State of California
Medical Board of California
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Memorandum

Date: December 5, 2011

To: Midwifery Advisory Council Members

From: Curtis Worden, Chief of Licensing

Subject: Composition of Midwifery Advisory Council

At the May 6, 2011 Quarterly Medical Board meeting, Karen Ehrlich, LM, Chair of the Midwifery Advisory Council (MAC), requested that the Board consider modifying the composition of the Council by adding two members (one public member and one licensee, as required by Business and Professions Code §2509) in order to allow representation by a member of the public who has been the recipient of midwifery services. Ms. Ehrlich reported that the midwifery community feels that the voice of parents who have received midwifery care has been missing in discussions and decisions of importance to midwives.

Further, she noted that the addition of another midwife to the MAC would allow representation by a midwife from Southern California, as the licensed midwives currently on the Council are all from Northern California.

At the May 6, 2011 Board meeting, the MAC was authorized to study the issue of adding members to the Council. The Council may make a recommendation to the full Board on the composition of the MAC. The Board will vote whether to adopt the Council's recommendation or make a different determination on the MAC's composition.

History:

The MAC was established by law in 2007 to make recommendations on midwifery matters specified by the Board (B&P §2509). The law specifies that at least one-half of the council members must be California licensed midwives in good standing and one-half members of the public who have an interest in midwifery practice.

Although the size of the Council was not specified in law, staff recommended that the MAC consist of six members (3 licensees and 3 public members). Applications for appointment to the MAC were solicited from all licensed midwives and others who had an interest in home births and the practice of midwifery. Based on the applications received, staff made recommendations for appointments for MAC membership to the Division of Licensing. The recommendations for public members included a current member of the Board, as well as a representative from ACOG and CMA as was suggested by the Midwifery Committee in its November 2, 2006 meeting. During public comment, members of the midwifery community voiced concern with the interpretation of "public member" as the

recommendations included physicians, but excluded non-professional consumers who have received midwifery care. Dr. Fantozzi, chair of the Midwifery Committee and the Division of Licensing, clarified that there was no intent to exclude consumers and other interested parties from attending the publicly held meetings and voicing their concerns. The Division adopted the recommendations made by staff for the size, terms, and membership of the Council at its February 2007 meeting.

Analysis:
There are two options that would allow for the representation on the Council requested by Ms. Ehrlich: (1) appoint two additional members to the MAC (a parent who has used midwifery services and a licensee from Southern California), or (2) retain the current six member MAC composition, but appoint a parent who has used midwifery services to an expiring public member spot and appoint a Southern California licensed midwife to an expiring licensee member spot.

A list of the pros and cons for both options follows.

Option 1: Appoint two additional members to the MAC.

Pros:

- Creating a new public member spot would allow for the appointment of a parent who has received midwifery services and who would bring a different perspective to discussions and vote on decisions. This perspective is not formally represented on the current Council.
- Creating a new public member spot, rather than replacing a current public member spot filled by a CMA or ACOG representative or member of the Medical Board would retain the perspective of these organizations in discussions and their vote on recommendations.
- Creating a new licensee spot would allow for the appointment of a licensed midwife from Southern California, providing geographical balance as the other licensee spots are currently filled by licensed midwives from Northern California.
- The midwifery community would feel they have a voice in the composition of the MAC and greater input into recommendations made to the Board.

Cons:

- Opportunity already exists for parents who have received midwifery services to provide input and share their perspective on Council decisions via public comment. These comments are entered into the public record. Previous audience participation at MAC meetings has been excellent.
- Finding a meeting date and time that works for eight members would be more difficult than finding a date/time for six members.
- The addition of two members would involve fiscal considerations. Based on attendance at four MAC meetings in Sacramento per year, the cost for two additional members would range from $2,000 to $4,000 per year, depending upon where the members live ($2,000 per year if the new licensee member travels from Southern California and $4000 if both the new licensee and public member travel from Southern California).
- In the past, the public and licensee members have not had difficulty in reaching consensus on issues of importance to midwives; hence, the composition of the MAC is not critical to achieving outcomes that are acceptable to the Council.
- In a prior discussion on adding additional members, consensus among existing MAC members was not reached.

- Increasing the size of the MAC to eight members appears excessive given the number of midwife licensees (263). In contrast, there are 15 Board members (currently 9 members due to vacancies) for approximately 125,000 physician licensees.

Option 2: Replace an expiring public member spot with a parent who has received midwifery care and an expiring licensee spot with a midwife from Southern California.

Pros:

- The expiring public member spot could be filled by a parent who has received midwifery services and who would bring a different perspective and voice to discussions and decisions that would be entered into the public record. This perspective is not formally represented on the current Council.
- Even though the vote of the member from CMA, ACOG, or the Board would be lost, there would be opportunity for these organizations to participate in the meetings via public comment; these comments would be entered into the public record.
- The expiring licensee spot could be filled by a licensed midwife from Southern California, providing geographical balance as the other licensee spots are currently filled by licensed midwives from Northern California.
- The midwifery community would feel they have a voice in the composition of the MAC and greater input into recommendations made to the Board.
- With the resignation of two public members, the Council has an opportunity to recommend one of the vacancies be filled by a parent who has received midwifery services and one by a physician who could represent both ACOG and CMA.

Cons:

- Should a parent replace a public member spot currently held by a representative from ACOG or CMA, and should a representative from that organization not attend the meetings to offer public comment, the perspective (and possible support) from these organizations would be lost. These representatives often provide insight into how the physician community would react to proposed regulations or laws pertaining to midwives, suggesting modifications that might make proposals more likely to succeed.
- The public member spot held by a member of the Medical Board provides an important link between the MAC and the Board, providing background and perspective to Board members on midwifery issues. Replacing this individual with a parent representative would mean this link would no longer exist.
- The composition of the Council would no longer reflect the original intentions of the Midwifery Committee, precursor to the MAC, which suggested that the current membership include representatives from ACOG and CMA as the most appropriate.