MEDICAL BOARD OF CALIFORNIA
Licensing Program

MIDWIFERY ADVISORY COUNCIL

March 10, 2016

Medical Board of California
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815

MEETING MINUTES

Agenda Item 1 **Call to Order/Roll Call**

The Midwifery Advisory Council (MAC) of the Medical Board of California (Board) was called to order by MAC Chair Carrie Sparrevohn at 1:00 p.m. A quorum was present and notice was sent to interested parties.

Members Present:
Carrie Sparrevohn, L.M., Chair
Karen Ehrlich, L.M.
Tosi Marceline, L.M.
Barbara Yaroslavsky

Members Absent:
James Byrne, M.D.

Staff Present:
April Alameda, Staff Services Manager II
Ramona Carrasco, Staff Services Manager I
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Natalie Lowe, Staff Services Manager I
Elizabeth Rojas, Staff Services Analyst
AnnaMarie Sewell, Associate Governmental Program Analyst
Jennifer Simoes, Chief of Legislation
Kerrie Webb, Legal Counsel
Curtis Worden, Chief of Licensing

Members of the Audience:
Anne Marie Adams, M.D.
Kate Bowland, C.N.M., California Nurse-Midwife Association
Phyllis "Kayti" Buehler, California Association of Midwives
Pauline Carr
Rosanna Davis, L.M., California Association of Midwives

Jocelyn Dugan
Rachel Fox-Tierney, L.M.
Chelsea Fredlund, L.M.
Faith Gibson, L.M., California College of Midwives
Laurie Gregg, M.D., American College of Obstetricians and Gynecologists
Kiki Jordan, L.M., Marin Family Birth Center
Kaleem Joy, L.M.
Rachel Kiene, L.M.
Rebekah Lake, L.M.
Sandra Mendez, M.D.
Nancy Myrick, C.N.M.
Lesley Nelson, L.M.
Laura M. Perez, L.M., Bay Area Midwifery
Shannon Smith-Crowley, American College of Obstetricians and Gynecologists
Linda Walsh, C.N.M., California Nurse-Midwife Association
Martine Wilson
Melissa Wiseman, L.M., Thrive Birth Center

Agenda Item 2 Public Comment on Items not on the Agenda

Ms. Rosanna Davis requested the opportunity to make a presentation at the next MAC meeting on the Quality Care Program for California licensed midwives.

Agenda Item 3 Approval of the December 3, 2015 Midwifery Advisory Council Meeting Minutes

Ms. Sparrevohn motioned to table the December 3, 2015 meeting minutes until the August 18, 2016 MAC; s/Ms. Ehrlich. Motion carried unanimously.

Agenda Item 4 Report from the Midwifery Advisory Council Chairperson

Ms. Sparrevohn stated that in the interest of time she would not be providing a report.

Agenda Item 5 Report Regarding the Ability of Licensed Midwives to Consult or Collaborate as Required by AB 1308

Ms. Rosanna Davis provided a presentation titled, "A Survey: Challenges of Licensed Midwives Referrals to Physicians" that outlined some of the difficulties licensed midwives (LM) face, including securing timely care for clients, the availability of ultra sounds, the willingness of obstetricians to accept referrals, and the expense for clients.

Following the presentation, Ms. Davis stated that the California Association of Midwives (CAM) and California Association of Licensed Midwives (CALM) are bifurcating into two organizations so that the second organization could focus on the professional needs of California licensed midwives. Ms. Davis added that plans were being made to create a Comprehensive

Quality Care Program which would include their own professional standards of care and proactive communication with hospitals.

Ms. Yaroslavsky referred to the presentation and suggested having a follow-up survey that would include demographics.

Ms. Ehrlich suggested adding questions to the survey to inquire how many clients are Medi-Cal eligible, and how many are self-paid.

Ms. Davis stated that CAM is in need of more people to reach out to hospitals and doctors regarding the challenges of LM referrals to physicians, and suggested placing an article in the Board's Newsletter.

