State of California

Business, Consumer Services, and Housing Agency

MEDICAL BOARD OF CALIFORNIA

MIDWIFERY ADVISORY COUNCIL

December 5, 2013

MEDICAL BOARD OF CALIFORNIA

Licensing Operations

Midwifery Advisory Council

Lake Tahoe Room
2005 Evergreen Street
Sacramento, CA 95815

August 8, 2013
MINUTES

DRAFT

Agenda Item 1 Call to Order/Roll Call

The Midwifery Advisory Council (MAC) of the Medical Board of California (Board) was called to order by Chair Carrie Sparrevohn at 1:04 p.m. A quorum was present and notice was sent to interested parties.

Members Present:
Carrie Sparrevohn, L.M., Chair
James Byrne, M.D.
Karen Ehrlich, L.M.
Monique Webster

Members Absent:
Barbara Yaroslavsky

Staff Present:
Diane Dobbs, Department of Consumer Affairs, Legal Counsel
David Galbraith, Administrative Assistant
Kurt Heppler, Staff Counsel
Kimberly Kirchmeyer, Interim Executive Director
Natalie Lowe, Licensing Manager
Erin Nelson, Business Services Analyst
Regina Rao, Business Services Analyst
Jennifer Simoes, Chief of Legislation
Kathryn Taylor, Licensing Manager
Cheryl Thompson, Licensing Analyst
See Vang, Business Services Analyst
Kerrie Webb, Legal Counsel
Curtis Worden, Chief of Licensing

Members of the Audience:
Jennifer Brown, L.M.
Yvonne Choong, California Medical Association
Fiaura Conen
Sarah Davis, California Association of Midwives

Rachel Fox-Tierney, L.M.
Joscelyn Grole, California Association of Midwives
Brent Keime, Nizhoni Institute
Brooke Lonegan
Tosi Marceline, L.M.
Laura Nichols, California Association of Midwives
Laura Perez, Sacred Birth Place
Debra Puterbaugh, California Association of Midwives
Constance Rock, L.M., California Association of Midwives
Shannon Smith-Crowley, American Congress of Obstetricians and Gynecologists
Krystel Viehmann, California Association of Midwives
(The above list identifies attendees who signed the meeting sign-in sheet)

Agenda Item 2 Public Comment on Items not on the Agenda
No public comment was provided.

Agenda Item 3 Approval of the Midwifery Advisory Council Meeting Minutes
A. August 30, 2012
Ms. Ehrlich made a motion to accept the August 30, 2012 meeting minutes; s/Webster. Motion carried.

B. March 14, 2013
Ms. Webster made a motion to accept the March 14, 2013 meeting minutes; s/Ehrlich. Motion carried.

Agenda Item 4 Report from the Midwifery Advisory Council Chairperson
Ms. Sparrevohn commended all of the parties who have been working at the legislature to craft language regarding licensed midwives, which will improve the abilities of families in California to access midwifery care. Specifically, she identified the following individuals and organizations:, Constance Rock and Sarah Davis, with the California Association of Midwives; Lucia Davis-Rodriguez, Lobbyist; Shannon Smith-Crowley and Laurie Gregg, M.D. with the American Congress of Obstetricians and Gynecologists; Jennifer Simoes with the Medical Board of California; Adeola Adesun with the California Families for Access to Midwives; and Assemblywomen Susan Bonilla.

Ms. Sparrevohn also thanked former MAC member Faith Gibson for her many years of service, not only as a member of the MAC, but to the advancement of midwifery in California and across the Unites States.

Agenda Item 5 Selection of a New Midwifery Advisory Council Member
Ms. Sparrevohn stated that applications were solicited from all licensed California midwives for a three (3) year term on the MAC. Applications were received from: Sharon Economides, Maria Iorillo, Renne` Wilson, Tosi Marceline, Zhaleh Yadollah, Lori Luyten, Genie DeKruyf, and Katherine McKee.

