



Nurse-Midwifery Advisory Committee Meeting

MEETING MATERIALS

October 20, 2026

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Agenda Item 2.0

General instructions for the format of a teleconference meeting

Nurse-Midwifery Advisory Committee (NMAC) Meeting | October 20, 2026

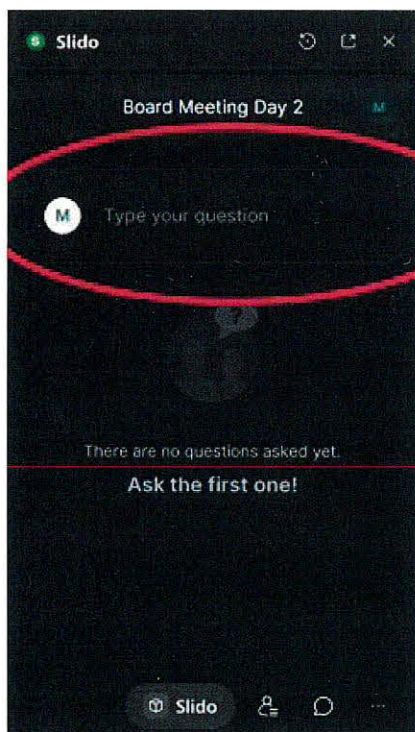
Participating During a Public Comment Period (if joining the meeting remotely via WebEx)

If you would like to make a public comment:

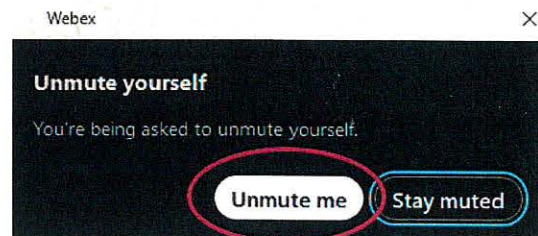
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



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 | October 20, 2026

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

DRAFT

Date: Monday, June 1, 2026

Start Time: 1:35 pm

Location: The Nurse-Midwifery Advisory Committee meeting was held via remote access in accordance with Government Code section 11123.5. All Committee members joined the meeting remotely.

1:36 pm

1.0

Call to Order / Roll Call / Establishment of a Quorum

Loretta Melby, Executive Officer, called the meeting to order at 1:36 pm, and a quorum was established at 1:37 pm All committee members were present except Ruth Mielke and Amelia Khong. Ruth Mielke joined at 1:38 pm and Amelia Khong joined at 1:50 pm.

Committee Members: Ruth Mielke, PhD, CNM, FACNM, WHNP-BC-Vice Chair
James Byrne, MD
Kenneth James, MD
Lilit Sarkissian, CNM, MSN, RNC-OB
Kim Dau, DM, CNM, FACNM
Amelia Khong

BRN Staff Present: Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – DCA Legal Affairs Division, Attorney

2.0

General instructions for the format of a teleconference meeting

1:37 pm

3.0

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

**Public Comment
for Agenda Item**

3.0: No public comments

1:41 pm

4.0

Review and vote on whether to approve previous meeting minutes

4.1 September 23, 2025

Committee Discussion: Kim Dau identified a correction on page 8 of the meeting materials. She clarified that a prior statement should reflect that UCSF admitted its first cohort of DNP students, not NP students, noting that UCSF has admitted NP students for many years.

Loretta Melby acknowledged the correction and agreed to revise the minutes accordingly.

Motion: James Byrne motioned to approve the NMAC meeting minutes from September 23, 2025, as corrected with the modifications stated.

Second: Kim Dau

**Public Comment
for Agenda Item**

4.1: No public comments

Vote:

	RM	JB	AK	KJ	LS	KD
Vote:	Y	A*	AB	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

*James Byrne was having technical issues during the vote so he was counted as abstaining.

Motion Passed

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.

Committee Discussion: Loretta Melby provided an overview of the Executive Officer's report and advised the committee that updates affecting nurse-midwifery practice, including policy, regulatory, and legislative matters, would be deferred to Agenda Item 10.0, where two pending legislative bills would be discussed in greater detail.

No questions or concerns were raised by committee members.

Public Comment for Agenda Item Bethany Sasaki joined public comment to confirm her attendance as a member of the public..

5.0:

No comments were provided regarding Agenda Item 5.0.