Ms. Yaroslavsky stated that, in the past, disseminating information by PowerPoint to local hospitals received positive outcome. Ms. Yaroslavsky thought that the model was excellent, and should be used as a resource to help devise a program.

Ms. Smith-Crowley stated that the American College of Obstetricians and Gynecologists (ACOG) would be willing to work with CAM on a local level, and suggested looking at the geographic areas as it may vary on the physician's liability coverage. Ms. Smith-Crowley stated that the University of California, San Francisco, has also indicated that they would be willing to provide assistance as well.

Ms. Smith-Crowley stated that most women should have coverage under the Affordable Care Act, Medi-Cal, or a commercial insurance. She added that it would be interesting to see how many do not have Medi-cal or a commercial insurance as they would be penalized for not having it.

Ms. Marceline stated that she thought the issue was the high deductible, which does nothing for the client, and the second issue was managed care. Ms. Marceline stated that managed care does not cover the cost of midwifery services, and women could receive managed care at a lower cost by going to a midwife. Ms. Marceline added that women who choose to use Medi-Cal can request their worker opt out of managed Medi-Cal and get straight Medi-Cal, but are often denied.

Ms. Smith-Crowley concurred with Ms. Marceline and indicated that it is ACOG's reality as well, and that ACOG has a specific group that could work on the issue.

Ms. Ehrlich indicated that she ran into an issue in the past where insurance companies would not cover home birth.

Ms. Smith-Crowley agreed with Ms. Ehrlich, indicating that insurance companies that do not cover home births are an issue, but she was referring to problems relating to failure to receive a referral because of odd insurance issues.

Ms. Sparrevohn questioned if ACOG would be willing to work with CAM/CALM to provide presentations for physicians to help with receptivity.

Ms. Smith-Crowley stated that ACOG would be willing to work with CAM/CALM.

Agenda Item 6 Update on Midwife Assistant Regulations

A. Discussion and Approval of Proposed Midwife Assistant Regulations

Ms. Lowe provided an update on the proposed midwife assistant regulations stating that on February 3, 2016 an Interested Parties meeting was held to discuss regulations needed to define the training requirements for midwife assistants to practice in California. Ms. Lowe stated that Business and Profession Code section 2516.5 went into effect on January 1, 2016, requiring a midwife assistant to obtain a minimum amount of hours of appropriate training pursuant to the standards established by the Board for a medical assistant.

Ms. Lowe stated that the medical assistant regulations were used as a starting point to draft the regulations for a midwife assistant. During the Interested Parties meeting each item was discussed individually to determine what the appropriate training should be for each task outlined in the scope of practice. Following the meeting, Board staff gathered all of the information provided to create the proposed midwife assistant regulations.

Ms. Lowe pointed out that staff included the language for educational programs in the proposed regulations so that if a program is created in the future the regulations would allow for this. Ms. Lowe stated that this would include providing a pathway to obtain training through a program, as well as, approving the certifying organization.

Ms. Lowe concluded that staff would be making some minor edits to the language that was presented at the meeting, which included: adding "Certified Nurse-Midwife" to sections 1379.01, 1379.05, 1379.06 (a)(1) and (b); updating the title to read "Bureau of Private Postsecondary Education," in section 1379.06; as well as updating the appropriate section of law, and striking the words "and Vocational" from section 1379.07 (b)(3)(B).

Ms. Yaroslavsky motioned to present the proposed midwife assistant regulations, with edits, to the full Board for approval; s/Ms. Sparrevohn. Motion carried unanimously.

B. Discussion on Utilization of a Midwife Assistant Prior to the Approval of Midwife Assistant Regulations

Ms. Webb indicated that prior to the approval of the midwife assistant regulations, a midwife may utilize a midwife assistant who has been trained pursuant to Business and Professions Code section (B&P) 2069, and regulations related to that section, as it would meet the requirement of having the minimum amount of hours of appropriate training pursuant to standards established by the Board for a medical assistant.

