

SB 65 - NANCY SKINNER

CALIFORNIA

MOMNIBUS

RE-IMAGINING MATERNAL HEALTH

TALKING POINTS

WHAT DOES SB 65 DO?

SB 65, California's Momnibus, is an innovative piece of legislation that re imagines maternal health for all Californians. At its core, its goal is to close the racial and socioeconomic maternal health disparities gap in California.

SB 65 HAS SEVEN PARTS:

It codifies and expands the powers of the Maternal Mortality Board while also looking specifically at racial and other socioeconomic disparities;

- Updates the Fetal and Infant Mortality Review process to better collect information about deaths and prevent them in the future;
- Expands Medi-Cal postpartum care to 12 months;
- Removes burdensome CalWORKS requirements for pregnant people and increases aid;
- Provides full-spectrum doula coverage for all Medi-Cal enrollees who would like a doula;
- Provides guaranteed basic income for low-income pregnant people; and
- Building the midwifery workforce by providing funding to primary care medical residency and other training programs that prioritize admitting underrepresented groups and those from underserved communities.
- Codify and expand powers of California Pregnancy Associated Review Board

The bill is authored by **Senator Skinner** and is sponsored by:

- Black Women for Wellness Action Project
- California Nurse Midwives Association
- March of Dimes - California
- National Health Law Program
- NARAL Pro-Choice California
- Western Center on Law and Poverty
- Women's Foundation of California | Women's Policy Institute

WHY IS SB 65 IMPORTANT?

EQUITY

Although California has reduced the overall number of maternal deaths, disparities still remain. Black and Indigenous pregnant people continue to die and or be seriously injured at rates far above California's

average. All pregnant people deserve the right to have a safe and joyous pregnancy and postpartum period.

SB 65, California's Momnibus bill, re-imagines maternal health by redefining success. Regardless of how much money you make, your race, your education, or your job, you should be able to have a child and raise your family with dignity.

There are over 1000 births in California each day, every day of the year. An investment to ensure that all pregnant people, and babies have a healthy start is an investment in California's future.

LIFETIME IMPACT

Research shows that if pregnant people have access to the resources that they need during their perinatal period, those families are healthier. Pregnant people who lack access to care during their perinatal period may be at higher risk of preterm birth. The CDC finds that preterm birth accounts for 17% of infant deaths nationally, and can lead to lifetime issues including developmental delay, breathing, and vision problems.

MIDWIFERY

Midwives have a centuries long history and tradition of providing safe, quality care to pregnant people. Greater access to nurse-midwifery care has been named by leading organizations, such as the March of Dimes and the World Health Organization, as an innovative approach to addressing racial and socioeconomic disparities.

Studies show that at least 9 counties in California have no OB/GYN at all and that large counties in Northern and Southern California are projected to have critical shortages of maternity care providers by 2025. Midwives have a proven record of providing quality, safe, and effective care to pregnant people. Expanding access to more midwives, particularly midwives of color, should be an essential part of California's plan to tackle racial and socioeconomic disparities in birth outcomes while creating diversity in the options of care for pregnant people.

Yet at present there are fewer than five midwifery programs in California, including one certified midwife program and two nurse-midwifery programs. Creating more opportunities for underserved communities to become midwives is critical to building and diversifying the perinatal workforce.

SB 65 asks for a small amount of funding to support underserved people of color to become midwives. This has not only the possibility of expanding access to care in urban cities and rural areas, but can also



expand access to areas of California that are severely underserved with perinatal providers.

DOULAS

Studies show that doulas improve birth outcomes including reductions in birth complications, decreased rates of preterm births and low birth weight babies, as well as lowered incidences of cesarean birth. All these are factors contributing to the morbidity and mortality of pregnant people and their babies.

This bill includes full-spectrum doula services with at least four doula appointments during the prenatal period, attendance at birth, and at least eight appointments in the year following birth. Doula support is also available miscarriage, stillbirth, and abortion.

MATERNAL MORTALITY BOARD

California does not have an official maternal mortality board. The California Pregnancy Associated Mortality Review started in 2006 and is currently partnered with Stanford's California Maternal Quality Care Collaborative to serve as the body that reviews maternal mortality and gives recommendations on how to improve maternal outcomes.

They are about 80-100 deaths per year in California. The current review committee spends about 30 minutes to one hour reviewing each case.

SB 65 not only codifies a maternal mortality committee into California law, but adds much needed protection for expansion of the board's power. This would align CA's committee with current research and protocol recommendations.

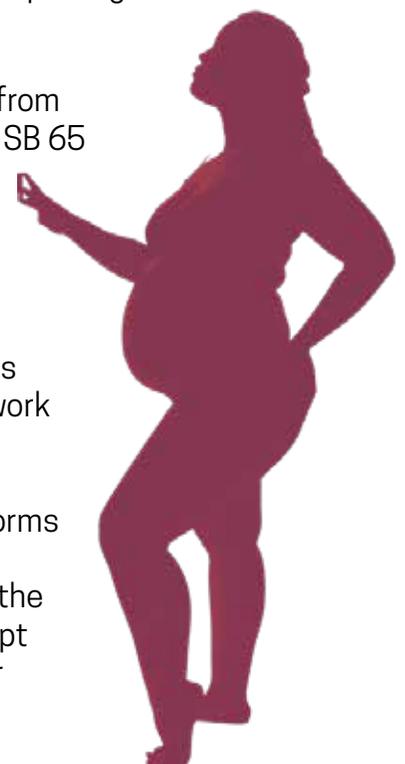
Currently, there is no mandate for California to investigate or give recommendations on how to address racial inequities, track queer, trans and gender non-confirming health outcomes, or make recommendation on addressing the environmental impacts on birthing outcomes. SB 65 codifies all these factors into law, while also better informing the public through regular reporting requirements.

Having narratives to understand the whys and hows of a severe injury or death from pregnancy is an important part of understanding how to prevent future deaths. SB 65 encourages this important part of the investigative process when possible.

CalWORKs

Our CalWORKs program comes from "welfare reform" efforts in the 1990s that created "Temporary Assistance For Needy Families." These efforts cast families needing help as largely lazy and unwilling to work, conditioning help on various work requirements and cut cash aid.

SB 65 builds on advocate efforts to reform the program by making specific reforms that apply to pregnant households: increasing the pregnancy supplement from \$47 to \$82 a month and indexing it annually, starting the supplement earlier in the pregnancy, eliminating g burdensome documentation requirements to be exempt from work requirements, and providing more emergency housing assistance for families with a pregnant individual.



POSTPARTUM MEDI-CAL EXPANSION

California recently implemented an innovative expansion of postpartum care for Medi-Cal recipients that extended the time care was available from 60 days to 12 months. However, since there were no federal dollars available for this program, the program is limited only to those individuals who have documented a mental health diagnosis. The American Rescue Plan that was just passed by Congress and signed by President Biden, gives California the option of amending their Medicaid State Plan to extend postpartum care to all Medi-Cal enrollees for 12 months after giving birth.

GUARANTEED BASIC INCOME

Providing a guaranteed income for our most vulnerable pregnant people as a health intervention has the potential to have lifetime effects. A 2019 pilot project in Stockton California providing universal basic income to low income families showed an improvement in health and financial stability in just a short matter of time.

Research shows not having stable housing and other financial stressors can lead to preterm birth, low birth weight babies and more time spent in the hospital. Providing universal basic income to pregnant people would have life altering impact on both the pregnant person and their child.

A study providing an universal basic income in Canada found that participants used the money for food, rent, baby supplies and other necessary items, thus leading to better health outcomes for the participants.

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