



Nurse-Midwifery Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

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Agenda Item 2.0

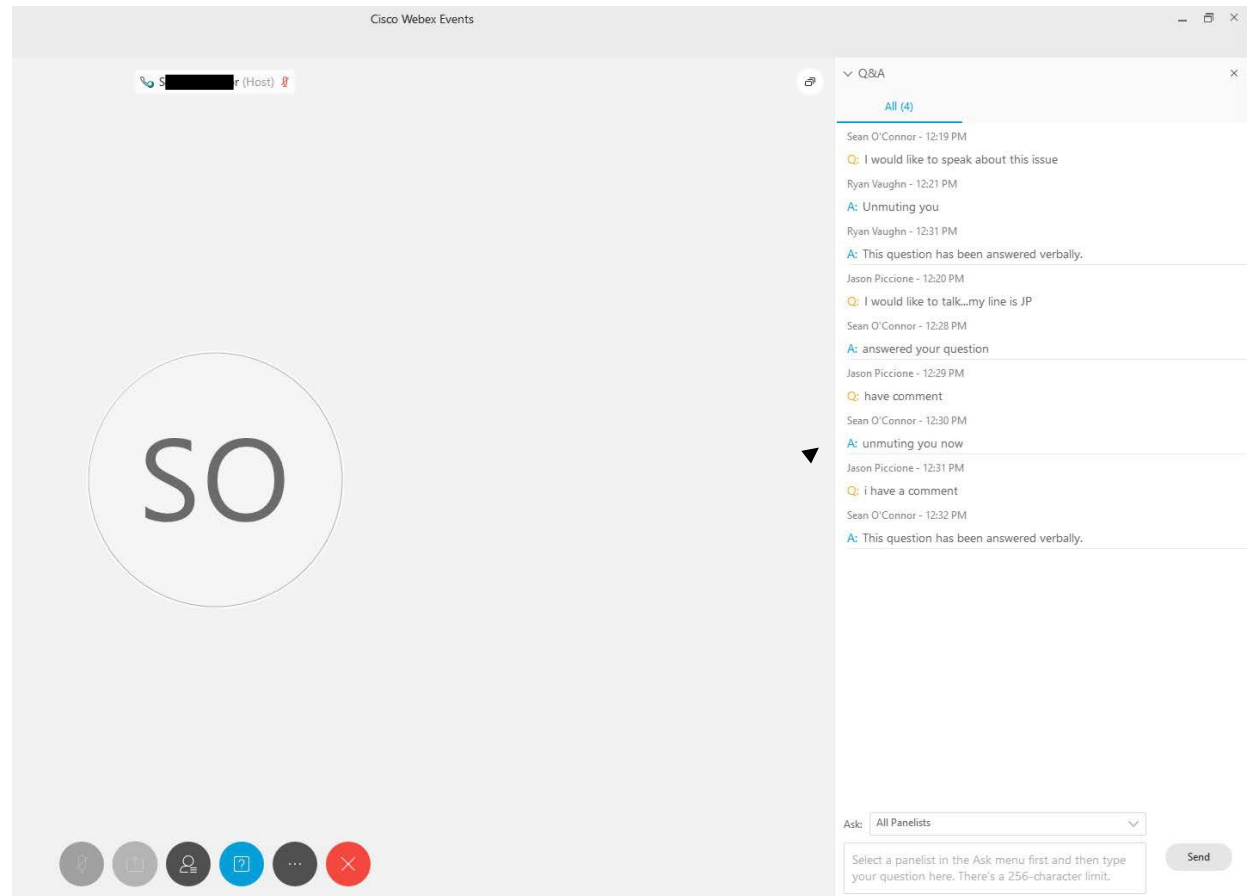
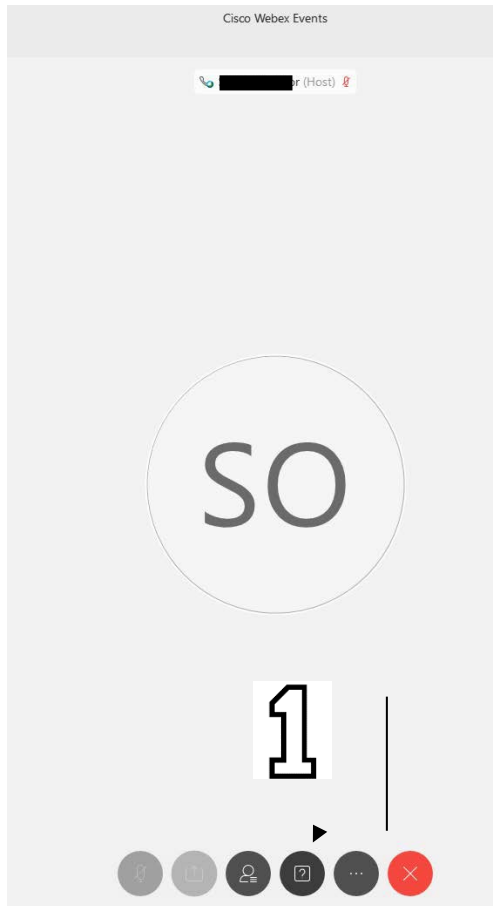
General Instructions for the Format of a Teleconference Meeting

