



**MEDICAL BOARD OF CALIFORNIA**  
**Licensing Operations**



**Midwifery Advisory Council**

**Hearing Room**  
**2005 Evergreen Street**  
**Sacramento, CA 95815**

**December 6, 2012**  
**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 Chairperson Carrie Sparrevohn at 1:06 p.m. A quorum was present and notice was sent to interested parties.

**Members Present:**

Carrie Sparrevohn, L.M., Chair  
Karen Ehrlich, L.M.  
Faith Gibson, L.M.  
Monique Webster  
Barbara Yaroslavsky

**Staff Present:**

Diane Dobbs, Department of Consumer Affairs, Legal Counsel  
David Galbraith, Assistant  
Kurt Hepler, Staff Counsel  
Natalie Lowe, Licensing Manager  
Susan Morrish, Licensing Analyst  
Anthony Salgado, Licensing Manager  
Kathryn Taylor, Licensing Manager  
Linda Whitney, Executive Director  
Curt Worden, Chief of Licensing

**Members of the Audience:**

Bruce Ackerman, M.A.N.A.  
Jennifer Brown, L.M.  
Brooke Casey, L.M.  
Rachel Fox-Tierney, L.M.  
Diane Holzen, L.M.  
Lesley Nelson  
Laura Perez, Sacred Birth Place  
Constance Rock, L.M., C.A.M.  
Geri Ryan, Nizhoni Institute  
Shannon Smith-Crowley, A.C.O.G.

Linda Walsh, C.N.M.A.

(The above list identifies attendees who signed the meeting sign-in sheet.)

**Agenda Item 2      Public Comments on Items Not on the Agenda**  
*No public comment was provided.*

**Agenda Item 3      Responsibilities of Council Members Under the Open Meeting Act**

Ms. Dobbs provided information on the Bagley-Keene Open Meeting Act (Open Meeting Act). She defined a meeting as any congregation in which the majority of the members of a State body assemble to discuss, hear, or deliberate on any matter within the subject matter jurisdiction of the body.

The basic purpose of the Open Meeting Act is for all State business to be conducted in the open so that the public has an opportunity to participate in the process and all decision making of the body is done in a transparent manner. Some of the responsibilities under the Open Meeting Act are at the Board staff level: to provide public notice of the meeting and to identify the agenda items so that the public has an opportunity to prepare for and effectively participate in the meeting.

Ms. Dobbs stated that the MAC is made up of six members with a majority of four members required to hold a meeting. She referred to the following examples in what would be considered violations of the Open Meeting Act:

- If the Board asks the MAC to provide regulatory recommendations pertaining to physician supervision of midwives, and four members of the MAC decide to engage to discuss this either in person, over the telephone, or by e-mail without notifying the public or the meeting being formally noticed, it would be in violation of the Open Meeting Act.
- It would be a clear violation if two members decide to discuss a particular matter and each calls another member of the MAC on the same topic in an effort to come up with a consensus on the issue without the public notice requirements. It is prohibited to have two council members p discussion with additional people in an effort to reach a majority consensus, outside of a publically noticed MAC meeting.

She further stated, in addition to avoiding actual discussions and actual violations, as the examples demonstrate, efforts should be made to avoid the perception that issues are being discussed outside of the public's ear, or that "back door deals" are being made by members of the MAC.

Ms. Dobbs advised that while MAC members are free to give their personal opinion on a matter that is within the jurisdiction of the committee, outside of the meeting setting, she cautioned that care should be taken in doing so and that the member should make it clear that they are speaking as individuals and not as members of the MAC. She provided another example:

- If MAC members are "blogging" on a subject that is within the jurisdiction of the MAC, although they may be stating their opinion, public members could easily perceive that this is the opinion of the MAC. Care must be taken to ensure that when MAC members give

an opinion that the public understands that this is their personal opinion and not the opinion of the MAC.

Ms. Dobbs advised that the same kind of care should be taken when discussing matters within the jurisdiction of the MAC, with members of the public. Ideally, if a MAC member is approached from a member of the public asking for a comment on any matter that is within the jurisdiction of the MAC, or a matter that involves discipline which is not within the jurisdiction of the MAC, the Board recommends refraining from comment. If the matter concerns a disciplinary matter, the Board recommends ending the conversation immediately and providing the information to Board staff so the information can be passed on to one of the disciplinary committees for full disclosure to all the parties in the case. Though MAC members are not involved in disciplinary decisions, taking this approach would help dispel any perception of inappropriate behavior regarding disciplinary matters.

