Date of Hearing: July 12, 2023

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Chris Holden, Chair
SB 667 (Dodd) – As Amended May 24, 2023

Policy Committee: Business and Professions Vote: 18 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill expands and clarifies the scope of practice of certified nurse-midwives (CNMs).

Specifically, this bill:

1) Clarifies that CNMs practicing under mutually agreed-upon policies and protocols with a physician are not required to practice with a physician.

2) Authorizes CNMs to furnish or order Schedule II or III controlled substances under mutually agreed-upon policies and protocols with a physician rather than patient-specific protocols approved by a physician or standardized procedures.

3) Authorizes CNMs to dispense drugs under mutually agreed-upon policies and protocols with a physician rather than standardized procedures.

4) Includes CNMs in the definition of "prescriber" under the Pharmacy Law.

5) Expands the definition of "laboratory director" to include CNMs for purposes of a clinical laboratory test or examination classified as waived or provider-performed microscopy procedures (PPMP) under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA).

FISCAL EFFECT:

1) Minor and absorbable costs to the California Department of Public Health.

2) No costs to the Board of Registered Nursing (BRN) and Medical Board of California.

COMMENTS:

1) **Purpose**. This bill is co-sponsored by the California Nurse-Midwives Association and Black Women for Wellness Action Project. According to the author:

> SB 667 builds upon the recent efforts by the legislature to expand access to women's health care across the state by removing barriers and ensuring Certified Nurse Midwives (CNMs) can practice to the full extent of their scope and training. The bill removes and streamlines redundant requirements and creates consistency for CNMs

regardless of practice setting. There is a direct link between race, access, and maternity outcomes in minority communities. Improving access to nurse-midwifery care has been named by leading organizations, such as the March of Dimes and the World Health Organization, as one of the most innovative strategies in addressing racial disparities in communities of color. In the face of these persistent disparities in maternity care and ongoing provider shortages, SB 667 improves access to care for birthing people by ensuring CNMs can truly practice with full independence within their low-risk scope no matter the care setting and preserves the ability to collaborate with physicians to provide care to patients with more complex needs.

2) **Background**.

CNMs. CNMs are licensed registered nurses (RNs) with additional training in obstetrics and certification by the American Midwifery Certification Board or an equivalent program. CNMs provide midwifery and nursing services in many settings, including the home, birth centers, clinics, and hospitals. CNMs are considered advanced practice RNs. CNMs are also specifically authorized to perform midwifery services and attend cases of low-risk pregnancies and childbirth. CNMs monitor for abnormal conditions and provide preventive care. A pregnancy without abnormal conditions is called a low-risk pregnancy, and CNMs are authorized to independently provide all services and care incidental to a low-risk pregnancy.

CNMs are authorized to provide services for high-risk pregnancies under mutually agreed-upon policies and procedures with a physician. Any pregnancy where complications are more likely than normal, such as when the mother has high blood pressure or diabetes, or is overweight or underweight, is considered a high-risk pregnancy. Mutually agreed-upon policies and protocols ensure that medical care can be provided if abnormal conditions or emergencies arise.

Midwifery. Midwifery is a maternal health profession that includes care during pregnancy, labor, and the postpartum/postnatal period, including care of the newborn. Midwifery providers aim to prevent health problems in pregnancy, detect abnormal conditions, seek medical assistance when necessary, and provide emergency services when medical help is unavailable. Midwifery care is not technically the practice of medicine, as pregnancy is not an illness or ailment requiring medical treatment under normal circumstances.

Laboratory Testing. CNMs are authorized to perform PPMP under standardized procedures, as well as waived and moderate complexity tests under the overall operation and administration of the laboratory director. This bill authorizes CNMs to act as the laboratory director for purposes of independent midwifery care for waived tests and PPMP. According to the sponsors, the waived tests performed by CNMs at birth centers include: pregnancy tests; hemoglobin by fingerstick; urinalysis dipstick for ketones, nitrites, leukocytes, and nitrites; glucose by finger stick; fecal occult blood; and ovulation tests. PPMP includes four simple tests, all of which are microscopic examinations of vaginal secretions: the fern test, to detect rupture of the membranes (“water breaking”); diagnosis of bacterial vaginosis; diagnosis of yeast infection; and diagnosis of trichomoniasis, a sexually transmitted

infection.

3) **Prior Legislation**.

a) SB 1237 (Dodd), Chapter 88, Statutes of 2020, authorized CNMs to attend to low-risk pregnancies and perform related incidental functions without physician supervision; replaced the supervision requirement for higher-risk pregnancies with mutually agreed-upon policies and protocols; required the BRN to establish a Nurse-Midwifery Advisory Committee; established a disclosure and informed consent requirement; and established reporting and data collection requirements.

b) AB 2682 (Burke), of the 2017-18 Legislative Session, would have authorized a CNM to attend cases of normal pregnancy and childbirth without the supervision of a physician, required the BRN to establish a nurse-midwifery practice committee, and made conforming changes to childbirth attendance requirements for naturopathic doctors. AB 2682 died pending a hearing in the Senate Business, Professions and Economic Development Committee.

c) AB 1612 (Burke), of the 2017-18 Legislative Session, would have substantially expanded the scope of practice for a CNM related to drugs and devices, procurement of supplies and devices, obtaining and administering drugs and diagnostic tests, and authorized a CNM to perform and repair episiotomies and to repair first-degree and second-degree lacerations of the perineum, as specified. AB 1612 died pending a hearing in the Assembly Appropriations Committee.

d) SB 457 (Bates), of the 2017-18 Legislative Session, would have revised the requirements for physicians, licensed midwives, and CNMs who attend cases of pregnancy and out-of-hospital childbirth by specifying risk factors, referral requirements, and settings. SB 457 died pending hearing in the Senate Business, Professions and Economic Development Committee.

e) AB 1306 (Burke), of the 2015-16 Legislative Session, would have removed specified physician supervision requirements for CNMs, increased educational requirements, modified practice parameters, established a Nurse-Midwifery Advisory Committee within the BRN, among other changes. AB 1306 failed on concurrence on the Assembly floor.

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