



# Nurse-Midwifery Advisory Committee Meeting

## **MEETING MATERIALS**

June 1, 2026

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# Agenda Item 2.0

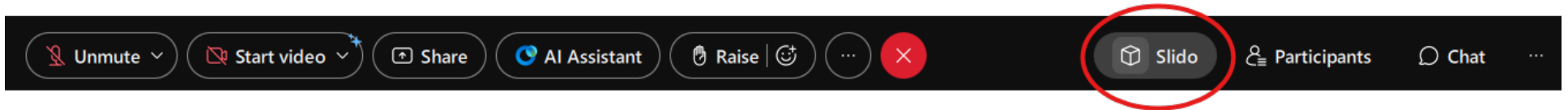
## **General instructions for the format of a teleconference meeting**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

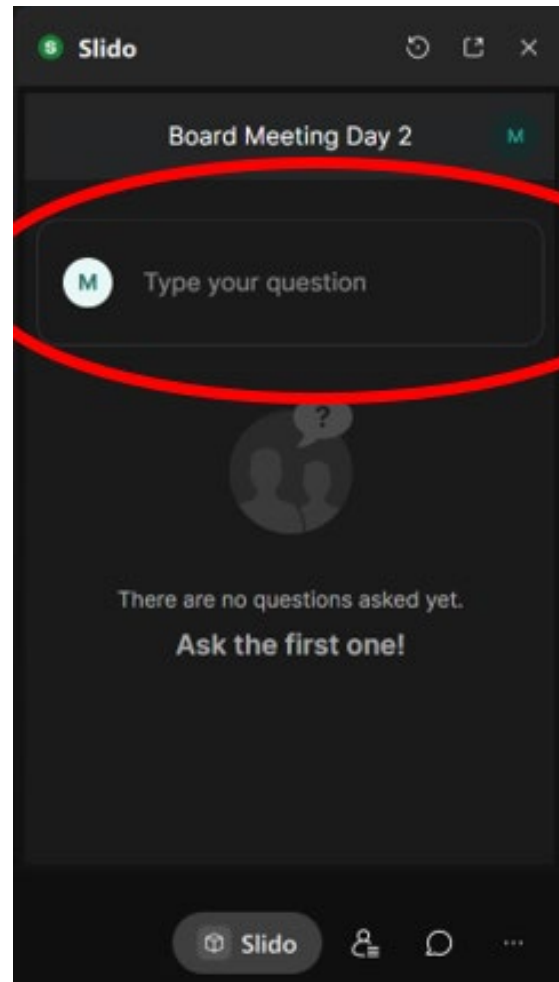
## Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

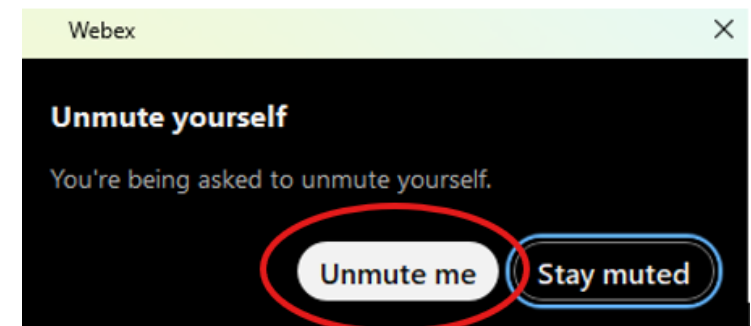
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



2. The 'Slido' panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the 'Slido' Q&A panel, type "I would like to make a comment." You will be identified by the name or moniker you used to join the Webex session, and your line will be opened. On the "Unmute yourself" pop-up, click the 'Unmute me' button (this may be hidden behind other open applications). Every effort is made to take comments in the order which they are requested.





## Agenda Item 4.1

**Review and vote on whether to approve previous meeting's minutes.**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

**BOARD OF REGISTERED NURSING  
NURSE-MIDWIFERY ADVISORY COMMITTEE  
MEETING MINUTES**

**DRAFT**

**DATE:** September 23, 2025

**START TIME:** 9:10 a.m.

**LOCATION:** The Board of Registered Nursing’s Nurse Midwifery Advisory Committee (NMAC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at the primary physical meeting location indicated below.