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q and A' button near the bottom, center of your WebEx session.



2. The 'Q and A' chat box will appear.

3. 'Send' a request to 'All Panelists' stating "Comment Time Requested". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened, and you will have 2 minutes to provide comment.

NOTE: Please submit a new request for each topic on which you would like to comment.



Agenda Item 3.0

Review and Vote on Whether to Approve Previous Meeting Minutes.

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
NURSE-MIDWIFERY ADVISORY COMMITTEE
COMMITTEE MEETING MINUTES**

DRAFT

DATE: May 11, 2021

START TIME: 12:00 pm

LOCATION: **NOTE:** Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-29-20, dated March 17, 2020, a physical meeting location was not provided.

The Nurse-Midwifery Advisory Committee (NMAC) of the Board of Registered Nursing held a public meeting via a teleconference platform.

Tuesday, May 11, 2021 - 12:00 PM – 1:30 PM

1.0 Call to Order/Roll Call/Establishment of a Quorum
Loretta Melby called the meeting to order at 12:20 pm. 6 of 7 Members present. James Byrne joined at 12:23 pm. Hillary Reyes joined at 12:26 pm. Quorum established 12:21 pm.

MEMBERS Mary Kay Phillips, PhD, CNM
Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Hillary Reyes
Ruth Mielke, PhD, CNM, FACNM, WHNP-BC
James Byrne, MD
Misa Perron-Burdick, MAS, MD
Rebecca DeSantis (absent)

BRN STAFF: Loretta Melby, MSN, RN, BRN Executive Officer
Reza Pejuhesh, DCA Legal Attorney
Evon Lenerd Tapps, BRN Assistant Executive Officer

2.0 **General Instructions provided for the Format of a Teleconference Call**

3.0 **Public Comment for Items Not on the Agenda; Items for Future Agendas**

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code, Sections 11125 and 11125.7(a)).

PUBLIC COMMENT FOR AGENDA ITEM 3.0:

No public comments.

12:27 pm

4.0

Welcome and Introduction

DISCUSSION: Committee members gave brief introductions of themselves including the background and interest in serving on NMAC.

PUBLIC COMMENT FOR AGENDA ITEM 4.0:

No public comment.

12:31 pm

5.0

Discussion and Possible Action Regarding Election of Chair and Vice Chair Positions

DISCUSSION: Discussion by committee members regarding the two NMAC leadership positions.

PUBLIC COMMENT FOR AGENDA ITEM 5.0:

No public comment.

MOTION: **Ruth Mielke:** Motioned to nominate Mary Kay Phillips as the Chair of the NMAC.

SECOND: **Mary Kay Phillips**

	MKP	JSB	HR	RM	JB	MPB	RDS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

MOTION: **Jenna Shaw-Battista:** Motioned to nominate herself as the Vice-Chair of the NMAC.

SECOND: **Mary Kay Phillips**

	MKP	JSB	HR	RM	JB	MPB	RDS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

12:42 pm

6.0

Discussion and Possible Action Regarding Meeting Dates for 2021.

