

Date of Hearing: April 29, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1696 (Stefani) – As Amended March 16, 2026

Policy Committee: Health

Vote: 15 - 1

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill specifies that a licensed nurse-midwife does not require physician supervision when the nurse-midwife is providing emergency services and care within the scope of their licensure.

FISCAL EFFECT:

No state costs.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by the California Nurse-Midwives Association. According to the author:

California families deserve high-quality, evidence-based maternity care that improves outcomes while reducing unnecessary costs. Despite leading the nation in health care innovation, we continue to see rising maternal morbidity, persistent racial disparities, and unsustainable spending. Evidence consistently shows that midwifery care improves outcomes, reduces unnecessary interventions, and lowers costs. However, outdated regulatory structures limit the ability of the health care system to fully utilize this proven model of care. [This bill] addresses inconsistencies in existing law enabling a more efficient, equitable, and patient-centered maternity care system. By aligning policy with evidence, this bill will improve outcomes for families across California while advancing health equity and fiscal responsibility.

- 2) **Background.** Certified Nurse-Midwives (CNMs) are licensed registered nurses (RNs) with additional training in obstetrics and certification by the American Midwifery Certification Board or an equivalent program. As a result of their additional training, CNMs are considered advanced practice RNs and are specifically authorized to perform midwifery services and attend cases of low-risk pregnancies and childbirth. California CNMs attend approximately 14% of births in California but could provide greater health care access with workforce expansion.

According to a 2019 California Health Care Foundation report, mandatory physician supervision decreases access to care by limiting the ability of licensed providers to act at the

top of their license. A 2020 Legislative Analysts' Office report (LAO report) asserted that physician supervision is not well-defined—it does not mean the physician must do any of the following: be physically present; examine or ever meet the patient; sign or review any charts; or oversee patient care in any way. The LAO report concluded physician supervision is unlikely to improve quality and patient safety.

The Legislature responded by passing SB 1237 (Dodd), Chapter 88, Statutes of 2020, which established the parameters for the independent scope for CNMs and defines when a nurse-midwife may collaborate or must refer care to a physician, eliminating direct physician supervision of CNMs, with clear statutory delineation of when physician involvement is required.

- 3) **Opposition.** The California Chapter of the American College of Emergency Physicians (California ACEP) writes in opposition that the statute that grants independent practice to CNMs to attend cases of low-risk pregnancy and childbirth was not intended to grant CNMs independent practice in the emergency department. California ACEP notes the statute states “A certified nurse-midwife shall refer all emergencies to a physician and surgeon immediately.”

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