

Dear Senators HEIDER, Souza, Jordan, and
Representatives WOOD, Packer, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Bureau of Occupational Licenses - Idaho Board of Midwifery:
IDAPA 24.26.01 - Rules of the Idaho Board of Midwifery - Proposed Rule (Docket No. 24-2601-1801).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 11/01/2018. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 12/03/2018.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the memorandum attached below.



Eric Milstead
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Legislative Research Analyst - Matt Drake

DATE: October 15, 2018

SUBJECT: Bureau of Occupational Licenses - Idaho Board of Midwifery

IDAPA 24.26.01 - Rules of the Idaho Board of Midwifery - Proposed Rule (Docket No. 24-2601-1801)

Summary and Stated Reasons for the Rule

The Bureau of Occupational Licenses submits notice of proposed rulemaking relating to the Rules of the Idaho Board of Midwifery. The proposed rule updates two documents incorporated by reference to reflect the most current publications: (1) the Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention, dated August 16, 2002, is replaced by reference to the November 19, 2010 version of that publication; and (2) the 2001 Job Analysis Survey published by the North American Registry of Midwives is replaced by reference to the 2016 Job Analysis Survey. In addition, the proposed rule deletes obsolete language that allowed the Board to waive CPM certification requirements under certain circumstances. The proposed rule also clarifies that, to renew their license, a midwife must certify on their application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and neonatal resuscitation through approved courses.

Negotiated Rulemaking / Fiscal Impact

The Bureau states that negotiated rulemaking was not conducted because the proposed changes to these rules were discussed during noticed, open meetings of the Board. There is no fiscal impact.

Statutory Authority

The proposed rule changes appear to be within the statutory authority of the Board pursuant to section 54-5504, Idaho Code.

cc: Bureau of Occupational Licenses - Idaho Board of Midwifery
Tana Cory

*** PLEASE NOTE ***

Per the Idaho Constitution, all administrative rules must be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

Kristin Ford, Manager
Research & Legislation

Paul Headlee, Manager
Budget & Policy Analysis

April Renfro, Manager
Legislative Audits

Glenn Harris, Manager
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IDAPA 24 – BUREAU OF OCCUPATIONAL LICENSES

24.26.01 – RULES OF THE IDAHO BOARD OF MIDWIFERY

DOCKET NO. 24-2601-1801

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 54-5504, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 17, 2018.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The State Board of Midwifery's proposed rule will update two documents incorporated by reference to reflect the most current publications, delete obsolete waiver language, and clarify current cardiopulmonary resuscitation certification for licensure renewal.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because the proposed changes to these rules were discussed during noticed, open meetings of the Board.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

The Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention, dated August 16, 2002, will be updated to incorporate the November 19, 2010 publication. The Analysis of the 2001 Job Analysis Survey published by the North American Registry of Midwives will be updated to incorporate the 2016 Job Analysis Survey. By updating these documents, the Board is ensuring they reflect the most current publications.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jennifer Carr at (208) 334-3233.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 24, 2018.

Dated this 29th day of August, 2018.

Tana Cory, Bureau Chief
Bureau of Occupational Licenses
700 W. State Street
P.O. Box 83720
Boise, ID 83720
Phone: (208) 334-3233
Fax: (208) 334-3945

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 24-2601-1801
(Only Those Sections With Amendments Are Shown.)

004. INCORPORATION BY REFERENCE (RULE 4).

The following documents are incorporated by reference into these rules, and are available at the Board's office and through the Board's website: (3-29-10)

01. Prevention of Perinatal Group B Streptococcal Disease. Published by the Centers for Disease Control and Prevention, MMWR 2002~~10~~;5~~7~~9 (No. RR 1~~7~~0), dated ~~August~~ **November** 16~~9~~, 20~~10~~2, referenced in Paragraph 350.01.d. (3-29-10)()

02. Essential Documents of the National Association of Certified Professional Midwives. Copyright date 2004, referenced in Subsection 356.01. (3-29-10)

03. Analysis of the 200~~16~~ Job Analysis Survey. Published by the North American Registry of Midwives (NARM). (3-29-10)()

(BREAK IN CONTINUITY OF SECTIONS)

100. QUALIFICATIONS FOR LICENSURE (RULE 100).

01. Applications. Applications for licensure must be submitted on Board-approved forms. (3-29-10)

02. Qualifications. Applicants for licensure must submit a completed application, required application and licensing fees, and documentation, acceptable to the Board, establishing that the applicant: (3-29-10)

a. Currently is certified as a CPM by NARM or a successor organization. (3-29-10)

b. Has successfully completed Board-approved, MEAC-accredited courses in pharmacology, the treatment of shock/IV therapy, and suturing specific to midwives. (3-29-10)

