Chapter 644

(Senate Bill 854)

AN ACT concerning

Health Occupations – Licensed Direct–Entry Midwives – Revisions

FOR the purpose of altering the scope of practice of licensed direct–entry midwives; providing that the practice of direct–entry midwifery is independent and does not require oversight by another health care practitioner; repealing the requirement that licensed direct–entry midwives report certain information to the Direct–Entry Midwifery Advisory Committee; altering the disciplinary actions that may be taken against a licensed direct–entry midwife or an applicant for a license; continuing the Maryland Licensure of Direct–Entry Midwives Act in accordance with the provisions of the Maryland Program Evaluation Act (sunset law) by extending to a certain date the termination provisions relating to the Act; and generally relating to licensed direct–entry midwives.

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 8–6C–01(a), (d), (e), (f), and (p)
Annotated Code of Maryland
(2021 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 8–6C–01(n), 8–6C–02, 8–6C–03, 8–6C–04(a) and (b)(2)(x), 8–6C–08, 8–6C–10, 8–6C–20(a), and 8–6C–26
Annotated Code of Maryland
(2021 Replacement Volume and 2024 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–01.

(a) In this subtitle the following words have the meanings indicated.

(d) "Board" means the State Board of Nursing.

(e) "Committee" means the Direct–Entry Midwifery Advisory Committee established under § 8–6C–11 of this subtitle.

(f) "Health care practitioner" means:

(1) An individual certified as a nurse–midwife or a nurse practitioner under this title; or

(2) A physician licensed under Title 14 of this article.

(n) (1) "Patient" means **[**a woman**]** **AN INDIVIDUAL** for whom a licensed direct–entry midwife performs services.

(2) "Patient" includes **[**a woman's**]** **AN INDIVIDUAL'S** newborn for the purpose of perinatal or postpartum care.

(p) (1) "Practice direct–entry midwifery" means:

(i) Providing maternity care that is consistent with a midwife's training, education, and experience; and

(ii) Identifying and referring patients who require medical care to an appropriate health care provider.

(2) "Practice direct–entry midwifery" includes the activities described in § 8–6C–02 of this subtitle.

8–6C–02.

(a) The practice of 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 authorized under this subtitle that is provided in a manner that is:

(i) Consistent with national direct–entry midwifery standards; and

(ii) Based on the acquisition of clinical skills necessary for the care of pregnant women and newborns, including antepartum, intrapartum, and postpartum care.

(b) The practice of direct–entry midwifery also includes:

(1) Obtaining informed consent to provide services to the patient;

(2) Discussing:

(i) Any general risk factors associated with the services to be provided;

(ii) Any specific risk factors pertaining to the health and circumstances of the individual patient;

(iii) Conditions that preclude care by a licensed direct–entry midwife; and

(iv) The conditions under which consultation, transfer of care, or transport of the patient must be implemented;

(3) Obtaining a health history of the patient and performing a physical examination;

(4) Developing a written plan of care specific to the patient, to ensure continuity of care throughout the antepartum, intrapartum, and postpartum periods, that includes:

(i) A plan for the management of any specific risk factors pertaining to the individual health and circumstances of the individual patient; and

(ii) A plan to be followed in the event of an emergency, including a plan for transportation;

(5) Evaluating the results of patient care;

(6) Consulting and collaborating with a health care practitioner regarding the care of a patient, and referring and transferring care to a health care provider, as required;

(7) Referral of all patients, within 72 hours after delivery, to a pediatric health care practitioner for care of the newborn;

(8) As approved by the Board:

(i) Obtaining and administering medications; and

(ii) Obtaining and using equipment and devices;

(9) Obtaining appropriate screening and testing, including laboratory tests, urinalysis, and ultrasound;

(10) Providing **[**prenatal**]** care during the antepartum period, with consultation or referral as required;

(11) Providing care during the intrapartum period, including:

(i) Monitoring and evaluating the condition of the patient and fetus;