1747 North Market Blvd.  
Hearing Room, Room 186  
Sacramento, CA 95834

9:10 a.m.      **1.0**      **Call to order, roll call, and establishment of a quorum**  
Loretta Melby, Executive Officer, called the meeting to order at 9:10 a.m. Quorum established at 9:11 a.m. Amelia Kong introduced herself as a new public member. Ruth Mielke joined the meeting around 9:37 am and left around 10:30 am.

**Nurse-Midwifery  
Advisory  
Committee  
Members:**      Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM – Chair -  
Absent  
Ruth Mielke, PhD, CNM, FACNM, WHNP-BC – Vice Chair  
James Byrne, MD  
Amelia Kong  
Kenneth James, MD - Absent  
Lilit Sarkissian, CNM, MSN, RNC-OB  
Kim Dau, MS, CNM, FACNM, WHNP

**BRN Staff  
Representatives:**      Loretta Melby, RN, MSN, Executive Officer  
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

9:14 a.m.      **3.0**      **Public comment for items not on the agenda; items for future  
agendas**

**Public Comment for  
Agenda Item 3.0:**      No public comments in any location.

9:15 a.m.      **4.0**      **Review and vote on whether to approve previous meeting’s  
minutes**

**4.1**      March 18, 2025

**Discussion:**      No comments or questions.

**Motion:**      **James Byrne** Motion to accept the meeting minutes from March 18, 2025.

**Second: Lilit Sarkissian**

**Public Comment for  
Agenda Item 4.0:**

No public comments in any location.

**Vote:**

Vote	JSB	RM	JB	AK	KJ	LS	KD
	AB	AB	Y	A	AB	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

**Agenda reordered to agenda item 13.0**

9:19 a.m.

**13.0**

**Information only:** Presentation on the results from the survey of California nurse-midwives conducted by the University of California, San Francisco

**Discussion:**

Presented by Kim Dau and Joanne Spetz, University of California, San Francisco.

James Byrne said the report is impressive and valuable for understanding how to strengthen maternity care and support providers practicing at the top of their license. He asked what could be done to increase the number of nurse midwives and improve opportunities for them to build fulfilling careers.

Kim Dau said key challenges mirror those seen across nursing and medicine, particularly the need for better support and incentives for clinical precepting. She noted barriers that prevent midwives from taking more students and said this is an issue in other states as well. She added that geographic distribution is another concern, with most nurse midwives clustered in the Bay Area. She sees opportunities for further research on why the Bay Area is more supportive of nurse midwifery and whether those insights could help other regions.

James Byrne said he was struck by the low number of nurse midwives in the greater Los Angeles area, especially on a per-capita basis, and wished her success in gaining support for improvements.

Lilit Sarkissian shared the same concern, noting that the lack of job opportunities in Los Angeles discourages nurse midwives from practicing there even when the need is high. She also highlighted challenges with student placements and precepting.

Loretta Melby noted that another significant issue is the limited availability of nurse-midwifery education in California. Only two programs—Cal State Fullerton and UCSF—are currently operating. San Diego State’s program is paused by their own decision, not by the BRN. Because UCSF is located in the Bay Area, students and preceptors tend to remain there, creating a steady pipeline

concentrated in one region and leaving the rest of the state without similar academic pathways.

Lilit Sarkissian added that Cal State Fullerton's nurse midwifery program has limits on how far students can travel for clinical placements—reportedly a 50- to 100-mile radius—which prevents them from precepting in the Bay Area. She said this may have stemmed from misunderstandings, and hopes recent outreach clarifying BRN requirements will help.

Loretta Melby clarified that the BRN does *not* impose a 50-mile rule. The only expectation is that students placed farther away must still receive adequate support and access to resources. She said the BRN has been working to correct longstanding misinterpretations that have circulated over the years and wants all programs to understand that distance alone is not a restriction if support is provided.

Ruth Mielke asked Kim Dau whether her program was admitting students.

Kim Dau said she is no longer at UCSF, but noted that UCSF admitted its first cohort of NP students and has discontinued its master's option.

Ruth Mielke, who previously worked at Cal State Fullerton, said she found that information interesting and asked Kim Dau for an estimate of how many students are in each cohort.

