Tuesday, February 26, 2019-11:30am

1.0 Call to Order/Roll Call /Establishment of a Quorum

1.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:

➢ June 27, 2018

2.0 Information Only: Report from Board Meeting: November 15, 2018 the Board voted to maintain the current appointment terms and provided that members could serve an additional two-year term, if reappointment was approved by the Board.

3.0 Discussion of Proposal to Amend the Nursing Practice Act and Possible Vote to Recommend Such Amendments to the Board: The proposal is to recommend to the Board an amendment to the Nursing Practice Act, specifically Business & Professions Code sections 2746.51 and 2746.52, that would allow certified Nurse-Midwives to (1) procure certain supplies and medications, and (2) perform and repair episiotomies in a home setting.

4.0 Information Only: The midwife assistant role was created by SB 408, now Business and Professions Code section 2516.5, which is found within the Licensed Midwifery Practice Act of 1993 (Business and Professions Code section 2505, et. seq.) It states that a midwife assistant is one who, among other things, possesses “at least the minimum amount of hours of appropriate training pursuant to standards established by the Board for a medical assistant pursuant to Section 2069.” (Bus. & Prof. Code, § 2516.5, subd. (a).) For purpose of the Licensed Midwifery Practice Act of 1993, “board” is defined as the Medical Board of California. (Bus. & Prof. Code, § 2506, subd. (a).)
5.0 Information Only: Introduction of information from the Nurse-Midwifery Advisory Committee to recognize the credentialed certified nurse-midwife legislation. Section 2746.5 section (e) Any regulation promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the Board.

6.0 Information Only: On November 29, 2018, hospitals who are members of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center were notified of a new statistic called “Percent Deliveries by Certified Nurse-Midwives” to be publicly reported on to CalHospitalCompare.org. CalHospitalCompare.org will help women more easily identify their hospital choices that have a certified nurse-midwife presence as it will help ensure that what the consumer sees on CalHospitalCompare.org is an accurate reflection of the proportion of certified nurse-midwives at their facilities.

7.0 Discussion and Possible Vote Regarding Meeting Schedule: Review 2019 Board and Committee meeting schedule to establish future meeting schedules for Nurse-Midwifery meetings and determine agenda submission deadlines.

7.1 Discuss Membership and Attendance of Meetings.

8.0 Public Comment for Items Not on the Agenda

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code, Sections 11125 and 11125.7(a)).

9.0 Adjournment

NOTICE: All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov, or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.
NURSE-MIDWIFERY ADVISORY COMMITTEE
MEETING MINUTES

DATE: June 27, 2018

START TIME: 10:05 am

MAIN LOCATION: Board of Registered Nursing
1747 N. Market Blvd
Library Media Room, Suite 150
Sacramento, CA 95834

TELECONFERENCE LOCATION: Best Start Birth Center
3630 Enterprise Street
San Diego, CA 92110

MEMBERS PRESENT: BJ Snell, PhD, CNM, WHNP, MSN, FACNM
Lin Lee, RN, CMN
Naomi Stotland, MD
Hilary Reyes, CNM
Karen Roslie, CPPM, Public Member

TELECONFERENCE ATTENDANCE: Karen Roslie, CPPM, Public Member
Lin Lee, RN, CMN

STAFF MEMBERS PRESENT: Janette Wackerly, RN, SBN, MBS-Supervising Nursing Education Consultant, BRN Nursing Practice Liaison
Elizabeth Woods, RN, FNP, MSN-BRN Nursing Practice Committee Chair
Spencer Walker-DCA Legal Attorney
Dean Fairbanks-Budget and Regulatory Analyst

EXECUTIVE OFFICER: Dr. Joseph Morris, RN, PhD, MSN

ABSENT: None

10.0 Call to Order/Roll Call/Establishment of a Quorum/Approval of Minutes

The meeting was called to order by Supervising Nursing Education Consultant, Janette Wackerly. All members present. Quorum established.
MEMBERS PRESENT: Betty Johnson - Snell, PhD, CNM, WHNP, MSN, FACNM
Lin Lee, RN, CMN
Naomi Stotland, MD
Hilary Reyes, CNM
Karen Roslie, CPPM, Public Member

NOT PRESENT: None

10.0.1 Review and Vote of Whether to Approve Previous Meeting Minutes.
 September 7, 2017

| Motion: | Betty Johnson - Snell - To Approve September 7, 2017 meeting minutes as presented. |
| Second: | Hilary Reyes |
| Vote: | BS: Yes | LL: Yes | HR: Yes | KR: Yes | NS: Yes |

Public Comment: None

10.1 Election of Committee Chair.

10.1.1 Discussion Regarding Terms and Committee Appointments.

Background: At the February 15, 2018 Board meeting the Nursing Practice Committee put forth candidates for the Nurse-Midwifery Committee in accordance with B&P Code Section 2746.2, the Board of Registered Nursing is responsible for appointing persons to serve a two (2) year term on the Nurse-Midwifery Committee. The two-year term for this appointment is February 2018 to February 2020.

