

MEDICAL BOARD OF CALIFORNIA

DATE REPORT ISSUED: October 6, 2014
ATTENTION: Board Members
SUBJECT: Midwifery Advisory Council (MAC) Chair Report
CONTACT: Carrie Sparrevohn, L.M., Chair

REQUESTED ACTION:

Approval of the following agenda items are requested for the December 4, 2014 MAC meeting:

- Task Force Updates:
 - Midwife Assistant
 - Board Information Packet
 - Licensed Midwife Annual Report (LMAR) Data Collection Tool
- Update on regulatory changes required by Assembly Bill (AB) 1308
- Update on interested parties meeting scheduled for October 15, 2014
- Update on Certified Nurse Midwife (CNM) to Licensed Midwife (LM) entry

BACKGROUND:

The last MAC meeting was held on August 14, 2014. At this meeting, the MAC continued its discussion surrounding the changes for LMs mandated by AB 1308 (Bonilla, Chapter 665, Statutes of 2013).

The MAC engaged in a lengthy discussion regarding the inclusion of patient and provider names on the current version of the hospital reporting form. Discussion included staff pointing out that there will be an interested parties meeting in the near future to finalize the content of the form and further discussion would be had at that meeting. Members of the audience reported that there continues to be issues surrounding LMs ability to obtain necessary testing and lifesaving drugs. A longtime provider of medications to LMs changed hands and is no longer able to provide this service. Staff is working to find a solution. LMs continue to be challenged in obtaining some testing that is usually only done in a hospital setting, but is not considered outside of normal care or requiring a physician referral from the LM.

As had been discussed at prior MAC meetings, as well as before the Board, there is a need for LMs to have an assistant at births. Because it is not always possible for that assistant to be either another LM or a student, statutory changes are necessary to define the roles of an LM assistant. The task force formed at the March MAC meeting submitted language that is very similar to the medical assistant language, as well as the language allowing naturopathic physicians to train their own assistants. The language was adapted from those two California Business and Professions Code (B&P) Sections 2069 and 3613(g) to meet the specific needs of LMs. The MAC voted to send this language to the full Board for a legislative proposal for the new legislative session in 2015. Jennifer Simoes, Chief of Legislation will present the LM assistant language as part of her presentation to the Board.

The task force for the creation of an information packet for new Board Members provided a finished document that was constructed by the American College of Nurse-Midwives (ACNM) and California Association of Midwives (CAM). It was agreed at the last MAC meeting that it would be best if this document could be synthesized to one page. Upon completion of the document, and approval by the MAC, it will be provided to Board staff to disseminate to new Board Members as part of the orientation packet.

Staff provided a report on the interested parties meeting held August 7, 2014, that discussed the Hospital Reporting Form and a possible pathway for CNMs to become LMs. Regarding the Hospital Reporting Form, interested parties seemed to agree that less information on the form was better, due to the amount of hospital staff time to create the reports. It was understood that when the Board required additional clarity it could request the information, either from the hospital which submitted the form and/or from the LM or patient involved. Regarding the CNM to LM issue, since LMs removed the requirement for physician supervision from statute, CNMs who are practicing in a domiciliary setting have been requesting a route to gain an LM license. Staff held an interested parties meeting to explore CNMs with a current California license being able to directly obtain their LM license.

Staff reported that an interested parties meeting would be set for the near future to gather information related to the implementation of changes brought to B&P Section 2507 (b)(1)(A)(i) and (ii), secondary to the passage of AB 1308 related to medical conditions that would require a LM to refer to a physician for evaluation. This interested parties meeting will also include further discussion on the content of the Hospital Reporting Form. As of this writing this meeting is scheduled for October 15th and additional information will be presented regarding those developments at the Board Meeting.

The task force on updating the LMAR was continued to the December meeting.