



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

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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, April 3, 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  
Tamara Robertson  
Mason Wilson-Tanev, L.M.

### ***Members Absent:***

Kenneth James, M.D.

### ***Staff Present:***

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  
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 3, 2025, 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](#)**

Rosanna Davis, L.M., President of the California Association of Licensed Midwives (CALM), stated CALM and the California Association of Midwives, in partnership with Cerro Coso Community College in Bakersfield, won a \$500,000 grant from the Department of Healthcare Access and Information (HCAI) to start a licensed midwife associate of science degree program. The program is expected to launch in the fall semester of 2026. There will be an opportunity to serve on an advisory committee. Those interested may contact Ms. Davis at [president@calmidwives.org](mailto:president@calmidwives.org).

In addition, CALM is co-sponsoring AB 55, the Freedom to Birth Act. CALM recently commissioned researchers to review the California Licensed Midwife Annual Report (LMAR) to make potential changes regarding the use of data for quality improvement or research. They concluded that it was not usable for quality improvement or research. They are looking into ways to get better research and data on licensed midwife care in California. The brief will be uploaded to [calmidwives.org/lmar](http://calmidwives.org/lmar).

Rosanna Davis stated CALM is not pursuing or recommending changes to the current data collection at this time. Instead, they are working with various stakeholders to explore the feasibility of contributing to the community birth data registry, a community midwifery data collection system that was established in Washington state.

No other public comments were made on this agenda item.

**Agenda Item 3      Approval of Minutes from the September 12, 2024, Midwifery Advisory Council Meeting [Link to Video](#)**

Madeleine Wisner asked if anyone had corrections to the September 12, 2024, meeting minutes.

No corrections were requested.

There were no public comments on this agenda item.

***Tamara Robertson made a motion to approve the September 12, 2024, meeting minutes; s/Faith Freeman. Motion carried unanimously. 4-0.***

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

Madeleine Wisner announced the need for licensed midwives to serve as expert reviewers and consultants in the Board's Enforcement Program and described the benefits of serving in those roles and how interested parties could connect with the Board.

Madeleine Wisner acknowledged the midwives and families experiencing devastation from the wildfires in Southern California, stating that licensed midwives continue to use their limited resources to make sure maternity care in the state is uninterrupted. Midwives worked to reduce the harm being caused to childbearing families due to these wildfires.

Madeleine Wisner stated that over the last several months, midwives have expressed that they don't have the protection they need or the resources they require when they have to provide care in such hazardous environments.

Madeleine Wisner acknowledged and appreciated that the Department of Consumer Affairs has provided postponements on renewal fees for survivors of the fires. But current regulations do not account for the growing reality of midwifery care during these disaster situations.

Madeleine Wisner stated that the current rates being paid to midwives are not enough to keep businesses open. She talked about work Midwifery Access California (MACa) has been doing and its release of its final draft of a payment model for midwifery, which is the first payment model in California specifically designed for community midwifery care and is shaped around licensed midwife care. This payment structure was created specifically to address midwifery care for Medi-Cal beneficiaries. The goal of this model is to keep midwifery practices open and thriving and normalize reimbursement rates.

In regard to education and workforce enhancement, HCAI recently awarded one million dollars to licensed midwife education programs.

Madeleine Wisner stated midwives are experiencing a reduction in capacity due to closure of midwifery practices.

There were no public comments on this agenda item.

**Agenda Item 5      Update on Midwifery Related Legislation [Link to Video](#)**

Mr. Bone provided an overview of legislative activity following the fall election, noting that newly elected legislators were sworn in at the beginning of January and have since introduced a high volume of bills currently being reviewed by policy committees.

Assembly Bill (AB) 408 (Berman) - Mr. Bone stated the Board is sponsoring legislation to establish a Health and Wellness Program for licensees and applicants. The proposed program would offer treatment and monitoring related to substance use disorders and other health conditions that may impair a professional's ability to practice safely. The objective is to proactively support impaired providers before any potential harm is caused to patients or clients. The Board's proposal is included in Assembly Bill 408, authored by Assembly Member Marc Berman. Mr. Bone stated that California is currently one of the few states that does not have a program of this kind.