Below are the names of the candidates are considered and approved by the Board at the February 15, 2018 Board meeting.
Re-appointed Candidates are Karen Roslie Public Member Encinitas CA.; Lin Lee RN, CNM Los Altos CA; Naomi E Stotland MD San Francisco; and BJ Snell RN, CNM Cota De Caza.
New appointment Candidate is Hilary Reyes RN, CNM

The Board required participants as member of the Nurse-Midwifery Committee to complete Board Member Orientation provided by the Department of Consumer Affairs: Hilary Reyes, Lin Lee, Karen Roslie, and BJ Snell.

The Nurse-Midwifery Committee is composed of direct practice nurse midwives one each from the northern and southern California, a nurse midwife engaged in nurse-midwifery education, on pubic member who has been a consumer of nurse-midwifery practice and an obstetrical physician with knowledge of nurse midwifery practice. (BPC 2746.2 & CCR 1461)
The Board determined the Nurse-Midwifery Committee member could be appointed for a 2-year term and then could be reappointed for another 2-year term. The Board determined the Nurse-Midwifery Committee could meet two (2) times a year.

<table>
<thead>
<tr>
<th>Motion:</th>
<th>Lin Lee: Motion to nominate Betty Johnson-Snell for re-appointment of Chair.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second:</td>
<td>Naomi Stotland</td>
</tr>
<tr>
<td>Vote:</td>
<td>BS: Yes</td>
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<tr>
<td>Public Comment:</td>
<td>None</td>
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<tr>
<th>Motion:</th>
<th>Betty Johnson Snell: Motion to increase the serving terms from two, two-years to four, two-year terms.</th>
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<tbody>
<tr>
<td>Vote:</td>
<td>BS: Yes</td>
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<tr>
<td>Public Comment:</td>
<td>None</td>
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### 10.2 Information about and Possible Action on AB 2682; Certified Nurse-Midwives: Naturopathic Doctors.

**Background:**

**AB 2682 Amended 5-22-2018**

Amended analysis as of 5/22:

In addition to amending AB 2682 as originally introduced, the bill now would authorize a naturopathic doctor certified for the specialty practice of naturopathic childbirth attendance to perform and repair episiotomies and repair first-degree and second-degree lacerations of the perineum in a licensed general acute care hospital and a licensed alternative birth center under specified conditions.

Related to the practice of nurse-midwifery, the bill would:

- Provide that a certified nurse-midwife shall practice under the supervision of a licensed physician and surgeon or an experienced certified nurse-midwife for a minimum of 18 months in the period immediately following his or her licensure. A certified nurse-midwife who obtained his or her license prior to January 1, 2019, or who was licensed outside of California prior to January 1, 2019, shall be required to show that he or she has met the minimum supervision practice requirement.

- Delete the provisions that provided for authorization for the board to appoint a committee of qualified physicians and nurses to develop standards for educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters.
• Instead require the board to appoint a committee of physicians and surgeons and nurses to make recommendations to the board on all matters relating to midwifery practice, including, but not limited to, education and appropriate standards of care.

• Delete the requirement that a certified nurse-midwife practice under the supervision of a physician and surgeon.

• Authorize a certified nurse-midwife to attend to cases of normal pregnancy and childbirth. It would define the term “normal pregnancy and childbirth” as one that includes conditions such as the absence of preexisting diseases or conditions or significant diseases arising from pregnancy.

• Authorize a certified nurse-midwife to attend to a case of childbirth if a preexisting disease or condition or significant disease arises if all other conditions are satisfied and the potential midwife client obtains an examination by a physician and surgeon.

• Prohibit a certified nurse-midwife from providing or continuing to provide care to a woman with a risk factor that will adversely affect the course of pregnancy and childbirth.

• Authorize a certified nurse-midwife to furnish drugs or devices when care is rendered in a home and would authorize the furnishing or ordering of drugs or devices under standardized procedures and protocols rather than under physician and surgeon supervision.

• Authorize a certified nurse-midwife to procure supplies and devices, obtain and administer diagnostic tests, order laboratory and diagnostic testing, and receive reports.

• Make it a misdemeanor for a certified nurse-midwife to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the certified nurse-midwife or his or her immediate family member has a financial interest with the person receiving a referral.

