Nurse-Midwifery Advisory Committee Meeting
SUPPLEMENTAL MATERIALS

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
2.0 General Instructions for the Format of a Teleconference Meeting

3.0 Discussion: Presentation by the California Nurse-Midwifery Association on Senate Bill (SB) 1237, Chapter 88, Statutes of 2020.

4.0 Discussion and Possible Action: Discussion of the planning and membership of the Nurse-Midwifery Advisory Committee under the new requirements set forth in Business and Professions Code (BPC) section 2746.2, as revised by SB 1237.

5.0 Discussion and Possible Action: Discussion and possible action regarding BPC section 2746.51 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to Certified Nurse-Midwives’ (CNM) ability to procure supplies and devices, order laboratory and diagnostic testing, and receive reports needed for CNM practices.

6.0 Discussion and Possible Action: Discussion and possible action regarding BPC section 2746.52 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to authorization of CNMs to perform and repair episiotomies, and repair first-degree and second-degree lacerations of the perineum.

7.0 Discussion and Possible Action: Discussion and possible action regarding revisions and additions to the 2021 Nurse-Midwifery Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.
Agenda Item 2.0
General Instructions for the Format of a Teleconference Meeting

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
Participating During a Public Comment Period

If you would like to make a public comment:

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

2. The ‘Q and A’ chat box will appear.

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

NOTE: Please submit a new request for each topic on which you would like to comment.
Agenda Item 3.0

Discussion: Presentation by the California Nurse-Midwifery Association on Senate Bill (SB) 1237, Chapter 88, Statutes of 2020.

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
AGENDA ITEM: 3.0
DATE: November 10, 2020

ACTION REQUESTED: Discussion: Presentation by the California Nurse-Midwifery Association on Senate Bill (SB) 1237, Chapter 88, Statutes of 2020.

REQUESTED BY: B.J. Snell, PhD, CNM Chair of Nurse-Midwifery Advisory Committee

BACKGROUND:
The California Nurse-Midwifery Association leaders will describe the changes to nurse-midwifery scope of practice including the change to an independent scope of practice and related nurse-midwifery activities such as authority for a certified nurse-midwife to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum and postpartum care, including family planning services, inter-conception care, and immediate care of the newborn, consistent with standards adopted by specified professional organizations, as approved by the Board.

Details of nurse-midwifery scope of practice changes will be discussed and the Certified Nurse-Midwifery Association will provide links to the association leadership when questions arise regarding nurse-midwifery practices as approved by the new law.

RESOURCES:
Nurse-Midwives Scope of Practice
Effective Date: January 1, 2021

The link to access California Legislative Information for SB 1237 Nurse-Midwives: Scope of Practice: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN Supervising Nursing Education Consultant Phone: 916-574-7686 Email: janette.wackerly@dca.ca.gov
Agenda Item 4.0

**Discussion and Possible Action:** Discussion of the planning and membership of the Nurse-Midwifery Advisory Committee under the new requirements set forth in Business and Professions Code (BPC) section 2746.2, as revised by SB 1237.

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
AGENDA ITEM: 4.0  
DATE: November 10, 2020

ACTION REQUESTED: Discussion and Possible Action: Discussion of the planning and membership of the Nurse-Midwifery Advisory Committee under the new requirements set forth in Business and Professions Code (BPC) section 2746.2, as revised by SB 1237.

REQUESTED BY: B.J. Snell, PhD, CNM  
Chair of Nurse-Midwifery Advisory Committee

BACKGROUND:  
BPC section 2746.2 will be amended under SB 1237 to require the Board to appoint a committee of two (2) qualified physicians and surgeons, obstetricians or family physicians, four (4) qualified nurse-midwives, and one (1) public member to form the Nurse-Midwifery Advisory Committee.

Members of the Board's current Nurse-Midwifery Advisory Committee are appointed by the Board for a two (2) year term with the ability to serve another two (2) year term as requested and approved by the Board.

Nurse-Midwifery Advisory Committee current membership:
- The following members “term out” at the end of 2020
  - B.J Snell, PhD, CNM
  - Karen Rosalie, Public Member
  - Naomi Stotland, MD
- The following members are within term:
  - Hillary Reyes, CNM
  - Anabel Albano, CNM

Question: Three members are set to “term out” at the end of 2020; however, there have been no meetings for the past year. Will the current committee members extend to end of 2021?

Request Action: Vote to retain the members that are currently on the committee through 2021?

RESOURCES:
Appointment of a Committee  
Effective Date: January 1, 2021

The link to access California Legislative Information for SB 1237 Nurse-Midwives: Scope of Practice:  
[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237)

Section 2746.2 of the BPC, as amended by SB 1237, will state as follows:

(a) An applicant shall show by evidence of satisfactory to the board that they have met the educational standards established by the board or have at least the equivalent thereof.
(b)(1) The Board shall appoint a committee of qualified physicians and surgeons and nurses called the Nurse-Midwifery Committee.