Ms. Sparrevohn stated that legal counsel had advised that the vacant MAC position must be filled by a licensed midwife and therefore, Katherine McKee, Nurse Midwife, was disqualified from the application process.

Ms. Sparrevohn invited any of the applicants present at the meeting, the opportunity to address the MAC.

Tosi Marceline, being the only applicant present at the meeting addressed the MAC.
Ms. Marceline stated that she has been a licensed midwife for a significant amount of time and has been involved in legislative efforts since the 1970's. She expressed concern that none of her fellow applicants had attended this MAC meeting because they may have been able to provide new ideas to the MAC. However, Ms. Marceline stated that her presence on the MAC would bring a sense of history and continuity, due to her experience as a historian for the California Association of Midwives (CAM).

Ms. Ehrlich asked if Ms. Marceline was aware of the time and travel commitments of being a member of the MAC, and all of the side work that accompanies the position.

Ms. Marceline informed the MAC that she was aware of the commitments involved and that she would be able to devote the necessary time.

Ms. Sparrevohn asked for public comment. No comments were provided.

Ms. Sparrevohn asked the MAC if there were any nominations for the vacant licensed midwife MAC position.

Ms. Ehrlich made a motion to nominate Tosi Marceline, L.M. for the vacant licensed midwife MAC position; s/Webster. Motion carried.

Ms. Sparrevohn invited Ms. Marceline to join the MAC and stated that her application and the MAC's recommendation would be submitted to the full Board in October for approval.

Agenda Item 6 Sunset Review Report Update
Ms. Lowe informed the MAC that Jennifer Simoes, the Chief of Legislation for the Board, was present and would provide the Sunset Review Update.

Ms. Simoes updated the MAC on the Sunset issues related to midwifery and what would be included in the Sunset Bill (SB 304).

Ms. Simoes stated that the Board had made suggestions that the issue of physician supervision and obtaining lab accounts and medical supplies should be addressed through legislation. The Business and Professions Committee (B&P Committee) agreed. Assembly Bill 1308 (AB 1308), would include language to clarify that licensed midwives can obtain lab accounts and medical supplies. The Board currently has support if amended position on the bill with the amendment being for the bill to address the physician supervision issue.

The Board also recommended that the issue of midwife student apprenticeships needs to be clarified in legislation due to confusion in the midwifery community. SB 304 includes language that would define the role of a bona fide student, as an individual who is enrolled and participating in a midwifery education program, or who was enrolled in a program of supervised clinical training as part of the instruction of the three year post-secondary midwifery education program approved by the Board.

The Board recommended that the issue of a midwife assistant, and what they can legally perform, needed to be addressed in legislation. The B&P Committee directed the Board to provide more information regarding the proposal and to address the issue of midwife assistants in legislation. SB 304 does not include language and the Board is still working with the MAC to find a definition.

The Board also suggested that existing law be amended to include Certified Nurse Midwives as being able to supervise midwifery students. SB 304 does not currently include language that would allow a Certified Nurse Midwife to supervise a midwifery student or assistant.

Agenda Item 7 Update and Discussion on Assembly Bill 1308 – Practice of Midwifery

Ms. Simoes provided an update on AB 1308 stating that the bill is currently in the Senate Appropriations Committee and would be heard on August 12, 2013. AB 1308 as originally introduced, would allow midwives to directly obtain supplies, order testing, and receive reports that are necessary for the practice of midwifery, and be consistent with scope of practice for a licensed midwife.

The bill would require the Board to adopt regulations defining the appropriate level of care and supervision, and would also require a licensed midwife to disclose orally and in written form to a prospective client, the specific arrangement for referral to a physician/surgeon should complications arise.

However, this bill was amended in July and will now allow midwives to obtain supplies and devices, and to obtain and administer drugs and diagnostic tests. Amendments would specify that a licensed midwife is not required to identify a specific physician in the arrangement for the referral with complications to a physician/surgeon consultation. The amendments would also allow licensed midwives to be an attendant in an alternative birth center and change the standards of certification that must be met by an alternative birth center to those established by the American Association of Birth Centers (AABC).

