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Baltimore and Howard Counties

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Support: SB 684 - Maryland Licensure of Certified Midwives Act

Issue:

- The U.S. maternal mortality ratio or rate (MMR) was at its lowest level in 1987 at 6.6 maternal deaths per 100,000 live births, but by 2017 MMR had risen to 31.3 maternal deaths per 100,000.
- In Maryland, there is a particularly [large disparity between the rates among Black and White women](#). The 2013-2017 Black MMR is 4.0 times the White MMR; compared to 2008-2012, the 2013-2017 White MMR [decreased](#) 35.4 percent while the Black MMR [increased](#) 11.9 percent.
- We are called to take action to eliminate racial disparities, including in our health care systems.
- [Rural residents had a 9% greater probability of severe maternal morbidity and mortality](#), compared with urban residents (2007-2015) for various reasons, including [workforce shortages](#).
- Between 2004 and 2014, [9% of rural counties lost access to obstetric services, while another 45% of rural counties had no hospital obstetric services at all](#).
- Midwifery supports improved clinical outcomes in diverse communities and rural areas.
- Expanding access to qualified midwives through legislation should be a priority.

What SB 684 does:

- SB 684 creates a midwifery licensure category “Certified Midwife” under the Board of Nursing.
- Maryland already recognizes licensure for Certified Nurse-Midwives (CNMs) and Certified Professional Midwives (called Licensed Direct Entry Midwives in Maryland).
- SB 684 expands the number of qualified midwives in Maryland by establishing licensure for Certified Midwives (CMs,) a nationally recognized form of midwifery.
- This bill is part of a broader strategy to address health disparities in maternal and infant health outcomes; it improves options for people who want to give birth at home or in a birthing center.
- Licensure of Certified Midwives grows the women’s health workforce and increases access to high-quality maternal, gynecologic, and primary care.

How SB 684 helps:

- This bill eliminates an exclusion of CMs from the state midwifery licensure process. The only difference between CMs and CNMs is that prior to entering their midwifery graduate program, CNMs have received a degree in nursing, while CMs have another college degree, usually in health or sciences. CM students take additional coursework as prerequisites of their midwifery graduate education, but are otherwise indistinguishable from CNMs in their work.

- Currently, some people interested in midwifery cannot enter the profession because they do not have the time or resources to go back for a nursing degree to become a CNM. If they already have an undergraduate degree, usually in health or science, they can enter midwifery as a CM. Licensure of CMs would give more people access to these highly qualified midwives.
- Midwifery practice reflects the needs of individual women and their communities, as defined by the woman herself and each unique community; it emphasizes women-centered care.
- This legislation will support ongoing efforts to ensure midwifery services are available and accessible to all Maryland communities.
- This bill helps attract CMs to our state, expanding access to highly qualified midwives.

Certified Midwives (CMs) are highly educated:

- Certified Midwives earn graduate degrees from midwifery education programs accredited by the Accreditation Commission for Midwifery Education (ACME).
- CMs are board certified by the American Midwifery Certification Board (AMCB).
- CMs and CNMs master the same core competencies, sit for the same board exam, and have identical scopes of practice.
- CM education programs attract candidates from diverse backgrounds and professions, broadening the midwifery profession.

Certified Midwives (CMs) are nationally recognized:

- American College of Obstetricians and Gynecologists (ACOG) recognizes CMs and CNMs as equivalent providers and as experts in their field of practice.
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) recognizes the equivalency of CM and CNM scope of practice and supports CM licensure in all states.
- March of Dimes recognizes the equivalency of CM and CNM scope of practice and supports efforts to expand access to midwifery care.
- National Uniform Claim Committee (NUCC) recognizes CMs and CNMs as identical credentials under the umbrella classification “Advanced Practice Midwife.”
- CMs are currently licensed in NY, NJ, RI, DE, ME, and HI. Numerous other states are pursuing recognition of CMs.

Sponsor amendments: These technical amendments, requested by the Maryland Board of Nursing (see MBON testimony,) improve the alignment of the bill with existing language in Title 8 of the Health Occupations Article.

Organizations who support CM licensure include:

- American College of Nurse Midwives – Maryland Affiliate
- American College of Obstetricians and Gynecologists
- Maryland Hospital Association
- Maryland Board of Nursing
- Maryland Nurses Association
- Reproductive Health Equity Alliance of Maryland
- Maryland Legislative Latino Caucus
- Maryland Women’s Legislative Caucus



SB0684/853326/1

AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES 25 FEB 21 22:06:43

BY: Senator Lam
(To be offered in the Education, Health, and Environmental
Affairs Committee)

AMENDMENTS TO SENATE BILL 684
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 6, after “midwives;” insert “altering the circumstances under which the Board is required to require an applicant or licensee to submit to a certain examination under certain circumstances; providing that an applicant or licensee is deemed to have consented to submit to a certain examination and waived a certain claim in return for the privilege to practice certified midwifery;”; in line 13, after “fees” insert “in a certain manner”; in line 16, after the first “Board” insert “of Nursing Fund”; and strike beginning with “documents” in line 25 down through “manner” in line 26 and substitute “information”.