Ms. Sparrevohn questioned if midwives could utilize a medical assistant in a capacity of a midwife assistant.

Ms. Dobbs clarified that B&P 2516.5(b) outlines what a midwife assistant may do. Ms. Dobbs stated that those items that are delineated in the statute that are clear do not need regulations since it is already clearly placed in the statute. Certain items that are not clear, staff would create the regulations to make those items specific. Until regulations pass, anything that is already delineated in the statute goes into effect today. Ms. Dobbs added that if a midwife has someone who has the training of a medical assistant, then they may utilize them.

Ms. Sparrevohn questioned if didactic training could be done in the interim for midwife assistants who have no prior training.

Ms. Webb stated that midwives may provide didactic training, but the midwife may not know what would be required in regulation.

Agenda Item 7 Update on Implementation of Assembly Bill 1308

Ms. Webb provided an update on Assembly Bill (AB) 1308 stating that ongoing discussions are still in place between the midwifery community and ACOG. Ms. Webb stated that there has been interest in moving forward with the regulations, even if it means having a physician consult prior to every vaginal birth after cesarean (VBAC).

Ms. Webb stated that she was not sure if that opinion was representative of the majority of the midwives, which is still being explored. Ms. Webb stated that other legislative changes are being explored that require a consult, but not requiring a physician to sign off. Ms. Webb added that nothing is set in writing, but felt there was positive movement.

Ms. Ehrlich stated she is unclear on what the process is, that is now being advocated.

Ms. Webb stated that there could be a change in how avid the midwifery community has been about no prior physician consult for certain categories of VBACs. Ms. Webb stated that there could be flexibility to have a physician consult and then what that entails could be explored.

Ms. Ehrlich stated that anything required of midwives and their patients would not work unless it is also required of the physicians. Ms. Ehrlich stated that if physicians are not required to give consults or accept referrals then it would not work.

Ms. Webb stated that she thought the presentation by CAM was nice to see, based on those who responded, as it indicates that collaborative relationships are possible and could be fostered.

Ms. Marceline requested to hold an interested parties meeting to hear the opinions of women.

Ms. Yaroslavsky suggested that along with an interested parties meeting, collaboration should be attempted, as it has been made clear during the meeting by both ACOG and CAM, that there are areas of the state where collaboration is occurring.

Ms. Sparrevohn stated that everyone needs to come together so that physicians, hospitals, and midwives are working together to provide safe informed care, regardless of the setting and provider. Ms. Sparrevohn indicated that it could only be done if midwives foster those relationships and not dismiss the possibility of it ever happening. Ms. Sparrevohn questioned if staff could schedule another interested parties meeting regarding AB 1308.

Ms. Webb stated that she would raise the question with Board staff.

Dr. Mendez suggested that medical malpractice carriers should be included in the conversation as they are limiting individuals to participate in home births. Dr. Mendez thought that there is a third prong in the information, which is to go to the malpractice carriers and educate them as to what certified and licensed midwives do.

Agenda Item 8 Update on Licensed Midwife Annual Report (LMAR) Taskforce

Ms. Lowe provided an update on the Licensed Midwife Annual Report (LMAR) stating that at the December 3, 2015 meeting, an update on the LMAR Taskforce was provided indicating that prior to designing a document staff would be sending a survey to all licensed midwives and interested parties. Unfortunately, staff was unable to complete the task due to limited resources. Ms. Lowe stated that the survey would be sent soon and an update would be provided at the next MAC meeting.

Agenda Item 9 Midwifery Advisory Council Membership

Ms. Lowe stated that in January 2016, Board staff sent notice to all licensed midwives, subscribers on the Board's subscriber's alert list, and posted information on the Board's website, to announce that the Board was seeking applications from licensees and interested parties to fill three positions on the MAC.

