



Nurse-Midwifery Advisory Committee Meeting

MEETING MATERIALS

September 23, 2025

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Agenda Item 2.0

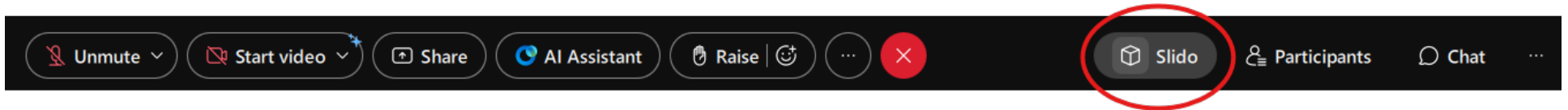
General instructions for the format of a teleconference meeting

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

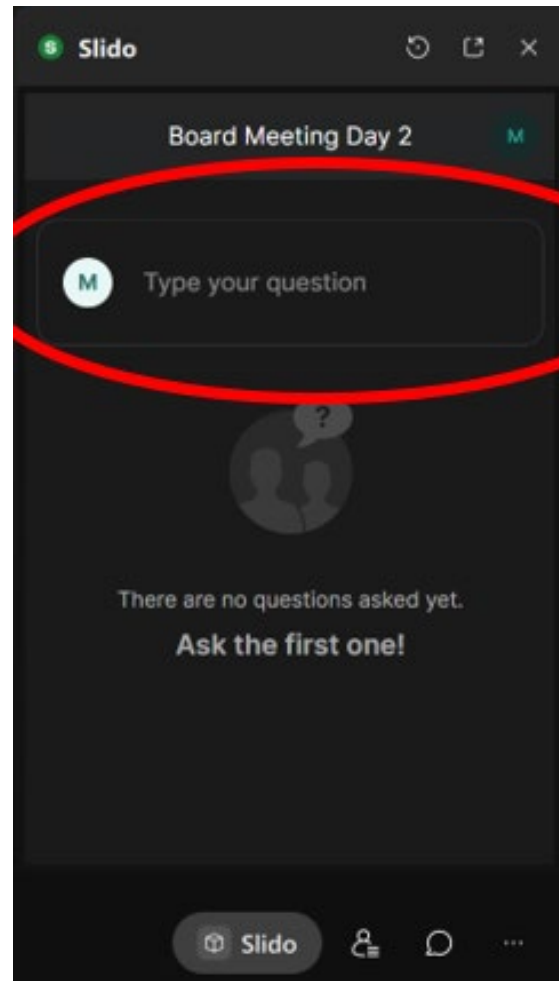
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

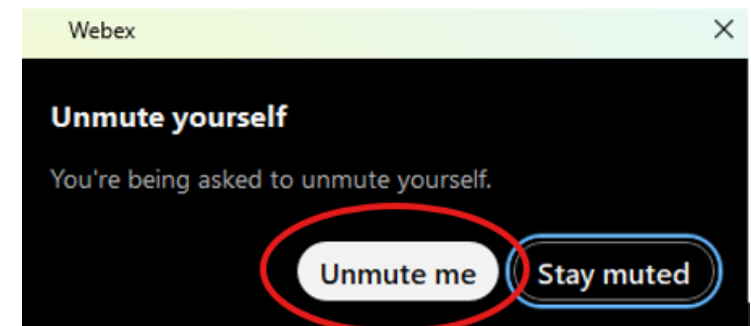
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



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), and you will have **2 minutes** to provide comment. 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 | September 23, 2025

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

DRAFT

DATE: March 18, 2025

START TIME: 9:15 a.m.

LOCATION: The meeting was accessible to the public both in-person at the primary physical meeting location below, and remotely via a teleconference platform, in accordance with Government Code section 11123.5:

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

All members of the Committee that attended the meeting, as indicated below, participated from remote locations.

9:15 a.m.

1.0 Call to Order/Roll Call/Establishment of a Quorum

– Jenna Shaw-Battista, Chair, called the meeting to order at 9:15 a.m. Quorum established at 9:17 a.m.

**Nurse-Midwifery
Advisory
Committee
Members:**

Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM – Chair
Ruth Mielke, PhD, CNM, FACNM, WHNP-BC – Vice Chair
Lilit Sarkissian, CNM, MSN, RNC-OB
James Byrne, MD - Absent
Kenneth James, MD
Rebecca DeSantis - Absent
Kim Dau, CNM

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

9:18 a.m.

3.0

Public comment for items not on the agenda; items for future agendas.