• Delete provisions related to the specified conditions when a nurse-midwife performs and repairs episiotomies and repairs perineal lacerations in specified health care facilities. The bill would now require a certified nurse-midwife to establish procedures that relate to the performance and repair of the perineum that, among other things, ensures that all complications are referred to a physician and surgeon immediately.
• Require a certified nurse-midwife who is not under the supervision of a physician and surgeon to provide a written disclosure to a client and obtain a client’s written consent, as specified.

• Require each certified nurse-midwife who assists in or supervises in assisting in childbirth that occurs outside of a hospital to annually report specified information to the Office of Statewide Health Planning and Development, would require the office to annually report the information to the board, and would require the board to include the information in the board’s annual report to the Legislature.

• Provide that the board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement. Failure to comply with subdivision will result in the certified nurse-midwife being unable to renew his or her license without first submitting the requisite data to the office for the year for which that data was missing or incomplete.

• Provide that a violation of the provisions related to the reporting requirement is not a crime.

Public Comment: None

10.3 Discussion and Possible Action to Update Certified Nurse Midwives, California Code of Regulations, Article 6, Section 1462, Standards for Nurse-Midwifery Programs.

Background: Section 1462, Discussion regarding currency of content for education programing and where change needs to occur. Involve Nurse-Midwifery education programs in the discussion.

At the Board meeting November 9, 2018, the Practice agenda provided information regarding American College of Nurse the Core Competencies for Basic Midwifery Practice and Standards of Practice for Nurse-Midwifery which the Nurse-Midwifery Committee was recommending. The mechanism to incorporate the Core Competencies for Basic Midwifery Practice and the Standards of Practice for Nurse-Midwifery would require reference to the statutes BCP 2746-2746.8 and CCR 1460-1466. CCR 1463 Scope of Practice is a regulation which would need updates.

Public Comment: None

10.4 Information only: Nurse Practitioner and Nurse-Midwifery Survey Conducted by University of California, San Francisco.
Background: 2017 Survey of Nurse Practitioners (NPs) and Certified Nurse-Midwives (attached)

12-page Survey for NPs and CNMs

- Education
- Employment, Clinical practice and Patient population
- Barriers to Practice

- 2,500 Survey mailed
- 66% response rate
- 1,269 NP’s
- 177 CNM’s
- 170 Dual-certified

Go to Survey to review the following

- How many NPs and CNMs live and work in California.
- How old are employed NPs and CNMs
- Diversity of employed NPs and CNMs
- Gender Diversity of employed NPs and CNMs
- Highest education of employed NPs and CNMs
- Initial RN Education of NPs and CNMs
- Employment rate by age group, 2017
- Work Settings
- Job Titles of NP’s and CNM’s employed in these roles.
- Estimated shares of patients with types of payment
- Types of patient currently accepted by practices in which NP + CNMs work

Information only: Process to Submit Proposed Regulations to the Department of Consumer Affairs and Office of Administrative Law.

Background: The following document highlights the Regulation Process and this is posted on the BRN website. This describes the DCA First Phase and Second Phase part of the process before the file is submitted to OAL for review. It also contains helpful links. http://www.rn.ca.gov/pdfs/regulations/ruleprocess.pdf

OAL provides training courses to state agency staff on rulemaking under the Administrative Procedure Act. This includes a comprehensive 3-Day training class as a separate 3-hour class dedicated to underground regulations. Note: All
training dates are full at this time. There is a form to complete to be put on the waiting list and you will be contacted when an opening becomes available. [https://oal.ca.gov/training/](https://oal.ca.gov/training/)

More information regarding the OAL rulemaking process can be found here [https://oal.ca.gov/rulemaking_process/](https://oal.ca.gov/rulemaking_process/).

Public Comment: None

10.6 Determine meeting dates for Fall 2018 and 2019.

Background: Calendar for fall of 2018 and 2019
We do not have the Board’s 2019 Calendar

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<tr>
<th>Motion:</th>
<th>Betty Johnson: Motion to contact the BRN Nursing Practice Committee liaison when a future date is determined.</th>
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</thead>
<tbody>
<tr>
<td>Second:</td>
<td>Hilary Reyes</td>
</tr>
</tbody>
</table>

| Vote:   | BS: Yes  | LL: Yes | HR: Yes | KR: Yes | NS: Yes |

Public Comment: Spencer Walker - BRN DCA Legal Attorney

10.7 Public Comment for Items Not on the Agenda.

Public Comment: None

10.8 Adjournment at 12:14pm.

Submitted by: Signature: Date: 

Title: BJ Snell, PhD, CNM, WHNP, MSN, FACNM Chair-Nurse-Midwifery Advisory Committee

Approved by: Signature: Date: 

Title: Janette Wackerly, MBA, BSN, RN Supervising Nursing Education Consultant Phone: 916-574-7686 Email: janette.wackerly@dca.ca.gov
AGENDA ITEM: 2.0
DATE: February 26, 2019

ACTION REQUESTED: Information Only: Report from Board Meeting: November 15, 2018 the Board voted to maintain the current appointment terms and provided that members could serve an additional two-year term, if reappointment was approved by the Board.

