MEDICAL BOARD OF CALIFORNIA
Licensing Program

MIDWIFERY ADVISORY COUNCIL

August 14, 2014

Medical Board of California
Lake Tahoe Room
2005 Evergreen Street
Sacramento, CA 95815

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 MAC Chair Carrie Sparrevohn at 1:00 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.
Tosi Marceline, L.M.
Monique Webster
Barbara Yaroslavsky

Staff Present:
Diane Dobbs, Department of Consumer Affairs, Legal Counsel
Kim Kirchmeyer, Executive Director
Natalie Lowe, Licensing Manager
Destiny Pavlacka, Administrative Assistant
AnnaMarie Sewell, Licensing Analyst
Jennifer Simoes, Chief of Legislation
See Vang, Business Services Analyst
Kerrie Webb, Legal Counsel

Members of the Audience:
Kayti Buehler, L.M., California Association of Midwives
Rosanna Davis, L.M., California Association of Midwives
Sarah Davis, L.M., California Association of Midwives
Jocelyn Dugan, California Association of Midwives
Rachel Fox-Tierney, L.M.
Laurie Gregg, M.D., American Congress of Obstetricians and Gynecologists
Rachel Hansen, L.M.
Diane Holzer, L.M.

Kaleem Joy
Rebekah Lake, L.M., California Association of Midwives
Connie Merritt
Lesley Nelson, L.M.
Constance Rock, L.M., California Association of Midwives
Sunshine Tomlin, L.M., California Association of Midwives

Agenda Item 2 Public Comments on Items not on the Agenda

No comments were provided.

Agenda Item 3 Approval of the March 27, 2014 Midwifery Advisory Council Meeting Minutes

Ms. Lowe stated that MAC members had provided edits to Board staff prior to the meeting, and that the following changes would be updated in the minutes: on page two of the minutes, the "Members of the Audience" list reflected Diane Holzen, and would be corrected to reflect Diane Holzer; on page eight of the minutes, seventh paragraph, the statement "In the working group Dr. Gregg participated in, it was a hospital to Board and CMQCC form. The hope was that the Board could use this information for peer review." would be updated to reflect "In the working group Dr. Gregg participated in, the intent for the form was that it would be a Board and CMQCC form with the hope that the Board could use the information for peer review."; on page 13 of the minutes, first paragraph, the acronym listed for American College of Nurse Midwives would be corrected to reflect ACNM.

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

Ms. Yaroslavsky made a motion to accept the March 27, 2014 minutes with edits, and to recommend to the Full Board for approval; s/Dr. Byrne. Motion carried.

Agenda Item 4 Report from the Midwifery Advisory Council Chairperson

Ms. Sparrevohn began by stating that Assembly Bill 1308 (AB 1308) had made groundbreaking transformations to the Licensed Midwifery Practice Act of 1993 by removing physician supervision, but that there were still many issues remaining that would need action to fully implement the changes made by the bill.

Ms. Sparrevohn stated that an interested parties meeting was held to discuss the Transfer of Planned Out-of-Hospital Delivery to Hospital reporting form that was created earlier in the year. Input was provided from members of the form's initial working group, as well as from licensed midwives that were in attendance, on their experience with hospital transfers since the form had been created.

During the interested parties meeting, several concerns were raised, including: the accuracy of the completed forms; concern that physicians were unable, or unwilling, to accept the midwife's verbal report; that some maternity units were not copying the records provided by the midwife; that there seemed to be no clear mechanism for the midwife to interface and provide information to neonatal intensive care physicians and staff when the infant was born outside of the hospital, and then transferred; and that many hospitals continued to be unaware of the form in general.

Ms. Sparrevohn continued by stating that all of the issues raised during the interested parties meeting was causing concern among the midwifery community, as submitted forms may contain inaccurate, missing, or

incomplete information, and that the legislative intent of the form was to provide accurate information to help improve out-of-hospital transfers. Thorough gathering of data, specifically on how transfers occur, why they occur, and what information is provided to the physician receiving care of the transferring client, is imperative. After having the form available for a few months now, it is clear that many hospitals do not know about the requirement, and do not have clear procedures in place for gathering the information required on the current form. Because of this, the submitted forms have the potential to generate investigations of licensed midwives and physicians that are based on incomplete or inaccurate data, resulting in significant time spent for staff to investigate, as well as time spent for the provider to correct any inaccuracies.