(ii) **[**At the onset of active labor notifying the pediatric health care practitioner that delivery is imminent;

(iii)**]** Performing emergency procedures, including:

1. Administering approved medications;

2. Administering intravenous fluids for stabilization;

3. Performing an emergency episiotomy; and

4. Providing care while on the way to a hospital under circumstances in which emergency medical services have not been activated;

[(iv)**] (III)** Activating emergency medical services for an emergency; and

[(v)**] (IV)** Delivering in an out–of–hospital setting;

(12) Participating in peer review as required under § 8–6C–18(e)(2) of this subtitle;

(13) Providing care during the postpartum period, including:

(i) Suturing of first and second degree perineal or labial lacerations, or suturing of an episiotomy with the administration of a local anesthetic; and

(ii) Making further contact with the patient within 48 hours, within 2 weeks, and at 6 weeks after the delivery to assess for hemorrhage, preeclampsia, thrombo–embolism, infection, and emotional well–being;

(14) Providing routine care for the newborn for up to 72 hours after delivery, exclusive of administering immunizations, including:

(i) Immediate care at birth, including resuscitating as needed, performing a newborn examination, and administering intramuscular vitamin K and eye ointment for prevention of ophthalmia neonatorum;

(ii) Assessing newborn feeding and hydration;

(iii) Performing metabolic screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(iv) Performing critical congenital heart disease screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(v) If unable to perform the screening required under item (iii) or (iv) of this item, referring the newborn to a pediatric health care practitioner to perform the screening within 24 to 48 hours after delivery; and

(vi) Referring the infant to an audiologist for a hearing screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(15) **[**~~[~~Within 24 hours after delivery, notifying a pediatric health care practitioner of the delivery;

(16)~~]~~ Within 72 hours after delivery:

(i) Transferring health records to the pediatric health care practitioner, including documentation of the performance of the screenings required under item (14)(iii) and (iv) of this subsection; and

(ii) Referring the newborn to a pediatric health care practitioner;

[~~[~~(17)~~]~~ ~~(16)~~ Providing the following care of the newborn beyond the first 72 hours after delivery:

(i) Weight checks and general observation of the newborn's activity, with abnormal findings communicated to the newborn's pediatric health care practitioner;

(ii) Assessment of newborn feeding and hydration; and

(iii) **[**Breastfeeding**]** **LACTATION** support and counseling; and

[~~[~~(18)~~]~~ ~~(17)~~ Providing limited services to the patient after the postpartum period, including:

(i) **[**Breastfeeding**]** **LACTATION** support and counseling; and

(ii) Counseling and referral for all family planning methods.

(c) The practice of direct–entry midwifery does not include:

(1) Pharmacological induction or augmentation of labor or artificial rupture of membranes prior to the onset of labor;

(2) Surgical delivery or any surgery except an emergency episiotomy;

(3) Use of forceps or vacuum extractor;

(4) Except for the administration of a local anesthetic, administration of an anesthetic;

(5) Administration of any kind of narcotic analgesic; or

(6) Administration of any prescription medication in a manner that violates this subtitle.

(D) ~~EXCEPT FOR A TRANSFER REQUIRED UNDER § 8–6C–03 OF THIS SUBTITLE OR A CONSULTATION REQUIRED UNDER § 8–6C–04 OF THIS SUBTITLE, THE~~ THE PRACTICE OF DIRECT–ENTRY MIDWIFERY IS INDEPENDENT AND DOES NOT REQUIRE OVERSIGHT BY ANOTHER HEALTH CARE PRACTITIONER.