Kim Dau said she wasn't sure of the exact number, but her understanding is that, like many new DNP programs, the cohorts are starting small as the program grows.

Ruth Mielke then asked about available funding, such as through Song-Brown or other sources.

Kim Dau said that while new programs are not yet submitting applications, Song-Brown has been providing funding to existing midwifery programs. She hopes the program will expand next year to support launching new programs in regions with significant maternity care shortages. She also noted two bills on the Governor's desk related to nurse-midwifery education: SB 520 which would establish funding to start new nurse-midwifery programs within the UC or CSU systems, and AB 836 which would fund a study on how to make nurse midwifery and licensed midwifery programs more sustainable. She said research shows midwifery programs often operate in five- to seven-year cycles before closing, and more understanding is needed about how to keep programs long-term. UCSF's program has existed for about 45 years and Cal State Fullerton's for nearly 25. She hopes the Governor signs the bills to help expand the workforce.

James Byrne noted that the high number of nurse midwives in the Bay Area is even more striking when viewed per capita or per delivery and may be influenced by strong support from large integrated systems like Sutter and Kaiser. He asked whether Kaiser Southern California uses nurse midwives to the same extent as Northern California and whether Kaiser's Southern California medical school is considering midwifery training as part of its model.

Loretta Melby provided data on CNMs and furnishing/prescribing, noting that not all CNMs hold furnishing privileges and that the information is available on the Board's website.

Kim Dau asked whether the issue of CNMs mistakenly applying for NP furnishing certificates instead of CNM furnishing certificates had been resolved in Breeze.

Loretta Melby clarified that an NP furnishing certificate cannot be issued unless the individual also holds NP certification.

Joanne Spetz added that just under half of CNMs are dually certified as NPs.

Loretta Melby noted that the San Diego program offers a dual-degree option.

9:53 a.m.

**Public Comment for  
Agenda Item 13.0:**

Anay Rapoport, CNM: She said she is the CNM director at Kaiser Oakland and works with the California Nurse Midwives Association and Kim Dau on a study interviewing preceptors about their experiences and the barriers to precepting. One recurring theme is that hospital administration often limits their ability to take students, whether due to competing demands like teaching residents, insufficient clinical time to support nurse midwifery students, or restrictions on unpaid teaching. She emphasized that these constraints significantly hinder the training of new nurse midwives and are a major barrier to expanding and better integrating nurse midwifery in California. Hospitals, she said, are not fully recognizing the value of preparing the next generation of providers needed to address the maternity care crisis.

**Agenda reordered back to agenda item 5.0**

9:56 a.m.

**5.0**

**Information Only:** Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact nurse-midwives, including legislation, policy and procedure changes, regulatory updates, etc.

**Discussion:**

Updates on activities which may impact nurse-midwives, including legislation, policy and procedure changes, regulatory updates, etc. were presented by Loretta Melby, Executive Officer.

There were no comments or questions.

**Public Comment for  
Agenda Item 5.0:**

No public comments in any location.

9:59 a.m.

**6.0**

**Information Only:** Overview of the 2026 BRN Sunset Review process

**Discussion:** Presented by Loretta Melby, Executive Officer.

James Byrne asked whether there was anything members could do to support a smooth sunset review process.

Loretta Melby said public participation is valuable and that advisory committees help identify issues and solutions. She noted the importance of private-sector involvement and aligning policies and procedures with legislation and regulations.

Kim Dau asked whether the sunset report would include information about the advisory committees.

Loretta Melby confirmed it would and expressed appreciation for the committees' work.

**Public Comment for  
Agenda Item 6.0:**

No public comments in any location.

10:09 a.m.

**7.0**

**Information Only:** Report from the NMAC Chair regarding updates impacting consumers receiving nurse-midwifery care, including, overview of NMAC activity to date, anticipated next steps, public health trends impacting consumers and providers of nurse-midwifery care and call for public engagement.

**Discussion:** This agenda item was not presented due to the Chair being absent from the meeting.

10:11 a.m.

**8.0**

**Discussion and possible action:** Regarding meeting dates for 2026

**Discussion:**

Presented by Loretta Melby, Executive Officer.

No comments or questions.