Lastly, the author took amendments from the B&P Committee. The amendments were recommended by the committee to delete the requirement in the bill and in the existing law for the Board to develop regulations defining the appropriate standard of care and the level of physician supervision required for the practice of midwifery.

The bill would address one of the barriers of care by allowing a licensed midwife to directly obtain supplies and devices, obtain and administer drugs and diagnostics tests, to order testing and receive reports necessary to the practice of midwifery.

The bill no longer requires the Board to adopt regulations regarding physician supervision; however, the Board still believes that it is essential that this bill addresses the issue. Board staff will continue to work with the author's office and sponsor language that will help to solve the issue of physician supervision and remove barriers to care, while at the same time ensuring that consumers are protected.

Ms. Sparrevohn thanked Ms. Simoes for the update on AB 1308 and asked for public comment.

Constance Rock, President of the CAM, introduced herself and Sarah Davis, Vice President of CAM. Ms. Rock stated that they have been working with Assemblywoman Susan Bonilla and the American Congress of Obstetricians and Gynecologists (ACOG) to draft language for the bill that would remove physician supervision and restrict some types of births that licensed midwives could perform. For instance, normal birth is defined as a singleton vertex between 37-42 weeks with no pre-existing disease or condition that could significantly impact the pregnancy or pregnancy related diseases. Ms. Rock stated that the bill allows for concurrent care for women that are outside of this criteria and provided an example. Midwives can provide care to patients with twin pregnancies but are unable to perform the deliveries.

Ms. Rock also stated that the bill limits physician liability for consultation of patients planning out of hospital births and transfers from out of hospital births. The bill authorizes licensed midwives to directly obtain drugs, devices and testing related to the practice of midwifery.

Ms. Rock asked Sarah Davis to provide specific information pertaining to disclosures. Ms. Davis stated that the bill would require midwives to submit both verbal and written disclosures. The disclosures would define the conditions under which midwives would transfer care to a physician.

Ms. Rock also shared that the bill requires licensed midwives to provide records and give reports to physicians receiving transfers of care. The bill would allow the Board to adjust data elements for annual reporting to be more aligned with the Midwife Alliance of North America (MANA) statistics.

Ms. Sparrevohn asked if there was any input from MAC members.

Ms. Ehrlich asked about the content of the report and where the reports would be sent. Ms. Davis responded that the content of the report would be determined through regulation and that the reports would go to the Board and then be provided to the MAC and Maternal Quality Care Collaborative (MQCC).

Ms. Ehrlich asked if there was any input from the liability insurance industry into limitations for liability for accepting physicians. Ms. Davis responded that Assemblywoman Bonilla was in contact with the liability insurance industry.

Ms. Ehrlich inquired into the non-abandonment clause and how that relates to the requirements for birth being 38-42 weeks. Ms. Rock informed Ms. Ehrlich that the waiver is not included in the bill. Ms. Davis spoke to Ms. Ehrlich's question by stating that the standards of emergency care will still apply.

Ms. Ehrlich inquired into the appropriate time frames involved in referring a patient for care and discharging patients from care. Dr. Bryne stated that under normal conditions a medical provider gives the patient adequate notice while offering the patient a list of alternate providers that they are able to pursue. The patient is given a stipulation to provide emergency sessions for 30 days.

Ms. Ehrlich asked if 30 days was the recommended time. Ms. Kirchmeyer informed Ms. Ehrlich that there were no laws or regulations specific to the amount of time before a care provider can discontinue care for a patient; however, it is dependent upon the standards of practice.

Dr. Bryne commented on the proposed legislation considering the changes to be remarkable. He continued by thanking all of the parties involved in helping effect the change.

Ms. Sparrevohn asked for other comments from the MAC or public.

Ms. Marceline indicated that she had a question concerning the writing of the report that midwives are required to submit to hospitals. Specifically, she wanted to know if the MAC would have input into the content of the report. Her concern was that the report would not represent the views of midwives or parents.

