



Nurse-Midwifery Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

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Agenda Item 2.0

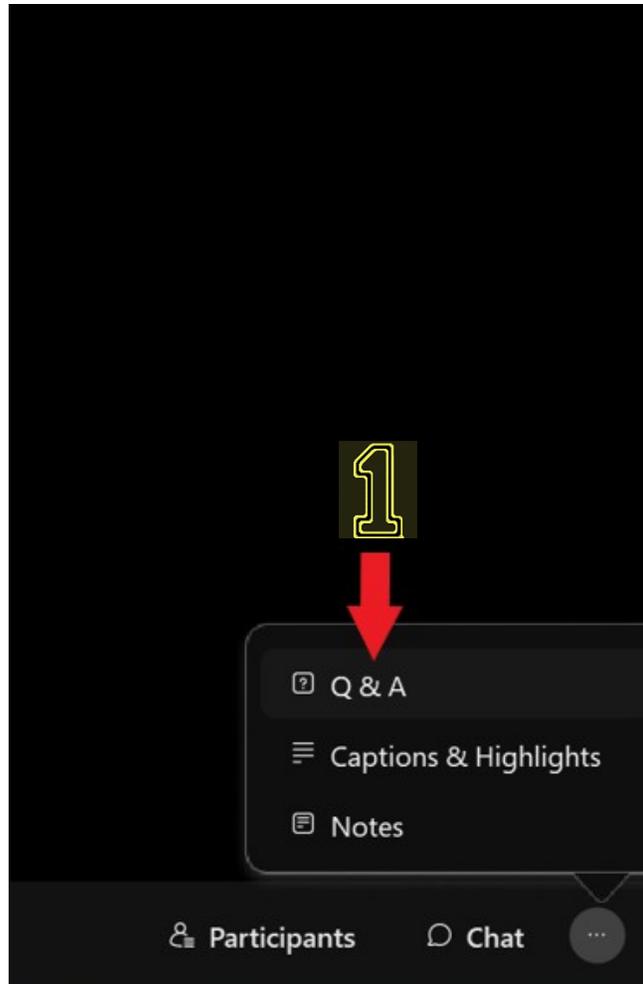
General Instructions for the Format of a Teleconference Meeting

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

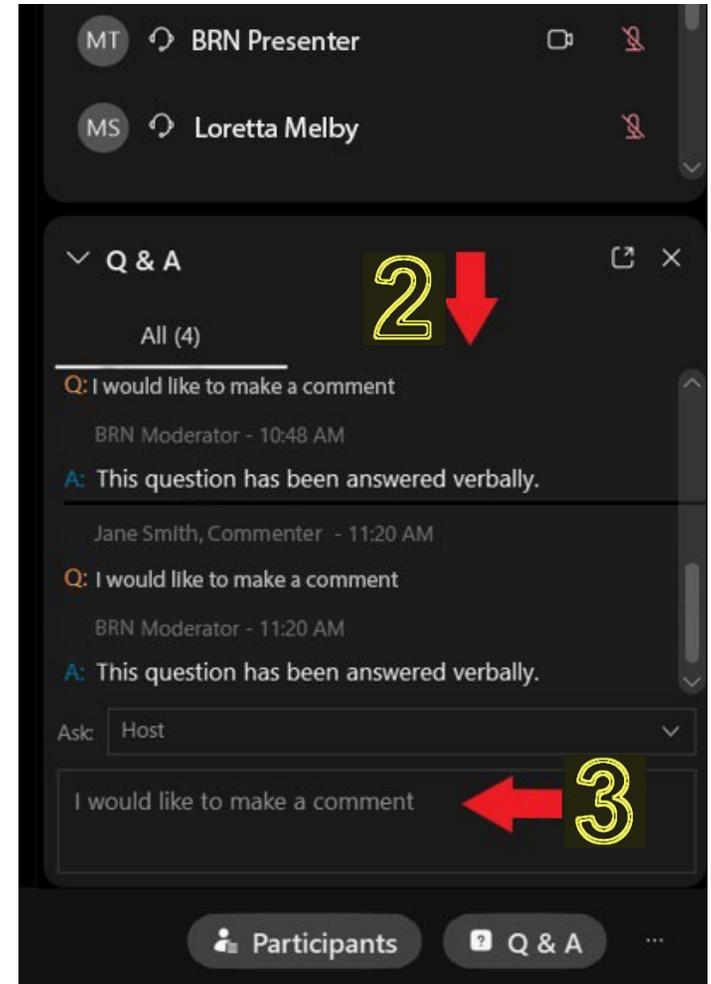
Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have **two (2) minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

NOTE: Please submit a new request for each agenda item on which you would like to comment.



