

Department of Legislative Services

Maryland General Assembly
2023 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 351

(Delegate Cullison, *et al.*)

Health and Government Operations

Finance

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

This bill authorizes a licensed direct-entry midwife to assume or continue to take responsibility for a patient if the patient has had a single previous cesarean section that resulted in a confirmed low transverse incision and was performed at least 18 months before the expected date of birth for the current pregnancy. If a patient meets these criteria, a licensed direct-entry midwife must (1) obtain additional informed consent from the patient, as specified, and (2) consult with an obstetrician, certified nurse midwife, or licensed certified midwife and document the consultation, as specified. The Maryland Board of Nursing (MBON), in consultation with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and other specified stakeholders, must develop a standard planned out-of-hospital birth transport protocol for patients who meet these criteria.

Fiscal Summary

State Effect: MBON and MIEMSS can develop a planned out-of-hospital birth transport protocol and MBON can handle updating regulations, as needed, with existing budgeted resources. Revenues are not affected.

Local Effect: The bill does not directly affect local government operations or finances.

Small Business Effect: Minimal.

Analysis

Bill Summary: 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 an MBON-approved informed consent agreement that is specific to home birth after a cesarean section. The informed consent agreement must include (1) a description of the procedure, benefits, alternatives, 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. The standard informed consent agreement must also include the patient's acknowledgement of the receipt of the name, address, and telephone number of the anticipated hospital to which the patient might be transferred and the name and practice area of the obstetrician, certified nurse midwife, or licensed certified midwife consulted by the licensed direct-entry midwife.

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 MBON-approved informed consent agreement. MBON, 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 MBON regulations; (3) instructions for obtaining a copy of the North American Registry of Midwives certification requirements; (4) instructions for filing a complaint with MBON; (5) notice of whether the licensed direct-entry midwife has professional liability insurance coverage; (6) a description of the procedures, benefits, and risks of home births, including those conditions that may arise during delivery; and (7) any other information MBON requires.

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

Additional Information

Prior Introductions: Similar legislation has been introduced within the last three years. See HB 66 of 2022 and HB 1032 of 2021.

Designated Cross File: SB 376 (Senator Ellis) - Finance.

Information Source(s): Maryland Institute for Emergency Medical Services Systems; Department of Legislative Services

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