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May 18, 2026

California Building Standards Commission  
Via: [cbsc@dgs.ca.gov](mailto:cbsc@dgs.ca.gov)

**Subject:** Comments on 45-Day Proposed Regulations — California Administrative Code, Part 1; California Building Code, Part 2, Volumes 1 and 2; and California Existing Building Code, Part 10

Dear Commissioners:

The following comments regarding proposed code changes for Alternative Birthing Clinics (ABCs) in Title 24 of the California Code of Regulations are submitted by the Western Center on Law and Poverty, with input from birth center owners, the California Association of Licensed Midwives, and the American Association of Birth Centers – California Chapter.

California's current facility and building standards for birth center licensure remain a significant barrier to expanding access to perinatal care. At a time when labor and delivery units are closing and maternal health outcomes remain inequitable, particularly for Black, Latine, Indigenous, and low-income communities, expanding access to licensed birth centers is critical.

Freestanding birth centers are non-hospital facilities that provide care for low-risk pregnancies in a home-like setting, typically under the care of licensed midwives and nurse midwives. However, only 4 of California's 37 birth centers are currently licensed. Because licensure affects participation in Medi-Cal and private insurance networks, inaccessible licensure standards undermine the financial sustainability of these facilities.

We are concerned about the proposed terminology change from "Alternative Birth Centers" to "Alternative Birthing Clinics." The previous terminology clearly distinguished these facilities from hospitals. We respectfully request clarification regarding the rationale for this change and whether it is intended to create a new clinic category, as the revised terminology may create confusion.

A May 2025 study identified facility and building requirements as a major barrier to birth center licensure.<sup>1</sup> Current standards, originally developed for outpatient

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<sup>1</sup> May 2025 Opening Doors to Birth Centers: Community Perspectives on Expanding Access to Perinatal Care in California. <https://wclp.org/wp-content/uploads/2025/05/Opening-Doors-to-Birth-Centers-Final-5.27.25.pdf>



surgical facilities under OSHPD-3 (now HCAI oversight), impose requirements related to HVAC systems, plumbing, nurse call systems, and facility layout that are often incompatible with the scale and model of midwifery-led care.

Most birth centers operate in older buildings and cannot feasibly retrofit facilities to meet these standards. The resulting costs have contributed to birth center closures across California. We appreciate the inclusion of the following language in the Health Facility Checklist and recommend that it be more prominently highlighted:

“Existing clinic facilities that have architectural conditions, such as room size or corridor width, that fail to meet the requirements of OSHPD-3 but were compliant at the time of their construction may be considered acceptable. Existing underground piping may remain as-is if in serviceable condition.”

#### Specific Comments <sup>2</sup>

##### Section 1226.11.1.3 — Nurse Call System

The reference to a “nurse call system” may create confusion because ABCs are not typically staffed by nurses. In birth centers, healthcare providers generally monitor patients directly within birthing rooms rather than from centralized nursing stations.

We appreciate the exception allowing ABCs with three or fewer birthing rooms to use alternative call methods approved by CDPH. We recommend that this exception also be clearly reflected in the Health Facility Checklist under Section 1226.11, Alternative Birthing Clinics.

##### Section 1226.4.13.3 — Clean Utility Room

Although no revisions are currently proposed for this section, birth center owners have identified a need for clarification regarding whether ABCs with three or fewer birthing rooms are required to maintain a separate soiled utility room. Such a requirement could impose significant financial burdens on small facilities despite the limited volume of waste generated.

California’s current facility requirements continue to present substantial barriers to birth center licensure during an ongoing maternity care crisis.<sup>3</sup> We encourage HCAI to consider aligning future facility standards more closely with those established by the Commission for the Accreditation of Birth Centers (CABC),

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<sup>2</sup> 45-Day Express Terms for Proposed Building Standards of HCAI/OSHPD 3 Regarding the 2025 California Building Code, CCR, Title 24, Part 2 Volume 1

<sup>3</sup> May 2025 Opening Doors to Birth Centers: Community Perspectives on Expanding Access to Perinatal Care in California. <https://wclp.org/wp-content/uploads/2025/05/Opening-Doors-to-Birth-Centers-Final-5.27.25.pdf>



which prioritize patient safety and operational functionality without imposing prohibitive costs.

Thank you for the opportunity to provide comments on these proposed regulations.

Sincerely,

A handwritten signature in black ink that reads "Sandra O. Poole".

Sandra O. Poole  
Policy Advocate

cc: American Association of Birth Centers – California Chapter  
California Association of Licensed Midwives