Wednesday, January 22, 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.

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 t 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  
1747 N. MARKET BLVD, STE 150 
SACRAMENTO, CA 95834  
JUNE 27, 2018  
10:00 A.M.

MEETING MINUTES

<table>
<thead>
<tr>
<th>Board of Registered Nursing</th>
<th>Best Start Birth Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1747 N. Market Blvd</td>
<td>3630 Enterprise Street</td>
</tr>
<tr>
<td>Library Media Room, Suite 150</td>
<td>San Diego, CA 92110</td>
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<tr>
<td>Sacramento, CA 95834</td>
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ATTENDING: Members of NMAC- BJ Snell, PhD, CNM, WHNP, MSN, FACNM; Lin Lee, RN, CNM; Karen Roslie, CPPM, Public Member; BRN members/staff- Janette Wackerly, RN, BSN, MBA; Betty Woods, RN, FNP, MSN; Naomi Stotland, MD, Dean Fairbanks; Joseph Morris; Executive Officer, RN, PhD, MSN, Hilary Reyes; CNM, Spencer Walker; Legal Attorney.  
TELECONFERENCE: Lin Lee  
ABSENT: N/A

<table>
<thead>
<tr>
<th>Item for Discussion</th>
<th>Discussion</th>
<th>Action</th>
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| **10.0 Call to Order/Roll Call/ Establish of a Quorum.** | The meeting was called to order by Nursing Practice Liaison, Janette Wackerly. A quorum was established with all members present, in person and via telephone. | **10.0**  
Quorum established at 10:05am.  
All members present. |
<p>| □ BJ Snell | | 10.0.1 |
| □ Lin Lee | | |
| □ Karen Ruby Brown | | |
| □ Karen Roslie | | |
| □ Naomi Stotland | | |</p>
<table>
<thead>
<tr>
<th>10.0.1</th>
<th>Review and Vote on Whether to Approve Previous Meeting’s Minutes:</th>
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<tbody>
<tr>
<td>- September 7, 2017</td>
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<tr>
<td>Committee Chairperson, BJ Snell, stated she reviewed the previous meeting minutes and accept them as written. The motion was moved to approve the meeting minutes. The motion was seconded by Nurse Hilary Reyes. All committee members are in favor.</td>
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<tr>
<td>Previous Meeting Minutes are approved and signed by Nursing Practice Liaison, Janette Wackerly to be placed on Board’s website.</td>
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<thead>
<tr>
<th>10.1</th>
<th>Election of Committee Chair.</th>
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<tr>
<td>10.1.1</td>
<td>Discussion Regarding Terms of Committee Appointments.</td>
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<tr>
<td>BJ Snell, Chair, was nominated by CNM member Lin Lee for re-appointment. Chairperson accepted and a motion was seconded by member Naomi Stotland. All committee members voted to re-elect current chair.</td>
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<td>BJ Snell, Chair made a motion to increase the serving terms from two years to four, two-year terms. The motion was seconded by Naomi Stotland.</td>
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<tr>
<td>BJ Snell nominated, elected and re-appointed to serve as Chair.</td>
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<tr>
<td>10.1.1:</td>
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<td>Motion will be placed on the Nursing Practice Committee Meeting held August 16, 2018.</td>
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<tr>
<th>10.2</th>
<th>Information about and Possible Action on AB 2682; Certified Nurse-Midwives: Naturopathic Doctors.</th>
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<tr>
<td>BJ Snell, Chair discussed how AB 2686 was amended by the author Burke on May 22nd, 2018. The amendments of May 22, 2018 to AB 2686 was determined by the CMNA and other associations, not in the interest and scope of practice of nurse-midwives. The California Nurse-Midwives Association and the Birth Center Association of Nurse Midwives, could not support the amendments to AB 2686. The physician proposed amendments to Assembly 10.2</td>
<td></td>
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<tr>
<td>Nurse-Midwives are requesting for the Board to reiterate support of the current scope of practice, BCP Section 2746-2746.8. Support to amend the furnishing law to include ordering</td>
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</table>
Burke for AB2686 was not in the best interest of nurse-midwifery practice in California. The Business and Profession Code (BPC) Section 2746-2746.8, currently have been in place for over 40 years.

The original intent of AB 2686 was to remove physician supervision. The revisions to AB 2686 further restricted CNM’s scope of practice. In discussions with primary stakeholders and associations, the amended AB 2686 would diminish the CNM scope of practice.

California Medical Association and the American College of OB-GYN suggested changes to the author, Burke, that those changes were not to be in the best interest of the California Nurse-Midwives.