DISCUSSION: Discussion by committee members regarding the meeting calendar in the materials.

PUBLIC COMMENT FOR AGENDA ITEM 6.0: No public comment.

MOTION: **Hilary Reyes:** Motioned to accept the calendar.

SECOND: **James Byrne**

Vote	MKP	JSB	HR	RM	JB	MPB	RDS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

12:46 pm

7.0 NMAC Charter Overview – Information Only

DISCUSSION: Discussion of the Charter included in the materials.

PUBLIC COMMENT FOR AGENDA ITEM 7.0: No public comment.

MOTION: **James Byrne:** Motioned to approve the committee charter.

SECOND: **Misa Perron-Burdick**

Vote	MKP	JSB	HR	RM	JB	MPB	RDS
	Y	Y	Y	Y	Y	Y	AB
Key: Yes: Y No: N Abstain: A Absent for Vote: AB							

12:50 pm

8.0 Discussion and Possible Action Regarding Senate Bill 1237 Implementation Plan

DISCUSSION: Discussion by committee members regarding the implementation plan for SB 1237.

MOTION: **Ruth Mielke:** Motioned to accept the SB 1237 Implementation Plan with the addition of Frequently Asked Question component.

SECOND: **Hilary Reyes**

PUBLIC COMMENT FOR AGENDA ITEM 8.0: No public comment.

9.0

Adjournment

Mary Kay Phillips – Chair, adjourned the meeting at 1:10 pm.

Submitted by:

Accepted by:

McCaulie Feusahrens

Chief of Licensing

Licensing Division

California Board of Registered Nursing

Mary Kay Phillips, PhD, CNM

Chair

Nurse-Midwifery Advisory Committee

Loretta Melby, MSN, RN

Executive Officer

California Board of Registered Nursing



Agenda Item 5.0

Discussion and Possible Action: Regarding the procedures for NMAC to provide recommendations or guidance on care when the Board is considering disciplinary action against a Certified Nurse-Midwife (CNM).

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0
DATE: August 3, 2021

ACTION REQUESTED: **Discussion and Action:** Regarding the procedures for NMAC to provide recommendations or guidance on care when the Board is considering disciplinary action against a Certified Nurse-Midwife (CNM).

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

Presentation by Shannon Johnson, Enforcement Deputy Chief on the Board of Registered Nursing (BRN) discipline process.

The NMAC members will review the BRN discipline process including the BRN disciplinary guidelines and discuss the procedures for NMAC to provide recommendations or guidance on care when the Board is considering disciplinary action against a CNM.

RESOURCES:

BRN Disciplinary Guidelines: <https://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

Nursing Practice Act - Business and Professions Code, Division 2, Chapter 6:
https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=6.&article=

SB 1237 'Today's Law As Amended':
https://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200SB1237&showamends=false

SB 1237 Implementation Plan: <https://www.rn.ca.gov/pdfs/meetings/brd/sb1237plan.pdf>

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
 mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

Discussion and Possible Action: Regarding the need to develop Frequently Asked Questions (FAQ), advisories, or regulatory revisions on matters related to midwifery practice, education, appropriate standard of care, etc., as a result of the implementation of Senate Bill (SB) 1237 (Reg. Sess. 2019-2020).

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

**BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 6.0
DATE: August 3, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding the need to develop Frequently Asked Questions (FAQ), advisories, or regulatory revisions on matters related to midwifery practice, education, appropriate standard of care, etc., as a result of the implementation of Senate Bill (SB) 1237 (Reg. Sess. 2019-2020).

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

Loretta Melby, BRN Executive Officer, will present the differences between FAQs, Board Advisories, and revisions to regulations and/or statute.

The NMAC members will discuss the need to develop FAQs and/or advisories as well as regulatory revisions that may be needed on matters related to midwifery practice, education, appropriate standard of care as a result of the implementation of SB 1237. Further discussion on website updates will be addressed in agenda item 8.

RESOURCES:

California Nurse-Midwives Association’s SB 1237 “Quick Start Guide” and FAQs:
https://docs.google.com/document/d/10chrg_-TvkUMztdoQdSPrDPO_PqLgz8bHnICLW3n3w/edit

- **Note:** this document is also included in the materials.