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:
The Nurse Midwifery Advisory Committee was approved by the Board for one (1) two-year term with the ability for a member(s) to be reappointed to an additional two two-year term. The current 4 members with the exception a newly appointed CNM are serving their second two-year term.

At the June 27, 2018, Nurse Midwifery Advisory Committee meeting, BJ Snell PhD CNM proposed that the CNM Advisory Committee terms of appointment be changed to longer term of appointment, suggesting appointments from two-year terms to four-year terms.
The Nurse-Midwifery Advisory Committee members request consideration to increase the term of office from one two-year term with the ability for a member(s) to be reappointed to an additional four-year term and to forward to the request to the Practice Committee and Board.
The term of member appointments to the Nurse-Midwifery Advisory Committee will include staggered terms of appointment. The initial two-year term for members to the Nurse-Midwifery Advisory Committee and any subsequent approved two-year membership on the Nurse-Midwifery Committee means a total appointment of four years.

August 16, 2018; The Nursing Practice Committee presented agenda item 10.3.1 Discussion and Possible Action: Increasing Nurse-Midwifery Advisory Committee Member Terms of Appointment from two-year terms to four, two-year terms.

On November 15, 2018, The Board declined the request of the current Nurse-Midwifery Committee to serve four two-year terms or a total of eight years, but members could serve an additional two-year term, if reappointment was approved by the Board.

NEXT STEPS: None
FISCAL IMPACT, IF ANY: None
PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA Supervising Nursing Education Consultant and Liaison to the Practice Committee (916) 574-7686
AGENDA ITEM: 3.0  
DATE: February 26, 2019

ACTION REQUESTED: Discussion of Proposal to Amend the Nursing Practice Act and Possible Vote to Recommend Such Amendments to the Board: The proposal is to recommend to the Board an amendment to the Nursing Practice Act that would allow certified Nurse-Midwives to (1) procure certain supplies and medications, and (2) perform and repair episiotomies in a home setting.

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:

Specifically, delete Business & Professions Code section 2746.51, subdivision (b)(3), and add subdivision (f) to state as follows: “A certified nurse-midwife is authorized to directly procure supplies and devices, or order, obtain and administer drugs and diagnostic tests, to order laboratory and diagnostic testing, and to receive reports that are necessary to his or her practice as a certified nurse-midwife and consistent with nurse-midwifery education program.”

Further, amend Business & Professions Code section 2746.52 to read as follows:

(a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a nationally accredited birth center, or in a home.

(b) The certified nurse-midwife performing episiotomies and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:
   
   (1) Ensure that all complications are referred to a physician and surgeon immediately; and

   (2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife or provide emergency care for times when a physician and surgeon is not available.

NEXT STEPS: None

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA  
Supervising Nursing Education Consultant and Liaison to the Practice Committee  
(916) 574-7686
January 25, 2019

Board of Registered Nursing Board of Directors
1747 N Market Blvd, Ste 150
Sacramento, CA 95834

RE: Scope of Practice of Certified Nurse-Midwives in the Out of Hospital and Home Setting

Dear Board of Directors:

Thank you so much for your support of women and families. As an affiliate of the American College of Nurse-Midwives (ACNM), the California Nurse-Midwives Association (CNMA) strives to facilitate the integration of nurse-midwives into the health care system of California and promote legislation and regulations supportive of maternal child health and nurse-midwifery practices in California. We honor the work you do to ensure the safety and protection of the California public.

We are writing today regarding the maternal health care crisis currently faced by women and children in California. 9 of 58 counties in California do not currently have access to an obstetrician. The scarcity of healthcare providers is compounded when those resources are misappropriated and used inefficiently. Given the above, the CNMA Health Policy Committee calls upon the California Board of Registered Nursing’s Board of Directors to introduce and support legislation and policies allowing Certified Nurse-Midwives to perform and repair episiotomies, repair first and second-degree lacerations, and procure medications in the home birth and out of hospital birth setting.

The appropriate use of episiotomies, which should be reserved for instances of severe fetal distress, can and does save infant lives, and nurse-midwives should not be prevented from performing this procedure in the home birth setting. Legislating against access to this procedure in any setting poses a risk of death and injury to vulnerable infants. In addition, first and second-degree perineal lacerations are common, and as many as half of all women will experience at least a first-degree laceration while giving birth.

Certified nurse-midwives are trained, licensed, and qualified to perform each of these procedures independently. Transporting women to the emergency department for repair of lacerations and episiotomies increases healthcare costs, misuses valuable emergency services, and forces the unnecessary separation of the mother from her newborn, thereby increasing the risk of breastfeeding difficulty and failure, unnecessary supplementation with formula, postpartum depression, and ineffective bonding.