The Board previously held multiple public discussions and received stakeholder input, including from experts managing similar programs in other states.

Mr. Bone stated that background materials on the proposal are available on the Board's website.

AB 55 (Bonta) – Alternative Birth Center Licensing Reform. It removes requirements for centers to be comprehensive perinatal service providers and proximity rules to emergency hospitals. It requires a written hospital transfer policy instead. It also updates medical reimbursement requirements to align with American Association of Birth Centers certification standards.

AB 836 (Stefani) – Midwifery Education Study proposes a statewide study on midwifery education led by HCAI. It aims to support workforce diversity and sustainability. It will evaluate collaborative training models for Certified Nurse Midwives (CNM) and Licensed Midwives (LM) with separate exit requirements.

Senate Bill (SB) 626 (Smallwood-Cuevas) – Perinatal Mental Health Screening and Treatment.

SB 669 (Maguire) – Standby Perinatal Services Pilot Program proposes a five-year pilot for rural hospitals to establish standby perinatal services.

The MAC members and staff discussed the pending legislation.

There were no public comments on this agenda item.

**Agenda Item 6      Report from the Task Force on Medi-Cal Related Legislation [Link to Video](#)**

Madeleine Wisner stated she is continuing her advocacy for licensed midwives in the Medi-Cal system with ongoing efforts to ensure equitable integration of licensed midwives into the broader medical system. She noted declining participation of licensed midwives within the system as a concern.

Madeleine Wisner stated the Department of Healthcare Services (DHCS) updated the Non-Physician Medical Practitioner Manual to include revised billing codes specific to licensed midwives, coverage for services, such as home/office visits, alternative therapies, medications/equipment, telehealth, counseling, newborn care, and more.

Madeleine Wisner stated that nurse midwives played a key role in advocating for the inclusion of licensed midwives. Their collaboration and support were instrumental in achieving recent policy updates.

Madeleine Wisner went on to say DHCS will now incorporate licensed midwife care into annual audits of managed care organizations and targeted rate increases were implemented.

Although the increases are an improvement, they remain insufficient for sustainable practice.

Madeleine Wisner discussed the Birthing Care Pathway, a statewide DHCS initiative to address maternal health disparities. This will cover care from conception through 12 months postpartum and emphasizes inclusion of diverse maternity care providers, including licensed midwives.

Madeleine Wisner stated clarifications in the manual aim to eliminate barriers and ensure compliance. She stated some providers are beginning to receive back pay from the rate increases, and managed care plans are responding, although progress is ongoing and incremental.

The MAC expressed appreciation for the advocacy and educational work done by Madeleine Wisner and the supporting nurse midwives.

Rosanna Davis made a public comment noting her appreciation for nurse midwives advocacy for licensed midwives and commended Madeleine Wisner for her persistence and work in improving access and equity.

There were no other public comments on this agenda item.

**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 2024/2025, the Board received nine new applications, issued eight new licenses, and renewed 50 licenses.

In the second quarter of fiscal year 2024/2025, the Board received 10 new applications, issued eight new licenses, and renewed 58 licenses.

In the first 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 62 in the second quarter.

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

In the second quarter of fiscal year 2024/2025, the Board received five complaints and referred five for investigation.

Tonya Morairty stated in the first quarter of fiscal year 2024/2025, the Board received one complaint for unlicensed midwives, and none were referred for investigation.

In the second quarter of fiscal year 2024/2025 the Board received four complaints for unlicensed midwives and referred three for investigation.

Tonya Morairty provided Enforcement statistics for Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for licensed midwives. In the first quarter of fiscal year 2024/2025, 55 Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms were closed by the Board, and zero were referred for investigation.

In the second quarter of fiscal year 2024/2025, 70 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 first 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 second quarter of fiscal year 2024/2025, the Board received five Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting forms for unlicensed midwives and zero were referred for investigation.

Mason Wilson-Tanev asked for more specific information regarding the one case referred for criminal action in the second quarter of 2024/2025.