**Public Comment for
Agenda Item 3.0:**

Bianca Stepani: Stated that she reported two RNs in the past for drug use and volatile behavior. She said she's been getting letters saying the matter has been closed. She was arrested and went to jail and one of the Board's investigators show up and indicate that the nurse that was investigated was caught for being positive for marijuana and still operating as an RN. Her license has been revoked at this point, but there is another nurse who keeps operating despite her known drug usage. She asks the board if they can look into the enforcement division or call for strict measures, such as when they are up for license renewal, that they be subject to a random drug test or psychological evaluation, to make sure that RNs

are operating from a place of integrity and helping to keep the public safe.

Loretta Melby reminded the committee that as to public comment for items not on the agenda, the committee may only either move to add the topic to a future agenda, or remain silent. She informed the commenter that there are options to help RNs and APRNs such as the board's Intervention Program to help licensees with drug abuse or mental health issues. She stated that the board does not do any drug testing during license renewal or on granting a license.

Paris Maloof-Bury: SB 1375 went into effect in January 2023 allowing nurse midwives to provide first trimester abortion care without physician supervision or standardized procedures. She spoke about SB 667 that modified language for nurse-midwives to provide additional care for patients without physician supervision or standardized procedures if requisite training has been obtained. She requested that the regulations be updated on the BRN website and clarification be given that nurse midwives no longer require standardized procedures for these things and that abortion in the first trimester via medication or aspiration is within the independent scope, provided completion of the requisite training.

Jenna Shaw-Battista asked if members wanted to ask for any future meetings.

Kim Dau asked for a presentation on approving nurse midwife education programs.

Loretta Melby said the BRN does not approve these programs. There are educational standards that must be met but there is not an approval process.

Kim Dau said she prepared and submitted a BRN approval application on behalf of a nurse midwifery program about seven years ago and is curious why that was required at the time and what changed.

Loretta Melby said it was not required as it was a volunteer offering where a school would reach out and ask the BRN to review their program to see if it meets the licensing requirements for nurse midwives in California. The BRN reviewed the programs as requested to say if it met the licensing requirements in California.

Kim Dau and Loretta Melby spoke about how to add this to a future agenda. Loretta Melby said she could schedule a meeting offline with legal and Kim Dau.

Kim Dau asked if the committee would be interested in hearing this discussion at a committee meeting versus an individual meeting.

Jenna Shaw-Battista said a presentation could be done to have a staff overview of the relationship between the BRN and midwifery education in California.

Lilit Sarkissian asked what the original request was.

Kim Dau said it was to have BRN discuss the process for approval of nurse midwifery education programs in California. She thought it was mandatory but has learned it is a voluntary process but would like future clarification about how that approval takes place if BRN staff could explain it.

Loretta Melby and Kim Dau clarified the future agenda item would be a presentation on the voluntary review process for nurse midwifery education in California.

Jenna Shaw-Battista wants two agenda items added. One related to a report out on new or pending legislation that would impact nurse midwives. She would like to hear about that in a real time basis.

Loretta Melby said these are not typically a standing agenda item. Any discussion that is had must itemize each specific bill in the agenda; if we do not include a bill number, author, etc., we would not be enabling the public to comment. Jenna suggested a placeholder on the agenda for a legislative update, and when the agenda is published we could include any bills that are referenced, or state that there are none.

Loretta Melby said bills presented are limited to those within the jurisdiction of the BRN.

Jenna Shaw-Battista would like a standing agenda item of a report out by a staffer or chair to outline what if any outreach we've received from the public. They would like to track trends in what people are interested in. She said this agenda item came from the Medical Board meetings. She wondered what the public might have sent into the NMAC email address.

Loretta Melby said the email is used with the committee members but there have been no emails to it from the public. She said if the members are receiving emails, then they could be sent to the BRN for consideration.

Jenna Shaw-Battista asks that any issues be forwarded to McCaulie for inclusion in future agendas to be presented to the committee.

Loretta Melby reminded the members of Bagley-Keene requirements and to submit agenda items to McCaulie, so as not to commit a violation.

Kim Dau thought this is a good idea.

Ruth Mielke asked for an agenda item to discuss the status of independent practice of nurse midwives in California. She said she and Lilit practice in a hospital and their hospital is open to entertaining how independent practice as a midwife would look in a hospital setting. She would like to see what the status of the bill is and if there is independent practice in any hospital setting.

Lilit Sarkissian asked if she needed to ask for an agenda item based on her subcommittee report out now or during the assigned agenda item.

Loretta Melby said the item is for information and possible action and could be done at that time. She said the BRN is a licensing agency and not over employers. She said a meeting could be had with herself, staff and legal counsel.

Jenna Shaw-Battista said some of this work could be done in the subcommittees.

Reza Pejuhesh is supportive of helping with agenda items. He said the committee should be cautious using the phrase “independent practice” because there is no true, full independent practice without limits, and the term is a little oversimplified, with a risk of causing some confusion especially amongst those less well-versed in the laws and regulations.

Ruth Mielke said she was just reading the phrase “independent practice” from the FAQs.

