

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1237
AUTHOR: Dodd
BILL DATE: July 27, 2020, Amended
SUBJECT: Nurse-midwives: scope of practice
SPONSOR: California Nurse Midwives Association and
Black Women for Wellness Action Project
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow certified nurse-midwives (CNM) to attend low-risk pregnancies (as defined) and provide prenatal, intrapartum, and postpartum care services, without the supervision of a physician and surgeon. SB 1237 requires the transfer of a patient from a CNM to a physician and surgeon and authorizes a CNM to furnish or order drugs and medical devices, under specified conditions.

RECENT AMENDMENTS:

SB 1237 was amended after the Medical Board of California's (Board) May 2020 meeting, as follows:

- Requires the Board of Registered Nursing (BRN) to establish a Nurse-Midwifery Advisory Committee to make recommendations to the BRN on matters related to midwifery practice, education, and the standard of care.
- Recasts the conditions whereby a CNM may attend to a pregnancy and childbirth without the supervision of a physician and surgeon.
- States that a CNM may provide other types of care to patients under mutually agreed-upon policies and protocols with a physician and surgeon, as specified. Without such policies and protocols in place, a CNM shall transfer a patient who had a prior cesarean section, or requires other intrapartum care, to a physician and surgeon.
- States that a patient maintains the right to make their own informed decisions regarding choice of provider or birth setting and that a CNM is not authorized to practice medicine or surgery.
- Revises the conditions for a CNM to prescribe controlled substances.
- Requires a CNM to make specified oral and written disclosures to a prospective patient when the intended site of birth is outside a hospital setting.
- Creates patient data reporting requirements for a CNM pertaining to non-hospital births.
- Provides updated findings and declarations pertaining to maternal care and the benefits of nurse-midwife and physician collaboration.

BACKGROUND:

Existing law, the Nursing Practice Act, establishes the BRN within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. Existing law requires BRN to issue a certificate to practice nurse-midwifery to a qualified person. Existing law authorizes a CNM, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

Existing law authorizes BRN to appoint a committee of qualified physicians and nurses to develop standards relating to nurse-midwives. Existing law authorizes a CNM to furnish drugs or devices, including controlled substances, in specified circumstances. Existing law authorizes a CNM to perform and repair episiotomies and repair lacerations of the perineum, as specified.

ANALYSIS:

The bill would authorize a CNM to attend cases of low-risk pregnancy and childbirth and provide prenatal, intrapartum, and postpartum care, including family-planning care, interconception care, and immediate care for a newborn. These services may be provided without the supervision of a physician and surgeon.

Scope of Care and Services

A CNM must provide care and services consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by BRN.

This bill defines “low-risk pregnancy,” as follows:

1. There is a single fetus.
2. There is a cephalic presentation at onset of labor.
3. The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery.
4. Labor is spontaneous or induced.
5. The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address consistent to this section.

If there are mutually-agreed upon policies and protocols in place, as defined, with a physician and surgeon, a CNM may provide a patient with care beyond what is described above, including caring for a patient who had a prior cesarean section or surgery that interrupted the myometrium.

This bill does not authorize a CNM to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version or to practice medicine or surgery.

Transfer of Care to and from a Physician and Surgeon

The bill authorizes (but does not require) CNMs to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care to and from a physician and surgeon.

Absent those policies and protocols, a CNM shall transfer a patient to a physician and surgeon to provide care outside the scope of service described above or to provide intrapartum care to a patient who had a prior cesarean section or surgery that interrupts the myometrium. If there is inadequate time, or it would be unsafe, to transfer a patient, a CNM may continue to provide care to the patient, under limited circumstances, as specified.

A CNM shall refer all emergencies to a physician and surgeon immediately and may provide emergency care until the assistance of a physician and surgeon is obtained.

CNMs Furnishing or Ordering Drugs or Devices

SB 1237 authorizes a CNM to furnish or order drugs (including certain controlled substances) and devices under specified conditions. In general, if a CNM intends to furnish or order drugs or devices for services outside those described in the "Scope of Care and Services" section above, or intends to furnish any controlled substance, they must abide by a standardized or patient-specific protocol developed in collaboration with a physician and surgeon.

The bill requires a CNM who furnishes or issues a controlled substance to register with the Controlled Substance Utilization Review and Enforcement System (CURES).

Patient Disclosures and Data Reporting

A CNM shall make certain oral and written disclosures to prospective patients and obtain informed consent. The disclosures shall state that the patient is retaining a CNM who is not supervised by a physician and surgeon, the arrangements for referral or transfer to a physician and surgeon, how to locate laws relevant to their practice and file a complaint with BRN, and other required items. This requirement does not apply to births intended to occur in a hospital setting.

CNMs providing labor and delivery services outside a hospital setting shall report certain patient data to the California Department of Public Health.

FISCAL: None

SUPPORT:

(List current as of June 19, 2020)

California Nurse Midwives Association (Cosponsor)
Black Women for Wellness Action Project (Cosponsor)
Academy of Lactation Policy and Practice
American Association of Birth Centers- CA
American Nurses Association/CA
CA Women's Law Center
Citizens for Choice Feminist
Majority Foundation Healthy
Children Project, Inc.
MomsRising (partial list)

OPPOSITION:

(List current as of June 19, 2020)

American Congress of Obstetricians & Gynecologists – District IX
California Association of Licensed Midwives
California Families for Access to Midwives
Californians for the Advancement of Midwifery
Welcome Home Community Birth Center, Inc.

ATTACHMENT:

[SB 1237, Dodd. Nurse-midwives: scope of practice.](#)

Version: 07/27/20 – Amended Assembly