Medications can be critical in childbirth, and should be available in all birth settings, regardless of where birth takes place. Preventing CNMs from being able to procure...
these drugs increases the risk to women who choose to give birth in the out of hospital setting. It is essential that women have access to lifesaving medications and emergency care by their midwives while awaiting transport to a hospital facility.

Once again, we are grateful for the work you do. We look forward to working together to improve access to essential maternity care and improve outcomes for the most vulnerable patients in California—pregnant women and their unborn children.

Respectfully,

Paris Maloof-Bury, MSN, CNM, RNC-OB, IBCLC
Member, Health Policy Committee, California Nurse-Midwives Association

Holly Smith, MPH, CNM
Chair, Health Policy Committee, California Nurse-Midwives Association

Kathleen Belzer, CNM
President, California Nurse-Midwives Association
Proposal for amending the NPA by adding in procurement of supplies and medications, and inclusion of the home setting in the episiotomy/repair language.

The part in *italics* is some proposed language

1. Licensed Midwives have the ability to procure supplies and medications in order to provide safe care during pregnancy, labor and childbirth. CNMs have the ability to provide the full range of family planning options but cannot order the devices independent of a physician. California is the only state where procurement of supplies and medications is not allowed without a physician signature. This amendment will allow a certified nurse-midwife with furnishing authority and DEA license to procure supplies and medications within their scope of practice independent of a physician. The proposed language is consistent with the licensed midwife statute.

> Section 2746.51 (b) (3) (f) A certified nurse-midwife is authorized to directly procure supplies and devices, to order, obtain, and administer drugs and diagnostic tests, to order laboratory and diagnostic testing, and to receive reports that are necessary to his or her practice as a certified nurse-midwife and consistent with nurse-midwifery education preparation.

2. This proposal is to codify the home as a setting for performance of episiotomy and repair of first and second degree laceration. Licensed midwives again have this authority without physician supervision. CNMs have the authority in hospitals and birth centers but the law is silent on the home. This is a significant patient safety issue.

> Section 2746.52 of the Business and Professions Code line 25 is amended to read: 2746.52. (a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, in a licensed alternate birth center, as defined in paragraph (4) of subdivision (b) of Section 1204 of the Health and Safety Code, or a nationally accredited birth center, and in a home.

> (b) The certified nurse-midwife performing episiotomy and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

> (1) Ensure that all complications are referred to a physician and surgeon immediately.

> (2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife, or provide emergency care for times when a physician and surgeon is not available.
ACTION REQUESTED: Information Only: The midwife assistant role was created by SB 408, now Business and Professions Code section 2516.5, which is found within the Licensed Midwifery Practice Act of 1993 (Business and Professions Code section 2505, et. seq.) It states that a midwife assistant is one who, among other things, possesses “at least the minimum amount of hours of appropriate training pursuant to standards established by the Board for a medical assistant pursuant to Section 2069.” (Bus. & Prof. Code, § 2516.5, subd. (a).) For purpose of the Licensed Midwifery Practice Act of 1993, “board” is defined as the Medical Board of California. (Bus. & Prof. Code, § 2506, subd. (a).)

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:

Business and Professions Code section 2746.5, subdivision (e) requires that the BRN be consulted when a state department promulgates regulations “that affect the scope of practice of a certified nurse-midwife…” the midwife assistant regulations, however, only impact the training and scope of practice of the midwife assistant, and not the scope of practice of a certified nurse-midwife.

To the extent people not involved with the Medical Board wished to participate, they could have, as proposed regulations must be published and open to public comment. Please see the Guide to Public Participation in the Regulatory Process published by the Office of Administrative Law, located at: https://www.oal.ca.gov/wp-content/uploads/sites/166/2017/05/How-2-Participate-102016.pdf

The Medical Board published on its website the Notice, text of proposed regulations, ISOR, modified text, and notice of approval here: http://www.mbc.ca.gov/About_Us/Laws/Proposed_Regulations/ (look under the category for “Midwife Assistants”)

To the extent that interested persons wish to see the existing regulations modified, they may make such suggestions to the Medical Board. Also, to the extent that one wished to know what actions the Medical Board is pursing, one may subscribe to the Medical Board’s e-mail alerts here: http://www.mbc.ca.gov/Suscribers/

NEXT STEPS: None

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and Liaison to the Practice Committee
(916) 574-7686
Senate Bill No. 408
CHAPTER 280

An act to add Section 2516.5 to the Business and Professions Code, relating to healing arts.
[Approved by Governor September 8, 2015. Filed with Secretary of State September 8, 2015.]

legislative counsel’s digest
SB 408, Morrell. Midwife assistants.

