

## AMENDMENTS TO SENATE BILL NO. 457

## Amendment 1

In the title, strike out lines 1 and 2 and insert:

An act to amend Section 2507 of, to add Section 2746.54 to, to add Article 17 (commencing with Section 880) to Chapter 1 of Division 2 of, and to repeal Sections 2508, 2510, 2516 of, the Business and Professions Code, and to amend Section 1204.3 of the Health and Safety Code, relating to out-of-hospital childbirths.

## Amendment 2

On page 1, before line 1, insert:

SECTION 1. Article 17 (commencing with Section 880) is added to Chapter 1 of Division 2 of the Business and Professions Code, to read:

## Article 17. Out-of-Hospital Childbirths

880. (a) Notwithstanding any other law and except as provided in subdivisions (c) and (d), a licensed physician and surgeon, a licensed midwife, and a certified nurse-midwife shall only attend cases of pregnancy and out-of-hospital childbirth when all of the following conditions are met:

- (1) There is no increased risk to the patient or client because of a disease or condition that could adversely affect the pregnancy and childbirth.
- (2) The patient or client has not had prior uterine or abdominal surgery, including, but not limited to, myomectomy, hysterotomy, or prior caesarian section.
- (3) There is a singleton fetus.
- (4) There is a cephalic presentation by 36 % completed weeks of pregnancy.
- (5) The gestational age of the fetus is greater than 37 % weeks and less than 42 % completed weeks of pregnancy.
- (6) Labor is spontaneous or manually induced after 39 weeks gestation.
- (7) Transfer to a hospital setting can occur within 20 minutes from the initiation of the transfer.

(b) The licensed physician and surgeon, licensed certified nurse midwife, or licensed midwife, acting within their scope of practice, shall use a self-screening form to identify patient or client risk factors for out-of-hospital childbirth.

(c) If the patient or client meets the conditions specified in paragraphs (3) to (7), inclusive, of subdivision (a), but fails to meet the conditions specified in paragraph (1) or (2) of subdivision (a) based on the risk factors identified by the self-screening form, the patient or client shall obtain a medical examination by a licensed physician and surgeon with privileges to practice obstetrics or gynecology. Under these circumstances, the licensed physician and surgeon, licensed midwife, or certified nurse midwife may only attend cases of out-of-hospital childbirth if a licensed physician and surgeon with privileges to practice obstetrics or gynecology determines, at the time of the



examination, that the patient or client is not at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth.

(d) The licensed physician and surgeon, licensed midwife, or licensed certified nurse-midwife attending cases of pregnancy and out-of-hospital childbirth under this article shall continuously assess the patient or client for any evidence of a disease or condition that could adversely affect the pregnancy and childbirth. If any evidence of a disease or condition that could adversely affect the pregnancy and childbirth arise, the patient or client shall obtain a medical examination by a licensed physician and surgeon with privileges to practice obstetrics or gynecology or the licensed physician and surgeon, licensed midwife, or licensed certified nurse-midwife, shall initiate appropriate interventions, including transfer, first-responder emergency care or emergency transport.

(e) For the purposes of this article, "out-of-hospital childbirth" means childbirth in the home setting, an alternative birth center pursuant to paragraph (4) of subdivision (b) of Section 1204 of the Health and Safety Code, or any other setting other than a facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, or a facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(f) It shall constitute unprofessional conduct for a licensed physician and surgeon, licensed midwife, or licensed certified nurse-midwife to attend to a case of out-of-hospital childbirth after a licensed physician and surgeon with privileges in obstetrics or gynecology, pursuant to a medical examination under subdivision (c) or (d), determines that the patient or client is at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth. Notwithstanding any other law, a violation of this section shall not be a crime.

880.2. (a) A licensed physician and surgeon, licensed midwife, or a licensed certified nurse-midwife authorized to attend to cases of out-of-hospital childbirths pursuant to this article shall disclose in oral and written form to a prospective patient or client seeking care for a planned out-of-hospital childbirth, and obtain consent for, all of the following:

- (1) All of the provisions of Section 880.
- (2) The type of license held by the licensee and licensee number.
- (3) A licensed midwife or certified nurse-midwife who attends cases of out-of-hospital childbirth without physician and surgeon supervision shall provide notice that the care being provided is not being supervised by a physician and surgeon.
- (4) The practice settings in which the licensee practices.
- (5) If the licensee does not have professional liability coverage for the care being provided in an out-of-hospital birth setting, he or she shall disclose that fact.
- (6) The acknowledgment that if the patient or client is required to obtain an examination with a licensed physician and surgeon pursuant to subdivision (c) or (d) of Section 880, failure to do so may affect the patient or client's legal rights in any professional negligence actions against a physician and surgeon, a healing arts licensee, or hospital.

