Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 836
Author: Stefani (D), et al.
Amended: 6/23/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 10-0, 7/16/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener
NO VOTE RECORDED: Grove

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25
AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 73-2, 6/2/25 - See last page for vote

SUBJECT: Midwifery Workforce Training Act

SOURCE: California Nurse-Midwives Association

DIGEST: This bill requires the Department of Health Care Access and Information, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California.

ANALYSIS:

Existing law:

1) Establishes the Department of Health Care Access and Information (HCAI), and requires HCAI to collect, analyze, and publish data about health care workforce and health professional training; identify areas of health workforce shortages; and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. Establishes the Health Professions Education Foundation within HCAI to,

among other functions, develop criteria for evaluating applicants for various scholarships and loans. [Health and Safety Code (HSC) §127000, et seq. and §127750, et seq.]

2) Requires HCAI, as part of the Midwifery Workforce Training Act, to establish a program for training certified nurse-midwives (CNMs) and licensed midwives (LMs) in accordance with the global standards for midwifery education and the international definition of "midwife" as established by the International Confederation of Midwives, in order to increase the number of students receiving quality education and training as a CNM or as a LM. [HSC §128298(b)(1)]

3) Requires HCAI to only contract with programs that train CNMs and programs that train LMs that, at minimum, include, or that intend to create, a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities, or that seek to recruit and retain racially and ethnically diverse students, underrepresented groups, or people from underserved or historically marginalized communities. [HSC §128298(b)(2)]

This bill:

1) Requires HCAI, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California.

2) Requires the study to include such things as:

   a) An evaluation of status and trends in midwifery education in California and the U.S.;
   b) A financial sustainability plan, including long-term education program financing, cost of educating midwives in California, and the options for financial stability of midwifery education—including assessing available state and federal funding resources to cover specified students' costs;
   c) Identifying and proposing pathways to diversify the midwifery student pipeline, including assessing the opportunities, challenges, and support needs of prospective students, current students, and preceptors;

d) Identifying institutions and programs of study that are equipped to house midwifery education programs, as well as viable education programs that can serve both rural and urban geographic areas;
e) Identifying sites for interprofessional education between resident obstetricians and midwives, as well as considering ways to allow CNMs and LMs to train together, with separate exit requirements specific to their path;
f) Ensuring proposed solutions for midwifery education meet the needs of California birthing families and future midwives; and,
g) An assessment of jobs available for new graduates, and projected growth.

3) Requires HCAI to post the report on its website, and to notify all persons in their reproductive health and maternity care electronic mailing list, no later than 36 months after the appropriation of funds to HCAI.

Comments

According to the author of this bill:

> California is facing a maternity and reproductive health care crisis. Communities across California face severe lack of access to reproductive health and maternity care. Midwifery care has demonstrated excellent clinical outcomes but is underutilized. This bill advances the future of midwifery care in California by requiring a landscape analysis of the state to consider truly innovative and financially sustainable educational options, with a focus on the communities who need midwifery care the most. This study will evaluate opportunities to diversify the midwife pipeline, assess barriers to educational pathways, and identify potential solutions to expand the number of programs preparing high-quality, culturally responsive, maternal health care providers. This analysis will inform future strategies to develop a robust and well-trained midwife workforce to fill California's maternity and reproductive health provider shortages across the state. California has an opportunity to strategically invest in midwifery education programs and the landscape analysis required under this bill will help ensure that strategic investment in midwifery education builds sustainable, cost-effective programs for a robust and reliable workforce.

Background

Midwifery in California. According to a February 2025 California Health Care Foundation (CHCF) Issue Brief, midwives play a crucial role in the maternity care workforce, providing comprehensive health services during pregnancy, labor, and postpartum, including as the primary birth attendant. In many countries that have better birth outcomes than California and the U.S., midwives provide the majority

of care for uncomplicated pregnancies and births. The midwifery model of care emphasizes respectful, relationship-based, and person-centered care, supporting the progress of labor and birth with minimal intervention unless necessary. An element of successful midwifery care is appropriate consultation with obstetrician/gynecologists and transfer to physician care if the need arises (e.g., if a patient develops medical complications outside the scope of midwifery care or requires surgery). California has two types of midwives: LMs and CNMs. LMs, regulated by the Medical Board of California, primarily practice in community-based settings, including birth centers and home births. Nationally certified LMs are credentialed as certified professional midwives and are legally recognized in 38 states. CNMs are also registered nurses and are regulated by the California Board of Registered Nursing, primarily practicing in clinics and hospitals. Nationally, CNMs are legally recognized in all 50 states. Both LMs and CNMs meet international midwifery education standards and provide high-quality care focused on pregnancy, childbirth, and postpartum, including family planning and newborn care, with CNMs also offering broader gynecologic services.

An October 22, 2024 CHCF publication on California's midwife workforce notes:

a) Only 12% of LMs and 10% of CNMs were Latina/x, while 45% of the state's population of women/birthing people age 15 to 44 (considered reproductive age by the U.S. Centers for Disease Control and Prevention) was Latina/x;
b) Two percent of LMs and 4% of CNMs were Black, compared to 6% of the Black women/birthing people of reproductive age;
c) Many LMs (25%) and CNMs (33%) said they spoke a non-English language fluently; and,
d) LMs estimated that 6% of their patients preferred to receive services in a non-English language, and CNMs reported that 33% of their patients preferred to receive services in a non-English language.

