Association, consumers, health plans, labor, and other health care professionals who provide pediatric and pregnancy-related services, including, but not limited to, registered nurses, nurse midwives, and licensed midwives.*

(c) Pursuant to subdivision (f) of Section 14197, the department may authorize alternative access standards for the standards adopted under this section.

(d) For the purposes of this section, “perinatal unit” has the same meaning as set forth in Section 70545 of Title 22 of the California Code of Regulations.

(e) This section shall become inoperative on July 1, 2033, and, as of January 1, 2034, is repealed.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

CORRECTIONS:

Heading—Last amended date.

REVISIONS:

Heading—Line 2.