The Licensed Midwifery Practice Act of 1993 provides for the licensing and regulation of midwives by the Medical Board of California. The license to practice midwifery authorizes the holder to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family planning care, for the mother, and immediate care for the newborn. The Licensed Midwifery Practice Act of 1993 requires a midwife to refer to a physician and surgeon under prescribed circumstances. A violation of the Licensed Midwifery Practice Act of 1993 is a crime.

The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. The Nursing Practice Act authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn, and provides that the practice of nurse-midwifery constitutes the furthering or undertaking by a certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal.

This bill would authorize a midwife assistant to perform certain assistive activities under the supervision of a licensed midwife or certified nurse-midwife, including the administration of medicine, the withdrawing of blood, and midwife technical support services. The bill would define terms for these purposes. The bill would prohibit a midwife assistant from being employed for inpatient care in a licensed general acute care hospital. By adding new requirements and prohibitions to the Licensed Midwifery Practice Act of 1993, the violation of which 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.

The people of the State of California do enact as follows:

SECTION 1. Section 2516.5 is added to the Business and Professions Code, to read:

2516.5. (a) As used in this section, the following definitions apply:

(1) “Midwife assistant” means a person, who may be unlicensed, who performs basic administrative, clerical, and midwife technical supportive services in accordance with this chapter for a licensed midwife or certified nurse-midwife, is at least 18 years of age, and has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board for a medical assistant pursuant to Section 2069. The midwife assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. Each employer of the midwife assistant or the midwife assistant shall retain a copy of the certificate as a record.

(2) “Midwife technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a midwife assistant who has limited training and who functions under the supervision of a licensed midwife or certified nurse-midwife.

(3) “Specific authorization” means a specific written order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed. A notation of the standing order shall be placed in the patient’s medical record.

(4) “Supervision” means the supervision of procedures authorized by this section by a licensed midwife or certified nurse-midwife, within his or her scope of practice, who is physically present on the premises during the performance of those procedures.

(b) Notwithstanding any other provision of law, a midwife assistant may do all of the following:

(1) Administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical support services upon the specific authorization and supervision of a licensed midwife or certified nurse-midwife. A midwife assistant may also perform all these tasks and services in a clinic licensed in accordance with subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a licensed midwife or certified nurse-midwife.

(2) Perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed midwife or certified nurse-midwife, if the midwife assistant has met the educational and training requirements for medical assistants as...
established in Section 2070. Each employer of the assistant shall retain a copy of any related certificates as a record.

(3) Perform the following midwife technical support services:
(A) Administer medications orally, sublingually, topically, or rectally, or by providing a single dose to a patient for immediate self-administration, and administer oxygen at the direction of the supervising licensed midwife or certified nurse-midwife. The licensed midwife or certified nurse-midwife shall verify the correct medication and dosage before the midwife assistant administers medication.
(B) Assist in immediate newborn care when the licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.
(C) Assist in placement of the device used for auscultation of fetal heart tones when a licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.
(D) Collect by noninvasive techniques and preserve specimens for testing, including, but not limited to, urine.
(E) Assist patients to and from a patient examination room, bed, or bathroom.
(F) Assist patients in activities of daily living, such as assisting with bathing or clothing.
(G) As authorized by the licensed midwife or certified nurse-midwife, provide patient information and instructions.
(H) Collect and record patient data, including height, weight, temperature, pulse, respiration rate, blood pressure, and basic information about the presenting and previous conditions.
(I) Perform simple laboratory and screening tests customarily performed in a medical or midwife office.

(4) Perform additional midwife technical support services under regulations and standards established by the board.
(c) (1) Nothing in this section shall be construed as authorizing the licensure of midwife assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a midwife assistant. Nothing in this section shall be construed as authorizing the board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
(2) Nothing in this section shall be construed as authorizing a midwife assistant to perform any clinical laboratory test or examination for which he or she is not authorized under Chapter 3 (commencing with Section 1200).
(d) Notwithstanding any other law, a midwife assistant shall not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
SEC. 2. 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.
AGENDA ITEM SUMMARY

AGENDA ITEM: 5.0
DATE: February 26, 2019

ACTION REQUESTED: Information Only: Introduction of information from the Nurse-Midwifery Advisory Committee to recognize the credentialed certified nurse-midwife legislation. Section 2746.5 section (e) Any regulation promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the Board.

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:

Section 2746.5
(a) The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.
(b) As used in this chapter, the practice of nurse-midwifery constitutes the furthering or undertaking by any certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred to a physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.
(c) As used in this article, “supervision” shall not be construed to require the physical presence of the supervising physician.
(d) A certified nurse-midwife is not authorized to practice medicine and surgery by the provisions of this chapter.
(e) Any regulations promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the board.