Another item discussed was the requiring use of licensure for Birth Centers. There is no mandated licensure for birth centers in California, even though licensure is available for birth centers. The National Association, as well as professional associations, are supportive of that licensed Birth Centers.

The Nursing Practice liaison inquired about how the naturopaths were added to the amended AB 2686; May 22nd, 2018 bill. AB 2686. The Chair informed members that when the Naturopath Bill went through, their curriculum did include childbirth as a general scope of practice. Naturopaths care for pregnant women and childbirth. What happened was when nurse-midwives were going to change language in AB 2689, which was essentially unopposed by the Medical Community, home births were to be omitted.

10.3 Discussion and Possible Action to Update Certified Nurse Midwives, California Code of

CNM Committee discussed bringing education regulations, CCR 1462; Standards for Nurse-Midwifery Program, in line with current educational standards. Some of the CNM regulations are out-of-date and does not contain equipment, medication and supplies/devices and order supplies. CNMS want to be able to repair 1st and 2nd degree lacerations, and perform episiotomies in the home setting.

Table Assembly Bill 2682 in the next upcoming meeting.

10.3 CSU Fullerton coordinators Ruth Milky, CNM, and Kim Dau, CNM, are both looking at
Regulations, Article 6, Section 1462, Standards for Nurse-Midwifery Programs.

<table>
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<th>current educational requirements for nurse-midwifery as described by American Commission of Midwifery Education (ACME).</th>
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<td>All nurse-midwifery educational programs are approved and accredited through the American Commission of Midwifery Education (ACME). Nurse-midwifery education programs teach episiotomy and laceration in accordance with BPC 2746.52.</td>
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<tr>
<td>CNM education programs can teach episiotomy and laceration repairs per statute which is in accord with BCP 2746.52.</td>
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<tr>
<td>Kim Dou, CNM, UCSF, and Ruth Milky, CNM, CSU Fullerton are the two coordinators of the nurse midwifery education programs in California. Kim Dou and Ruth Milky are planning to update regulations CCR 1462, Standards for Nurse-Midwifery programs to align them with national standards.</td>
</tr>
<tr>
<td>Committee members and other members of CNMSA or midwives in general want to look at CCR 1462; Standards for Nurse-Midwifery Programs, American Commission of Midwifery Education are accredited through the Department of Education.</td>
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<tr>
<td>Information regarding CSU San Diego State University is no longer accepting students in Midwifery Education Program and the board noticed in March 2018.</td>
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| The Board of Registered Nursing and University of California, San Francisco, Joanne Spetz, produced a survey regarding nurse practitioners and nurse-midwives practice. This was the second survey about nurse practitioners and nurse midwives. The survey was attached for the committee review. |

| 10.4 Information Only: Nurse Practitioners and Nurse Midwifery Survey Conducted by University of California, San Francisco, Joanne Spetz. None Reported |
**University of California, San Francisco.**

Discussion: In the San Diego area, nurses who are looking for nurse midwifery education are going to nurse-midwifery programs out-of-state or online course. The biggest concern from the educational perspective is having sufficient preceptor sites for CNM students.

There is no state funding for midwifery education. Nurse-Midwifery education in California is not funded by Song Brown, and would hope that the California State Board of Registered Nursing would help with funding sources.

Some Committee Members are aware that the Song Brown Funding is very focused on Physician Assistant’s and Nurse Practitioner’s education. Interested parties will need to find out why Song Brown funding does not include nurse-midwifery education as one of the clients for funding.

Hilary Reyes, member, is the director at Eisner Health which is a clinical placement site for Cal State Fullerton CNM students. Hilary stated Eisner Health has a Song Brown educational grant but mentioned that the Song Brown Grant is specific as to who is eligible. We have limited capacity to accept students at Eisner Health. When a CNM student is at Eisner clinic, it’s pro-bono (no fee) and there’s no money exchanged.

Hilary stated that the Eisner clinics reduces the patient schedules for nurse-midwives who have a CNM student assigned. To offset the financial burden to our agency, Hilary states she would only be able to accept two students at a time. One CNM student would be ideal matching to an acceptable preceptor. The grant is for development and education of physicians and midwives in a collaborative practice. The Song Brown Grant had to include interprofessional education; in which our site is an excellent site for this. This is an example of how we were able to educate more students in our facility. By increasing the number of students that are precepted at our agency to four, we
can use the Song Brown Grant. With the Song Brown Grant, will be completed in October of 2018.