For other matters that may come up with the public that is within the jurisdiction of the MAC, the Board recommends that information is passed on to the MAC Chairperson, or to Board staff. If appropriate, those matters could be added as an agenda item so that a public discussion of the matter could take place.

Ms. Dobbs outlined the importance of communication being done appropriately by MAC members to dispel the perception that improprieties have occurred.

**Agenda Item 4: Approval of the Minutes from the August 30, 2012 Meeting**

*Ms. Yaroslavsky made a motion to accept the minutes from the August 30, 2012 meeting; s/Webster.*

Ms. Sparrevohn asked for comments from the MAC. Ms. Ehrlich was in disagreement with information identified in the August 30, 2012 minutes. She offered to review the audio recording of the meeting to verify the accuracy of information stated in the minutes.

Following discussion, Ms. Yaroslavsky withdrew her previous motion. The Agenda Item was then tabled. Members were asked to provide Board staff with any input regarding the minutes.

**Agenda Item 5 Discussion of Possible Statute Revisions**

Ms. Lowe led a discussion on the issue of expanding the supervision requirements for midwifery students, which had been discussed at prior Board meetings; specifically, to add Certified Nurse Midwives (CNMs) to Business and Professions Code section 2514 which would allow a licensed midwife (LM), a physician and surgeon, or a CNM to supervise students.

Issues that needed to be considered prior to moving forward with legislation would be that adding a licensee that is not within the Board's jurisdiction would require outside input from the CNMs licensing authority. Also, CNMs may not have the authority to supervise a license type outside of their authorities jurisdiction. Adding CNMs would also place the authority for action outside of the Board's control which may cause difficulty for the Board to take action against the student who would be within the Board's control, and this may not serve the Board's mission of providing consumer protection.

Based on this preliminary information, Ms. Lowe requested direction from the MAC to determine if further research was warranted in this matter.

Ms. Sparrevohn recommended holding an interested parties meeting to gain a broader perspective on the topic. She believes CNMs can supervise student midwives and suggested getting BRN input, citing there are CNMs teaching in schools who are willing to precept students. Preceptors are difficult for student midwives to find. If a CNM is acting outside the law, she suggested the Board can contact and pursue a complaint with the BRN.

Ms. Ehrlich mentioned CNMs already have authority to sign off (precept) student midwives and suggested adding them to the regulation would define what they may do when working with midwives.

Ms. Yaroslavsky asked what the barriers were in moving forward with recommending draft language. She suggested holding an interested parties meeting to get feedback from the community and asked MAC members if the intent was to tighten up rather than loosen regulations.

Ms. Whitney clarified the processes involved. If interested in moving forward, the MAC would make a motion to the Board; the Board would then invite the associations for the CNMs and other appropriate parties to the meeting for their comments and recommendations. The Board would consider including the meeting comments into Sunset Legislation since this would be the appropriate place to discuss in the coming year.

*Ms. Ehrlich made a motion to recommend to the Board that CNMs be added to existing statute to allow CNMs to supervise midwifery students; s/Gibson; motion carried.*

No public comment was provided.

Ms. Sparrevohn asked Ms. Lowe to provide a brief update on regulations that have not moved forward.

Ms. Lowe identified two proposed regulations that were discussed at the prior MAC meeting:

- 1379.23-Physician Supervision Requirement
- 1379.24-Practice of Midwifery; Drugs and Devices.

During the August 2012 MAC meeting, the MAC agreed to recommend to the Board the regulatory language for the two proposed regulations. Prior to the Board's Quarterly meeting in February 2013, it was determined that the regulatory change recommendations would be included in the Sunset Review report and would not be brought before the Board.

## **Agenda Item 6      Program Update**

### **A.      Licensing Statistics**

Ms. Lowe provided a program update. During the first quarter of fiscal year 2012-2013 the Board received eight new LM applications, and five new licenses were issued. At the end of the quarter 272 licenses were in Renewed/Current status with 29 in Delinquent status. At the last MAC meeting staff reported 42 licensees were delinquent in completing their annual reports to the

Office of Statewide Planning and Development (OSHPD). At the end of the first quarter OSHPD reported that 41 licensees were still delinquent.

When asked how long an LM license can stay in delinquency status Ms. Lowe clarified that the license can remain delinquent for up to five years from the expiration date. To renew, the LM must pay previous renewal fees and any accrued delinquent fees. If the license is not renewed within five years from the expiration date, the LM is required to re-apply for a license.