Jenna Shaw-Battista said that when they develop policies with collaborative physicians their scope is beyond normal low risk births.

9:55 a.m.

4.0

Review and vote on whether to approve previous meetings minutes

4.1 September 24, 2024

Discussion: Kim Dau said there is a typo as to the location section, which states it refers to Nurse Practitioner meeting, which should be corrected.

Motion: **Jenna Shaw-Battista** motion to approve the September 24, 2024, meeting minutes with the noted correction.

Second: **Ruth Mielke**

Public Comment for

Agenda Item 4.0: No public comments in any location.

Vote:

	JSB	RM	JB	RD	KJ	LS	KD
Vote	Y	Y	AB	AB	Y	Y	A

Motion Passed

9:59 a.m.

5.0

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

Discussion:

Jenna Shaw-Battista asked if they could discuss membership now that there is a new education member.

Kim Dau is interested in the education subcommittee.

Loretta Melby said there are two members, and one member would have to be swapped out. She explained that Rebecca DeSantis is a member and not present and unable to have any say in whether she is removed from the committee.

Kenneth James volunteered to swap saying Kim Dau is highly qualified for the position.

Reza Pejuhesh said Kenneth James could request a swap and Rebecca DeSantis could be voted out by the committee members present.

Public Engagement and Website is nonfunctional.

Nurse Midwifery Scope of Practice did not meet.

Regulations: Lilit Sarkissian said she met with Loretta Melby and legal counsel to clarify what can and cannot be done in the subcommittee and NMAC. She met with Dr. James to discuss the question Ruth Mielke brought up about the percentage of midwives employed in a hospital versus independent practice. Based on the discussions they wanted to know if the regulatory changes in 2023-2024 result in any changes in practice and is there anything that can be measured. She thought an agenda item could be added to reach out to HCAI or CDPH for workforce data.

Loretta Melby discussed the use of regulations to support statutory language but that it cannot expand or alter statutory language.

Kim Dau asked how they can communicate with HCAI or CDPH or other agencies with queries.

Loretta Melby said the subcommittees can speak with whomever they want so long as NMAC committee members are limited. If there is any confusion, members can reach out to herself or McCaulie Feusahrens.

Reza Pejuhesh said communication between subcommittee members can be with whomever they need to but should not be making any representations on behalf of the BRN.

Loretta Melby said any communications should be reported out at a NMAC meeting.

Jenna Shaw-Battista asked how subcommittees can communicate at all outside because it sounds like they cannot. She was confused why scope and regulations were separated.

Loretta Melby said scope of practice does not live in regulations. It lives within the legislative process and must be changed or altered in a bill. She explained that subcommittee members can meet with each other whenever they want but cannot meet with members of other subcommittees unless agendaized for a NMAC meeting.

Jenna Shaw-Battista asked if the regulations team wants to assign this issue to the scope subcommittee or revisit how the subcommittees are made up.

Reza Pejuhesh said there can be overlap between regulations and rulemaking. He said any member can have thoughts about any issues covered by any subcommittee to discuss at a NMAC meeting.

Jenna Shaw-Battista asked if the regulations subcommittee do research in support of scope of practice questions or issues to inform them on any future issues.

Reza Pejuhesh said the advisory committee could make assignments to direct the subcommittee and could leave it to their discretion too.

Kim Dau said the California Healthcare Foundation (CHCF) partnered with UCSF Health Force and produced a nurse midwifery and licensed midwifery workforce report. There are several snapshots available on the CHCF webpage from the 2022 survey. There is some data to answer Lilit Sarkissian's question. She also said the September 2024 NMAC minutes noted Holly Smith from CNMA recommended NMAC look at developing regulations for the statute in the scope of practice language enabling nurse midwives to provide care for common gynecologic conditions outside of pregnancy. She requests the regulations subcommittee consider that if it isn't already on the agenda and report back at the next NMAC meeting.

Jenna Shaw-Battista agrees.

Lilit Sarkissian agrees and that they can work on this. It touches on what Paris Maloof-Bury was saying earlier about updating the Q&A portion as to what is and isn't in nurse-midwifery scope.

Jenna Shaw-Battista said the regulations subcommittee will continue exploring this and not defer to scope subcommittee at the next meeting; if there's something they would like to recommend or task to the scope subcommittee that can be done at the next meeting after it's agendaized.

Lilit Sarkissian asked if Dr. James had anything to add and he did not. She said SB 667 applies to each group of midwives whether employed in hospital or private or as independent practice midwives and she is not sure if this should be added to the Q&A when they get to it because she's confused about what the regulations committee or whether the NMAC can regulate on.

Loretta Melby said there is a process for it and she encourages meetings be set up with herself, Reza Pejuhesh, McCaulie Feusahrens, and Marissa Clark.