(7) There are conditions that will result in an examination from, or transfer of care to, a licensed physician and surgeon and if these conditions exist, the licensee will no longer be able to care for the patient or client in an out-of-hospital setting, beyond continuing care during the transition period to the physician and surgeon.

(8) The specific arrangements for examination by a physician and surgeon with privileges in obstetrics or gynecology for examination. The licensee shall not be required to identify a specific physician and surgeon.

(9) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for patient or client and newborn, if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(10) If, during the course of care, the patient or client has or may have a condition indicating the need for a transfer to a hospital, that the licensee shall initiate the transfer.

(11) The availability of the text of laws regulating out-of-hospital childbirth and the procedure for reporting complaints to the appropriate licensing entity.

(12) Consultation by a licensee with a consulting physician and surgeon does not alone create a physician-patient relationship or any other relationship with the consulting physician and surgeon. The licensee shall inform the patient or client that he or she is an independent healing arts licensee and is solely responsible for the services he or she provides.

(b) The disclosure and consent form shall be signed by both the licensee and patient or client and a copy of the signed disclosure and consent form shall be placed in the patient or client's medical record.

(c) (1) The licensee shall provide the patient or client with the most recent versions of the following documents:

(A) The American College of Nurse-Midwives Clinical Bulletin entitled "Midwifery Provision of Home Birth Services."

(B) The American College of Obstetricians and Gynecologists on Obstetric Practice Committee Opinion #669: Planned Home Birth.

(C) Society of Maternal Fetal Medicine and the American College of Obstetricians and Gynecologists document entitled "Obstetrics Care Consensus: Levels of Maternal Care."

(2) The Medical Board of California and the Board of Registered Nursing shall make the most recent version of the documents specified in paragraph (1) publicly available on their Internet Web sites.

880.4. (a) If a patient or client is transferred to a hospital, the licensee shall provide records, including prenatal records, and speak with the receiving physician and surgeon about the labor up to the point of the transfer. The failure to comply with this section shall constitute unprofessional conduct. Notwithstanding any other law, a violation of this section shall not be a crime.

(b) The hospital shall report, in writing on a form developed by the Office of Statewide Health Planning and Development, within 30 days, each transfer of a patient who attempted a planned out-of-hospital childbirth to the Office of Statewide Health Planning and Development. The standardized form shall include:

(1) Name and license number of the licensed physician and surgeon, certified nurse-midwife, or licensed midwife who attended the patient's planned out-of-hospital childbirth or out-of-hospital childbirth attempt.

(2) Name and license number of the accepting or admitting physician and surgeon or certified nurse midwife who assumed care of the patient.

(3) Name of the patient and patient identifying information.

- (4) Name of the hospital or emergency center where the patient was transferred.
- (5) Date of report.
- (6) Whether the person or persons admitted was pregnant, the delivered mother, or newborn newborns.
- (7) Whether there was a verbal handoff or if any prenatal records were obtained from the out-of-hospital childbirth attendant.
- (8) Gestational age of the fetus or newborn in weeks and method of determination.
- (9) Events triggering transfer including, but not limited to, pain management, excessive bleeding, fetal intolerance of labor, prolonged or nonprogressive labor with time in labor, maternal request for transfer, or the clinical judgment of the out-of-birth childbirth attendant.
- (10) Presence of significant history and risk factors including, but not limited to, preterm less than 37 %, postterm greater than 42 %, prior uterine or abdominal surgery including prior cesarean section, Group B strep, multiple births, IUGR, IUFD, chorioamnionitis, bleeding, noncephalic presentation, gestational diabetes, morbid obesity (BMI >40), or preeclampsia.
- (11) Method of delivery.
- (12) Whether a caesarian section was performed.
- (13) Place of delivery.
- (14) FHR tracing on admission.
- (15) Fetal presentation on admission.
- (16) APGAR score of the newborn.
- (17) Cord gases.
- (18) Whether the newborn suffered any complications and was placed in the NICU.

- (19) Whether the mother suffered any complications and was placed in the ICU.
- (20) Duration of hospital stay for the mother and the newborn and newborns as of the date of the report and final disposition or status, if not released from the hospital, of the mother and newborn or newborns.