**Motion:**

**Kim Dau** Motion to accept the proposed meeting dates of April 28, 2026, and October 20, 2026.

**Second:**

**Lilit Sarkissian**

**Public Comment for  
Agenda Item 8.0:**

No public comments in any location.

Vote:

Vote	JSB	RM	JB	AK	KJ	LS	KD
	AB	AB	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

10:14 a.m. 9.0

**Discussion and possible action:** Regarding election of Chair and Vice Chair positions

**Discussion:** This agenda item was not presented due to the Chair and Vice Chair being absent and not having the ability to be considered for reelection.

10:14 a.m. 10.0

**Discussion and possible action:** Regarding the following subcommittees: Public Engagement and Website; Nurse Midwifery Scope of Practice; Regulations; and Nurse Midwifery Education

**Discussion:** Presented by Loretta Melby, Executive Officer.

Public Engagement and Website:  
Subcommittee member not present at meeting.

Nurse Midwifery Scope of Practice:  
Subcommittee members not present at meeting.

Regulations:  
James Byrne said they met prior to or just subsequently to the last meeting, and no other meetings or action took place.

Nurse Midwifery Education:  
Kim Dau deferred to agenda item 14.0.

**Public Comment for Agenda Item 10.0:**

No public comment at any location.

10:17 a.m. 11.0

**Information only:** Data on final dispositions of disciplinary cases against Certified Nurse-Midwives

**Discussion:** Presented by Loretta Melby, Executive Officer.

Kim Dau asked whether the practice-related violations raised any concerns about patient safety and whether the criminal convictions listed were connected to patient care.

Loretta Melby said yes, and noted that conviction details can be found through the license lookup system, though not in the meeting materials.

James Byrne asked whether Breeze is used across all Department of Consumer Affairs boards.

Loretta Melby said several boards and bureaus use Breeze, though not all.

James Byrne confirmed that Breeze makes individual disciplinary information public and said he appreciated seeing the number of CNM licenses added for context. He noted that the discipline percentages appear similar or lower than those for osteopathic physicians and PAs.

Loretta Melby said she did not know those exact percentages but emphasized that APRNs have very low discipline rates overall.

James Byrne said he hopes this information reassures the public, as some in the past may have felt targeted by the BRN. He appreciated the transparency.

Kim Dau asked what “801 practice” refers to.

Loretta Melby explained it involves insurance-related reports. James Byrne asked whether it is similar to the reporting threshold for physicians.

Loretta Melby said she believed the threshold was around \$10,000. Reza Pejuhesh clarified that under Section 801, insurers must report professional liability settlements or payments of \$10,000 or more to the BRN, which triggers a complaint.

Loretta Melby added that the BRN investigates because insurers may sometimes settle cases without any actual fault by the practitioner, and discipline can only occur if there is a violation of the NPA.

**Public Comment for  
Agenda Item 11.0:**

No public comments in any location.

10:26 a.m. **12.0**

**Discussion and possible action:** Update on the revisions to the BRN website regarding the passage of Senate Bill 667 (Reg. Sess. 2023-2024), including updates suggested by NMAC on Frequently Asked Questions document

**Discussion:** Presented by Loretta Melby, Executive Officer.

Kim Dau asked whether Loretta Melby could summarize which sections of the FAQs were updated. Loretta Melby said most sections were revised and shared her screen to walk through the Nurse Midwifery Practice FAQs. She noted updates to the first paragraph, added links to relevant laws and regulations, clarified low-risk scope, and revised the section on physician supervision.

Kim Dau asked whether the physician who signs the policy must be the one to receive referrals if complications arise.

Loretta Melby said no.

Reza Pejuhesh added that the statute does not require this, and the FAQ simply states that fact.

Loretta Melby said the section on mutually agreed-upon policies and procedures with a physician was updated, including adding a 42-week case example.

A break was taken from 10:40-10:55 a.m., with quorum reestablished at 10:56 a.m.

Page 3 was missing from the posted materials and Reza Pejuhesh suggested showing it on screen for transparency.

Loretta Melby asked McCaulie Feusahrens to send materials for reposting and displayed Page 3 and explained that IT would update the website. She noted that the section on physician supervision for furnishing was revised. She explained that updates were made to prerequisites for CNMs who furnish and to language on procuring drugs and devices. Questions 3 and 4 remained unchanged and the question on whether a CNM may provide abortion services was updated.