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 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 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)~~ **(10)** Previous uterine surgery, including a cesarean section or myomectomy;

~~(12)~~ **(11)** Indications that the fetus has died in utero;

~~(13)~~ **(12)** Premature labor (gestation less than 37 weeks);

~~(14)~~ **(13)** Multiple gestation;

~~(15)~~ **(14)** Noncephalic presentation at or after 38 weeks;

~~(16)~~ **(15)** Placenta previa or abruption;

~~(17)~~ **(16)** Preeclampsia;

~~(18)~~ **(17)** **[**Severe anemia, defined as hemoglobin less than 10 g/dL**:**

(I) THAT HAS BEEN MEASURED AFTER TREATMENT; OR

(II) BASED ON BLOOD TESTS PERFORMED AT OR AFTER 36 WEEKS;

~~(19)~~ **(18)~~]~~** Uncommon diseases and disorders, including Addison's disease, Cushing's disease, systemic lupus erythematosus, antiphospholipid syndrome, scleroderma, rheumatoid arthritis, periarteritis nodosa, **AND** Marfan's syndrome**[**, and other systemic and rare diseases and disorders**]**;

[(20)**] (19)** AIDS/HIV;

[(21)**] (20)** Hepatitis **[**A through G and non–A through G**]**;

[(22)**] (21)** Acute toxoplasmosis infection, if the patient is symptomatic;

[(23)**] (22)** Acute Rubella infection during pregnancy;

[(24)**] (23)** Acute cytomegalovirus infection, if the patient is symptomatic;

[(25)**] (24)** Acute Parvovirus infection, if the patient is symptomatic;

[(26)**] (25)** Alcohol abuse, substance abuse, or prescription abuse during pregnancy;

[(27)**] (26)** Continued daily tobacco use into the second trimester;

[(28)**] (27)** Thrombosis;

[(29)**] (28)** Inflammatory bowel disease that is not in remission;

[(30)**] (29)** Primary genital herpes simplex virus infection during the third trimester or active genital herpes lesions at the time of labor;

[~~(31)~~ **(30)** Significant fetal congenital anomaly **THAT DIRECTLY IMPACTS THE BIRTHING PROCESS OR REQUIRES IMMEDIATE EMERGENCY CARE, AS DETERMINED BY THE BOARD IN REGULATIONS**;

~~(32)~~**]** ~~**(30)**~~ **(31)** Ectopic pregnancy; **OR**

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

(34)**]** ~~**(31)**~~ **(32)** 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**] THE COURSE OF** care:

(1) Significant mental disease, including depression, bipolar disorder, schizophrenia, and other conditions that impair the ability of the patient to participate effectively in the patient's care or that require the use of psychotropic drugs to control the condition;

(2) Second or third trimester bleeding;

(3) Intermittent use of alcohol into the second trimester;

(4) Asthma;

(5) Diet–controlled gestational diabetes;

(6) History of genetic problems, intrauterine death after 20 weeks' gestation, or stillbirth;

(7) Abnormal pap smear;

(8) Possible ectopic pregnancy;

(9) Tuberculosis;

(10) Controlled hypothyroidism, being treated with thyroid replacement and euthyroid, and with thyroid test numbers in the normal range;

(11) Rh sensitization with positive antibody titer;

(12) Breech presentation between 35 and 38 weeks;

(13) Transverse lie or other abnormal presentation between 35 and 38 weeks;

(14) Premature rupture of membranes at 37 weeks or less;

(15) Small for gestational age or large for gestational age fetus;

(16) Polyhydramnios or oligohydramnios;

(17) Previous LEEP procedure or cone biopsy;

(18) Previous obstetrical problems, including uterine abnormalities, placental abruption, placenta accreta, obstetric hemorrhage, incompetent cervix, or preterm delivery for any reason;

(19) Postterm maturity (41 0/7 to 6/7 weeks gestational age);

(20) Inflammatory bowel disease, in remission; **[**or**]**

(21) Active genital herpes lesions during pregnancy **EXCEPT AS REQUIRED BY § 8–6C–03(29) OF THIS SUBTITLE;**

~~**(22) SEVERE ANEMIA, AS DEFINED AS HEMOGLOBIN LESS THAN 10 G/DL AND UNRESPONSIVE TO TREATMENT;**~~

~~**(23)**~~ **(22) PREPREGNANCY BODY MASS INDEX (BMI) OF LESS THAN 18.5 OR 35 OR MORE; OR**

~~**(24)**~~ **(23) SIGNIFICANT FETAL CONGENITAL ANOMALY**.