Nurse Midwifery Education: No new information to report.

Break at 10:33 – 10:40 a.m.

Quorum reestablished at 10:41 a.m.

Motion: **Jenna Shaw-Battista** Motion to add Kim Dau to the Nurse Midwife Education subcommittee and move Kenneth James to the Public Engagement and Website subcommittee

Second: **Kim Dau**

**Public Comment for
Agenda Item 5.0:**

Paris Maloof-Bury, CNMA: Said the committee has spent 1 hour and 42 minutes of the two-hour meeting getting nothing done other than talking about how we could make changes if changes were going to be made. These laws have been passed for years and the website that employers go to is still out of date. She has sent repeated emails and received zero response from Loretta or Reza regarding whether there is a need for some sort of oversight of communications from the public regarding NMAC and nurse midwifery regulation. She knows that things take time, but this meeting is a perfect example of how this does not work. Every meeting that she's attended, the entire meeting is spent talking about how things could get done if we were going to get them done but nothing has gotten done and this is holding up their practice in real life in a state where they do not have enough health care providers, where they are trying to have everyone work at the top of their licensure, experience, and training but this is years out of date.

Vote:

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

Motion Passed

10:45 a.m.

6.0

Information only: Data on final dispositions of disciplinary cases against Certified Nurse Midwives (CNM).

Discussion:

No comments or questions.

Public Comment for

Agenda Item 6.0:

Reza Pejuhesh advised the committee that public comment technically must be taken at the time that an agenda item is discussed, but if this item is not being discussed, it would be fine to proceed to 7.0 and when public comment is taken on that item, any public comments on item 6.0 could be taken at the same time.

10:47 a.m.

7.0

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:

Jenna Shaw-Battista has a document with edits and additions to FAQs. She said most of the edits have been made and she would provide the document to Loretta Melby for edits and updates to the website and shared with Dr. James. She asked that the FAQs be shown to the group for discussion.

Loretta Melby shared her screen to show the FAQs with the committee and public.

Jenna Shaw-Battista asked if a motion could be made to accept the changes en masse.

Reza Pejuhesh said that was reasonable.

Jenna Shaw-Battista asked for updates for SB 667.

Loretta Melby said discussions with staff were to drop reference to SB 667 language and make this a living document.

Jenna Shaw-Battista said the first section that needs updating includes the question “should CNMs be supervised by physicians to provide care for patients who fall out of the defined low risk scope” (page 1, last question). She said the language needs to be updated to reflect SB 667 and further clarified CNMs do not need to be employed in the same practice or working at the same sites with physicians to consult and collaborate with them. It could be a standalone sentence that is added. She said this will require legal review to ensure the language is accurate and supported but this is the layperson’s understanding.

Reza Pejuhesh asked if Jenna was typing the information, and she said no but she does have the information in writing and can provide it after the meeting.

Loretta Melby said staff is taking notes on the proposed changes to the document.

Jenna Shaw-Battista said the next question that needs updating is whether CNMs are required to have physician supervision for furnishing medications. She said the last sentence could be removed because SB 667 removes all references to standardized procedures and patient specific protocols. (page 3, last question)

Loretta Melby said the furnishing license still carries a four to one ratio and is still required for DEA schedule two and such. That will have to go through legal review to make sure the language complies and is not being interpreted incorrectly.

Kim Dau asked Loretta Melby to clarify if the ratio is still in place for furnishing.

Loretta Melby said the furnishing process is still in statute, there may still be a requirement with a four to one ratio. There was a question about this with the nurse practitioners and they had to do a legal review too. She wants to make sure that isn't missed. It may be a requirement for NPs that was missed in AB 890, and she wants to make sure it isn't missed for the CNMs.

Jenna Shaw-Battista said her understanding is it was not missed and was removed for midwives but appreciates the clarity and potentially suggest the regulations subcommittee make note to follow up on the legal review to make sure there's no changes needed. She said the next one she proposes adding patient specific protocols after procedures in the question and then amending the response to read "standard procedures and patient specific protocols are no longer required for furnishing drugs or devices," and removing point one and adding language that reflects SB 667, which could read, "a certified nurse midwife is required to furnish or order a schedule two or three controlled substance pursuant to policies and protocols that are mutually agreed upon with a physician, which are also required for furnishing or ordering drugs or devices for services other than attending cases of low risk pregnancy, childbirth, or providing prenatal, intrapartum and postpartum care as specified." She said that's a direct quote from the bill and may not need to be included. She also added a suggested sentence that SB 667 defines CNMs as a prescriber and specifically permits CNMs to dispense drugs when attending cases of low-risk pregnancy, etc., and then gynecologic conditions are included in the scope language. She said that is the last paragraph in section one of SB 667. She said some members appeared confused and apologized for the method they're going through updating the FAQs. She said this was the only way she could come up with to make changes that would not delay another six months. She asked if anyone understood what she said or had any comments on the suggested updates.

