SB684_LatinoCaucus_FAV.pdf
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MARYLAND LEGISLATIVE LATINO CAUCUS

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TO: Senator Paul G. Pinsky, Chair
Senator Cheryl C. Kagan, Vice Chair
Education, Health, and Environmental Affairs Committee Members

FROM: Maryland Legislative Latino Caucus (MLLC)

DATE: March 2, 2021

RE: SB684 Maryland Licensure of Certified Midwives Act

The MLLC supports SB684 Maryland Licensure of Certified Midwives Act.

The MLLC is a bipartisan group of Senators and Delegates committed to supporting legislation that improves the lives of Latinos throughout our state. The MLLC is a crucial voice in the development of public policy that uplifts the Latino community and benefits the state of Maryland. Thank you for allowing us the opportunity to express our support of SB684.

In the United States, about 700 women die annually because of pregnancy or delivery complications—the highest maternal mortality rate among all industrialized nations. The maternal mortality rate is even more concerning among women of color, especially Black women who are estimated three times more likely to suffer a pregnancy or delivery complication death. While these are nationwide findings, Maryland has a similar trend.

Last year, the Maryland Maternal Mortality Review Report stated that our rate had only slightly decreased in recent years. Additionally, the racial disparity between White women and Black women is quite significant; the maternal mortality rate for Black pregnant women is nearly four times higher than White pregnant women. The Review also reported that 80 percent of pregnancy-related deaths were preventable.

Due to these alarming disparities in maternal health, midwifery has increased in demand. Certified midwives can offer unique, individual-centered care that meets the needs of an expecting mom. By increasing the number of midwifes, more pregnant women, especially women of color, will have access to life-saving care.

SB684 establishes licensure for certified midwives, expanding the numbering of qualified midwives in Maryland. Certified midwives that have not completed nursing school but have an accredited midwifery certification will be able to apply for licensure through the State Board of Nursing. More certified and licensed midwives mean more access to maternal healthcare. This bill is a major step in addressing the racial disparities of maternal mortality.

The MLLC supports this bill and urges a favorable report on SB684.

2021 ACNM SB 684 Senate Side.docx.pdf
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Support

SB 684/HB 758 – Maryland Licensure of Certified Midwives Act

Senate Education, Health, and Environmental Affairs Committee

March 2, 2021

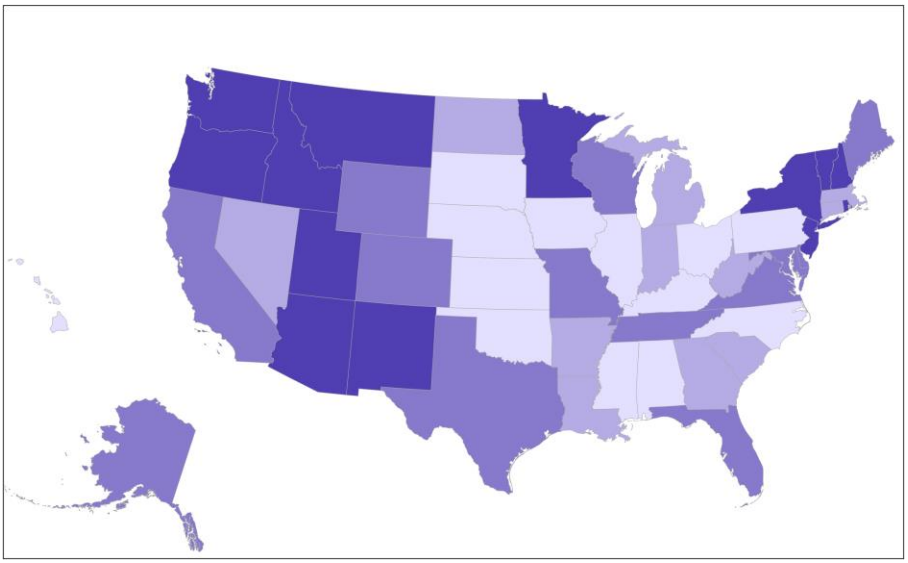
What is the goal of the legislation?

Senate Bill 684/House Bill 758 seeks to expand the number of qualified midwives in Maryland by establishing licensure for certified midwives (CMs), a nationally recognized form of midwifery. The bill is part of a broader strategy to address health disparities in maternal and infant health outcomes.