(b) Subject to subsection (c) of this section, a licensed direct–entry midwife shall arrange immediate emergency transfer to a hospital if:

(2) The patient or newborn is determined to have any of the following conditions during labor, delivery, or the immediate postpartum period:

(x) **[**Obvious**]** ~~**LIFE–THREATENING**~~ **SIGNIFICANT** congenital anomalies **THAT DIRECTLY AFFECT DELIVERY OR IMMEDIATE POSTPARTUM CARE OR REQUIRE IMMEDIATE EMERGENCY CARE, AS DETERMINED BY THE BOARD IN REGULATIONS**;

8–6C–08.

(a) A licensed direct–entry midwife shall develop a general written plan for their practice for:

(1) Emergency transfer of a patient, newborn, or both;

(2) Transport of a newborn to a newborn nursery or neonatal intensive care nursery; and

(3) Transport of a patient to an appropriate hospital with a labor and delivery unit.

(b) The Committee shall review and recommend approval to the Board of the plan required under subsection (a) of this section.

(c) **[**The plan required under subsection (a) of this section shall be provided to any hospital identified in the plan.

(d)**]** (1) In addition to the general written plan required under subsection (a) of this section, a licensed direct–entry midwife shall prepare a plan that is specific to each patient and share the plan with the patient.

(2) The plan required under paragraph (1) of this subsection shall:

(i) Include procedures and processes to be undertaken in the event of an emergency for the mother, the newborn, or both;

(ii) Identify the hospital closest to the address of the planned home birth that has a labor and delivery unit;

(iii) Include a care plan for the newborn; and

(iv) Identify the pediatric health care practitioner who will be **[**notified after delivery in accordance with § 8–6C–02(b)(15) of this subtitle to receive the transfer of care of the newborn**]** ~~**RECEIVING THE HEALTH RECORDS OF THE NEWBORN IN ACCORDANCE WITH § 8–6C–02(B)(15) OF THIS SUBTITLE**~~.

[(e)**] (D)** (1) The Board, in consultation with stakeholders, shall develop a standard form for use in all cases in which a transfer occurs during prenatal care, labor, or postpartum.

(2) The form shall include the medical information needed by the health care practitioner receiving the patient.

[(f)**] (E)** **[**(1)**]** After a decision to transport a patient has been made, the licensed direct–entry midwife shall:

[(i)**] (1)** Call the receiving health care provider;

[(ii)**] (2)** Inform the health care provider of the incoming patient; ~~and~~

~~**[**(iii)~~ **(3)** Accompany the patient to the hospital~~.~~ **IF DETERMINED TO BE APPROPRIATE BY THE LICENSED DIRECT–ENTRY MIDWIFE AND THE RECEIVING HEALTH CARE PROVIDER; AND**~~]~~

[(2)**]** ~~**(3)**~~ **(4)** **[**On arrival at the hospital, the licensed direct–entry midwife shall provide**] PROVIDE**:

(i) To the staff of the hospital:

1. The standard form developed under subsection ~~(e)~~ **(D)** of this section; and

2. The **[**complete**]** medical records of the patient **OR NEWBORN, AS DETERMINED BY THE BOARD IN REGULATIONS AND AS REQUESTED BY THE RECEIVING HEALTH CARE PROVIDER**; and

(ii) To the accepting health care practitioner, a verbal summary of the care provided to the patient by the licensed direct–entry midwife.

8–6C–10.

(a) **[**On or before October 1 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.

(b) The Board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirements under subsection (a) of this section.

(c) A licensed direct–entry midwife who fails to comply with the reporting requirements under this section shall be prohibited from license renewal until the information required under subsection (a) of this section is reported.

(d) The Committee shall maintain the confidentiality of any report submitted under subsection (a) of this section.