Ms. Davis stated that the intention was that a regulatory body would create the form. However, she would bring this concern to Assemblywomen Bonilla's office indicating that the MAC would like input on the content of the form.

Dr. Bryne mentioned that the form would likely be a checklist that would document data and outcomes, similar to reporting requirements for OSHPD and the Joint Commission. He thought that the form would be non-threating.

Ms. Sparrevohn pointed out that the form would contain the same elements that are in the LMAR for transfers, that hospitals would have to fill out. She also anticipated that the form would be outlined in regulation.

Agenda Item 8 Program Update

Ms. Lowe provided an update on the Midwifery Program, informing the MAC that the current Midwifery Analyst position for the Board was now vacant and that staff would begin the hiring process to fill the position. Ms. Lowe also updated the MAC on the Department of Consumer Affairs' Licensing system project, BreEZe, stating that Board staff had been working diligently on the Breeze project which is anticipated to go live in mid-September. The new system will allow applicants to apply online, make payments, submit renewal payments, request verification letters, and change an address as well as other miscellaneous transactions. Ms. Lowe encouraged all midwives who would be coming up for renewal during September or October to submit their renewal payments early, as there may be delays in processing once the system went live.

Ms. Lowe also updated the MAC on the Board's subscribers' lists that were available, advising that the Board currently had five different email subscriber lists that licensees and consumers

could subscribe to, in order to obtain information from the Board regarding meeting agenda notices, materials and minutes, newsletters, news releases, and regulation updates.

A. Licensing Statistics

Ms. Lowe provided an overview of the licensing statistics for the third and fourth quarters of fiscal year 2012/2013 for the period of January 1, 2013 through June 30, 2013. During this time frame 11 new applications were received, 14 licenses were issued, and at the end of the fiscal year 297 licenses were in renewed and current status with 24 in delinquent status.

B. 2012 Licensed Midwife Annual Report

Ms. Lowe referred MAC members to the 2012 Licensed Midwife Annual Report (LMAR) which was provided in the meeting packet, and provided a brief summary of the report stating, per the Office of Statewide Health Planning & Development (OSHPD), the agency that compiles the data and provides it to the Board, this year had an 87% submission rate which is the highest yet on record. Upon providing the report to the Board, OSHPD did raise some questions. One of the questions was how OSHPD could get the midwives to submit the results more timely. At the end of March only 194 reports had been submitted which calculates to 62%. The delay in submitting the reports results in additional staff time to send delinquent reminders, and to follow up on a regular basis with OSHPD to compare numbers.

C. Enforcement Statistics Report

Ms. Lowe referred MAC members to the enforcement statistics provided in the meeting packet. During the third and fourth quarters of the fiscal year, 12 new complaints were received against licensed midwives and four against unlicensed midwives; two investigations against licensed midwives were opened; and, there were no referrals for disciplinary or criminal actions.

Agenda Item 9 Agenda Items for the December 5, 2013 Midwifery Advisory Council Meeting – Sacramento

The following agenda items were identified by Ms. Sparrevohn for the December 5, 2013 MAC meeting:

- Midwifery Program Statistics
- Update on Assembly Bill 1308
- Discussion on Licensees in Surrendered Status Returning to Practice
- Licensed Midwife Annual Report (LMAR) Statistical Comparison

Agenda Item 10 Adjournment

Ms. Sparrevohn made a motion to adjourn the meeting. Motion carried. Adjourned at 2:14 p.m.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 1308
Author:	Bonilla
Chapter:	665
Bill Date:	September 6, 2013, Amended
Subject:	Midwifery
Sponsor:	American Congress of Obstetricians and Gynecologists (ACOG), District IX
Position:	Support if Amended

DESCRIPTION OF CURRENT LEGISLATION:

This bill removes the physician supervision requirement for licensed midwives (LMs) and requires LMs to only accept clients that meet the criteria for normal pregnancy and childbirth, as specified in this bill. If a potential client does not meet the criteria for normal pregnancy and childbirth, then the LM can refer that client to a physician trained in obstetrics and gynecology for examination; the LM can only accept the client if the physician examines the client and determines that the risk factors are not likely to significantly affect the course of pregnancy and childbirth.

