



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Agenda Item 3

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

MIDWIFERY ADVISORY COUNCIL WebEx Meeting Thursday, September 11, 2025

MEETING MINUTES

Due to timing for invited guests to provide their presentations, the agenda items below are listed in the order they were presented.

Members Present:

Madeleine Wisner, L.M. Chair
Faith Freeman, L.M. Vice Chair
Kenneth James, M.D.
Karen Roslie
Mason Wilson-Tanev, L.M.

Members Absent:

Tamara Robertson

Staff Present:

Jolithia Alexander, Staff Services Manager I
Aaron Bone, Chief of Legislation and Public Affairs
Sean Eichelkraut, Information Technology Manager II
Douglas Hock, Chief of Licensing
Tonya Morairty, Associate Governmental Program Analyst
Kathryn Taylor, Deputy Chief of Licensing
Kerrie Webb, Attorney III

Agenda Item 1 Call to Order/Roll Call/Establishment of a Quorum

Madeleine Wisner called the meeting of the Midwifery Advisory Council (MAC) of the Medical Board of California (Board) to order on September 11, 2025, at 1:03 p.m. A quorum was present and due notice was provided to all interested parties.

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Agenda Item 2 Public Comments on Items not on the Agenda [Link to Video](#)

No public comments were received.

Agenda Item 3 Approval of Minutes from the April 3, 2025, Midwifery Advisory Council Meeting [Link to Video](#)

The Council reviewed the minutes from the April 3, 2025, MAC meeting. One item was requested to be corrected. In Agenda Item 2, paragraph one, the minutes incorrectly stated that Cerro Coso Community College secured a grant from the Department of Healthcare Access and Information (HCAI) for \$5,000. The correct grant amount is \$500,000.

No other corrections were received, and no public comments were made.

Kenneth James made a motion to approve the April 3, 2025, meeting minutes with the requested corrections; s/Karen Roslie. Motion carried unanimously 5-0.

Agenda Item 4 Report from the Midwifery Advisory Council Chair [Link to Video](#)

Madeleine Wisner stated that the Board's Enforcement Program is seeking licensed midwives to serve as medical consultants and expert reviewers. Information and applications are available on the Board's website under the Enforcement section.

Madeleine Wisner welcomed Karen Roslie to the MAC. This was Ms. Roslie's first meeting as a MAC member.

Madeleine Wisner discussed the ongoing challenges experienced by licensed midwives and their clients, including filing birth certificates for community births and obtaining Social Security numbers for newborns. Madeleine Wisner noted that concerns have been reported in multiple counties, including Los Angeles and Sacramento, where families may be required to appear in person shortly after birth, presenting challenges and potential safety concerns. Midwives are encouraged to contact their professional organizations, such as California Association of Licensed Midwives (CALM), as well as the California Department of Public Health Vital Records and the local Social Security Administration office management. They should also document all relevant issues in client records and encourage clients with immigration-related concerns to seek legal counsel.

Madeleine Wisner reported that the Santa Barbara Birth Center was featured by the International Confederation of Midwives for exemplary midwifery care. The feature included a description of the practice model.

Madeleine Wisner stated the journal *Birth* published new Consensus Guidelines for Intermittent Auscultation in U.S. Community Birth Settings, developed over 23 workgroup meetings with national experts, and provides recommendations for when intermittent auscultation is appropriate and when transfer should be initiated.

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Madeleine Wisner encouraged all licensed midwives to review the guidelines and ensure alignment of practice and documentation.

Madeleine Wisner stated that the California Maternal Quality Care Collaborative (CMQCC) released its strategic plan under the Health Resources and Services Administration Maternal Health Innovation Program. Madeleine Wisner noted that midwives were referenced only once in the plan.

CALM and California Nurse-Midwives Association jointly submitted feedback requesting more accurate representation of midwife-led care and midwifery practice within statewide maternal health planning.

Madeleine Wisner stated that a new study published by Spes et al., “Direct Entry Midwife Education, Practice, and Patients in California,” highlighted: Workforce shortages; The role of licensed midwives in providing community birth options; The need for supportive policies; Attitudes and demographics within the direct-entry midwifery workforce. The study is available in full text on PubMed.

The MAC discussed this item.

[Public comments were made by:](#) Leslie Nelson, L.M.