~~**03. Waiver of Current CPM Certification Requirement.** The Board may waive the current CPM certification requirement, specified here in Paragraph 100.02.a., for any applicant who has continuously practiced midwifery in Idaho for at least five (5) years prior to July 1, 2009. To qualify for the waiver, the applicant must apply for licensure before July 1, 2010 and submit with the application documentation, acceptable to the Board, of the following:~~ (3-29-10)

~~**a.** The applicant's primary attendance at seventy five (75) births within the past ten (10) years, ten (10) of which occurred in the two (2) years immediately preceding the applicant's application for licensure;~~ (3-29-10)

~~**b.** Current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through completion of American Heart Association approved cardiopulmonary resuscitation courses and American Academy of Pediatrics approved neonatal resuscitation courses; and~~ (3-29-10)

~~**c.** Complete practice data, as referenced in Subsection 200.04, for the two (2) years preceding the application for licensure. The complete practice data documentation must be submitted on a Board approved form.~~ (3-29-10)

043. Incomplete or Stalled Applications. The applicant must provide or facilitate the provision of any supplemental third party documents that may be required by the Board. If an applicant fails to respond to a Board

request or an application has lacked activity for twelve (12) consecutive months, the application on file with the Board shall be deemed denied and it shall be terminated upon thirty (30) days written notice, unless good cause is established to the Board. (3-29-10)

(BREAK IN CONTINUITY OF SECTIONS)

200. RENEWAL OF LICENSE (RULE 200).

01. Expiration Date. A licensed midwife's license expires on the licensed midwife's birth date. The license must be annually renewed before the licensed midwife's birth date in accordance with Section 67-2614, Idaho Code. Licenses that are not renewed as required will be cancelled pursuant to Section 67-2614, Idaho Code. (3-29-10)

02. Reinstatement. A license that has been cancelled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code. (3-29-10)

03. Application for Renewal. In order to renew a license a licensed midwife must submit a timely, completed, Board-approved renewal application form and pay the required application and renewal fees. (3-29-10)

04. Complete Practice Data. The information submitted by the licensed midwife on the Board-approved application form must include complete practice data for the twelve (12) months immediately preceding the date of the renewal application. Such information shall include: (3-29-10)

- a.** The number of clients to whom the licensed midwife has provided care; (3-29-10)
- b.** The number of deliveries, including; (3-29-10)
 - i.** The number of cesareans; (3-29-10)
 - ii.** The number of vaginal births after cesarean (VBACs); (3-29-10)
- c.** The average, oldest, and youngest maternal ages; (3-29-10)
- d.** The number of primiparae; (3-29-10)
- e.** All APGAR scores below five (5) at five (5) minutes; (3-29-10)
- f.** The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including; (3-29-10)
 - i.** Transfers of mothers; (3-29-10)
 - ii.** Transfers of babies; (3-29-10)
 - iii.** Reasons for transfers; (3-29-10)
 - iv.** Transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. (3-29-10)
- g.** Any perinatal deaths occurring up to six weeks post-delivery, broken out by: (3-29-10)
 - i.** Weight; (3-29-10)
 - ii.** Gestational Age; (3-29-10)

- iii. Age of the baby; (3-29-10)
- iv. Stillbirths, if any; (3-29-10)
- h. Any significant neonatal or perinatal problem, not listed above, during the six (6) weeks following birth. (3-29-10)

05. Current Cardiopulmonary Resuscitation Certification. A licensed midwife to renew their license must certify on their renewal application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through completion of American Heart Association approved cardiopulmonary resuscitation courses and American Academy of Pediatrics approved neonatal resuscitation courses. ()

056. **Continuing Education Verification.** When a licensed midwife submits a renewal application, the licensed midwife must certify by signed affidavit that the annual continuing education requirements set by the Board have been met. The Board may conduct such continuing education audits and require verification of attendance as deemed necessary to ensure compliance with continuing education requirements. (3-29-10)

(BREAK IN CONTINUITY OF SECTIONS)

325. INFORMED CONSENT (RULE 325).

01. Informed Consent Required. A licensed midwife must obtain and document informed consent from a client before caring for that client. The informed consent must be documented on an informed consent form, signed and dated by the client, in which the client acknowledges, at a minimum, that the following information has been provided to the client by the midwife: (3-29-10)

- a. The licensed midwife's training and experience; (3-29-10)
- b. Instructions for obtaining a copy of the Board's rules; (3-29-10)
- c. Instructions for obtaining a copy of the Essential Documents of the NACPM and Analysis of the 2016 Job Analysis Survey, published by NARM; ~~(3-29-10)~~()
- d. Instructions for filing complaints with the Board; (3-29-10)
- e. Notice that the licensed midwife does or does not have professional liability insurance coverage; (3-29-10)
- f. A written protocol for emergencies, including hospital transport that is specific to each individual client; and (3-29-10)
- g. A description of the procedures, benefits and risks of out-of-hospital birth, primarily those conditions that may arise during delivery. (3-29-10)

02. Record of Informed Consent. All licensed midwives must maintain a record of all signed informed consent forms for each client for a minimum of nine (9) years after the last day of care for such client. (3-29-10)

INCORPORATION BY REFERENCE SYNOPSIS

In compliance with Section 67-5223(4), Idaho Code, the following is a synopsis of the differences between the materials previously incorporated by reference in this rule that are currently of full force and effect and newly revised or amended versions of these same materials that are being proposed for incorporation by reference under this rulemaking.