This bill also allows LMs to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with the LMs scope of practice. This bill requires LMs to obtain informed consent, as specified in this bill.

This bill requires LMs to provide records and speak to the receiving physician if the client is transferred to a hospital. This bill requires the hospital to report each transfer of a planned out-of-hospital birth to the Medical Board of California (Board) and the California Maternal Quality Care Collaborative, using a form developed by the Board.

This bill requires all LMs to complete midwifery education programs and does not allow new licensees to substitute clinical experience for formal didactic education beginning January 1, 2015. This bill allows the Board, with input from the Midwifery Advisory Council (MAC), to look at the data elements required to be reported by LMs, to better coordinate with other reporting systems, including the reporting system of the Midwives Alliance of North America (MANA).

Lastly, this bill allows LMs to attend births in alternative birth centers (ABCs) and changes the standards of certification that must be met by an ABC to those established by the American Association of Birth Centers.

ANALYSIS

Background

Current law requires the Board to adopt regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery. Due to the inability to reach consensus on the supervision issue, the Board bifurcated this requirement and in 2006 adopted Standards of Care for Midwifery. Three previous attempts to resolve the physician supervision issue via legislation and/or regulation have been unsuccessful due to the widely divergent opinions of interested parties and their inability to reach consensus.

Although required by law, physician supervision is essentially unavailable to LMs performing home births, as California physicians are generally prohibited by their malpractice insurance companies from providing supervision of LMs who perform home births. According to these companies, if a physician supervises or participates in a home birth, the physician will lose insurance coverage resulting in loss of hospital privileges. The physician supervision requirement creates numerous barriers to care, in that if the LM needs to transfer a patient/baby to the hospital, many hospitals will not accept a patient transfer from a LM as the primary provider who does not have a supervising physician. California is currently the only state that requires physician supervision of LMs. Among states that regulate midwives, most require some sort of collaboration between the midwife and a physician.

LMs have difficulty securing diagnostic lab accounts, even though they are legally allowed to have lab accounts. Many labs require proof of physician supervision. In addition, LMs are not able to obtain the medical supplies they have been trained and are expected to use (oxygen and medical supplies that are included in approved licensed midwifery school curriculum (CCR section 1379.30)). The inability for a LM to order lab tests often means the patient will not obtain the necessary tests to help the LM monitor the patient during pregnancy. In addition, not being able to obtain the necessary medical supplies for the practice of midwifery adds additional risk to the LM's patient and the fetus or child.

AB 1308 Provisions

This bill removes the physician supervision requirement for licensed midwives (LMs) and requires LMs to only accept clients that meet the criteria for normal pregnancy and childbirth, which this bill defines as meeting the following conditions:

- There is an absence of both of the following:
    - Any preexisting maternal disease or condition likely to affect the pregnancy – this bill requires the Board to adopt regulation specifying these conditions.
    - Significant disease arising from the pregnancy.
- There is a singleton fetus.

- There is a cephalic presentation.
- The gestational age of the fetus is greater than 37 0/7 weeks and less than 42 0/7 completed weeks of pregnancy.
- Labor is spontaneous or induced in an outpatient setting.

This bill specifies that if a potential midwifery client meets the conditions of a normal pregnancy, but has a preexisting maternal disease or condition likely to affect the pregnancy or significant disease arising from the pregnancy, the LM must refer the potential client to a physician trained in obstetrics and gynecology for examination; the LM can only accept the client if the physician examines the client and determines that the risk factors are not likely to significantly affect the course of pregnancy and childbirth. This bill further specifies that, if at any point during the pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the LM shall immediately refer or transfer the client to a physician. The LM may consult and remain in consultation with the physician after the referral or transfer. If the physician determines that the client's condition or concern has been resolved and is not likely to affect the course of pregnancy or childbirth, the LM may resume primary care of the client. If the physician determines that the client's condition or concern is not resolved, the LM may provide concurrent care with the physician, and if the client authorizes, be present during labor and childbirth and resume postpartum care, if appropriate.

