

AMENDED IN SENATE SEPTEMBER 6, 2013

AMENDED IN SENATE JULY 9, 2013

AMENDED IN SENATE JUNE 13, 2013

AMENDED IN ASSEMBLY MARCH 21, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1308

Introduced by Assembly Member Bonilla

February 22, 2013

An act to amend Sections ~~2507 and 2508~~ of 2507, 2508, 2513, 2516, and 2519 of, and to add Section 2510 to, the Business and Professions Code, and to amend Section 1204.3 of the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1308, as amended, Bonilla. Midwifery.

Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensing and regulation of midwives by the Board of Licensing of the Medical Board of California. The license to practice midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, as specified, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. *The act requires a midwife to immediately refer all complications to a physician and surgeon.* Under the act, a licensed midwife is required to make certain oral and written disclosures to prospective clients. *Under the act, the board is authorized to suspend or revoke the license of a midwife for specified conduct, including unprofessional conduct consisting of,*

among other things, incompetence or gross negligence in carrying out the usual functions of a licensed midwife. A violation of the act is a crime.

This bill would, among other things, no longer require a physician and surgeon to supervise a licensed midwife. The bill would require, if a potential midwife client fails to meet the conditions of a normal pregnancy or childbirth, as defined, but still desires to be a client, that the licensed midwife refer the woman to a physician and surgeon for examination. The bill would require the board to adopt regulations specifying certain of those conditions. The bill would authorize the licensed midwife to assist the woman only if the physician and surgeon determines, after examination, that the risk factors presented by the woman's disease or condition are not likely to significantly affect the course of pregnancy and childbirth. The bill would require a licensed midwife to immediately refer or transfer the client to a physician and surgeon if at any point during a pregnancy, childbirth, or postpartum care a client's condition deviates from normal. The bill would authorize the licensed midwife to resume primary care of the client if the physician and surgeon determines that the client's condition or concern has been resolved, and to provide concurrent care if the client's condition or concern is not resolved, as specified.

This bill would additionally authorize a licensed midwife 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 ~~and~~. The bill would require a licensed midwife to ~~disclose~~ make additional disclosures to prospective clients, including, among other things, the specific arrangements for referral of complications to a physician and surgeon. ~~Because a violation of that requirement would be a crime, the bill would impose a state-mandated local program,~~ and to obtain written, informed consent of those disclosures, as prescribed. By increasing the duties of a licensed midwife under the Licensed Midwifery Practice Act of 1993, the violation of which is a crime, the bill would impose a state-mandated local program. The bill would authorize the board to suspend or revoke the license of a licensed midwife for failing, when required, to consult with a physician and surgeon, to refer a client to a physician and surgeon, or to transfer a client to a hospital. The bill would require, if a client is transferred to a hospital, that the hospital report each transfer of a planned

out-of-hospital birth to, among others, the board, using a form developed by the board.

~~Existing law requires the board, by July 1, 2003, to adopt regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery.~~

~~This bill would delete that requirement.~~

Existing law requires a licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting to annually report specified information to the Office of Statewide Health Planning and Development.

This bill would authorize the board, with input from the Midwifery Advisory Council, to adjust the data elements required to be reported to better coordinate with other reporting systems, as specified.

Existing law requires an approved midwifery education program to offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience.

This bill would, beginning January 1, 2015, prohibit new licensees from substituting clinical experience for formal didactic education.

Existing law requires a licensed alternative birth center, and a licensed primary care clinic that provides services as an alternative birth center, to meet specified requirements, including the presence of at least 2 attendants during birth, one of whom shall be either a physician and surgeon or a certified nurse-midwife.

This bill would provide that a licensed midwife may also satisfy that requirement.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares the following:
- 2 (a) Licensed midwives have been authorized to practice since
- 3 1993 under Senate Bill 350 (Chapter 1280 of the Statutes of 1993),
- 4 which was authored by Senator Killea. Additional legislation,
- 5 Senate Bill 1950 (Chapter 1085 of the Statutes of 2002), which

1 was authored by Senator Figueroa, was needed in 2002 to clarify
2 certain practice issues. While the midwifery license does not
3 specify or limit the practice setting in which licensed midwives
4 may provide care, the reality is that the majority of births delivered
5 by licensed midwives are planned as home births.

