Overview

This bill establishes a voluntary licensure system for traditional midwives. It establishes educational and training requirements, and only licensed people are allowed to use protected titles. It does not require an individual to be licensed to practice midwifery.

1 **Definitions.** Adds § 147D.01. Defines terms for the chapter on midwife licensure: advisory council, approved education program, board, contact hour, credential, credentialing examination, normal pregnancy, traditional midwifery services, transfer of care, and transport.

2 **Midwifery.** Adds § 147D.03. Identified when persons are deemed to be practicing midwifery; any person who publicly professes to be a traditional midwife and who, for a fee, assists or attends a woman in pregnancy, childbirth outside a health care facility, and postpartum is regarded as practicing traditional midwifery. Describes the scope of practice for midwives. Lists services that are outside the scope of practice of traditional midwives: using any instrument at childbirth except as necessary to sever the umbilical cord or repair certain perineal lacerations, assisting childbirth by artificial or mechanical means, and removing the placenta accreta.

3 **Professional conduct.** Adds § 147D.05. Describes the practice standards and record-keeping requirements that licensed traditional midwives must satisfy.

**Subd. 1. Practice standards.** Requires licensed traditional midwives to conduct initial and ongoing screenings to ensure that clients are receiving safe and appropriate care, including taking detailed health histories and recommending certain tests and services from other health care providers. Allows midwives to provide care only to women who are expected to have a normal pregnancy, labor, and delivery. If a midwife determines that a woman is not expected to have a normal pregnancy, labor, and delivery, requires the midwife to refer the woman to a licensed physician or certified nurse midwife.

**Subd. 2. Written plan.** Requires traditional midwives to prepare written plans for each client to ensure continuity of care and to include, in the plans, the conditions under which a client’s care
needs to be transferred to another provider.

**Subd. 3. Health regulations.** Requires traditional midwives to comply with public health regulations.

**Subd. 4. Client records.** Requires traditional midwives to keep client records for each client.

**Subd. 5. Data.** Allows all client records maintained by clients to be accessed in the same manner as other medical records (according to section 144.335, access to medical records).

4 **Informed consent.** Adds § 147D.07. Requires licensed traditional midwives to obtain informed consent from clients, by having clients sign informed consent forms, before providing services to them. Specifies the information that must be contained in the informed consent forms. Requires midwives to keep the informed consent forms on file for each client, and to provide the forms to the Board of Medical Practice if the Board so requests.

5 **Limitations of practice.** Adds § 147D.09. Prohibits licensed traditional midwives from prescribing, dispensing, or administering prescription drugs, except administering vitamin K, antihemorrhagic drugs in emergencies, local anesthesia, oxygen, and prophylactic eye agents. Prohibits midwives from performing operative or surgical procedures, except for suture repair of certain perineal lacerations.

6 **Medical consultation plan.** Adds § 147D.11. To be eligible for licensure, requires applicants to develop a medical consultation plan to determine when midwives will consult with other health care providers, transfer care to other health care providers, and immediately transport women to hospitals. Requires these plans to comply with the standards established by the Minnesota Midwives Guild.

7 **Reporting.** Adds § 147D.13. Requires licensed traditional midwives to compile and make the following reports:

   - compile a summary report of information on each client and care provided to each client. The Board may review these reports at any time;
   - make public health reports to the commissioner of health and the Board regarding maternal, fetal, and neonatal deaths; and
   - make reports to the Board regarding disciplinary actions taken against the midwife by the North American Registry of Midwives (NARM).

8 **Protected titles.** Adds § 147D.15. Specifies that only licensed midwives are authorized to use protected titles. Makes it a misdemeanor to use a protected title without being licensed. Exempts other health care practitioners, students, and certain midwives from licensure.

   **Subd. 1. Protected titles.** Prohibits any person who is not licensed under this chapter from using protected titles, and lists the titles that are protected.

   **Subd. 2. Other health care practitioners; students.** Exempts licensed physicians, registered nurses, and certified nurse midwives from this chapter. Provides that students enrolled in approved education programs need not be licensed.

