HB 1202

Department of Legislative Services

Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE

House Bill 1202 (Delegate A. Kelly, *et al.*)
Health and Government Operations

Health Occupations - Certified Professional Midwives - Pilot Program

This bill authorizes an individual to practice as a certified professional midwife (CPM) in the State if the individual meets specified requirements. An individual must be certified as a CPM before practicing midwifery in the State, with specified exceptions. The Department of Health and Mental Hygiene (DHMH) must adopt regulations for the certification of midwives. By December 1, 2015, DHMH must submit a specified report and recommendations to the General Assembly.

The bill takes effect July 1, 2013, and terminates June 30, 2016.

Fiscal Summary

State Effect: General fund expenditures for DHMH increase by as much as $63,600 in FY 2014 to establish a certification program for professional midwives. General fund revenues increase by an indeterminate amount beginning in FY 2014 from certification fee revenues. Future years reflect inflation, employee turnover, and the bill's June 30, 2016 termination date.

(in dollars)	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
GF Revenue	-	-	-	$0	$0
GF Expenditure	$63,600	$58,700	$61,200	$0	$0
Net Effect	($63,600)	($58,700)	($61,200)	$0	$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: Meaningful for midwives who must be certified under the bill.

Analysis

Bill Summary: "Midwifery" means providing maternity care for women during the antepartum, intrapartum, and postpartum period. "Midwifery" includes (1) the independent management of deliveries and care for the newborn; (2) the detection of abnormal conditions in the mother and the newborn; (3) the execution of emergency measures in a life-threatening situation; (4) the possession and dispensing of lifesaving medications and other substances used in the practice of midwifery in the course of treating a mother or a newborn in accordance with the Standards for Practice of the National Association of Certified Professional Midwives (NACPM); and (5) well-woman care and family planning.

An individual may practice as a CPM in the State if the individual (1) is certified by the North American Registry of Midwives (NARM); (2) is certified by DHMH under the bill; and (3) meets any other requirements imposed by DHMH through regulation.

The regulations adopted by DHMH must be consistent with the standards published by NACPM and include standards for the administration of oxygen, lifesaving medication, prophylactic antibiotics, and Rho(D) immune globulin to a mother or a newborn. The regulations may *not* (1) require an agreement between a CPM and another licensed or registered health care provider as a condition of certification; (2) require that a CPM practice under the supervision or direction of a licensed or registered health care provider; (3) require an assessment of a mother who is seeking midwifery services by another licensed or registered health care provider; or (4) limit the setting in which a CPM may practice.

DHMH may set reasonable fees, to approximate the cost of maintaining the certification program, for the issuance and renewal of certifications. All funds must be paid into the general fund.

The following individuals are exempt from the certification requirement: (1) registered nurses who are certified to practice nurse midwifery; (2) students and apprentices under the supervision of a certified professional midwife; (3) specified individuals otherwise licensed in the State who are engaging in activities within their scope of practice; (4) midwives employed by the federal government; and (5) specified individuals who provide midwifery services in accordance with religious beliefs.

A CPM must file a birthing plan with DHMH that includes specified information, including information on the outcome of the delivery and a birth certificate. DHMH must verify a CPM's credentials with NARM and maintain a record of certified professional midwives in the State on the department's website. Nothing in the bill may be construed to authorize a CPM to perform an abortion.

DHMH must, by December 1, 2015, submit a report to the General Assembly regarding the number of CPMs practicing in the State, the number of healthy and adverse birth outcomes attended by CPMs, and recommendations for continuation of the certification of professional midwives in the State.

Current Law/Background: The profession of midwifery includes direct-entry midwives and nurse-midwives. The State Board of Nursing provides advance practice certification to nurse-midwives, who must also be licensed registered nurses. Under board regulations, an applicant for certification as a nurse-midwife must hold a current license to practice registered nursing in Maryland, hold current certification as a nurse midwife from the American Midwifery Certification Board (AMCB) or any other certifying body approved by the board, and submit an affidavit that the applicant is in compliance at all times with specified clinical practice guidelines.

Certified nurse midwives (CNMs) must have a collaborative plan that fully describes delegated medical functions; parameters of service; a comprehensive plan for transfer of care when needed; practice guidelines; appropriate interventions including treatment, medication, and devices; and categories of substances selected from the approved formulary that may be prescribed and dispensed by the certified nurse midwife.

Direct-entry midwifery refers to an educational path that does not require prior nursing training to enter the profession. NARM issues the national, competency-based CPM credential. As of January 2012, more than 2,000 midwives nationally hold CPM certification. CPMs offer primary maternity care to women in private homes or birth center-based practices. The CPM credential allows multiple routes of entry into the profession. Aspiring midwives can attend a midwifery program or school or apprentice with a qualified midwife and complete an evaluation process that verifies an individual's experience and skills. Individuals must then sit for the NARM written examination. Recertification is required every three years and includes a continuing education requirement.