(c) The form described in subdivision (b) shall be constructed in a format to enable the hospital to transmit the information in paragraphs (4) to (20), inclusive, to the Office of Statewide Health Planning and Development in a manner that the licensees and the patient are anonymous and their identifying information is not transmitted to the office. The entire form containing information described in paragraphs (1) to (20), inclusive, of subdivision (b) shall be placed in the patient's medical record.

(d) The Office of Statewide Health Planning and Development may revise the reporting requirements for consistency with national and standards, as applicable.

880.6. (a) Each licensee caring for a patient or client planning an out-of-hospital birth shall submit, within 30 days of initial acceptance of a patient or client, a form indicating the initiation of care to the Office of Statewide Health Planning and Development. The office shall develop a standardized form.

(b) Each licensee who attends an out-of-hospital childbirth, including supervising a student midwife, shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted no later than March 30, for the prior calendar year, in a form specified by the office and shall contain all of the following:

- (1) The licensee's name and license number.

- (2) The calendar year being reported.
- (3) The following information with regard to cases in California in which the licensee, or the student midwife supervised by a licensee, attended or assisted during the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:
- (A) The total number of patients or clients served as primary caregiver at the onset of prenatal care.
  - (B) The number by county of live births attended as primary caregiver.
  - (C) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death.
  - (D) The number of patients or clients whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.
  - (E) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.
  - (F) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.
  - (G) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.
  - (H) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.
  - (I) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:
    - (i) Twin births.
    - (ii) Multiple births other than twin births.
    - (iii) Presentations other than cephalic.
    - (iv) Vaginal births after cesarean section (VBAC).
  - (J) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate.
  - (K) Any other information prescribed by the Office of Statewide Health Planning and Development in regulations.
- (c) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivisions (a) and (b) for any purpose, including, but not limited to, investigations for licensing, certification, or any other regulatory purposes.
- (d) The Office of Statewide Health Planning and Development shall report to the appropriate board, by April 30, those licensees who have met the requirements of this section for that year.
- (e) The Office of Statewide Health Planning and Development shall report the aggregate information collected pursuant to this section to the appropriate board by July 30 of each year. The Medical Board of California and the Board of Registered Nursing shall include this information in its annual report to the Legislature.
- (f) The Office of Statewide Health Planning and Development, with input from the appropriate licensing boards, may adjust the data elements required to be reported to better coordinate with other reporting systems, including the reporting system of

the Midwives Alliance of North America (MANA), while maintaining the data elements unique to California. To better capture data needed for the report required by this section, the concurrent use of systems, including MANA's, by licensed midwives is encouraged.

(g) A failure to report under this section shall constitute unprofessional conduct. Notwithstanding any other law, a violation of this section shall not be a crime.

SEC. 2. Section 2507 of the Business and Professions Code is amended to read:

2507. (a) ~~The Notwithstanding any other law, the~~ license to practice midwifery authorizes the holder to attend cases of ~~normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b),~~ out-of-hospital childbirth pursuant to Article 17 (commencing with Section 880), and to provide prenatal, intrapartum, and postpartum care, ~~including family-planning care, for the mother, care related to the out-of-hospital childbirth for the client~~ and immediate care for the newborn.

(b) As used in this article, the practice of midwifery constitutes the furthering or undertaking by any licensed midwife to assist a ~~woman in childbirth as long as progress meets criteria accepted as normal.~~ client in an out-of-hospital childbirth pursuant to pursuant to Article 17 (commencing with Section 880).

(1) ~~Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:~~

(A) ~~There is an absence of both of the following:~~

(i) ~~Any preexisting maternal disease or condition likely to affect the pregnancy.~~

(ii) ~~Significant disease arising from the pregnancy.~~

(B) ~~There is a singleton fetus.~~

(C) ~~There is a cephalic presentation.~~

(D) ~~The gestational age of the fetus is greater than 37 1/2 weeks and less than 42 1/2 completed weeks of pregnancy.~~

