

House Research Act Summary

CHAPTER: 162

SESSION: 1999 Regular Session

TOPIC: Midwife Licensure

Date: June 25, 1999

Analyst: Elisabeth M. Loehrke, 651-296-5043

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Overview

This bill creates a voluntary licensure system for traditional midwives by the Board of Medical Practice. It establishes educational and training requirements for licensure, and only licensed people are allowed to use protected titles. It does not require an individual to be licensed to practice traditional midwifery.

- 1 Definitions.** Adds § 147D.01. Defines terms for the chapter on traditional midwife licensure: advisory council, approved education program, board, contact hour, credential, credentialing examination, normal pregnancy, traditional midwifery services, transfer of care, and transport.
- 2 Midwifery.** Adds § 147D.03. Identifies people who are regarded as practicing traditional midwifery. Also lists what is included in the practice of traditional midwifery, and what is not included.
 - Subd. 1. General.** Identifies when persons are practicing traditional midwifery; any person who publicly professes to be a traditional midwife and who, for a fee, assists or attends a woman in pregnancy, childbirth outside a hospital, and postpartum is regarded as practicing traditional midwifery.
 - Subd. 2. Scope of practice.** Specifies that the scope of practice for traditional midwifery includes, but is not limited to, initial and ongoing assessment for suitability for traditional midwifery care; providing prenatal education and coordinating with licensed health care providers for comprehensive prenatal care; attending and supporting labors and births; postpartum care of the mother and an initial assessment of the newborn; and providing information and referrals to community resources.
 - Subd. 3. Unauthorized services.** Lists services that are not included in the practice of traditional midwifery: using any surgical instrument at childbirth except as necessary to sever the umbilical cord or repair certain perineal lacerations, assisting childbirth by artificial or mechanical means, and removing a placenta accreta.

- 3 Professional conduct.** Adds § 147D.05. Describes the practice standards and record-keeping requirements that licensed traditional midwives must satisfy.
- Subd. 1. Practice standards.** Requires licensed traditional midwives to conduct initial and ongoing screenings of clients to ensure that clients are receiving safe and appropriate care, including taking detailed health histories and recommending certain tests and services, if indicated, from other health care providers. Allows licensed traditional midwives to provide care only to women who are expected to have a normal pregnancy, labor, and delivery. If a licensed traditional midwife determines that a woman is not expected to have a normal pregnancy, labor, and delivery, requires the midwife to refer the woman to a licensed health care provider. Requires a client who has certain tests performed to have the test results sent to the client's licensed traditional midwife, who must include these results in the client's record.
- Subd. 2. Written plan.** Requires licensed traditional midwives to prepare written plans for each client to ensure continuity of care and to include, in the plans, the conditions under which a client's medical consultation plan will be implemented.
- Subd. 3. Health regulations.** Requires licensed traditional midwives to comply with public health regulations.
- Subd. 4. Client records.** Requires licensed traditional midwives to keep client records for each client, and specifies what the records must include.
- Subd. 5. Data.** Allows all client records maintained by clients to be accessed in the same manner as other medical records (according to section 144.335, access to medical records).
- 4 Informed consent.** Adds § 147D.07. Requires licensed traditional midwives to obtain informed consent from clients, by having clients sign informed consent forms, before providing services to them. Specifies the information that must be contained in the informed consent form. Requires licensed traditional midwives to keep the informed consent forms on file for each client and to provide the forms to the Board of Medical Practice if the Board so requests.
- 5 Limitations of practice.** Adds § 147D.09. Prohibits licensed traditional midwives from prescribing, dispensing, or administering prescription drugs, except administering vitamin K, antihemorrhagic drugs in emergencies, local anesthetic, oxygen, and prophylactic eye agents. Prohibits midwives from performing operative or surgical procedures, except for suture repair of certain perineal lacerations.
- 6 Medical consultation plan.** Adds § 147D.11. To be eligible for licensure, requires applicants to develop a medical consultation plan, including an emergency plan, to determine when midwives will consult with other health care providers, transfer care to other health care providers, and immediately transport women to hospitals. Requires the conditions under which these plans may be implemented to comply with the standards established by the Minnesota Midwives Guild in the most current edition of their certification guide.
- 7 Reporting.** Adds § 147D.13. Requires licensed traditional midwives to:
- complete a certificate of birth in accordance with section 144.215;
 - compile a summary report of information on each client and care provided to each client. The Board may review these reports at any time;
 - make public health reports to the commissioner of health and the Board regarding maternal, fetal, and neonatal deaths; and
 - make reports to the Board regarding disciplinary actions taken against the midwife by the North American Registry of Midwives (NARM).
- 8 Protected titles.** Adds § 147D.15. Specifies that only licensed midwives are authorized to use protected titles, and lists the titles that are protected. Prohibits a person whose license has been

revoked from practicing traditional midwifery. Makes it a misdemeanor to violate this section.

