

# SENATE BILL 854

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CF HB 838

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By: **Senator Lewis Young**

Introduced and read first time: January 28, 2025

Assigned to: Finance

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 28, 2025

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Occupations – Licensed Direct-Entry Midwives – Revisions**

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

13 BY repealing and reenacting, without amendments,  
14 Article – Health Occupations  
15 Section 8-6C-01(a), (d), (e), (f), and (p)  
16 Annotated Code of Maryland  
17 (2021 Replacement Volume and 2024 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article – Health Occupations  
20 Section 8-6C-01(n), 8-6C-02, 8-6C-03, 8-6C-04(a) and (b)(2)(x), 8-6C-08,  
21 8-6C-10, 8-6C-20(a), and 8-6C-26  
22 Annotated Code of Maryland  
23 (2021 Replacement Volume and 2024 Supplement)

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**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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

3 **Article – Health Occupations**

4 8–6C–01.

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

6 (d) “Board” means the State Board of Nursing.

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

9 (f) “Health care practitioner” means:

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

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

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

15 (2) “Patient” includes [a woman’s] **AN INDIVIDUAL’S** newborn for the  
16 purpose of perinatal or postpartum care.

17 (p) (1) “Practice direct–entry midwifery” means:

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

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

22 (2) “Practice direct–entry midwifery” includes the activities described in §  
23 8–6C–02 of this subtitle.

24 8–6C–02.

25 (a) The practice of direct–entry midwifery includes:

26 (1) Providing the necessary supervision, care, and advice to a patient  
27 during a low–risk pregnancy, labor, delivery, and postpartum period; and

1           (2)    Newborn care authorized under this subtitle that is provided in a  
2 manner that is:

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

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

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

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

9                   (2)    Discussing:

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

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

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

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

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

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

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

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

27                   (5)    Evaluating the results of patient care;

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

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

3 (8) As approved by the Board:

4 (i) Obtaining and administering medications; and

5 (ii) Obtaining and using equipment and devices;

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

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

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

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

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

14 (iii)] Performing emergency procedures, including:

15 1. Administering approved medications;

16 2. Administering intravenous fluids for stabilization;

17 3. Performing an emergency episiotomy; and

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

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

22 [(v)] (IV) Delivering in an out-of-hospital setting;

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

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

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

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

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

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

9 (ii) Assessing newborn feeding and hydration;

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

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

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

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

22 (15) ~~¶~~ Within 24 hours after delivery, notifying a pediatric health care  
23 practitioner of the delivery;

24 (16)~~¶~~ Within 72 hours after delivery:

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

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

29 ~~¶(17) ¶(16)~~ Providing the following care of the newborn beyond the first 72  
30 hours after delivery:

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

33 (ii) Assessment of newborn feeding and hydration; and

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

2 ~~[(18)] (17)~~ Providing limited services to the patient after the postpartum  
3 period, including:

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

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

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

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

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

10 (3) Use of forceps or vacuum extractor;

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

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

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

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

20 8-6C-03.

21 A licensed direct-entry midwife may not assume or continue to take responsibility  
22 for a patient's pregnancy and birth care and shall arrange for the orderly transfer of care  
23 to a health care practitioner for a patient who is already under the care of the licensed  
24 direct-entry midwife, if any of the following disorders or situations is found to be present  
25 at the initial interview or if any of the following disorders or situations occur as prenatal  
26 care proceeds:

27 (1) Diabetes mellitus, including uncontrolled gestational diabetes;

28 (2) Hyperthyroidism treated with medication;

29 (3) Uncontrolled hypothyroidism;