1:48 pm

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

Committee Discussion: Loretta Melby opened the agenda item.

Ruth Mielke indicated her desire to continue serving as Vice Chair and declined consideration for the Chair position.

Loretta Melby confirmed that, because Ruth was remaining in the Vice Chair role, no vote was required for that position. She then opened nominations for Chair.

Ruth Mielke nominated Kim Dau.

Lilit Sarkissian expressed support for the nomination.
Kim Dau stated she was willing to serve if selected.

Motion: **Ruth Mielke** motioned to approve Kim Dau as Chair and she remains as Vice Chair.

Second: **Lilit Sarkissian**

**Public Comment
for Agenda Item**

6.0: No public comments

Vote:

	RM	JB	AK	KJ	LS	KD
Vote:	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

Motion Passed

1:52 pm

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

Committee Discussion: Loretta Melby introduced the agenda item and reviewed the existing assignments and vacancies and invited the committee to retain or revise the subcommittee structure.

Amelia Khong asked whether she could serve on two subcommittees and was advised that she could serve on only one.

Kim Dau recommended first determining whether all existing subcommittees remained necessary before assigning Amelia.

Loretta Melby explained that the subcommittees were established to continue work between the committee's two annual meetings while maintaining compliance with the Bagley-Keene Open Meeting Act. She described the responsibilities of each subcommittee, including updating public website information and FAQs, examining scope-of-practice issues arising from statutory changes, reviewing and developing regulatory proposals, and monitoring nurse-midwifery education and licensure requirements. She emphasized that the subcommittees operate flexibly, address

matters as needed, and report their work publicly at committee meetings.

Kenneth James reported that he had reviewed the website FAQs and found them generally current, although he deferred to the committee regarding the continued need for the Public Engagement and Website Subcommittee.

Ruth Mielke stated that the Scope of Practice Subcommittee remained necessary because emerging issues continue to affect nurse-midwifery practice.

Kim Dau clarified that subcommittees may research relevant matters between meetings and return findings or recommendations to the full committee.

Loretta Melby confirmed this understanding and explained that matters requiring broader discussion must be properly placed on a future public agenda.

Ruth Mielke asked how a one-member subcommittee could function.

Loretta Melby explained that the member could consult with staff, legal counsel, or individuals outside the advisory committee.

Lilit Sarkissian asked why members of different subcommittees could not discuss related committee business directly.

Loretta Melby explained that DCA entities generally limit subcommittees to two members to prevent serial communications or inadvertent meetings that could compromise public transparency under the Bagley-Keene Open Meeting Act.

Ruth Mielke acknowledged the importance of preserving transparency.

James Byrne expressed appreciation for DCA's efforts to protect transparency while allowing meaningful work to continue efficiently.

Kim Dau recommended retaining all four existing subcommittees, noting the continuing importance of public engagement, scope of practice, regulations, and education.

The committee expressed no objections to the existing structure or assignments.

Amelia Khong selected the Public Engagement and Website Subcommittee, where she would serve with Kenneth James.

Motion: Kim Dau motioned to add Amelia Khong to the Public Engagement and Website subcommittee.

Second: James Byrne

**Public Comment
for Agenda Item**

7.0: No public comments

	RM	JB	AK	KJ	LS	KD
Vote:	Y	A	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

Motion Passed

2:16 pm

8.0

Information and discussion only: Data on final dispositions of disciplinary cases against nurse-midwives

**Committee
Discussion:**

Loretta Melby presented the agenda item and noted that disciplinary activity remained low and had decreased compared with prior years. As of the reporting period, there had been no public reprovals, probation surrenders, voluntary surrenders, or reinstatements, and one license revocation had been recorded. She further reported that no disciplinary cases involved medical negligence, out-of-state discipline, convictions, substance use disorder, or sexual misconduct, with one case categorized as "other."

Kim Dau asked when a licensee is notified that they are under investigation.

Loretta Melby explained that complaints first undergo a triage process to determine jurisdiction and whether additional review is warranted. Some complaints are closed without investigation if they are outside BRN jurisdiction or do not involve a BRN licensee. Once a matter is formally assigned for investigation, the licensee is contacted and given an opportunity to provide a response. She further explained that completed investigations are reviewed by a nurse-midwife subject matter expert, who determines whether a violation occurred before any matter is referred for disciplinary action.