Ms. Lowe indicated that the vacancies included one licensed midwife, one licensed physician and surgeon, and one public member position. Ms. Lowe stated that staff had received seven applications for the physician and surgeon vacancy, six applications for the public member vacancy, and zero applications for the licensed midwife vacancy. Because no applications were received for the licensed midwife vacancy, the Board would be re-advertising the position and applications would be provided at the next MAC meeting.

Ms. Lowe presented the vacancy for the physician and surgeon position, a three-year term, set to expire June 30, 2019. The seven applications received for the licensed physician and surgeon vacancy were from: Dr. Anne Marie Adams, Dr. Jeffery Martin, Dr. Sandra Mendez, Dr. Enrico Pietrantonio, Dr. David Priper, Dr. Donna Richie, and Dr. Alex Sophici. Ms. Lowe asked if any applicants in attendance would like to address the MAC.

Dr. Mendez introduced herself as an Ob/Gyn in private practice since 1990. Dr. Mendez stated that she delivers at Methodist Hospital in South Sacramento, and her practice has been very highly Medi-Cal populated. She is bilingual, and has a high Spanish-speaking population. Her

interest in being on the MAC is to promote more collegiality among everyone, starting with the idea that our premises is safe, and what is best for mothers and babies is being delivered. Dr. Mendez felt that if everyone focused on collaboration, that everyone could come to a consensus of what is the best practice.

Dr. Adams introduced herself and stated that she has been practicing in the Sacramento area since 1986. She had a hospital based Ob/Gyn practice until three years ago, and now performs out-of-hospital births. She has a good understanding of the challenges faced in hospital based practice as well as in the home birth arena. Dr. Adams concluded that she is currently involved with peer review with midwives in the area, and thought she could add something unique to the MAC.

Ms. Lowe asked the MAC for a nomination to recommend one physician and surgeon applicant to the Board, to fill the vacancy.

Ms. Ehrlich nominated Dr. Anne Marie Adams for the physician and surgeon position to be recommended for approval at the next Quarterly Board meeting; s/Ms. Sparrevohn. Motion carried unanimously.

Ms. Marceline thanked Dr. Mendez for attending the MAC meeting and applying for the physician and surgeon vacancy.

Ms. Lowe presented the vacancy for the public member position, a three-year term, set to expire June 30, 2019. The six applications received for the public member vacancy were from: Julia Golden Blackburn, Patricia Bradshaw, Anne Dohn, Jocelyn Dugan, Denise Ellison, and Jennifer Kamel. Ms. Lowe asked if any applicants in attendance would like to address the MAC.

Ms. Dugan introduced herself and stated that she has a personal connection to midwives. Professionally she has been working with midwives across the state for five to six years in various capacities. Most notably, she has served as Treasurer for the California Association of Midwives. Ms. Dugan felt that keeping mothers and babies safe and having good outcomes is of paramount importance. Developing and maintaining a high quality standard of care for midwives across the state is one of the things she considered vital, as well as obtaining outcomes, compiling data, and educating people. Ms. Dugan stated that she would bring a unique prospective as a public member since she is knowledgeable about midwifery.

Ms. Lowe asked the MAC for a nomination to recommend one public applicant to the Board, to fill the vacancy.

Ms. Ehrlich nominated Ms. Jocelyn Dugan for the public member position to be recommended for approval at the next Quarterly Board meeting; s/Ms. Marceline. Motion carried. 3-1 (Opposed: Ms. Sparrevohn)

Agenda Item 10 Program Update

A. Licensing Statistics

Ms. Lowe referred to the statistical chart provided in the meeting materials, stating that the Board continues to receive an average amount of applications per quarter.

Ms. Ehrlich referred to the statistics provided at the bottom of the chart reflecting the licensing population, and questioned if there were 361 current licensees as of June 2015.