It has been stated by Board staff many times in the last few months, that the form was only required to include data elements dictated by statute, in the absence of regulations. Given the difficulties currently being reported, Ms. Sparrevohn encouraged staff to remove all individuals' names on the reporting form, until proper procedures could be put into place through the regulatory process. Continuing to ask for the name of the hospital submitting the form could be valuable, as it could assist in educating hospital staff physicians and licensed midwives.

Ms. Sparrevohn concluded her update, appealing to all licensed midwives to remain active within their representing body, the California Association of Midwives (CAM), and to continue to attend the MAC meetings, as their input to both was invaluable. And lastly, to carry on the work of providing high quality, evidence-based care, to women, babies, and families.

Ms. Sparrevohn asked for public comment.

Dr. Byrne recommended that the data that had already been collected, be retained, and that any irregularities identified be used as an opportunity to improve the process, rather than to spur investigations of individuals identified on the previously submitted forms.

Ms. Sparrevohn responded that the Board did not have the ability to not open an investigation.

Dr. Byrne stated that he did not believe that the investigation process was daunting, as it usually meant an administrative person reviewed the information and could quickly ascertain that it was for data collection purposes. Based on that, both having partaken in investigations on the Board's side, and realizing the value of the process, allowing investigations to occur would not be to point fingers at individuals, but to actually look at improving the system.

Ms. Ehrlich recommended all names be removed from the form until there were sufficient processes in place and a clear understanding of the system, while still collecting the data required.

Ms. Yaroslavsky stated that additional outreach was needed to better inform partners and stakeholders of the processes and requirements of the reporting form, and requested staff provide an update in the future as to what outreach opportunities were being pursued and completed.

Ms. Sparrevohn asked if there were additional comments from the MAC or the public on the agenda item. No further comments were provided.

Agenda Item 5 Update on Midwifery Assistants Task Force

Ms. Sparrevohn stated that the draft midwife assistant language was adapted from language used for naturopathic assistants and medical assistants. As there was currently no statute that allowed a midwife to utilize an assistant, who was not either an enrolled student or a licensed midwife, language was drafted so that midwives could train assistants, and also so schools could create midwife assistant programs. She added there would also be guidelines available. Ms. Sparrevohn stated that upon approval of the language by the MAC it would then move forward to the Full Board in October for approval to begin the legislative process.

Ms. Sparrevohn thanked Sarah Davis for her assistance with drafting the language.

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

Ms. Sparrevohn made a motion to recommend the draft midwife assistant language to the Full Board for approval to begin the legislative process; s/Ehrlich. Motion carried.

Agenda Item 6 Update on New Board Member Packet

Dr. Byrne referenced the chart titled "Comparison of Certified Nurse Midwives and Licensed Midwives" provided in the meeting materials, stating that the chart was created as a need existed to provide a summary of information pertaining to the scope of practice of licensed midwives, and their roles and responsibilities. The idea being that the chart would be provided to new Board Members and could also be useful to help educate both the public, and policy makers, about maternity care providers.

The California Nurse-Midwives Association (CNMA) and CAM had been working to help provide an easy to read side-by-side comparison of licensed midwives and certified nurse midwives and recommended adding a third column to the chart to include physicians. Dr. Byrne stated that by adding additional data elements from the Board, it would provide a sense of scale. Once the chart is finalized it will be a great resource to document the diversity of where women are receiving care for their births, whether they have a planned home birth, planned hospital birth, or something in between, that would help enhance awareness.

Ms. Sparrevohn asked for comment from the MAC.

Ms. Ehrlich questioned if there was going to be any additional types of information included in the packet.

Dr. Byrne responded that the chart was just one component of the overall packet and that there was interest in including a detailed history of midwifery in California.

Ms. Ehrlich suggested reviewing material prepared by Faith Gibson, as she was in the process of scribing the history of midwifery in California.

Ms. Yaroslavsky recommended keeping the packet relatively small, as less could be more.