(2) The committee shall 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. The committee shall provide recommendations or guidance on care when the board is considering disciplinary action against a certified nurse-midwife.

(3) The Committee shall consist of four qualified nurse-midwives, two qualified physicians and surgeons, including, but not limited to, obstetricians or family physicians, and one public member.

(4) If the board is unable despite good faith effort, to solicit and appoint committee members, pursuant to specifications in paragraph (3), the committee may continue to make recommendations pursuant to paragraph (2).

NEXT STEPS: Place on Nursing Practice Committee agenda

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
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Phone: 916-574-7686
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Agenda Item 5.0

Discussion and Possible Action: Discussion and possible action regarding BPC section 2746.51 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to Certified Nurse-Midwives’ (CNM) ability to procure supplies and devices, order laboratory and diagnostic testing, and receive reports needed for CNM practices.

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
AGENDA ITEM: 5.0
DATE: November 10, 2020

ACTION REQUESTED:

Discussion and Possible Action: Discussion and possible action regarding Business and Professions Code (BPC) section 2746.51 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to Certified Nurse-Midwives’ (CNM) ability to procure supplies and devices, order laboratory and diagnostic testing, and receive reports needed for CNM practices.

REQUESTED BY:
B.J. Snell, PhD, CNM
Chair of Nurse-Midwifery Advisory Committee

BACKGROUND:
SB 1237, Chapter 88, Statutes 2020 became law and, starting January 1, 2021, allows CNMs to procure all the needed supplies and devices and medications for care of the patient who desires to have prenatal, family planning, inter-conception care, or birth care in settings outside the hospital such as birth centers and home. There will be significant hardship on CNMs in the home and birth center settings if suppliers refuse to fill necessary orders without a physician signature. To avoid any delays in orders, or outright refusal by suppliers or pharmacies to fill orders across the state, the Nurse-Midwifery Advisory Committee will develop guidance and asks that the Board post the guidance on its website no later than January 1, 2021, noting that direct procurement of supplies, devices, and drugs is consistent with the scope of services outlined in BPC 2746.5.

Prior to approval of SB 1237 CNMs relied on their supervising physician to sign all needed procurement orders for supplies and medications, without which they would not be able order supplies or lifesaving medication. As of January 1, 2021, physician supervision is no longer required, and CNMs can directly order and furnish supplies, devices, and medications incidental to their authorized scope of practice.

RESOURCES:
Procure Supplies and Devices
Effective Date: January 1, 2021

The link to access California Legislative Information for SB 1237 Nurse-Midwives: Scope of Practice: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237

Section 2746.51 of the BPC, as amended by SB 1237, will state as follows:

(f) Notwithstanding any other law, certified nurse-midwife may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5.

NEXT STEPS:
Place on Nursing Practice Committee agenda
FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
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Agenda Item 6.0

Discussion and Possible Action: Discussion and possible action regarding Business and Professions Code section 2746.52 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to authorization of CNMs to perform and repair episiotomies, and repair first-degree and second-degree lacerations of the perineum.
AGENDA ITEM: 6.0
DATE: November 10, 2020

ACTION REQUESTED: Discussion and Possible Action: Discussion and possible action regarding Business and Professions Code (BPC) section 2746.52 and the Nurse-Midwifery Advisory Committee’s development of guidance, including possible advisory language for posting on the Board’s website, related to authorization of CNMs to perform and repair episiotomies, and repair first-degree and second-degree lacerations of the perineum.

REQUESTED BY: B.J. Snell, PhD, CNM
Chair of Nurse-Midwifery Advisory Committee

BACKGROUND:
SB 1237, Chapter 88, Statutes 2020 became law and, starting January 1, 2021, allows CNMs to perform episiotomies and repair first-degree and second-degree perineal lacerations, in any setting, and without standardized procedure.

The Nurse-Midwifery Advisory Committee finds it important, especially during this pandemic, that every CNM is aware of the new law, under which they will not have to transfer an otherwise healthy new mother and baby to the hospital setting for a simple repair of a perineal laceration, which could lead to unexpected complications and often results in the separation of mothers and babies, having deleterious effects on breastfeeding and bonding.

The Nurse-Midwifery Advisory Committee will develop guidance and asks the Board to post this guidance on its website not later than January 2, 2021, noting that, consistent with BPC section 2746.52, CNMs may perform episiotomies and repair first-degree and second-degree perineal lacerations, in any setting, and without standardized procedures.

RESOURCES:
Perform and Repair Episiotomies and Repair First-Degree and Second-Degree Lacerations of the Perineum
Effective Date: January 1, 2021

The link to access California Legislative Information for SB 1237 Nurse-Midwives: Scope of Practice: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1237

Section 2746.52 of the BPC, as amended by SB 1237, will state as follows:

(a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum.