- 1                   (4)    Epilepsy with seizures or antiepileptic drug use during the previous 12  
2 months;
- 3                   (5)    Coagulation disorders;
- 4                   (6)    Chronic pulmonary disease;
- 5                   (7)    Heart disease in which there are arrhythmias or murmurs except when,  
6 after evaluation, it is the opinion of a physician licensed under Title 14 of this article or a  
7 licensed nurse certified as a nurse–midwife or a nurse practitioner under this title that  
8 midwifery care may proceed;
- 9                   (8)    Hypertension, including pregnancy–induced hypertension (PIH);
- 10                  (9)    Renal disease;
- 11                  ~~(10)    Except as otherwise provided in § 8-6C-04(a)(11) of this subtitle, Rh~~  
12 ~~sensitization with positive antibody titer;~~
- 13                  ~~(11)~~ **(10)**    Previous uterine surgery, including a cesarean section or  
14 myomectomy;
- 15                  ~~(12)~~ **(11)**    Indications that the fetus has died in utero;
- 16                  ~~(13)~~ **(12)**    Premature labor (gestation less than 37 weeks);
- 17                  ~~(14)~~ **(13)**    Multiple gestation;
- 18                  ~~(15)~~ **(14)**    Noncephalic presentation at or after 38 weeks;
- 19                  ~~(16)~~ **(15)**    Placenta previa or abruption;
- 20                  ~~(17)~~ **(16)**    Preeclampsia;
- 21                  ~~(18)~~ **(17)**    ~~‡~~Severe anemia, defined as hemoglobin less than 10 g/dL;
- 22                               **(I)    THAT HAS BEEN MEASURED AFTER TREATMENT; OR**
- 23                               **(II)   BASED ON BLOOD TESTS PERFORMED AT OR AFTER 36**  
24 **WEEKS;**
- 25                  ~~(19)~~ **(18)**‡    Uncommon diseases and disorders, including Addison’s disease,  
26 Cushing’s disease, systemic lupus erythematosus, antiphospholipid syndrome,  
27 scleroderma, rheumatoid arthritis, periarteritis nodosa, **AND** Marfan’s syndrome[, and  
28 other systemic and rare diseases and disorders];

- 1            [(20)] (19) AIDS/HIV;
- 2            [(21)] (20) Hepatitis [A through G and non-A through G];
- 3            [(22)] (21) Acute toxoplasmosis infection, if the patient is symptomatic;
- 4            [(23)] (22) Acute Rubella infection during pregnancy;
- 5            [(24)] (23) Acute cytomegalovirus infection, if the patient is symptomatic;
- 6            [(25)] (24) Acute Parvovirus infection, if the patient is symptomatic;
- 7            [(26)] (25) Alcohol abuse, substance abuse, or prescription abuse during  
8 pregnancy;
- 9            [(27)] (26) Continued daily tobacco use into the second trimester;
- 10           [(28)] (27) Thrombosis;
- 11           [(29)] (28) Inflammatory bowel disease that is not in remission;
- 12           [(30)] (29) Primary genital herpes simplex virus infection during the third  
13 trimester or active genital herpes lesions at the time of labor;
- 14           ~~[(31)]~~ (30) Significant fetal congenital anomaly **THAT DIRECTLY IMPACTS**  
15 **THE BIRTHING PROCESS OR REQUIRES IMMEDIATE EMERGENCY CARE, AS**  
16 **DETERMINED BY THE BOARD IN REGULATIONS;**
- 17           ~~[(32)]~~ ~~(30)~~ (31) Ectopic pregnancy; **OR**
- 18           [(33)] Prepregnancy body mass index (BMI) of less than 18.5 or 35 or more; or
- 19           (34)] ~~(31)~~ (32) Post term maturity (gestational age 42 0/7 weeks and  
20 beyond).
- 21 8-6C-04.

