# **Department of Legislative Services**

Maryland General Assembly 2022 Session

### FISCAL AND POLICY NOTE First Reader

House Bill 66 (Delegate Cullison)

Health and Government Operations

#### Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

This bill specifies that a licensed direct-entry midwife may not assume or continue to care for a patient if the patient has had previous uterine surgery, including a myomectomy and a cesarean section, with the exception of a single previous cesarean section that resulted in a confirmed low transverse incision that was performed at least 18 months before the expected date of birth of the current pregnancy. A licensed direct-entry midwife must consult with a health care practitioner and document the consultation as specified if a client meets these criteria. Before initiating care for a patient with a single previous cesarean section, in addition to obtaining the standard informed consent agreement required under current law, a licensed direct-entry midwife must also obtain a signed copy of a State Board of Nursing (BON)-approved informed consent agreement that is specific to home birth after a cesarean section. This informed consent agreement must include (1) a description of the procedure, benefits, and risks of a home birth after a cesarean section, including conditions that may arise during delivery and (2) any other information that the board requires.

# **Fiscal Summary**

State Effect: BON can update related regulations with existing budgeted resources. Revenues are not affected.

Local Effect: None.

**Small Business Effect:** Minimal.

#### **Analysis**

**Current Law:** In general, an individual must be licensed as a certified nurse-midwife to practice nurse midwifery in the State or licensed as a direct-entry midwife to practice direct-entry midwifery in the State.

Direct-entry midwifery refers to an educational path that does not require prior nursing training to enter the profession. Practice direct-entry midwifery means providing maternity care that is consistent with a midwife's training, education, and experience as well as identifying and referring patients who require medical care to an appropriate health care provider. Practice direct-entry midwifery includes (1) providing the necessary supervision, care, and advice to a patient during a low-risk pregnancy, labor, delivery, and postpartum period and (2) newborn care that is consistent with national direct-entry midwifery standards and based on the acquisition of clinical skills necessary for the care of pregnant women and newborns, including antepartum, intrapartum, and postpartum care.

A licensed direct-entry midwife may not assume or continue to care for a patient and must arrange for the orderly transfer of care to a health care practitioner for a patient who is already under the care of a direct-entry midwife if any of 34 specific disorders or situations are found to be present at the initial interview or occur as prenatal care proceeds. These conditions include previous uterine surgery, including a cesarean section or myomectomy.

If a patient is determined to have any of 21 specified conditions present during prenatal care, a licensed direct-entry midwife must consult with a health care practitioner and document the consultation, any recommendations, and the discussion of the consultation with the patient.

Before initiating care, a licensed direct-entry midwife must obtain a signed copy of the BON-approved informed consent agreement. BON, in consultation with stakeholders, must review and update the informed consent agreement at least every four years. The agreement must include acknowledgement by the patient of receipt at a minimum, of (1) the licensed direct-entry midwife's training and experience; (2) instructions for obtaining a copy of BON regulations; (3) instructions for obtaining a copy of the North American Registry of Midwives certification requirements; (4) instructions for filing a complaint with BON; (5) notice of whether the licensed direct-entry midwife has a professional liability insurance coverage; (6) a description of procedures, benefits, and risks of home births, including those conditions that may arise during delivery; and (7) any other information BON requires.

**Additional Comments:** Myomectomy is a surgical procedure to remove uterine fibroids.

### **Additional Information**

**Prior Introductions:** HB 1032 of 2021, a similar bill, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

**Designated Cross File:** None.

Information Source(s): Maryland Department of Health; Department of Legislative

Services

**Fiscal Note History:** First Reader - January 27, 2022

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