On page 2, in line 2, after “penalties;” insert “authorizing the Board to reinstate a license under certain circumstances; requiring the Board to take certain actions regarding a certain license under certain circumstances;”; in line 10, after “title;” insert “providing for the authority of the Board under this Act;”; in line 14, after “definitions;” insert “making a conforming change;”; in line 18, after “(x),” insert “8-205.1.”; and in line 24, strike “8-6D-14” and substitute “8-6D-15”.

AMENDMENT NO. 2

On page 3, after line 10, insert:

“8-205.1.

(a) If the Board, while reviewing an application for licensure or investigating an allegation brought against a licensee under this title, has reason to believe and objective evidence that the applicant or licensee may cause harm to individuals affected

(Over)

by the applicant's or licensee's practice of nursing OR CERTIFIED MIDWIFERY, the Board shall require the applicant or licensee to submit to an appropriate examination by a health care provider designated by the Board.

(b) In return for the privilege to practice nursing OR CERTIFIED MIDWIFERY in the State, the applicant or licensee is deemed to have:

(1) Consented to submit to an examination under this section, if requested by the Board in writing; and

(2) Waived any claim of privilege as to the testimony or examination reports of the examining health care professional.

(c) The failure or refusal of the applicant or licensee to submit to an examination required under subsection (b) of this section is prima facie evidence of the applicant's or licensee's inability to practice nursing OR CERTIFIED MIDWIFERY competently, unless the Board finds that the failure or refusal was beyond the control of the licensee.

(d) The Board shall pay the cost of any examination made under this section."

On page 7, in line 18, strike "AN" and substitute "THE AMCB"; and in the same line, strike "APPROVED BY AMCB".

On page 8, in line 6, after "(A)" insert "(1)"; strike beginning with "THAT" in line 8 down through "NURSE-MIDWIFE" in line 12; after line 12, insert:

"(2) THE FEES CHARGED SHALL BE SET TO PRODUCE FUNDS TO APPROXIMATE THE COST OF MAINTAINING THE LICENSING PROGRAM AND THE OTHER SERVICES TO LICENSED CERTIFIED MIDWIVES."

in line 16, after “BOARD” insert “OF NURSING FUND”; and in line 17, after “USED” insert “EXCLUSIVELY”.

On page 10, strike beginning with the second “THE” in line 11 down through “NOTICE” in line 12 and substitute “INFORMATION REGARDING HOW THE LICENSEE MAY COMPLETE THE REQUIRED CRIMINAL HISTORY RECORDS CHECK”.

On page 14, strike beginning with “PRACTICES” in line 27 down through “LONGER” in line 28 and substitute “ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT”.

On page 15, after line 17, insert:

“(D) (1) IF A LICENSE ISSUED UNDER THIS SUBTITLE WAS SUSPENDED OR REVOKED FOR A PERIOD OF MORE THAN 1 YEAR, OR IF A PERIOD OF MORE THAN 1 YEAR HAS PASSED SINCE A LICENSE WAS SURRENDERED, THE BOARD MAY REINSTATE THE LICENSE IF THE LICENSEE:

(I) APPLIES TO THE BOARD FOR REINSTATEMENT;

(II) MEETS THE REQUIREMENTS FOR RENEWAL UNDER § 8-6D-08 OF THIS SUBTITLE;

(III) MEETS ANY OTHER REQUIREMENTS FOR REINSTATEMENT AS ESTABLISHED BY THE BOARD IN REGULATIONS; AND

(IV) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 8-303 OF THIS SUBTITLE.

(Over)

(2) IF A LICENSEE MEETS THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, THE BOARD SHALL:

(i) REINSTATE THE LICENSE;

(ii) REINSTATE THE LICENSE SUBJECT TO TERMS AND CONDITIONS THAT THE BOARD CONSIDERS NECESSARY, INCLUDING A PERIOD OF PROBATION; OR

(iii) DENY REINSTATEMENT OF THE LICENSE.”.

On page 17, after line 11, insert:

“8-6D-14.

THE AUTHORITY OF THE BOARD ESTABLISHED UNDER THIS SUBTITLE:

(1) VESTS WITH THE BOARD AT THE TIME AN INDIVIDUAL APPLIES FOR CERTIFICATION;

(2) CONTINUES DURING PERIODS OF LICENSURE; AND

(3) INCLUDES AUTHORITY OVER AN INDIVIDUAL HOLDING AN EXPIRED LICENSE, A LAPSED LICENSE, OR A TEMPORARY LICENSE THAT HAS EXPIRED UNDER § 8-6D-08 OF THIS SUBTITLE.”;

and in line 12, strike “8-6D-14.” and substitute “8-6D-15.”.