SENATE THIRD READING
SB 1271 (Reyes)
As Amended August 13, 2026
Majority vote

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 June 30, 2029, detailing its findings.

Major Provisions

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.

7) Sunsets this provision June 30, 2029, and recasts the current law as of that date.

COMMENTS

Background. Midwifery is a health care model that covers the maternal and newborn care continuum. 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.

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. That program notes that they cannot guarantee placement with an onboarded preceptor but will assist students in securing one.

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.

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, 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

None on file

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

1) Costs to HCAI of approximately $195,000 per year until 2028-29 for one staff position to conduct the analysis, develop findings, and produce the required report (General Fund).

2) The MBC anticipates minor and absorbable costs.

VOTES

SENATE FLOOR: 39-0-1
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Niello

ASM BUSINESS AND PROFESSIONS: 17-0-2
YES: Berman, Addis, Ahrens, Alanis, Bauer-Kahan, Caloza, Elhawary, Ellis, Haney, Hart, Irwin, Jackson, Dixon, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Bains, Chen

ASM HEALTH: 15-0-1
YES: Bonta, Sanchez, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Jeff Gonzalez, Mark González, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Johnson

ASM APPROPRIATIONS: 11-0-4
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
ABS, ABST OR NV: Hoover, Dixon, Ta, Tangipa

UPDATED

VERSION: August 13, 2026

CONSULTANT: Vincent Chee / B. & P. / (916) 319-3301 FN: 0003618