Kerrie Webb clarified that the case referred for criminal action may be from another quarter. She noted that while the Board has the authority to issue citations and fines, cases involving unlicensed practice are considered criminal offenses and are therefore handled by the District Attorney's office.

There were no public comments on this agenda item.

**Agenda Item 8      Selection of One New MAC Member to Fill the Public Member Vacancy [Link to Video](#)**

Tonya Morairty stated the Board posted a recruitment announcement in September 2024 for a public member position on the Midwifery Advisory Council. The position is for a three-year term, expiring on June 30, 2028. One application was received from Karen Roslie.

Karen Roslie provided a statement expressing her qualifications and perspectives. She is a long-time consumer of midwifery care and had her child in a birthing center. She has worked alongside

midwives for nearly 20 years, and her mother is a midwife. She advocates for better integration of midwifery into the healthcare system, and she stressed the importance of making midwifery care safer and more accessible, noting its growing demand and cultural relevance.

MAC members and staff discussed the application review process and Ms. Roslie's qualifications.

Rosanna Davis expressed appreciation for Ms. Roslie's willingness to step up and serve in this role.

No further public comments were received.

***Tamara Robertson made a motion to appoint Karen Roslie to the MAC. Motion carried unanimously. 4-0.***

**Agenda Item 9      Presentation on Midwife Access to Audiology Equipment for Newborns**  
**[Link to Video](#)**

Mason Wilson-Tanev stated the California Newborn Hearing Screening Program (NHSP), overseen by the Department of Healthcare Services, requires licensed perinatal hospitals to screen all newborns before discharge.

Currently, the California Health and Safety Code and Title 17 regulations allow licensed midwives to conduct metabolic newborn screening but do not explicitly authorize them to perform audiological (hearing) screenings.

This regulatory gap creates barriers for families using community-based midwife services, especially in out-of-hospital and rural settings.

Licensed midwives in California are already conducting newborn hearing screenings with proper equipment and training, but insurance reimbursement is often denied due to regulatory ambiguity and lack of billing codes.

Many families, particularly from marginalized communities or remote areas, face financial and logistical challenges accessing audiology services through hospitals or specialists, leading to disparities in early hearing loss detection.

Early intervention for hearing loss significantly improves developmental outcomes.

Midwives currently perform other critical newborn screenings and are well-equipped to integrate hearing screening into their scope of care.

Mason Wilson-Tanev stated she plans to submit a petition to amend Title 17 to explicitly authorize licensed midwives to perform newborn hearing screening. The petition will involve collaboration with multiple stakeholder groups, including the California Association of Licensed Midwives, Nurse Midwives Association, Medical Association, Academy of Audiology, and others.

The MAC members discussed the presentation.

No public comments were received.



**Agenda Item 10    Discussion on Accessibility and Sustainability of California Midwives [Link to Video](#)**

Madeleine Weisner shared key findings from a recent California Health Care Foundation (CHCF) report and facilitated a discussion with MAC members on three primary questions related to workforce challenges, sustainability, and stakeholder engagement.

Madeleine Wisner presented highlights from the CHCF October 2024 report.

Madeleine Wisner posed the following questions to the MAC. How can the MAC better address the needs and challenges of independently practicing midwives, what can the MAC do to promote sustainable midwifery practice in California, and how can the MAC better engage with the licensed midwife workforce and consumers?

Rosanna Davis made a public comment supporting the framing of the discussion and suggested annual MAC presentations to the Board, MAC involvement in educating enforcement on the midwifery model, exploring statute changes to include the Community Birth Data Registry, sponsoring wellness education sessions for midwives, investigating feasibility of a MAC-authored newsletter, and improving meeting outreach to midwives and stakeholders.

Madeleine Wisner emphasized that this is the beginning of an ongoing conversation. Future agenda items will include the development of a presentation to the Board and further exploration of policy recommendations that support midwifery access and sustainability in California.

No other public comments were received on this agenda item.