6 (b) Planned home births are safer when care is provided as part
7 ~~of an integrated~~ *a collaborative delivery model in which medical*
8 *professionals may freely consult on patient care to maximize*
9 *patient safety and positive outcomes.* For a variety of reasons, this
10 integration ~~rarely occurs~~ *does not always occur*, and creates a
11 barrier to the best and safest care possible. ~~This is due, in part, to~~
12 ~~the attempt to fit a midwifery model of care into a medical model~~
13 ~~of care.~~

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

16 2507. (a) The license to practice midwifery authorizes the
17 ~~holder, under the supervision of a licensed physician and surgeon,~~
18 *holder to attend cases of normal childbirth pregnancy and*
19 *childbirth, as defined in paragraph (1) of subdivision (b), and to*
20 provide prenatal, intrapartum, and postpartum care, including
21 family-planning care, for the mother, and immediate care for the
22 newborn.

23 (b) As used in this article, the practice of midwifery constitutes
24 the furthering or undertaking by any licensed ~~midwife, under the~~
25 ~~supervision of a licensed physician and surgeon who has current~~
26 ~~practice or training in obstetrics;~~ *midwife* to assist a woman in
27 childbirth ~~so~~ *as long as progress meets criteria accepted as normal.*
28 ~~All complications shall be referred to a physician and surgeon~~
29 ~~immediately. The practice of midwifery does not include the~~
30 ~~assisting of childbirth by any artificial, forcible, or mechanical~~
31 ~~means, nor the performance of any version.~~

32 (c) ~~As used in this article, “supervision” shall not be construed~~
33 ~~to require the physical presence of the supervising physician and~~
34 ~~surgeon.~~

35 (d) ~~The ratio of licensed midwives to supervising physicians~~
36 ~~and surgeons shall not be greater than four individual licensed~~
37 ~~midwives to one individual supervising physician and surgeon.~~

38 (e) ~~A midwife is not authorized to practice medicine and surgery~~
39 ~~by this article.~~

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

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

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

7 (ii) Significant disease arising from the pregnancy.

8 (B) There is a singleton fetus.

9 (C) There is a cephalic presentation.

10 (D) The gestational age of the fetus is greater than 37⁰/₇ weeks
11 and less than 42⁰/₇ completed weeks of pregnancy.

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

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

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

31 (c) (1) If at any point during a pregnancy, childbirth, or
32 postpartum care a client's condition deviates from normal, the
33 licensed midwife shall immediately refer or transfer the client to
34 a physician and surgeon. The licensed midwife may consult and
35 remain in consultation with the physician and surgeon after the
36 referral or transfer.

37 (2) If a physician and surgeon determines that the client's
38 condition or concern has been resolved such that the risk factors
39 presented by a woman's disease or condition are not likely to
40 significantly affect the course of pregnancy or childbirth, the

1 *licensed midwife may resume primary care of the client and resume*
 2 *assisting the client during her pregnancy, childbirth, or postpartum*
 3 *care.*

4 *(3) If a physician and surgeon determines the client’s condition*
 5 *or concern has not been resolved as specified in paragraph (2),*
 6 *the licensed midwife may provide concurrent care with a physician*
 7 *and surgeon and, if authorized by the client, be present during the*
 8 *labor and childbirth, and resume postpartum care, if appropriate.*
 9 *A licensed midwife shall not resume primary care of the client.*

10 *(d) A licensed midwife shall not provide or continue to provide*
 11 *midwifery care to a woman with a risk factor that will significantly*
 12 *affect the course of pregnancy and childbirth, regardless of whether*
 13 *the woman has consented to this care or refused care by a*
 14 *physician or surgeon, except as provided in paragraph (3) of*
 15 *subdivision (c).*

