



**Senate Fiscal Agency**  
P. O. Box 30036  
Lansing, Michigan 48909-7536

BILL



ANALYSIS

**Telephone: (517) 373-5383**  
**Fax: (517) 373-1986**

House Bill 4598 (Substitute S-5 as reported)  
Sponsor: Representative Edward McBroom  
House Committee: Regulatory Reform  
Senate Committee: Health Policy

### **CONTENT**

The bill would add Part 171 (Midwifery) to the Public Health Code to provide for the licensure of midwives. Specifically, the bill would do the following:

- Prohibit an individual from engaging in the practice of midwifery without a license.
- Require a midwife to obtain informed consent from a patient.
- Require a midwife, upon inception of care for a patient, to establish a patient-specific protocol for transfer to a physician or hospital.
- Prohibit a midwife from using vacuum extractors or forceps, prescribing medications, or performing most surgical procedures.
- Prohibit a midwife from administering prescription drugs and medications except as allowed under the bill.
- Allow a midwife directly to obtain supplies and devices, order and obtain screen tests, and receive reports of test results.
- Create the Michigan Board of Licensed Midwifery.
- Require the Board to promulgate rules that required a midwife to report a patient's data to a statistical registry, unless the patient refused to consent to the reporting.
- Require the Department of Licensing and Regulatory Affairs (LARA), in consultation with the Board, to promulgate rules regarding the administration of specific prescription drugs and medications by midwives.
- Prescribe educational, credentialing, and examination criteria for licensure.
- Require LARA, in consultation with the Board of Licensed Midwifery, the Board of Medicine, and the Board of Osteopathic Medicine and Surgery, to promulgate rules to establish and implement the midwifery licensure program, prescribe continuing education requirements, describe a midwife's scope of practice, and prescribe the process for obtaining informed consent from a patient.
- Require LARA, in consultation with the Board, to promulgate rules that included standards for the delineation of findings that a particular woman's or newborn's situation was not normal, and specify that the findings would form the basis for any requirements or restrictions imposed on the practice of midwifery when care was provided in these situations.
- Require the Board to grant a temporary license to a certified professional midwife whose educational program did not meet the bill's requirements, under certain circumstances.
- Authorize the Board to grant a license to a person who was licensed as a midwife in another state, under certain conditions.
- Provide that a licensed midwife would not be an agent, ostensible agent, or employee of a health care provider who consulted with or accepted a referral from the licensee, based solely on the referral or consultation.
- Provide that Part 171 would not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by a licensed midwife.

The bill also would amend Part 161 (General Provisions) of the Code to establish application processing and license fees for midwives, as described below.

Proposed MCL 333.16326 et al.

Legislative Analyst: Julie Cassidy

### **FISCAL IMPACT**

The bill would have a neutral fiscal impact on the Bureau of Professional Licensing (BPL) within the Department of Licensing and Regulatory Affairs, and no fiscal impact on local units of government. Under the bill, those wishing to engage in the practice of midwifery would first have to seek licensure and pay a fee to the BPL. Those fees would be \$450 for application processing and \$200 for annual licensure. Additionally, the bill would establish a \$200 fee for a temporary license. Once total application fee revenue exceeded \$23,000, the \$450 application fee would be reduced to \$75.

The Department has estimated that approximately 45 individuals would apply for licensure initially, which would generate \$20,250 in the first year, and \$9,000 each year thereafter. The initial administrative costs associated with licensing a new profession in the BPL average about \$20,000. Assuming licensure estimates are accurate, these costs should be covered in the second year the profession was licensed, once other likely costs directly related to license processing are taken into account.

Date Completed: 12-8-16

Fiscal Analyst: Josh Sefton

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.