CPMs are guided by the NACPM Standards for Practice and the Midwives' Model of Care™ based on the fact that pregnancy and birth are normal life events. Midwife care includes (1) monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; (2) providing the mother with individualized education, counseling, and prenatal care; (3) continuous hands-on assistance during labor and delivery and postpartum support; (4) minimizing technological interventions; and (5) identifying and referring women who require obstetrical attention. According to NACPM, the application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

Twenty-six states (including Delaware and Virginia) regulate certified professional midwives by licensure, certification, registration, voluntary licensure, or permit. All 26 states use NARM's examination for licensure, whether requiring the entire CPM credential or the exam in addition to a state evaluation process. Regulatory agencies vary by state and include departments of health, boards of medicine, and boards of midwifery.

In 2012, DHMH convened a Midwives Workgroup to (1) analyze the shortage of CNMs and barriers in nurse-midwifery practice; (2) evaluate consumer concerns and motivations surrounding the birthing process; (3) conduct a review of current legislation and regulations in other states concerning the licensing, educational requirements, and scope of practice of CPMs; and (4) review available evidence regarding the safety and outcomes of births attended by CPMs, CNMs, and obstetricians, as well as the safety of home births and birth centers compared to hospitals.

In January 2013, the workgroup issued a report, which notes that, while there are 214 CNMs licensed to practice in Maryland, fewer than half actually practice full-scope midwifery and only 4 currently attend home births. As a result, DHMH recommended further exploration of the barriers to training and practice for CNMs in Maryland. In the report, *DHMH* also reaffirmed its support of the Joint Statement on Planned Home Births issued in 2012 (and endorsed by the State Board of Nursing, the Maryland Association of County Health Officers, and the Maryland Affiliate of the American College of Nurse-Midwives), which states that (1) during the course of prenatal care, a pregnant woman considering a home birth should consult with a licensed physician or licensed CNM in order to be assessed as a candidate for a home birth; (2) to ensure the health and safety of the mother and infant, all planned home deliveries must be attended by a licensed physician or licensed CNM; and (3) it is unlawful for a physician or midwife to practice in Maryland without a valid Maryland license.

While the workgroup *did not* reach consensus, the report provides a wide range of options regarding the various charges of the workgroup. The options presented included, among many others:

- establishing an independent midwifery board for licensure, regulation, and oversight of midwives, including CPMs;
- adopting the CPM credential as the model for licensure of direct-entry midwives in Maryland;
- requiring that the NARM certification be the educational requirement for CPM licensure in Maryland; and
- requiring a minimum level of education and training for all midwives according to standards set by AMCB.

State Fiscal Effect: While the bill is drafted to the Health Occupations Article, DHMH advises that the certification of CPMs will be handled by the Prevention and Health Promotion Administration (PHPA). As PHPA does not currently oversee certification of health care providers, additional staff would be required to establish a new office. DHMH indicates that six positions (including a medical director, three nurse consultant administrators, a coordinator of special programs, and a database manager) will be needed to implement the pilot program under PHPA. The Department of Legislative Services (DLS) respectfully disagrees and notes that the bill's requirements could likely be handled by one additional position, given that only 25 CPMs are anticipated to seek certification and the bill terminates at the end of fiscal 2016. DLS also notes that it may be more appropriate for the certification of CPMs to be handled under the health occupations boards, which possess expertise in the regulation of health professionals.

General fund expenditures for DHMH increase by as much as $63,630 in fiscal 2014, which accounts for the bill's July 1, 2013 effective date and DHMH's decision to house the program within PHPA; costs would be lower if housed with health occupation boards. This estimate reflects the cost of hiring one contractual coordinator of special programs to help develop and adopt regulations for the certification of midwives, verify each CPM's credentials with NARM, issue certificates, maintain a record of CPMs in the State on DHMH's website, accept birth plans filed by CPMs, and report to the General Assembly at the end of the pilot program as required under the bill. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	1
Salary and Fringe Benefits	$56,740
One-time Start-up Costs	4,615
Ongoing Operating Expenses	2,275
Total FY 2014 State Expenditures	**$63,630**

Future year expenditures reflect annual increases and employee turnover as well as annual increases in ongoing operating expenses through fiscal 2016 only.

General fund revenues increase for DHMH by a minimal amount in fiscal 2014 from certification fees. DHMH is authorized to set reasonable fees to approximate the cost of maintaining the certification program. Given that the bill terminates at the end of fiscal 2016, it is unclear at what frequency certificates would be renewed. Furthermore, the cost of maintaining the certification program is projected to be at least $183,517 for the three years. In order to cover these costs with an estimated 25 CPMs, DHMH would have to charge CPMs approximately $2,450 per year. DHMH indicates that a more reasonable fee of $300 would likely be charged, which on an annual renewal schedule would yield revenues of approximately $7,500.

Additional Comments: Unlike all other health occupations that are licensed or certified under the Health Occupations Article, the bill does not grant DHMH the authority to investigate a complaint against a CPM or take any disciplinary action against a CPM, including denying an application or suspending or revoking a certificate.

Additional Information

Prior Introductions: HB 1056 of 2012 would have established a State Board of Midwives within DHMH and required individuals to be licensed to practice midwifery. HB 1056 was heard by the House Health and Government Operations Committee, but no further action was taken on the bill.

Cross File: None.

Information Source(s): North American Registry of Midwives, Department of Health and Mental Hygiene, Department of Legislative Services

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ncs/ljm

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