Midwifery supports improved clinical outcomes in diverse communities, as midwifery practice reflects the needs of individual women and their communities. Midwifery emphasizes women-centered care that "prioritizes the woman's unique individual needs, as defined by the woman herself."[i]

ACNM has joined Black Mamas Matter Alliance and the International Confederation of Midwives in a call to action to eliminate racial disparities.[ii] Expanding access to qualified midwives through legislation is one of ACNM's priorities. Maryland has made progress in increasing access to midwifery; however our state still ranks only in the middle of the integration of midwifery into health care, as demonstrated in the map below. The legislation will support ongoing efforts to ensure midwifery services are available and accessible to all Maryland communities.

Mapping integration of midwives across the United States: Impact on access, equity, and outcomes[iii]



Levels of integration displayed by quartiles of MISS scores. Deeper shades of purple represent higher integration and lighter shades represent lower integration of midwives.

doi: https://doi.org/10.1371/journal.pone.0192523.g002

What does SB 684/HB 758 do?

The legislation creates a midwifery licensure category called "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).

How are CNMs and CMs the same?

Certified nurse-midwives (CNMs) and certified midwives (CNM) are identical in:

- They are admitted to and graduate from the same graduate programs in midwifery
- They take the same certifying exam
- They are certified by the same entity
- They have the same scope of practice
- They practice in the same settings – birthing centers, hospitals, private practices, home-based practices

How are CMs are different than CNMs?

The only difference between CMs and CNMs is that they have a different college degree prior to entering a midwifery program. CNMs have a degree in nursing, while CMs have another college degree, usually in health or sciences. CM students take additional coursework as prerequisites or part of their midwifery graduate education.

What are the benefits of CM licensure?

- It expands the number of qualified midwives in Maryland. Right now, 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.

- It keeps nursing school spots for nurses. There are students in nursing school who do not intend to practice nursing in the long-term. They intend to use the nursing degree to get into midwifery school. If they could become a CM directly, they wouldn't have to take slots in nursing education programs.

What other states recognize CMs?

Maryland could become part of a region in attracting CMs to practice. Current, Delaware is among the six states that license CMs. The other five states are: Hawaii, Maine, New Jersey, New York, and Rhode Island. We know of four other states that are actively considering CM licensure legislation: Virginia (legislation has passed each chamber as of Feb. 7, 2021), District of Columbia, Pennsylvania, and Minnesota.

Conclusion

ACNM asks for a favorable report on **SB 684/HB 758.** If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] Fontein-Kuipers Y, de Groot R, van Staa A. Woman-centered care 2.0: Bringing the concept into focus. *European Journal of Midwifery*. 2018;2(May). doi:10.18332/ejm/91492.

[ii] https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007740/Eliminating-the-Racial-Disparities-Contributing-to-the-Rise-in-U.S.-Maternal-Mortality-ACNM-BMMA-ICM.pdf

[iii] Vedam, S., Stoll, K., MacDorman, M.F., Declercq, E., Cramer, R., Cheyney, M., Fisher, T., Butt, E., Yang, Y.T., and Kennedy, H.P. (2018). Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. *PLOS One*, *13*(2), p. e0192523.

2021 MNA SB 684 Senate Side.docx.pdf
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Position: FAV

Committee: **Senate Education, Health, and Environmental Affairs**

Bill Number: **Senate Bill 684**

Title: **Maryland Licensure of Certified Midwives Act**

Hearing Date: **March 2, 2021**

Position: **Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 684 – Maryland Licensure of Certified Midwives Act*. The bill would create a licensure category for certified midwives (CM). MNA supports this measure because it is part of a broader campaign to reduce maternal mortality and morbidity rates particularly among Black and brown women. There are not enough midwifery providers in Maryland in underserved communities.

CMs have almost identical professional credentials as certified nurse-midwives. CMs attend the same graduate level midwifery programs, take the same certification exam, and are certified by the same national certifying body. The only difference is that CNMs enter midwifery school with a nursing degree, while CMs enter with another type of undergraduate degree, usually in a health or science field.

Right now, it is very challenging for people outside of nursing to enter midwifery. They must first go back to get a nursing degree. By establishing CM licensure, Maryland will create a pathway for more individuals to enter into midwifery. Individuals with many types of degrees, from biology to pre-med, can enter midwifery school. Some people may need to take some prerequisite courses before beginning a midwifery program.