Agenda Item 5 Report from the Task Force on Medi-Cal Related Issues [Link to Video](#)

Madeleine Wisner reported, among other information, that the Department of Health Care Services (DHCS) was selected in January by CMS as one of 15 states to participate in the Transforming Maternal Health Model, also known as TEMA. TEMA is a 10-year care delivery and payment model designed to test whether evidence-informed interventions, supported by a value-based payment plan, can improve maternal outcomes and reduce Medicaid and Children’s Health Insurance Program expenditures.

DHCS will implement TEMA in California in Fresno, Kern, Kings, Madera, and Tulare counties. There will be two virtual meetings. Madeleine Wisner indicated that the meetings are invitation-only, but others may still be able to attend. Madeleine Wisner explained that the meetings bring together a broad range of stakeholders, including providers, managed care plans, community-based organizations, and representatives from local and state agencies.

Madeleine Wisner encouraged midwives practicing in Fresno, Kern, Kings, Madera, or Tulare counties, as well as those who travel to these counties due to the lack of maternity care providers, to consider joining in the meetings. Information about the meetings, including posting and login details, is available online searching “DHCS TEMA.”

Madeleine Wisner also reported that in July, a concept paper was released by DHCS and other stakeholders entitled “The Postpartum Pathway,” which outlines a proposed, measurable clinical practice approach aimed at supporting the delivery of whole-person care and addressing clinical and social drivers of health needs.

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Madeleine Wisner went on to discuss this item with the MAC.

No public comments were received.

Agenda Item 6 **Update on Midwifery Related Legislation** [Link to Video](#)

Aaron Bone, the Board's Chief of Legislation and Public Affairs, gave the following updates on pending legislation that may be of interest to Licensed Midwives and MAC members:

Assembly Bill (AB) 408 is Board-sponsored legislation to authorize the establishment of a health and wellness program that will lead to treatment and monitoring of the Board's licensees and applicants related to substance use disorders or other health conditions that they may have that impair their ability to practice their profession safely. This bill has received substantial legislative support and interest throughout the year and will be further considered by the legislature next year in 2026.

AB 55 revises the licensing requirements for an alternative birth center with respect to the types of perinatal services that must be provided at that facility. Further, the bill requires the center to have a written hospital transfer policy, and at the time of transfer, the bill would require either the licensed midwife or the certified nurse-midwife responsible for the individual's care to provide the hospital with all the patient or client's medical records that are available at that time and to speak with the receiving provider about labor up to the point of transfer or any other information that's not provided that is relevant in their medical records.

Aaron Bone further explained that when providing an initial orientation to new patients or clients of the center, the bill would require them to be informed of the estimated time it would take to transfer them to a hospital, provide other related information, and include a signed acknowledgement of receiving such information in the patient or client's medical records. The bill also updates a code section that authorizes medical reimbursement to these centers by deleting the requirement that the center be certified as a Comprehensive Perinatal Services Program provider. It also states the center must meet the standards for certification established by the American Association of Birth Centers, as opposed to the National Association of Childbearing Centers, which is what the current statute refers to. This bill was approved by the legislature earlier this week and is pending action before the governor.

AB 836 creates a framework to conduct a statewide study on midwifery education. This will be led by HCAI, and findings of the study are intended to support the creation of a sustainable strategy that will develop the midwifery workforce in California and is reflective of California's racial, ethnic, linguistic, socioeconomic, and geographic diversity. The bill was approved by the legislature and is pending action by the governor.

Aaron Bone explained that there are two bills with the same number: AB 160 and Senate Bill (SB) 160. They contain language that would authorize the Board's licensees, including midwives, to be enrolled in the FBI Rap Back Program, which notifies the Board of federally reported arrests and convictions that occur after the individual is licensed. Under current law, the Board performs a

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background check, which involves a review of the individual's past criminal history, and then the Board receives reports about licensees related to arrests or convictions that occur in California, but not for criminal activity that may occur outside of the state. This bill would also impact the Osteopathic Medical Board, the Board of Psychology, the Board of Behavioral Sciences, and other state agencies. Aaron Bone stated this bill is pending approval from the legislature and is likely to occur this week.

SB 626 includes provisions requiring healthcare practitioners, including licensed midwives who provide perinatal care, to screen patients for a perinatal mental health condition according to applicable clinical guidelines and the standard of care that is appropriate to the practitioner's scope. The bill requires providers to follow guidelines from the American College of Obstetricians and Gynecologists (ACOG) unless those guidelines do not align with the provider's scope of practice. Providers who diagnose and treat an individual for such a condition must do so in accordance with the appropriate standard of care and may refer their patient or client to another practitioner authorized to provide this care if the practitioner wishes. This bill is in the final stages of the legislative process, but it is not expected to be considered and possibly approved until next year.