Kim Dau also asked whether disciplinary action may be taken solely against a nurse-midwifery certificate.

Loretta Melby explained that the RN license is the primary license and any disciplinary action against the RN license also applies to all associated certifications, including the nurse-midwifery

certificate. She clarified that although BRN distinguishes between licenses and certificates administratively, both are treated as licenses for legal and disciplinary purposes.

**Public Comment
for Agenda Item**

8.0: No public comments.

2:25 pm

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

**Committee
Discussion:**

Loretta Melby presented an overview of proposed nurse-midwifery-related provisions included in the Board of Registered Nursing's 2026 Sunset Report (SB 1302). She explained that the Board is seeking legislative changes to streamline licensure and renewal processes by allowing furnishing authority to be issued and renewed concurrently with nurse-midwifery certification rather than through separate applications. She noted that California is the only state requiring a separate furnishing number for nurse-midwives and that the Board has recommended eliminating the separate furnishing requirement in favor of prescriptive authority attached directly to licensure. However, she reported that this proposal had not yet been incorporated into the bill and remained under legislative consideration. Loretta also discussed another Board recommendation intended to clarify the authority of registered nurses to follow orders issued by Advanced Practice Registered Nurses (APRNs). She explained that recent statutory changes eliminating standardized procedures created uncertainty regarding RN implementation of APRN orders and that the Board is seeking statutory clarification to codify existing practice and protect RN licensees. She emphasized that the proposal would not expand APRN scope of practice but would clarify and preserve existing collaborative clinical practices.

Kim Dau asked several questions regarding the impact of recent statutory changes on nurse-midwife authority to issue orders and the rationale for clarifying RN implementation of APRN orders.

Loretta explained that nurse-midwives have historically issued both medication and non-medication orders, often within hospital systems, and that the Board's proposal is intended to ensure regulatory clarity and avoid unintended consequences resulting from the removal of standardized procedures.

Kim Dau characterized the proposal as an important policy recommendation.

Amelia Khong asked whether the recommendation to eliminate the separate furnishing authorization was likely to be adopted.

Loretta Melby explained that the proposal had been submitted for consideration but that its ultimate inclusion would depend on the legislative process and stakeholder input.

Ruth Mielke asked how Board recommendations are incorporated into sunset legislation, and Loretta explained that lawmakers consider the Board's recommendations alongside feedback from stakeholders and the public before determining which proposals move forward.

Kim Dau also inquired about the status of the Board's recommendation to require national certification for APRN licensure.

Loretta Melby confirmed that the recommendation remains under consideration and is intended to align California with the national APRN Consensus Model and interstate APRN compact standards. She explained that the proposal would apply prospectively to future applicants and would not affect currently licensed APRNs, who would be grandfathered under existing requirements.

Committee members acknowledged that many of the Board's sunset recommendations remained under legislative review and that future amendments to the bill would determine which proposals ultimately advance.

**Public Comment
for Agenda Item**

9.0: Holly Smith, representing the California Nurse-Midwives Association (CNMA): Raised concerns about requirements for obtaining Schedule II furnishing authority. She noted that some nurse-midwives who completed their education many years ago may have difficulty documenting the advanced pharmacology content required to demonstrate eligibility for Schedule II prescribing privileges. She expressed concern that current guidance could be interpreted as requiring individuals to repeat educational coursework in order to qualify for Schedule II furnishing authority, which she stated could be impractical and burdensome.

Loretta Melby clarified that the BRN does not require additional education or continuing education courses to obtain initial Schedule II furnishing authority. She explained that advanced pharmacology coursework completed as part of a nurse-midwife's original educational program satisfies the statutory requirements for nurse-midwife licensure, furnishing authority, and Schedule II

furnishing authority. She further explained that applicants typically demonstrate compliance through educational transcripts and verification from their educational program. Loretta noted that a previous interpretation suggesting additional continuing education was required for initial Schedule II authority had been corrected several years ago and that continuing education requirements apply only to renewal of Schedule II authority, not initial issuance.

Holly Smith thanked Loretta for the clarification.

Loretta Melby reiterated that nurse-midwives should not be required to complete additional training beyond their original educational preparation to obtain furnishing authority or Schedule II furnishing authority and encouraged any applicants experiencing difficulties to contact Board staff for assistance.