   **Subd. 3. Penalty.** Makes it a misdemeanor for any person to violate this section.

   **Subd. 4. Exceptions.** States that this chapter does not limit free traditional midwife services that are provided by family members or members of the same religious community.

9 **Licensure requirements.** Adds § 147D.17. Establishes the requirements that must be met for traditional midwife licensure.

   **Subd. 1. General requirements for licensure.** To be eligible for licensure, requires applicants to submit a completed application, a diploma from an approved education program or evidence of having completed an apprenticeship, a credential as a certified professional midwife from a board-approved national organization, certification to perform adult and infant CPR, a copy of
the applicant's medical consultation plan, documentation verifying that the applicant has completed practical experience requirements, and other information requested by the Board.

**Subd. 2. Licensure by reciprocity.** For an applicant to be licensed by reciprocity, requires the applicant to be credentialed by a board-approved credentialing organization and to submit certain application materials and fees and verification from another jurisdiction, which has credential requirements equal to or higher than Minnesota's, of the applicant's credential status.

**Subd. 3. Temporary permit.** Allows the Board to issue a temporary permit to practice as a traditional midwife, to be valid until the Board meets to decide on the midwife's application for licensure.

**Subd. 4. Licensure by equivalency during transition period.** Establishes a transition period of July 1, 1999 to July 1, 2000, in which a midwife can qualify for licensure if the midwife has practiced traditional midwifery for at least five years, verifies completion of the practical experience requirements for licensure, and submits certain other application materials and fees. Allows these licenses to be renewed once. Within two years from the date a license is issued under this subdivision, requires the midwife to obtain certification from the North American Registry of Midwives.

**Subd. 5. License expiration.** Specifies that licenses expire and must be renewed annually.

**Subd. 6. Renewal.** Establishes requirements for license renewal.

**Subd. 7. Change of address.** Requires licensees who change addresses to notify the Board of the change within 30 days.

**Subd. 8. License renewal notice.** Requires the Board to send out a renewal notice at least 30 days before the renewal date, and describes what information must be included in the notice.

**Subd. 9. Renewal deadline.** Requires renewal applications to be postmarked by July 1, or as determined by the board.

**Subd. 10. Inactive status.** Allows a license to be placed on inactive status, at the request of the licensee. Lists the requirements that must be met to restore a license from inactive status to active status.

**Subd. 11. Licensure following lapse of licensure status for two years or less.** Specifies the actions a licensee must take to regain licensure status, after a lapse of licensure for two years or less.

**Subd. 12. Cancellation due to nonrenewal.** If a midwife whose license has lapsed for more than two years wants to obtain a new license, requires the midwife to apply for licensure and meeting all the requirements for initial licensure.

**Subd. 13. Cancellation of licensure in good standing.** Allows a midwife with an active license to have the license canceled if the Board is not currently investigating the midwife or has not begun disciplinary action. If a midwife whose licensed has been canceled wants to obtain a new license, the midwife must apply for licensure and meet all the requirements for initial licensure.

**10 Board action on applications for licensure.** Adds § 147D.19. Requires the Board to act on each application for licensure and to notify each applicant, in writing, of the actions taken on the application, grounds for denial of licensure, and the applicant's right to review of the denial by the advisory council. Describes the review process.

**11 Continuing education requirements.** Adds § 147D.21. Establishes requirements for continuing education, including the number of hours that must be obtained (30 hours per three-year period), criteria for the Board to use to approve continuing education programs, and acceptable continuing education topics. Requires the Board to verify the continuing education credits of a random sample of licensees.
Discipline; reporting. Adds § 147D.23. Makes licensees and applicants subject to certain discipline provisions in the Medical Practice Act that apply to physicians (grounds for disciplinary action, probable cause hearings, reporting obligations, immunity, cooperation, forms of disciplinary action, judicial review of disciplinary actions, and accountability).


Fees. Adds § 147D.27. Establishes fees for licensure, allows initial license fees to be prorated, allows a penalty fee to be charged for late renewals, and makes fees nonrefundable.

Appropriation. Appropriates $8,000 in fiscal year 2000 and $4,000 in fiscal year 2001 from the state government special revenue fund to the board of medical practice to administer the chapter on midwife licensure.