SB 1237 ‘Today’s Law As Amended’ (specifically section(s) 7, 8 and 9 for clarification)
https://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200SB1237&showamends=false

Nursing Practice Act - Business and Professions Code, Division 2, Chapter 6:
https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=6.&article=

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
 mccaulie.feusahrens@dca.ca.gov

[updated 2/4/20]

SB 1237 “Quick Start Guide” and FAQs



****This document is meant to be a quick “go-to” guide for understanding the main components of SB 1237. This document will be regularly updated with more questions/answers as they arise.***

**Note:, the BRN will not be releasing official regulatory guidance on the new law until well into 2021, possibly later. Therefore, we are offering general, “must-do” guidance ahead of official regulations to ensure all CNM practices across the state are compliant with the law as soon as possible. As with any new law that is untested, there will be “gray areas.” We may not be able to answer such “gray areas” in more detail until actual regulatory guidance is promulgated by the BRN.

Have Additional Questions or Need Help?

- Email advocacy@cnma.org, and we will reply to you and update this Q&A with your questions.
 - [Schedule “office-hours”](#) with the Health Policy Leadership Team
-

Go here first! [These slides](#) contain a quick review of all sections of the bill. These slides will give you the easiest review of the bill in its entirety.

For a verbal description of the slides check out [the recording from our annual meeting](#) (bill overview is from 18:30-56:12).

The SB 1237 Executive Summary can be found [here](#).

Community Birth Providers Checklist can be found [here](#).

Core Competencies for Basic Midwifery Practice be found [here](#).

The **actual bill text** can be found [here](#). CNMA’s recommendation is for all CNMs to become as familiar as possible with Section 4 (Scope) and Section 5 (Furnishing). Use the slide deck in the link above to guide your understanding of these sections.

[updated 2/4/20]

Frequently Asked Questions:

WHEN DOES THE LAW TAKE EFFECT?

SCOPE OF PRACTICE

Who will be defining “low-risk” pregnancy and childbirth?

Does the bill also cover GYN care?

Can CNMs care for individuals with a previous cesarean?

WORKING WITH PHYSICIANS

Does the bill require a collaborative practice agreement with a physician in order to practice?

What will be required for physicians to sign after SB 1237 becomes law?

STANDARDIZED PROCEDURES

Do I need Standardized Procedures (SPs) for furnishing medication within the independent scope of services delineated in Section 4(a)?

Do I need standardized procedures for furnishing medication for conditions that are being co-managed?

PATIENT AUTONOMY

In Section 4(e) of the Scope of Practice Section there is a clause about patient autonomy, what does that do and why is it important?

BILLING, REIMBURSEMENT & MALPRACTICE INSURANCE

How will this new law affect contracting with Medi-CAL and other insurance providers?

How will billing, reimbursement and malpractice insurance be impacted by SB 1237? Southern Cross Insurance offers discounted Malpractice Insurance to CNMA members

DATA COLLECTION

Section 8 describes data collection for out of hospital providers, what do I have to do to be in compliance with the law?

WHEN DOES THE LAW TAKE EFFECT?

SB 1237 takes effect on January 1, 2021. While no regulatory guidance from the BRN will be available by then, the bill nonetheless contains mostly straight forward next steps that you should begin to immediately implement. Every CNM practice in the state should be working to come into compliance with the law as soon as possible. Specifically:

- Understanding the *independent* scope of practice in Section 4(a) and the requirements for care of moderate and higher risk patients, as outlined in Section(4)(b).
- All consultations, referrals, or transfers should be documented in the patient chart.

- If you intend to engage in the care of patients outside of the scope of practice in section 4(a), the only statutory requirement is to create (or update) mutually agreed upon, signed protocols and policies (signed by you and a physician) to guide the care of clients who fall outside of the independent scope of practice in Section 4(a). These policies/protocols must simply delineate the parameters for consultation, collaboration, referral, and transfer of care. (Some practices may already have this in place and do not need to do much tweaking. Some practices will need much more.)
- Community birth CNMs should become familiar with the patient disclosures required in Section 7.