**Additional
Discussion:**

Kim Dau asked for clarification regarding the purpose of the Schedule II modifier displayed in the BreEZe licensing system.

Loretta Melby explained that the modifier primarily serves as verification for the Drug Enforcement Administration (DEA) when reviewing and renewing DEA registrations for nurse-midwives authorized to prescribe Schedule II controlled substances.

Kim Dau questioned whether all nurse-midwives who possess furnishing authority should automatically have the Schedule II modifier, given that advanced pharmacology coursework satisfies the educational requirements for both furnishing authority and Schedule II prescribing.

Loretta Melby explained that while the Schedule II designation should be granted initially, continued eligibility depends on completion of required continuing education (CE) related to Schedule II prescribing at renewal. She noted that if a licensee does not maintain the required CE, the Schedule II modifier may not be renewed.

Kim Dau further asked how the renewal process updates the BreEZe system.

Loretta Melby explained that CE documentation is associated with the RN license, and that the renewal process is being updated to include an attestation allowing nurse-midwives to affirm completion of the required Schedule II continuing education when renewing their certification. She noted that this enhancement has been submitted for implementation within the BreEZe system.

Ruth Mielke sought confirmation that the DEA relies on the BreEZe Schedule II designation during DEA license renewal.

Loretta Melby confirmed that the DEA checks the licensee's status and Schedule II authorization through the Board's records. The discussion concluded with no further questions or action by the committee.

2:52 pm

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.

Committee Discussion: Marissa Clark, Chief of Legislative Affairs, presented Assembly Bill (AB) 1696, which would clarify that nurse-midwives may provide emergency services and care within their existing scope of practice in labor and delivery units, obstetric triage settings, and dedicated obstetric evaluation units without physician supervision. She emphasized that the bill does not expand the scope of practice for nurse-midwives but rather aligns existing provisions in the Health and Safety Code and Business and Professions Code to reflect current practice.

James Byrne asked how the bill aligns with federal Emergency Medical Treatment and Labor Act (EMTALA) requirements and whether the proposal would apply across all practice settings.

Marissa Clark explained that California law contains provisions similar to EMTALA and that the bill would allow nurse-midwives to conduct required emergency assessments within their current scope of practice.

Loretta Melby further clarified that the bill applies specifically in hospital labor and delivery settings where pregnant patients present for emergency evaluation. She explained that the bill codifies longstanding practice by allowing nurse-midwives to perform medical screening examinations, discharge patients when appropriate, manage emergencies within their scope, and refer patients to physicians when necessary.

James Byrne expressed support for the bill following the clarification and stated that he viewed it as an appropriate recognition of current practice.

Ruth Mielke noted that many hospital medical staffs already authorize nurse-midwives to provide emergency services when needed, and Loretta Melby reiterated that the proposal is intended to codify existing practice and provide statutory clarity rather than expand clinical authority.

Kim Dau stated that AB 1696 recognizes the important role nurse-midwives currently play in obstetric triage and emergency evaluations.

Motion: Kim Dau motioned to support AB 1696

Second: James Byrne

Initial Public Comment for Agenda Item 10.0 Holly Smith, CNMA: Urged the committee to support the bill. She stated that the measure does not expand the scope of practice for nurse-midwives but instead clarifies existing practice related to the provision of emergency obstetric care. Holly explained that CNMA worked collaboratively with physician stakeholders to develop the bill and noted that language specifically referencing labor and delivery units, obstetric triage, and dedicated emergency obstetric evaluation units was added to more clearly identify the settings where nurse-midwives commonly evaluate laboring patients and manage obstetric emergencies. She expressed hope that the clarifying language would facilitate broader stakeholder support and continued discussion of the legislation.

Further Discussion: Marissa Clark presented AB 1973, which would replace existing statutory references to first-trimester aspiration abortions with authorization for nurse practitioners, nurse-midwives, and physician assistants to perform procedural abortions after completing competency-based clinical and didactic training. The bill would also require procedures for consultation, collaboration, referral, and transfer of care when cases exceed the provider's scope of training or experience. Marissa explained that the proposal could extend beyond first-trimester aspiration abortions to include certain second-trimester procedures and noted that some procedural abortions involve surgical components not traditionally included in the nurse-midwife scope of practice. A substantive discussion followed among committee members regarding training requirements, patient safety, scope of practice, and the potential expansion of authority under the bill.