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

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

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

25 SEC. 3. Section 2508 of the Business and Professions Code is
 26 amended to read:

27 2508. (a) A licensed midwife shall disclose in oral and written
 28 form to a prospective client *as part of a client care plan, and obtain*
 29 *informed consent for*, all of the following:

- 30 (1) All of the provisions of Section 2507.
- 31 (2) *The client is retaining a licensed midwife, not a certified*
 32 *nurse midwife, and the licensed midwife is not supervised by a*
 33 *physician and surgeon.*
- 34 (3) *The licensed midwife’s current licensure status and license*
 35 *number.*
- 36 (4) *The practice settings in which the licensed midwife practices.*
 37 ~~(2)~~
- 38 (5) If the licensed midwife does not have liability coverage for
 39 the practice of midwifery, he or she shall disclose that fact. *The*
 40 *licensed midwife shall disclose to the client that many physicians*

1 *and surgeons do not have liability insurance coverage for services*
2 *provided to someone having a planned out-of-hospital birth.*

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

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

11 ~~(3)~~

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

15 ~~(4)~~

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

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

25 ~~(5)~~

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

30 *(12) Consultation with a physician and surgeon does not alone*
31 *create a physician-patient relationship or any other relationship*
32 *with the physician and surgeon. The informed consent shall*
33 *specifically state that the licensed midwife and the consulting*
34 *physician and surgeon are not employees, partners, associates,*
35 *agents, or principals of one another. The licensed midwife shall*
36 *inform the patient that he or she is independently licensed and*
37 *practicing midwifery and in that regard is solely responsible for*
38 *the services he or she provides.*

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

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

7 *SEC. 4. Section 2510 is added to the Business and Professions*
 8 *Code, to read:*

9 *2510. If a client is transferred to a hospital, the licensed*
 10 *midwife shall provide records, including prenatal records, and*
 11 *speak with the receiving physician and surgeon about labor up to*
 12 *the point of the transfer. The hospital shall report each transfer*
 13 *of a planned out-of-hospital birth to the Medical Board of*
 14 *California and the California Maternal Quality Care Collaborative*
 15 *using a standardized form developed by the board.*

16 *SEC. 5. Section 2513 of the Business and Professions Code is*
 17 *amended to read:*

18 2513. (a) An approved midwifery education program shall
 19 offer the opportunity for students to obtain credit by examination
 20 for previous midwifery education and clinical experience. The
 21 applicant shall demonstrate, by practical examination, the clinical
 22 competencies described in Section 2514 or established by
 23 regulation pursuant to Section 2514.5. The midwifery education
 24 program’s credit by examination policy shall be approved by the
 25 board, and shall be available to applicants upon request. The
 26 proficiency and practical examinations shall be approved by the
 27 board. *Beginning January 1, 2015, new licensees shall not*
 28 *substitute clinical experience for formal didactic education.*

29 (b) Completion of clinical experiences shall be verified by a
 30 licensed midwife or certified nurse-midwife, and a physician and
 31 surgeon, all of whom shall be current in the knowledge and practice
 32 of obstetrics and midwifery. Physicians and surgeons, licensed
 33 midwives, and certified nurse-midwives who participate in the
 34 verification and evaluation of an applicant’s clinical experiences
 35 shall show evidence of current practice. The method used to verify
 36 clinical experiences shall be approved by the board.

37 (c) Upon successful completion of the requirements of
 38 paragraphs (1) and (2), the applicant shall also complete the
 39 licensing examination described in paragraph (1) of subdivision
 40 (a) of Section 2512.5.