Loretta Melby said she would like to stay consistent with the furnishing aspect and will have a legal review done to make sure it complies with all different laws such as Pharmacy, DEA, and BRN to make sure there's no overlap that has any unintended consequences.

Jenna Shaw-Battista proposes removing the next two questions and answers because they do not appear to be applicable. (page 4 of FAQ)

Reza Pejuhesh sought confirmation that the two questions being proposed for removal were "what are the required components..." and "when is a patient specific protocol not necessary?"

Jenna Shaw-Battista said yes, those would have legal review, and she proposes changing the next question to "are there specific prerequisites for CNMs who furnish drugs or devices" and suggests striking number three and making number four become three.

Loretta Melby said the review process will include looking at Pharmacy law to make sure there's nothing that is needed to provide clarification for that and make sure pharmacists know where to find it.

Jenna Shaw-Battista said based on SB 667, there could be several new FAQs, and she would like to review them now and said it would take about five minutes.

Kim Dau said she had a minor edit to be made. She said CNM is a trademarked credential by the American Midwifery Certification board. She said California does not require national certification for state licensure. She believes the CNM abbreviation needs to be updated to NMW which is more consistently used by the BRN to reference California state licensees.

Jenna Shaw-Battista said that is a good point and said there is a typo in nurse midwife in the middle of the scope summary on the advance practice and public health nurse certification page that she'll provide in writing.

Ruth Mielke said there is also a reference to ANCM which should be ACNM.

Jenna Shaw-Battista said there is one more existing FAQ that needs updating post-SB 667 that says, "Can I directly procure drugs and devices..." She suggests that a sentence be added to the end that based on SB 667 CNMs may serve as laboratory directors in facilities that only perform clinical laboratory tests classified as waived under the CLIA amendments of 1988 or provider performed microscopy within the nurse midwifery scope of practice that is directly lifted from SB 667.

Loretta Melby suggests removing the bill number and referencing the Business and Professions Code section where that currently lives because that's where all stakeholders should go to always reference the law. That will be added as well as a link to the code.

Jenna Shaw-Battista said that has been an issue raised as a barrier to full scope. Clarifying the language in the FAQ will be helpful.

Loretta Melby asked if Jenna Shaw-Battista would send the document referenced during the discussion.

Jenna Shaw-Battista agreed and said she read it verbatim and can be included in the minutes.

Loretta Melby thanked her and stopped sharing her screen.

Jenna Shaw-Battista said there were a couple of new questions raised by stakeholders in prior meetings and by email since the last meeting. She proposes a question, "Can nurse midwives hold hospital privileges without physician supervision?" The answer would be, "Yes, hospitals may grant admission and discharge privileges to nurse midwives consistent with CNM scope of practice and hospital bylaws." She said that is straight out of SB 667.

Loretta Melby said they might be able to do that and may have to reference CDPH to the law that is there. It may not be the specific language proposed by Jenna Shaw-Battista but will try to be as close as possible.

Jenna Shaw-Battista said another question is, "Can a nurse midwife provide abortion services?"

Loretta Melby said that could be added because that is in the Business and Professions code.

Jenna Shaw-Battista said her proposed answer is, "Yes, effective January 2023, CNMs may provide first trimester abortion care without physician supervision and without standardized procedures." This is further reinforced under B&P section 2746.6 and it was SB 1375 that initially gave CNMs the ability. She asked if there were any comments. None were voiced.

Jenna Shaw-Battista said Holly Smith suggested they consider adding information about disability claims that is specifically addressed in SB 667. She proposes adding the question, "Can a nurse midwife certify disability claims?" The proposed answer is, "Yes, nurse midwives may certify medical disability if the diagnosis condition is within the certified nurse midwifery scope of practice, which includes APMP, postpartum interconception, and family planning needs." SB 667 also defines specifically nurse midwives as practitioners relating to the scope of their professional license. She

said this is an EDD policy but thought the proposed language could at least reflect the BRN's position.

Loretta Melby said this one will need more in-depth legal review. She said there was a similar circumstance that popped up with nurse practitioners where they were considered a practitioner but that hadn't been carried over to the other set of laws that it conflicted with. The NPs had to update that law to include them as providers. If there is no conflict when it is looked at that is something that can be updated in the FAQ. If there is a conflict, she will let them know where the conflict lives and how it could be rectified to make it clear.

Jenna Shaw-Battista said in a prior meeting where a presentation was made, EDD indicated they referred to the BRN website so there should be no conflict. She asked for any feedback and there was none. She said the final FAQ proposed that she did not write up and was suggested by Lilit Sarkissian today was discussing any differential impact of SB 667 on community versus hospital-based midwives. She put it out to the members if they want to craft some language or task that to the website committee for future consideration.