Agenda Item 3.0

Review and Vote on Whether to Approve Previous Meeting Minutes.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

**BOARD OF REGISTERED NURSING
NURSE-MIDWIFERY ADVISORY COMMITTEE
COMMITTEE MEETING MINUTES**

DRAFT

DATE: November 16, 2021

START TIME: 10:18 am

LOCATION: **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133 (added by Assembly Bill No. 361 (Rivas), Reg. Sess. 2021-2022).

10:18 am

1.0

Call to Order/Roll Call/Establishment of a Quorum

Mary Kay Phillips, PhD, CNM – Chair, called the meeting to order at 10:18 am. Three (3) members were not in attendance. Quorum established at 10:19 am.

**Nurse-Midwifery
Advisory Committee
Members:**

Mary Phillips, PhD, CNM – Chair
Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM – Vice Chair
James Byrne, MD
Rebecca DeSantis
Ruth Mielke, PhD, CNM, FACNM, WHNP-BC
Misa Perron-Burdick - MAS, MD
Hilary Reyes

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Attorney
Evon Lenerd Tapps, BRN Assistant Executive Officer

10:21 am

3.0

Review and vote on whether to approve previous meeting's minutes

3.1 August 3, 2021

Discussion: No committee discussion

Motion: **Hilary Reyes:** Motioned to accept the previous minutes.

Second: **Jenna Shaw-Battista**

**Public Comment for
Agenda Item 3.0:** No public comment.

Vote:

	MP	JSB	JB	RD	RM	MPB	HR
Vote	Y	Y	AB	Y	AB	AB	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

4.0

Public comment for items not on the agenda; items for future agendas.

**Public Comment for
Agenda Item 4.0:**

No public comment.

10:27 pm

5.0

Discussion and Possible Action: Regarding the current collection by the California Department of Public Health (CDPH) of data points identified in Senate Bill (SB) 1237 (Reg. Sess. 2019-2020), and possible recommendations from the NMAC, with a presentation by CDPH on the newborn screening program.

Discussion:

Mary Kay Phillips opened the agenda item and introduced Joseph R Domingo with CDPH.

Mary Kay Phillips: Requested clarification on out of hospital births and the screening that needs to be done within 40 hours. Asked if the midwife, pediatric care, or lab are responsible for the screening.

Joseph R Domingo: Explained that the Midwife normally follows-up on the screening within 24 hours of the birth. Further explained that the key is that parents know about the screening up front.

Mary Kay Phillips: Asked if there is a check process based on birth records that the screening was completed.

Joseph R Domingo: Explained that the test request form is the notification saved to the record.

Mary Kay Phillips: Asked if there are there things that NMAC can do to help.

Joseph R Domingo: Explained that promoting newborn screening, especially out of hospital setting is the way to go. Newborn screening is an important aspect that every hospital and medical facility should take on. Continuing the message why it is important for midwives and all birth attendants to conform and get all newborns in the state to be tested.

Mary Kay Phillips: Asked if parents must state a reason for refusals.

Joseph R Domingo: Explained that parents can refuse for multiple reasons and it's not really asked why they are refusing. Further clarified that they do need a signature with the refusal.

Mary Kay Phillips opened for Public Comment and then further Committee discussion.

Hilary Reyes: Explained that she remembers an issue with reporting and getting the results of the screening.

Mary Kay Phillips: Asked if the results of the newborn screening only go to the parents.

Loretta Melby: Explained that there is a portal, through CDPH, where the provider can login and view results or login and order results. Explained that the IDEAL portal is being updated to add CNM and NP license types.

Mary Kay Phillips: Asked if CNMs and NPs have difficulty logging into the portal and if you needed a medical license to access the portal because it is a Medical Board system.

Loretta Melby: Reiterated that CNMs and NPs should not have difficulty accessing IDEAL portal once it is updated to allow the CNM and NP license types.

Tracey Bishop, CDPH, Chief of Newborn Screening section: Expressed that the prenatal screening program has access to the portal; however, the newborn screening program is still working on it. Further explained that they send their results to the person who reads the test with a second copy to the community clinician. The results are not sent to the family.

