
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

SB 1271 (Reyes) - Midwifery: workforce data: availability to be a clinical preceptorship

Version: March 25, 2026

Policy Vote: B., P. & E.D. 11 - 0, HEALTH
11 - 0

Urgency: No

Mandate: No

Hearing Date: May 4, 2026

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Bill Summary: SB 1271 expands the workforce data the Medical Board of California (MBC) must collect to include whether licensed midwives (LMs) can serve as clinical preceptors and requires the MBC to provide this information to the Department of Health Care Access and Information (HCAI) on a quarterly basis.

Fiscal Impact:

- HCAI reports ongoing General Fund costs of approximately \$195,000 beginning in Fiscal Year 2026-27 for 1.0 Research Data Specialist to analyze additional health workforce data regarding LM eligibility and availability to serve as clinical preceptors and to submit findings to the Legislature.
- MBC notes minor and absorbable costs to update online applications, renewal instructions, BreZE surveys, and other website and public newsletter content (Contingent Fund of the MBC).

Background: A clinical preceptor is an experienced healthcare practitioner who provides personalized instruction, supervision, and evaluation to a student in a clinical setting. Clinical preceptors oversee the student's clinical work to ensure patient safety while allowing the student to gain hands-on experience. They also assess students' competency and provide feedback to their educational institution regarding their progress, as well as helping to ensure that only students who meet the necessary clinical standards move forward into professional practice.

Preceptors take on this teaching role in addition to their regular patient duties. For many healthcare programs, having an adequate supply of preceptors is critical for students to graduate, as they cannot complete their clinical hours without them. For LMs, most MBC-approved training programs specify the student is responsible for identifying their own clinical preceptor and, in some cases, prior to even applying to the program.

Midwifery Workforce. Recent California Health Care Foundation (CHCF) workforce data published in October 2024, California's Midwife Workforce: Demographics, highlights both the importance of midwives and ongoing capacity challenges in California. In 2023, California had 1,160 nurse-midwives and 458 licensed midwives with active California licenses and California addresses; however, only 30 practicing midwives per 10,000 births statewide, with significant regional variation. The report showed that midwife-attended births have increased over time, rising from 8.4 percent of California births in 2012 to 12.8 percent in 2022.

While California law continues to require completion of an MBC-approved midwifery education program for licensure as a LM, the number of such programs is limited, and most are out-of-state or distance-learning programs with California-based clinical training. Many previously approved schools are no longer in operation, and as of recent workforce analyses, California has had little to no in-state accredited LM programs. Recent publications also highlight these training-capacity challenges. CHCF reported in 2024 that, in addition to LM program availability limitations, the state has only two accredited NM education programs, one of which was not admitting students.

Identifying available preceptors is only the first step in addressing a deeper capacity crisis within the state's midwifery training programs. Because students cannot graduate without completing clinical hours under a practicing midwife, the shortage of professionals able to balance teaching with active patient duties has become a primary obstacle to workforce growth.

Proposed Law:

- Requires MBC, in complying with data collection efforts for licensees pursuant to Business and Professions Code § 502, to request LMs to provide MBC with the following and provide the information quarterly to HCAI:
 - The LM's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by MBC, including whether they have met the minimum requirements to become a clinical preceptor, as well as 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 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.
 - The maximum number of student midwives the LM is currently able to supervise concurrently and the county or counties in which the LM practices and would be available for clinical preceptorship.
 - The primary reason or reasons a LM is not available if they tell MBC they are not available to serve as a clinical preceptor.
- Requires HCAI, on or before January 1, 2028, to submit a report to the Legislature detailing the findings from this information.
- States that the limitation on the public's right of access to public information this bill creates by requiring that only aggregated data be provided is necessary in order to protect the privacy of licensees while also gathering useful workforce data.

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