Loretta Melby said she thinks this one will need more in-depth conversation as to what it entails. It looks like it's in this area that may not live within the jurisdiction of the BRN. She said they may be able to post a link to a site that addresses that but does not know affirmatively that it could be added to this FAQ. She said it would require a discussion with legal to see if something can be added to address this.

Jenna Shaw-Battista said that can be revisited at the next meeting with the understanding that there will be some clarification either by the scope or regulation subcommittees and it might be time to revisit the idea that was previously floated about providing a case study for collaboration and consultation as to what it would look like for a CNM in a community based hospital in a community setting restricted to their low risk scope. This is what it looks like when midwives are caring for both low-risk and beyond low-risk patients.

Loretta Melby said that isn't typically something done on the website. She said if it is handled by CNMA then maybe a link can be added to that website to highlight it.

Loretta Melby put the plea out for the subcommittees to meet with staff to be able to progress this information forward. She asked for members to respond to emails sent out and set up meetings with them to do the work in between the meetings to help facilitate getting things done. She hears Paris and wants to get things moving forward. She wants to update information as quickly as possible and knows the website needs updates but needs to have collaboration and commitment from members to assist with this.

Jenna Shaw-Battista said those were the issues she found based on priorities and communication from stakeholders. She asked if any other members had issues they wanted to be updated in the FAQs.

Loretta Melby said once this is updated and approved by legal it will be posted to the website and could be brought back as an agenda item to show that it's done. It isn't necessary to do this, but it is an option. If members review this and see anything updated, please send an email to the NMAC box to deal with it. A motion can be made on this.

Motion: **Ruth Mielke** Motion to accept the changes to the FAQs as discussed, pending legal review, with a report out at the next NMAC meeting.

Second: **Kim Dau**

11:19 a.m. **Public Comment for
Agenda Items 6.0**

and 7.0: Paris Maloof-Bury, CNMA: Shares her gratitude for moving this through. It is very much needed and appreciated. She would like to be notified when the website updates are made. She is the lead for their practice and been writing on behalf of the work she's doing as a licensed certified nurse midwife and waiting for these updates from the BRN.

Loretta Melby said she's been working this for the past couple weeks with the Chief of Legislation and will respond as soon as it has been updated.

Vote:

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

Motion Passed

11:23 a.m.

8.0 Adjournment: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM - Chair, adjourned the meeting at 11:23 a.m.

Submitted by:

Accepted by:

McCaulie Feusahrens

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

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Chair
Nurse-Midwifery Advisory Committee

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing



Agenda Item 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.

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 5.0

DATE: September 23, 2025

ACTION REQUESTED: 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.

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
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
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Agenda Item 6.0

Information Only: Overview of the 2026 BRN Sunset Review process

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 6.0
DATE: August 27, 2025

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

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Chair

BACKGROUND:

Loretta Melby, Executive Officer, will provide an overview of the 2026 BRN Sunset Review process. Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee conduct joint sunset review oversight hearings to review the boards and bureaus within the Department of Consumer Affairs (DCA). These boards and bureaus are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process offers the DCA, the Legislature, the boards, and other stakeholders an opportunity to assess board performance and propose recommendations for improvement.

This comprehensive process allows the Legislature to review the laws and regulations governing each board, assess its programs and policies, and determine whether it is effectively fulfilling its regulatory responsibilities and statutory mandates. It also includes a review of fiscal management practices and financial relationships with other agencies. Through Sunset Review Oversight, boards are also evaluated on key performance measures, such as timeliness of actions and enforcement activities to ensure they meet the needs of California consumers while promoting regulatory efficiency and effectiveness.

The BRN's sunset review is scheduled for 2026; however, preparatory work on the report is underway. The initial sections of the Board's report provide an overview of the Board's current regulatory program and include data tables and charts. The latter sections address the Board's responses to specific issues either raised by the Board or identified during the previous Sunset Review Oversight. Staff will be drafting the report with the goal of presenting it to the Nursing Practice Committee in October for edits, followed by Board approval in November. The final Sunset Report is due to the Legislature for review on or before January 5, 2026.