Mary Kay Phillips: Asked if the plan is to make the site/portal have a login accessible to CNMs.

Tracey Bishop, CDPH, Chief of Newborn Screening section: Stated that is the plan and explained that the biggest issues with newborn screening are common names and name changes. Further explained that they are working on giving people access and that it will probably start with the people who do the test as they will have the test number from the form.

Mary Kay Phillips: Asked how quickly the results are released.

Joseph R Domingo: Stated that it is about two weeks.

Mary Kay Phillips: Thanked the CDPH staff and asked for out of hospital births how CNMs have access to the data points to ensure they're submitting the right birth data.

Loretta Melby: Explained that this is not a BRN requirement but that BRN could reach out to the Department of Vital Statistics and request a presentation or FAQ.

Hilary Reyes: Explained that the issue is that, as an advisory committee, how are they advising their constituents on adhering to the law and the data collection requirements. Asked if they were waiting for future funds to be allocated to this project.

Loretta Melby: Explained that the data collection is with CDPH and that BRN would not be allocating funds to this process of midwives collecting data points.

Reza Pejuhesh: Explained that under SB 1237, the data collection by CDPH is stated in Business and Professions Code. Further explained that an FAQ about the data points could be brought up.

**Public Comment for
Agenda Item 5.0:**

Randy Shadle, RN, Director for Area 96 for the California Newborn Screening Program: Stated that religious beliefs are factored in when it comes to refusals from parents and/or families.

Tracey Bishop, CDPH, Chief of Newborn Screening Section: Expressed gratitude to the BRN for allowing this topic to be discussed at today's meeting.

11:13 am

6.0

Discussion and Possible Action: Report from the subcommittee on the development of Frequently Asked Questions (FAQ), advisories, or regulatory revisions for section 4 of SB 1237 (Bus. & Prof. Code, § 2746.5).

Discussion:

Mary Kay Phillips opened the agenda item for discussion.

Rebecca DeSantis: Stated that it would be helpful to have a link provided with examples of wording for procedures, specifically for FAQs.

Loretta Melby: Explained the difference between FAQs and regulatory revisions as well as the process for updating and posting to website.

Mary Kay Phillips: Stated that she would envision a link for CNM core competencies and mutually agreed upon policy and procedure. Expressed that she is unsure if midwives will go to the BRN for answers or not so there should be links where midwives can find more information.

Jenna Shaw-Battista: Expressed agreement and suggested to remove certain language within the FAQs and keep it more general.

Reza Pejuhesh: Explained that FAQs will always be reviewed first before they are posted on the website.

Mary Kay Phillips: Stated that NMAC wants to be able to view the links in the materials during future agenda items.

Hilary Reyes: Motioned to equally divide up the advisories to discuss at the next meeting.

Mary Kay Phillips: Stated that she would assign the advisories to other members for review.

Members agreed to Mary Kay assigning the advisories and there was no official vote.

**Public Comment for
Agenda Item 6.0:**

No Public Comment.

11:27 am

7.0

Discussion and Possible Action: Report from the subcommittee on the development of FAQs, advisories, or regulatory revisions for sections 5-7 of SB 1237 (Bus. & Prof. Code, §§ 2746.51, 2746.52, & 2746.54).

Discussion:

Jenna Shaw-Battista introduced the agenda and opened for discussion.

Hilary Reyes: Expressed that she would like to review the peer review requirements as well as outlining the regulatory language.

Jenna Shaw-Battista: Asked if there is a standard procedure for the group and if there is a definition of peer review.

Mary Kay Phillips: Explained that she had questions regarding certain wording around the FAQs on the website.

Rebecca DeSantis: Explained that they are still looking into the examples that are on the website.

Jenna Shaw-Battista: Suggested that they move Section 7 FAQs forward and continue to work on examples for revisions to verbiage.

Members agreed to Jenna's suggestion on moving Section 7 FAQs forward without examples and there was no official vote.

**Public Comment for
Agenda Item 7.0:**

No public comment.

12:02 pm

8.0

Discussion and Possible Action: Report from the subcommittee on the development of FAQs, advisories, or regulatory revisions for sections 8-10 of SB 1237 (Bus. & Prof. Code, § 2746.55; Health & Safe. Code, §§ 102415 & 102426).

