# HOUSE BILL 1437

J2 8lr3804
CF 8lr3808

By: **Delegate Cullison**
Introduced and read first time: February 9, 2018
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

**Maryland Licensure of Direct–Entry Midwives Act – Revisions**

FOR the purpose of altering the circumstances under which a licensed direct–entry midwife is prohibited from assuming or continuing to take responsibility for a patient's pregnancy and birth care and is required to arrange for the orderly transfer of care of the patient; altering the circumstances under which a licensed direct–entry midwife is required to consult with a health care practitioner; clarifying that a licensed direct–entry midwife is required to transfer care of a patient to an appropriate health care practitioner under certain circumstances; clarifying that a licensed direct–entry midwife is required to provide certain information to the accepting health care practitioner under certain circumstances; requiring the State Board of Nursing to review, rather than develop, and update as necessary a certain consent agreement at least every certain number of years; providing that an applicant may complete a certain program to qualify for a direct–entry midwife license; making stylistic and conforming changes; and generally relating to the Maryland Licensure of Direct–Entry Midwives Act.

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 8–6C–03, 8–6C–07(a)(1), 8–6C–08(f)(2)(ii), 8–6C–09, 8–6C–10(a), and 8–6C–13(b)
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY repealing
Article – Health Occupations
Section 8–6C–04(a)(21)
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

BY adding to

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
**[**Brackets**]** indicate matter deleted from existing law.

Article – Health Occupations
Section 8–6C–04(a)(21)
Annotated Code of Maryland
(2014 Replacement Volume and 2017 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

**Article – Health Occupations**

8–6C–03.

A licensed direct–entry midwife may not assume or continue to take responsibility for a patient's pregnancy and birth care and shall arrange for the orderly transfer of care to a health care practitioner for a patient who is already under the care of the licensed direct–entry midwife, if **[**a history of**]** any of the following disorders or situations is found to be present at the initial interview or if any of the following disorders or situations **[**become apparent through a patient history, an examination, or in a laboratory report**]** **OCCUR** as prenatal care proceeds:

(1) Diabetes mellitus, including uncontrolled gestational diabetes;

(2) Hyperthyroidism treated with medication;

(3) Uncontrolled hypothyroidism;

(4) Epilepsy with seizures or antiepileptic drug use during the previous 12 months;

(5) Coagulation disorders;

(6) Chronic pulmonary disease;

(7) Heart disease in which there are arrhythmias or murmurs except when, after evaluation, it is the opinion of a physician licensed under Title 14 of this article or a licensed nurse certified as a nurse–midwife or a nurse practitioner under this title that midwifery care may proceed;

(8) Hypertension, including pregnancy–induced hypertension (PIH);

(9) Renal disease;

(10) Except as otherwise provided in § 8–6C–04(a)(11) of this subtitle, Rh sensitization with positive antibody titer;

(11) Previous uterine surgery, including a cesarean section or myomectomy;

(12) Indications that the fetus has died in utero;

(13) Premature labor (gestation less than 37 weeks);

(14) Multiple gestation;

(15) Noncephalic presentation at or after 38 weeks;

(16) Placenta previa or abruption;

(17) Preeclampsia;

(18) Severe anemia, defined as hemoglobin less than 10 g/dL;

(19) Uncommon diseases and disorders, including Addison's disease, Cushing's disease, systemic lupus erythematosus, antiphospholipid syndrome, scleroderma, rheumatoid arthritis, periarteritis nodosa, Marfan's syndrome, and other systemic and rare diseases and disorders;

(20) AIDS/HIV;

(21) Hepatitis A through G and non–A through G;

(22) Acute toxoplasmosis infection, if the patient is symptomatic;

(23) Acute Rubella infection during pregnancy;

(24) Acute cytomegalovirus infection, if the patient is symptomatic;

(25) Acute Parvovirus infection, if the patient is symptomatic;

(26) Alcohol abuse, substance abuse, or prescription abuse during pregnancy;

(27) Continued daily tobacco use into the second trimester;

(28) Thrombosis;

(29) Inflammatory bowel disease that is not in remission;

(30) **[**Herpes simplex virus, primary genital infection during pregnancy, or active genital lesions at the time of delivery**]** **PRIMARY GENITAL HERPES SIMPLEX VIRUS INFECTION DURING THE THIRD TRIMESTER OR ACTIVE GENITAL HERPES LESIONS AT THE TIME OF LABOR**;

(31) Significant fetal congenital anomaly;

(32) Ectopic pregnancy;

(33) Prepregnancy body mass index (BMI) of less than 18.5 or 35 or more; or

(34) Post term maturity (gestational age 42 0/7 weeks and beyond).