Kenneth James stated that he supported first-trimester aspiration abortions performed by trained nurse-midwives but opposed extending authority to second-trimester procedural abortions. He expressed concern that second-trimester procedures are significantly more complex, carry greater risks, and traditionally require extensive physician training and hospital-based resources.

Kim Dau offered a different perspective, noting the increasing need for reproductive healthcare providers and challenges physicians face in obtaining abortion training. She expressed support for considering expanded authority when accompanied by competency-based education, training, referral requirements, and

patient safety safeguards. Kim noted that other jurisdictions have advanced practice clinicians providing abortion care and emphasized the importance of evaluating available evidence and training standards.

Ruth Mielke asked about current training expectations for second-trimester abortion procedures.

Kim Dau indicated she was not familiar with specific training requirements.

Loretta Melby explained that existing California training programs address medication and first-trimester aspiration abortions but would not fully address the additional competencies contemplated by AB 1973. She noted that the bill does not currently specify training hours, procedural volume requirements, gestational-age limitations, or practice-setting requirements, and that additional regulations or legislative amendments could be necessary if the bill advances.

James Byrne raised concerns about the lack of a defined gestational-age range within the bill, observing that significant differences exist between early and later second-trimester procedures. He stated that more clarity would likely be needed regarding gestational age, clinical complexity, and competency expectations.

Loretta Melby agreed that these issues may require future legislative clarification or regulatory development and noted that the Board would consider the committee's comments when evaluating the bill.

The committee discussed possible approaches available to the Board, including support, opposition, support if amended, or opposition unless amended.

Reza Pejuhesh reviewed these options and advised that the committee was not required to adopt a formal recommendation.

Following the discussion, Kim Dau requested that public comment be taken before deciding whether to make a motion or recommendation to the Board.

**Secondary Public
Comment for
Agenda Item
10.0:**

Holly Smith, CNMA: Addressed concerns raised during committee discussion regarding training requirements for procedural abortions. She emphasized that the bill does not contemplate brief or limited training and instead requires both didactic education and demonstrated clinical competency. Holly noted that competency-based training would involve substantial supervised clinical experience and that competency standards are consistent with

existing educational models used nationally. She further stated that studies involving advanced practice clinicians, including evidence from other states and international settings, have shown outcomes comparable to physician-provided care when appropriate competency-based training is completed. She also noted CNMA's willingness to work with stakeholders on possible amendments addressing practice settings, transfer protocols, and other implementation considerations.

Bethany Sasaki: Provided additional public comment, stating that she had personal experience providing care beyond the first trimester in outpatient settings. She noted that second-trimester abortion care is performed in outpatient settings in other parts of the country and emphasized that opinions expressed regarding practice settings reflected individual perspectives rather than universal standards of care.

**Further
Discussion:**

Loretta Melby advised the committee that no motion had been made regarding AB 1973 and that the committee could either make a formal recommendation or provide discussion and public feedback to the Board for consideration.

James Byrne clarified his earlier comments, noting that his primary concern was the lack of specificity in the bill regarding what constitutes a second-trimester procedure. He stated that there are significant differences in complexity and risk between early and later second-trimester procedures and suggested that the bill would benefit from greater clinical specificity. Although he expressed openness to considering procedural abortions performed by appropriately trained clinicians in early second-trimester cases, he felt that the bill, as currently written, lacked sufficient detail regarding gestational age limits, training standards, and safety considerations. He recommended consultation with subject-matter experts in complex family planning and emphasized that consumer protection and patient safety should remain the primary consideration.

Loretta Melby acknowledged these concerns and explained that the bill does not currently define gestational age ranges or other key implementation details. She noted that, if enacted without additional clarification, the Board might need to develop regulations defining those parameters. She further stated that committee comments, public testimony, and meeting recordings would be provided to the Board for consideration as part of its legislative review process.

Kim Dau encouraged the Board to evaluate the issue based on available evidence and research. She referenced comments

presented during public testimony regarding published evidence on abortion safety and the outcomes of advanced practice clinicians providing abortion care. Kim emphasized that all available evidence should be considered when the Board evaluates the proposed legislation.

Loretta Melby confirmed that the committee discussion, public comments, meeting recording, and staff analysis would be provided to the Board to assist in its review of AB 1973.