SCOPE OF PRACTICE

Who will be defining “low-risk” pregnancy and childbirth?

- “Low risk” is already partially defined in the law (see Section 4(a)(1)-(5)): vertex, full-term, singleton fetus and *“no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address consistent with this section”*
- The sentence: *“that the nurse-midwife is not qualified to independently address”* gives the CNM professional discretion to make a decision about the appropriateness of care based upon their education and training *as it is reflected in the [Core Competencies of ACNM](#)*. This is a key difference from LM statute that requires all persons with even a “risk factor” to have a physical face-to-face visit with a physician. CNM statute *does not* require that, but does require the CNM to use professional discretion in determining whether they can independently address the issue in accordance with Core Competencies, and whether the condition actually adversely affects the pregnancy.
- Clearer guidance on this section and how to determine what falls squarely into independent, low-risk scope will be forthcoming in BRN regulatory guidance

Does the bill also cover GYN care?

- The independent scope outlined in Section 4(a) includes “family planning care” and “interconception care.” This is consistent with the current legal scope of nurse-midwives in California.
- Comprehensive family planning care and interconception care are described in various standard documents, including [ACOG’s “Interpregnancy Care”](#) and the CDC’s [“Providing Comprehensive Family Planning Services”](#) among others. The [ACNM core competencies](#) section C. describes the CNM core competencies related to “sexual/reproductive health care”.

- CNMs should become familiar with what is included in this care. In its most basic description, they include the screening, preventive care, and initial point of care treatment in an aim “*to maximize a woman’s level of wellness not just in between pregnancies and during subsequent pregnancies, but also along her life course*” (ACOG, Interpregnancy Care, Obstetric Care Consensus #8, 2019), including:
 - Pap smear and general/basic urogynecologic screening such as UTI tx
 - STD and vaginitis screening and treatment
 - Contraception care and treatment with
 - Depression screening and initial point of care management and referral

Can CNMs care for individuals with a previous cesarean?

Yes. *Prenatal care* of individuals with a previous cesarean falls squarely within the independent scope of services delineated in BPC 2746.5(a) (see Section 4 of the slides [here](#) for a description of this scope). *Intrapartum and birth care* of these clients attempting TOLAC requires the signed policies/protocols noted in the 2nd paragraph [here](#). TOLAC can occur in any setting as long as these signed policies are in place.

WORKING WITH PHYSICIANS

Does the bill require a collaborative practice agreement with a physician in order to practice?

No. Collaborative practice agreements are not a requirement for practice. We were careful to NOT include such a requirement in the bill. In states that have collaborative practice agreements, it means that CNMs must have a signed agreement with a physician in order to practice at all, *even if they are functioning completely within their scope of practice and regardless of practice setting*. SB 1237 allows for completely independent practice, without any signed documents between a CNM and physician, in any setting, *if practicing within the scope of services described in BPC 2746.5(a)* (see Section 4 of the slides [here](#) for a description of this scope).

If the CNM wishes to care for patients who fall outside of this scope, then they are required to have written and signed guidelines for care, that are mutually agreed upon between a physician and the CNM(s), and that delineate the parameters for consultation, collaboration, and transfer, in order to guide care of these moderate and higher risk patients. The ACNM [Standards of Midwifery Practice](#) uphold mutually developed, written guidelines for care as the gold standard.

What will be required for physicians to sign after SB 1237 becomes law?

There is no requirement for physicians to sign your orders, your H&Ps, your notes, or your discharge summaries. If you are providing care for moderate risk patients (including IP care of TOLAC patients), you will need to develop and sign 'mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon.'

You will need to document any consultation, referral, or transfer in the patient record. Collaborations are not required to be documented.

So, for example if you are providing care for intrapartum TOLAC care in accordance with your signed policies and protocols you do not need to specifically document in the individual pt's chart that you are practicing under these policies and protocols you only need to document if you consult, refer or transfer care.

STANDARDIZED PROCEDURES

Do I need Standardized Procedures (SPs) for furnishing medication within the independent scope of services delineated in Section 4(a)?