Ms. Lowe stated that from the Board's perspective, the intention of the packet was that it would be provided to new Board Members to allow them to become familiar with the roles and responsibilities of a licensed midwife. Ms. Lowe stated that the chart was very informative and provided useful information, but suggested that a coversheet be included with the chart. Ms. Lowe referenced a summary of roles and responsibilities of certified nurse midwives that had been created by the California Board of Registered Nursing and recommended the task

force create something similar that could be included along with the chart.

Dr. Byrne stated that he would work with representatives from CNMA and CAM to obtain permission to edit the chart to a concise, single page document, as well as to prepare an overview of maternity care providers. Ms. Ehrlich stated that she felt that Members of the Board who are new, had a due diligence obligation to understand the professions that they are regulating. Also, she felt that the condensed document would be valuable to individuals who would need to understand the midwifery community in order to carry out their obligations of regulating midwifery.

Ms. Kirchmeyer agreed with Ms. Ehlrich and responded that new Members are provided an orientation covering all aspects of the Board; however, a one-page, easy-to-read document that could be provided during the orientation while discussing the midwifery program would be beneficial. Documentation of the history of the profession could then be placed in a binder for Members to have for reference. Ms. Kirchmeyer also suggested that it may be helpful to provide a presentation at a future Board meeting, using the same document and materials, as Members change frequently.

Ms. Sparrevohn stated that she would like to create a new task force that would include herself and Dr. Byrne, which would focus on providing the information being requested by the Board, specifically the one-page summary. A second task force consisting of Dr. Byrne and Faith Gibson could continue for the more expanded data, so that there would be two different task forces.

Ms. Webb responded that creating the two task forces would be considered a three person committee as it would be dealing with the same subject, and would have to be a noticed meeting. Ms. Webb offered that if Ms. Sparrevohn chose to dissolve the previous task force, the new task force could be created to address the issues.

Ms. Sparrevohn opted to dissolve the previous task force that consisted of Dr. Byrne and Faith Gibson, and formed a new task force consisting of herself and Dr. Byrne, to incorporate the recommendations made by Board staff and the MAC.

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

Agenda Item 7 Update on Implementation of Assembly Bill 1308

Ms. Lowe stated that at the last MAC meeting, several items were discussed regarding the implementation of Assembly Bill 1308 (AB 1308), including the need for several interested parties meetings, the completion of the Practice Guidelines for California Licensed Midwives (Guidelines), necessary outreach regarding the challenge mechanism process, the Transfer of Planned Out-of-Hospital reporting form, and the pathway for certified nurse midwives to become licensed midwives.

Ms. Lowe informed the MAC that Board staff had been busy trying to accommodate all of the new requirements to ensure that the new changes in law were being met. Ms. Lowe stated that the Guidelines had been presented to the Full Board at the May 2014 quarterly Board meeting and were approved for dissemination. Since that meeting, the Guidelines had been published, and were available on the Board's website. Also, Board staff had sent requests for information from the approved schools offering the challenge mechanism, requesting documentation to ensure their programs would be able to meet the new requirements in law.

Board staff held an interested parties meeting on August 7, 2014 to discuss the Transfer of Planned Out-of-

Hospital Delivery to Hospital reporting form, as well as the pathway for certified nurse midwives to become licensed midwives. There were quite a few attendees and many suggestions were provided.

Board staff will be scheduling another interested parties meeting, which will be held in the next month or two, to discuss the potential regulations that will be needed to define Business and Professions Code Section 2507 (b)(1)(a)(i) - preexisting maternal disease or condition likely to affect a pregnancy. The meeting may also include additional discussions on the reporting form if it is found to be necessary. The meeting will be scheduled soon and information will be posted on the Board's website.

Ms. Sparrevohn asked for public comment.

Ms. Sarah Davis commented that Ms. Rosanna Davis of CAM had been collecting reports from licensed midwives in the state, about difficulties that they had encountered while obtaining care for their clients, following the implementation of AB 1308, related to obtaining laboratory tests or drugs and devices, as well as ultrasound referrals from licensed midwives.

Ms. Rosanna Davis stated that the ultrasound issue continued to be a problem in a couple of isolated places in the state and that a report of the information had been provided to the Board. Ms. Rosanna Davis asked if the Board could provide an update regarding the information that had been provided.

