

CONCURRENCE IN SENATE AMENDMENTS

AB 836 (Stefani)

As Amended September 3, 2025

Majority vote

SUMMARY

Requires the Department of Health Care Access and Information (HCAI), upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education. Requires the study to be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California that would, among other things, identify viable education programs that can serve both rural and urban geographic areas.

Senate Amendments

Are technical and clarifying, and add coauthors.

COMMENTS

Communities around California face a severe lack of access to reproductive health and maternity care. The California Hospital Association reports that between 2014 to 2024, more than 50 maternity units closed throughout the state. The maternity workforce shortage is one of three key drivers, with a projected shortage of 1,100 OB/GYNs in California by 2030.

Midwives. Midwives are licensed clinicians who play a key role in the maternity care workforce. California credentials two types of midwives: licensed midwives (LMs) and nurse-midwives (NMs). Both types of midwives provide care during pregnancy, childbirth, and postpartum, although they have different clinical training and licensure. According to the California Health Care Foundation October 2024 report, "*California's Midwife Workforce: Practice Settings, Work Environments, and Future Practice Plans*," the number of NMs licensed in California was stable between 2017 and 2023, fluctuating between a low of 1,157 and a high of 1,175 NMs. Over the same period, the number of LMs increased 22%, from 376 in 2017 to 458 in 2023. Not all licensed NMs and LMs practice as midwives.

California births. There were 419,104 births in California in 2022. The majority of these births had a physician as the primary attendant, although midwife attendants have increased over the last decade. Midwives serving as a primary attendant increased from 9% of births in 2012 to 14% of births in 2022, with the majority of these being NMs. California NMs and LMs collectively attend approximately 14% of births in California, but could provide greater health care access with workforce expansion. Nurse-midwifery is a mandated Medi-Cal benefit, but access to midwifery care across the state is highly variable.

Positive health outcomes. According to a 2014 study, "*Improvement of Maternal and Newborn Health Through Midwifery*," published in *The Lancet*, when midwives are integrated into health systems, we 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. We also see fewer undesirable health outcomes: cesarean birth, operative vaginal delivery, induction of labor, episiotomy, perineal lacerations, use of pain medicine, epidural anesthesia, continuous fetal monitoring, neonatal intensive care unit (NICU) admissions, preterm birth and low birth weight infants, infant emergency department visits and hospitalizations, and neonatal deaths. As noted above, the number of births attended by

California NMs and LMs has increased over time and in 2022, they attended approximately 14% of total births in the state.

With increased access to midwifery care, this proportion would increase and thereby improve maternal and newborn outcomes associated with midwifery care.

California Reproductive Health Service Corps. AB 1918 (Petrie-Norris), Chapter 561, Statutes of 2022, establishes the California Reproductive Health Service Corps program within HCAI to reduce the debt burden of current and future health care professionals dedicated to providing reproductive health care in underserved areas of California. HCAI entered into agreements with two leading reproductive health training organizations, Training in Early Abortion for Comprehensive Healthcare (TEACH) and Empower RX, who are leading a collaborative effort with multiple partners to implement and expand curricula/training opportunities in abortion and abortion related care for health workers ranging from allied health professionals to advanced practitioners. These efforts are ongoing through 2028. HCAI awarded 343 individuals loan repayment and scholarships through the clinical infrastructure funds. These awardees committed to providing reproductive health services. HCAI has multiple existing loan repayment and scholarship programs that cover the full array of health professionals who provide reproductive health services. HCAI augmented existing programs to award individuals providing those services or currently in training to provide those services in the future. All of the funds from the Reproductive Health Service Corps have been obligated.

According to the Author

California is facing a maternity and reproductive health care crisis. Communities across California face severe lack of access to reproductive health and maternity care. The author states that midwifery care has demonstrated excellent clinical outcomes but is underutilized, and 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, assessing barriers to educational pathways, and identifying potential solutions to expand the number of programs preparing high-quality, culturally responsive, maternal healthcare 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. The author concludes that 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.

Arguments in Support

The California Nurse Midwives Association (CNMA) is the sponsor of this bill and states that communities around California face a severe lack of access to reproductive health and maternity care. Between 2014 to 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. 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 licensed midwife 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. CNMA

concludes that this bill will ultimately increase access to clinical placement sites appropriate to midwifery scope of practice.

Arguments in Opposition

None.

FISCAL COMMENTS

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

VOTES:

ASM HEALTH: 15-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 13-0-2

YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta

ABS, ABST OR NV: Sanchez, Tangipa

ASSEMBLY FLOOR: 73-2-4

YES: 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

NO: DeMaio, Sanchez

ABS, ABST OR NV: Chen, Gallagher, Hoover, Tangipa

UPDATED

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