#### **B. Enforcement Statistics**

During the first quarter of the fiscal year the Board received four complaints. One complaint involved an unlicensed midwife. Two LM investigations were opened during the first quarter. One case was referred to the Attorney General's Office and another LM case was referred for criminal action.

#### **C. Licensed Midwife Annual Report Data Clarification**

After the March 30<sup>th</sup> due date, Board staff sent delinquency letters to licensed midwives who had not submitted their 2011 Licensed Midwife Annual Report (LMAR). The LM is unable to renew their midwife license until they complete and submit any delinquent LMAR(s) to OSHPD.

During the August 30, 2012 MAC meeting, Board staff was asked to provide an overview of the goals and objectives of the data reporting processes. Ms. Lowe explained Senate Bill 1638 was passed in 2007, resulting in Business and Professions Code 2516, with the intent to provide accurate home-birth data to professionals and consumers. The measure was put in place to assist California LMs to improve midwifery standards of care and develop appropriate policy changes in midwifery education. The regulation states that each LM who assists, or supervises a student midwife assisting in childbirth in an out-of-hospital setting shall annually report to OSHPD. From the inception of the regulation, concerns have been raised regarding some of the information that is collected.

#### **D. Student Illegal Practice Letter**

Ms. Lowe provided an update regarding the Student Illegal Practice letter stating that during the Task Force for Midwifery Students and Midwife Assistants held on September 20, 2012, discussion ensued regarding the practice of unlicensed midwifery students soliciting for clients and employing LMs to assist them in out of hospital births. A letter was sent to all LMs in California at the end of November, outlining that these practices were illegal and that LMs involved in aiding and abetting a student in this practice may be subject to Board action, including but not limited to suspension or revocation of his or her license. And likewise, any student found to be in violation of this provision would risk possible denial of licensure as well as criminal action. Ms. Lowe indicated that staff had received feedback regarding the letter, including questions on different practices that are currently being performed in the community. Ms. Lowe reminded the committee as well as LMs in California that Board staff is unable to interpret laws and recommended anyone with questions regarding what constitutes legal practice to refer to their legal counsel.

When asked if there were questions, Ms. Ehrlich provided the following example: a student midwife studying with Ms. Ehrlich had a friend who wanted this student to be her midwife. The two women came to Ms. Ehrlich's practice and she herself became the friend's midwife, and supervised her student while she performed the midwife services during the birth. Ms. Ehrlich

asked whether this scenario would be legal or not, given what the letter says. She requested that Board staff provide written expectations for supervising midwives that outline what they may or may not do when supervising student midwives.

Ms. Yaroslavsky stated that the letter is very clear, that an unlicensed individual soliciting clients to be employed as a midwife and employing others, is not following the law. She asked if the example Ms. Ehrlich provided was within the guidelines of soliciting for business. Ms. Ehrlich said it was not.

Ms. Yaroslavsky reiterated that if someone was unclear and had questions pertaining to what is appropriate, they should ask their own legal counsel for clarification.

#### **E. Implementation of Continuing Education Audit**

Ms. Lowe provided background information on the Continuing Education (CE) requirements for LMs. Business and Professions Code Section 2518(a), specifies that 36 hours of CEs are required every (2) years to renew a midwife license. The LM is required to sign a statement certifying that they have met the CE requirements on the renewal form. Unless audited, proof of the CE is not required to be submitted to the Board.

Due to staffing limitations, LMs have not been audited recently. With recent changes, the audit processes are now automated and the computer system can randomly select a percentage of licensee's based on specific criteria. Board staff anticipates conducting the first LM audit in December 2012. If audited, the LM is asked to provide proof of CE credits within the renewal cycle which Board staff will review to determine compliance with the law.

#### **7. Update on Task Force for Midwifery Students/Midwife Assistants**

Ms. Lowe provided an update on the task force for midwifery students and midwife assistants stating that on September 20, 2012, the Midwifery Student and Midwifery Assistant Task Force meeting was held at the Board's headquarters. The purpose of the meeting was to address the role of midwifery students and midwifery assistants in the practice of midwifery. The meeting was attended by MAC members Ms. Sparrevohn and Ms. Ehrlich, two LMs, one CNM and one California student midwife. Board staff and Legal Counsel were also present.

