

## LICENSURE OF MIDWIVES

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**House Bill 4598 (proposed substitute H-1)**

**Sponsor: Rep. Edward McBroom**

**Committee: Regulatory Reform**

**Complete to 6-10-15**

Analysis available at  
<http://www.legislature.mi.gov>

## SUMMARY:

House Bill 4598 would amend the Public Health Code by adding a new Part 171, which would establish licensing criteria for midwives, and by adding a new Section 16326, which would set fees related to licensing midwives. The bill would take effect 90 days after the date it is enacted into law.

### Definitions

The bill would add the following terms:

"Appropriate health professional," for the purposes of referral, consultation, or collaboration with a midwife under Part 171, would mean any of the following:

- A physician.
- A certified nurse midwife.
- As identified in rules promulgated under the bill, another appropriate health professional licensed, registered, or otherwise authorized to engage in a health profession under this article.

"Certified nurse midwife" would mean a registered professional nurse under Part 172 who has been issued a specialty certification in the profession specialty field of nurse midwifery by the board of nursing under Section 17210.

"Midwife" would mean an individual licensed under Part 171 to engage in the practice of midwifery.

"Physician" would mean an individual licensed to engage in the practice of medicine under part 170 or the practice of osteopathic medicine and surgery under part 175.

"Practice of midwifery" would mean providing maternity care that is consistent with a midwife's training, education, and experience, to women and neonates during the antepartum, intrapartum, and postpartum periods.

However, the practice of midwifery does not include either of the following:

- The practice of medicine or osteopathic medicine and surgery.
- The practice of nursing, including the practice of nursing with a specialty certification in the profession specialty field of nurse midwifery under part 172.

In addition to these definitions, the bill also specifies that Article 1 of the code contains general definitions and principles of construction applicable to all articles in the code, and that Part 161 contains definitions applicable to this part.

### **Midwife Licensing**

If the Department of Licensing and Regulatory Affairs (LARA) receives a complete application and payment of the appropriate fee, the department would then be required to issue a license if the applicant meets all of the following:

- Has received a high school diploma or passed the general educational development (G.E.D.) diploma test or any other high school graduate equivalency examination approved by the board.
- Holds the credential of certified professional midwife from the North American registry of midwives or holds an equivalent credential from another accredited midwifery training program approved by the board.
- Successfully passes an examination approved by LARA in consultation with the board. If the training program described above includes an examination that meets the requirements of Section 16178(1), the board may accept passing of that examination as meeting the requirements of this provision.

Section 16178(1) states that "unless otherwise necessary for a board to fulfill national or regional testing requirements, the department shall conduct examinations or other evaluations necessary to determine qualifications of applicants for initial licensure or registration at least annually and may conduct other investigations or evaluations necessary to determine the qualifications of applicants. A board may accept passing a national or regional examination developed for use in the United States for the purpose of meeting a state board examination or a part thereof."

LARA may grant a license to a person who is licensed as a midwife in another state at the time of the application if the applicant provides evidence satisfactory to the Michigan Board of Licensed Midwifery and LARA that all of the following are met:

- The applicant meets the requirements of Part 171 for licensure, and related promulgated rules.
- There are no pending disciplinary proceedings against the applicant before a similar licensing agency of this or any other state or country.
- If sanctions have been imposed against the applicant by a similar licensing agency of this or any other state or country based upon grounds that are substantially similar to those under this article, as determined by the board, the sanctions are not in force at the time of the application.
- The other state maintains licensure standards equivalent to, or more stringent than, those of this state.

The board may make an independent inquiry to determine whether an applicant has pending disciplinary hearings or sanctions imposed against himself or herself.

**Responsibilities of a midwife**

At the initial consultation with a patient, a midwife must establish a protocol for medical emergencies, including transportation to a hospital, specific to that patient. A midwife also must, at the inception of care and continuing through the patient's care, obtain informed consent from that patient. LARA would be required to promulgate rules specifying how informed consent can be obtained.

**Prohibited actions for a licensed midwife**

An individual licensed as a midwife would be barred from doing any of the following:

- Except as otherwise provided in the bill, administering prescription drugs or medications.
- Using vacuum extractors or forceps.
- Prescribing medications.
- Performing surgical procedures other than episiotomies or repairs of perineal lacerations.
- Carrying out any other act, task, or function prohibited in rules promulgated under this part.

However, beginning on the effective date of, and subject to, rules promulgated by LARA under the bill, a midwife who holds a standing prescription from a licensed health care provider with prescriptive authority may administer any of the following:

- Prophylactic Vitamin K to a newborn, either orally or through intramuscular injection.
- Postpartum antihemorrhagic agents to a mother.
- Local anesthetic for the repair of lacerations to a mother.
- Oxygen to a mother or newborn.
- Prophylactic eye agent to a newborn.
- Prophylactic Rho(D) immunoglobulin to a mother.
- Agents for Group B streptococcus prophylaxis, recommended by the Federal Centers for Disease Control and Prevention, to a mother.
- Intravenous Fluids, including blood products, to a mother.
- Any other drug or medication prescribed by a health care provider with prescriptive authority that is consistent with the scope of the practice of midwifery or authorized by the Michigan Board of Licensed Midwifery by rule.

