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IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 8

BY HEALTH AND WELFARE COMMITTEE

AN ACT RELATING TO MIDWIFERY; AMENDING SECTION 54-5503, IDAHO CODE, TO REVISE PROVISIONS REGARDING THE BOARD OF MIDWIFERY, TO PROVIDE FOR ANNUAL ELECTION OF A CHAIRPERSON, AND TO MAKE TECHNICAL CORRECTIONS; AMEND-ING SECTION 54-5505, IDAHO CODE, TO REVISE PROVISIONS REGARDING THE LIST OF FORMULARY DRUGS THAT MIDWIVES ARE AUTHORIZED TO USE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 54-5506, IDAHO CODE, TO REMOVE OBSOLETE LANGUAGE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 54-5507, IDAHO CODE, TO REMOVE OBSOLETE LANGUAGE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 54-5511, IDAHO CODE, TO CLARIFY LAN-10 GUAGE; AND PROVIDING A SUNSET DATE. 11

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 54-5503, Idaho Code, be, and the same is hereby amended to read as follows:

54-5503. BOARD OF MIDWIFERY CREATED. (1) There is hereby established in the department of self-governing agencies, bureau of occupational licenses, a board of midwifery.

- (2) The board shall consist of five (5) members appointed by the governor, three (3) of whom shall be licensed pursuant to this chapter, one (1) of whom shall be a licensed physician who is board-certified in either obstetrics/gynecology or family medicine, maintains current hospital privileges and has provided primary maternity care for at least twenty (20) births in the twelve (12) months prior to the appointment, and one (1) of whom shall be a member of the public with an interest in the rights of consumers of midwifery services.
- (3) One (1) member of the initial board shall be appointed for a one (1) year term of office, one (1) member of the initial board shall be appointed for a two (2) year term of office, one (1) member of the initial board shall be appointed for a three (3) year term of office, one (1) member shall be appointed for a four (4) year term of office and one (1) member of the initial board shall be appointed for a five (5) year term of office. Thereafter, tThe term of office for each board member shall be five (5) years.
- (4) In making appointments to the board, the governor's selection shall not be limited to nominations he receives; however, consideration shall be given to recommendations made by the Idaho midwifery council and Idahoans for midwives.
- (5) The initial three (3) licensed midwife board members shall have at least three (3) years of experience in the practice of midwifery, shall hold current CPM certification and shall be eligible to become licensed pursuant to this chapter.
- (6) The three (3) board members who are licensed midwives shall be licensed pursuant to this chapter, shall actively practice midwifery in the

state of Idaho for the duration of their appointment and shall have been a practicing midwife in the state of Idaho for at least three (3) years immediately preceding their appointment.

- $(7\underline{6})$ In the event of the death, resignation or removal of any board member before the expiration of the term to which he is appointed, the vacancy shall be filled for the unexpired portion of the term in the same manner as the original appointment.
 - (87) Board members shall serve at the pleasure of the governor.
- (98) Within thirty (30) days after its appointment, the initial board shall hold a meeting and elect a chairperson. The board shall meet at least annually thereafter and elect a chairperson, and may hold additional meetings at the call of the chairperson or at the written request of any two (2) members of the board. A majority of the board shall constitute a quorum. The vote of a majority of members present at a meeting wherein a quorum is present shall determine the action of the board.
- SECTION 2. That Section 54-5505, Idaho Code, be, and the same is hereby amended to read as follows:
 - 54-5505. RULEMAKING. (1) The rules adopted by the board shall:
 - (a) Allow a midwife to obtain and administer, during the practice of midwifery, the following:
 - (i) Oxygen;