SB 669 calls for the Department of Public Health to develop a 10-year pilot project to test a new category of perinatal service called "standby perinatal services." This pilot program would be established in critical access hospitals in rural areas that have limited access to comprehensive perinatal care. The pilot program would involve up to five critical access hospitals, and it prioritizes hospitals in the counties of Humboldt and Plumas and establishes various standards and requirements that a facility must meet in order to qualify. The bill requires the department to consult with a wide variety of stakeholders, including licensed midwives, to develop this project.

SB 470 would extend the authority of state advisory bodies, such as the MAC to continue to meet remotely. That authority is set to expire at the end of this year, but under this bill, that authority would be extended for four more years until January of 2030.

Aaron Bone and the members discussed the bills.

[Public comments were made by:](#) Amanda Winn L.M., and Alex Rounds, L.M.

Agenda Item 7 **Program Update** [Link to Video](#)

Tonya Morairty referred MAC members to the Licensing statistics, stating that in the third quarter of fiscal year 2024/2025, the Board received six new applications, issued nine new licenses, and renewed 63 licenses.

In the fourth quarter of fiscal year 2024/2025, the Board received 11 new applications, issued nine new licenses, and renewed 74 licenses.

In the third quarter of fiscal year 2024/2025, the Board received 45 Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for licensed midwives, and 40 in the fourth quarter.

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Tonya Morairty provided the Enforcement statistics for licensed midwives. In the third quarter of fiscal year 2024/2025, the Board received seven complaints and referred zero for investigation.

In the fourth quarter of fiscal year 2024/2025, the Board received ten complaints and referred one for investigation.

Tonya Morairty stated in the third quarter of fiscal year 2024/2025, the Board received zero complaints for unlicensed midwives, and zero were referred for investigation.

In the fourth quarter of fiscal year 2024/2025, the Board received five complaints for unlicensed midwives and referred zero for investigation.

Tonya Morairty provided Enforcement statistics for Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for licensed midwives. In the third quarter of fiscal year 2024/2025, 39 Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms were closed by the Board and zero were referred for investigation.

In the fourth quarter of fiscal year 2024/2025, 36 Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms were closed by the Board, and zero were referred for investigation.

Tonya Morairty stated in the third quarter of fiscal year 2024/2025, the Board received three Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for unlicensed midwives, and zero were referred for investigation.

In the fourth quarter of fiscal year 2024/2025, the Board received six Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for unlicensed midwives, and zero were referred for investigation.

Tonya Morairty referred Council members to the 2024 California Licensed Midwife Annual Report (LMAR) Summary. In 2024, 613 midwives were expected to submit reports; however, the Department of Health Care Access and Information received only 370, leaving 243 licensed midwives who did not report.

Tonya Morairty stated the total number of clients served during this calendar year was 6,504, a decrease of 940 from last year. The number of clients who left care for non-medical reasons was 282, compared to 368 last year, a decrease of 86. Six sets of multiples were delivered out of hospital.

Tonya Morairty stated the number of planned out-of-hospital births at the onset of labor was 4,423 compared to 4,958 last year, a decrease of 535. And the number of completed births in an out-of-hospital setting was 3,744 compared to 4,174 last year, a decrease of 430.

Tonya Morairty stated pages 11, 12, and 13 of the LMAR report identify the outcomes by county for births, fetal demises, or infant or maternal deaths. Compared to the previous year, fetal demises

increased by three, reaching a total of 23. Infant deaths decreased by two, totaling two, and no maternal deaths were reported, compared to one last year.

Staff and members discussed the program update.

[Public comments were made by:](#) Amanda Winn, L.M., Holly Smith, and Alex Rounds.

Agenda Item 8 Discussion on Possible Action on 2026 Midwifery Advisory Council Meeting Dates [Link to Video](#)

The MAC discussed the proposed 2026 meeting dates and agreed on January 22nd, April 16th, and September 17th.

Madeleine Wisner asked for a motion to approve the agreed-upon dates.

No public comments were received.

Mason Wilson-Tanev made a motion to approve the 2026 MAC meeting dates; s/Faith Freeman. Motion carried unanimously 5-0.