**Michigan Board of Licensed Midwifery**

The bill would create the Michigan Board of Licensed Midwifery in LARA. The board would consist of the following seven members who meet the requirements of Part 161 of the code:

- Five midwives.
- Two members of the general public, one of whom is a consumer of midwifery care.

Except as otherwise provided in this article, the term of office of a member of the board is four years and would expire on December 31 of the year in which the term expires. For

members first appointed under the bill, two members would serve for two years, two members for three years, and three members for four years.

### **Prohibited actions for unlicensed individuals**

As of the effective date of the rules promulgated under the bill, an individual would be prohibited from using the title of Licensed Midwife, L.M., or a similar title or abbreviation, or engaging in the practice of midwifery, unless licensed or otherwise authorized under Part 171.

Specifically, an unlicensed individual would be prohibited from performing an act, task, or function within the practice of midwifery unless trained to perform the act, task, or function, and the performance of that act, task, or function is consistent with the rules promulgated under the bill.

However, this would not prohibit any of the following:

- An individual licensed, registered, or certified under any other part or act from performing activities that are considered to be within the practice of midwifery if those activities are within the individual's scope of practice and if the individual does not use the protected titles.
- An employee or other individual who is assisting a midwife and who is under the midwife's supervision, from performing activities or functions that are delegated by the midwife, that are nondiscretionary, that do not require the exercise of professional judgment for their performance, and that are within the midwife's authority to perform. (This provision would be subject to Section 16215 of the Public Health Code, which contains provisions on the delegation of acts, tasks, or functions to licensed or unlicensed individuals, among other topics.)
- An individual from performing activities that are within the practice of midwifery if those activities are performed under the direct and immediate supervision of an appropriate health professional during completion of the North American registry of midwives portfolio evaluation process or as a student at a midwifery education program accredited by the Midwifery Education Accreditation Council or other accrediting body approved by the board.
- Self-care by a patient or uncompensated care by a friend or family member who does not represent or hold himself or herself out to be a midwife.
- Services provided by a religious practitioner if that religious practitioner does not hold himself or herself out to the public as a midwife and does not use any of the protected midwife titles protected by the bill.
- Services provided by a member of a bona fide church or religious denomination if all of the following are met:
  - The services are provided to another member of that church or denomination and that other member is an adherent of the established tenets or teachings of that church or denomination and relies on treatment by prayer or spiritual means only, in accordance with the creed or tenets of that church or denomination.

- The individual providing the services does not receive a fee for those services. For purposes of this subparagraph, a voluntary contribution is not considered a fee for the services provided by that individual.

### **Promulgation of rules**

By 24 months after the effective date of Part 171, LARA, in consultation with the board, would be required to promulgate rules that would do all of the following:

- o Establish and implement the licensure program for the practice of midwifery.
- o Subject to the Code's requirements for continuing education, prescribe the completion of continuing education for the practice of midwifery as a condition for license renewal.
- o Describe and regulate, limit, or prohibit the performance of acts, tasks, or functions by midwives. The department must include rules that recognize and incorporate the requirements regarding the referral to and consultation with appropriate health professionals.
- o Establish the process by which informed consent is obtained.

The department, in consultation with the board, also may promulgate rules to supplement the requirements for licensure under this part, including the adoption of updated standards applicable to the practice of midwifery established by the North American registry of midwives or successor agency.

The department would be prohibited from promulgating any rules that limit the authority of a midwife to administer prescription drugs or medications or prohibit the administration of any of those drugs or medications by a midwife.

### **Third Party reimbursement & worker's compensation benefits**

The bill also contains a provision that Part 171 does not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by a licensed individual.

### **FISCAL IMPACT:**

The proposed licensing fees for HB 4598 are as follows:

Type of License/Fee	Bill As Introduced	Proposed H-1
Application Processing Fee	\$20	\$75
Annual License Fee	\$75	\$75
Annual Student License Fee	\$10	\$10
Temporary License:	\$10	\$10
Limited License, per year	\$10	\$10

House Bill 4598, as introduced, would have a significant fiscal impact on the Department of Licensing and Regulatory Affairs (LARA) to the extent that LARA would be required to implement, administer, and enforce the licensure provisions of the bill and reimburse expenses incurred by members of the Board of Licensed Midwifery.

According to the North American Registry of Midwives (NARM), a total of 44 Certified Professional Midwives (CPM) have ever been registered within the state, while 31 CPMs are currently actively registered. However, while registration with NARM is voluntary to practice midwifery in the state, licensure under HB 4598 would be mandatory and consequently, the number of applicants for licensure would likely be indeterminately higher.

LARA estimates that it would need to hire an additional employee (classified as a Departmental Analyst 12) to implement the licensure provisions of HB 4598 at a cost of \$145,048. Additionally, LARA estimates cost to reimburse Board members at \$2,240, for total costs engendered by HB 4598 of \$147,288 per annum.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.