



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 25th, 2025

The Honorable Joseline Pena-Melnyk
Chair, Health and Government Operations Committee
Room 240
House Office Building
Annapolis, MD 21401

RE: HB 838 – Health Occupations - Licensed Direct-Entry Midwives - Revisions

Dear Chair Pena-Melnyk and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of opposition for HB 838 Health Occupations - Licensed Direct-Entry Midwives - Revisions. While we support our Licensed Direct-Entry Midwives (LDEMs) and the expertise they have in their practice, we believe that the changes made in this bill are potentially dangerous, interfere with continuity of care, and could place patients at risk.

The Board is proud to oversee the practice of Licensed Direct-Entry Midwives and recognizes the important work they do for parents and newborns. The Board has supported LDEMs as independent practitioners, and recognizes that during low-risk pregnancy labor, delivery, and postpartum periods they can provide excellent care up to any standard. However, this bill seeks to eliminate a number of reporting/administrative requirements for LDEMs that ensure continuity of care and safe practice. On page 4 lines 8-10 and page 5 lines 17-18, the bill eliminates the requirement that LDEMs notify the patient's pediatric health care practitioner when birth is imminent, and after birth has occurred. Should anything go wrong then in the intrapartum period, and swift intervention by the pediatric health care practitioner be needed, they could be caught unaware and unprepared to assist. Similarly, on page 10 lines 11-13 and page 11 line 6, the bill eliminates the requirement that LDEMs provide a written birth plan to the hospital that would receive the patient in extenuating circumstances, and even removes the requirement that the LDEM accompany the patient to the hospital. Any one of these changes, and certainly all of them taken together, could cause serious continuity of care issues at a time when the health of the patient is at increasing risk. The reports and communications between LDEMs and other providers exist to ensure the safety of the patient, and the Board does not believe they should be removed.

As shown above, this bill reduces communication between LDEMs and the rest of the healthcare system, opening patients to increased risks during the naturally risky intrapartum period. It should be reiterated here that the Board has the utmost trust in our LDEMs to provide care to low-risk patients, but they do not have the clinical expertise to handle high-risk pregnancies independently. This issue is compounded in the bill by altering the conditions under which a

LDEM is required to transfer their patient to a hospital. Specifically, on page 7 lines 16-20 they remove severe anemia and other systemic and rare diseases and disorders as conditions that would require transfer, and only require them to consult with a healthcare practitioner. A healthcare practitioner, it should be noted, who may not even know the birth is happening according to this bill. Again, through an attempt to ease the administrative burden on LDEMs, this bill would compound patient risk. Severe anemia in particular can be life-threatening during the intrapartum period, and rather than using an abundance of caution and requiring transfer, this bill would only require the LDEM to consult with a qualified provider who is likely not physically present with the patient to treat them. Finally, this bill would eliminate the requirement that LDEMs report to the Board all births they assisted with outside a hospital setting, potentially skewing data.

The Board knows how important LDEMs are to the State's healthcare workforce. They provide essential care to hundreds of Marylanders every year, and we would be far less capable of providing necessary services if not for their important work. As such, we do support the extension of their licensure in the bill. They are, however, part of a larger system designed to ensure safe provision of care. This bill exposes LDEMs and their patients to greater risks, and isolates them from the larger healthcare system. For these reasons, we respectfully ask this committee for an unfavorable report on HB 838.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Christine Lechliter". The signature is written in a cursive, flowing style.

Christine Lechliter
Board President

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