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**SENATE COMMITTEE ON HEALTH**  
**Senator Dr. Akilah Weber Pierson, Chair**

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**BILL NO:** SB 1271  
**AUTHOR:** Reyes  
**VERSION:** March 25, 2026  
**HEARING DATE:** April 22, 2026  
**CONSULTANT:** Natalie Gehred

**SUBJECT:** Midwifery: workforce data: availability to be a clinical preceptorship

**SUMMARY:** Requires the Medical Board of California (MBC), at the time of licensure or renewal, to request information about a licensed midwife’s eligibility, availability, and capacity to serve as a clinical preceptor, as well information about their clinical practice setting and any barriers to serving as a preceptor. Requires the MBC to provide this data to the California Department of Health Care Access and Information (HCAI) on a quarterly basis and requires HCAI to prepare a report to the Legislature by January 1, 2028.

**Existing law:**

- 1) Establishes the Licensed Midwifery Practice Act of 1993, which provides for the regulation and licensure of licensed midwives (LMs) by the MBC. Specifies a person is qualified for licensure as an LM after either:
  - a) Successful completion of a three-year postsecondary midwifery education program accredited by an MBC-approved organization, and successful completion of a comprehensive licensing examination equivalent to the exam given by the American College of Nurse Midwives; or,
  - b) Successful completion of an educational program the MBC deems equivalent. [BPC §2505 and §2513]
- 2) 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 Workforce Education and Training Council within HCAI to coordinate California’s health workforce education and training to meet the state’s health care needs. [HSC §128050 and §128250]
- 3) Establishes the Midwifery Workforce Training Act, which requires HCAI, upon appropriation by the Legislature, to administer funding for a statewide study on midwifery education. Requires HCAI to establish a program for training certified nurse-midwives (CNMs) and LMs in accordance with the global standards for midwifery education and the international definition of “midwife” as established by the International Confederation of Midwives. [HSC §128300(a) and §128298(b)(1)]
- 4) Requires the MBC and other health care licensing boards to request workforce survey data at least biennially at the time of licensure or registration renewal for submission to HCAI for future workforce planning. Requires MBC or the Department of Consumer Affairs to provide the data to HCAI quarterly. Requires HCAI to maintain the confidentiality of the data collected and only release it in an aggregated format. [BPC §502]

**This bill:**

- 1) Requires the MBC, as part of required workforce data collection at the time of electronic license or registration renewal, to request the following information from an LM:
  - a) The LM's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the MBC, including whether they have met the minimum requirements to become a clinical preceptor;
  - b) If eligible to serve as a clinical preceptor: whether the LM is currently available, or anticipates becoming available within the next two years, to serve as a clinical preceptor for student midwives; and, the primary practice setting or settings in which the LM would offer to serve as a clinical preceptor, including, but not limited to, home births, freestanding birth centers, hospital-based or integrated maternity settings, rural or frontier community settings, or federally qualified health centers;
  - c) If the LM responds that they are currently available to serve as a clinical preceptor, the maximum number of student midwives they are currently able to supervise concurrently and the county or counties in the state in which they currently practice and within which they would be available for clinical preceptorship;
  - d) If the LM responds that they are not currently available to serve as a clinical preceptor, the primary reason or reasons for their unavailability.
- 2) Prohibits the provision of this information from being a requirement of licensure or license renewal, and prohibits an LM from being subject to discipline for not providing the information.
- 3) Requires the MBC to provide this data quarterly to HCAI and requires the MBC and HCAI to maintain the confidentiality of this information, and only release it in an aggregate form that cannot be used to identify an individual LM.
- 4) Requires HCAI, by January 1, 2028, to submit a report to the Legislature detailing the findings from this survey.