Agenda Item 9 Presentation on Frequency and Rationale of Freebirth [Link to Video](#)

Mason Wilson-Tanev stated the frequency and rationale of freebirth was an area of her research in 2022. She noted that she is a licensed midwife and a doctoral candidate at California Institute of Integral Studies. She explained that she is presenting findings from original research conducted in 2022 for her master's thesis investigating why families are choosing freebirth in California—that is, birth planned at home without a licensed or medically credentialed attendant.

Mason Wilson-Tanev began her presentation, stating freebirth is rare but increasingly visible. During and immediately after the COVID-19 pandemic, families reported heightened interest in freebirth, often as a last resort after feeling excluded, coerced, or abandoned by the maternity health care system. This presentation draws from 24 in-depth interviews conducted in 2021–2022 with freebirthing families, licensed midwives, non-licensed midwives, and adults who were born via freebirth.

Among other information, Mason Wilson-Tanev outlined the key reasons families choose freebirth, which include family autonomy and control, distrust of medical and licensed midwifery systems, fear of abandonment, COVID-19 restrictions, and positive philosophical choice.

Mason Wilson-Tanev stated that a smaller group views freebirth as an affirmation of bodily sovereignty and intuitive capacity rather than opposition to licensed midwives.

Mason Wilson-Tanev opined that there is a critical tension in professionalization and licensure. Mandatory licensure was intended to increase safety and access, yet families report that it can create regulatory pressures that midwives must prioritize at the expense of client autonomy. The 2013

removal of the autonomy clause prevents licensed midwives from continuing care when families decline specific tests or procedures, leading to perceptions of abandonment and motivating some families to pursue freebirth.

Mason Wilson-Tanev stated three areas for consideration. Support restoration of autonomy protections so families may decline interventions without ending midwifery care. Promote harm reduction approaches, allowing midwives to remain present rather than pushing families to give birth entirely alone, and encourage collaboration over surveillance between midwives, physicians, and families to build trust rather than fear.

Mason Wilson-Tanev concluded her presentation, stating families often choose freebirth not because they underestimate risk, but because they feel coerced and unheard. Most families would prefer a midwife if they trusted their autonomy would be respected. Restoring the autonomy clause would allow families to decline interventions while permitting midwives to remain in care guided by informed consent, promoting both safety and trust.

[Public comments were made by:](#) Amanda Winn, L.M.

Agenda Item 10 Discussion on Environmental Exposures Faced by Midwives [Link to Video](#)

Madeleine Wisner stated at the most recent MAC meeting, she spoke about licensed midwives and their unique role in disasters, not causing them but helping during them, and the fact that midwives serve as first responders in natural disasters and other crisis situations.

Madeleine Wisner stated that these crisis events, such as wildfires, act as health threat multipliers. The best available research shows that pregnant people are the most clinically vulnerable population in crisis events. These events continue to intensify existing inequities in our communities and place disproportionate strain on families as well as the midwives working with them.

Madeleine Wisner opined that by all estimates, climate catastrophe is building, and these events will keep coming, becoming more frequent and less predictable. She stated that the International Confederation of Midwives has a new digital toolkit with messaging specific to midwifery involvement in crisis planning. These may be particularly useful to licensed midwives who are in areas frequently impacted by natural disasters, like wildfires or landslides that cut off access to parts of the state.

Madeleine Wisner stated that all of California is vulnerable to climate change. She emphasized that this should be a statewide conversation with the emergency planning office, as well as support from the Board on any legislation that may arise.

[Public comments were made by:](#) Amanda Winn, L.M.

Agenda Item 11 Discussion on Midwifery Payment Model [Link to Video](#)

Madeleine Wisner stated that this payment model was developed by Midwifery Access California (MACA). Insurance companies often reimburse care during the childbearing year through outdated payment models that prioritize patient volume and productivity.

Madeleine Wisner further explained that midwives are required to use billing and coding systems designed for physicians within the dominant model of maternity care, which involves brief appointments and collaboration from many facility-based professionals, like registered nurses or respiratory therapists. These systems do not account for the significant care coordination, patient education, and face-to-face time that midwives provide, all central to the midwifery model, but not reimbursed under current billing.

Madeleine Wisner stated payment redesign is necessary to improve access to midwives. The current payment model is not working; midwives are quitting, and clients cannot afford care, creating a cycle of strain.