Discussion:

Mary Kay Phillips opened the agenda for discussion and explained James Byrne's overview of this section as he was absent.

Motion: **Mary Kay Phillips:** Motioned to not have any revisions to FAQs nor regulatory proposed language for Section 8.

Reza Pejuhesh: Explained that there was no need for a vote for this agenda item.

12:07 pm

9.0

Discussion and Possible Action: Report from the subcommittee on the development of FAQs, advisories, or regulatory revisions for section 11 of SB 1237 (Health & Saf. Code, § 102430).

Discussion: Jenna Shaw-Battista introduced the agenda and opened for discussion.

Hilary Reyes: Expressed concerns regarding the collecting of data within the Department of Health Care Services (DHCS). Further explained that Sections 12, 13 and 14 do not require FAQs.

Mary Kay Phillips: Agreed that the Committee should stay with the language that is in the bill.

Public Comment for Agenda Item 9.0: No Public Comment.

12:13 pm

10.0

Discussion and Possible Action: Establishment of meeting dates for 2022.

Discussion: **Loretta Melby:** Explained that NMAC can only discuss teleconference meeting dates through January 2022 as BRN is still awaiting guidance and whether or not the Governor’s Executive Order (EO) will be extended to allow meetings to continue using the teleconference method.

Mary Kay Phillips: Requested the November 8, 2022, meeting be moved to November 15, 2022.

Loretta Melby: Suggested a 2-hour timeframe for the following meeting dates:

- February 8, 2022
- May 10, 2022
- August 9, 2022
- November 15, 2022

Reza Pejuhesh: Further explained that we continue to work under the Governor’s Executive Order. At this time, we would not have a physical meeting location set for the aforementioned meetings.

Motion: **Jenna Shaw-Battista:** Motioned to have remote meetings from 9:00 -11:00 am with flexibility to increase meeting times, if needed.

Second: **Mary Kay Phillips**

Public Comment for Agenda Item 10.0: No public comment.

Vote:

	MP	JSB	JB	RD	RM	MPB	HR
Vote	Y	Y	AB	Y	AB	AB	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

2nd Motion: Jenna Shaw-Battista: Motioned to accept all dates presented with the exception of moving November 8, 2022, meeting date to November 15, 2022.

2nd Second: Hilary Reyes

2nd Vote:

	MP	JSB	JB	RD	RM	MPB	HR
Vote	Y	Y	AB	Y	AB	AB	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB							

12:34 pm

11.0

Adjournment: Mary Kay Phillips, PhD, CNM- Chair, adjourned the meeting at 12:34 pm.

Submitted by:

Accepted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Mary Kay Phillips, PhD, CNM

Chair
Nurse-Midwifery Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Discussion and Possible Action: Regarding Certified Nurse Midwives' access to the California Department of Public Health's Screening Information System without delegated authority.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: February 8, 2022

ACTION REQUESTED: **Discussion and Possible Action:** Regarding Certified Nurse Midwives' access to the California Department of Public Health's Screening Information System without delegated authority.

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

The NMAC members will discuss Certified Nurse Midwives' access to the California Department of Public Health's Screening Information System without delegated authority.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
 mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

Discussion and Possible Action: Review of FAQ language for sections 4-7 of SB 1237 (Reg. Sess. 2019-2020) (Bus. & Prof. Code, §§ 2746.5, 2746.51, 2746.52, & 2746.54).

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022



**Frequently Asked Questions (FAQs) related to midwifery practice
and the implementation of Senate Bill (SB) 1237 (Reg. Sess. 2019-2020)**

What does California midwifery scope of practice include?

California midwifery scope of practice includes care that is in alignment with [American College of Nurse-Midwives \(ACNM\) core competencies](#)¹ and Business and Professions Code (BPC) section [2746.5\(a\)](#).

With the implementation of SB 1237, what services are Certified Nurse-Midwives (CNMs) authorized to provide?

Care for low-risk pregnancy and childbirth, prenatal, intrapartum and postpartum care, inter-conception care, family planning care, and immediate care for the newborn consistent with the Core Competencies for Basic Midwifery practice adopted by the ACNM. ([Bus. & Prof. Code, § 2746.5, subd. \(a\)](#).)

Can CNMs provide midwifery services that fall outside of the scope of independent practice?

