

Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

SB 1271 (Reyes) – As Amended June 9, 2026

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Health Committee.

SENATE VOTE: 39-0

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

SUMMARY: Requires (1) the Medical Board of California (MBC) to work with the Department of Health Care Access and Information (HCAI) to collect information regarding the eligibility and availability of licensed midwives (LMs) to serve as clinical preceptors for midwifery students and (2) HCAI to submit a report to the Legislature on or before January 1, 2029, detailing its findings.

EXISTING LAW:

- 1) Regulates the practice of medicine under the Medical Practice Act and establishes the MBC within the Department of Consumer Affairs (DCA) to administer and enforce the portions of the act relating to physicians and surgeons and LMs. (Business and Professions Code (BPC) §§ 2000-2529.8.1)
- 2) Regulates the practice of midwifery (non-nursing) under the Licensed Midwifery Practice Act of 1993 within the Medical Practice Act. (BPC §§ 2505-2523)
- 3) Defines “licensed midwife” to mean an individual licensed to practice midwifery under the midwifery act. (BPC § 2506(b))
- 4) Authorizes an LM to attend cases of normal pregnancy and childbirth, as specified, and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. (BPC § 2507(a))
- 5) Specifies that the practice of midwifery “constitutes” [sic] the furthering or undertaking by a licensed midwife to assist a woman in childbirth as long as progress meets criteria accepted as normal, as specified. (BPC § 2507(b))
- 6) Specifies that qualifying LM education programs must be accredited by an accrediting organization approved by the MBC and must provide classroom theory and clinical practice concurrently. (BPC §§ 2512.5(a), 2513)
- 7) Requires the DCA and specified healing arts boards, including the MBC, to work with the Department of Health Care Access and Information (HCAI) to collect specified workforce and demographic data from licensees on a voluntary basis at the time of license renewal, including educational background, hours spent in direct patient care, type of employer or classification of practice site, and workhours. (BPC § 502)

THIS BILL:

- 1) Requires the MBC, by April 1, 2027, to request, as part of its existing HCAI workforce survey, the following information from each LM applying for renewal:
 - a) The LM's eligibility to serve as a clinical preceptor for student midwives enrolled in an MBC-approved midwifery education program, including whether they have met the minimum requirements to become a clinical preceptor.
 - b) If the LM responds that they are eligible to serve as a clinical preceptor, both of the following:
 - i) Whether the LM is currently available, or anticipates becoming available within the next two years, to serve as a clinical preceptor for student midwives.
 - ii) 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, the maximum number of student midwives the LM is currently able to supervise concurrently and the county or counties in the state in which the LM currently practices and within which they would be available for clinical preceptorship.
 - d) If the LM responds that they are not currently available, the primary reason or reasons for their unavailability.
- 2) Requires the MBC to maintain the confidentiality of the information it receives from LMs under the provisions of this bill and may only release information in an aggregate form that cannot be used to identify an individual except as specified by HCAI.
- 3) Requires the MBC to quarterly provide the individual LM survey data it collects to HCAI as directed by HCAI for the purpose of statewide midwifery workforce planning, analysis, and public reporting.
- 4) Requires HCAI to maintain the confidentiality of the LM information it receives and to only release information in an aggregate form that cannot be used to identify an individual LM.
- 5) Requires HCAI, on or before January 1, 2029, to submit a report to the Legislature detailing its findings based on the information received under this bill.
- 6) Specifies that an LM is not required to provide the information as a condition for license renewal nor subject to discipline for not providing the information.

FISCAL EFFECT: According to the Senate Appropriations Committee:

- HCAI reports ongoing General Fund costs of approximately \$195,000 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).

COMMENTS:

Purpose. This bill is sponsored by the *Women's Foundation California, Solis Policy Institute*. According to the author:

[This bill] requires the Medical Board of California to collect data on the capacity of Licensed Midwives (LMs) to serve as preceptors who will train incoming students. This data will be shared with the Department of Health Care Access and Information, 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.

Background. Midwifery is a health care model that covers the maternal and newborn care continuum.¹ Specifically, midwifery practice includes care for women and other childbearing people during the pre-pregnancy, pregnancy, labor and delivery, postpartum, and postnatal newborn care periods. Midwifery focuses on pregnancy and childbirth as normal, healthy processes rather than medical conditions to be treated. To that end, midwives aim to prevent and manage complications before they require medical intervention. However, to effectively do so, they must be trained to identify abnormal conditions, to know when to consult and refer to other providers, and to provide emergency services when medical help is unavailable.

¹ Mary J. Renfrew et al., "Midwifery and Quality Care: Findings from a New Evidence-Informed Framework for Maternal and Newborn Care," *The Lancet* 384, no. 9948 (2014): 1130, [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3).

As a result, the Licensed Midwifery Practice Act of 1993 requires applicants seeking licensure as an LM to complete an approved training program that includes classroom training and hands-on clinical experience. LM education programs are specifically required to provide both classroom theory and clinical experiences in maternal and child health, including, labor and delivery, basic newborn care, and postpartum care.

However, the sponsor states that there is a shortage of LM preceptors to supervise the clinical experiences. Therefore, this bill requires the MBC to survey its LM population regarding their eligibility and availability to serve as preceptors, with the goal of identifying any potential barriers that prevent otherwise qualified LMs from serving in those roles.