**FISCAL EFFECT:** This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

- 1) *Author's statement.* According to the author, this bill requires the MBC to collect data on the capacity of LMs to serve as preceptors who will train incoming students. This data will be shared with HCAI, which will compile and submit a report to the Legislature. LMs are perinatal health professionals who provide maternity and newborn care, lactation support, and community-based services. Midwife preceptors are experienced providers who play a critical role in training, mentoring, and supervising aspiring LMs—bridging academic learning with hands-on clinical experience. Despite their importance, the current system does not support this training pathway. A shortage of preceptors, limited mechanisms to identify them, and demographic barriers often force trainees to complete their training out of state. While research shows strong outcomes for patients receiving midwifery care, a fragmented training pipeline creates structural barriers, particularly for rural and diverse communities. To address this gap, this bill allows LMs, at the time of licensure or renewal, to voluntarily complete a survey assessing their capacity to serve as preceptors. An expansion to this data collection is a critical step towards supporting the longevity of the practice and building a sustainable workforce that can meet California's maternal health needs.

- 2) *Midwives.* 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 (OB/GYN) 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). According to a 2017 Women’s Health Issues paper, patients attended by a CNM instead of an OB/GYN reduced the use of labor and birth interventions, maternal duration of stay, and overall costs. Maternal and neonatal outcomes were comparable across groups. A 2024 Cochrane review comparing maternal and infant outcomes in low-risk births with a midwife continuity of care model (care provided by the same midwife team during pregnancy, birth, and the early parenting period in collaboration with obstetric and specialist teams when required) found that, compared to other models of care, mothers were less likely to experience a cesarean section or instrumental vaginal delivery and reported more positive experiences during pregnancy, labor, and postpartum.
- 3) *Midwifery workforce.* California has two types of midwives: LMs and CNMs. LMs, regulated by the MBC, primarily practice in community-based settings, including birth centers and homes. 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. CNMs are legally recognized in all 50 states. According to a 2024 CHCF report on California’s midwives, both LMs and CNMs provide high-quality care focused on pregnancy, childbirth, and postpartum, including family planning and newborn care, with CNMs also offering broader gynecologic services. There are about two CNMs for every LM in the state. The CHCF publication also notes a lack of racial and ethnic diversity in the workforce relative to the state. Only 12% of LMs and 10% of CNMs identified as Latino, while 45% of the state’s population of women age 15 to 44 (considered reproductive age by the CDC) was Latina. Two percent of LMs and 4% of CNMs identified as Black compared to 6% of women of reproductive age.
- 4) *LM training requirements.* Licensing requirements for LMs require a fingerprint-based background check, professional education, and an examination. There are three pathways to satisfying the education requirement of licensure as an LM in California, according to the MBC. One route includes training under a three-year postsecondary education program at an accredited midwifery school approved by the MBC (usually one accredited by the Midwifery Education and Accreditation Council). Upon completion of the educational requirements, which include 84 semester units of theoretical instruction and clinical experience evaluation, the candidate must pass a licensing examination administered by the North American Registry of Midwives (NARM). According to the MBC, there are seven programs in the nation that meet the criteria for approval, none of them located in California, although some programs offer distance learning options. A second option is for students to train in another state and apply for licensing from the MBC under reciprocity, an option only currently available to applicants licensed in Florida or Washington. These applicants must have a license verification sent to the MBC from the issuing state, showing a current, valid, and unrestricted license. The candidate must also provide an official certificate or diploma,

transcript, and documentation of clinical training from the midwifery program, and evidence of a passing score on the NARM examination. Lastly, midwives may apply under a challenge mechanism that offers a student the opportunity to gain credit for previous midwifery education and clinical experience upon successful completion of the NARM examination. However, only one challenge mechanism program (the National Midwifery Institute in Vermont) is currently approved by the MBC. According to the MBC, as of April 1, 2026, there are 510 LMs licensed in the state, a 36% increase from 2017. The LM workforce has grown at a slow but steady pace over the past five years, with an average of 34 license applications received each year, 32 licenses granted, and 219 licenses renewed each year. So far in FY 2025-26, 175 licenses were renewed and 16 new licenses issued. However, not all LMs are practicing; the 2024 CHCF report found that in 2023, only 79% of LMs reported that they practiced midwifery.