1 SEC. 6. Section 2516 of the Business and Professions Code is
2 amended to read:

3 2516. (a) Each licensed midwife who assists, or supervises a
4 student midwife in assisting, in childbirth that occurs in an
5 out-of-hospital setting shall annually report to the Office of
6 Statewide Health Planning and Development. The report shall be
7 submitted no later than March 30, ~~with the first report due in March~~
8 ~~2008~~, for the prior calendar year, in a form specified by the board
9 and shall contain all of the following:

- 10 (1) The midwife’s name and license number.
- 11 (2) The calendar year being reported.
- 12 (3) The following information with regard to cases in California
13 in which the midwife, or the student midwife supervised by the
14 midwife, assisted during the previous year when the intended place
15 of birth at the onset of care was an out-of-hospital setting:
 - 16 (A) The total number of clients served as primary caregiver at
17 the onset of care.
 - 18 ~~(B) The total number of clients served with collaborative care~~
19 ~~available through, or given by, a licensed physician and surgeon.~~
 - 20 ~~(C) The total number of clients served under the supervision of~~
21 ~~a licensed physician and surgeon.~~
 - 22 ~~(D)~~
 - 23 (B) The number by county of live births attended as primary
24 caregiver.
 - 25 ~~(E)~~
 - 26 (C) The number, by county, of cases of fetal demise, infant
27 deaths, and maternal deaths attended as primary caregiver at the
28 discovery of the demise or death.
 - 29 ~~(F)~~
 - 30 (D) The number of women whose primary care was transferred
31 to another health care practitioner during the antepartum period,
32 and the reason for each transfer.
 - 33 ~~(G)~~
 - 34 (E) The number, reason, and outcome for each elective hospital
35 transfer during the intrapartum or postpartum period.
 - 36 ~~(H)~~
 - 37 (F) The number, reason, and outcome for each urgent or
38 emergency transport of an expectant mother in the antepartum
39 period.
 - 40 ~~(I)~~

- 1 (G) The number, reason, and outcome for each urgent or
 2 emergency transport of an infant or mother during the intrapartum
 3 or immediate postpartum period.
 4 ~~(J)~~
 5 (H) The number of planned out-of-hospital births at the onset
 6 of labor and the number of births completed in an out-of-hospital
 7 setting.
 8 ~~(K)~~
 9 (I) The number of planned out-of-hospital births completed in
 10 an out-of-hospital setting that were any of the following:
 11 (i) Twin births.
 12 (ii) Multiple births other than twin births.
 13 (iii) Breech births.
 14 (iv) Vaginal births after the performance of a cesarean section.
 15 ~~(L)~~
 16 (J) A brief description of any complications resulting in the
 17 morbidity or mortality of a mother or a neonate.
 18 ~~(M)~~
 19 (K) Any other information prescribed by the board in
 20 regulations.
 21 (b) The Office of Statewide Health Planning and Development
 22 shall maintain the confidentiality of the information submitted
 23 pursuant to this section, and shall not permit any law enforcement
 24 or regulatory agency to inspect or have copies made of the contents
 25 of any reports submitted pursuant to subdivision (a) for any
 26 purpose, including, but not limited to, investigations for licensing,
 27 certification, or regulatory purposes.
 28 (c) The office shall report to the board, by April 30, those
 29 licensees who have met the requirements of subdivision (a) for
 30 that year.
 31 (d) The board shall send a written notice of noncompliance to
 32 each licensee who fails to meet the reporting requirement of
 33 subdivision (a). Failure to comply with subdivision (a) will result
 34 in the midwife being unable to renew his or her license without
 35 first submitting the requisite data to the Office of Statewide Health
 36 Planning and Development for the year for which that data was
 37 missing or incomplete. The board shall not take any other action
 38 against the licensee for failure to comply with subdivision (a).
 39 (e) The board, in consultation with the office and the Midwifery
 40 Advisory Council, shall devise a coding system related to data

1 elements that require coding in order to assist in both effective
2 reporting and the aggregation of data pursuant to subdivision (f).
3 The office shall utilize this coding system in its processing of
4 information collected for purposes of subdivision (f).

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

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

17 ~~(g)~~

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

20 *SEC. 7. Section 2519 of the Business and Professions Code is*
21 *amended to read:*

22 2519. The board may suspend or revoke the license of a
23 midwife for any of the following:

24 (a) Unprofessional conduct, which includes, but is not limited
25 to, all of the following:

26 (1) Incompetence or gross negligence in carrying out the usual
27 functions of a licensed midwife.

28 (2) Conviction of a violation of Section 2052, in which event,
29 the record of the conviction shall be conclusive evidence thereof.