Not heard

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

Committee

Discussion: Loretta Melby informed the committee that Agenda Item 11 would likely be deferred to a future meeting.

3:29 pm.

11.0

Adjournment

Loretta Melby, Executive Officer, adjourned the meeting at 3:29 pm.



Agenda Item 5.0

Discussion and possible action: Regarding meeting dates for 2027

Nurse-Midwifery Advisory Committee (NMAC) Meeting | October 20, 2026

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

AGENDA ITEM: 5.0
DATE: October 20, 2026

ACTION REQUESTED: Discussion and possible action: Regarding meeting dates for 2027

REQUESTED BY: Loretta Melby, Executive Officer

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
Assistant Executive Officer
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Board, Committee, and Advisory Committee Meetings in 2027

January 20, 2027	Board Advisory Committee Meeting Nursing Education and Workforce Advisory Committee
February 10-11, 2027	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
March 24, 2027	Board Meeting
April 6, 2027	Board Advisory Committee Meeting Clinical Nurse Specialist Advisory Committee Certified Registered Nurse Anesthetist Advisory Committee
April 27, 2027	Board Advisory Committee Meeting Nurse-Midwifery Advisory Committee Nurse Practitioner Advisory Committee
May 12-13, 2027	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
June 23, 2027	Board Meeting
July 28, 2027	Board Advisory Committee Meeting Nursing Education and Workforce Advisory Committee
August 4-5, 2027	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
September 22, 2027	Board Meeting
October 5, 2027	Board Advisory Committee Meetings Clinical Nurse Specialist Advisory Committee Certified Registered Nurse Anesthetist Advisory Committee
October 19, 2027	Board Advisory Committee Meetings Nurse-Midwifery Advisory Committee Nurse Practitioner Advisory Committee
November 3-4, 2027	Board Committee Meetings Nursing Practice Committee Education/Licensing Committee Enforcement, Investigations, and Intervention Committee Legislative Committee
December 8, 2027	Board Meeting



Agenda Item 6.0

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 | October 20, 2026

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

AGENDA ITEM: 6.0
DATE: October 20, 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: Kim Q. Dau, DM, 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
Assistant Executive Officer
California Board of Registered Nursing
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 | October 20, 2026

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

AGENDA ITEM: 7.0

DATE: October 20, 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: Kim Q. Dau, DM, 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

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
Assistant Executive Officer
California Board of Registered Nursing
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 | October 20, 2026

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

AGENDA ITEM: 8.0
DATE: October 20, 2026

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

REQUESTED BY: Kim Q. Dau, DM, CNM, FACNM
Chair

BACKGROUND:

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

Nurse-Midwife (NMW) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 10/1/26)
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	1
Voluntary Surrender during Probation	1	1	1	1	0	2	0	0	0
Revocation	0	0	1	1	1	0	2	1	2
Reinstatement	0	0	0	0	0	0	0	0	0
Total	5	6	6	2	2	2	3	3	3
Active NMW Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,509
Percentage of NMWs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.21%	0.20%

NMW Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 10/1/26)
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	2
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
Total	5	6	6	2	2	2	3	3	3
Active NMW Licenses	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,509
Percentage of NMWs Disciplined	0.37%	0.45%	0.44%	0.15%	0.15%	0.14%	0.21%	0.21%	0.20%

Active Licenses by Fiscal Year

Fiscal Year	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27 (1 Qtr)
Registered Nurse	451,934	458,165	466,704	480,568	524,129	534,035	549,040	562,673	573,152
Clinical Nurse Specialist	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983	2,925
Certified Registered Nurse Anesthetist	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,448	3,491
Nurse Midwife	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496	1,491
Nurse Practitioner	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080	47,957

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
Assistant Executive Officer
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 9.0

Discussion and possible action: Review and possible updates to the NMAC Charter

Nurse-Midwifery Advisory Committee (NMAC) Meeting | October 20, 2026

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

AGENDA ITEM: 9.0

DATE: October 20, 2026

ACTION REQUESTED: **Discussion and possible action:** Review and possible updates to the NMAC Charter

REQUESTED BY: Kim Q. Dau, DM, CNM, FACNM
Chair

BACKGROUND:

The NMAC members will review the NMAC Charter and make recommendations for updates, if applicable.