- 5) *Clinical preceptorships.* An LM's clinical training is supervised by a preceptor, a licensed, actively practicing CNM, LM, or physician who trains students and evaluates the student's performance as part of their educational requirements. Some programs adhere to the NARM registration standards for those eligible to act as preceptors, which also requires preceptors to have an additional three years of experience after credentialing or 50 primary or co-primary births beyond entry-level licensing requirements. Furthermore, a NARM-registered preceptor must have attended a minimum of ten out-of-hospital births and have attended a workshop, course, or module on cultural awareness within the last three years. In most MBC-approved training programs, a student is responsible for identifying their own clinical preceptor, in some cases prior to even applying to the program.
- 6) *Double referral.* This bill was heard in the Senate Business, Professions, and Economic Development Committee on April 13, 2026, and passed with a 11-0 vote.
- 7) *Related legislation.* AB 1696 (Stefani) clarifies that a nurse-midwife does not require physician supervision when the nurse-midwife is providing emergency services and care within the scope of their authorized licensure. *AB 1696 is pending in the Assembly Appropriations Committee.*
- 8) *Prior legislation.* SB 520 (Caballero, Chapter 601, Statutes of 2025) creates the California Nurse-Midwifery Education Fund in HCAI for the purpose of establishing California-based, master's level nurse-midwifery education programs, upon appropriation by the Legislature.

AB 836 (Stefani, Chapter 597, Statutes of 2025) requires HCAI, upon appropriation by the Legislature, to administer funding for a statewide study on midwifery education.

SB 65 (Skinner, Chapter 449, Statutes of 2021), established the California Momnibus Act, which, among other provisions, enacted the Midwifery Workforce Training Act to require HCAI to increase the number of students educated and trained as CNMs and LMs.

AB 1308 (Bonilla, Chapter 665, Statutes of 2013) established the Midwifery Practice Act, which specified the licensure and scope of practice requirements for LMs.

- 9) *Support.* The Women's Foundation California, Solis Policy Institute, the sponsor of this bill, states that amid a maternity care labor shortage and maternal mortality crisis in the state, midwives are an important source of vital prenatal, birth, and postpartum care. They contend that this bill provides a practical, low-burden solution to understanding the barriers impacting

the midwifery pipeline. The bill is also supported by midwifery resource groups like the BIPOC Student Midwives Fund and organizations working to advance women's rights, maternal health, and health equity like the Girls Talk Organization, Black Birthing Justice, Inc., Around-Birth Collective, California Women's Law Center, and California Latinas for Reproductive Justice. These groups all discuss the preceptor shortage for aspiring midwives and lack of resources to find them, emphasizing that many students are left to independently navigate a fragmented and inaccessible system. They claim that as a result, many trainees rely on out of state programs to complete their credentials. This training bottleneck has contributed to significant structural barriers that limit access for rural and diverse communities to get involved in the profession and from receiving the specialized care they deserve. A better understanding of preceptor availability, capacity, practice setting, and barriers to precepting will support the longevity of the field, ensure the profession is reflective of the diverse communities it serves, and achieve better birth outcomes across California.

- 10) *Comparison with the Midwifery Workforce Training Act.* AB 836 authorized a comprehensive study on the status of midwifery education and training in the state within the Midwifery Workforce Training Act. The study is required to include the opportunities, challenges, and support needs of prospective and current students and preceptors, identification of institutions and programs of study that can house midwifery education programs for both rural and urban areas, and identification and proposed solutions to address the shortage of clinical preceptors and precepting sites. However, this comprehensive report is dependent upon an estimated \$1 million appropriation from the General Fund and must be completed within three years of appropriation. This bill, therefore, could provide a more immediate estimate of preceptor capacity, and could even serve to inform the future Midwifery Workforce Training Act study.

**SUPPORT AND OPPOSITION:**

**Support:** Women's Foundation California, Solis Policy Institute (sponsor)  
 Around-Birth Collective, Inc.  
 BIPOC Student Midwives Fund  
 Black Women Birthing Justice  
 California Latinas for Reproductive Justice  
 California Women's Law Center  
 Girls Talk Organization

**Oppose:** None received

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