- The basic answer is “no.” However, medical groups, hospitals, and hospital systems **may still require** SPs for furnishing medication even within the independent scope of services outlined in Section 4(a). CNMA intends to actively work on educating stakeholders on this and why this is unnecessary.
- All controlled substances, regardless of whether they are furnished for services within the CNM independent scope, **always need SPs, and Patient Specific**

Protocols (for Schedule II and III meds), as we are currently required to have.

- For community birth CNMs or CNMs in private practice: you do not need SPs for furnishing within the independent scope of services (with the exception of controlled substances), but we strongly suggest a good internal review of the services you provide and the medications you routinely furnish. Please ensure that if you do not have standardized procedures in place for furnishing, that you are furnishing solidly within the scope of services delineated in Section 4(a).

Do I need standardized procedures for furnishing medication for conditions that require signed policies and protocols? ?

(e.g., the conditions that fall outside of the independent scope and for which we have signed policies and protocols to guide care).

- Yes, in this case, where medication treatment is necessary for such conditions, standardized procedures for furnishing should be built into the policies and protocols required in Section 4(b).

Do I need standardized procedures for placement or removal of birth control devices such as IUDs and Implants?

- No placement of IUD and Implants are considered interconception care and family planning care, and are consistent with our Core Competencies, and thus do not require SPs.

PATIENT AUTONOMY

In Section 4(e) of the Scope of Practice Section there is a clause about patient autonomy, what does that do and why is it important?

- The exact wording is: *“This section shall not be interpreted to deny a patient’s right to self-determination or informed decisionmaking with regard to choice of provider or birth setting.*
- This means the Scope of Practice section (Section 4) should not deny a patient their right to make informed decisions about their care and provider of that care.
- How should this be interpreted? It is the patient’s decision as to what they do with their bodies and the kind of care they receive and from whom they receive it.
 - *We have been advised by our legal counsel that this language alone **does not give blanket protection to simply continue care of a patient who falls outside of the scope in Section 4(a) if we do not have policies and protocols in place.***
 - However, this clause **may provide** (although this is untested) some legal protection for nurse-midwives in special circumstances to continue care. For example, when a client staunchly declines/refuses transfer to the hospital setting after being informed of the law, the scope of the

nurse-midwife, and the risks/benefits, and the nurse-midwife cannot ethically abandon the patient. In these kinds of cases, documenting patient refusal and the circumstances very carefully and judiciously is important. CNMs should be *very careful* about over-translating the meaning of this clause.

- An important part of this is simply an affirmation by the Legislature that patients are autonomous beings, and this lays the groundwork for work on expanded autonomy in future legislation.

BILLING, REIMBURSEMENT & MALPRACTICE INSURANCE

How will this new law affect contracting with Medi-CAL and other insurance providers?

One of the goals of independent practice is to make network and Medicaid contracting more possible for CNMs to do. We have heard of independent practices who struggle to be credentialed as a network provider because, for example, their supervising physician was not in that network (and for various other reasons). We look to CNMs going through this process to contact CNMA if they are facing difficulties with contracting, so that we can understand what the main issues are and assist where we can. As described above, SB 1237 does **not** mandate collaborative practice agreements as a condition of practice. If CNMs are being told the opposite by insurers or Medi-CAL, we need to know about it. Contact advocacy@cnma.org

How will billing, reimbursement and malpractice insurance be impacted by SB 1237?

There are no changes in the law that specifically address billing or insurance. These are currently imperfect systems with many challenges. Our priority with this bill was removal of supervision, but these are other issues we will continue to work on. We aim to address these challenges so that the system is eventually more equitable.

Southern Cross Insurance offers discounted Malpractice Insurance to CNMA members

Southern Cross Insurance Solutions is offering a discount of 30% off premium cost for CNMs that are members of CNMA. As a point of comparison there is only a 5% discount for ACNM members nationally.

Southern Cross Insurance Solutions is a broker for "The Midwife Plan" that is a national liability carrier for malpractice insurance (along with other lines like General Liability, Worker's Comp, etc). The website is www.southerncrossins.com. The malpractice is through MedPro Group. They offer many levels of coverage including 1,000,000/3,000,000 which is what is generally required for hospital privileging. The premiums vary based on 'how seasoned' the practice is (generally a practice is 'mature' after 5 years) and prior claims history.