(E) ~~Labor is spontaneous or induced in an outpatient setting.~~

(2) ~~If a potential midwife client meets the conditions specified in subparagraphs (B) to (E), inclusive, of paragraph (1), but fails to meet the conditions specified in subparagraph (A) of paragraph (1), and the woman still desires to be a client of the licensed midwife, the licensed midwife shall provide the woman with a referral for an examination by a physician and surgeon trained in obstetrics and gynecology. A licensed midwife may assist the woman in pregnancy and childbirth only if an examination by a physician and surgeon trained in obstetrics and gynecology is obtained and the physician and surgeon who examined the woman determines that the risk factors presented by her disease or condition are not likely to significantly affect the course of pregnancy and childbirth.~~

(3) ~~The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part of 1 of Division 3 of Title 2 of the Government Code) specifying the conditions described in subparagraph (A) of paragraph (1).~~

(c) (1) ~~If at any point during pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife shall immediately refer or transfer the client to a physician and surgeon.~~ care, there is any evidence of a disease or condition that could adversely affect the pregnancy and childbirth arise, the client shall obtain a

medical examination by a licensed physician and surgeon with privileges to practice obstetrics or gynecology pursuant to paragraph (b) of Section 880, or the licensed midwife shall initiate appropriate interventions, including immediate transfer, first-responder emergency care, or emergency transport. The licensed midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.

(2) If a physician and surgeon determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy or childbirth; client is not at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth, the licensed midwife may resume primary care of the client and resume assisting the client during ~~her~~ the pregnancy, childbirth, or postpartum care.

(3) If a physician and surgeon determines the client's condition or concern has not been resolved as specified in ~~paragraph (2); (2)~~ and is at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth, the licensed midwife may provide concurrent care with a physician and surgeon and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. A licensed midwife shall not ~~resume primary care of the client; attend an out-of-hospital childbirth of the client.~~

(d) A licensed midwife shall not provide or continue to provide midwifery care to a woman with a risk factor that will significantly affect the course of ~~client if a licensed physician and surgeon with privileges to practice obstetrics or gynecology determines, at the time of the examination, that the client is at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth as described in Article 17 (commencing with Section 880)~~ pregnancy and childbirth, regardless of whether the ~~woman~~ client has consented to this care or refused care by a physician or surgeon, except as provided in paragraph (3) of subdivision (c).

(e) The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.

~~(f) A midwife is authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.~~

(f) A licensed midwife may administer, order, or use any of the following:

- (1) Postpartum antihemorrhagic drugs.
- (2) Prophylactic ophthalmic antibiotics.
- (3) Vitamin K.
- (4) RhoGAM.
- (5) Local anesthetic medications.
- (6) Intravenous fluids limited to lactated ringers, 5 percent dextrose with lactated ringers, and heparin and 0.9 percent sodium chloride for use in intravenous locks.
- (7) Epinephrine for use in maternal anaphylaxis pending emergency transport.
- (8) HBIG and GBV for neonates born to hepatitis B mothers, per current Centers for Disease Control guidelines.

(9) Antibiotics for intrapartum prophylaxis of Group B Betahemolytic Streptococcus (GBBS), per current Centers For Disease Control guidelines.

(10) Equipment incidental to the practice of out-of-hospital childbirth, specifically, dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, neonatal and adult resuscitation equipment, glucometer, and centrifuge.

(11) Equipment incidental to maternal care, specifically, compression stockings, maternity belts, breast pumps, diaphragms, and cervical caps.

(g) This article does not authorize a midwife to practice medicine or to perform surgery.

SEC. 3. Section 2508 of the Business and Professions Code is repealed.

~~2508. (a) A licensed midwife shall disclose in oral and written form to a prospective client as part of a client care plan, and obtain informed consent for, all of the following:~~

~~(1) All of the provisions of Section 2507.~~

~~(2) The client is retaining a licensed midwife, not a certified nurse-midwife, and the licensed midwife is not supervised by a physician and surgeon.~~

~~(3) The licensed midwife's current licensure status and license number.~~

~~(4) The practice settings in which the licensed midwife practices.~~

~~(5) If the licensed midwife does not have liability coverage for the practice of midwifery, he or she shall disclose that fact. The licensed midwife shall disclose to the client that many physicians and surgeons do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.~~

~~(6) The acknowledgment that if the client is advised to consult with a physician and surgeon, failure to do so may affect the client's legal rights in any professional negligence actions against a physician and surgeon, licensed health care professional, or hospital.~~

~~(7) There are conditions that are outside of the scope of practice of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.~~

~~(8) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The licensed midwife shall not be required to identify a specific physician and surgeon.~~

~~(9) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.~~

~~(10) If, during the course of care, the client is informed that she has or may have a condition indicating the need for a mandatory transfer, the licensed midwife shall initiate the transfer.~~

~~(11) The availability of the text of laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, which may be found on the Medical Board of California's Internet Web site.~~

~~(12) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The informed consent shall specifically state that the licensed midwife and the~~



consulting physician and surgeon are not employees, partners, associates, agents, or principals of one another. The licensed midwife shall inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely responsible for the services he or she provides.

