



SB 1237

The Justice & Equity in Maternity Care Act

Executive Summary

PREPARED BY: CALIFORNIA NURSE-MIDWIVES ASSOCIATION



SB 1237 Executive Summary

SB 1237 was signed into law by Governor Newsom on September 18, 2020 and will become effective on January 1, 2021. This law removes physician supervision of nurse-midwives and creates an independent scope of practice. Additionally, this bill preserves the ability of nurse-midwives, in any setting, to collaborate with physicians in the co-management of more complicated patients who need services that fall outside of the delineated independent scope outlined in SB 1237. This summary explains the major components of SB 1237.



Section 1: Findings and Declarations

This section declares the significant access constraints and “maternity deserts” in California, as well as California’s disparate maternal and newborn outcomes as they relate to Black and Indigenous birthing people. This section notes that structural, systemic, and interpersonal racism, and racial disparities in health care are complex problems; expansion of access to midwives and team-based care – also known as integrated care or co-management of patients with our physician colleagues – holds great promise for reversing these trends.

Section 2: Business & Professions Code 650.01

This section prohibits a nurse-midwife from referring a patient for laboratory tests, diagnostic imaging, physical therapy, or other diagnostic or treatment services if the nurse-midwife or their immediate family has a financial interest with the person or in the entity that receives the referral.

Section 3: Business & Professions Code 2746.2

This section establishes the Nurse-Midwifery Advisory Committee (NMAC) as a statutorily mandated committee that will advise the Board of Registered Nursing (BRN) on:

- all matters related to midwifery practice, education, appropriate standard of care, and other matters as specified by the board
- shall provide recommendations or guidance on care when the board is considering disciplinary action against a nurse-midwife.

Additionally, this section increases the number of committee members to seven, to include 4 nurse-midwives, 2 qualified physicians, and 1 public member.

Section 4 – Business & Professions Code 2746.5

First, BPC 2746.5(a) delineates an independent scope of practice which includes:

- low-risk pregnancy and childbirth, prenatal, intrapartum, and postpartum care, interconception care, family planning care, and immediate care for the newborn, consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives as approved by the Board. For purposes of this section, “low-risk pregnancy” means a pregnancy in which all of the following conditions are met:
 - there is a single fetus
 - there is a cephalic presentation at onset of labor
 - the gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery
 - labor can be spontaneous or induced
 - and the patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the nurse-midwife is not qualified to independently address

Secondly, BPC 2746.5(b) preserves the ability of nurse-midwives to care for patients who fall outside of the independent scope of services outlined above, and for the intrapartum care of a patient with a previous cesarean or surgery of the myometrium, as long as the nurse-midwife has signed, mutually agreed upon policies and procedures with a physician that delineate the parameters for consultation, collaboration, and transfer of care. Notably, when nurse-midwives care for patients who fall outside of the independent scope of services outlined in BPC 2746.5(a) they are not supervised by a physician even in these cases. Rather, in these cases, they practice collaboratively in team-based care.

Additionally, this section does not authorize nurse-midwives to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version. The nurse-midwife must document all consultations, referrals, and transfers in the patient record. A nurse-midwife must refer all emergencies to a physician and surgeon immediately, and may provide emergency care until the assistance of a physician and surgeon is obtained.



Section 5: Business & Professions Code 2746.51

This section allows for the furnishing of medications, without standardized procedures, for the independent scope of services delineated in BPC 2746.5(a) (see Section 4 above).

This section also allows for the furnishing of medications for conditions not included in the independent scope delineated in BPC 2746.5(a), but in this case, standardized procedures are necessary.

This section clarifies that standardized procedures for Schedule II-V narcotics, and patient specific protocols for Schedule II and III narcotics, are still necessary even if furnishing these medications for a condition that falls within the independent scope of services delineated in BPC 2746.5(a).

BPC 2746.51 no longer contains the previous mandate of a 4:1 ratio of physicians to nurse-midwives for the furnishing of medication, because SB 1237 effectively removes supervision.

Importantly, Section 5 allows nurse-midwives to 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 independent scope delineated in BPC 2746.5(a), and to order laboratory and diagnostic testing, and to receive reports that are necessary to their practice as a nurse-midwife.

Section 6: Business & Professions Code 2746.52

This section authorizes a nurse-midwife to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in any setting and without standardized procedures.

Section 7: Business & Professions Code 2746.54

This section mandates that nurse-midwives give certain verbal and written disclosures to patients who intend to birth in community settings (out-of-hospital settings).

Section 8: Business & Professions Code 2746.55

This section mandates data collection and reporting for all nurse-midwives practicing in the out-of-hospital setting. This section requires a legislative appropriation in order for it to take effect. Therefore, the data collection mandate will not take effect on January 1, 2021.