Concurrent Clinical Requirement. In California, LM educational programs are statutorily required to provide the classroom theory and clinical experiences concurrently, mirroring the structure of nursing education programs where a student goes to class while also placed in a clinical site relevant to the course. The pedagogical goal is to maximize the student's learning potential by having the student immediately apply the concepts or techniques in a direct patient care setting. Essential to both the student's education and the client or patient's safety is the presence of a licensed clinical preceptor who can demonstrate, supervise, critique, and debrief the student.

In nursing, this concurrency requirement can make it difficult for educational programs to secure clinical placements for their students. If the availability of the clinical instructors who are able to supervise the students does not align with the program's course schedule, then the students cannot meet the concurrency requirement and therefore cannot progress in the course. While hospitals and other health facilities voluntarily provide these placements to protect the nursing student pipeline and potentially recruit the students, there are no direct incentives to offset the costs to the clinical site. This is an ongoing problem in nursing education in this state.

For LMs, any similar difficulty resulting from the concurrency requirement is likely compounded by the fact that there are no longer any MBC-approved LM programs physically located in CA, and eligible out-of-state programs would have to coordinate with students and an in-state preceptor to provide the appropriate concurrent experiences. However, one Florida-based program is advertising a California satellite program set to open in Fall 2026.² They note that they cannot guarantee placement with an onboarded preceptor but will assist students in securing one.

Prior Related Legislation. AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, established the existing HCAI workforce survey requirement utilized under this bill.

ARGUMENTS IN SUPPORT:

The *Women's Foundation California, Solis Policy Institute* (sponsor) writes in support, "[This bill] provides a practical, low-burden solution to better understand the barriers impacting the midwifery pipeline. An expansion to data collection to include preceptor availability, capacity,

² Commonsense Childbirth School of Midwifery, "CCSM California Satellite," accessed June 11, 2026, <https://commonsensemidsifery.org/ccsm-california-satellite/>.

practice setting, and barriers to precepting will support the longevity of the field, ensure the profession is reflective of the diverse communities they serve, and improve birth outcomes across California.”

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

IMPLEMENTATION ISSUES:

- 1) *Survey Design*. The following aspects of the bill may require additional attention to ensure the reliability and validity of the survey:
 - a) *Self-Assessed Eligibility*. There are no statutory or regulatory requirements for becoming a preceptor in an accredited LM education program. The requirements are established by the individual program and its accreditor.³ As a result, it is currently unclear how this question would be phrased to ensure an accurate assessment. If this bill passes this Committee, the author and sponsor may wish to work with the MBC and HCAI to determine whether there is a clear, definitive list of qualifications that would meet the minimum qualifications of every potential accreditor or program or whether the survey will be limited to LMs who are already approved by a program to serve as a preceptor, are registered as preceptors with the North American Registry of Midwives, or meet other objective criteria.
 - b) *Availability vs. Willingness*. This bill requires the MBC to ask detailed questions about an eligible LM’s availability to serve as a preceptor. If the respondent answers that they are not available, then the bill requires the MBC to ask the respondent why they are unavailable. According to the sponsor, the purpose of this line of questioning is to identify potential barriers hindering the availability of otherwise eligible LMs. However, if pressing the respondent for additional details induces guilt or feels intrusive, then the respondent may provide false answers or abandon the survey altogether. If this bill passes this Committee, the author and sponsor may wish to work with the MBC and HCAI to ensure respondents do not feel pressured to describe personal reasons that cannot be addressed in future legislation.
- 2) *Collection and Reporting Frequency*. At the MBC’s request, the author recently amended the bill to allow the MBC to implement the survey by April 1, 2027 (page 4, line 16):

the Medical Board of California ~~shall~~ *shall, by April 1, 2027*, request all of the following, as applicable, from a licensed midwife in the form and manner prescribed by the board...

³ See for example, "All academic faculty who are... clinical faculty members who are midwives must be qualified as follows:... [b] [h]ave at least three years of work experience in clinical midwifery practice -OR- a minimum of 50 births as the primary or co-primary attendant." Midwifery Education Accreditation Council, *Accreditation Handbook* (Midwifery Education Accreditation Council, 2025), 10, <https://www.meacschools.org/wp-content/uploads/2026/05/Accreditation-Handbook-2025-COMPLETE.pdf>.

However, the placement of the “by April 1, 2027,” deadline before the act of requesting “all of the following” creates ambiguity as to whether this is a one-time data collection project or an ongoing survey attached to license renewal. In addition, this bill contains an indefinite quarterly reporting requirement for the MBC to send the survey data to HCAI but only requires only a one-time report to the Legislature by January 1, 2029. Lastly, the quarterly reporting requirement may not provide significant utility after the report date. In the DCA’s *Fiscal Year 2024–25 Annual Report*, the MBC only reported a total of 494 active LMs, 34 new LM licenses issued, and 245 licenses renewed. Although the number may vary based on the timing of the renewals, this may generate approximately 60 responses every three months if they are evenly spaced and every licensee responds. If this bill passes this Committee, the author may wish to clarify the timing of the initial and future surveys.

REGISTERED SUPPORT:

Women’s Foundation California, Solis Policy Institute (sponsor)
Around-Birth Collective
BIPOC Student Midwives Fund
Black Women Birthing Justice
California Coalition for Black Birth Justice
California Latinas for Reproductive Justice
California Women's Law Center
Girls Talk Organisation
March of Dimes
Medical Board of California
Strong Hearted Native Women's Coalition

REGISTERED OPPOSITION:

There is no opposition on file.

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