Department of Legislative Services

Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 854 (Senator Lewis Young)
Finance Health and Government Operations

Health Occupations - Licensed Direct-Entry Midwives - Revisions

This bill specifies that the practice of direct-entry midwifery is independent and does not require oversight by another health care practitioner. The scope of "practice direct-entry midwifery" and the medical conditions under which a licensed direct-entry midwife must consult or transfer the care of a patient are altered. The bill also (1) repeals a reporting requirement; (2) alters the requirements for specified written plans and procedures for hospital transfer; (3) clarifies the actions the State Board of Nursing (MBON) may take if an applicant to practice direct-entry midwifery or a licensed direct-entry midwife violates a ground for discipline; (4) extends the termination date of Subtitle 6C, Title 8 of the Health Occupations Article (which governs direct-entry midwives) by five years to July 1, 2030; and (5) makes stylistic and conforming changes. **The bill takes effect June 1, 2025.**

Fiscal Summary

State Effect: The bill's changes are technical in nature and do not directly affect governmental finances.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary/Current Law: In general, an individual must be licensed as a certified nurse-midwife by MBON to practice nurse midwifery in the State or licensed as a direct-entry midwife by MBON 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 of Direct-Entry Midwifery

Under current law, "practice direct-entry midwifery" means providing maternity care 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. The practice of direct-entry midwifery also includes:

- obtaining informed consent to provide services to the patient;
- discussing specified risk factors and conditions that preclude care by a licensed direct-entry midwife or under which consultation, transfer of care, or transport of the patient must be implemented;
- obtaining a health history of the patient and performing a physical examination;
- developing a specified written plan of care specific to the patient;
- evaluating the results of patient care;
- 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;
- referral of all patients within 72 hours of delivery to a pediatric health care provider for care of the newborn;
- obtaining and administering medication and obtaining and using equipment and devices, as approved by MBON;
- obtaining appropriate screening and testing;
- providing prenatal care during the antepartum period;
- providing care during the intrapartum period, including (1) monitoring and evaluating the condition of the patient and fetus; (2) at the onset of active labor, notifying the pediatric health care practitioner that delivery is imminent; (3) performing specified emergency procedures; (4) activating emergency medical services for an emergency; and (5) delivering in an out-of-hospital setting;
- participating in peer review as required;
- providing care during the postpartum period;
- providing routine care for the newborn for up to 72 hours after delivery, exclusive of administering immunizations;

- within 24 hours after delivery, notifying a pediatric health care practitioner of the delivery;
- within 72 hours after delivery, transferring specified health records to the pediatric health care practitioner and referring the newborn to a pediatric health care practitioner;
- providing specified care of the newborn beyond the first 72 hours after delivery; and
- providing limited services to the patient after the postpartum period.

The bill removes at the onset of active labor, notifying the pediatric health care practitioner that delivery is imminent from the list of activities the practice of direct-entry midwifery includes.

Conditions Requiring Transfer to a Health Care Practitioner

Under current law, 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.

Of the specific disorders or situations, the bill specifies that severe anemia is defined as hemoglobin less than 10 g/dl *that has been measured after treatment or based on blood tests performed at or after 36 weeks.* The bill also specifies that significant fetal congenital anomaly *that directly impacts the birthing process or requires immediate emergency care, as determined by MBON in regulations* is a prohibited disorder or situation.

The bill removes the following disorders or situations from this list, thereby allowing a licensed direct-entry midwife to assume or continue to care for the patient (although the midwife must consult with a health care practitioner, as discussed below): (1) Rh sensitization with positive antibody titer; (2) other systemic and rare diseases and disorders; or (3) prepregnancy body mass index (BMI) of less than 18.5 or 35 or more.

Conditions Requiring Consultation with a Health Care Practitioner

Under current law, a licensed direct-entry midwife must 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 21 specified conditions are present during prenatal care.

The bill clarifies that such consultation is required if a patient is determined to have any of the specified conditions present during *the course of* care. The bill also adds the following

as conditions requiring consultation: (1) prepregnancy BMI of less than 18.5 or 35 or more or (2) significant fetal congenital anomaly.

The bill specifies that active genital herpes lesions during pregnancy requires consultation (whereas primary genital herpes simplex virus infection during the third trimester or active genital herpes lesions at the time of labor requires transfer of care to a health care practitioner).

Emergency Hospital Transfer

Under current law, a licensed direct-entry midwife must arrange immediate emergency transfer to a hospital if the patient or newborn is determined to have specified conditions during labor, delivery, or the immediate postpartum period, including if the newborn has obvious congenital anomalies.