8–6C–04.

(a) A licensed direct–entry midwife shall consult with a health care practitioner, and document the consultation, the recommendations of the consultation, and the discussion of the consultation with the client, if any of the following conditions are present during prenatal care:

**[**(21) Herpes simplex virus, primary infection or active infection at time of delivery.**]**

**(21) ACTIVE GENITAL HERPES LESIONS DURING PREGNANCY.**

8–6C–07.

(a) If a patient chooses to give birth at home in a situation prohibited by this subtitle or in which a licensed direct–entry midwife recommends transfer, the licensed direct–entry midwife shall:

(1) Transfer care of the patient to **[**a**]** **AN APPROPRIATE** health care practitioner;

8–6C–08.

(f) (2) On arrival at the hospital, the licensed direct–entry midwife shall provide:

(ii) To the accepting health care **[**team**]** **PRACTITIONER**, a verbal summary of the care provided to the patient by the licensed direct–entry midwife.

8–6C–09.

(a) Before initiating care, a licensed direct–entry midwife shall obtain a signed copy of the **[**standardized**]** **BOARD–APPROVED** informed consent agreement **[**developed**]** in accordance with this section.

(b) (1) The Board**[**, in consultation with stakeholders,**]** shall **[**develop an**]** **REVIEW AND UPDATE AS NECESSARY THE** informed consent agreement **AT LEAST EVERY 4 YEARS**.

(2) The agreement **[**developed**]** **REVIEWED** under paragraph (1) of this subsection shall include acknowledgment by the patient of receipt, at a minimum, of the following:

(i) The licensed direct–entry midwife's training and experience;

(ii) Instructions for obtaining a copy of the regulations adopted by the Board under this subtitle;

(iii) Instructions for obtaining a copy of the NARM certification requirements;

(iv) Instructions for filing a complaint with the Board;

(v) Notice of whether the licensed direct–entry midwife has professional liability insurance coverage;

(vi) A description of the procedures, benefits, and risks of home births, including those conditions that may arise during delivery; and

(vii) Any other information that the Board requires.

8–6C–10.

(a) **[**Beginning October 1, 2016, and on each**]** **ON OR BEFORE** October 1 **[**thereafter**]** **EACH YEAR**, a licensed direct–entry midwife shall report to the Committee, in a form specified by the Board, the following information regarding cases in which the licensed direct–entry midwife assisted during the previous fiscal year when the intended place of birth at the onset of care was an out–of–hospital setting:

(1) The total number of patients served as primary caregiver at the onset of care;

(2) The number, by county, of live births attended as primary caregiver;

(3) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death;

(4) The number of women whose primary care was transferred to another health care practitioner during the antepartum period and the reason for transfer;

(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period;

(6) The number, reason for, and outcome of each urgent or emergency transport of an expectant mother in the antepartum period;

(7) The number, reason for, and outcome of each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period;

(8) The number of planned out–of–hospital births at the onset of labor and the number of births completed in an out–of–hospital setting;

(9) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and

(10) Any other information required by the Board in regulations.

8–6C–13.

(b) An applicant:

(1) Shall hold a current valid Certified Professional Midwife credential granted by NARM; and

(2) (i) Shall have completed a midwifery education program that is accredited by MEAC or ACME; **[**or**]**

**(II) SHALL HAVE COMPLETED THE NARM MIDWIFERY BRIDGE CERTIFICATE PROGRAM; OR**

**[**(ii)**] (III)** If the applicant was certified by NARM as a certified professional midwife on or before January 15, 2017, through a non–MEAC accredited program, but otherwise qualifies for licensure, shall provide:

1. Verification of completion of NARM–approved clinical requirements; and

2. Evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accrediting Council for Continuing Medical Education, including:

A. 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life saving in obstetrics (ALSO) course; and

B. The remaining 36 hours divided among and including hours in the areas of pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018.