MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 1271
AUTHOR:	Reyes
CHAPTER:	Chaptered, #492
BILL DATE:	August 21, 2026, Amended
SUBJECT:	Midwifery: Workforce Data: Availability to be a Clinical Preceptorship
SPONSOR:	Women's Foundation California, Solis Policy Institute
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION

Starting April 1, 2027, requires the Medical Board of California (Board) to request information about a licensed midwife's (LM) eligibility, availability, and capacity to serve as a clinical preceptor, including information about their clinical practice setting and barriers to serving as a preceptor. Requires the Board to provide this data to the California Department of Health Care Access and Information (HCAI) on a quarterly basis and requires HCAI to prepare a report to the Legislature by June 30, 2029.

RECENT AMENDMENTS

After the previous Board meeting, SB 1271 was amended to end the collection of this data on June 30, 2029, and require the HCAI to submit its report by that same day.

IMPLEMENTATION TASKS

- Report in the Board's newsletter (expected to be published by December 2026).
- Consult with the HCAI/DCA, as needed to update the workforce survey. Create appropriate guidance for LMs to respond to the survey.
- Update, as needed, the LM renewal webpage to include workforce survey content, including an encouragement to share the information requested pursuant to SB 1271.
- Publish a newsletter article in 2027 to highlight awareness of this law and the availability of the updated survey. Write and distribute one or more emails, as needed, to LMs to encourage them to update their workforce survey and provide the requested information.

BACKGROUND

LMs are licensed and regulated by the Board (see Business and Professions Code (BPC) sections 2505 to 2523). Certified nurse-midwives are licensed and regulated by the California Board of Registered Nursing (see BPC sections 2746 to 2746.8).

BPC section 502 requires the various healing arts boards within the Department of Consumer Affairs (DCA) to request the following demographic information from its licensees at the time of renewal:

- Anticipated year of retirement.
- Area of practice or specialty.
- City, county, and ZIP Code of practice.
- Date of birth.
- Educational background and the highest level attained at time of licensure or registration.
- Gender or gender identity.
- Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
- Languages spoken.
- National Provider Identifier, or NPI (this must be provided, if the licensee has one, pursuant to BPC section 850.2).
- Race or ethnicity.
- Type of employer or classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.
- Work hours.
- Sexual orientation.
- Disability status.

These demographic questions are available to be answered by licensees online through Breeze (a paper-based survey is not available) and Board licensees may fill out the survey at any time. As Breeze is currently configured, licensees are prompted to fill out the survey at the time of initial licensure and if they have not submitted it within six months prior to submitting their renewal application. Except for NPI, licensees may decline to answer the above questions when completing the survey.

The HCAI "is committed to expanding equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and

reliable health care facilities, and health information that can help make care more effective and affordable." The HCAI has four key health program areas related to facilities, workforce, affordability, and data collection and analysis.

The collected data is available to the HCAI and used to analyze issues related to workforce shortage, equity, and distribution in order to inform state policy. Furthermore, certain information about the licensee (e.g., LM school graduation date/location) is posted on their profile page on the Board's website.

Currently, there are no Board-approved schools located in California that meet the educational requirements for LM licensure in this state. Distance learning options may be available to California residents from the Board-approved schools. As of April 1, 2026, there were 510 LMs with a current and active license from the Board.

ANALYSIS

According to the author's fact sheet:

> "Midwife preceptors are experienced providers who play a critical role in training and mentoring aspiring LMs—bridging academic learning with hands-on clinical experience. Despite preceptorship being a required step for licensure, there is a severe lack of available preceptors and limited methods to find them. As a result, students are left to independently navigate a broken system, often relying on out of state programs to complete their credentials. These structural barriers further limit access to the profession and rural communities from receiving quality specialized care.
>
> Ensuring robust, comprehensive data on LMs is a critical step toward building a sustainable, diverse, and accessible midwifery workforce that can meet California's growing perinatal health needs."

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

- The licensed midwife's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the Medical Board of California, including whether they have met the minimum requirements to become a clinical preceptor. If they indicate that they are eligible, they shall also be asked the following:
    - Whether they are currently available, or anticipate becoming available within the next two years, to serve as a clinical preceptor for student midwives.
    - The primary practice setting or settings in which they would offer to serve as a clinical preceptor, including, but not limited to, home births,

freestanding birth centers, hospital-based or integrated maternity settings, rural or frontier community settings, or federally qualified health centers.

- The maximum number of student midwives that they can supervise concurrently, the California counties that they currently practice and would be available for clinical preceptorship.

An LM who states that they are not currently available to serve as a clinical preceptor shall be asked the primary reason(s) 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 June 30, 2029.

FISCAL: Minor and absorbable costs associated with updating the language of the LM survey and communicating to LMs encouraging them to complete the survey.

SUPPORT: Around-Birth Collective, INC
BIPOC Student Midwives Fund
Black Women Birthing Justice
California Latinas For Reproductive Justice
California Women's Law Center
Girls Talk Organization
Hispanas Organized for Political Equity
March of Dimes
Strong Hearted Native Women's Coalition, Inc.
Women's Foundation of California

OPPOSITION: None identified.

ATTACHMENT: SB 1271, Reyes. Midwifery: Workforce Data: Availability to be a Clinical Preceptorship.
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