A lot of students in the State of California are being left to find their own preceptor sites. Therefore, the quality of training and education that the students are receiving is diminished, compared to a “brick and mortar” educational program. Eisner Health partners with Cal State Fullerton. There’s a lot more oversight, guidance, supervision placement at Eisner with this model, ensuring that the student meets all of their educational milestones and regulations.

Another Committee Member noted that it is always a challenge to find residency placements for CNM students. The students in training are competing for the same slots as other grad students, medical students, and it is very challenging to find placements.

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

Dean Fairbanks, State of California Board of Registered Nursing Budget and Regulatory Analyst, presented on the rulemaking process of the State of California’s Office of Administrative Law.

The Rulemaking Process

The Board of Registered Nursing (Board) must follow the rulemaking procedures specified in the Administrative Procedure Act (APA) and regulations adopted by the Office of Administrative Law (OAL) when promulgating a regulation. In addition, the Board works directly with the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency throughout the process. The entire process is lengthy and may take one year or longer.

10.5 None reported.
Once the Board approves the initial proposed text, Board staff prepare the initial rulemaking package that is submitted for a comprehensive pre-review and approval by the following agencies which may take six months or longer:

1. Department of Consumer Affairs (DCA) – Legal Office
2. Department of Consumer Affairs (DCA) – Budget Office
3. Department of Consumer Affairs (DCA) – Legislative and Regulatory Review
4. Business, Consumer Services and Housing Agency (BCSH)

Once these agencies review and approve the initial rulemaking package, a “Notice of Proposed Action” is published and disseminated by OAL and the Board. This begins a 45-day comment period to allow the public time to submit written comments. At the close of the 45-day period, a regulation hearing may be held to allow for oral comments to be submitted. After the comment period has ended and any testimony recorded, the Board will review the comments and determine if changes are necessary in the text in response to the comments. If changes are made, the modified text must be noticed for a 15-day comment period, followed by a board review of the comments, and possible modification of the proposed regulation again (no additional regulation hearing is scheduled). If significant changes are made, the Board may start a new rulemaking process with a new 45-day comment period. The Board may withdraw a proposed rulemaking package at any time.

Whenever changes are made following a 15-day comment period, the process repeats until no additional changes are made by the Board. After any comment period, when the Board declines to modify the regulation, the Board adopts the regulation and directs staff to compile the rulemaking file.
Once the Board adopts the final regulation text, Board staff prepare a final rulemaking package that is submitted for final review and approval by the following agencies, a process that may take six months or longer.

1. Department of Consumer Affairs (DCA) – Legal Office
2. Department of Consumer Affairs (DCA) – Legislative and Regulatory Review
3. Business, Consumer Services and Housing Agency (BCSH)
4. Department of Finance
5. The Office of Administrative Law

Once approved by OAL, the regulation becomes effective on the first day of the following quarter, unless the Board requests and is granted an earlier effective date by OAL. Additional information can be found on the OAL website and by checking out the Regulations section of the BRN website.

### 10.6 Determine meeting dates for Fall 2018 and 2019.

Committee Members were informed that the last Board meeting will be held November 2018. Members were advised to attempt to meet before the end of the year.

The next agenda for the Committee meeting would possibly be in the beginning of the year and the CNM agenda will be due in January 2019.

The committee looked at proposed dates in October and November and those possible dates were not scheduled. Chairperson, BJ Snell, stated she is not available to meet in October.

DCA Legal advised the chair to contact the Nursing practice liaison and receive your input. President would coordinate with advisory committee members for the date of Nurse-Midwifery Advisory Committee meetings.
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<th>10.7</th>
<th>Public Comment for Items not on the Agenda.</th>
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<tr>
<td>10.8</td>
<td>Adjournment</td>
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<td>Adjournment at 12:14pm</td>
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Submitted by: ____________________________  
Signature: ________________________________  
Title: _________________________________  
Date: _________________________________
AGENDA ITEM: 2.0  
DATE: January 22, 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-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, B J Snell PhD CNM proposed that the CNM Advisory Committee terms of appointment be changed to longer term of appointment, suggesting appointments from two-2 years to four-2-year terms.
The Nurse-Midwifery Advisory Committee members request consideration to increase the term of office from (1) from two-year term with the ability for a member(s) to reappointed to an additional four–2-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 2-two years terms to four, 2-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
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
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.

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95 — 4 — Ch. 280
AGENDA ITEM: 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
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 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.

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 the 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 HOOP6q7nAUSoUnpA](https://stanford.zoom.us/webinar/register/WN_Q Z67 HOOP6q7nAUSoUnpA) (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: January 22, 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
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