Ms. Lowe responded that the Board had received the report of their findings, and as there were perhaps six individuals reporting issues within the state, the Board had not taken any further action at the time; however, the Board would be going forward with another survey to the licensed midwifery community prior to the December MAC meeting. Once feedback was received from the majority of the population, the Board would review to see what action or additional outreach may be needed.

Ms. Yaroslavsky felt that there was a communication breakdown and suggested that licensed midwives be allowed to provide in the survey response, contact information of those individuals or businesses that they were having trouble with, and then outreach could be done to those individuals that were identified.

Ms. Sarah Davis suggested creating an open letter, explicitly stating in narrative form, that licensed midwives may order ultrasounds. Even though licensed midwives have been providing copies of the new law, it has not necessarily been successful, but possibly a letter from the Board would help.

Ms. Lowe stated that Board staff would be willing to send out a letter to all involved parties and specific regulatory agencies that would be affected, specifically California Department of Public Health (CDPH), who could then provide the information to their labs. The letter could also be placed on the Board's website for reference.

Ms. Yaroslavsky opined that this was an opportunity for all interested parties to educate their communities regarding the changes to midwifery practice.

Ms. Sparrevohn agreed that it would take some time for the changes to be recognized and that it was going to take collaboration. She encouraged the midwifery community to share best practices for what was working in their area, and that CAM should be utilized to share information with, as they could then disseminate the information throughout the state.

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

Agenda Item 8 Update on Licensed Midwives Interested Parties Meeting

Ms. Lowe stated that an interested parties meeting was held on August 7th, to discuss the transfer reporting form and the pathway for certified nurse midwives to become licensed midwives.
All comments that were made during the meeting, and those that will be provided directly to staff, will be reviewed to help begin the process of drafting regulatory language to clearly identify all items that should be included on the Transfer of Planned Out-of-Hospital Delivery reporting form. If it is found that additional feedback is necessary regarding the form, an additional interested parties meeting will be scheduled.

Some concerns were identified during the meeting that Board staff will begin to implement as soon as possible, including the need for additional outreach regarding the form. Board staff have also begun to draft language to be included on the Board's website, which will provide additional information on the purpose of the form, the requirements, and instructions for completing the form.

Also, some of the additional changes that Board staff will be making will include moving the names of the providers assuming care, the licensed midwife, and the physician, onto the second page of the form to be included with the patient's name. The reason for this change being that the second page of the form would not be sent to the California Maternal Quality Care Collaborative (CMQCC). Board staff will also try to clearly identify that the form is only for licensed midwife transfers, to help reduce confusion in the hospitals.

Outreach by the Board as well as the midwifery community will be very important. Some of the things that the Board will be working on will be reaching out to CDPH and asking them to disseminate the information to the hospitals within California. Board staff will also be providing a newsletter article in the future.

Ms. Sparrevohn stated that she remains concerned, as long as there are names on the form, that the Board will be compelled to open investigations, possibly with erroneous information. She continued by stating that the statute does not state that the form is only going to refer to licensed midwife transfers, it states "all transfers from home to hospital" and that perhaps the data to collect is who actually transferred the patient, a licensed person or not. At the interested parties meeting, there were three pages of items that had been requested to be included on the form that still needed to be discussed.

Dr. Byrne requested clarification as to what was actually required by the statute, whether names must be included, or if possibly personal identifiers could be used.

Ms. Webb responded that she had reviewed Business and Professions Code Section 2510, and as a whole it was referring to the transfers by licensed midwives. It also states, if a client is transferred to a hospital, the licensed midwife shall provide records and speak with the receiving physician. This was the basis for including the parties involved, in order to obtain the documentation about whether this has occurred or not.

Ms. Yaroslavsky suggested having a cover sheet on the form, explaining the instructions for the hospital.

Ms. Ehrlich made a motion that the names be removed from the form until such time as there was a clear process that had been well defined; s/Yaroslavsky.

Ms. Sparrevohn requested clarification as to whether Board staff had the ability to remove the names on the form at this time, or was the legal interpretation of the law that the name of the licensed midwife be included on the form.

Ms. Webb stated that is was her interpretation that names were to be included.