Kim Dau asked whether “common gynecologic conditions,” mentioned in BPC section 2746.5, could be added to the Page 1 scope description.

Loretta Melby agreed.

James Byrne thanked staff for their detailed work.

**Motion:** **Kim Dau** Motion to accept the FAQs with two modifications: 1) Adding clarification about the provision of gynecologic care under the section, “What is the nurse midwife’s independent scope of practice in California?” and 2) Strike the section at the end of the document titled, “Can a nurse midwife provide abortion services?” so the response to that question can be presented at a future meeting.

**Second:** **James Byrne**

**Public Comment for  
Agenda Item 12.0:**

Holly Smith: Raised two concerns 1) she requested adding the phrase “and dispense drugs pursuant to Section 4170,” which was added by SB 667, to the FAQ section on procuring drugs and devices and 2) she disagreed with the FAQ’s statement that aspiration abortion requires mutually agreed-upon policies and protocols, arguing that this is an interpretation not grounded in statute. She said the law and ACNM core competencies place abortion within family planning and midwifery scope, noting that other professional groups such as AAFP and ACOG include abortion in their definitions. She emphasized that training for spontaneous

abortion is the same as for a first-trimester abortion, and therefore treating abortion as an exception creates an unnecessary and potentially unlawful administrative barrier.

Loretta Melby responded that under California law, the basic CNM scope in BPC section 2746.5(a) outlines minimum licensure requirements, while abortion by aspiration is separately addressed in BPC section 2725.4, which requires additional clinical and didactic training. Because the law distinguishes this training from the core requirements, it falls under subdivision (b), where mutually agreed-upon policies and procedures apply. She emphasized that this requirement does not amount to physician supervision or standardized procedures, but the Board must follow the statute unless it is amended. She added that any fix would need to occur legislatively to fully incorporate abortion into subsection (a).

Holly Smith replied that many midwifery programs already include this training, and California's additional requirements do not necessarily reflect whether something is a core competency. She argued that there is no meaningful clinical distinction between managing a spontaneous abortion and a voluntary abortion and said the Board's interpretation could become an underground regulation that creates unnecessary barriers to care.

Loretta Melby clarified that she is not disputing that abortion is included in midwifery core competencies, but California's additional training requirement is defined in law and not automatically part of initial licensure. She said she is open to working on statutory cleanup language.

Holly Smith maintained that the Board is interpreting the statute in a way that excludes abortion from the core competencies and requires physician-signed policies when the statute does not expressly mandate this. She emphasized the need to avoid "abortion exceptionalism."

Reza Pejuhesh explained that this issue involves statutory interpretation and may need further discussion. He noted that BPC section 2725.4 is a more specific statute that governs aspiration abortion and begins with "notwithstanding any other provision," meaning it overrides broader scope language in BPC section 2746.5. Because it explicitly requires additional clinical competency, it is treated differently under the law. He said that while interpretations may differ, the Board must adopt the reading that is enforceable and grounded in statute.

Holly Smith agreed that interpretation is required but said nothing in law explicitly requires mutually agreed-upon policies, and she believes the Board is creating an unnecessary administrative barrier.

Reza Pejuhesh responded that her position is one possible interpretation, but the Board must remain within what the statutes allow.

Loretta Melby concluded that if clarification is needed, it may have to be addressed through regulation or legislation. She said the Board will elevate the issue to DCA Legal to determine whether an alternative interpretation is permissible. She proposed temporarily removing the abortion FAQ until legal guidance is provided, if the committee prefers. She emphasized that the Board can only provide guidance based on existing statute and will revise the FAQs if further legal review supports a change.

There was no public comment in Sacramento.

**Continued Discussion:** Kim Dau asked whether a date could be added to the FAQ.

Loretta Melby agreed, noting it can be included.

**Vote:**

Vote	JSB	RM	JB	AK	KJ	LS	KD
	AB	AB	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

**Continued Discussion:** Kim Dau asked about the process to clarify the abortion-related FAQ item.

Loretta Melby said public input, DCA legal review, and consultation with Reza and DCA leadership would be needed before bringing it back to NMAC.

James Byrne asked whether a similar abortion-related question was raised for nurse practitioners (NP).