Regulations that were developed by the Board of Medicine also impacts certified nurse-midwives. The Nurse-Midwifery Advisory Committee will discuss and give feedback regarding the Board of Registered Nursing’s affiliation with Section 2746.5 (e).

NEXT STEPS: None
FISCAL IMPACT, IF ANY: None
PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and Liaison to the Practice Committee
(916) 574-7686
AGENDA ITEM: 6.0
DATE: February 26, 2019

ACTION REQUESTED: Information Only: On November 29, 2018, hospitals who are members of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center were notified of a new statistic called “Percent Deliveries by Certified Nurse-Midwives” to be publicly reported on CalHospitalCompare.org. CalHospitalCompare.org will help women more easily identify their hospital choices that have a certified nurse-midwife presence as it will help ensure that what the consumer sees on CalHospitalCompare.org is an accurate reflection of the proportion of certified nurse-midwives at their facilities.

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:

Cal Hospital Compare is a performance reporting initiative managed by a multi-stakeholder Board of Directors, with representatives from hospitals, purchasers, health plans, and consumer groups. Prior to 2016, Cal Hospital Compare was known as the California Hospital Assessment Task Force (CHART). CHART was first established in 2004 for the purposes of developing a statewide hospital performance reporting system using a multi-stakeholder collaborative process. CHART aggregated data from participating hospitals until 2011, when its Board of Directors moved to using only publicly available data sources for all hospitals, not just those participating voluntarily.

If a hospital is a member of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center (MDC), Certified Nurse-Midwives who currently use the MDC at their facility will begin to be publicly reported to CalHospitalCompare.org. This data will come directly from the birth certificate. The system features information on California hospitals that helps consumers make smarter and more informed choices when making medical decisions.

The Nurse-Midwifery Advisory Committee will discuss information presented after attending the online California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center webinar. The webinar will be held Wednesday, January 16, 2019 from 12:00 noon-1:30pm, pacific standard time. Please visit: https://stanford.zoom.us/webinar/register/WN_Q_Z67_HOQP6q7nAUSoUnpA (note that the first 20 minutes will include non-CNM related topics as this is an MDC update webinar; please remain on the call to hear about the CNM statistic).

NEXT STEPS: None

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and Liaison to the Practice Committee
(916) 574-7686
**IMPORTANT ANNOUNCEMENT FROM CNMA**

NEW PUBLICLY REPORTED CNM STATISTIC IS COMING OUR WAY!

*Do you know if your hospital is accurately reporting CNMs as the delivering provider on patient birth certificates?*

**Starting in June 2019, the "Percent Deliveries by CNMs" at your facility will begin to be publicly reported to [CalHospitalCompare.org](http://CalHospitalCompare.org)!!**

This data will come directly from the birth certificate.

*Is your hospital accurately reporting CNMs as the delivering provider on the birth certificate?*

If your hospital is a member of the CMQCC Maternal Data Center (MDC), we are inviting all interested CNMs, especially CNM leads and CNMs who currently use the MDC at their facility, to an informational webinar on this new publicly reportable CNM statistic.
This webinar will be Wednesday January 16th from 12-1:30pm PST.

Registration is required here: https://stanford.zoom.us/webinar/register/WN_Q_Z67_HOQP6q7nAUSoUnpA
(note that the first 20 minutes will include non-CNM related topics as this is an MDC update webinar; please remain on the call to hear about the CNM statistic).

On November 29th, your hospital (if it is a CMQCC member) received notification of this new statistic called "Percent Deliveries by Certified Nurse-Midwives" to be reported on CalHospitalCompare.org. This statistic is designed to inform consumer choice and not as a performance metric. The intent is to support women who have a personal preference to be attended by a CNM. Reporting this statistic to CalHospitalCompare.org will help women more easily identify their hospital choices that have a CNM presence. You can read an excerpt from the informational email sent to your facility here.

Because this statistic will be publicly reported, it is more important than ever to ensure the accuracy of the "delivering provider" information entered by the birth certificate clerk at your facility. That's why this webinar is so important! You'll be able to learn how to get into the MDC and find the CNM statistic in order to compare your own CNM birth records against what CMQCC will be publicly reporting. If any major discrepancies are noted between your birth log and what is in the MDC, this tool allows you to correct/change the information directly in the MDC before it is reported. Although this will not retrospectively change any birth certificates that incorrectly reported the delivering provider, it will help ensure that what the consumer sees on CalHospitalCompare.org is an accurate reflection of the proportion of CNM births at your facility. The ability to use this tool in the MDC as an easier audit of your facility's birth certificate accuracy is particularly timely, as we are hearing from many CNMs that the delivering provider at their facilities are often logged incorrectly.
It is our hope that if the audit of "percentage of CNM births" at your facility is not accurate, that this tool can provide you with information at your fingertips to bring to your managers, department chairs, and birth records clerks in order to help your department design new processes to accurately capture CNM births at your facility in the future. Commencing with this first informational webinar, CNMA will continue to work with CMQCC on future webinars if more in depth training is needed. CNMA is also here to help you better audit your birth certificate accuracy if you are just now starting this process. Birth certificate accuracy can have major policy implications if CNM births are being underreported.