(e)**]** Notwithstanding any other provision of law, a licensed direct–entry midwife shall be subject to ~~the same reporting requirements as other health care practitioners who provide care to individuals in accordance with this title~~ **REPORTING REQUIREMENTS ADOPTED BY THE BOARD IN REGULATIONS IN CONSULTATION WITH THE COMMITTEE AND ANY OTHER STAKEHOLDERS DETERMINED APPROPRIATE BY THE BOARD**.

[(f)**] (B)** A licensed direct–entry midwife attending an out–of–hospital delivery shall:

(1) For any live birth, complete and submit a birth certificate in accordance with § 4–208 of the Health – General Article; and

(2) For any death, make all medical records available and communicate relevant circumstances of the death to the individual responsible for completing the certificate of death under § 4–212 or § 4–213 of the Health – General Article.

8–6C–20.

(a) Subject to the hearing provisions of § 8–317 of this title, the Board may deny a license **OR GRANT A LICENSE, INCLUDING A LICENSE SUBJECT TO A REPRIMAND, PROBATION, OR SUSPENSION,** to an applicant, reprimand a licensee, place a licensee on probation, or suspend or revoke **[**a**] THE** license **OF A LICENSEE** if the applicant or licensee:

(1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or for another;

(2) Fraudulently or deceptively uses a license;

(3) Is disciplined by a licensing, military, or disciplinary authority in the State or in any other state or country or is convicted or disciplined by a court in the State or in any other state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes;

(4) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

(5) Willfully and knowingly:

(i) Files a false report or record of an individual under the licensee's care;

(ii) Gives any false or misleading information about a material matter in an employment application;

(iii) Fails to file or record any health record that is required by law;

(iv) Obstructs the filing or recording of any health record as required by law; or

(v) Induces another person to fail to file or record any health record as required by law;

(6) Knowingly does any act that has been determined by the Board, in its regulations, to exceed the scope of practice authorized to the individual under this subtitle;

(7) Provides professional services while:

(i) Under the influence of alcohol; or

(ii) Using any narcotic or controlled dangerous substance, as defined in § 5–101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication;

(8) Does an act that is inconsistent with generally accepted professional standards in the practice of direct–entry midwifery;

(9) Is grossly negligent in the practice of direct–entry midwifery;

(10) Has violated any provision of this title;

(11) Submits a false statement to collect a fee;

(12) Is physically or mentally incompetent;

(13) Knowingly fails to report suspected child abuse in violation of § 5–704 of the Family Law Article;

(14) Except in an emergency life–threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control and Prevention's guidelines on universal precautions;

(15) Is in independent practice and fails to display the notice required under § 8–6C–23 of this subtitle;

(16) Is habitually intoxicated;

(17) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5–101 of the Criminal Law Article;

(18) Fails to cooperate with a lawful investigation conducted by the Board;

(19) Is expelled from the rehabilitation program established pursuant to § 8–208 of this title for failure to comply with the conditions of the program;

(20) Engages in conduct that violates the professional code of ethics;

(21) Is professionally incompetent;

(22) Practices direct–entry midwifery without a license, before obtaining or renewing a license, including any period when the license has lapsed;

(23) After failing to renew a license or after a license has lapsed, commits any act that would be grounds for disciplinary action under this section;

(24) Violates regulations adopted by the Board or an order from the Board;

(25) Performs an act that is beyond the licensee's knowledge and skills;

(26) Fails to submit to a criminal history records check in accordance with § 8–303 of this title;

(27) When acting in a supervisory position, directs another licensed direct–entry midwife to perform an act that is beyond the licensed direct–entry midwife's knowledge and skills; or

(28) Fails to file a report required under this subtitle.

8–6C–26.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act, and subject to the termination of this subtitle under § 8–802 of this title, this subtitle and all regulations adopted under this subtitle shall terminate and be of no effect after July 1, **[**2025**]** **2030**.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2025.

Approved by the Governor, May 20, 2025.