Office of Senate Floor Analyses
(916) 651-4171

UNFINISHED BUSINESS

Bill No: SB 1271
Author: Reyes (D), et al.
Amended: 8/21/26
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 4/13/26
AYES: Wahab, Choi, Archuleta, Arreguín, Caballero, Grayson, Menjivar, Niello, Smallwood-Cuevas, Strickland, Umberg

SENATE HEALTH COMMITTEE: 11-0, 4/22/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/14/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

SENATE FLOOR: 39-0, 5/19/26
AYES: 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
NO VOTE RECORDED: Niello

ASSEMBLY FLOOR: Passed, 8/25/26

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

**SOURCE:** Reproductive Health Rights and Justice Team from the Women's Foundation California Solis Policy Institute

**DIGEST:** This bill requires the Medical Board of California (MBC), in complying with workforce data collection, to request licensed midwives (LMs) to

provide MBC with information about the LM's ability to serve as a clinical preceptor and requires MBC to provide the information quarterly to the Department of Health Care Access and Information (HCAI).

*Assembly Amendments* add a coauthor, resolve chaptering conflicts, delay implementation to April 1, 2027 for MBC to begin collecting data, delay the due date for HCAI's report to the Legislature, and sunset the provisions of this bill on June 30, 2029.

**ANALYSIS:**

Existing law:

1) Requires health care professional licensing boards to request specified data from licensees at least biennially for future workforce planning. (Business and Professions Code (BPC) § 502)

2) Establishes HCAI and 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 Professions Education Foundation (HPEF) within HCAI to, among other functions, develop criteria for evaluating applicants for various scholarships and loans. (Health and Safety Code (HSC) §127000, et seq. and §127750, et seq.)

3) Requires HCAI, as part of the Midwifery Workforce Training Act, 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, in order to increase the number of students receiving quality education and training as a CNM or as a LM. (HSC §128298(b)(1))

4) Requires HCAI, upon appropriation from the Legislature, to administer funding for a statewide study on midwifery education conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California.

5) Establishes the Licensed Midwifery Practice Act of 1993, which provides for the regulation and licensure of LMs by the MBC. (BPC § 2505)

6) Requires the MBC to create and appoint a Midwifery Advisory Council (MAC) consisting of licensees of the board and members of the public who have an interest in midwifery practice, as specified. (BPC § 2509)

7) Specifies that a person is qualified for licensure as a LM when they either complete a three-year postsecondary midwifery education program accredited by an accrediting organization approved by MBC and pass a licensing examination adopted by MBC or successfully complete an educational program MBC determines satisfies specified criteria. (BPC § 2512)

This bill:

1) Requires MBC, by April 1, 2027, in complying with data collection efforts for licensees pursuant to BPC § 502, to request LMs to provide MBC with the following and provide the information quarterly to HCAI:

   a) 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.

   b) 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.

   c) The primary reason or reasons a LM is not available if they tell MBC they are not available to serve as a clinical preceptor.

2) Requires HCAI, on or before June 30, 2029, to submit a report to the Legislature detailing the findings from this information.

3) Specifies that a LM is not required to provide the information as a condition for license renewal nor subject to discipline for not providing the information.

4) Sunsets the provisions of this bill on June 30, 2029.

5) Incorporates provisions from AB 1811 (Rogers), which is pending in the current legislative session, to resolve chaptering conflicts.

**Background**

*Licensed Midwives.* MBC regulates LMs under the Licensed Midwifery Practice Act of 1993, which became effective January 1, 1994, at a time that MBC also had oversight for a multitude of allied health professions. A LM is an individual who has been issued a license by MBC to practice midwifery. LMs who have achieved the required educational and clinical experience in midwifery (including completing a three-year postsecondary education program in an accredited midwifery school approved by the MBC) or met the challenge requirements (obtaining credit by examination for previous education and clinical experience – as of January 1, 2015, new LMs may not substitute clinical experience for formal didactic education), must pass the North American Registry of Midwives' comprehensive examination. After successful completion of this examination, prospective applicants are designated as a "certified professional midwife" and are eligible to apply for licensure as a LM.

