



**BOARD OF REGISTERED NURSING**  
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**BOARD OF REGISTERED NURSING  
 NURSING PRACTICE COMMITTEE  
 MEETING MINUTES**

**DATE:** October 17, 2019

**START TIME:** 1:16 p.m.

**MAIN LOCATION:** Bakersfield Marriott at the  
 Convention Center, Salon A  
 801 Truxton Avenue  
 Bakersfield, CA 93301  
 (661) 323-1900

**MEMBERS PRESENT:** Michael D. Jackson, MSN, RN, CEN, MICN  
 Trande Phillips, RN

**STAFF MEMBERS PRESENT:** Ann Salisbury-DCA Legal Attorney  
 Dr. Joseph Morris, PhD, MSN, RN-Executive Officer  
 Evon Lenerd, Assistant Executive Officer  
 Janette Wackerly-SNEC, Nursing Practice Committee Liaison

**10.0 Call to Order/Roll Call/Establishment of a Quorum**  
 Meeting called to order by Michael D. Jackson at 1:16 p.m.

**NOT PRESENT:** Elizabeth Woods, RN, FNP-Nursing Practice Committee Chair

**10.0.1 MINUTES**

Review and Vote on Whether to Approve Previous Meeting's Minutes:  
 ➤ August 15, 2019

<b>MOTION:</b>	<b>Michael D. Jackson</b> -Motion to Approve Previous Meeting's Minutes		
<b>SECOND:</b>	<b>Trande Phillips</b>		

<b>VOTE:</b>	<b>ELIZABETH WOODS:</b> <b>NOT PRESENT</b>	<b>MICHAEL JACKSON:</b> <b>Y</b>	<b>TRANDE PHILLIPS:</b> <b>Y</b>
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**PUBLIC COMMENT:** None

**10.1 Discussion and Possible Action:** 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 the home setting.

**BACKGROUND:** Background information for proposal to amend Nursing Practice Act r/t nurse-midwifery

Issue 1: Episiotomy and repair of lacerations in the home/community setting:

The practice of nurse-midwifery continues to change commensurate with current knowledge, evidence-based practice and health care evolution. In California from the initial enabling legislation (1974) nurse-midwifery practice included the practice of episiotomy and repair of lacerations. The BRN regulations for nurse-midwifery education have always required didactic teaching of and clinical experience under preceptor guidance for students to learn episiotomy and repair. In 1995 The Attorney General was asked, 'May a nurse-midwife perform an episiotomy pursuant to standardized procedure?' The conclusion rendered was, 'A nurse-midwife may not perform an episiotomy pursuant to a standardized procedure. Following the ruling there was legislation passed in 1996 to specifically allow nurse-midwives to perform episiotomy and repair first and second-degree laceration under standardized procedure. Hospitals and birth centers were specifically named in the legislation. At that time there was no recognition of the home setting. The practice of nurse-midwifery included care in the home and there was never any advisement from the Board that episiotomy and repair were only allowed in the hospital and birth center setting. The fact that the 'home location' was not identified in the statute became a concern with an investigation of case where repair of laceration was completed in the home. The issue related to repair of laceration was that the nurse-midwife did not have a Standardized Procedure as required by law. There has been concern that even with Standardized Procedure a nurse-midwife performing episiotomy or repair of laceration in the home setting could be in jeopardy of investigation. A copy of the administrative ruling in the Noble case is attached for reference.

Home birth is part of nurse-midwifery practice. Episiotomy and repair of lacerations has been codified as within the scope of practice of a nurse-midwife using Standardized Procedure. There is a large patient safety component related to this issue. Any tissue tear or purposeful incision of the skin such as episiotomy will create bleeding. Delay of repair is a patient safety concern. The knowledge and skill ability to repair an episiotomy or laceration is not different based on the location of the patient.

Due to the concern of the nurse-midwifery community about the absence of identification of the home setting in the 1996 statute we request that the Board seek clarification by amending the statute to include the home/community setting.

Issue 2: Procurement of supplies and medications

The practice of nurse-midwifery includes the ability to obtain prescription medications and devices along with supplies for the care of women and newborns. With the increasing trend of women requesting nurse-midwifery care and out of hospital childbirth there is a need to be able to procure medications and supplies that are needed for patient care. In California nurse-midwives can order, administer and dispense medications but do not have the statutory authority to procure. In 2011 the largest provider of supplies, medications and devices in the United States, McKesson pharmaceuticals, sent letters to their sales managers informing them that they could not provide medications directly to nurse-midwives (see attached). Since the letter was released the state of Hawaii has changed their statute to allow nurse-midwives the ability to directly procure medications, devices and supplies. This leaves California as the only state that does not have provision for nurse-midwives to procure. Licensed midwives have the ability to procure supplies related to women's health care and childbirth on their own license. Nurse-midwives must have a physician set up the account so that a nurse-midwife can garner the medications, devices and supplies to provide care. In the current environment in California, it is difficult and sometimes impossible to have a physician who will provide the signature for these accounts. Physicians that sign any document for a nurse-midwife imply that they are the supervisor of the practice. Current California liability insurers preclude physicians to supervise nurse-midwives unless the nurse-midwife is an employee. Due to the concern of the nurse-midwifery community about patient safety, there is a request to have the statute amended to allow procurement of needed medications, devices and supplies in an independent nurse-midwifery practice.

**MOTION:**

**Michael D. Jackson**-Make a recommendation to table discussion and possible action to the January's Nursing Practice Committee.

**SECOND:**

**Trande Phillips**

**VOTE:**

**ELIZABETH WOODS:**  
NOT PRESENT

**MICHAEL JACKSON:**  
Y

**TRANDE PHILLIPS:**  
Y

**PUBLIC COMMENT:**

**Kathy Hughes, SEIU**

**10.2**

**ADJOURNMENT**

➤ Meeting Adjourned at 3:58 p.m.

**SUBMITTED BY:**

Janette Wackerly

**SIGNATURE:**

Janette Wackerly RN SNEC

**DATE:**

1/15/2020

**APPROVED BY:**

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**SIGNATURE:**

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*Elizabeth Stoods*

**DATE:**

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*1/15/2020*