



MEDICAL BOARD OF CALIFORNIA

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MIDWIFERY ADVISORY COUNCIL

Medical Board of California

2005 Evergreen Street

Sacramento, CA 95815

Thursday, April 16, 2026

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
Karen Roslie
Mason Wilson-Tanev, L.M.

Members Absent:

Kenneth James, M.D.
Tamara Robertson

Staff Present:

Jolithia Alexander, Supervisor I
Sean Eichelkraut, Information Technology Manager II
Douglas Hock, Chief of Licensing
Tonya Morairty, Analyst II
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 April 16, 2026, at 1:07 p.m. A quorum was present and due notice was provided to all interested parties.

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 September 11, 2025, Midwifery Advisory Council Meeting [Link to Video](#)

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

Faith Freeman made a motion to approve the September 11, 2025, meeting minutes; s/Karen Roslie. Motion carried unanimously. 4-0.

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

Madeleine Wisner announced opportunities for licensed midwives to serve as consultants and expert reviewers for the Board's Enforcement Program and directed interested individuals to the Board's website.

Madeleine Wisner reported on recent meetings with Board leadership regarding the licensed midwife program budget and sunset review, expressing appreciation for the transparency provided and disappointment that the subsequent MAC meeting was canceled due to lack of quorum. She emphasized MAC's limited authority and its role as the primary channel of communication between midwives and the Board. She also noted ongoing challenges in midwifery practice, including clinic closures, insurance issues, COVID-19 impacts, workforce shortages, and administrative burdens.

Madeleine Wisner highlighted recent maternity care data, shared updates from midwives across the state, noted emerging educational programs, and announced her upcoming departure at the end of her term, encouraging others to apply to serve on the MAC.

No public comments were received.

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

Madeleine Wisner stated Midwifery Access California (MACa) and the Department of Healthcare Services (DHCS) held a listening session where midwives reiterated long-standing issues with Medi-Cal, including inadequate contracting, administrative burdens, and inaccurate provider data. Despite some progress, the system continues to overcount licensed midwives and lacks a clear process for those serving Medi-Cal beneficiaries through single-case agreements. MACa remains the primary liaison working to improve the benefit and communication with DHCS.

No public comments were received.

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

Madeleine Wisner read a legislative update provided by Aaron Bone.

Assembly Bill (**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. At the time of transfer, the bill requires the certified

nurse-midwife or licensed midwife (LM) responsible for the care of the patient or client to provide the hospital with all the individual's medical records that are available at that time and to speak with the receiving provider about labor up to the point of transfer and any other information not yet added to the medical record.

When providing an initial orientation to new patients or clients at the center, AB 55 requires them to be informed of the estimated time it would take to transfer them to a hospital, provide related information, and include a signed acknowledgement of receiving this information in the patient's or client's medical records.

AB 55 also updates a code section that authorizes Medi-Cal reimbursement to alternative birth centers by deleting the requirement that the center be certified as a comprehensive perinatal services program provider. The bill also states that the center must meet the standards for certification established by the American Association of Birth Centers.

AB 836 requires the California Department of Health Care Access and Information (HCAI) to conduct a statewide study on midwifery education, after receiving future spending authority by the Legislature. The findings of this study are intended to support the creation of a sustainable strategy that will develop the midwifery workforce in California that reflects California's racial, ethnic, linguistic, socioeconomic, and geographic diversity.

SB 470 extends the authority of state advisory bodies, like the MAC, to continue to meet remotely until January of 2030.

SB 669 requires the California Department of Public Health (CDPH) to develop a 10-year pilot project to establish standby perinatal services in up to five critical access hospitals in rural areas with limited access to comprehensive perinatal services. The pilot program prioritizes hospitals in the counties of Humboldt and Plumas. The CDPH would be required to consult with a wide range of stakeholders, including LMs, to develop this project.