(b) The disclosure and consent shall be signed by both the licensed midwife and the client and a copy of the disclosure and consent shall be placed in the client's medical record.

(e) The Medical Board of California may prescribe the form for the written disclosure and informed consent statement required to be used by a licensed midwife under this section.

SEC. 4. Section 2510 of the Business and Professions Code is repealed.

2510. If a client is transferred to a hospital, the licensed midwife shall provide records, including prenatal records, and speak with the receiving physician and surgeon about labor up to the point of the transfer. The hospital shall report each transfer of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative using a standardized form developed by the board.

SEC. 5. Section 2516 of the Business and Professions Code is repealed.

2516. (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted no later than March 30, for the prior calendar year, in a form specified by the board and shall contain all of the following:

(1) The midwife's name and license number.

(2) The calendar year being reported.

(3) The following information with regard to cases in California in which the midwife, or the student midwife supervised by the midwife, assisted during the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:

(A) The total number of clients served as primary caregiver at the onset of care.

(B) The number by county of live births attended as primary caregiver.

(C) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death.

(D) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

(E) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.

(F) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.

(G) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.

(H) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.

(I) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

(i) Twin births.

(ii) Multiple births other than twin births.

(iii) Breech births.

(iv) Vaginal births after the performance of a cesarean section.

~~(J) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate.~~

~~(K) Any other information prescribed by the board in regulations.~~

~~(b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.~~

~~(c) The office shall report to the board, by April 30, those licensees who have met the requirements of subdivision (a) for that year.~~

~~(d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).~~

~~(e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f). The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).~~

~~(f) The office shall report the aggregate information collected pursuant to this section to the board by July 30 of each year. The board shall include this information in its annual report to the Legislature.~~

~~(g) The board, with input from the Midwifery Advisory Council, may adjust the data elements required to be reported to better coordinate with other reporting systems, including the reporting system of the Midwives Alliance of North America (MANA), while maintaining the data elements unique to California. To better capture data needed for the report required by this section, the concurrent use of systems, including MANA's, by licensed midwives is encouraged.~~

~~(h) Notwithstanding any other law, a violation of this section shall not be a crime.~~

SEC. 6. Section 2746.54 is added to the Business and Professions Code, to read:

2746.54. (a) Notwithstanding Section 2746.5 or any other law, a certified nurse-midwife may attend cases of out-of-hospital childbirth pursuant to Article 17 (commencing with Section 880), and to provide prenatal, intrapartum, and postpartum care, related to the out-of-hospital childbirth, for the client and immediate care for the newborn without physician and surgeon supervision.

(b) (1) If at any point during pregnancy, childbirth, or postpartum care there is any evidence of a disease or condition that could adversely affect the pregnancy and childbirth arise, the client shall obtain a medical examination by a licensed physician and surgeon with privileges to practice obstetrics or gynecology as described in Article 17 (commencing with Section 880), or the certified nurse midwife shall initiate appropriate interventions, including immediate transfer, first-responder emergency

care, or emergency transport. The certified nurse-midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.

(2) If a physician and surgeon determines that the client's condition or concern has been resolved such that the risk factors presented by a client's disease or condition does not adversely affect the pregnancy or childbirth, the certified nurse midwife may resume care of the client and resume assisting the client during the pregnancy, out-of-hospital childbirth, or postpartum care.

(3) If a physician and surgeon determines the client's condition or concern has not been resolved as specified in paragraph (2), and is at an increased risk due to a disease or condition, that could adversely affect the pregnancy and childbirth, the certified nurse-midwife may provide concurrent care with a physician and surgeon and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. Notwithstanding any other law, under the circumstances described in this paragraph, a certified nurse-midwife shall not attend an out-of-hospital birth of the client unless under the supervision of a physician and surgeon pursuant to Section 2746.5.

(c) A certified nurse-midwife shall not provide or continue to provide care to a client if a licensed physician and surgeon with privileges to practice obstetrics or gynecology determines, at the time of the examination, that there is an increased risk to the client because of a disease or condition that could adversely affect the pregnancy and childbirth, as described in Article 17 (commencing with Section 880), regardless of whether the client has consented to this care or refused care by a physician or surgeon, except as provided in paragraph (3) of subdivision (b).