Thank you for the opportunity to submit this testimony. We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB684_SUPPORT_MOD.pdf
Uploaded by: Hessler, Therese
Position: FAV

To: Senator Lam, Chair and Members of the Senate Finance Committee
From: Venicia Gray, Associate Director, Federal & State Government Affairs
March of Dimes
Date: March 2, 2021
Re: SUPPORT – SB684– Maryland Licensure of Certified Midwives Act

Dear Senator Lam, Chair, Vice Chair, and Member of the Senate Finance Committee:

The March of Dimes Foundation would like to express support for SB684.

Summary

March of Dimes supports increased access to midwifery care for low-and moderate-risk women as part of an integrated system of care. In this statement, midwifery refers to certified nurse–midwives (CNMs), certified midwives (CMs) or midwives whose education and licensure meets the International Confederation of Midwives (ICM) Global Standards for Midwifery Education.
Studies document that midwifery care is associated with lower interventions, cost-effectiveness, increased patient satisfaction and improved care.

March of Dimes believes that the approach and philosophy of midwifery, as described by the ICM, should be widely available as a choice for women. Midwifery care:[1]

- Sees pregnancy and childbearing as usually normal physiological processes
- Promotes, protects and supports women's human, reproductive and sexual health and rights and respects ethnic and cultural diversity
- Protects and enhances the health and social status of women and builds women's self-confidence in their ability to cope with childbirth
- Takes place in partnership with women, recognizing the right to self-determination; and is respectful, personalized, continuous and non-authoritarian

Definitions, training, and scope

CNMs and CMs provide a full range of primary health care services for women, including gynecologic and family planning services; preconception care; care during pregnancy, child birth and the postpartum period; and care of the normal newborn.[2,3] A number of high- resource countries have a much higher percentage of births attended by midwives (50 to 75 percent of births) compared to the U.S. (less than 9 percent).[4] [5]

- CNMs represent most U.S. midwives, and 95 percent of births they attend occur in hospital settings.[6] CNMs have national certification and are licensed, independent health

care providers with prescriptive authority in all states.
- CMs are licensed, independent health care providers who complete the same midwifery education as CNMs but have no prior nursing credential.[7]
- Certified professional midwives (CPMs) and lay midwives practice primarily in out-of-hospital settings, including birthing centers and planned home births. CPMs are legally authorized to practice in 30 states.[8]

March of Dimes endorses ICM minimum education and training standards for all midwives. Both CNMs and CMs meet and exceed these standards. March of Dimes welcomes the movement towards CPMs meeting the ICM standards. All births should be attended by licensed providers who meet the ICM standards, and should have a process in place for consultation, safe transfer of care and transport in the event of complications.

Equity

Higher rates of maternal mortality and morbidity and other adverse birth outcomes among black women in the U.S. has prompted interest in models of care that can improve outcomes, including midwifery and specific evidence-based supportive and preventive care programs developed and led by midwives.[9] Some studies have documented some negative experiences of black women in traditional hospital births,[10] the occurrence of provider implicit bias and poorer quality and differential care experienced by women of color.[11] March of Dimes supports efforts to increase the number of midwives of color and diversify the maternity care workforce with individuals who represent the lived and cultural experiences of the patients they serve.[13]

Full practice authority, state regulations and workforce shortages

March of Dimes supports full practice authority for CNMs/CMs, which means they are able to practice to the full extent of their education and training within a health care system that provides for "consultation, collaborative management or referral as indicated by the health status of the woman or newborn."[12] In the 2018 joint statement from ACOG and ACNM:[13]

- "Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained and licensed independent clinicians who collaborate depending on the needs of their patients.
- Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states.
- Shortages and maldistribution of maternity care clinicians cause serious public health concerns for women, children and families."

Studies have revealed the importance of integrated care and collaboration. For example, "when professionals collaborate on decision-making and when coordination of care is seamless, fewer intrapartum neonatal and maternal deaths occur during critical obstetric events."[5]

Twenty-seven states have full practice authority for midwives, while the others impose restrictions including supervision and/or a collaborative agreement with a physician.[14] These restrictions can affect hospital privileges and third-party reimbursement, barriers that restrict the supply of midwives and prevent women in many states from accessing midwifery care.[5] States with full practice authority have approximately double the supply of midwives per 1,000 births than states where CNM practice is more restricted,[15] and maldistribution of care is a serious concern. A March of Dimes 2018 report found that 5 million women live in maternity care deserts (1,085 counties) with no hospitals offering obstetric care and no OB providers.[16] A 2016 study documented the crucial role CNMs play in the maternity care workforce in rural U.S. hospitals and the need to increase the number of midwives in rural maternity practice to address workforce shortages.[17]