RESOURCES:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1375

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Assistant Executive Officer
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

The California Board of Registered Nursing's Nurse-Midwifery Advisory Committee

The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

Background

The Nurse-Midwifery Committee was first appointed in 1984 under the authority of California Code of Regulations (CCR) section 1461, providing a forum for expert consultation on nurse-midwifery practice and, if necessary, to assist the Board or its designated representative in the evaluation of applications for nurse-midwifery certification.

In September 2015, pursuant to Business and Professions Code (BPC) section 2746.2 and CCR section 1461, the Board approved the re-establishment of the Committee to advise the Board on nurse-midwifery practice through the Nursing Practice Committee. The Board also approved a biannual meeting schedule to support ongoing stakeholder engagement and provide recommendations on nurse-midwifery practice, education, and emerging professional issues. Several meetings were held between January 2017 and October 2019. However, these were paused due to the outbreak of Covid and in 2018, the Senate Committee on Business, Professions and Economic Development and the Assembly Business and Professions Committee requested the Board to establish an Advanced Practice Registered Nursing Advisory Committee (APRNAC) with a goal to survey existing laws and regulations to determine what is lacking for regulation of Advanced Practice Registered Nurses (APRNs) including the direction to seek legislation, promulgate regulations, and develop advisories to ensure APRNs have sufficient guidance in all practice settings. This advisory committee was later sunset in 2022 to allow for greater focus on role specific needs and reaffirmed the Nurse Practice committee will advise the Board on matters related to nursing practice, including common nursing practice and advanced practice issues related to the APRN roles.

On September 18, 2020, Governor Newsom signed Senate Bill (SB) 1237 into law which established the Nurse-Midwifery Advisory Committee (NMAC) and subsequently CCR section 1461 was repealed. On February 9, 2021, the Board appointed the initial members to the NMAC.

~~SB 1237 made changes to the Business and Professions Code (BPC) and, in summary, does the following:~~

- ~~• Authorizes a Certified Nurse-Midwife (CNM) to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board.~~
- ~~• Authorizes a CNM to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the CNM and a physician and surgeon to provide a patient with specified services.~~
- ~~• Requires the patient to be transferred to the care of a physician and surgeon to provide those services if the CNM does not have those mutually agreed-upon policies and protocols in place and authorizes the return of that patient to the care of the CNM after the physician and surgeon has determined that the condition or circumstance that required, or would require, the transfer is resolved.~~
- ~~• Authorizes a CNM to continue to attend the birth of the newborn and participate in physical care, counseling, guidance, teaching, and support, if a physician and surgeon assumes care of the patient, as indicated by the mutually agreed-upon policies and protocols.~~
- ~~• Authorizes a CNM, after referring a patient to a physician and surgeon, to continue care of a patient the patient during a reasonable interval between the referral and the initial appointment with the physician and surgeon.~~
- ~~• Authorizes a CNM to attend pregnancy and childbirth in an out-of-hospital setting if consistent with the above-described provisions.~~
- ~~• Prohibits a CNM to assist childbirth by vacuum or forceps extraction, or to perform any external~~

~~cephalic version.~~

- ~~• Requires a CNM to refer all emergencies to a physician and surgeon immediately and authorizes a CNM to provide emergency care until the assistance of a physician and surgeon is obtained.~~
- ~~• Requires a CNM who is not under the supervision of a physician and surgeon to provide oral and written disclosure to a patient and obtain a patient's written consent, as specified. By expanding the scope of a crime, the bill would impose a state-mandated local program.~~
- ~~• Requires the Board to appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Advisory Committee consisting of four qualified CNMs, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.~~
- ~~• Requires the committee to make recommendations to the Board on all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board. As well as provide recommendations or guidance on care when the Board is considering disciplinary action against a CNM.~~
- ~~• Authorizes a CNM to furnish drugs or devices incidentally to the provision of care and services allowed by a certificate to practice nurse-midwifery, as provided, and when care is rendered in an out-of-hospital setting, as specified.~~
- ~~• Limits the requirement that the furnishing or ordering of drugs or devices by a CNM be in accordance with the standardized procedures or protocols to the furnishing or ordering of drugs or devices for services that do not fall within the scope of services specified by the bill and Schedule IV or V controlled substances by a CNM for any condition.~~
- ~~• Requires Schedule II or III controlled substances furnished or ordered by a CNM for any condition to be furnished or ordered in accordance with a patient-specific protocol approved by a physician and surgeon.~~
- ~~• Requires a CNM who is authorized to furnish or issue a drug order for a controlled substance to additionally register with the Controlled Substance Utilization Review and Enforcement System (CURES).~~
- ~~• Authorizes a CNM to procure supplies and devices, obtain and administer diagnostic tests, obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified by the bill, order laboratory and diagnostic testing, and receive reports, as specified.~~
- ~~• Makes it a misdemeanor for a CNM to refer a person for specified laboratory and diagnostic testing, home infusion therapy, and imaging goods or services if the CNM or their immediate family member has a financial interest with the person receiving a referral.~~
- ~~• Requires a CNM performing and repairing lacerations of the perineum to ensure that all complications are referred to a physician and surgeon immediately, and that immediate care of patients who are in need of care beyond the scope of practice of the CNM, or emergency care when a physician and surgeon is not on the premises.~~
- ~~• Requires the CNM in attendance of a live birth responsible for collecting information on the planned place of birth and whether it was a hospital, freestanding birthing center, home delivery, clinic or physician's office, or other specified place; entering the information on the birth certificate; securing the required signatures; and for registering the certificate with the local registrar.~~