(d) This section does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.

(e) For purposes of attending an out-of-hospital childbirth pursuant to this section, and notwithstanding Section 2746.51, a certified nurse-midwife may administer, order, or use any of the following:

- (1) Postpartum antihemorrhagic drugs.
- (2) Prophylactic ophthalmic antibiotics.
- (3) Vitamin K.
- (4) RhoGAM.
- (5) Local anesthetic medications.
- (6) Intravenous fluids limited to lactated ringers, 5 percent dextrose with lactated ringers, and heparin and 0.9 percent sodium chloride for use in intravenous locks.
- (7) Epinephrine for use in maternal anaphylaxis pending emergency transport.
- (8) HBIG and GBV for neonates born to hepatitis B mothers, per current Centers for Disease Control guidelines.
- (9) Antibiotics for intrapartum prophylaxis of Group B Betahemolytic Streptococcus (GBBS), per current Centers For Disease Control guidelines.
- (10) Equipment incidental to the practice of out-of-hospital childbirth, specifically, dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, neonatal and adult resuscitation equipment, glucometer, and centrifuge.
- (11) Equipment incidental to maternal care, specifically, compression stockings, maternity belts, breast pumps, diaphragms, and cervical caps.

(f) This section does not authorize a nurse midwife to practice medicine or to perform surgery.

SEC. 7. Section 1204.3 of the Health and Safety Code is amended to read:

1204.3. (a) An alternative birth center that is licensed as an alternative birth center specialty clinic pursuant to paragraph (4) of subdivision (b) of Section 1204 shall, as a condition of licensure, and a primary care clinic licensed pursuant to subdivision (a) of Section 1204 that provides services as an alternative birth center shall, meet all of the following requirements:

(1) Be a provider of comprehensive perinatal services as defined in Section 14134.5 of the Welfare and Institutions Code.

(2) Maintain a quality assurance program.

(3) Meet the standards for certification established by the American Association of Birth Centers, or at least equivalent standards as determined by the state department.

(4) In addition to standards of the American Association of Birth Centers regarding proximity to hospitals and presence of attendants at births, meet both of the following conditions:

(A) Be located in proximity, in time and distance, to a facility with the capacity for management of obstetrical and neonatal emergencies, including the ability to provide cesarean section delivery, within 30 minutes from time of diagnosis of the emergency.

(B) Require the presence of at least two attendants at all times during birth, one of whom shall be a physician and surgeon, a licensed midwife, or a certified nurse-midwife. If no licensed physician and surgeon is present, the client shall be informed orally and in writing that no licensed physician and surgeon is present.

(5) Have a written policy relating to the dissemination of the following information to patients:

(A) A summary of current state laws requiring child passenger restraint systems to be used when transporting children in motor vehicles.

(B) A listing of child passenger restraint system programs located within the county, as required by Section 27362 of the Vehicle Code.

(C) Information describing the risks of death or serious injury associated with the failure to utilize a child passenger restraint system.

(b) The state department shall issue a permit to a primary care clinic licensed pursuant to subdivision (a) of Section 1204 certifying that the primary care clinic has met the requirements of this section and may provide services as an alternative birth center. Nothing in this section shall be construed to require that a licensed primary care clinic obtain an additional license in order to provide services as an alternative birth center.

(c) (1) Notwithstanding subdivision (a) of Section 1206, no place or establishment owned or leased and operated as a clinic or office by one or more licensed health care practitioners and used as an office for the practice of their profession, within the scope of their license, shall be represented or otherwise held out to be an alternative birth center licensed by the state unless it meets the requirements of this section.

(2) Nothing in this subdivision shall be construed to prohibit licensed health care practitioners from providing birth related services, within the scope of their license, in a place or establishment described in paragraph (1).

SEC. 8. The Legislature finds and declares that Section 1 of this act, which adds Section 880.6 to the Business and Professions Code, imposes a limitation on the

public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to allow the Office of Statewide Health Planning and Development to fully accomplish its goals, it is imperative to protect the interests of those persons submitting information to the office to ensure that any personal or sensitive information that this act requires those persons to submit is protected as confidential information.

SEC. 9. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Amendment 3

On page 1, strike out lines 1 to 4, inclusive, and strike out page 2