CNMs may provide midwifery services that fall outside of the scope of services that they may provide independently (i.e. the scope of services delineated at BPC section [2746.5\(a\)](#)), and may provide care to a patient with a previous cesarean section or a surgery involving the myometrium, as long as the CNM and a physician have signed mutually agreed upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of care.²

Are CNMs required to have physician supervision for furnishing medications?

SB 1237 removed the 4:1 physician supervision ratio for furnishing of medication. CNMs may furnish drugs or devices incidental to their scope of practice.

Furnishing by CNMs of drugs or devices that do not fall within the scope of services specified in BPC section [2746.5\(a\)](#) and furnishing of Schedule IV or V controlled substances (for any reason), must be pursuant to standardized procedures. Furnishing by CNMs of Schedule II or III controlled substances for any condition (whether within the CNM scope of practice or not) must be in accordance with a patient-specific protocol approved by a physician and surgeon; protocols for Schedule II controlled substances must address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

CNMs may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the

¹ https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020_final.pdf.

² Business and Professions Code section [2746.5, subdivision \(b\)](#). Note, the language in section [2746.5\(b\)](#) refers to a mutually agreed upon set of policies and procedures with "a physician" (as opposed to, e.g., "the physician"). Although the mutually agreed upon policies and protocols described in section [2746.5\(b\)](#) must "delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care," such policies and protocols do not necessarily imply that the CNM is subject to physician supervision.



scope of services specified in [subdivision \(a\) of Section 2746.5](#), order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a CNM within their scope of practice, consistent with BPC section [2746.5](#). BPC section [2746.51](#) contains additional detail about the authority for CNMs to furnish drugs or devices and the associated requirements and conditions.

What medications may be furnished by a CNM without standardized procedures?

CNMs may furnish medications, except for Schedule IV or V controlled substances, that are incidental to the provision of midwifery services delineated in BPC section [2746.5](#) (and midwifery services performed within certain “clinics” as identified in BPC section [2746.51\(a\)\(1\)\(B\)](#)). Furnishing of Schedule IV or V controlled substances by a CNM require standardized procedures.³

What medications may NOT be furnished by a CNM without standardized procedures?

CNMs may not furnish medications associated with services that fall outside of the scope delineated in BPC section [2746.5](#) or outside of a “clinic” identified in section [2746.51\(a\)\(1\)\(B\)](#). Additionally, furnishing by CNMs of all schedule IV and V medications, regardless of whether it falls within the scope of nurse-midwifery services, requires standardized procedures.

What is a standardized procedure?

With regard to the furnishing of drugs or devices by CNMs, BPC section [2746.51\(a\)\(2\)](#) states:

[S]tandardized procedure means a document, including protocols, developed in collaboration with, and approved by, a physician and surgeon and the CNM. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

- (A) Which CNM may furnish or order drugs or devices.
- (B) Which drugs or devices may be furnished or ordered and under what circumstances.
- (C) The method of periodic review of the CNM’s competence, including peer review, and review of the provisions of the standardized procedure.

Peer review is not defined in this statutory language but is commonly understood to be a discussion of a clinical case and evaluation of care processes and outcomes by others in the same profession with similar competencies, i.e. CNMs working in similar settings and populations. Peer review functions as a form of self-regulation within a profession and is a form of quality assessment and improvement.

In what settings can CNMs perform episiotomies and repairs of lacerations?

CNMs can perform episiotomies and repairs of first- and second-degree lacerations in all settings, including the home, without standardized procedures. However, CNMs **must** ensure that all complications are referred to a physician and surgeon immediately, and must ensure immediate care of patients who are in need of care beyond the scope of practice of the CNM, or emergency care for times when a physician and surgeon is not on the premises.

³ Furnishing of Schedule II or III controlled substances by CNMs require a patient-specific protocol approved by a physician and surgeon.



When are disclosures and informed consent necessary?

BPC section [2746.54](#) provides that certain disclosures must be provided to a prospective patient as part of a patient care plan, and informed consent obtained from the patient. However, BPC section [2746.54\(d\)](#) states that the disclosures enumerated in that section are not required “when the intended site of birth is the hospital setting.”

What must be included in disclosures?

BPC section [2746.54](#) lists the information that must be disclosed to prospective patients for births intended outside of a hospital setting.

What is the required format for disclosures?

Disclosures must be provided in both oral and written form.