Loretta Melby explained that NPs operate under different laws, including the 103 transition-to-practice requirement, and do not have the same structure as CNMs.

11:48 a.m. **14.0**

**Discussion and possible action:** Updates to California Code of Regulations, Title 16, Article 6, regarding nurse-midwifery education

**Discussion:** Before beginning her presentation, Kim Dau asked to extend the meeting until 12:15 p.m. to allow enough time for this agenda item. All members agreed.

James Byrne asked what actions NMAC was expected to take beyond encouraging movement on the regulatory process.

Kim Dau explained that the committee has the authority to draft regulatory language for the Board's consideration and could

recommend updates to bring the regulations in line with current standards. She asked whether members supported moving forward with proposing updates and identifying minimum standards.

James Byrne then asked whether this would need to return at a future meeting or if the subcommittee should begin preparing draft language in advance.

Loretta Melby said there is no limitation on continuing the work, and noted that Kim Dau has already invested substantial effort in this area. She asked the committee whether the regulations should mirror CRNA requirements, specifically, national certification for licensure and no Board review of academic institutions.

Lilit Sarkissian supported updating the regulations and believed they already aligned with national certification through AMCB.

Kim Dau said she could draft regulatory language for discussion at a future NMAC meeting or bring it first to the subcommittee.

Lilit Sarkissian suggested preparing it for review and a vote at the next meeting.

Reza Pejuhesh noted that draft text or conceptual language could be developed without delaying progress, but any proposal would ultimately need Board approval.

Loretta Melby added that if the committee votes to pursue national certification and program approval changes, the matter would go to the Board for direction. She emphasized that regulatory changes take time, potentially several years, but agreed it is important to begin the process now. She said she will report the discussion to the Board, and if the Board requests a presentation, it can be scheduled for a future meeting.

**Motion:** **Kim Dau** Motion that the education subcommittee will move forward with developing draft regulations to take back to NMAC at the next meeting with the understanding that the full board will be apprised of this conversation and direction at the next board meeting. She said the draft will include requirements that individuals complete a nationally certified program and obtain national certification.

**Second:** **Lilit Sarkissian**

**Public Comment for  
Agenda Item 14.0:**

Anya Rapoport, California Nurse Midwives Association: Stated that CNMA supports updating California's nurse-midwifery education standards to reflect modern practice. She noted that both clinical practice and educational standards have evolved significantly over the past 40 years. Consistent with ACNM policy, CNMA believes applicants for licensure should graduate from a program accredited

by the Accreditation Commission for Midwifery Education and hold national certification from the American Midwifery Certification Board. She explained that ACME accreditation ensures programs meet appropriate curricular standards, including ACNM core competencies referenced in state law, and requires programs to maintain qualified faculty, adequate resources, and continuous quality improvement. National certification then verifies that an individual meets established criteria for safe practice. She also expressed CNMA’s support for creating a temporary nurse-midwifery license for graduates awaiting national certification and recommended a six-month temporary license, similar to the RN temporary license.

**Vote:**

Vote	JSB	RM	JB	AK	KJ	LS	KD
	AB	AB	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB							

**Motion Passed**

12:21 p.m. **15.0**

**Adjournment:** Loretta Melby, Executive Officer, adjourned the meeting at 12:21 p.m.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM**

Chair  
Nurse-Midwifery Advisory Committee

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**Loretta Melby, MSN, RN**

Executive Officer  
California Board of Registered Nursing



## Agenda Item 5.0

**Information and discussion only: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact nurse-midwives, including policy and procedure changes, regulatory updates, etc.**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM:** 5.0

**DATE:** June 1, 2026

**ACTION REQUESTED:**     **Information and discussion only:** Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact nurse-midwives, including policy and procedure changes, regulatory updates, etc.