Ms. Sparrevohn stated that she was not opposed to having names on the form; however, wanted to make it clear that when the Licensed Midwife Annual Report (LMAR) was created, it was done without input from statisticians and the result was that the report became difficult to interpret, the numbers did not add up, and it was subject to error, and she did not want this form to result in the same outcome.
Ms. Yaroslavsky questioned what the timeline was for crafting regulations on the issue.

Ms. Lowe stated that there had not been an opportunity to review all of the information that had been provided and that additional interested parties meetings may be held, so, at the earliest, findings would be presented at the February MAC meeting.

Ms. Lowe mentioned that the results of the statistics obtained from the reporting form could be compared with the LMAR data to ensure proper reporting was being completed for both items, allowing for validation of the data. Ms. Lowe continued stating that the statute requires the licensed midwife provide the records and requires the licensed midwife to transfer the patient at certain time frames based on the Guidelines. In order for the Board to enforce those items, staff needed to know who was providing the transfer, and who the physician was, in order to obtain additional information. It was not the Board's intention to investigate every midwife that transfers a patient to a hospital, based on receipt of the form; however, it is the Board's mission to provide consumer protection in California, and if the information provided on the form warrants further review by our complaint unit or investigative staff, the Board would be required to take appropriate action.

Ms. Sparrevohn stated that she is concerned that there will be an increase in the number of investigations of midwives, and if a midwife is investigated for a transfer, the doctor is also going to have to take time to provide information.

Dr. Byrne requested clarification regarding the distinction between the complaint process and the investigative process.

Ms. Webb responded that when a complaint is received, Board staff contacts the provider to obtain additional information. Upon receipt of the information, sometimes the complaint is closed at that point. If it is a quality of care issue that requires further review, the complaint would be forwarded to a midwifery consultant, before it is sent to investigative staff. The midwifery consultant reviews the complaint to determine whether there is a departure from the standard of care. Beyond that, there would have to be clear and convincing evidence before an Accusation is filed. Clear and convincing evidence is a very high burden. It is more than the preponderance of the evidence, it is slightly less than beyond a reasonable doubt. Ms. Webb concluded by stating that licensed midwives were professional licensees and that their work would be reviewed by oversight agencies.

Ms. Sparrevohn stated that the purpose of her comment was not to get away from people reviewing licensed midwives work, but rather that the form was made in haste, and if patient names are on the form it is possible that a patient may be the one that is contacted during an investigation. Also, there is no clear process or procedure in place for filling the form out.

Ms. Dobbs commented that from a legal perspective, the changes in the statute went into effect and the Board is required to have the form in place. The current version of the form is basically what is allowed right now without regulations in place. The form, as of now, is the Board's and legal counsel's interpretation of the statute and is the bare minimum that can be used to implement the statute until the regulatory hearings are held and input from all the interested parties is obtained.

Ms. Kirchmeyer provided an overview of the complaint process and referenced the statistical information found in the packet. Ms. Kirchmeyer stated that the Board takes information very seriously when it is received, regardless of the license type, and felt that it was important to have the licensed midwife information, the patient information, and the doctor's information provided on the form.

Ms. Sparrevohn asked for public comment.

Ms. Sarah Davis requested that an update be provided at each MAC meeting regarding the reports received by the Board, at an aggregate level, to determine if there is any particular area of concern.

Ms. Sparrevohn encouraged the idea of viewing the information and data, as well as whether any investigations were opened based on the form as opposed to a complaint.

Ms. Lowe confirmed that statistics could be provided on the number of reports being received but was unsure if further information regarding the status or outcome could be provided.

Ms. Sparrevohn referenced the midwifery program enforcement statistics, and stated that is shows how many complaints were received, whether they were licensed midwives or unlicensed midwives. But some are closed, some are still open. Ms. Sparrevohn stated she did not understand why it could not be determined if it was complaint driven or form driven.

Ms. Webb stated that the Board would have to ensure that there would not be a way to identify the person involved, and given the small number, that could be an issue. The Board would have to review the request further.

Ms. Nelson commented that she is a licensed midwife and requested that there not be any names on the form.

Dr. Gregg stated that when assisting with the creation of the law with CAM, the intention was to gather reliable data as it appeared, at the time, that not all hospital outcomes were being reported on the LMAR. Data from the form was wanted in order to educate consumers, midwives, and physicians. Dr. Gregg thought that by not putting the name on the form, hospitals may report on lay midwives, unattended births, or physician births.