Ms. Lowe clarified that the chart on the bottom of the page is a snapshot of the total licensing population at the end of each fiscal year.

Ms. Yaroslavsky suggested moving the most recent data to the left side of the chart and everything older to the right side so it would be easier to read.

B. Enforcement Statistics

Ms. Lowe referred to the statistical chart provided in the meeting materials, stating that staff had made minor edits to the Enforcement Statistics report, which included: changing the title "Number of Opened investigations" to "Total Number of Complaints Referred for Investigation," and added the new field "Total Number of Investigations Currently Open" to capture the number of investigations pending, because staff did not want to infer that the investigative process had not begun for those cases.

Ms. Lowe stated that the Board had received one LM complaint during the quarter and no referrals for disciplinary action. The Board received 29 hospital reporting forms for a total of 62 forms received thus far for the fiscal year.

Ms. Lowe stated that staff felt it was important to provide clarification in regard to the Board's process for handling the hospital reporting forms. Ms. Lowe stated that B& P section 2510 requires hospitals to report each transfer by a licensed midwife of a planned out-of-hospital birth to the Board and to the California Maternal Quality Care Collaborative. Upon receipt of the form, Board staff review the information provided, and determine what action is required, if any. Ms. Lowe stated that if it appears that additional review is warranted, a complaint is initiated. Ms. Lowe clarified that a complaint initiated does not mean that the Board would initiate an investigation.

Ms. Lowe reminded everyone that the mission of the Board is to protect healthcare consumers and if the Board failed to obtain additional information, or to begin an investigation based on egregious information presented, the Board would not be fulfilling that mission.

Ms. Lowe stated that if the Board were to obtain information on a licensee of another Board or Bureau, as a consumer protection agency, it is the Board's responsibility to provide the appropriate agency with the information presented. This would allow them the same opportunity to review and take appropriate action if needed.

Ms. Lowe stated that staff had separated the statistics on the reporting forms from the data related to complaints since staff felt that the hospital reporting forms should not be reflected under Enforcement Statistics. Ms. Lowe added that for future meetings staff would present the hospital reporting forms in their own section to help clarify that it is not necessarily an enforcement issue.

Ms. Sparrevohn requested that the statistics for the hospital reporting forms be delineated, to show how many forms were received for licensed midwives, unlicensed midwives, and certified nurse-midwives.

Ms. Lowe confirmed that license and unlicensed types could be reported separately in the future.

Ms. Sparrevohn suggested that if the Board receives a hospital reporting form in error on a certified nurse-midwife, to return the form to the hospital with a notice indicating that reporting is not required for certified nurse-midwives. Ms. Sparrevohn added that if the hospital wanted to file a complaint, Board staff could make known the correct Board to contact rather than forwarding the form as a complaint to the appropriate Board.

Ms. Lowe indicated that the Board's business processes would be changed so that it is clear that the hospital reporting form is not a complaint. Ms. Lowe stated that if staff received information, regardless of the source, it would be the Board's responsibility to review it, triage it, see what additional information is needed, and determine what type of review is required.

Ms. Marceline questioned if it was a nurse-midwife that was reported to the Board on a hospital reporting form and nothing was done wrong by the nurse-midwife, would the Board not send the form to the Nursing Board.

Ms. Lowe indicated that it would be information pertaining to their licensee and the Board would provide it to the proper licensing authority, regardless of what was provided on the form. The other Board does not necessarily have to initiate an investigation, but they have the ability, and they should be reviewing information provided for a licensee of their Board.

Ms. Marceline questioned if any statistical data was being compiled from the reporting form.

Ms. Lowe stated that once regulations were drafted to define what could be requested, the form would be used for additional statistical purposes.

Ms. Marceline questioned who was working on the regulations and whether there was an interested parties meeting scheduled to discuss.

Ms. Lowe indicated that there are not any additional interested parties meetings scheduled at this time.