A 2018 study found that states that have done the most to integrate midwives into their health care systems, as measured by a composite scoring system, have better outcomes for mothers and babies. Integration of midwifery care was strongly associated with fewer interventions (significantly higher rates of spontaneous vaginal delivery, vaginal birth after cesarean and breastfeeding; and significantly lower rates of cesarean sections).[5]

March of Dimes encourages states to examine their laws and regulations related to midwifery care to ensure they are not unnecessarily restrictive, foster access to these services for women who desire them and promote full practice authority for midwives as part of an integrated system of care.

Midwives and birth outcomes

Some studies have found that women with low- to moderate-risk pregnancies who receive midwifery care, or who have access to collaborative care that integrates midwives, are more likely to experience a low-intervention, spontaneous vaginal birth, more likely to be satisfied with their care and less likely to have a first cesarean delivery,[18] [19] thereby improving outcomes for subsequent births. Safely reducing primary cesarean delivery can play a role in reducing maternal morbidity in initial and future pregnancies.[20] Evidence is reviewed in more detail in the appendix.

March of Dimes supports efforts to expand access to midwifery care and further integrate midwives and their model of care into maternity care in all states. This can help improve access to maternity care providers in under-resourced areas, reduce interventions that contribute to risk of maternal mortality and morbidity in initial and subsequent pregnancies, lower costs, and potentially improve the health of mothers and babies. Therefore, we respectfully ask your support in passing SB684.

Thank you.

Sincerely,

Venicia Gray
Associate Director, Federal & State Government Affairs
vgray@marchofdimes.org

MARCH OF DIMES

Appendix

Midwives and birth outcomes: More detailed review of evidence

A 2016 Cochrane review of 15 randomized controlled trials (conducted in Australia, Canada, Ireland and the United Kingdom) compared the midwifery practice model to other models of care, focusing on lower- risk women:

- Women who received midwife-led care were less likely to experience intervention, more likely to have a spontaneous vaginal birth and more likely to be satisfied with their care.
- Women who received midwife-led care were less likelyto experience preterm birth, fetal loss before and after 24 weeks and neonatal death. Further research is needed to explore these findings.
- The authors stated that "due to the exclusion of women with significant maternal disease and substance abuse from some trials of women at mixed risk, caution should be exercised in applying the findings of this review to women with substantial medical or obstetric complications."[29]

Other studies have found that midwifery care increases the chance of having a low-intervention birth, lowers costs and reduces the chance of having a first cesarean delivery (when compared to physician care for equally low-risk women),[21] thereby improving outcomes for subsequent births.

- A 2017 U.K. study found that low-risk women giving birth for the first time at interprofessional centers (midwives and physicians) were less likely to experience induction, oxytocin augmentation and cesarean birth than women at centers with only physicians.[22]
- Another U.K. study found that low-risk women who had given birth multiple times had significantly higher rates of vaginal birth, including vaginal birth after cesarean delivery, and lower likelihood of labor induction when cared for in centers with midwives.[23]
- U.S. studies have found that midwifery care is linked to lower cesarean delivery rates among low-risk women.[24] [25] For example, a study of hospital data in New York found that hospitals with more midwife-attended births had lower utilization of obstetric procedures (including cesarean delivery and episiotomy) among low-risk women.[26]

Safely reducing primary cesarean deliveries can play a role in reducing maternal morbidity in initial and future pregnancies. ACOG states that "although the initial cesarean delivery is associated with some increases in morbidity and mortality, the downstream effects are even greater because of the risks from repeat cesareans in future pregnancies."[29] Given the evidence that midwifery care may reduce cesarean deliveries, it can be inferred to play a role in reducing the effects of increased maternal morbidity and mortality in future pregnancies. A 2019 California study found that cesarean delivery was associated with
2.7 times the risk of severe maternal morbidity compared to vaginal delivery, and was estimated to contribute to 37 percent of severe maternal morbidity cases.[27] A 2009 study of a sample of U.S. deliveries from 1998 to2005 found that cesarean delivery was associated with an increasing trend of severe delivery complications.[28]

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[2] Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Lancet 2014 Sep 20;384(9948):1129-45.

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[5] Vedam S, Stoll K, MacDorman M, et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS One 2018;13(2):e0192523).