**In the November newsletter**, we noted that every practice should start by doing the following: Check with your hospital or facility for their policy for listing the delivering provider on the birth certificate.

This is usually as easy as calling the birth certificate office and asking the secretary or recorder how they identify the delivering provider.

Pay special attention for those of you using electronic medical records, there is often a specific place where the "delivering provider" needs to be recorded. If this is blank, it will often default to the attending physician.

It may be that your facility's policy is to list the attending physician for billing reasons.

**WE NEED TO KNOW** if this is happening. We recommend that you write a letter to your hospital administration. If you'd like a template letter, please email us at advocacy@cnma.org.
AGENDA ITEM: 7.0
DATE: February 26, 2019

ACTION REQUESTED: Discussion and Possible Vote: Review 2019 Board and Committee meeting schedule to establish future meeting schedules for Nurse-Midwifery meetings and determine agenda submission deadlines.

REQUESTED BY: BJ Snell, PhD, CNM, WHNP, MSN, FACNM-Chair

BACKGROUND:

The Nurse-Midwifery Advisory Committee will review the 2019 Board of Registered Nursing (BRN) Board and Committee meeting schedule to determine, vote and establish future meeting dates.

The Nurse-Midwifery Advisory Committee will review, discuss, and commit the Committee meeting guidelines and deadlines for Agenda and Meeting Material procedures.

NEXT STEPS: None
FISCAL IMPACT, IF ANY: None
PERSON(S) TO CONTACT: Janette Wackerly, RN, BSN, MBA
Supervising Nursing Education Consultant and Liaison to the Practice Committee
(916) 574-7686
# BOARD and COMMITTEE MEETINGS in 2019

## JANUARY 10, 2019
California State University  
San Bernardino - Santos Manuel  
Student Union - (SMSU) 215-218  
5500 University Pkwy  
San Bernardino, CA 92407  
(909) 537-5000

**Committee Meeting**  
Day 1  
**Committee Meeting**  
Education/Licensing Committee  
Intervention/Discipline Committee  
Nursing Practice Committee  
Legislative Committee

## FEBRUARY 13-14, 2019
Crowne Plaza  
Redondo Beach and Marina  
Coral Ballroom - Peninsula/Pacific  
300 N Harbor Drive  
Redondo Beach, CA 90277  
310-318-8888

**Board Meeting**  
Day 1 Discipline  
Day 2 Administration

## MARCH 14, 2019
Location TBD

**Committee Meeting**  
Day 1  
**Committee Meeting**  
Education/Licensing Committee  
Intervention/Discipline Committee  
Nursing Practice Committee  
Legislative Committee

## APRIL 10-11, 2019
Location TBD

**Board Meeting**  
Day 1 Discipline  
Day 2 Administrative

## MAY 09, 2019
Location TBD

**Committee Meeting**  
Day 1  
**Committee Meeting**  
Education/Licensing Committee  
Intervention/Discipline Committee  
Nursing Practice Committee  
Legislative Committee

The meeting dates and/or locations are tentative and subject to change. For verification of the meeting, access the Board’s web site at http://www.rn.ca.gov
### JUNE 12-13, 2019
**Board Meeting**

- **Location TBD**
- Day 1: Discipline
- Day 2: Administrative

### AUGUST 15, 2019
**Committee Meeting**

- **Location TBD**
- Day 1: Committee Meeting
  - Education/Licensing Committee
  - Intervention/Discipline Committee
  - Nursing Practice Committee
  - Legislative Committee

### SEPTEMBER 11-12, 2019
**Board Meeting**

- **Location TBD**
- Day 1: Discipline
- Day 2: Administrative

### OCTOBER 17, 2019
**Committee Meeting**

- **Location TBD**
- Day 1: Committee Meeting
  - Education/Licensing Committee
  - Intervention/Discipline Committee
  - Nursing Practice Committee
  - Legislative Committee

### NOVEMBER 13-14, 2019
**Board Meeting**

- **Location TBD**
- Day 1: Discipline
- Day 2: Administrative

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The meeting dates and/or locations are tentative and subject to change. For verification of the meeting, access the Board’s web site at [http://www.rn.ca.gov](http://www.rn.ca.gov)