- (ii) Oxytocin and cytotee , misoprostol, and methylergonovine as postpartum antihemorrhagic agents;
- (iii) Injectable local anesthetic for the repair of lacerations that are no more extensive than second degree;
- (iv) Antibiotics to the mother for group b streptococcus prophylaxis consistent with guidelines of the United States centers for disease control and prevention;
- (v) Epinephrine to the mother administered via a metered dose auto-injector for anaphylactic shock;
- (vi) Intravenous fluids for stabilization of the woman;
- (vii) Rho(d) immune globulin;
- (viii) Vitamin K Phytonadione; and
- (ix) Eye prophylactics to the baby.
- (b) Prohibit the use of other legend drugs, except those of a similar nature and character as determined by the board to be consistent with the practice of midwifery; provided that, at least one hundred twenty (120) days' advance notice of the proposal to allow the use of such drugs is given to the board of pharmacy and the board of medicine and neither board objects to the addition of such drugs to the midwifery formulary;
- (c) Define a protocol for use by licensed midwives of drugs approved in paragraphs (a) and (b) of this subsection that shall include methods of obtaining, storing and disposing of such drugs and an indication for use, dosage, route of administration and duration of treatment;
- (d) Define a protocol for medical waste disposal; and
- (e) Establish scope and practice standards for antepartum, intrapartum, postpartum and newborn care that shall, at a minimum:

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- (i) Prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions or symptoms that include:
 - Placental abnormality;
 - 2. Multiple gestation, except that midwives may provide antepartum care that is supplementary to the medical care of the physician overseeing the pregnancy, so as long as it does not interfere with the physician's recommended schedule of care;
 - 3. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first;
 - 4. Birth under thirty-seven and zero-sevenths $(37\ 0/7)$ weeks and beyond forty-two and zero-sevenths $(42\ 0/7)$ weeks gestational age;
 - 5. A history of more than one (1) prior cesarean section, a cesarean section within eighteen (18) months of the estimated due date or any cesarean section that was surgically closed with a classical or vertical uterine incision;
 - 6. Platelet sensitization, hematological or coagulation disorders;
 - 7. A body mass index of forty (40.0) or higher at the time of conception;
 - 8. Prior chemotherapy and/or radiation treatment for a malignancy;
 - 9. Previous pre-eclampsia resulting in premature delivery;
 - 10. Cervical insufficiency;
 - 11. HIV positive status; or
 - 12. Opiate use that places the infant at risk of neonatal abstinence syndrome.
- (ii) Prohibit a licensed midwife from providing care for a client with a history of the following disorders, diagnoses, conditions or symptoms unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider:
 - 1. Diabetes;
 - 2. Thyroid disease;
 - 3. Epilepsy;
 - 4. Hypertension;
 - 5. Cardiac disease;
 - 6. Pulmonary disease;
 - 7. Renal disease;
 - 8. Gastrointestinal disorders;
 - 9. Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract;
 - 10. Abnormal cervical cytology;
 - 11. Sleep apnea;
 - 12. Previous bariatric surgery;
 - 13. Hepatitis;
 - 14. History of illegal drug use or excessive prescription drug use; or

1	15. Rh or other blood group disorders and a physician deter-
2	mines the pregnancy can safely be attended by a midwife.
3	(iii) Require a licensed midwife to recommend that a client see
4	a physician licensed under chapter 18, title 54, Idaho Code, or
5	under an equivalent provision of the law of a state bordering
6	Idaho and to document and maintain a record as required by section
7	54-5511, Idaho Code, if such client has a history of disorders,
8	diagnoses, conditions or symptoms that include:
9	 Previous complicated pregnancy;
10	2. Previous cesarean section;
11	3. Previous pregnancy loss in second or third trimester;
12	4. Previous spontaneous premature labor;
13	Previous pre-term rupture of membranes;
14	6. Previous pre-eclampsia;
15	7. Previous hypertensive disease of pregnancy;
16	8. Parvo;
17	9. Toxo;
18	10. CMV;
19	11. HSV;
20	12. Previous maternal/newborn group b streptococcus infec-
21	tion;
22	13. A body mass index of at least thirty-five (35.0) but less
23	than forty (40.0) at the time of conception;
24	14. Underlying family genetic disorders with potential for
25	transmission; or
26	15. Psychosocial situations that may complicate pregnancy.
27	(iv) Require that a licensed midwife shall facilitate the immedi-
28	ate transfer to a hospital for emergency care for disorders, diag-
29	noses, conditions or symptoms that include:
30	 Maternal fever in labor;
31	2. Suggestion of fetal jeopardy such as bleeding or meconium
32	or abnormal fetal heart tones;
33	3. Noncephalic presentation at the onset of labor or rup-
34	ture of membranes, whichever occurs first, unless imminent
35	delivery is safer than transfer;
36	4. Second stage labor after two (2) hours of initiation of
37	pushing when the mother has had a previous cesarean section;
38	5. Current spontaneous premature labor;
39	6. Current pre-term premature rupture of membranes;
40	7. Current pre-eclampsia;
41	8. Current hypertensive disease of pregnancy;
42	9. Continuous uncontrolled bleeding;
43	10. Bleeding which necessitates the administration of more
44	than two (2) doses of oxytocin or other antihemorrhagic
45	agent;
46	11. Delivery injuries to the bladder or bowel;
47	12. Grand mal seizure;
48	13. Uncontrolled vomiting;
49	14. Coughing or vomiting of blood;
50	15. Severe chest pain; or