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[7] ACNM. Essential Facts about Midwives. Available at: http://www.midwife.org/Essential-Facts-about-

Midwives

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27 Leonard S, Main E, Carmichael S. The contribution of maternal characteristics and cesarean delivery to an increasing trend of severe maternal morbidity.BMC Pregnancy and Childbirth 2019 19:16
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Support_SB684_Womens_Caucus.pdf
Uploaded by: Hill, Catherine
Position: FAV

February 26, 2021

To: Senator Paul G. Pinsky, Chair
Senator Cheryl C. Kagan, Vice Chair
Members of the Education, Health, and Environmental Affairs Committee

The Women's Caucus members voted unanimously to support SB684/HB758 Maryland Licensure of Certified Midwives Action on February 10, 2021. The bill establishes a licensing and regulatory system for the practice of certified midwifery under the State Board of Nursing; alters the duties of the Board to require the Board to set standards for the practice of certified midwifery and keep a certain list of certain licensed midwives; requires the Board to give certain persons a hearing before taking certain actions; requires certain individuals to be licensed before practicing certified midwifery in the State; etc. Maryland Licensure of Certified Midwives Act.

As you may know, the Women's Caucus is a bipartisan organization of 77 women legislators and eight male associate members serving in the Maryland General Assembly. Our mission to help women and their families through legislation and to encourage women's participation in government. Founded in 1972, the Maryland Women's Caucus is the oldest of its kind in the nation.

The Women's Caucus respectfully requests a favorable outcome for SB684/HB758 Maryland Licensure of Certified Midwives Act.

Sincerely,

Delegate Carol Krimm, President, Women's Caucus

SB0684_FAV_MDACOG_MD Licensure of Certified Midwiv

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Position: FAV

ACOG
The American College of Obstetricians and Gynecologists

Maryland Section

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 2, 2021

RE: **SUPPORT** – Senate Bill 684 – *Maryland Licensure of Certified Midwives Act*

The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** Senate Bill 684.

Senate Bill 684 creates a midwifery licensure category called "Certified Midwife", a nationally recognized form of midwifery under the Board of Nursing. Maryland currently recognizes licensure for Certified Nurse-Midwives (CNMs) and Direct Entry Midwives (DEMs). Certified midwives (CMs) and CNMs have essentially the same training in midwifery. CNMs and CMs are admitted to and graduate from the same graduate programs in midwifery; they take the same certifying exam and are certified by the same entity; they have the same scope of practice; and they practice in the same settings. The only difference between CMs and CNMs is that they have a different college prior to entering a midwifery program. CNMs have a degree in nursing, while CMs have another college degree, usually in health or sciences. CM students take additional coursework as prerequisites or part of their midwifery graduate education.

Attached is a *Joint Statement of Practice Relations Between Obstetrician – Gynecologists and Certified Nurse-Midwives/Certified Midwives* developed jointly by the American College of Obstetricians and Gynecologists and the American College of Certified Nurse Midwives that affirms their shared goal of safe women's health care in the United States through the promotion of evidence-based models provided by obstetricians-gynecologists, CNMs, and CMs.

Passage of Senate Bill 684 will expand the number of qualified midwives in Maryland, thereby expanding access to care. It will also assist the State in meeting its objective of reducing health disparities in maternal and infant health outcomes. A favorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

College Statement of Policy

As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES[1]

The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women's health care in the United States through the promotion of evidence-based models provided by obstetricians-gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among clinicians. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients[2].

These clinicians practice to the full extent of their education, training, experience, and licensure and support team-based care[2, 3]. ACOG and ACNM advocate for health care policies that ensure access to appropriate levels of care for all women[4]. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states.

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[1] Certified Nurse-Midwives (CNMs) are registered nurses who have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination administered by the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC). Certified Midwives (CMs) are graduates of a midwifery education program accredited by ACME and have successfully completed the AMBC certification examination and adhere to the same professional standards as certified nurse-midwives. Obstetricians-gynecologists (OB-GYNs) pass a national certification exam administered by the American Board of Obstetrics and Gynecology or Osteopathic Board and enter ongoing Maintenance of Certification.

[2] American College of Obstetricians and Gynecologists. Collaboration in practice: implementing team-based care. Washington, DC: ACOG; 2016. Available at: (https://www.acog.org/Clinical-Guidance-and-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care).

