MEDICAL BOARD OF CALIFORNIA
Licensing Operations

Midwifery Advisory Council
Lake Tahoe Room
2005 Evergreen Street
Sacramento, CA 95815

August 8, 2013
MINUTES

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 Chairperson Carrie Sparrevohn at 1:04 p.m. A quorum was not present and notice was sent to interested parties.

Ms. Sparrevohn indicated that even though a quorum was not present, Legal Counsel advised the Midwifery Advisory Council (MAC) to continue with the meeting and that the Board would make the final decision on findings during the meeting.

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

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

Members of the Audience:
Jennifer Brown, L.M.
Yvonne Choong, CMA
Fiaura Conen

Sarah Davis, C.A.M.
Rachel Fox-Tierney, L.M.
Joscelyn Grole, C.A.M.
Brent Keime, Nizhoni Institute
Brooke Lonegan
Tosi Marceline, L.M.
Laura Nichols, C.A.M.
Laura Perez, Sacred Birth Place
Debra Puterbaugh, C.A.M.
Constance Rock, L.M., C.A.M.
Shannon Smith-Crowley, A.C.O.G.
Krystel Viehmann, C.A.M.
(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.

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

Agenda Item 4 Report from the Midwifery Advisory Council Chairperson

Ms. Sparrevohn commended all of the parties involved who crafted language regarding Licensed Midwifes at the Legislature. Specifically, she identified the following individuals: Constance Rock and Sarah Davis with the California Association of Licensed Midwifes; Lucia Davis-Rodriguez, Lobbyist; Shannon Smith-Crowley and Laurie Gregg with the American Congress of Obstetricians and Gynecologists; Jennifer Simoes with Medical Board of California; Adeola Adesun with the California Families for Access to Midwifes; Assemblywomen Susan Bonilla and former Midwifery Advisory Council member, Faith Gibson.

Agenda Item 5 Selection of a New Midwifery Advisory Council Member

Ms. Sparrevohn shared that the applications for the Midwifery Advisory Council Member were solicited to all Licensed Midwifes for a three (3) year term on the Midwifery Advisory Council (MAC). The following individuals applied for the position: Sharon Economides; Maria Iorillo, Renne` Wilson, Tosi Marceline, Zhaleh Yadollah, Lori Luyten, Genie DeKruyf.

Ms. Sparevohn stated that legal counsel advised the MAC that the New Midwifery Advisory Council Member position should be filled by a Licensed Midwife. Therefore, Katherine McKee, Nurse Midwife, was disqualified from the application process.

Ms. Sparrevohn invited Tosi Marceline, applicant for the New Midwifery Council Member position, to present a short statement concerning her qualifications for the position.

Ms. Marceline informed the MAC that she is a Licensed Midwife who had 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 Council. However, Ms. Marceline stated that her presence in the Council would bring a sense of history and continuity due to her experience as a historian for the California Association of Midwifes (CAM).

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

Ms. Marceline informed the Council that she was stepping back from doing as much active Midwifery then in the past.

Ms. Sparrevohn asked the Council if there were any nominations for the New Midwifery Council Member.

Ms. Ehrlich made a motion to nominate Tosi Marceline for the New Midwifery Council Member; s/Webster.

Ms. Sparrevohn invited Ms. Marceline to join the Counsel and stated that her application and recommendation would be submitted to the full Board in October.

Agenda Item 6 Sunset Review Report Update

Ms. Lowe informed the MAC that Jennifer Simoes, Chief of Legislation, was present and would provide the Sunset Review Update.

Ms. Simoes provided an update to the Council concerning the Sunset issues related to Midwifery and the Sunset Bill SB 304.

The Board made suggestions related to the Licensed Midwifery Program that issues of Physician Supervision and obtaining Lab Accounts/Medical Supplies should be addressed through Legislation. The B&P committee agreed in AB 1308, which includes language to clarify that Licensed Midwifes can obtain Lab Accounts and Medical Supplies. The Board currently has the support of an amended position on this Bill. This amendment would address the Physician Supervision issue.