16. Sudden onset of shortness of breath and associated labored breathing.

A transfer of care shall be accompanied by the client's medical record, the licensed midwife's assessment of the client's current condition and a description of the care provided by the licensed midwife prior to transfer;

- Establish a written plan for the emergency transfer and transport required in subparagraph (iv) of this paragraph and for notifying the hospital to which a client will be transferred in the case of an emergency. If a client is transferred in an emergency, the licensed midwife shall notify the hospital when the transfer is initiated and accompany the client to the hospital if feasible, or communicate by telephone with the hospital if unable to be present personally, and shall provide the client's medical record. The record shall include the client's name, address, list of diagnosed medical conditions, list of prescription or over-the-counter medications regularly taken, history of previous allergic reactions to medications, if feasible the client's current medical condition and description of the care provided by the midwife and next of kin contact information. A midwife who deems it necessary to transfer or terminate care pursuant to this section and any rules promulgated under this section or for any other reason shall transfer or terminate care and shall not be regarded as having abandoned care or wrongfully terminated services. Before nonemergent discontinuing of services, the midwife shall notify the client in writing, provide the client with names of licensed physicians and contact information for the nearest hospital emergency room and offer to provide copies of medical records regardless of whether copying costs have been paid by the client.
- (f) Establish and operate a system of peer review for licensed midwives that shall include, but not be limited to, the appropriateness, quality, utilization and the ethical performance of midwifery care.
- (2) The rules adopted by the board may not:

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- (a) Require a licensed midwife to have a nursing degree or diploma;
- (b) Except as a condition imposed by disciplinary proceedings by the board, require a licensed midwife to practice midwifery under the supervision of another health care provider;
- (c) Except as a condition imposed in disciplinary proceedings by the board, require a licensed midwife to enter into an agreement, written or otherwise, with another health care provider;
- (d) Limit the location where a licensed midwife may practice midwifery;
- (e) Allow a licensed midwife to use vacuum extraction or forceps as an aid in the delivery of a newborn;
- (f) Grant a licensed midwife prescriptive privilege;
- (g) Allow a licensed midwife to perform abortions.

SECTION 3. That Section 54-5506, Idaho Code, be, and the same is hereby amended to read as follows:

54-5506. LICENSURE -- PENALTY. (1) The board shall grant a license to any person who submits a completed application, pays the required license fee as established by the board and meets the qualifications set forth in section 54-5507, Idaho Code.