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Shortages and maldistribution of maternity care clinicians cause serious public health concerns for women, children, and families[5]. Ob-gyns and CNMs/CMs working together optimize women's health care. ACOG and ACNM recommend increasing the number of ob-gyns and CNMs/CMs, utilizing inter-professional education to promote collaboration and team-based care.

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to women, ACOG and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

ACOG and ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice, community health facilities, clinics, hospitals, and accredited birth centers.[6] ACOG and ACNM hold different positions on home birth.[7] Establishing and sustaining viable practices that can provide broad services to women requires that ob-gyns and CNM/CMs have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement from private payers and under government programs, and support services including, but not limited to laboratory, obstetrical imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

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[5] Ollove M. A shortage in the nation's maternal health care. Washington, DC: Pew Charitable Trusts; 2016. Available at: http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/15/a-shortage-in-the-nations-maternal-health-care.

[6] A birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers [From American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 8th ed. Elk Grove Village (IL): AAP; Washington, DC: American College of Obstetricians and Gynecologists; 2017.], or is accredited by the Commission for the Accreditation of Birth Centers (CABC).

[7] American College of Nurse-Midwives. ACNM position statement: planned home birth. Silver Spring (MD): ACNM; 2016. Available at: http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000251/Planned-Home-Birth-Dec-2016.pdf.; Planned home birth. Committee Opinion No. 697. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e117-22. Available at: http://journals.lww.com/greenjournal/fulltext/2017/04000/Committee_Opinion_No__697___Planned_Home_Birth.52.aspx.

Approved by Executive Board of the American College of Obstetricians and Gynecologists
Approved by Board of Directors of the American College of Nurse-Midwives
February 2011
Reaffirmed July 2014
Reaffirmed July 2017
Revised and Reaffirmed April 2018

Lam_FAV_SB684.pdf
Uploaded by: Lam, Clarence
Position: FAV

CLARENCE K. LAM, M.D., M.P.H.
Legislative District 12
Baltimore and Howard Counties

Education, Health, and Environmental Affairs Committee

Executive Nominations Committee

Joint Committee on Ending Homelessness

Chair
Joint Audit and Evaluation Committe

Joint Committee on Fair Practices and State Personnel Oversight

Vice Chair
Baltimore County Senate Delegation

Chair
Howard County Senate Delegation

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building
11 Bladen Street, Room 420
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410-841-3653 · 301-858-3653
800-492-7122 *Ext.* 3653
Clarence.Lam@senate.state.md.us

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.

(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.**".

SB 684 RHEAM SUPPORT.pdf
Uploaded by: Williams-Muhammad, Andrea
Position: FAV

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SB 684

Maryland Licensure of Certified Midwives Act
Hearing of the Senate Education, Health, and Environmental Affairs Committee
March 2, 2020
1:00 PM

SUPPORT

The Reproductive Health Equity Alliance of Maryland (RHEAM) is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality health options designed to build healthy and stable families of color. We stand in strong support of SB 684, sponsored by Senator Lam, because it would allow for the practice of midwifery to grow in the state of Maryland, and provide birthing individuals more options for their birth and perinatal healthcare.

There are three different midwife credentials in the United States: 1) Certified Nurse Midwife (CNM), Certified Midwife (CM), and Direct Entry/Certified Professional Midwife (CPM).[1] Currently, Maryland has paths to licensure for CNMs and CPMs, and this bill would create a path for licensure for CMs. Both Certified Nurse Midwives and Certified Midwives are trained at a master's level education, and are considered primary care providers. They can attend births in all settings, including hospital, home and birth centers, and can provide care throughout the perinatal period. Both CMs and CNMs are certified and accredited through the same organization and national exam.

In 2013, the Accreditation Commission for Midwifery Education (ACME) released a statement that "encourages its state affiliates to support licensure of CMs in every state as a key factor in the success of the midwifery profession."[2] They argue that the midwifery profession has been unable to grow, because it has been unnecessarily linked to the nursing profession in most states.[2] Further, in 2019, the American College of Nurse Midwives recommended that all 50 states pass legislation that provides all CNM's and CM's with full practice authority, and to remove all restrictions to practice in all 50 states.[3] This bill would allow for the expansion of midwifery practice in the state of Maryland, and would provide an avenue for licensure for Certified Midwives. This would provide birthing families more choice in selecting their healthcare provider, and guarantee that more individuals can have the exact birthing experience that they seek.