DATA COLLECTION

Section 8 describes data collection for out of hospital providers, what do I have to do to be in compliance with the law?

Nothing yet! This part of the bill is not yet law, we are still working with the state and our bill author to secure funding for this part of the bill. We will alert our members when this part of the law goes into effect



Agenda Item 7.0

Discussion and Possible Action: Regarding the current collection of data points identified in SB 1237 by the California Department of Public Health, and possible recommendations.

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: August 3, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding the current collection of data points identified in SB 1237 by the California Department of Public Health, and possible recommendations.

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

The NMAC members will discuss the current collection of data points required by the California Department of Public Health (CDPH) identified in Health and Safety Code (HSC) sections 102415, 102426, and 102430 as well as the new data points specified in Business and Professions Code (BPC) section 2746.55. The discussion may include, but not be limited to, the following topics:

- What data does the CDPH collect now?
- What data does NMAC want CDPH to collect?
- How does NMAC improve accuracy of data collection?

RESOURCES:

SB 1237 'Today's Law As Amended' (specifically section(s) 8, 9, 10 and 11 for clarification)
https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200SB1237&showamends=false

Nursing Practice Act - Business and Professions Code, Division 2, Chapter 6:
https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=BPC&division=2.&title=&part=&chapter=6.&article=

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
 mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

Discussion and Possible Action: Regarding regulation updates for CNM scope of practice as updated in SB 1237.

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021



Agenda Item 9.0

Discussion and Possible Action: Regarding Board of Registered Nursing website updates for midwifery practice to incorporate changes due to the implementation of SB 1237.

BRN Nurse-Midwifery Advisory Committee (NMAC) Meeting | August 3, 2021

**BOARD OF REGISTERED NURSING
Nurse-Midwifery Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 9.0
DATE: August 3, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding Board of Registered Nursing website updates for midwifery practice to incorporate changes due to the implementation of SB 1237.

REQUESTED BY: Mary Kay Phillips, PhD, CNM
 NMAC Chair

BACKGROUND:

The NMAC members will discuss the CNM information on the BRN's website and possible updates needed to incorporate changes due to the implementation of SB 1237. The committee may make recommendations to establish a process to review and provide suggested website update with immediate need as well as a process for ongoing review/updates, as needed.

Below is a listing of the current CNM advisories published on the website:

Link to advisory	Date Published
Standardized Procedure for Certified Nurse-Midwives for Furnishing Medications	2/2003
Nurse Practitioners & Nurse-Midwives: Supervision of Medical Assistants	6/2013
Nurse-Midwives: Laws & Regulations (ca.gov)	9/2011
Nurse Midwives Furnishing Controlled Substances (ca.gov)	11/2001
NMWs and NPs May Furnish Drugs and Devices in Their Solo Practice and DHS to Consult w/BRN When Developing Regulations that Affect the Scope of Practice of a CNM or NP (ca.gov)	12/2002
Nurse-Midwifery Schedule II Controlled Substances to Include the Risks of Addiction and Neonatal Abstinence Syndrome with the Use of Opioids (ca.gov)	4/2009
NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing (ca.gov)	11/2012
National Provider Identifier Standard (NPI) CMS	Federal CMS
Midwifery Practice Under Standardized Procedures Prohibited (ca.gov)	9/2011
Medical Assistants: Handing to a patient properly labeled and prepackaged prescriptions, and does not include controlled substances	2/2015
Law Changes Directly Impacting the Prescribing and Dispensing of Schedule II and III Controlled Substances Within California	3/2004
General Information: Nurse-Midwife Practice (ca.gov)	11/2011
CURES Mandatory Use Begins October 2, 2018 Prior to Prescribing, Ordering, Administering or Furnishing a Schedule II-IV Controlled Substance (ca.gov)	9/2018
Certified Nurse-Midwife Practice: Explanation of Standardized Procedure for CNM (ca.gov)	11/2011
Criteria for Furnishing Number Utilization (ca.gov)	10/2011
Advanced Practice Registered Nurse - Schoolbus Driver: Medical Examination	11/2012

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT:

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