Meeting attendee's suggested regulations needed to be defined or clarified in the following areas:

- The role of the student midwife.
- The role of the midwife assistant.
- Define the midwifery student/preceptor relationship.
- Outline supervision requirements for student midwife/assistants.
- Identify what students can or cannot do in out-of-hospital birth patient care.
- Determine what actions can be taken by a student midwife prior to the supervising midwife's arrival at the out-of-hospital birth location.
- Determine whether the supervising midwife must be at the out-of-hospital birth location prior to the student midwife or assistant's arrival.
- To meet licensing requirements, clarify student enrollment in a Board approved midwifery education program.

Ms. Lowe concluded the update by noting Board staff and Legal Counsel were still collecting and reviewing information obtained during the task force meeting and MAC members would be provided copies of the task force meeting information in the near future.

Ms. Sparrevohn asked how many of the problems identified at the task force meeting could be resolved with regulation. She requested Board staff provide an update at the next MAC meeting. Ms. Sparrevohn asked for comment from the MAC.

Ms. Ehrlich expressed concern that written expectations were needed for midwives supervising students, and student expectations should be outlined as well, due to midwives being prosecuted by agencies.

Ms. Sparrevohn and Ms. Yaroslavsky expressed concern that too much regulation could interfere with the midwife's ability to practice. Ms. Yaroslavsky asked Ms. Ehrlich to be specific on what community issues should be addressed by more regulation. Ms. Ehrlich clarified that she wasn't necessarily looking for changes in regulations, but for the Board to provide statements. She referred to the Medical Board Newsletter and asked that the Board provide specific guidelines. Ms. Yaroslavsky commented that the current discussion did not pertain to barriers to care and explained that specific issues should be identified so that Board staff can make a determination on whether to move forward on an issue.

Ms. Ehrlich commented that a student midwife issue was brought to her attention from the midwife community, specific to doctors and nurses not yet licensed, who are allowed to work under the supervision of a licensed (medical) person.

Ms. Whitney provided regulatory information to the MAC stating that physicians in post graduate training, not yet licensed, have a specific period of time they cannot exceed to work under the supervision of another physician. If the physician exceeds the time frames they are taken out of practice in their residency. As was discussed during the Midwife Student/Assistant Task Force, midwifery students have a period of time between finishing the requirements to become licensed and obtaining a midwifery license. The law does not address this. Until a midwife license is issued, the student cannot practice, even if they have met the requirements for licensure. This was one of the issues identified in the Sunset Review report. Another issue not identified in regulation concerns who can assist, and how students can assist in out-of-hospital births. This was also identified in the Sunset Review report and will be part of a discussion on whether the legislature wants to move forward by adding additional language to current regulations.

Ms. Whitney mentioned that since the Sunset Review hearing had not yet occurred, it was unclear how the Legislature would react to the issues presented at the Legislative hearing. She outlined the importance for the midwife community to participate in the hearing. As identified during the Student/Assistant Task Force meeting, Board staff cannot provide guidance or legal advice related to regulatory "gray areas." She suggested MAC members review the executive summary, as well as the midwife section of the Sunset Review report, which would be available soon on the Board's Internet Web site. Questions concerning the report should be directed to Ms. Lowe or Ms. Whitney.

Ms. Sparrevohn asked for additional questions.

Ms. Gibson requested Ms. Perez, a student midwife, to speak on behalf of the midwife community. Ms. Perez identified herself as a student midwife who would soon take the licensing exam. She reviewed the "solicitation" letter Board staff had sent and explained that as a student not yet licensed, she is under the supervision of an LM. Ms. Perez does not believe over-regulation is the answer because it may cause unnecessary trepidation among students.

Discussion ensued to clarify the intent of the "solicitation" letter LMs received. Ms. Yaroslavsky paraphrased a section of the letter, "It has come to the attention of the Board that some students in the state are soliciting clients and employing LMs to assist them in out-of-hospital births." She stated that the letter was addressed to LMs with the intent to provide awareness that this is an illegal practice should they be approached by a student in this way. Ms. Whitney added that as a LM, if a student midwife or a person not involved in midwifery asks you to assist in a home birth, and you agree, you will be aiding and abetting in an unlawful practice. To be involved in the birth, the client must be your client, not someone else's.

Ms. Sparrevohn asked for public comment on the agenda item.