This bill allows LMs to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with the LMs scope of practice.

This bill also requires LMs to obtain specific informed consent, orally and in writing, and as part of the client care plan, which must be signed and be part of the client's medical record. This information includes the following: the client is retaining a LM; license information for the LM; that many physicians do not have liability insurance coverage for planned out-of-hospital births; failure to consult with a physician, when advised, may affect the client's legal rights in any professional negligence actions; there are conditions outside the scope of a LM that will result in referral to a physician; the specific arrangements for referral to a physician; recommendations for preregistration at a hospital most likely to receive a transfer; if the client is informed that she has a condition mandating a transfer, the LM shall initiate the transfer; the availability of the text laws regulating LMs on the Board's Web site; that consultation with a physician does not alone create a physician-patient relationship or any other relationship with a physician; and that the LM is independently licensed and is solely responsible for the services provided to the client.

This bill requires LMs to provide records and speak to the receiving physician about labor up to the point of transfer if the client is transferred to a hospital. This bill requires the hospital to report each transfer of a planned out-of-hospital birth to the Board and the California Maternal Quality Care Collaborative, using a form developed by the Board.

This bill requires all LMs to complete midwifery education programs and does not allow new licensees to substitute clinical experience for formal didactic education beginning January 1, 2015; this deletes the challenge mechanism from statute.

This bill allows the Board, with input from the MAC, to look at the data elements required to be reported by LM to better coordinate with other reporting systems, including the reporting system of the MANA. This provision does not require any reporting changes, but only allows the Board and the MAC to look at potential changes.

This bill specifies that failure of a LM to consult with a physician, refer a client to a physician, or transfer a client to a hospital when necessary, constitutes unprofessional conduct.

Lastly, this bill allows LMs to attend births in alternative birth centers (ABCs) and changes the standards of certification that must be met by an ABC to those established by the American Association of Birth Centers.

Board Information

The Board, through the MAC, has held many meetings regarding physician supervision of LMs and has attempted to create regulations to address this issue. The concepts of collaboration, such as required consultation, referral, transfer of care, and physician liability have been discussed among the interested parties with little success. There is disagreement over the appropriate level of physician supervision, with LMs expressing concern with any limits being placed on their ability to practice independently. The physician and liability insurance communities have concerns over the safety of midwife-assisted homebirths, specifically delays and/or the perceived reluctance of LMs to refer patients when the situation warrants referral or transfer of care.

The Board, through the MAC, has also held meetings regarding the lab order and medical supplies/medication issues and has attempted to create regulatory language to address this issue. However, based upon discussions with interested parties, the lab order and medical supplies/medication issues needs to be addressed through the legislative process.

This bill addresses the physician supervision issue, which is of utmost importance for protection of consumers, and is the reason for all of the barriers to care that LMs currently face. This bill will only allow LMs to accept clients that meet the conditions of a normal pregnancy, which is more stringent than existing practice, as clients now can consent to receive services from LMs even if they do not meet criteria for a normal pregnancy. This bill requires a client to be examined by a physician and for the physician to approve care by a LM for clients that do not meet the normal pregnancy criteria. This bill also increases communication between LMs, physicians, and hospitals, if referral of care or a hospital transfer is required, which will also help to significantly increase consumer protection. This bill adds many items to the informed consent that LMs must provide to clients in order to increase transparency and provide more information to potential clients. This bill requires all LMs, starting in 2015, to

complete a formal midwifery education program, as this bill deletes the existing challenge mechanism that allows a LM to pass a test in lieu of completing a formal education program. This bill will help to ensure that consumers are protected and provided the best midwifery care possible and will also help the Board to more effectively regulate LMs.