Pending Legislation

AB 408 is Board-sponsored legislation that authorizes the Board to establish a health and wellness program that will offer treatment and monitoring to the Board's licensees and applicants related to substance abuse disorders or other health conditions that may impair their ability to practice safely. This bill is pending in the Senate Judiciary and will be further considered by the Legislature later this year.

SB 626 would, among other provisions, require health care practitioners, including LMs, who provide perinatal care for a patient to screen them for a perinatal mental health condition according to applicable clinical guidelines and the standard of care appropriate to their scope of practice. Providers who diagnose and treat the individual 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. This bill is pending on the Assembly Floor.

SB 1271 would require the Board to update the LM survey offered at the time of initial licensure and license renewal to request that LMs voluntarily provide the following information:

- The LM's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the Board, including whether they have met the minimum requirements to become a clinical preceptor.
 - If they answer yes, they will be asked the following:
 - If they are currently available, or anticipate becoming available within the next two years, to serve as a clinical preceptor for student midwives.
 - If they answer that they are currently available, they will be asked for the maximum number of student midwives they are able to supervise concurrently, what California counties they currently practice in, and in what California counties they are available for clinical preceptorship.
 - The primary practice setting or settings in which the LM would offer to serve as a clinical preceptor.
 - If they answer no, they will be asked to provide the primary reasons for their unavailability.

The bill states that an LM shall not be required to provide the requested information and shall not be subject to discipline for not providing this information. The Board would be required to maintain the confidentiality of the information collected and only release it to the public in an aggregate form that cannot identify an individual. The Board, however, would be required to provide the HCAI on a quarterly basis with the individual LM data collected for the purpose of statewide midwifery workforce planning, analysis, and public reporting.

The HCAI shall maintain the confidentiality of the data collected and only release it in aggregate form that cannot be used to identify an individual LM. The bill also requires the HCAI to provide a report to the Legislature on their findings by January 1, 2028.

The Board will undergo Sunset Review in 2027 and, therefore, will be submitting a sunset report, as required by the Legislature in late 2026 or early 2027. A sunset report provides a review of the history of the Board, including a detailed examination of its activities following the prior Sunset Review in 2023.

[Madeleine Wisner shared information about pending legislation AB 2160 which would allow International Board-Certified Lactation Consultants to enroll as Med-Cal providers and bill for lactation services.](#) She indicated that this bill has been referred to appropriations.

No public comments were received.

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

Tonya Morairty referred MAC members to the Licensing statistics, stating that in the first quarter of fiscal year 2025/2026, the Board received two new applications, issued four new licenses, and renewed 58 licenses. In the second quarter, the Board received eight new applications, issued seven

new licenses, and renewed 53 licenses. In the third quarter, the Board received four new applications, issued five new licenses, and renewed 64 licenses.

Tonya Morairty stated in the first quarter of fiscal year 2025/2026, the Board received 42 Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for licensed midwives. The Board received 38 forms in the second quarter and 42 forms in the third quarter.

Tonya Morairty went over the enforcement statistics for licensed midwives. In the first quarter of fiscal year 2025/2026, the Board received five complaints and referred none for investigation. In the second quarter, the Board received six complaints and referred none for investigation. In the third quarter, the Board received 10 complaints and referred one for investigation.

Tonya Morairty stated in the first quarter of fiscal year 2025/2026, the Board received two complaints involving unlicensed midwives, and none were referred for investigation. In the second quarter, the Board received three complaints involving unlicensed midwives, and none were referred for investigation. In the third quarter, the Board received two complaints involving unlicensed midwives, and none were referred for investigation.

Tonya Morairty went over the enforcement statistics for Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for licensed midwives. In the first quarter of fiscal year 2025/2026, 42 forms were received and 45 were closed by the Board. None were referred for investigation. In the second quarter, 38 forms were received and 33 were closed by the Board. None were referred for investigation. In the third quarter, 42 forms were received and 42 were closed by the Board. None were referred for investigation.