**REQUESTED BY:**         Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact CNMs.

**RESOURCES:**

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 6.0

**Discussion and possible action: Regarding election of Chair and Vice Chair positions**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM: 6.0  
DATE: June 1, 2026**

**ACTION REQUESTED:**      **Discussion and possible action:** Regarding election of Chair and Vice Chair positions

**REQUESTED BY:**            Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

NMAC members will identify and vote on a committee Chair and Vice Chair to facilitate meetings in collaboration with the Board's Executive Officer. The Chair will develop the meeting agendas in collaboration with the Board's Executive Officer, staff liaison, and other Board support staff. Only appointed NMAC committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The Vice Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact NMAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

**RESOURCES:**

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 7.0

**Discussion and Possible Action: Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from the following subcommittees: Public Engagement and Website, Nurse Midwifery Scope of Practice, Regulations, and Nurse Midwifery Education**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM:** 7.0

**DATE:** June 1, 2026

**ACTION REQUESTED:**     **Discussion and possible action:** Regarding possible assignment/reassignment of members and/or topics to subcommittees and updates from the following subcommittees: Public Engagement and Website, Nurse-Midwifery Scope of Practice, Regulations, and Nurse-Midwifery Education

**REQUESTED BY:**             Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

The following four NMAC subcommittees will provide updates on their topics, any work conducted, etc.:

- Public Engagement and Website
- Nurse-Midwifery Scope of Practice
- Regulations
- Nurse-Midwifery Education

The committee may assign/reassign members and/or topics to subcommittees, if needed.

**RESOURCES:**

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 8.0

**Information and discussion only: Data on final dispositions of disciplinary cases against Certified Nurse-Midwives**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM: 8.0  
DATE: June 1, 2026**

**ACTION REQUESTED:**      **Information and discussion only:** Data on final dispositions of disciplinary cases against Certified Nurse-Midwives

**REQUESTED BY:**            Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

The members of NMAC will discuss any trends/issues with final dispositions of disciplinary cases against CNMs. Discipline data for the past eight (8) years is included in the two charts below:

**Certified Nurse-Midwife (CNM) Discipline Statistics**

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Public Repeval	1	0	1	0	0	0	0	1	0
Probation	2	4	2	0	0	0	0	0	0
Surrender	1	1	1	0	1	0	1	1	0
Voluntary Surrender during Probation	1	1	1	1	0	2	0	0	0
Revocation	0	0	1	1	1	0	2	1	1
Reinstatement	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>
Active CNM Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496
Percentage of CNMs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.21%	0.07%

### CNM Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Practice	2	3	4	0	2	0	1	1	0
801 Practice	1	1	0	1	0	0	0	0	0
Out-of-State Discipline (OSD)	0	1	0	0	0	0	0	1	0
Conviction	1	0	1	0	0	0	2	0	0
Substance Use Disorder (SUD)	0	0	0	0	0	0	0	0	0
Sexual Misconduct	0	0	0	0	0	0	0	0	0
Other	1	1	1	1	0	2	0	1	1
<b>Total</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>
Active CNM Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496
Percentage of CNMs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.21%	0.07%

### Active Licenses by Fiscal Year

Fiscal Year	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Registered Nurse	442,383	451,934	458,165	466,704	480,568	524,129	534,035	549,040	562,673
Clinical Nurse Specialist	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983
Certified Registered Nurse Anesthetist	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,448
Nurse Midwife	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496
Nurse Practitioner	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080

**RESOURCES:**

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

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**                      None

**PERSON(S) TO CONTACT:**

McCaulie Feusahrens  
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## Agenda Item 9.0

**Information and discussion only: Overview of the 2026 BRN Sunset Report language impacting the furnishing of controlled substances by nurse midwives, including the proposed removal of the requirement for a separate furnishing license and the granting of prescriptive authority upon licensure**

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM:** 9.0

**DATE:** June 1, 2026

**ACTION REQUESTED:**     **Information and discussion only:** Overview of the 2026 BRN Sunset Report language impacting the furnishing of controlled substances by nurse midwives, including the proposed removal of the requirement for a separate furnishing license and the granting of prescriptive authority upon licensure

**REQUESTED BY:**         Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

Loretta Melby, Executive Officer, will provide an update on the 2026 BRN Sunset Review process and the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee joint sunset review oversight hearing which occurred on March 10, 2026. This will include language within the 2026 Sunset Report that may impact CNMs, including the proposed removal of the requirement for a separate furnishing license and the granting of prescriptive authority upon licensure.