30 (3) The use of advertising which ~~is~~ *that* is fraudulent or misleading.

31 (4) Obtaining or possessing in violation of law, or prescribing,
32 or except as directed by a licensed physician and surgeon, dentist,
33 or podiatrist administering to himself or herself, or furnishing or
34 administering to another, any controlled substance as defined in
35 Division 10 (commencing with Section 11000) of the Health and
36 Safety Code or any dangerous drug as defined in Article 8
37 (commencing with Section 4210) of Chapter 9 of Division 2 of
38 the Business and Professions Code.

39 (5) The use of any controlled substance as defined in Division
40 10 (commencing with Section 11000) of the Health and Safety

1 Code, or any dangerous drug as defined in Article 8 (commencing
2 with Section 4210) of Chapter 9 of Division 2 of the Business and
3 Professions Code, or alcoholic beverages, to an extent or in a
4 manner dangerous or injurious to himself or herself, any other
5 person, or the public or to the extent that such use impairs his or
6 her ability to conduct with safety to the public the practice
7 authorized by his or her license.

8 (6) Conviction of a criminal offense involving the prescription,
9 consumption, or self-administration of any of the substances
10 described in paragraphs (4) and (5), or the possession of, or
11 falsification of, a record pertaining to, the substances described in
12 paragraph (4), in which event the record of the conviction is
13 conclusive evidence thereof.

14 (7) Commitment or confinement by a court of competent
15 jurisdiction for intemperate use of or addiction to the use of any
16 of the substances described in paragraphs (4) and (5), in which
17 event the court order of commitment or confinement is prima facie
18 evidence of such commitment or confinement.

19 (8) Falsifying, or making grossly incorrect, grossly inconsistent,
20 or unintelligible entries in any hospital, patient, or other record
21 pertaining to the substances described in subdivision (a).

22 (b) Procuring a license by fraud or misrepresentation.

23 (c) Conviction of a crime substantially related to the
24 qualifications, functions, and duties of a midwife, as determined
25 by the board.

26 (d) Procuring, aiding, abetting, attempting, agreeing to procure,
27 offering to procure, or assisting at, a criminal abortion.

28 (e) Violating or attempting to violate, directly or indirectly, or
29 assisting in or abetting the violation of, or conspiring to violate
30 any provision or term of this chapter.

31 (f) Making or giving any false statement or information in
32 connection with the application for issuance of a license.

33 (g) Impersonating any applicant or acting as proxy for an
34 applicant in any examination required under this chapter for the
35 issuance of a license or a certificate.

36 (h) Impersonating another licensed practitioner, or permitting
37 or allowing another person to use his or her license or certificate
38 for the purpose of providing midwifery services.

39 (i) Aiding or assisting, or agreeing to aid or assist any person
40 or persons, whether a licensed physician or not, in the performance

1 of or arranging for a violation of any of the provisions of Article
2 12 (commencing with Section 2221) of Chapter 5.

3 (j) *Failing to do any of the following when required pursuant*
4 *to Section 2507:*

5 (1) *Consult with a physician and surgeon.*

6 (2) *Refer a client to a physician and surgeon.*

7 (3) *Transfer a client to a hospital.*

8 ~~SEC. 4.~~

9 *SEC. 8.* Section 1204.3 of the Health and Safety Code is
10 amended to read:

11 1204.3. (a) An alternative birth center that is licensed as an
12 alternative birth center specialty clinic pursuant to paragraph (4)
13 of subdivision (b) of Section 1204 shall, as a condition of licensure,
14 and a primary care clinic licensed pursuant to subdivision (a) of
15 Section 1204 that provides services as an alternative birth center
16 shall, meet all of the following requirements:

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

19 (2) Maintain a quality assurance program.

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

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

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

31 (B) Require the presence of at least two attendants at all times
32 during birth, one of whom shall be a physician and surgeon, a
33 licensed midwife, or a certified nurse-midwife.

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

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

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

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

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

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

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

25 ~~SEC. 5.~~

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