22           (a) A licensed direct-entry midwife shall consult with a health care practitioner,  
23 and document the consultation, the recommendations of the consultation, and the  
24 discussion of the consultation with the client, if any of the following conditions are present  
25 during [prenatal] **THE COURSE OF** care:

26           (1) Significant mental disease, including depression, bipolar disorder,  
27 schizophrenia, and other conditions that impair the ability of the patient to participate



1 effectively in the patient's care or that require the use of psychotropic drugs to control the  
2 condition;

3 (2) Second or third trimester bleeding;

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

5 (4) Asthma;

6 (5) Diet-controlled gestational diabetes;

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

9 (7) Abnormal pap smear;

10 (8) Possible ectopic pregnancy;

11 (9) Tuberculosis;

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

14 (11) Rh sensitization with positive antibody titer;

15 (12) Breech presentation between 35 and 38 weeks;

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

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

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

20 (16) Polyhydramnios or oligohydramnios;

21 (17) Previous LEEP procedure or cone biopsy;

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

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

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

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

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

5 ~~(23)~~ (22) PREPREGNANCY BODY MASS INDEX (BMI) OF LESS THAN  
 6 18.5 OR 35 OR MORE; OR

7 ~~(24)~~ (23) SIGNIFICANT FETAL CONGENITAL ANOMALY.

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

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

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

16 8-6C-08.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 [(2)] ~~(3)~~ (4) [On arrival at the hospital, the licensed direct-entry midwife  
24 shall provide] **PROVIDE:**

25 (i) To the staff of the hospital:

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

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

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

3 8-6C-10.

4 (a) [On or before October 1 each year, a licensed direct-entry midwife shall report  
5 to the Committee, in a form specified by the Board, the following information regarding  
6 cases in which the licensed direct-entry midwife assisted during the previous fiscal year  
7 when the intended place of birth at the onset of care was an out-of-hospital setting:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 [(f) (B) A licensed direct-entry midwife attending an out-of-hospital delivery  
8 shall:

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

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

14 8-6C-20.

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

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

21 (2) Fraudulently or deceptively uses a license;

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

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

29 (5) Willfully and knowingly:

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

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

- 1 (iii) Fails to file or record any health record that is required by law;
- 2 (iv) Obstructs the filing or recording of any health record as required  
3 by law; or
- 4 (v) Induces another person to fail to file or record any health record  
5 as required by law;
- 6 (6) Knowingly does any act that has been determined by the Board, in its  
7 regulations, to exceed the scope of practice authorized to the individual under this subtitle;
- 8 (7) Provides professional services while:
- 9 (i) Under the influence of alcohol; or
- 10 (ii) Using any narcotic or controlled dangerous substance, as defined  
11 in § 5–101 of the Criminal Law Article, or other drug that is in excess of therapeutic  
12 amounts or without valid medical indication;
- 13 (8) Does an act that is inconsistent with generally accepted professional  
14 standards in the practice of direct–entry midwifery;
- 15 (9) Is grossly negligent in the practice of direct–entry midwifery;
- 16 (10) Has violated any provision of this title;
- 17 (11) Submits a false statement to collect a fee;
- 18 (12) Is physically or mentally incompetent;
- 19 (13) Knowingly fails to report suspected child abuse in violation of § 5–704  
20 of the Family Law Article;
- 21 (14) Except in an emergency life–threatening situation where it is not  
22 feasible or practicable, fails to comply with the Centers for Disease Control and  
23 Prevention’s guidelines on universal precautions;
- 24 (15) Is in independent practice and fails to display the notice required under  
25 § 8–6C–23 of this subtitle;
- 26 (16) Is habitually intoxicated;
- 27 (17) Is addicted to, or habitually abuses, any narcotic or controlled  
28 dangerous substance as defined in § 5–101 of the Criminal Law Article;
- 29 (18) Fails to cooperate with a lawful investigation conducted by the Board;

1 (19) Is expelled from the rehabilitation program established pursuant to §  
2 8–208 of this title for failure to comply with the conditions of the program;

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

4 (21) Is professionally incompetent;

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

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

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

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

11 (26) Fails to submit to a criminal history records check in accordance with §  
12 8–303 of this title;

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

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

17 8–6C–26.

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

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
23 1, 2025.