Ms. Webb stated that the California Hospital Association (CHA) objected to the form that a number of other agencies had reached an agreement on, and then they did not show up to the

interested parties meetings. Therefore, further discussion with the CHA would be required.

Ms. Ehrlich stated that when the law authorized the hospital transfer form to be created and used, it was to be used primarily for information. The form was not for enforcement or for complaints. Ms. Ehrlich stated that she is upset that the form is being used to initiate investigations, and used against a different profession that is not under the authority of the Board. Ms. Ehrlich stated that she recognized the form as being used for consumer protection, but the Board of Registered Nursing is capable of asking for a law to be passed so that it could track its own licensees and is capable of starting its own investigations. Ms. Ehrlich felt that the forms should not be going to the Central Complaint Unit and felt that the form belonged to the executive part of the midwifery program. Ms. Ehrlich added that forms mistakenly sent to the Board should be shredded.

Mr. Worden indicated that how the Board operates and where staff sends information to be reviewed is done within the executive office of the Board. All reporting documents are delivered to the Central Complaint Unit, which is how the Board operates and will continue to operate. Mr. Worden stated that the hospital reporting forms were not intended necessarily to be complaints, and some of the letters would be modified so they are not indicating they are complaints, but would be tracked as an open complaint because the Board needs to track them in the system. Mr. Worden stated that it does not mean a complaint would cause staff to contact the midwife, it does not mean there is a formal investigation; however, if the Central Complaint Unit identifies a problem that is a consumer protection issue, a complaint would be opened, and reviewed, depending to determine whether further action is warranted.

Mr. Worden stated that if the Board receives information from any source that has to do with consumer protection, or another board's or bureau's licensee, all boards and bureaus are required to submit that information to that licensee's official board for consumer protection purposes. How that board chooses to use that form whether to open an investigation or not is at the discretion of that board.

Ms. Marceline questioned if there were instructions for the hospitals on how to complete the form, and if the hospital wanted to make a complaint they should follow the complaint process.

Mr. Worden specified the methods that complaints could be submitted to any of the boards, especially within the Department of Consumer Affairs: people could submit complaints on formal complaint forms, a written piece of paper, or even submitting complaints on the wrong form, as long as staff could identify what it is. Mr. Worden stated that the main mission is consumer protection and the Board will continue to operate in such manner until the form gets developed to a point where staff could collect additional statistics. Mr. Worden added that the way the form is presently drafted; there is very little data that is useful.

Ms. Yaroslavsky asked if the statistics page would be reported differently.

Ms. Lowe confirmed that the statistics would be reported differently.

Ms. Yaroslavsky questioned what was meant by the title “Hospital Reporting Forms Received” on the statistics page.

Ms. Lowe stated that the statistics show how many hospital reporting forms were submitted from a hospital for a licensed midwife, or an unlicensed person, to the Board that were entered into the Board’s database for triage and review.

Ms. Yaroslavsky stated that it was not a method of discipline, or unhappy treatment, or inappropriate behavior, but simply indicated the number of babies that were transferred from home birth to hospital birth.

Ms. Lowe stated that Ms. Yaroslavsky was correct.

Ms. Sparrevohn thought it would be helpful if Mr. Worden indicated what other kinds of forms staff handles in similar nature that comes to the Board that are reviewed the same way.

Mr. Worden stated that physicians and hospitals have mandatory reporting forms that are reviewed by the Central Complaint Unit. Mr. Worden added that not every document turns into a complaint or investigation, but there are some cases that do, which is the same process for the hospital reporting forms.