The Board recognizes that nurse-midwifery practice is a dynamic field that continues to evolve as patient care grows increasingly complex and sophisticated. The Board further acknowledges that applicable statutes and regulations may be amended from time to time to reflect changes in healthcare practice, legal requirements, and public policy. In amending this charter, the Board intends to provide clear legal authority for the functions, procedures, and governance of the NMAC. This charter is intended to support the NMAC's ongoing ability to carry out its duties effectively within the framework of applicable laws and regulations as they may be revised in the future.

NMAC Purpose/Charge

Pursuant to BPC section [2746.2](#) the Board is authorized to appoint qualified Nurse Midwives CNM(NMW), physicians and public members to NMAC to advise and make recommendations to the Board on all matters relating to midwifery practice, including but not limited to, education, appropriate standard of care, and other matters specified by the Board. The NMAC shall provide recommendations or guidance to the Board when the Board is considering disciplinary action against a CNM/NMW.

Relationship to the Board

NMAC is an advisory committee of the Board. NMAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11132](#).

NMAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or NMAC staff liaison will facilitate the referral of NMAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

Membership

In accordance with BPC section [2746.2\(b\)\(3\)](#), the NMAC shall be composed of the following:

- Four (4) qualified ~~CNM~~NMWs,
- Two (2) qualified physicians and surgeons including but not limited to, obstetricians or family physicians, and
- One (1) public member.

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- Two of the four licensed ~~CNM~~NMWs shall serve a term of four years. One licensed ~~CNM~~NMW shall serve a term of three years and the remaining ~~CNM~~NMW shall serve a term of two years.
- One of the two physicians/surgeons shall serve a term of three years and the other shall serve a term of four years.
- The public member shall serve a term of four years.

NMAC members will identify and vote on a committee Chair and Vice Chair to facilitate NMAC meetings in collaboration with the Board's EO or NMAC staff liaison. The NMAC Chair will develop the meeting agendas in collaboration with the Board's EO, NMAC 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 NMAC 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.

[All NMAC members are expected to prepare for each meeting by reading all meeting materials in advance, understand the action needed on each agenda item, communicate and ask questions, and attend all meetings. Members should not miss more than two consecutive meetings or may be considered in dereliction of duties.](#)

A listing of NMAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the NMAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the NMAC Chair and the Board's EO. The Board's EO or designee will the application process to fill committee vacancies and facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

Meetings

The NMAC meets up to four times per year, ~~generally, the day before a Board meeting, with~~. The meetings will typically be scheduled for ~~two hours~~ 90 minutes. Meetings and will be held virtually and/or at various locations throughout the state. All NMAC meetings will be open to the public and will 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 Board's EO. The NMAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Advisory committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting webcast, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the NMAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

NMAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and NMAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the NMAC members. The Committee will vote to approve draft minutes at NMAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and NMAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

Quorum:

Four NMAC members at any NMAC meeting constitutes a quorum.

Board Staff:

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the NMAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

Review of NMAC Advisory Committee:

All advisory committees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the Chair and Vice-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

Additionally, the NMAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, midwifery practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the NMAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the NMAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.