9 Licensure requirements. Adds § 147D.17. Establishes the requirements that must be met to be licensed as a licensed traditional midwife.

Subd. 1. General requirements for licensure. To be eligible for licensure, requires applicants to submit a completed application, a diploma from an approved education program or evidence of having completed an apprenticeship, a credential as a certified professional midwife from an advisory council-recommended and board-approved national organization, certification to perform adult and infant CPR, a copy of the applicant's medical consultation plan, documentation verifying that the applicant has completed practical experience requirements, other information requested by the Board, a signed statement of the information's veracity, and a waiver giving the Board access to the applicant's records.

Subd. 2. Licensure by reciprocity. For an applicant to be licensed by reciprocity, requires the applicant to be credentialed by an advisory council-recommended and board-approved credentialing organization, submit certain application materials, and submit fees and verification of the applicant's credential status from another jurisdiction with credential requirements equal to or higher than Minnesota's.

Subd. 3. Temporary permit. Allows the Board to issue a temporary permit to practice as a licensed traditional midwife, to be valid until the Board meets to decide on the application for licensure.

Subd. 4. Licensure by equivalency during transition period. Establishes a transition period of July 1, 1999 to July 1, 2001, in which a person can qualify for licensure if the person has practiced traditional midwifery for at least five years, verifies completion of the practical experience requirements for licensure, and submits certain other application materials and fees. Allows these licenses to be renewed once. Within two years from the date a license is issued under this subdivision, requires the midwife to obtain certification from the North American Registry of Midwives.

Subd. 5. License expiration. Specifies that licenses expire annually.

Subd. 6. Renewal. Establishes requirements for license renewal.

Subd. 7. Change of address. Requires licensed traditional midwives who change addresses to notify the Board of the change within 30 days.

Subd. 8. License renewal notice. Requires the Board to send out a renewal notice at least 30 days before the license renewal date, and describes what information must be included in the notice.

Subd. 9. Renewal deadline. Requires renewal applications to be postmarked by July 1, or as determined by the board.

Subd. 10. Inactive status and return to active status. Allows a license to be placed on inactive status, at the request of the licensed traditional midwife. Lists the requirements that must be met to restore a license from inactive status to active status.

Subd. 11. Licensure following lapse of licensure status for two years or less. Specifies the actions a person must take to regain licensure status, after a lapse of licensure for two years or less.

Subd. 12. Cancellation due to nonrenewal. Starting July 1999, if a person whose license has lapsed for more than two years wants to obtain a new license, the person must apply for licensure and meet all the requirements for initial licensure.

Subd. 13. Cancellation of licensure in good standing. Allows a licensed traditional midwife with an active license to have the license canceled if the Board is not currently investigating the

midwife and has not begun disciplinary action. If a licensed traditional midwife whose license has been canceled wants to obtain a new license, the licensed traditional midwife must apply for licensure and meet all the requirements for initial licensure. A person whose license is canceled shall not receive a refund of any fees.

- 10 Board action on applications for licensure.** Adds § 147D.19. Requires the Board to act on each application for licensure and to notify each applicant, in writing, of the actions taken on the application, grounds for denial of licensure, and the applicant's right to have the advisory council review the denial. Describes the review process.
- 11 Continuing education requirements.** Adds § 147D.21. Establishes requirements for continuing education, including the number of hours that must be obtained (30 hours per three-year period), criteria for the Board to use to approve continuing education programs, and acceptable continuing education topics. Requires the Board to verify the continuing education credits of a random sample of licensees. Prohibits licensees from applying credits obtained in one three-year period toward a future continuing education period.
- 12 Discipline; reporting.** Adds § 147D.23. Makes licensed traditional midwives and applicants subject to certain discipline provisions and reporting requirements in the Medical Practice Act (grounds for disciplinary action, probable cause hearings, reporting obligations, immunity, cooperation, forms of disciplinary action, judicial review of disciplinary actions, and accountability).
- 13 Advisory council on licensed traditional midwifery.** Adds § 147D.25. Establishes an advisory council of five members: one licensed physician who has been or is currently consulting with licensed traditional midwives, three licensed traditional midwives, and one homebirth parent. Makes the council expire on June 30, 2003, and makes it subject to

§ 15.059. Specifies the duties of the council.
- 14 Fees.** Adds § 147D.27. Establishes fees for licensure, allows initial license fees to be prorated, allows a penalty fee to be charged for late renewals, and makes fees nonrefundable.
- 15 Appropriation.** Appropriates \$8,000 in fiscal year 2000 and \$4,000 in fiscal year 2001 from the state government special revenue fund to the board of medical practice to license and regulate traditional midwives.
- 16 Repealer.** Repeals Minnesota Statutes, sections 148.30, 148.31, and 148.32 (existing statutes for midwife licensure). Repeals Minnesota Rules, parts 5600.2000 and 5600.2100 (existing rules for midwife licensure).