**RESOURCES:**

The most recent BRN Sunset Report, background papers, and other reports submitted to the Legislature are below and prior years can be found on the [BRN website](#):

- [2026 Sunset Review Report](#)

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 10.0

**Discussion and possible action:** Discussion regarding legislation impacting Nurse-Midwives, including Assembly Bill (AB) 1696 and AB 1973, and possible action to make a recommendation to the Nursing Practice Committee/Board to take a position on the legislation

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM:** 10.0

**DATE:** June 1, 2026

**ACTION REQUESTED:**       **Discussion and possible action:** Regarding legislation impacting Nurse-Midwives, including Assembly Bill (AB) 1696 and AB 1973, and possible action to make a recommendation to the Nursing Practice Committee/Board to take a position on the legislation

**REQUESTED BY:**           Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

Marissa Clark, Chief of Legislative Affairs, will provide an overview of legislation impacting Nurse-Midwives, including AB 1696 and AB 1973, and the Committee may take action to make a recommendation to the Board to take a position on the legislation.

**RESOURCES:**

AB 1696: [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202520260AB1696](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1696)

AB 1973: [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202520260AB1973](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1973)

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**       None

**PERSON(S) TO CONTACT:**       McCaulie Feusahrens  
Chief of the Licensing Division  
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## Agenda Item 11.0

**Discussion and possible action:** Regarding scope of certified nurse-midwives to provide abortion care, and possible corresponding update to Frequently Asked Questions (FAQs) Related to Midwifery Practice

Nurse-Midwifery Advisory Committee (NMAC) Meeting | June 1, 2026

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

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**AGENDA ITEM:** 11.0

**DATE:** June 1, 2026

**ACTION REQUESTED:**       **Discussion and possible action:** Regarding scope of certified nurse-midwives to provide abortion care, and possible corresponding update to Frequently Asked Questions (FAQs) Related to Midwifery Practice

**REQUESTED BY:**           Ruth Mielke, PhD, CNM, FACNM, WHNP-BC  
Vice Chair

**BACKGROUND:**

The BRN received a formal letter from the California Nurse-Midwives Association (CNMA) seeking clarification and continued dialogue following September 25, 2025, NMAC meeting, specifically regarding scope of certified nurse-midwives to provide abortion care, and possible corresponding update to the FAQs related to midwifery practice.

The CNMA letter is included in the materials following this AIS.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**       None

**PERSON(S) TO CONTACT:**       McCaulie Feusahrens  
Chief of the Licensing Division  
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[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



April 1, 2026

Dear Loretta Melby and Members of the Nurse-Midwifery Advisory Committee:

On behalf of the California Nurse-Midwives Association (CNMA), we are writing to follow up on our recent discussion during the last Nurse-Midwifery Advisory Committee (NMAC) meeting regarding the Board's interpretation that certified nurse-midwives (CNMs) must operate under "mutually agreed upon policies and protocols" in order to provide procedural abortion care.

We appreciate the opportunity to engage in dialogue on this important issue. During the meeting, CNMA expressed deep concern that this interpretation imposes requirements that are not applied to other aspects of midwifery care and, in doing so, creates a form of abortion exceptionalism that is inconsistent with both statute and clinical standards. Additionally, because this care is clinically identical to miscarriage care, it aligns with the management of issues that may occur during normal pregnancy.

***The California nurse-midwifery statute explicitly recognizes the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Practice as the prevailing standard for determining the scope of independent practice. Please review the ACNM Core Competencies, which clearly identify abortion care (CNM management) as a core competency of midwifery practice.***

(See page 7 here: <https://tinyurl.com/ACNMCoreCompetencies>)

Given that abortion care is explicitly included within these nationally recognized competencies, it clearly falls within the independent scope of CNM practice and should not be subject to additional requirements—such as "mutually agreed upon policies and protocols"—that are not required for other comparable aspects of reproductive or pregnancy-related care that fall under these basic competencies. It would be a significant departure from statutory requirements to do so.

CNMA respectfully requests:

- (1) the NMAC and BRN consider this issue resolved, recognizing that abortion care falls within the independent scope of CNM practice and does not require "mutually agreed upon policies and protocols."
- (2) The BRN should update this within the FAQs published on the BRN website regarding nurse-midwifery scope of practice.

Sincerely,

A handwritten signature in black ink that reads "Amita Graham".

Amita Graham, CNM  
President, California Nurse-Midwives Association

Liz Donnelly, CNM  
Chair, CNMA Legislative Action and Advocacy Committee