Ms. Rock stated that CAM supported the names being on the forms.

Motion defeated; (0-5-1, with Ms. Ehrlich abstaining).

Ms. Lowe began her update regarding the discussion on the pathway for certified nurse midwives to become licensed midwives. Ms. Lowe clarified that the request to obtain a pathway for certified nurse midwives to obtain licensure as a licensed midwife in California was not made by the Board nor Board staff, nor was it a requirement of AB 1308. The request was originally discussed during MAC meetings by the members, and has been raised by the certified nurse midwifery community and the licensed midwifery community.

Ms. Lowe stated that during the interested parties meeting, the topic of the equivalency of licensure requirements between California licensed midwives and certified nurse midwives was discussed. At the meeting Board staff provided a side-by-side comparison of the licensing requirements for the two license types. Based on research conducted by Board staff, it appeared that the licensing requirements for the two were equivalent, in that the requirements of licensed midwives were equally met by those required of a certified nurse midwife in California. Ms. Lowe continued by stating that Board staff would support the idea of adding

additional language to the regulations to indicate that a valid and current California certified nurse midwife license would be satisfactory evidence to meet the requirements for licensure as a licensed midwife in California.

During the interested parties meeting, there was discussion regarding the examination requirements between the two license types, and to clarify, a licensed midwife is required to take and pass the North American Registry of Midwives Examination (NARM), as this is the exam that has been adopted by the Board. It does not specifically indicate that NARM is a requirement in regulation or statute.

Certified nurse midwives are required to be registered nurses prior to obtaining certified nurse midwifery certification and their examination requirements have already been met by the requirements set forth by the registered nursing laws and regulations. The Board's opinion is that as registered nurses are required to take and pass the National Council Licensure Examination (NCLE) prior to obtaining registered nursing licensure, this would meet the examination requirements of a licensed midwife.

Should the Board pursue the option of adding language to the regulations to indicate that a California certified nurse midwife license would satisfy the licensure requirements, the Board's opinion is that the certified nurse midwife would not be required to take the NARM exam.

Ms. Sparrevohn questioned the examination requirements for a registered nurse to become a certified nurse midwife.

Ms. Lowe stated that she was unsure of the specific examination requirements for a certified nurse midwife; but was assured that the requirements were equally met.

Ms. Sparrevohn asked if there was an exam beyond the registered nursing licensing exam that would grant certified nurse midwifery certification in California, and felt that if there was not it would be a concern, as the exam to become a registered nurse would not be sufficient. Regardless of whether a registered nurse completed an additional educational program, they would have to be able to validate the knowledge obtained in the educational program via an exam as a midwife.

Ms. Lowe stated that the Board's opinion was that if an individual held a California certified nurse midwifery license through the California Board of Registered Nursing, based on that license alone, they would meet the requirements for a California licensed midwife.

Ms. Webster asked if they would have to choose one license type or if they could be dually licensed.

Ms. Lowe stated that the individual could be dually licensed, but at the time of accepting a patient, it would have to be documented which license type the individual would be using, and that would determine which regulatory agency would be responsible for the oversight, as well as to what laws and regulations the licensed midwife would have to adhere.

Ms. Sparrevohn asked for public comment.

Ms. Sarah Davis commented that CAM supports creating the pathway on the issue.

Ms. Marceline commented that she supports the pathway.

Agenda Item 9 Program Update

Ms. Lowe stated that Board staff were still working on updates to the BreEZe system to allow for online applications and renewals to be submitted electronically, but did not have an anticipated date that it would be available.

During the Full Board meeting in July, a BreEZe update was provided by the Department of Consumer Affairs (DCA), and indicated that they would be working on a global cleanup effort for the online system that is used for verifying licenses, submitting applications, complaints, and renewals to help make it more user friendly.

Ms. Ehrlich recommended having an option in BreEZe to allow a search to be performed by county.

Ms. Lowe stated that she would take Ms. Ehrlich's concern to the DCA to see if there were any options of providing that ability in the system.

Ms. Lowe stated that Board staff continue to report issues to the DCA regularly for any issues that are found or brought to their attention. The process of reporting issues is very time consuming, but will eventually make for a better system.