Ms. Ryan with the Nizhoni Institute introduced herself to the MAC and provided input from an educator's standpoint. The Nizhoni Institute is an accredited school under two sets of regulations: the California Bureau of Post-Secondary Education and the Midwifery Education Accreditation Council (MEAC). Students are provided expectation guidelines and the role of "student" does not change until they are licensed. When attending births, students are always under LM supervision and are not to arrive at the home before the LM. Students are on an individual learning contract by month until they receive their midwife license. Education may be extended from 3 to 5 years, depending on student readiness to take the exam. She suggested discussions should begin with California midwives and the Midwife Associations to identify and talk about the issues. Ms. Ryan stated that she believes there is more confusion among the LMs than with the student midwives.

Ms. Ehrlich asked if other schools were retaining student enrollment until the student was ready to apply for their midwife license. Ms. Ryan clarified that MEAC regulations require the school to have an independent learning contract with the student. The Department of Education requires this. The student has not graduated from a MEAC accredited program until they have a license.

#### **8. Update on Midwives Alliance of North America Task Force**

Ms. Sparrevohn provided an update on the Midwives Alliance of North America (MANA) Task Force meeting. She referred to the MANA Statistics Project Report, identified in the meeting packet as Agenda Item 8. During the MAC meeting in March 2012, MAC members approved the creation of a task force to look at the feasibility of moving the California statistical reporting process to the MANA reporting system.

At Ms. Sparrevohn's request, the proposal was drafted by Mr. Ackerman and Ms. Brown in lieu of the task force. The proposal was forwarded to Board staff for review. Change recommendations were discussed during a meeting with Board staff and Ms. Sparrevohn. The current proposal reflects the edits that were made by Ms. Sparrevohn, Mr. Ackerman, and Ms. Brown.



Ms. Sparrevohn indicated that there is dissatisfaction among midwives with the current midwifery data collection process in California. She considers the MANA reporting system to be a well-informed data collection system that is used nationally and believes many midwives throughout the State currently provide data to MANA. Ms. Sparrevohn outlined the following reasons that changing the current data collection process to MANA would be beneficial:

- MANA is a national database that provides data comparison with other states. Some states have mandated the use of MANA for data collection.
- Using MANA allows "best practices" to be identified and implemented in California statutes and regulations.
- Data is collected when a woman enters care rather than reporting retrospectively after outcomes have occurred. This lowers the possibility of incomplete data and inquiries by the medical community.
- The MANA review team "flag" potential errors. For data clarification purposes, MANA staff provide follow up with LMs.
- The data submittal deadlines must be adhered to and cannot be submitted later, i.e., during license renewal.

Ms. Sparrevohn added that the MANA reporting system was designed by an interdisciplinary team that provides maternal health research and an information maintenance and design system which she believes OSHPD does not have. She suggested seeking a statutory change in how midwifery data is collected in California to accommodate changes in the requirements without having to revise regulation through the Legislature. She suggested changing the reporting period from calendar year to fiscal year to accommodate MANA timeframes.

Ms. Sparrevohn identified some of the financial obstacles to implement the MANA reporting system:

- Start-up costs to enroll all of the midwives would be approximately \$25,000.
- Program utilization training for midwives would be necessary.

She recommended that LMs use MANA for reporting purposes, and the data MANA collects could then be provided to OSHPD to comprise the LMAR statistics.

MANA would incorporate California out-of-hospital birth data into a National database. LM data would reside with the MANA research services, which will be the basis for research and improve midwifery practices and birth outcomes in California.

Ms. Ehrlich agreed with this recommendation and believed that it was in the best interest of LMs and the healthcare community to use MANA as it would provide a better understanding of what midwives do. Ms. Gibson confirmed reporting data should be prospective. Ms. Yaroslavsky was supportive to move forward and thanked the team for outlining the project goals and objectives.

When asked if a motion could be entered during the meeting, Ms. Dobbs clarified that the Agenda Item was written as an "update" on the MANA Task Force and didn't provide information on decisions being made. Ms. Sparrevohn said that the task force was established to offer an

opinion to send to the Board. She asked if this could be accomplished given the wording of the Agenda.

Ms. Whitney suggested that on behalf of the MAC, Ms. Sparrevohn could recommend to the Board, development of legislative language to request transferring the LM data collection to MANA and that the data be provided to OSHPD. This recommendation could be presented during the February 1, 2013 Quarterly Board meeting.