Agenda Item 7.0

Discussion and Possible Action: Regarding Board of Registered Nursing website updates for midwifery practice.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

**BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 7.0
DATE: February 8, 2022

ACTION REQUESTED: **Discussion and Possible Action:** Regarding Board of Registered Nursing website updates for midwifery practice.

REQUESTED BY: Mary Kay Phillips, PhD, CNM
NMAC Chair

BACKGROUND:

The NMAC members will discuss CNM information on the BRN’s website that need changes/updates due to the implementation of SB 1237. The committee may make recommendations to establish a process to review and provide suggested website updates with immediate need as well as a process for ongoing review/updates, as needed.

- High Importance
 - <https://www.rn.ca.gov/pdfs/regulations/bp2746-r.pdf>
Last updated: 09/2005
Remove attachment, create new webpage and link to correct laws/regulations.

- Moderate Importance
 - <https://www.rn.ca.gov/pdfs/applicants/nmf-app.pdf>
Last updated: 01/2019
There is one statement: *If applicable, a copy of the procedures/protocols/collaborative/practice agreement set in place by the supervising physician that allowed the Nurse Midwife to use their prescriptive/furnishing authority in the state where they are licensed/certified.*
This may still be appropriate but should be reviewed.
 - <https://www.rn.ca.gov/education/apprograms.shtml>
This site should no longer reference California State University San Diego, as they no longer have a CNM program.

- Low Importance
 - <https://www.rn.ca.gov/pdfs/regulations/npr-b-08.pdf>
Board approved: 09/2011
No reference to physician supervision
 - <https://www.rn.ca.gov/pdfs/applicants/nmw-app.pdf>
Last revised: 01/2019
No immediate corrections noted

Below is a listing of the current CNM advisories published on the website:

Link to advisory	Date Published
Standardized Procedure for Certified Nurse-Midwives for Furnishing Medications	2/2003
Nurse Practitioners & Nurse-Midwives: Supervision of Medical Assistants	6/2013
Nurse-Midwives: Laws & Regulations (ca.gov)	9/2011
Nurse Midwives Furnishing Controlled Substances (ca.gov)	11/2001

Link to advisory (cont'd)	Date Published
NMWs and NPs May Furnish Drugs and Devices in Their Solo Practice and DHS to Consult w/BRN When Developing Regulations that Affect the Scope of Practice of a CNM or NP (ca.gov)	12/2002
Nurse-Midwifery Schedule II Controlled Substances to Include the Risks of Addiction and Neonatal Abstinence Syndrome with the Use of Opioids (ca.gov)	4/2009
NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing (ca.gov)	11/2012
National Provider Identifier Standard (NPI) CMS	Federal CMS
Midwifery Practice Under Standardized Procedures Prohibited (ca.gov)	9/2011
Medical Assistants: Handing to a patient properly labeled and prepackaged prescriptions, and does not include controlled substances	2/2015
Law Changes Directly Impacting the Prescribing and Dispensing of Schedule II and III Controlled Substances Within California	3/2004
General Information: Nurse-Midwife Practice (ca.gov)	11/2011
CURES Mandatory Use Begins October 2, 2018 Prior to Prescribing, Ordering, Administering or Furnishing a Schedule II-IV Controlled Substance (ca.gov)	9/2018
Certified Nurse-Midwife Practice: Explanation of Standardized Procedure for CNM (ca.gov)	11/2011
Criteria for Furnishing Number Utilization (ca.gov)	10/2011
Advanced Practice Registered Nurse - Schoolbus Driver: Medical Examination	11/2012

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT:

McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

Discussion and Possible Action: Regarding NMAC mission statement and 2022 goals.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | February 8, 2022

**BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 8.0
DATE: February 8, 2022

ACTION REQUESTED: **Discussion and Possible Action:** Regarding NMAC mission statement and 2022 goals.

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

The NMAC will discuss and create a mission statement as well as goals for the upcoming year. The NMAC's approved charter is included in the meeting materials for reference during the discussion.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
 mccaulie.feusahrens@dca.ca.gov



The California Board of Registered Nursing's Nurse-Midwifery Advisory Committee

The mission of the California Board of Registered Nursing (Board or BRN) is to protect and advocate for the health and safety of the public by ensuring the highest quality of registered nurses in the State of California. The Board values include consumer protection, customer service, effectiveness, integrity and trust.