Doctor of Nursing Practice (DNP) programs result in some closures of masters-level midwifery programs; others reopen. In 2004, the American Association of Colleges of Nursing (AACN) called for all nursing schools to phase out master's-level preparation for advanced practice registered nurses (APRNs: clinical nurse specialists, nurse practitioners, nurse midwives, and nurse anesthetists) and transition to DNP preparation only by 2015, based on some Institute of Medicine (IOM) reports on medical errors, quality of care, and safety. Given the growing complexity of care, and strong recommendations by the IOM, many believed health care would benefit from doctorate-educated practitioners—this was at a time

during which other disciplines, such as pharmacy and physical therapy, also moved their disciplines to a doctoral level. Yet, when it released the *Future of Nursing* report in 2010, IOM did not explicitly state a need for a practice doctorate as a universal requirement for APRN entry. However, the number of DNP programs and graduates continued to grow steadily over the next decade: the national DNP program count rose from 92 in 2008 to 354 in 2018, while master's-level programs remained stagnant, or even decreased. And in 2025, UCSF, one of only two California master's-level programs for midwifery, stopped admitting students while it revamped its curriculum to offer only DNPs through the Bachelor of Science in Nursing Entry to DNP model. But a large number of schools actually retained their Master of Science in Nursing (MSN) option while instituting a nonclinical version of the DNP. Many nursing schools kept up robust MSN enrollment and only added the post-MSN-DNP, which did not require extensive investment in clinical sites and could be delivered to large numbers of students online. Further, a September 6, 2024 CHCF blog notes that the national transition to DNPs has not caught on the way AACN envisioned, and an acute need for maternal health practitioners has had some universities moving in the other direction. CHCF notes that in 2024, Rutgers University reinstated the nurse-midwifery master's training it had eliminated in 2016. The University of Alabama-Birmingham also restarted its master's in nurse-midwifery program in 2022 after a 25-year hiatus. In addition, George Washington University in Washington, DC; Loyola University in New Orleans; and, the University of Nevada-Las Vegas added master's training in nurse-midwifery.

CHCF states that UCSF estimates tuition and fees will cost $152,000 for a three-year doctoral degree in midwifery, compared with $65,000 for a two-year MSN. Studies show that 71% of nursing master's students and 74% of nursing doctoral students rely on student loans, and nurses with doctorates earn negligibly or no more than those with master's degrees. A 2020 article in *Nursing Outlook* argued that the financial implication of requiring the DNP degree is the largest barrier to adoption, both for students and organizations, as a universal DNP requirement would have financial ramifications on three levels: a) cost to individual students; b) cost to institutions that financially support advanced nursing practice education; and, c) cost to schools. The article cites a 2019 study that revealed the average 2014 salary for DNP-educated CNMs to be $105,968; the average salary for master's-prepared CNMs was $102,576 in 2014. This annual differential of $3,392 in mean salary dollars pales in comparison to the differences in time, effort, and tuition dollars required of DNP students, compared to CNM students, the article notes.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

The HCAI estimates General Fund costs of approximately $1 million in 2026-27 to contract with a consultant to develop the workforce study.

SUPPORT: (Verified 8/27/25)

California Nurse-Midwives Association (source)
American College of Nurse-Midwives
American Nurses Association\California
Black Women for Wellness Action Project
California Latinas for Reproductive Justice
California Legislative Women's Caucus
California Women's Law Center
Citizens for Choice
City of Glendale
Essential Access Health
If/When/How: Lawyering for Reproductive Justice
March of Dimes
National Health Law Program
Planned Parenthood Affiliates of California
Reproductive Freedom for All California
Rural County Representatives of California
San Francisco Bay Area Black & Jewish Unity Coalition
United Nurses Associations of California/Union of Health Care Professionals
Urban Counties of California
Western Center on Law and Poverty

OPPOSITION: (Verified 8/27/25)

None received

ARGUMENTS IN SUPPORT: The California Nurse-Midwives Association, as sponsor, and other supporters of this bill state that communities around California face a severe lack of access to reproductive health and maternity care. Between 2014 and 2024, more than 50 maternity units closed throughout the state. Midwifery care has demonstrated excellent clinical outcomes, but they are underutilized and can be mobilized to help address provider shortages. Supporters state when midwives are integrated into health systems, they find more positive health outcomes, including spontaneous vaginal birth, labor after Cesarean, vaginal

birth after Cesarean, breastfeeding, patient confidence and control, patient-centered care, and lower costs. There are also fewer undesirable health outcomes: cesarean birth, operative vaginal delivery, induction of labor, episiotomy, perineal lacerations, use of pain medicine, epidural anesthesia, continuous fetal monitoring, NICU admissions, preterm birth and low birth weight infants, infant emergency department visits and hospitalizations, and neonatal deaths. Supporters further argue California currently only has one nurse-midwifery program accepting students: the California State University Fullerton master's degree in nurse-midwifery. There are currently no LM programs in California. To fill the state's needs, midwifery education should aim to serve parts of the state with the most significant provider shortages and maternity care needs. Midwifery education programs are required to meet high quality standards and can successfully prepare the midwife workforce in California. This bill proposes a landscape analysis to assess barriers to education program growth and identify possible solutions.

ASSEMBLY FLOOR: 73-2, 6/2/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NOES: DeMaio, Sanchez
NO VOTE RECORDED: Chen, Gallagher, Hoover, Tangipa

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
8/29/25 20:57:13

****** END ******