Tonya Morairty stated in the first quarter of fiscal year 2025/2026, the Board received four Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for unlicensed midwives, and none were referred for investigation. In the second quarter, the Board received one form for unlicensed midwives, and none were referred for investigation. In the third quarter, the Board received three forms for unlicensed midwives, and none were referred for investigation.

The MAC and staff discussed this item.

[Link to public comments](#) made by Carla Michael.

Agenda Item 8 Discussion and Possible Action on Presentation to the Board Regarding Midwifery Updates [Link to Video](#)

Madeleine Wisner suggested developing regular midwifery related presentations for the Board to improve communication, education, and visibility. MAC members proposed requesting a recurring agenda item at the quarterly Board meetings and identified several potential presentation topics. Staff clarified that while MAC has a standing agenda item, additional presentations require approval from the Board president and executive director and depend on available time. It was also noted that any individual may request future agenda items during Board meetings or through written submissions.

Madeleine Wisner plans to communicate the MAC's intention for regular presentations at the next Board meeting and will prepare and submit a presentation in advance. Public comment was minimal, with one clarification regarding public comment procedures. The meeting concluded with agreement

to continue pursuing regular engagement with the Board and to encourage topic requests from members and the public.

The MAC and staff discussed this item.

[Link to public comments](#) made by Carla Michael.

Agenda Item 9 Selection of Three Candidates to Fill Two Licensed Midwife Positions and One Licensed Physician Position on the MAC [Link to Video](#)

Tonya Morairty reported that the terms of three MAC members, Madeleine Wisner, Dr. Kenneth James, and Mason Wilson-Tanev, are set to expire on June 30, 2026. The Board has not yet received any new applications for the MAC. Two members, Madeleine Wisner and Mason Wilson-Tanev, have agreed to extend their service until their positions can be filled.

No public comments were received.

Madeleine Wisner made a motion to approve the extension of the two members until the positions can be filled; s/Karen Roslie. Motion carried unanimously. 4-0.

Agenda Item 10 Presentation and Discussion of Licensed Midwife Fund Condition [Link to Video](#)

Marina O'Connor reviewed the financial condition of the Licensed Midwife Fund, which has been structurally imbalanced for years. Current spending authority remains at \$120,000, even though actual program costs far exceed that amount and revenues consistently fall below expenditures. A fee increase implemented in 2022 did not stabilize the fund, and it is projected to become insolvent by fiscal year 2029–2030.

Marina O'Connor presented two financial projections: one showing continued decline if no changes are made, and another incorporating proposed tiered fee increases beginning in 2028 and again in 2030. These increases would raise application and renewal fees, allowing the fund to cover true program costs and maintain a minimal positive balance. Marina O'Connor emphasized that the fee amounts are based on current data and will likely be adjusted during the legislative process.

MAC members asked for more transparency in how expenditures are calculated, particularly enforcement costs, which can be substantial. Marina O'Connor explained that even a single full enforcement case can cost more than the fund's annual spending authority, but the Board is required to carry out its enforcement duties regardless of the fund's condition.

The MAC raised concerns about the impact of significantly higher fees on licensed midwives, including the risk of midwives giving up licensure and an increase in unlicensed practice. Marina O'Connor noted that similar small-population programs have high fees and that legislative constraints make fee changes slow and difficult.

The MAC discussed adding regular updates on enforcement and complaint processes to future agendas.

No public comments were received.

Agenda Item 11 Future Agenda Items [Link to Video](#)

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

- Approval of minutes from the April 16, 2026, MAC meeting;
- Report from the MAC Chair;
- Update on midwifery-related legislation, if applicable;
- Update on the Midwifery Program and Licensed Midwife Annual Report;
- Discussion and Possible Action on the 2027 Midwifery Advisory Council Meeting Dates;
- Selection of three candidates to fill two licensed midwife positions and one licensed physician position on the MAC; and
- Presentation on the Board's Enforcement Process.

Agenda Item 12 Adjournment

Madeleine Wisner adjourned the meeting at 3:04 p.m.