Ms. Sparrevohn asked how midwives would feel if a reporting form came in on a physician and there was something egregious on it and the Board did nothing. Midwives would not like it. She stated that midwives need to keep it in context and realize the legislature instructed the Board to collect the forms and did not provide specifics on what the Board was supposed to do with the hospital reporting forms. Staff would then have to look at them and decide what to do with them. As Mr. Worden explained, this is the process that exists and no one asked the midwives how they would like it to be, and they did not ask the Board how they would like it to be. It is just the process and the midwives will have to live with what the process is. Ms. Sparrevohn stated that she regrets that it was not clear two years ago on how the forms would be handled. Now that the midwives are clear, it is understood that the forms are directed to the Central Complaint Unit and if a form is received on a licensee of another board, staff has to do something with it. It is not a complaint necessarily, and the word “complaint" will be removed from the document.

Mr. Worden confirmed that the language would be revised.

Ms. Yaroslavsky questioned if the statistics shown for hospital reporting forms means that 62 babies were transferred in quarter one and quarter two.

Ms. Lowe confirmed that the number reflected was the number of reports received from hospitals that received transfers.

Ms. Sparrevohn asked for a timeline for adding more to the form.

Mr. Worden stated that staff had not placed any additional items on the form, because the form the Board tried to put through was objected to by the CHA. The Board could only request information that was outlined in statute, and could not add all of the items that the MAC and ACOG wanted to collect, which is what Ms. Webb had mentioned when speaking of CHA objecting to the revised form. To add additional items would require regulation changes. To move forward, the Board would need to schedule an interested parties meeting, but CHA would need to participate and provide their input. Mr. Worden stated that he would speak with Ms. Kirchmeyer to determine if an interested parties meeting should be scheduled.

Ms. Myrick thanked the Board for making consumer protection a priority, as it is a priority for her as well. Ms. Myrick stated that it is important to understand how the receipt of the hospital reporting form process plays out in the real world. Ms. Myrick provided a personal example indicating that she had a normal straight forward transfer to Marin General Hospital and the hospital incorrectly submitted a hospital reporting form to the Board as a certified nurse-midwife, that is obviously not required, as she is not licensed through the Board. The Board received the form and staff routinely sent the form to the Central Complaint Unit who discovered she was not a licensed midwife. Staff then sent the form to the Board of Registered Nursing who flagged it as a complaint, which is a complicated problem.

Ms. Lowe explained that the form letter that was sent out was a system generated letter, and staff would work on revising the language to make it appropriate for those types of reports.

Ms. Myrick suggested that the form should be returned to the hospital and indicate that the individual incorrectly filed the form to the wrong board.

Ms. Yaroslavsky indicated that staff would review the form letter and revise the language if necessary.

Ms. Sparrevohn suggested that the Board send a letter to alert hospitals that the form exists, that they should be using it for licensed midwives, and what the purpose is.

Ms. Walsh of the California Nurse-Midwives Association (CNMA), stated that she appreciates the clarification received, and referenced a letter that was sent to Ms. Kirchmeyer stating CNMAs concerns regarding the hospital reporting form.

Ms. Bowland commented that she holds licenses as a licensed midwife, a registered nurse, and a certified nurse-midwife. Ms. Bowland stated that she has concerns with the statistics as it states "unlicensed midwives which may include nurse-midwives," and that is not an accurate description of her profession. Ms. Bowland expressed that it is very serious to send a form that is not a complaint, and is inappropriately filled out on the licensee to another board. Ms. Bowland suggested that a reporting form received for a licensee of another board, should be shredded.

Agenda Item 11 **Agenda Items for the Next Midwifery Advisory Council Meeting in Sacramento**

- Report from the MAC Chair
- Program Update
- Update on AB 1308
- Update on LMAR Task Force
- Update on Midwife Assistant Regulations
- Update on Progress of Crafting Regulations for the Transfer Reporting Form
- Report from CALM regarding the Quality Care Program
- Nomination of the Vacant Licensed Midwife Position
- Approval of the December 3, 2015 and March 10, 2016 MAC Meeting Minutes

Agenda Item 12 **Adjournment**

Ms. Sparrevohn adjourned the meeting at 3:54 p.m.

The full meeting can be viewed at http://www.mbc.ca.gov/About_Us/Meetings/2016/