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## AB-836 Midwifery Workforce Training Act. (2025-2026)

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Date Published: 10/13/2025 02:00 PM

### Assembly Bill No. 836

#### CHAPTER 597

An act to add Section 128300 to the Health and Safety Code, relating to maternal care.

[ Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025. ]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 836, Stefani. Midwifery Workforce Training Act.

Existing law requires the Department of Health Care Access and Information, formerly known as the Office of Statewide Health Planning and Development, to establish a program to contract with programs that train certified nurse-midwives and programs that train licensed midwives in accordance with the global standards for midwifery education and the international definition of "midwife" as established by the International Confederation of Midwives in order to increase the number of students receiving quality education and training as a certified nurse-midwife or as a licensed midwife. Existing law requires these provisions to be implemented only upon an appropriation by the Legislature for these purposes in the annual Budget Act or another act.

This bill would require the Department of Health Care Access and Information, upon appropriation from the Legislature for this purpose, to administer funding for a statewide study on midwifery education. The bill would require the study to be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California that would, among other things, identify viable education programs that can serve both rural and urban geographic areas. The bill would require the department to submit a report from the study's findings to the Legislature, to post the report on the department's internet website, and to notify all persons in the department's reproductive health and maternity care electronic mailing list, as specified. The bill would define "reproductive health care professionals" as, among others, medical doctors and licensed midwives.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

#### THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

##### **SECTION 1.** The Legislature finds and declares the following:

(a) It is the intent of the Legislature to study the existing and projected opportunities and barriers to establishing, operating, and attending accessible, high-quality midwifery education programs that will serve the maternity and reproductive health needs of Californians.

(b) It is the intent of the Legislature that the findings be applied by the Department of Health Care Access and Information to support, in collaboration with stakeholders, the creation of a sustainable strategy that will develop the midwifery workforce in California that reflects California's racial, ethnic, linguistic, socioeconomic, and geographic diversity.

(c) Midwives provide a significant amount of perinatal and reproductive health care in California but are underutilized in the workforce despite demonstrating excellent health outcomes.

(d) With a single program currently accepting students, there is a shortage of midwifery education programs in the state.

**SEC. 2.** Section 128300 is added to the Health and Safety Code, immediately following Section 128299, to read:

**128300.** (a) Upon appropriation from the Legislature, the Department of Health Care Access and Information shall administer funding for a statewide study on midwifery education. The study shall be conducted by an outside consultant familiar with the health care and midwifery landscapes and workforce in California.

(b) This study shall include, but is not limited to, all of the following:

- (1) An evaluation of status and trends in midwifery education in California and the United States.
- (2) Financial sustainability plan, including long-term education program financing, cost of educating midwives in California, and the options for financial stability of midwifery education.
- (3) Assess available state and federal funding resources to cover student tuition and fees, and report on average student debt per program upon program completion.
- (4) Identify and propose pathways to diversify the midwifery student pipeline.
- (5) Assess the opportunities, challenges, and support needs of prospective students, current students, and preceptors.
- (6) Identify institutions and programs of study that are equipped to house midwifery education programs, including those outside of schools of nursing.
- (7) Identify viable education programs that can serve both rural and urban geographic areas.
- (8) Consider education consortium models that pool resources to support student didactic education and allow them to stay in their communities while completing their education.
- (9) Identify and propose solutions to address the shortage of clinical preceptors and precepting sites.
- (10) Identify sites for interprofessional education between resident obstetricians and midwives.
- (11) Consider innovations in education and training that allow nurse-midwives and licensed midwives to train together, with separate exit requirements specific to their path.
- (12) Ensure that proposed solutions for midwifery education meet the needs of California birthing families and future midwives.
- (13) Current and projected needs for midwifery and reproductive health care professionals.
- (14) Assessment of jobs available for new graduates and projected growth.

(c) (1) The department shall submit a report from the study's findings to the Legislature.

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

(d) The department shall post the report on the department's internet website, and shall notify all persons in the department's reproductive health and maternity care electronic mailing list no later than 36 months after the actual appropriation of funds to the department.

(e) For purposes of this section, "reproductive health care professionals" means medical doctors, licensed midwives, certified nurse-midwives, nurse practitioners, registered nurses, physician's assistants, doulas, licensed vocational nurses, and perinatal community health workers.