*Ms. Ehrlich made a motion to recommend to the Medical Board developing legislative language pertaining to data statistics; s/Yaroslavsky; motion carried.*

#### **Agenda Item 9      Proposed Midwifery Advisory Council Meeting Dates for 2013**

Due to the number of "interested party" meetings and task force meetings in the upcoming year, Ms. Sparrevohn questioned whether three MAC meetings would be appropriate or four MAC meetings a year. She suggested eliminating one or more interested parties/task force meetings in the coming year to accommodate a fourth MAC meeting.

Mr. Worden explained that there is more work involved in the preparation of a MAC meeting than an interested parties meeting, and based on available staff time, Board staff can only accommodate holding three meetings a year. Board staff are also currently working on several assignments simultaneously at this time such as Sunset Review, incorporating a new licensing computer system, along with high workloads. He stated that scheduling additional interested parties meetings would have to occur around timeframes that are feasible for staff.

Ms. Sparrevohn stated that she would like to see midwife regulatory change recommendations given adequate review time before the August 2013 MAC meeting.

Ms. Whitney outlined the Sunset Review process. The Board will present the Sunset Review report during the first Legislative hearing in early March 2013. In late April 2013, a more substantive Legislative hearing will occur to address issues identified in the Sunset Review report.

Ms. Whitney stated that the second hearing would be of more importance to attend. The Board, along with Legislative staff will assist in crafting regulatory language before it goes before the Legislative Council and review by the attorneys for the Legislature. The attorneys for the Legislature will prepare the actual draft language of the Bill.

The Board and MAC will have an opportunity to comment and make change recommendations to the draft language if it does not address imperative areas. The Legislative attorneys prepare the written language of the Bill according to the "letter of the law" but may change the language based on discussions at the hearing. Based on member's testimony, the Legislature may vote to amend the language of a Bill.

The Board will have a sense of where the legislation is going in July 2013 and the MAC will be updated during the August 2013 MAC meeting before the Legislature is back in session. The Board will work with the Legislature at that time. Ms. Whitney stated that it is the Legislature's Bill and emphasized the importance for the midwifery community to be party to the process and attend the hearings. Ms. Whitney added, the exact regulatory language is not presented to the MAC because the Board is developing the regulatory concepts the MAC is in agreement with.

The issue can move forward in the legislative process as long as the MAC is in agreement with the regulatory concepts. The wording can be written after the concepts have been identified.

Ms. Yaroslavsky recommended that the LMs review the midwife section of the Sunset Review report and provide input now, rather than waiting until the Legislature comes back from summer break in September. She suggested comments and suggestions pertaining to the report should be directed to Ms. Lowe or Ms. Whitney.

Ms. Whitney mentioned that many people in the midwifery community have signed up for "mail alerts" and are notified when items of interest are posted on the Board's Internet Web site. She confirmed that the Legislative hearing dates will also be posted on the Board's Internet Web site for those who are interested. She confirmed that often the Board leaves it up to the licensee organizations themselves to provide updates to their constituents. Ms. Yaroslavsky agreed that moving forward, the organizations themselves should be sharing relevant Board information with their members. Ms. Whitney validated that most of the midwifery organizations are following what the MAC does and will be following what occurs with the Legislative discussions that occur.

MAC members reviewed suggested MAC meeting dates for 2013, outlined in Agenda Item 9. MAC members agreed on the following meeting dates:

- March 14, 2013
- August 8, 2013
- December 5, 2013

All meetings will be held at the Board's headquarters in Sacramento.

Ms. Sparrevohn asked for date and location information for the upcoming Quarterly Board meetings. Ms. Lowe provided the following information:

- January 31-February 1, 2013      Burlingame
- April 25-26, 2013                Los Angeles
- July 18-19, 2013                 Sacramento
- October 24-25, 2013             Ontario

**Agenda Item 10      Agenda Items for the First 2013 Midwifery Advisory Council Meeting – Sacramento**

The following agenda items were identified for the March 14, 2013 MAC meeting:

- Report from the MAC Chairperson
- Update on Midwifery Students/Assistants-Defining Regulations
- MANA Statistics Project/OSHPD Update
- Sunset Review Update

Ms. Yaroslavsky suggested Ms. Sparrevohn may want to consider adding items of interest from the midwife community as MAC agenda items, such as inviting guest speakers to provide short presentations on educational opportunities or other relevant information for constituents.

**Agenda Item 11      Adjournment**

***Ms. Sparrevohn motioned to adjourn the meeting. Motion carried, adjourned at 2:50 p.m.***