Ms. Lowe continued with the update on the licensing statistics for the midwifery program. As Board staff were able to obtain statistics from the BreEZe system, statistics were provided for the past quarters where data was not available. Ms. Lowe referred to the licensing statistics provided in the meeting materials.

Ms. Ehrlich questioned the number of licensees.

Ms. Lowe responded that the statistics referenced by Ms. Ehrlich only reflected those licenses in a renewed and current, or delinquent status, and that there were additional licenses in canceled, deceased, or revoked status.

Ms. Ehrlich questioned why the statistics did not include licenses that were suspended, delinquent, or deceased.

Ms. Lowe stated that the statistics provided were based on what had been previously requested by the MAC and that if the MAC felt the information was a necessary data element to be provided for the meeting, Board staff could determine what the options were for providing that information in the future.

Ms. Sparrevohn asked if this was something the MAC would like to have.

Dr. Byrne questioned if it would be an administrative burden for staff.

Ms. Lowe responded that it is a time-consuming process to obtain statistics.

Ms. Ehrlich stated that she withdrew her request.

Ms. Lowe referred to the enforcement statistics provided in the meeting materials and provided a brief summary of the data contained on the chart.

Dr. Byrne commented that there were approximately 125,000 licensed professionals covered by the Board, which generates about 7,500 complaints a year, around six percent, and that if you looked at the number of licensed midwives and the number of complaints, it was also around six percent, which was heartening. Also of

interest, of the six percent of total complaints, a third of them were for unlicensed midwives.

Ms. Lowe continued with the update on the 2013 Licensed Midwife Annual Report (LMAR), stating that the 2013 report had been completed and a summary had been provided from the Office of Statewide Health Planning and Development (OSHPD) and was now available on the Board's website. Of note, out of 330 anticipated reports to be completed, only 259 were done, resulting in a 78 percent submission rate, the lowest recorded compliance rate since the data collection program began.

Ms. Ehrlich asked what the percentage rate was in prior years.

Ms. Lowe responded that she did not know the specific percentage rates for prior years, but that the current findings were very concerning, not only to the Board, but should also be of concern to the midwifery community. Current law indicates that failure to meet the reporting requirement will result in the midwife being unable to renew his or her license without first submitting the required data. The law also states that the Board shall not take any other action against the licensee for failure to comply with the law, leaving the Board without any type of enforcement for midwives who are not submitting the data.

The concern is that although the renewal can be held, the data still has to be submitted to OSHPD in order for the license to be renewed. When a midwife renews their license and submits late LMARs, that information is never added to the specific year that they are reporting, so the information contained in the LMAR is not necessarily accurate.

Next year, Board staff will work to provide additional outreach regarding completing the LMAR in addition to what is currently done. Should the results from OSHPD continue to reflect a significant noncompliance rate, the Board may be required to pursue legislative changes to allow the Board to take enforcement action for noncompliance.

Ms. Ehrlich questioned what could help increase the submission rate.

Ms. Lowe responded that outreach in the midwifery community should be done, and to inform the midwives what the actual impact is when their reports are not submitted timely, specifically that the LMAR reports will never be accurate if the information is not provided prior to the cutoff.

Ms. Rock stated that CAM will provide outreach and see if they can help midwives understand why it is valuable for them to help get reliable data.

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

Agenda Item 10 Agenda Items for the December 4, 2014 Midwifery Advisory Council Meeting in Sacramento

The following agenda items were identified by Ms. Sparrevohn for the December 4, 2014 MAC meeting:

- Midwifery Program Update
- Report from the MAC Chair
- New Board Member Packet Update
- Regulatory Changes Update
- Midwife Assistant Language Update

- LMAR Data Points Task Force Update
- Certified Midwife to Licensed Midwife Entry Update

Dr. Byrne asked if the Board's legal counsel could provide guidance at the next meeting as to what would be considered best practices for when a licensed midwife needed to document their attempt at referral, so that they could show that they had taken appropriate, professional action.

Agenda Item 11 Adjournment

Ms. Sparrevohn adjourned the meeting at 3:51 p.m.

The full meeting can be viewed at www.mbc.ca.gov/About_Us/Meetings/2014/

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