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](#):

- [2022 Sunset Review Report](#)
 - [March 18, 2022 Background Paper](#)
 - [BRN Response to Issues Identified in Sunset Background Paper](#)
 - [Overview of Recent State Auditor Reports on the BRN](#)

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Agenda Item 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

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 7.0

DATE: September 23,
2025

ACTION REQUESTED: **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

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Chair

BACKGROUND:

Jenna Shaw-Battista will provide 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.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Agenda Item 8.0

Discussion and possible action: Regarding meeting dates for 2026

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 8.0

DATE: September 23, 2025

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

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Chair

BACKGROUND:

The NMAC will meet twice per year. Meetings will be open to the public and adhere to the Bagley Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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BRN Board, Committee, and Advisory Committee Meetings in 2026

January 21, 2026	Advisory Committees Nursing Education and Workforce Advisory Committee (NEWAC)
February 11, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
March 26-27, 2026	Board Meeting
April 7, 2026	Advisory Committee Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
April 28, 2026	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
May 13, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
June 25-26, 2026	Board Meeting
July 29, 2026	Advisory Committees Nursing Education and Workforce Advisory Committee (NEWAC)
August 12, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
September 24-25, 2026	Board Meeting
October 6, 2026	Advisory Committee Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
October 20, 2026	Advisory Committees Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
November 5, 2026	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
December 16-17, 2026	Board Meeting



Agenda Item 9.0

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

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 9.0

DATE: September 23, 2025

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

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
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
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Agenda Item 10.0

Discussion and Possible Action: Regarding discussion of the following subcommittees: Public Engagement and Website, Nurse Midwifery Scope of Practice, Regulations, and Nurse Midwifery Education

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 10.0

DATE: September 23, 2025

ACTION REQUESTED: **Discussion and Possible Action:** Regarding discussion of the following subcommittees: Public Engagement and Website, Nurse-Midwifery Scope of Practice, Regulations, and Nurse-Midwifery Education

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
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

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Agenda Item 11.0

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

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 11.0
DATE: September 23, 2025

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

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Chair

BACKGROUND:

The members of NMAC will discuss any trends/issues with final dispositions of disciplinary cases against CNMs. Discipline data for the past seven (7) 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 (as of 8/12/25)
Public Reprimand	1	0	1	0	0	0	0	0
Probation	2	4	2	0	0	0	0	0
Surrender	1	1	1	0	1	0	1	0
Voluntary Surrender during Probation	1	1	1	1	0	2	0	0
Revocation	0	0	1	1	1	0	2	1
Reinstatement	0	0	0	0	0	0	0	0
Total	5	6	6	2	2	2	3	1
Active CNM Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460
Percentage of CNMs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.07%

CNM Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025 (as of 8/12/25)
Practice	2	3	4	0	2	0	1	0
801 Practice	1	1	0	1	0	0	0	0
Out-of-State Discipline (OSD)	0	1	0	0	0	0	0	1
Conviction	1	0	1	0	0	0	2	0
Substance Use Disorder (SUD)	0	0	0	0	0	0	0	0
Sexual Misconduct	0	0	0	0	0	0	0	0
Other	1	1	1	1	0	2	0	0
Total	5	6	6	2	2	2	3	1
Active CNM Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460
Percentage of CNMs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.07%

Active Licenses by Fiscal Year

Fiscal Year	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Registered Nurse	442,383	451,934	458,165	466,704	480,568	524,129	534,035	549,040
Clinical Nurse Specialist	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029
Certified Registered Nurse Anesthetist	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337
Nurse Midwife	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460
Nurse Practitioner	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800

RESOURCES:

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

NEXT STEPS:

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

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Agenda Item 12.0

Discussion and possible action: Update on the revisions to the BRN website regarding the passage of SB 667 (Reg. Sess. 2022-2023), including NMAC updates on the Frequently Asked Questions document

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 12.0

DATE: September 23, 2025

ACTION REQUESTED: **Discussion and possible action:** Update on the revisions to the BRN website regarding the passage of SB 667 (Reg. Sess. 2022-2023), including NMAC updates on the Frequently Asked Questions (FAQ) document

REQUESTED BY: Jenna Shaw-Battista, PhD, RN, PHN, NP, CNM, FACNM
Chair

BACKGROUND:

The NMAC will discuss the revisions to the BRN website, and any updates needed to the FAQ document.

RESOURCES:

FAQs related to midwifery practice and the implementation of Senate Bill (SB) 1237 (Reg. Sess. 2019-2020): https://www.rn.ca.gov/pdfs/regulations/nmwfaqs_sb1237.pdf

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Agenda Item 13.0

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

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 13.0

DATE: September 23, 2025

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

REQUESTED BY: Kim Dau, MS, CNM, FACNM, WHNP

BACKGROUND:

Joanne Spetz, PhD, Director of the Institute for Health Policy Studies at the University of California, San Francisco (UCSF) and Kim Dau will present the results from the survey of California nurse-midwives conducted by the UCSF.