The Board recommended that the issue of a Midwifery Students needs clarification due to confusion in the Midwifery community. SB 304 includes language that would define the role of a bone 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 Assistants needs to be addressed in legislation and what duties the Assistants may legally perform. It has been brought to the attention of the Board that Midwifes currently use Midwife Assistants although there is no definition for their duties or training requirements. 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 this Council to find a definition.

The Board suggested that existing law be amended to include Certified Nurse Midwifes as capable to supervise Midwifery Students. SB 304 does currently include language that would allow a Certified Nurse Midwife to supervise a Midwifery Student or Assistant.

Ms. Sparrevohn asked if the Midwifery Assistant language would be addressed in the current session.

Ms. Simoes responded that the Board is in process with the MAC to better define Midwifery Assistants. The B&P committee requested that the Board achieve a consensus before bringing language to the committee. Ms. Simoes suggested that the language would most likely be addressed next year.

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

Ms. Simoes provided an update on Assembly Bill 1308, stating that the Bill is currently in the Senate Appropriations Committee and will be heard on August 12, 2013. AB 1308 as originally introduced, would allow Midwifes to directly obtain supplies, order testing and receive reports that are necessary for the Licensed Midwifes practice of Midwifery and consistent with scope of practice for a Licensed Midwife.

The Bill would have required the Medical Board to adopt regulations defining the appropriate level of care and supervision. The Bill will also require a Licensed Midwife to disclose an oral and written form to a prospective client with the specific arrangement for the referral complications to a Physician or Surgeon.

However this Bill was amended in July and will now allow Midwifes to obtain supplies and devices, 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 complications to a Physician or Surgeon consultation. The amendments would also allow Licensed Midwifes 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 to the Senate 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 and to order testing to receive reports necessary to the Licensed Midwifes 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 address the issue of Physician supervision. Board staff will be continuing to work with the authors 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 if public members would like to give an update from their perspective.

Constance Rock, President of the California Association of Midwifes (CAM), introduced herself and Sarah Davis, Vice President of CAM. Ms. Rock stated that they have been working with assemblywoman Susan Bonilla and ACOG in drafting language for the Bill that removes physician supervision and restricts some types of births that Licensed Midwifes can 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.

The Bill allows for concurrent care for women that are outside of this criteria. For instance, Midwifes can provide care to patients with twin pregnancies but 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 Midwifes 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 Midwifes to submit both verbal and written disclosures. The disclosures define the conditions under which Midwifes would transfer care to a physician.

Ms. Rock also shared that the Bill requires Licensed Midwifes to provide records and give reports to physicians receiving transfers of care. The Bill allows for the Board to adjust data elements for annual reporting to be more aligned with MANA statistics.

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

Ms. Ehrlich directed a question concerning the content of the report and where the reports would be sent.

Ms. Davis stated that the content of the report will be dealt with and that 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 Ms. 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. For instance, if a baby is coming out in an emergency situation then the Midwife is expected to take care of that situation.

Ms. Ehrlich inquired into the appropriate time frames involved in referring a patient to 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 stipulation sessions and provided emergency sessions for 30 days.

Ms. Ehrlich asked if thirty days was the recommended time?

Ms. Kirchmeyer informed Ms. Ehrlich that no laws or regulations are specific to the amount of time before a care provider can discontinue care for a patient. However, those guidelines are the standards of practice.

Ms. Ehrlich thanked the appropriate parties for their answers.

Dr. Bryne commented on the proposed regulation 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 Midwifes are required to submit to hospitals. Specifically, she wanted to know if there was going if the MAC would have input into the content of this report. Her concern was that the report would not represent the view of Midwifes or parents.

Ms. Davis stated that the intention is that some regulatory body is going to write the form. However, she would bring this concern to Ms. 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 documents data and outcomes. Similar to reporting requirements for OSHPED and the Joint Commission. He thought that the form would be non-threatening.

Ms. Sparrevohn pointed out that the form would contain the same elements that are in the Licensed Midwife Annual Report for transfers that hospitals would have to fill out. She is also anticipating that the form will be outlined in regulation.

Agenda Item 8 Program Update

Agenda Item 9 Adjournment

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