For these reasons, RHEAM urges the committee to issue a **favorable** report on **SB 684**. Please contact

Cassidy Spence at 541-505-4077 or cassidy_radloff@email.gwu.edu if you have any questions about this testimony.

Thank you for your time and consideration,

Members of RHEAM

1. FINAL-ComparisonChart-Oct2017.pdf. Accessed February 1, 2021. https://www.midwife.org/acnm/files/ccLibraryFiles/FILENAME/000000006807/FINAL-ComparisonChart-Oct2017.pdf

2. Lichtman R, Farley C, Perlman D, et al. The Certified Midwife Credential and the Case for National Implementation. *Journal of Midwifery & Women's Health*. 2015;60(6):665-669. doi:https://doi.org/10.1111/jmwh.12416

3. Midwifery_Education_Trends_Report_2019_Final.pdf. Accessed February 2, 2021. https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007637/Midwifery_Education_Trends_Report_2019_Final.pdf

SB 684- Maryland Licensure of Certified Midwives

Uploaded by: Witten, Jennifer

Position: FAV

Maryland
Hospital Association

March 2, 2021

To: The Honorable Paul G. Pinsky, Chair, Senate Education, Health & Environmental Affairs Committee

Re: Letter of Support- Senate Bill 684 - Maryland Licensure of Certified Midwives Act

Dear Chair Pinsky:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to offer support for Senate Bill 684.

This legislation would expand the maternal health care workforce by allowing certified midwives to become licensed in Maryland. Certified midwives (CM) take the same graduate course work and must pass the same board certification exam as certified nurse midwives (CNM).[1] The only difference is that CMs do not obtain a nursing degree prior to pursuing graduate studies. SB 684 recognizes the identical midwifery training these maternal health professionals have.

When CMs and CNMs work collaboratively with obstetricians and gynecologists (OB/GYNs), they optimize care delivery.[2] The American College of Obstetricians and Gynecologists recommends "increasing the number of OB/GYNs and CNMs/CMs utilizing interprofessional education to promote collaboration and team-based care."[3] Studies show CMs and CNMs, working in interprofessional teams can reduce C-section rates and lessen the need to induce labor for first-time moms.[4]

Maryland hospitals support SB 684 because it would improve care for moms and babies and is a valuable tool to expand the maternal health care workforce. This bill also completements the state's ongoing work and commitment to reduce the rate of severe maternal morbidity and close the disparate rates of death and poor outcomes for Black moms.[5]

For these reasons, we request a favorable report on SB 684.

For more information, please contact:
Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

[1] The American College of Obstetricians and Gynecologists. (April, 2018). "Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives".
[2] Ibid.
[3] Ibid.
[4] Journal of Midwifery & Women's Health. (September 25, 2019). "Using the Robson 10-Group Classification System to Compare Cesarean Birth Utilization Between US Centers With and Without Midwives".
[5] Maryland Department of Health. (April 6, 2020). "Health-General Article, §13-1207, Annotated Code of Maryland - 2019 Annual Report – Maryland Maternal Mortality Review".

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Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen
Position: FWA

Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

March 2, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Office Building
Annapolis, MD 21401-1991

RE: SB 684 – Maryland Licensure of Certified Midwives Act – Letter of Support with Amendments

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing ("the Board") respectfully submits this letter of support with amendments Senate Bill (SB) 684 – Maryland Licensure of Certified Midwives Act. This bill establishes a licensing and regulatory system for the practice of certified midwifery under the State Board of Nursing. This bill alters duties of the Board to set standards for the practice of certified midwifery. Additionally, the Board is required to issue a license to practice certified midwifery to individuals who have met certain requirements.

The practice of midwifery encompasses a full range of primary health care services for women from adolescence and beyond menopause. Midwives work in partnership with women to give the necessary support, care, and advice during pregnancy, labor, and the postpartum period. Their responsibilities may include antenatal education and preparation for parenthood, monitoring preventative measures for both mother and child, detecting complications, and accessing medical care or other appropriate assistance in the case of emergency.

The current landscape of midwifery in the state of Maryland focuses on the practice of certified nurse midwives (CNMs) and licensed direct-entry midwives (LDEMs). An individual holding a CNM license has been trained through a midwifery education program and additionally holds a license to practice registered nursing (RN). The CNM license is recognized in all 50 states, the District of Columbia, and all U.S. territories.