(b) A certified nurse-midwife performing and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

(1) Ensure that all complications are referred to a physician and surgeon immediately
(2) Ensure immediate care of the patient who are in need of care beyond the scope of practice of the certified nurse-midwife, or emergency care for times when a physician and surgeon is not on the premises.

**NEXT STEPS:**

Place on Nursing Practice Committee agenda

**FISCAL IMPACT, IF ANY:**

None

**PERSON(S) TO CONTACT:**

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Phone: 916-574-7686
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October 19, 2020

Janette Wackerly, MBA, RN
Staff Liaison, Practice Committee
California Board of Registered Nursing PO Box 944210
Sacramento, CA 94244-2100 Ms. Wackerly,

As you are aware, SB 1237, the bill to remove physician supervision from nurse-midwifery practice in California will go into effect on January 1, 2021. There are two aspects of this bill that require immediate attention. Due to a last-minute change in the Practice Committee agenda on October 15, 2020, potential action items for SB 1237 were not heard and we were unable to have discussion on the important requests contained in this letter.

The first is the new mandate that a nurse-midwife “may directly procure supplies and devices, obtain and administer diagnostic tests, directly obtain and administer nonscheduled drugs consistent with the provision of services that fall within the scope of services specified in subdivision (a) of Section 2746.5, order laboratory and diagnostic testing, and receive reports that are necessary to their practice as a certified nurse-midwife within their scope of practice, consistent with Section 2746.5” [BPC 2746.51(f)]

Nurse-midwives who practice outside of the hospital setting (birth centers and homes) must procure all of their own supplies and medications for care of patients who desire to have prenatal, family planning, interconception care, or birth care in these settings. Until now, these nurse-midwives relied on their supervising physician to sign all needed procurement orders for supplies and medications, without which they could not be able to obtain supplies or lifesaving medications. In the past, even simple orders for gloves, masks, and cleaning supplies have been declined if those orders did not include a signature from a supervising physician. Given that supervision is no longer mandated starting on January 1, there will be significant hardship on nurse-midwives in the home and birth center settings if suppliers refuse to fill necessary orders without a physician signature. To avoid any delays in orders, or outright refusals by suppliers or pharmacies to fill orders across the state, the California Nurse-Midwives Association kindly asks that Board of Registered Nursing release an advisory statement on its website no later than January 1, 2021, noting that direct procurement of supplies, devices, and drugs consistent with the scope of services outlined in BPC 2746.5(a), is now the law.

Similarly, on January 1, nurse-midwives will be able to perform episiotomies and repair first and second degree perineal lacerations, in any setting, and without standardized procedures (BPC 2746.52). It is extremely important, especially during this pandemic, that every nurse-midwife is aware of the new law and that they no longer have to transfer an otherwise healthy new mother and baby to the hospital setting for a simple repair of a perineal laceration. Such a practice may lead to unexpected complications (e.g., hemorrhage and infection) and often
results in the separation of mothers and babies, which has deleterious effects on breastfeeding and bonding. Furthermore, an unnecessary transfer to the hospital setting may expose an otherwise healthy mother to a higher risk of COVID 19. Therefore, the California Nurse-Midwives Association also asks that Board of Registered Nursing release an advisory statement on its website no later than January 1, 2021, noting that consistent with BPC 2746.52, nurse-midwives may perform episiotomies and repair first and second degree perineal lacerations, in any setting, and without standardized procedures.

Thank you for considering our important request. We look forward to hearing from you.

Sincerely,

Holly Smith, MPH, MSN, CNM
Health Policy Chair, California Nurse-Midwives Association

Paris Maloof Bury, MSN, CNM
President, California Nurse-Midwives Association

CC BJ Snell, Ph.D., CNM, FACNM, Chair, Nurse-Midwifery Advisory Committee
Agenda Item 7.0

Discussion and Possible Action: Discussion and possible action regarding revisions and additions to the 2021 Nurse-Midwifery Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.

BRN Nurse-Midwifery Advisory Committee Meeting | November 10, 2020
AGENDA ITEM: 7.0
DATE: November 10, 2020

ACTION REQUESTED: Discussion and Possible Action: Discussion and possible action regarding revisions and additions to the 2021 Nurse-Midwifery Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.

REQUESTED BY: B.J. Snell, PhD, CNM
Chair of Nurse-Midwifery Advisory Committee

BACKGROUND:
The Nurse-Midwifery Advisory Committee was originally set up by the Board to meet twice a year. The Committee has an interest in providing critical information about all the changes to the nurse-midwifery scope of practice, especially to all the CNMs, physicians and surgeons, hospitals, birthing centers, home birth CNMs, pharmacist/pharmacies, supply vendors and related activities authorized by the new nurse-midwifery scope of practice law.

The Nurse-Midwifery Advisory Committee wishes to coordinate their meeting activities with planned committee/Board activities and the Board’s other advanced practice nurse groups.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

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