The bill specifies that emergency transfer must occur in the event of *significant* congenital anomalies *that directly affect delivery or immediate postpartum care or require immediate emergency care, as determined by MBON in regulations*.

Required Written Plans

Under current law, a licensed direct-entry midwife must 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. The Direct-Entry Midwifery Advisory Committee must review and recommend approval of the plan to MBON. The plan must be provided to any hospital identified in the plan.

Additionally, under current law, a licensed direct-entry midwife must prepare a plan that is specific to each patient and share the plan with the patient. The patient-specific plan must (1) include procedures and processes to be undertaken in the event of an emergency for the mother, the newborn, or both; (2) identify the hospital closest to the address of the planned home birth that has a labor or delivery unit; (3) include a care plan for the newborn; and (4) identify the pediatric health care practitioner who will be notified after delivery and receive the transfer of care of the newborn.

The bill removes the requirement that the general written plan be provided to any hospital identified in the plan.

Transfer of Patient

Under current law, after a decision to transfer a patient has been made, the licensed direct-entry midwife must (1) call the receiving health care provider; (2) inform the health care provider of the incoming patient; and (3) accompany the patient to the hospital. On arrival at the hospital, the midwife must provide (1) to the staff of the hospital, a specified standard transfer form and the complete medical records of the patient and (2) to the accepting health care practitioner, a verbal summary of the care provided to the patient by the licensed direct-entry midwife.

The bill specifies that the licensed direct-entry midwife must accompany the patient to the hospital *if determined to be appropriate by the licensed direct-entry midwife and the receiving health care provider.* The licensed direct-entry midwife must provide the staff of the hospital with the medical records of the *patient or newborn, as determined by MBON in regulations and as requested by the receiving health care provider*.

Required Report

Under current law, by October 1 each year, a licensed direct-entry midwife must report to the Direct-Entry Midwifery Advisory Committee 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, including:

- the total number of patients served as primary caregiver at the onset of care;
- the number, by county, of live births attended as primary caregiver;
- 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;
- the number of women whose primary care was transferred to another health care practitioner during the antepartum period and the reason for transfer;
- the number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period;
- the number, reason for, and outcome of each urgent or emergency transport of an (1) expectant mother in the antepartum period and (2) infant or mother during the intrapartum or immediate postpartum period;
- 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;
- a brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and
- any other information required by MBON in regulations.

The bill removes the requirement that a licensed direct-entry midwife submit this report, as well as related provisions regarding noncompliance with the reporting requirement.

Reporting Requirements

Under current law, notwithstanding any other provision of law, a licensed direct-entry midwife must be subject to the same reporting requirements as other health care practitioners who provide care to individuals in accordance with Title 8 of the Health Occupations Article.

The bill specifies that, notwithstanding any other provision of law, a licensed direct-entry midwife must be subject to reporting requirements adopted by MBON in regulations in consultation with the Direct-Entry Midwifery Advisory Committee and any other stakeholders determined appropriate by MBON.

Disciplinary Actions

The bill specifies that, subject to specified hearing provisions, MBON may deny a license *or grant a license, including a license subject to reprimand, probation, or suspension,* to an applicant, reprimand a licensee, place a licensee on probation, or suspend or revoke the license *of a licensee* if, among other things, the applicant or licensee:

- fraudulently or deceptively obtains, attempts to obtain, or uses a license;
- is disciplined by specified authorities or convicted or disciplined by a court for an act that would be grounds for disciplinary action in the State;
- is convicted of or pleads guilty or *nolo contendere* to a felony or to a crime involving moral turpitude;
- knowingly does any act that has been determined to exceed the scope of practice authorized to the individual;
- is grossly negligent in the practice of direct-entry midwifery;
- is habitually intoxicated, or is addicted to, or habitually abuses, any narcotic or controlled dangerous substance;
- fails to cooperate with a lawful investigation conducted by MBON;
- engages in conduct that violates the professional code of ethics;
- is professionally incompetent;
- practices direct-entry midwifery without a license, before obtaining or renewing a license, including any period when the license has lapsed; or
- performs an act that is beyond the licensee's knowledge and skills.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 838 (Delegate Cullison, *et al.*) - Health and Government Operations.

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

Fiscal Note History: First Reader - February 23, 2025
rh/jc Third Reader - March 19, 2025
Revised - Amendment(s) - March 19, 2025

Analysis by: Amberly E. Holcomb

Direct Inquiries to:
(410) 946-5510
(301) 970-5510