FISCAL: Minimal and absorbable

SUPPORT:
ACOG, District IX (sponsor)
Birth Network of Monterey County
California Association of Midwives
California Families for Access to Midwives
Central California Alliance for Health
International Cesarean Awareness Network
Medical Board of California (if amended)

OPPOSITION: None on File

IMPLEMENTATION:

- Newsletter article and notification to LMs
- Notify/Train Board staff
- Update the Board's Web site with changes to the law
- Work with interested parties and stakeholders to develop regulations specifying any preexisting maternal disease or condition likely to affect the pregnancy and any other regulations needed to implement this bill
- Develop processes and procedures for hospital reporting of each transfer of a planned out-of-hospital birth to the Board and develop a form for this reporting
- Place on the MAC's agenda a review of the existing reporting data elements and possible changes to coordinate with other reporting systems, including MANA
- Provide outreach to new LM applicants that the challenge mechanism will no longer be available effective January 1, 2015

BUSINESS AND PROFESSIONS CODE SECTION 2307

2307. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physicians and surgeons licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board or the California Board of Podiatric Medicine, as applicable, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(h) This section is applicable to and may be carried out with regard to licensees of the California Board of Podiatric Medicine. In

lieu of two verified recommendations from physicians and surgeons, the petition shall be accompanied by at least two verified recommendations from doctors of podiatric medicine licensed in any state who have personal knowledge of the activities of the petitioner since the date the disciplinary penalty was imposed.

(i) Nothing in this section shall be deemed to alter Sections 822 and 823.

MIDWIFERY PROGRAM LICENSING STATISTICS

Licensed Midwives	FY 13/14	Q1	Q2	Q3	Q4
Applications Received	2	2			
Applications Pending	7	7			
Licenses Issued	1	1			
Licenses Renewed	35	35			
Licenses Cancelled	0	0			

Licensed Midwives	FY 12/13	Q1	Q2	Q3	Q4
Applications Received	31	8	12	8	3
Applications Pending	2	5	6	8	2
Licenses Issued	31	5	12	5	9
Licenses Renewed	126	31	32	28	35
Licenses Cancelled	0	0	0	0	0

Licensed Midwives	FY 11/12	Q1	Q2	Q3	Q4
Applications Received	31	9	5	8	9
Applications Pending	0	6	3	3	0
Licenses Issued	31	4	8	10	9
Licenses Renewed	123	24	31	31	37
Licenses Cancelled	1	0	0	1	0

Licensed Midwives	FY 10/11	Q1	Q2	Q3	Q4
Applications Received	41	12	11	6	12
Applications Pending	2	4	1	2	2
Licenses Issued	40	9	13	5	13
Licenses Renewed	98	30	17	20	31
Licenses Cancelled	3	0	2	0	1

MBC Licensing Statistics	
Renewed / Current Status	298
Delinquent Status	24

MIDWIFERY PROGRAM ENFORCEMENT STATISTICS	FY 12/13 TOTAL	FY 13/14 Qtr 1	FY 13/14 Qrt 2	FY 13/14 Qrt 3	FY 13/14 Qtr 4	FY 13/14 TOTAL
COMPLAINTS						
Total number of complaints received	**21**	**2**				**2**
Licensed midwives	15	1				1
Unlicensed midwives	6	1				1
Total number of closed complaints	**15**	**6**				**6**
Licensed midwives	11	6				6
Unlicensed midwives	4	0				0
INVESTIGATIONS						
Total number of open investigations	**3**	**2**				**2**
Licensed midwives	3	1				1
Unlicensed midwives	0	1				1
Total number of closed investigations	**4**	**1**				**1**
Licensed midwives	7	1				1
Unlicensed midwives	3	0				0
Total number of cases referred to the Attorney General (AG)	**1**	**0**				**0**
Licensed midwives	1	0				0
Unlicensed midwives	0	0				0
Total number of cases referred for criminal action	**3**	**0**				**0**
Licensed midwives	1	0				0
Unlicensed midwives	2	0				0
The number of probation violation reports referred to the AG	**0**	**0**				**0**