The following agency of the state of Idaho has prepared this synopsis as part of the proposed rulemaking for the chapter cited here under the docket number specified:

***Bureau of Occupational Licenses
IDAPA 24.26.01 - Rules of the State Board of Midwifery
Proposed Rulemaking - Docket No. 24-2601-1801***

1. The Prevention of Perinatal Group B Streptococcal Disease published by the Centers for Disease Control and Prevention, MMWR 2002; 51 (no. RR11) dated August 16, 2002 to MMWR 2010; 59 (no. RR 10) dated November 19, 2010

Summary of Changes between CDC MMWR 2002 and MMWR 2010:

Despite substantial progress in prevention of perinatal group B streptococcal (GBS) disease since the 1990's, GBS remains the leading cause of early-onset neonatal sepsis in the United States. In 1996, CDC, in collaboration with relevant professional societies, published guidelines for the prevention of perinatal group B streptococcal disease (CDC. Prevention of perinatal group B streptococcal disease: a public health perspective. MMWR 1996; 45 [No. RR-7]); those guidelines were updated and republished in 2002 (CDC. Prevention of perinatal group B streptococcal disease: revised guidelines from CDC. MMWR 2002; 51 [No. RR-11]). In June 2009, a meeting of clinical and public health representatives was held to reevaluate prevention strategies on the basis of data collected after the issuance of the 2002 guidelines. This report presents CDC's updated guidelines, which have been endorsed by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American College of Nurse-Midwives, the American Academy of Family Physicians, and the American Society of Microbiology. The recommendations were made on the basis of available evidence when such evidence was sufficient and on expert opinion when available evidence was insufficient. The key changes in the 2010 guidelines include the following:

- Expanded recommendations on laboratory methods for the identification of GBS,
- Clarification of the colony-count threshold required for reporting GBS detected in the urine of pregnant women,
- Updated algorithms for GMS screening and intrapartum chemoprophylaxis for women with preterm labor or preterm premature rupture of membranes,
- A change in the recommended dose of penicillin-G for chemoprophylaxis,
- Updated prophylaxis regimens for women with penicillin allergy, and
- A revised algorithm for management of newborns with respect to risk for early-onset GBS disease.

Universal screening at 35-37 weeks' gestation for maternal GBS colonization and use of intrapartum antibiotic prophylaxis has resulted in substantial reductions in the burden of early-onset GBS disease among newborns. Although early-onset GBS disease has become relatively uncommon in recent years, the rates of maternal GBS colonization (and therefore the risk for early on-set GBS disease in the absence of intrapartum antibiotic prophylaxis) remain unchanged since the 1970s. Continued efforts are needed to sustain and improve on the progress achieved in the prevention of GBS disease. There also is a need to monitor for potential adverse consequences of intrapartum antibiotic prophylaxis (e.g., emergence of bacterial antimicrobial resistance or increased incidence or severity on non-GBS neonatal pathogens). In the absence of a licensed GBS vaccine, universal screening and intrapartum antibiotic prophylaxis continue to be the cornerstones of early-onset GBS disease prevention.

Link to the 2010 Prevention of Perinatal Group B Streptococcal Disease published by Centers for Disease Control and Prevention: <https://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf>

2. The Analysis of the 2001 Job Analysis Survey published by the North American Registry of Midwives (NARM) to the 2016 Job Analysis Survey

Summary Changes between the 2001 and 2016 NARM Job Analysis Survey:

The North American Registry of Midwives (NARM) performs a Job Analysis Survey every six to eight years in an effort to accurately reflect the job skills and knowledge base for the practice of midwifery. Subsequent surveys are conducted to confirm that the initial knowledge, skills, and abilities are still relevant and necessary, to discard any that have become obsolete, and identify any new components that reflect current practice.

The 2016 NARM Job Analysis Survey Compressive Report provides the most recent data and explains in more detail the methodology, data collection, analyses, and survey results, and includes the test content outline that resulted from the job analysis.

Link to the 2016 Job Analysis Survey: <http://narm.org/pdf/2016-Job-Analysis.pdf>