

Department of Legislative Services
Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 1114

(Senator Conway)

Education, Health, and Environmental Affairs

Health and Government Operations

Maryland Licensure of Direct-Entry Midwives Act - Revisions

This bill makes various changes to the Maryland Licensure of Direct-Entry Midwives Act. The bill (1) clarifies the conditions under which a licensed direct-entry midwife must consult or transfer the care of a patient to a health care practitioner; (2) requires the State Board of Nursing (BON) to review and update a specified standardized informed consent agreement; and (3) expands qualifications for licensure.

Fiscal Summary

State Effect: BON can handle the bill's requirements with existing resources.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary/Current Law:

Transfer to Health Care Practitioner: Under the bill, a licensed direct-entry midwife must arrange for the transfer of a patient to a health care practitioner if specified disorders or situations are found to be present at the initial interview, or if specified disorders or situations occur as prenatal care proceeds. Currently, transfer is required if *a history of* specified disorders or situations is found to be present at the initial interview, or if specified disorders or situations *become apparent through a patient history, an examination, or in a laboratory report* as prenatal care proceeds.

Under the bill, a licensed direct-entry midwife may not assume or continue to care for a patient if the patient shows signs of primary genital herpes simplex virus infection during the third trimester or active genital herpes lesions at the time of labor. Currently, a licensed direct-entry midwife may not assume or continue to care for a patient if the patient shows signs of herpes simplex virus, primary genital infection during pregnancy, or active genital lesions at the time of delivery.

Consultation with Health Care Practitioner: Under the bill, a licensed direct-entry midwife must consult with a health care practitioner if a patient presents with active genital herpes lesions during pregnancy. Currently, consultation is required if a patient presents with herpes simplex virus, primary infection, or active infection at time of delivery.

Home Birth in Prohibited Situations: A licensed direct-entry midwife must transfer care of the patient to *an appropriate*, rather than *a*, health care practitioner, in the event that a patient chooses to give birth at home in a situation prohibited by current law or in which a licensed direct-entry midwife recommends transfer.

On arrival at the hospital, the licensed direct-entry midwife must provide to the accepting health care *practitioner*, rather than *team*, a verbal summary of the care provided to the patient by the licensed direct-entry midwife.

Standardized Informed Consent Agreement: BON is newly required to review and update as necessary the informed consent agreement at least every four years. Currently, BON is only required to *develop* the agreement in consultation with stakeholders.

Qualifications for License: Completion of the North American Registry of Midwives (NARM) Midwifery Bridge Certificate Program may satisfy a specified education requirement for licensure.

Background: Chapter 393 of 2015 established the Direct-Entry Midwifery Advisory Committee within BON and procedures for obtaining and renewing a license to practice direct-entry midwifery. BON advises that as of February 2018, 15 direct-entry midwives are licensed to practice in the State.

Midwifery Bridge Certificate Program: NARM awards the Midwifery Bridge Certificate to certified professional midwives upon the completion of 50 hours of accredited and approved continuing education within the five-year period prior to application. The list of approved continuing education courses is maintained by NARM and periodically evaluated and updated.

Additional Information

Prior Introductions: None.

Cross File: HB 1437 (Delegate Cullison, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Department of Health; North American Registry of Midwives; Department of Legislative Services

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