**Agenda Item 11    Discussion on Presentation to the Medical Board [Link to Video](#)**

This item was moved to the September MAC agenda for discussion.

**Agenda Item 12    Presentation on the Licensed Midwife Annual Report and opportunities for better data collection [Link to Video](#)**

Madeleine Wisner stated that a comprehensive review of the LMAR was conducted by two leading researchers from Oregon State University who were recognized for their expertise in midwifery data collection across North America. This review was commissioned by CALM.

Madeleine Wisner stated the statutory authority for the LMAR is mandated by Business and Professions Code Section 2516. Licensed midwives must complete and submit the LMAR annually to renew their license. The statute outlines the report's due date, required information, and coordination with other data systems, like STATS. Data is collected via a wizard-style tool with automatically calculated summaries and year-over-year comparisons.

Madeleine Wisner stated that some concerns about the LMAR, sourced from a California Midwives Facebook group and anecdotal reports, include inaccuracy and lack of meaningful data, requirements to input data midwives do not have, leading to guesses, a confusing interface, duplicate reporting, such as fetal demise cases, privacy concerns in rural areas due to identifiable data, and the omission of certain outcomes or visible errors in summaries.

Madeleine Wisner stated there were major concerns identified by researchers, such as the tool's cumbersome and confusing functionality, opaque language, inconsistent questions lacking clear definitions, poor fit for the community birth context, and failure to track multifactorial decision-making central to midwifery care. There were also concerns regarding data validity and reliability.

Madeleine Wisner stated that the LMAR data is not usable for research or quality improvement. Despite this, it is disseminated by the Board and used in policy contexts. She also noted missing or misleading data points, with no tracking of key outcomes, such as macrosomia, prolonged labor, or quality measures. In addition, the report includes inadequate Vaginal Birth After Cesarean classifications, such as labeling some cases as "failures."

MAC members discussed existing data tools better suited to community birth and midwifery practice, such as Community Birth Data Registry, Midwives Alliance of North America Stats Plus, Perinatal Data Registry, and electronic health records.

Madeleine Wisner stated that the recommendations from researchers regarding the LMAR tool are that it is inadequate and beyond repair for valid data collection, and time and resources should be redirected toward replacement, not revision.

Madeleine Wisner went on to say that stakeholders, such as midwives, clients, and regulators, should be informed that LMAR data is not fit for research or policy.

Madeleine Wisner stated that a potential legislative fix could allow submission of an approved alternative data registry in lieu of the LMAR.

Discussion among the MAC noted that the LMAR was originally developed by midwives, revised around 2016–2017, and is now outdated.

Madeleine Wisner appointed a task force to explore replacement tools, statutory requirements, cost analysis and funding, and proposals to the Board. Madeleine Wisner and Mason Wilson-Tanev will be the task force members.

This agenda item concluded with an agreement to revisit the LMAR issue at a future MAC meeting, following progress from the task force.

Rosanna Davis made a public comment reminding everyone that the original intent of the LMAR, as she understood, was to regulate midwives and understand the physician supervision of midwives and the reason for transfers. She believes it has morphed into something else, and she does believe that fixing the LMAR would be costly. She would like to see the adoption of a different data collection tool. In the future, she would like to see better collection from vital records in the form of implementing data fields that collect information, such as planned place of birth, planned care provider, and some information about what happens to mothers and babies when they transfer.

No other public comments were received for this agenda item.



**Agenda Item 13**    **Future Agenda Items** [Link to Video](#)

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

- Approval of minutes from the April 3, 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 the 2024 LMAR;
- Discussion and Possible Action on 2026 Midwifery Advisory Council Meeting Dates;
- Presentation on Frequency and Rationale for Freebirth;
- Discussion on Environmental Exposures Faced by Midwives;
- Discussion on Midwifery Payment Model;
- Discussion on Accessibility and Sustainability of California Midwives
- Discussion on Presentation to the Board Regarding Midwifery History and Updates; and
- Discussion on Community Birth Partnership Initiative.

**Agenda Item 14**    **Adjournment**

Madeleine Wisner adjourned the meeting at 3:46 p.m.