- (2) All licenses issued under this chapter shall be for a term of one (1) year and shall expire on the birthday of the licensee unless renewed in the manner prescribed by rule. Except as set forth in this chapter, rules governing procedures and conditions for license renewal and reinstatement shall be in accordance with section 67-2614, Idaho Code.
- (3) It is a misdemeanor for any person to assume or use the title or designation "licensed midwife," "L.M." or any other title, designation, words, letters, abbreviations, sign, card or device to indicate to the public that such person is licensed to practice midwifery pursuant to this chapter unless such person is so licensed. Any person who pleads guilty to or is found guilty of a second or subsequent offense under this subsection (3) shall be quilty of a felony.
- (4) Except as provided in section 54-5508, Idaho Code, on and after July $1,\ 2010$, it shall be a misdemeanor for any person to engage in the practice of midwifery without a license. Any person who pleads guilty to or is found guilty of a second or subsequent offense under this subsection (4) shall be guilty of a felony.
- SECTION 4. That Section 54-5507, Idaho Code, be, and the same is hereby amended to read as follows:
- 54-5507. QUALIFICATIONS FOR LICENSURE. (1) A person shall be eligible to be licensed as a midwife if the person:
- $(a\underline{1})$ Provides proof of current certification as a CPM by NARM or a successor organization;
- $(b\underline{2})$ Files a board-approved application for licensure and pays the required fees; and
- (e3) Provides documentation of successful completion of board-approved MEAC accredited courses in pharmacology, the treatment of shock/IV therapy and suturing specific to midwives.
- (2) For any midwife who has been continuously practicing midwifery in Idaho for at least five (5) years prior to July 1, 2009, the qualifications for licensure in subsection (1) (a) of this section may be waived by the board if such midwife provides the following documentation to the board:
 - (a) 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 application for licensure; and
 - (b) In addition to the completion of the courses listed in subsection (1) (c) of this section, successful completion of board approved courses in CPR and neonatal resuscitation; and
 - (c) Complete practice data for the two (2) years preceding the application for licensure, on a form provided by the board.
- (3) Any midwife who wishes to qualify for the waiver provided in subsection (2) of this section shall apply for licensure and provide the required documentation before July 1, 2010.

SECTION 5. That Section 54-5511, Idaho Code, be, and the same is hereby amended to read as follows:

54-5511. DISCLOSURE AND RECORDKEEPING -- LICENSE RENEWAL. (1) Before initiating care, a licensed midwife shall obtain a signed informed consent agreement from each client, acknowledging receipt, at minimum, of the following:

(a) The licensed midwife's training and experience;

- (b) Instructions for obtaining a copy of the rules adopted by the board pursuant to this chapter;
- (c) Instructions for obtaining a copy of the NACPM essential documents and NARM job description;
- (d) Instructions for filing complaints with the board;
- (e) Notice of whether or not the licensed midwife has professional liability insurance coverage;
- (f) A written protocol for emergencies, including hospital transport that is specific to each individual client;
- (g) A description of the procedures, benefits and risks of home birth, primarily those conditions that may arise during delivery; and
- (h) Any other information required by board rule.
- (2) All licensed midwives shall maintain a record of all signed informed consent agreements for each client for a minimum of nine (9) years after the last day of care for such client.
- (3) Before providing care for a client who has a history of disorders, diagnoses, conditions or symptoms identified in section 54-5505(1)(e)(ii), Idaho Code, the licensed midwife shall provide written notice to the client that the client shall obtain care from a physician licensed pursuant to chapter 18, title 54, Idaho Code, as a condition to her eligibility to obtain maternity care from the licensed midwife. Before providing care for a client who has a history of disorders, diagnoses, conditions or symptoms identified in section 54-5505(1)(e)(iii), Idaho Code, or who has had a previous cesarean section, the licensed midwife shall provide written notice to the client that the client is advised to consult with a physician licensed pursuant to chapter 18, title 54, Idaho Code, during her pregnancy. The midwife shall obtain the client's signed acknowledgment of receipt of said notice.
- (4) Any licensed midwife submitting an application to renew a license shall compile and submit to the board complete practice data for the twelve (12) months immediately calendar year preceding the date of the application. Such information shall be provided in form and content as prescribed by rule of the board and shall include, but not be limited to:
 - (a) The number of clients to whom care has been provided by the licensed midwife;
 - (b) The number of deliveries performed by the licensed midwife;
 - (c) The apgar scores of the infants delivered by the licensed midwife;
 - (d) The number of prenatal transfers;
 - (e) The number of transfers during labor, delivery and immediately following birth;
 - (f) Any perinatal deaths; and
 - (g) Other morbidity statistics as required by the board.

SECTION 6. The provisions of this act shall be null, void and of no force and effect on and after July 1, 2024.