RESOURCES:

<https://www.chcf.org/resource/californias-midwife-workforce/>

https://www.chcf.org/wp-content/uploads/2024/09/MidwifeWorkforce_PracticeWorkEnvironment.pdf

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Agenda Item 14.0

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

Nurse-Midwifery Advisory Committee (NMAC) Meeting | September 23, 2025

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

AGENDA ITEM: 14.0

DATE: September 23, 2025

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

REQUESTED BY: Kim Dau, MS, CNM, FACNM, WHNP

BACKGROUND:

Kim Dau will provide an overview of the research conducted by the Nurse Midwifery Education subcommittee and the NMAC will discuss potential updates to California Code of Regulations, Title 16, Article 6, regarding nurse-midwifery education.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
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Standards for Nurse-Midwifery ProgramsA

California Code of Regulations, Title 16 §1460 + 1462

September 23, 2025

Prepared by Kim Q. Dau, MS, CNM, FACNM

- *Member, Education Sub-Committee*
- *Member, Nurse-Midwifery Advisory Committee to the California Board of Registered Nursing*

CA Educational StandardsA

2746.2. (a) An applicant shall show by evidence satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof.

Purpose of Educational StandardsA

- Establish minimum nurse-midwifery education standards to guide the BRN in determining eligibility for state certification (licensing) as a nurse-midwife.
- Education standards put into place to protect the public by ensuring that the preparation is there to practice safely.

Current regulations (1460)A

Option OneA

“Successful completion of the nurse-midwifery academic program of study which conforms with the Board’s educational standards set forth in the California Code of Regulations Section [1460].”

Option Two (equivalency)A

“Completion of a nurse-midwifery academic program which conforms with the Board’s educational standards as set forth in the California Code of Regulations Section [1460], but not Board approved. Remediation of deficiencies may be required through a Board of Registered Nursing approved program/course.”

(BRN voted to end this option in May 2023)

Option Three (equivalency)A

“Certification by a state or national organization/association whose standards are equivalent to those set forth in the California Code of Regulations Section [1460]...The [American Midwifery Certification Board] has met the certification requirements that are equivalent to the Board’s standards for nurse-midwife certification.”

Current regulations (1462)A

Program of StudyA

- Primarily focused on preparing midwives
- Clear philosophy and program objectives

CurriculumA

- Minimum program length
- Curricular content, including midwifery management process and procedures
- Sequencing

FacultyA

- At least 1 nurse-midwife and 1 physician
- Clinical recency

**Complete a program that
meets CCR 1462 standardsA**

**Complete a program that
meets ACME standardsA**

**Board
approved
(CA only)A**

**Not Board
approvedA**

**Obtain AMCB national
certificationA**

BRN certification (license) as a nurse-midwife in CaliforniaA

CCR 1460 + 1462: are updates necessary?A

- Last amended in 1985
 - 2020 updates to statute, including reference to ACNM Core Competencies
- Method One allows state certification (licensure) without national certification
- CA programs complete both BRN approval process *and* accreditation => increased workload

What minimum educational standards should applicants achieve to be eligible for practice in CA?

- Evidence (transcripts) of having completed a nationally accredited program
 - Meet standards of the US Department of Education
- Proof of national certification
 - Evidence of having passed the national board exam, and thus have obtained the competencies necessary for safe entry-level midwifery practice
 - Interim license while waiting for board certification (if completed accredited program)

Why?A

- ACME is sole accreditation body for nurse-midwife education.
 - Organization + Administration
 - Students (admission, policies, well-being, notice of expectations, remediation, grievances)
 - Curriculum (content + delivery)
 - Resources (staff, facilities, clinical sites)
 - Assessment + Outcomes (demonstrate program quality)
- AMCB is sole national certification organization for CNMs
 - Mission to protect and serve the public by leading the certification standards in midwifery
 - Required for practice in all other states
 - Typically required for credentialing and billing

Current utilization of application methodsA

Between 2015 and 2025, the BRN has seen an average of:

- 35% of initial applicants using **Method one** (board-approved program),
- 1% using **Method two** (gap analysis), and
- 64% using **Method three** (national certification).

Nurse-Midwife Application Numbers by Year				
Year	Board-approved Program (Method 1)	Equivalency (Method 2)*	National Certification (Method 3)	Total
2015	26	4	43	73
2016	25	2	47	74
2017	28	2	65	95
2018	42	0	51	93
2019	33	1	58	92
2020	27	0	50	77
2021	35	0	63	98
2022	34	0	70	104
2023	45	1	55	101
2024	38	0	67	105
2025	14	0	75	89

* The Board voted to remove the Equivalency option in May 2023.

Precedent in CaliforniaA

- BRN grants approval to CRNA programs by “considering standards of the Council on Accreditation of Nurse Anesthesia Education Programs and Schools.” *May create additional standards.*
- “BRN shall certify all CRNA applicants who show certification by the National Board of Certification and Recertification of Nurse Anesthetists.”

Next stepsA

- Discussion among NMAC members:
 - Timing to promulgate updated regulations?
 - Direction of the regulations?
 - Would the NMAC like for this education sub-committee to develop sample regulations?
- Motion to move forward if the committee chooses

Thank you!A

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