MEDICAL BOARD OF CALIFORNIA

Licensing Program

PROPOSED MIDWIFERY ADVISORY COUNCIL MEETING DATES FOR 2014

Location

2005 Evergreen Street
Sacramento, CA 95815
Lake Tahoe Conference Room
1:00 p.m. – 4:00 p.m.

March 20, 2014	**or**	**March 27, 2014**
August 7, 2014	**or**	**August 14, 2014**
December 4, 2014	**or**	**December 11, 2014**

Holidays and Observances:

Jan 1 New Year's Day
Jan 6 Epiphany
Jan 13 Stephen Foster Memorial Day
Jan 14 The Prophet's Birthday
Jan 16 Tu Bishvat/Tu B'Shevat
Jan 20 Martin Luther King Day
Jan 31 Chinese New Year
Feb 1 National Freedom Day
Feb 6-7 Medical Board of California Quarterly Board Meeting –San Francisco Bay Area
Feb 14 Valentine's Day
Feb 17 Presidents' Day
Mar 4 Shrove Tuesday/Mardi Gras
Mar 5 Ash Wednesday
Mar 16 Purim
Apr 13 Palm Sunday
Apr 13 Thomas Jefferson's Birthday
Apr 15 Passover (first day)
Apr 15 Tax Day
Apr 17 Maundy Thursday
Apr 18 Good Friday (Many regions)
Apr 19 Holy Saturday
Apr 20 Easter Sunday
Apr 21 Easter Monday
Apr 22 Last Day of Passover
Apr 28 Yom HaShoah
May 1-2 Medical Board of California Quarterly Board Meeting – Los Angeles Area
May 1 Law Day
May 1 Loyalty Day
May 1 National Day of Prayer
May 6 Yom Ha'atzmaut
May 11 Mothers' Day
May 15 Peace Officers Memorial Day
May 16 National Defense Transportation Day
May 17 Armed Forces Day
May 18 Lag BaOmer
May 22 National Maritime Day
May 26 Memorial Day
May 27 Isra and Mi'raj
May 29 Ascension Day
Jun 4 Shavuot
Jun 8 Pentecost
Jun 9 Whit Monday
Jun 14 Flag Day
Jun 15 Fathers' Day

Jun 15 Trinity Sunday
Jun 19 Corpus Christi
Jun 29 Ramadan starts
Jul 4 Independence Day
Jul 24 Lailat al-Qadr
Jul 24-25 Medical Board of California Quarterly Board Meeting – Sacramento Area
Jul 27 Parents' Day
Jul 29 Eid al-Fitr
Aug 5 Tisha B'Av
Aug 15 Assumption of Mary
Aug 19 National Aviation Day
Sep 1 Labor Day
Sep 6 Carl Garner Federal Lands Cleanup Day
Sep 7 National Grandparents Day
Sep 11 Patriot Day
Sep 17 Constitution Day and Citizenship Day
Sep 19 National POW/MIA Recognition Day
Sep 25 Rosh Hashana
Sep 28 Gold Star Mother's Day
Oct 4 Yom Kippur
Oct 4 Feast of St Francis of Assisi
Oct 5 Eid al-Adha
Oct 6 Child Health Day
Oct 9 First Day of Sukkot
Oct 13 Columbus Day (Most regions)
Oct 15 Last Day of Sukkot
Oct 15 White Cane Safety Day
Oct 16 Shmini Atzeret
Oct 23-24 Medical Board of California Quarterly Board Meeting – San Diego Area
Oct 25 Muharram
Oct 31 Halloween
Nov 1 All Saints' Day
Nov 2 All Souls' Day
Nov 11 Veterans Day
Nov 27 Thanksgiving Day
Nov 30 First Sunday of Advent
Dec 1 Cyber Monday
Dec 7 Pearl Harbor Remembrance Day
Dec 8 Feast of the Immaculate Conception
Dec 17 Pan American Aviation Day
Dec 17 Wright Brothers Day
Dec 17 Chanukah/Hanukkah (first day)
Dec 24 Last Day of Chanukah
Dec 24 Christmas Eve
Dec 25 Christmas Day
Dec 31 New Year's Eve