LMs are authorized to attend cases of normal pregnancy and childbirth, as defined in statute, and to provide prenatal, intrapartum, and postpartum care, including family-planning care for the mother and immediate care for the newborn. They are also authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to the practice of midwifery and consistent with their scope of practice. LMs can practice in a home, birthing clinic or hospital environment.

When the Licensed Midwifery Practice Act of 1993 was first enacted, LMs were required to practice under the supervision of physicians. AB 1308 (Bonilla, Chapter 665, Statutes 2013) removed the statutory physician-supervision requirement, but LMs remain subject to statutory limits requiring consultation, referral, or transfer when a client's condition falls outside normal pregnancy and childbirth. AB 1308 specified that a midwife may assist in "normal" pregnancy and birth, defined through regulations. SB 407 (Morrell, Chapter 313, Statutes of 2015) authorized a health care provider to employ or contract with LMs for providing comprehensive perinatal services in the CPSP.

*Midwifery Workforce.* According to a February 2025 issue brief from the California Health Care Foundation (CHCF) *Midwives Speak: Integration Challenges in California's Health System*, midwives play a critical role in the maternity care workforce by providing comprehensive care during pregnancy, labor, birth, and postpartum period, often serving as the primary birth attendant for low-risk pregnancies. The midwifery model of care emphasizes respectful, relationship-based, and person-centered care, supporting the physiologic process of labor and birth with minimal intervention unless clinically indicated. CHCF also notes that effective midwifery care includes appropriate consultation with obstetrician/gynecologists and timely transfer to physician care when complications arise or surgical intervention is required.

In California, two categories of midwives provide this care: LMs and certified nurse-midwives (CNMs), who are regulated by the California Board of Registered Nursing who practice primarily in clinics and hospitals. Although their training pathways and typical practice settings differ, both provide care centered on pregnancy, childbirth, postpartum care, family planning, and newborn care, while CNMs also provide broader sexual and reproductive health services. Nationally, CNMs are legally recognized in all 50 states and the District of Columbia.

Recent 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 CNMs 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% of California births in 2012 to 12.8% in 2022.

While California law continues to require completion of a 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 LM education programs, one of which was not admitting students.

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: No

The Assembly Committee on Appropriations notes 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 and MBC anticipates minor and absorbable costs.

**SUPPORT:** (Verified 8/25/26)

Reproductive Health Rights and Justice Team from the Women's (source)
Foundation California Solis Policy Institute (source)
Around-birth Collective, INC.
Bipoc Student Midwives Fund
Black Women Birthing Justice
Black Women for Wellness
California Association of Licensed Midwives
California Coalition for Black Birth Justice
California Latinas for Reproductive Justice
California Nurse Midwives Association
California Women's Law Center
Girls Talk Organisation
Hispanas Organized for Political Equality
March of Dimes
Medical Board of California
Strong Hearted Native Women's Coalition, INC.
The Children's Partnership
Women's Foundation California, Solis Policy Institute

**OPPOSITION:** (Verified 8/25/26)

None received

**ARGUMENTS IN SUPPORT:** Supporters note generally, "California is currently facing a significant maternity care labor shortage, particularly in rural and underserved communities which has left us in a full maternal mortality crisis. Licensed midwives play a vital role in providing prenatal, birth, and postpartum care, as well as community-based services like lactation support. Studies have demonstrated how effective midwives are in reducing unnecessary intervention during labor, and in some cases saving lives. Midwife preceptors are experienced maternity providers who play a critical role in training and mentoring incoming LMs- bridging their academic learning with hands on clinical experience."

Prepared by: Sarah Mason / B., P. & E.D. /
8/25/26 15:44:29

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