Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 1271 (Reyes) – As Amended June 9, 2026

Policy Committee:	Business and Professions	Vote:	17 - 0
	Health		15 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill requires the Medical Board of California (MBC) request certain information from a licensed midwife (midwife) related to their availability to serve as a clinical preceptor for student midwives enrolled in a midwifery education program, and to provide that information to the Department of Health Care Access and Information (HCAI) for the purpose of statewide midwifery workforce planning and analysis.

More specifically, this bill:

1) Requires the MBC request all of the following, as applicable, from a midwife in the form and manner prescribed by the MBC:

    a) The midwife's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the MBC, including whether the midwife meets the minimum requirements to become a clinical preceptor, and if eligible, their eligibility, as specified, and the primary practice setting or settings in which the midwife would offer to serve as a clinical preceptor.

    b) If the midwife responds that they are currently available, the maximum number of students the midwife is able to supervise concurrently, the county or counties where the midwife currently practices and within which they would be available for clinical preceptorship.

    c) If the midwife responds that they are not currently available, the primary reasons for their unavailability.

2) Requires the MBC maintain the confidentiality of the information it receives from midwives under this bill and to release information in an aggregate form that cannot be used to identify an individual.

3) Requires the MBC quarterly provide the individual midwife data it collects to HCAI in a manner directed by HCAI for the purpose of statewide midwifery workforce planning, analysis, and public reporting, and requires HCAI maintain the confidentiality of the information it receives.

4) Requires HCAI, on or before January 1, 2029, submit a report to the Legislature detailing the findings of HCAI based on the information received pursuant to item 3, above.

5) Prohibits MBC from requiring a midwife provide the information requested in this bill or from subjecting a midwife to discipline for not responding.

FISCAL EFFECT:

1) HCAI estimates annual ongoing General Fund costs of $195,000 for one staff position to conduct the analysis, develop findings, and produce the required report.

2) The MBC anticipates minor and absorbable costs.

COMMENTS:

1) **Purpose.** This bill is sponsored by the Reproductive Health Rights and Justice Team from the Women's Foundation California Solis Policy Institute. According to the author:

> [Licensed midwives] 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 [midwives]—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 asks midwives], at the time of licensure or renewal, to voluntarily complete a survey assessing their capacity to serve as preceptors…[T]his 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) **Background.** Midwifery is a health care model that includes care 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. According to the MBC, as of April 1, 2026, there are 510 licensed midwives in the state.

   California law requires completion of an MBC-approved midwifery education program for licensure as a midwife. Statute also requires licensed midwife educational programs provide classroom theory and clinical experiences concurrently. The number of such programs is limited, and most are out-of-state or distance-learning programs with California-based clinical training. If the availability of clinical instructors who are able to supervise the students does not align with the program's course schedule, the students cannot meet the concurrency requirement and cannot progress in the training. While 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.

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