Background

On September 18, 2020, Governor Newsom signed Senate Bill (SB) 1237 into law. SB 1237 made changes to the Business and Professions Code (BPC) and, in summary, does the following:

- Authorizes a Certified Nurse-Midwife (CNM) to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board.
- Authorizes a CNM to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the CNM and a physician and surgeon to provide a patient with specified services.
- Requires the patient to be transferred to the care of a physician and surgeon to provide those services if the CNM does not have those mutually agreed-upon policies and protocols in place and authorizes the return of that patient to the care of the CNM after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer is resolved.
- Authorizes a CNM to continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, if a physician and surgeon assumes care of the patient, as indicated by the mutually agreed-upon policies and protocols.
- Authorizes a CNM, after referring a patient to a physician and surgeon, to continue care of a patient the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.
- Authorizes a CNM to attend pregnancy and childbirth in an out-of-hospital setting if consistent with the above-described provisions.
- Prohibits a CNM to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version.
- Requires a CNM to refer all emergencies to a physician and surgeon immediately and authorizes a CNM to provide emergency care until the assistance of a physician and surgeon is obtained.
- Requires a CNM who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient's written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.
- Requires the Board to appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee consisting of four qualified CNMs, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.
- Requires the committee to make recommendations to the Board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. As well as provide recommendations or guidance on care when the Board is considering disciplinary action against a CNM.

- Authorizes a CNM to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery, as provided, and when care is rendered in an out-of-hospital setting, as specified.
- Limits the requirement that the furnishing or ordering of drugs or devices by a CNM be in accordance with the standardized procedures or protocols to the furnishing or ordering of drugs or devices for services that do not fall within the scope of services specified by the bill and Schedule IV or V controlled substances by a CNM for any condition.
- Requires Schedule II or III controlled substances furnished or ordered by a CNM for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon.
- Requires a CNM who is authorized to furnish or issue a drug order for a controlled substance to additionally register with the Controlled Substance Utilization Review and Enforcement System (CURES).
- Authorizes a CNM to procure supplies and devices, obtain and administer diagnostic tests, obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified by the bill, order laboratory and diagnostic testing, and receive reports, as specified.
- Makes it a misdemeanor for a CNM to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the CNM or their immediate family member has a financial interest with the person receiving a referral.
- Requires a CNM performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the CNM, or emergency care when a physician and surgeon is not on the premises.
- Requires the CNM in attendance of a live birth responsible for collecting information on the planned place of birth and whether it was a hospital, freestanding birthing center, home delivery, clinic or physician's office, or other specified place; entering the information on the birth certificate; securing the required signatures; and for registering the certificate with the local registrar.

On February 9, 2021, the Board appointed the initial members to the NMAC.

NMAC Purpose/Charge

Pursuant to BPC section [2746.2](#) the Board is authorized to appoint qualified CNMs, physicians and public members to NMAC to advise and make recommendations to the Board on all matters relating to midwifery practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. The NMAC shall provide recommendations or guidance to the Board when the Board is considering disciplinary action against a CNM.

Relationship to the Board

NMAC is an advisory committee of the Board. NMAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11132](#).

NMAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or NMAC staff liaison will facilitate the referral of NMAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with BPC section [2746.2\(b\)\(3\)](#), the NMAC shall be composed of the following:

- Four (4) qualified CNMs,
- Two (2) qualified physicians and surgeons including but not limited to, obstetricians or family physicians, and
- One (1) public member.

NMAC members are appointed by the Board and shall be appointed to a two-year term. Members shall serve no more than two consecutive terms or a total of four consecutive years.

NMAC members will identify and vote on a committee Chair and Vice-Chair to facilitate NMAC meetings in collaboration with the Board's EO or NMAC staff liaison. The NMAC Chair will develop the meeting agendas in collaboration with the Board's EO, NMAC staff liaison, and other Board support staff. Only appointed NMAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The NMAC Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NMAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of NMAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the NMAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the NMAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

Meetings

The NMAC meets up to four times per year, generally, the day before a Board meeting. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All NMAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The NMAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Advisory committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the NMAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

NMAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and NMAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the NMAC members. The Committee will vote to approve draft minutes at NMAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and NMAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

Four NMAC members at any NMAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the NMAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of NMAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the NMAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, midwifery practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the NMAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the NMAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.