Madeleine Wisner explained that the alternative payment model (APM) developed by MACA provides bundled payments at specific points in each client's pregnancy episode. These "bundled episode payments" are common in other areas of healthcare, such as gallbladder surgery or mental health services, but are new for maternity care.

Madeleine Wisner gave examples of bundles, such as Entry to Care Bundle, Prenatal Care Bundles, On-Call Bundle, and Postpartum and Newborn Care Bundle.

Madeleine Wisner stated this APM can be applied across home birth, birth center, or co-care models. While specific fees are not suggested due to antitrust laws and regional variations, sample amounts are available on the MACA website. Healthcare costs have risen since the model's creation, making this a meaningful structure to ensure all midwifery care is compensated.

Madeleine Wisner stated that the cost to the midwife is higher than most patients can afford. She asked how we can reconcile a sustainable living wage for providers with affordability for clients in a for-profit system.

The MAC discussed this item.

[Public comments were made by:](#) Holly Smith.

Agenda Item 12 Discussion on Accessibility and Sustainability of California Midwives [Link to Video](#)

Madeleine Wisner stated that the midwifery payment model has been discussed and that at previous meetings the MAC has addressed educational opportunities for licensed midwife training in California. She noted that, following the closure of several direct-entry midwifery schools in the U.S., two schools have received funding to train licensed midwives in California.

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[Public comments were made by:](#) Amanda Winn, L.M., Lisa Rawson, L.M., and Holly Smith.

Agenda Item 13 Discussion on Presentation to the Board Regarding Midwifery History and Updates [Link to Video](#)

Madeleine Wisner stated the MAC had a discussion on making a presentation to the Board regarding midwifery history and updates. She noted that previous discussions included attempting to establish an annual presentation to the Board on the practice of midwifery to remain visible. She added that she occasionally attends the Board meetings to obtain agenda approval and to ensure that the term “midwife” is included in Board discussions.

Madeleine Wisner further stated that the MAC had discussed offering more frequent presentations explaining what a licensed midwife is, the regulatory authority for midwifery, and ways to keep stakeholder voices in licensed midwife care centered. She noted that prior ideas included presenting a brief history of midwife regulation in California, or presentations on VBAC (vaginal birth after cesarean), which is a major discussion point despite being within licensed midwives’ scope of practice and training. She emphasized that licensed midwives are the only maternity care providers in California with specific VBAC training requirements.

The MAC and staff discussed this item.

[Public comments were made by:](#) Leslie Nelson, L.M.

Agenda Item 14 Discussion on Community Birth Partnership Initiative [Link to Video](#)

Madeleine Wisner stated that the Community Birth Partnership Initiative (CBPI) is a statewide program designed to improve relationships between community midwives and hospital providers. The initiative focuses on improving processes for transferring clients between community birth sites, such as the home or freestanding birth centers and hospitals. Currently, four regions are piloting this initiative to inform statewide expansion. Hospitals in the Greater Sacramento area, Inland Empire, San Diego County, and Mendocino County are collaborating with local community midwives and the CBPI team.

Madeleine Wisner further explained that key activities include virtual learning sessions, co-designing transfer policies to ensure all parties are aligned, running simulations, conducting patient experience surveys to inform the process, and engaging EMS providers in policy and planning.

Madeleine Wisner stated that if anyone is interested in participating or wants resources for home-to-hospital transfers, including physicians, registered nurses, or those working in facility-based maternity care should visit cmqcc.org and locate the Community Birth Partnership section.

[Public comments were made by:](#) Alex Rounds, L.M., Leslie Nelson, L.M., and Lisa Rawson, L.M.

Agenda Item 15 Future Agenda Items [Link to Video](#)

Madeleine Wisner recommended the following agenda items for the next MAC meeting:

- Approval of minutes from the September 11, 2025, MAC meeting;
- Report from the MAC Chair;
- Report from the Task Force on Medi-Cal related issues;
- Update on midwifery-related legislation, if applicable;
- Update on the Midwifery Program; and
- Discussion and possible action on providing a presentation to the Board regarding midwifery history and updates.

Tonya Morairty stated that three MAC members' terms will expire on June 30, 2026: Madeleine Wisner, Dr. Kenneth James, and Mason Wilson-Tanev. Interested individuals may apply for a second term. A vacancy announcement will be posted and available prior to the April MAC meeting, where voting will take place.

[Public comments were made by:](#) Leslie Nelson, L.M.

Agenda Item 16 *Adjournment*

Madeleine Wisner adjourned the meeting at 3:34 p.m.