SB 684 would establish a new discipline of midwifery to include certified midwives (CMs). This license allows an individual to train through a midwifery education program without having to obtain a RN license. The individual receives the same midwifery educational and clinical training as a CNM, and must pass the same national examination. The CM license is currently recognized in the states of Delaware, Hawaii, Maine, New Jersey, New York, and Rhode Island. The states of Virginia, Pennsylvania, Minnesota, and the District of Columbia are currently working to adopt similar legislation as SB 684 to formalize the CM license.

The Board fully supports the introduction of the CM discipline on the account of two factors. The first being that it will increase the amount of healthcare professionals authorized to practice midwifery in the State. It may incentivize midwives from neighboring states to obtain a license to practice certified midwifery within Maryland. The second being that it will lead to an increase in access to reproductive healthcare for all communities in Maryland.

The Board would like to propose a number of amendments to SB 684. These amendments would align with existing language in Title 8 of the Health Occupations Article.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support with amendments for SB 684.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

Gary N. Hicks
Board President

The Board respectfully submits the following amendments:

Amendment 1. On page 6. Add section 8-6D-02.1. After line 30.

(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 BY THE APPLICANT'S OR LICENSEE'S PRACTICE OF 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 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 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.

Amendment 2. On page 7. Section 8-6D-03; line 18:

(4) HAVE PASSED **[AN]** **THE AMERICAN MIDWIFERY CERTIFICATION BOARD** EXAMINATION APPROVED BY AMCB.

Amendment 3. On page 8. Section 8-6D-05. Remove lines 6 – 12.

~~**[(A) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES AND OTHER SERVICES IT PROVIDES TO LICENSED CERTIFIED MIDWIVES THAT ARE EQUIVALENT TO:**~~

~~**(1) INITIAL AND RENEWAL LICENSURE FEES FOR A REGISTERED NURSE; AND**~~

~~**(2) INITIAL AND RENEWAL CERTIFICATION FEES FOR A LICENSED NURSE CERTIFIED AS A NURSE-MIDWIFE]**~~

Amendment 4. On page 8. Section 8-6D-05. Add.

(A) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES AND OTHER SERVICES IT PROVIDES TO LICENSED CERTIFIED MIDWIVES;

(1) THE FEES CHARGED SHALL BE SET SO AS TO PRODUCE FUNDS TO APPROXIMATE THE COST OF MAINTAINING THE LICENSURE AND OTHER SERVICES PROVIDED TO LICENSED CERTIFIED MIDWIVES.

Amendment 5. On page 8. Section 8-6D-05; line 16, after BOARD:

BOARD **OF NURSING FUND.**

Amendment 6. On page 8. Section 8-6D-05; line 17, after USED:

USED **EXCLUSIVELY** TO COVER

Amendment 7. On page 10. Section 8-6D-08. Remove lines 11 – 12.

~~**[THE LICENSEE THE DOCUMENTS NECESSARY FOR INITIATING THE CRIMINAL HISTORY RECORDS CHECK WITH THE RENEWAL NOTICE.]**~~

Amendment 8. On page 10. Section 8-6D-08. After SEND add:

SEND **INFORMATION REGARDING HOW THE APPLICANT MAY COMPLETE THE REQUIRED CRIMINAL HISTORY RECORDS CHECK.**

Amendment 9. On page 14. Section 8-6D-10. Remove lines 27 – 28.

~~**[(24) PRACTICES CERTIFIED MIDWIFERY ON A NONRENEWED LICENSE FOR A PERIOD OF 16 MONTHS OR LONGER;]**~~

Amendment 10. On page 14. Section 8-6D-10. Add line 27.

(24) ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT;

Amendment 11. On page 15. Section 8-6D-10. Add after line 17.

(D) 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:

(1) APPLIES TO THE BOARD FOR REINSTATEMENT:

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

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

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

(E) IF A LICENSEE MEETS THE REQUIREMENTS OF THIS SUBSECTION, THE BOARD SHALL:

(1) REINSTATE THE LICENSE;

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

(3) DENY REINSTATEMENT OF THE LICENSE.

Amendment 12. On page 17. Add Section 8-6D-15. Add after line 14.

(A) 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 PERIOD OF LICENSURE; AND

(3) CONTINUES AUTHORITY OVER AN INDIVIDUAL HOLDING AN EXPIRED LICENSE, A LAPSED LICENSE, OR A TEMPORARY LICENSE THAT HAS EXPIRED UNDER §8-6D-10 OF THIS SUBTITLE.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.