

Chapter 393

(House Bill 9)

AN ACT concerning

Maryland ~~Home Birth Safety~~ Licensure of Direct-Entry Midwives Act

FOR the purpose of establishing a licensing and regulatory system for the practice of direct-entry midwifery under the State Board of Nursing; establishing the Direct-Entry Midwifery Advisory Committee within the Board; providing for the composition, qualifications, chair, term, quorum, meeting requirements, compensation, reimbursement, and removal of members of the Committee; providing for the duties of the Committee; requiring the Committee, beginning on a certain date, to submit a certain annual report to the Board; including certain midwives under the jurisdiction of a certain rehabilitation committee; requiring the Board to give certain persons a hearing before taking certain actions; requiring certain midwives to notify certain ~~providers~~ health care practitioners of certain births, transfer certain records, make certain recommendations, develop certain plans for certain patients, obtain certain informed consent agreements that acknowledge certain items from certain patients, comply with certain data collection and reporting requirements, complete and submit certain birth certificates, make certain records and information available to certain individuals, and display a certain notice under certain circumstances; requiring certain midwives to consult with certain health care ~~providers~~ practitioners under certain circumstances, arrange for emergency transfer under certain circumstances, and refer and transfer care of certain patients under certain circumstances, and complete certain forms; authorizing certain licensed direct-entry midwives to continue certain care of certain patients in consultation with certain health care practitioners; requiring the Committee to review and ~~approve~~ recommend approval to the Board of certain plans; requiring certain plans to be provided to certain hospitals; requiring the Board, in consultation with certain parties, to develop a certain form for use during certain transfers; ~~prohibiting certain midwives from offering a certain service except under certain circumstances~~ requiring the Board, in consultation with stakeholders, to develop a certain consent agreement; requiring, beginning on a certain date, a licensed direct-entry midwife to annually report certain information to the Committee in a certain form; requiring the Committee to maintain the confidentiality of certain reports; requiring the Board to send a certain notice to certain licensed direct-entry midwives under certain circumstances; prohibiting the Board from renewing the license of certain licensed direct-entry midwives, under certain circumstances, or taking other action against certain licensed direct-entry midwives for the failure to submit certain reports; specifying the qualifications for a license to practice direct-entry midwifery; specifying the procedure for applying for a license to practice direct-entry midwifery; requiring the Board to set certain fees for the issuance and renewal of certain licenses and services; requiring the Board to pay certain fees to the Comptroller of the State; requiring the fees to be used for a certain purpose; ~~authorizing the Board to waive certain education and training requirements under certain circumstances;~~

requiring the Board to issue certain licenses and to include a certain designation on each license; requiring the Board to consider certain factors on receipt of certain criminal history record information in making certain determinations; specifying the scope of a license issued under this Act; providing for the expiration and renewal of a license to practice direct-entry midwifery; requiring the Board to send to the licensee a certain renewal notice at a certain time and in a certain manner; requiring certain continuing education, peer review, and data submission as a condition of license renewal; requiring the Board to place certain licensees on inactive status and to reactivate and reinstate certain licenses under certain circumstances; prohibiting the Board from reinstating certain licenses under certain circumstances; requiring certain licensees to submit to additional criminal history records checks at specified intervals; prohibiting certain midwives from surrendering certain licenses except under certain circumstances; prohibiting certain licenses from lapsing by operation of law under certain circumstances; authorizing the Board to set certain conditions to accept the surrender of certain licenses; authorizing the Board to deny certain licenses, reprimand or place on probation certain licensees, or suspend or revoke certain licenses under certain circumstances, subject to certain hearing provisions; authorizing the Board to impose a certain penalty; prohibiting certain individuals from making certain representations or using certain abbreviations or designations unless authorized to practice direct-entry midwifery in the State; prohibiting certain licensees from advertising in a certain manner; providing for the scope of this Act; providing certain ~~health care providers~~ persons with certain immunity from civil liability under certain circumstances; providing certain penalties for the violation of certain provisions of this Act; providing a short title for certain provisions of this Act; ~~subjecting certain provisions of this Act to the Maryland Program Evaluation Act and a certain full evaluation under certain circumstances;~~ specifying the terms of the initial members of the Committee; requiring the Board, beginning on a certain date and every year thereafter, to submit a certain report to certain committees of the General Assembly on or before a certain date regarding the practice of direct entry midwifery in the State; defining certain terms; altering ~~a~~ certain definition definitions; requiring the Committee, with the approval of the Board, to convene a certain workgroup to develop a certain form, a certain consent agreement, and a certain formulary; providing for the composition and duties of the workgroup; requiring the workgroup to report its findings and recommendations to the Board on or before a certain date; requiring the Department of Legislative Services, on or before a certain date, to compile and analyze certain data, report on the data to certain committees of the General Assembly, and provide the data to the Board; requiring the Board to adopt certain regulations on or before a certain date; ~~providing for the termination of certain provisions of this Act under certain circumstances;~~ and generally relating to the licensure and regulation of direct-entry midwives by the State Board of Nursing.

BY repealing and reenacting, without amendments,
 Article – Health – General
 Section 19–301(f)
 Annotated Code of Maryland

(2009 Replacement Volume and 2014 Supplement)

BY repealing and reenacting, with amendments,
 Article – Health Occupations
 Section 8–208 and 8–317(a)
 Annotated Code of Maryland
 (2014 Replacement Volume)

BY adding to
 Article – Health Occupations
 Section ~~8–6C–01, 8–6C–02, 8–6C–02.1, 8–6C–02.2, and 8–6C–03~~ through 8–6C–26
 to be under the new subtitle “Subtitle 6C. Direct–Entry Midwives”; and
 8–701(e–1)
 Annotated Code of Maryland
 (2014 Replacement Volume)

BY repealing and reenacting, with amendments,
 Article – State Government
 Section 8–405(b)(3)
 Annotated Code of Maryland
 (2014 Replacement Volume)

Preamble

~~WHEREAS, A parent has the responsibility and right to give birth where and with whom the parent chooses; and~~

~~WHEREAS, For personal and economic reasons, some Maryland residents will choose to have home births; and~~

~~WHEREAS, Reproductive health care decisions are best made by individuals and via informed consent processes; and~~

~~WHEREAS, It is understood that childbirth is a culmination of pregnancy and is a natural process rather than an illness; and~~

~~WHEREAS, There is a public interest in preserving the rights of women to deliver children at home, to remove obstacles to safe out of hospital deliveries, and to assure quality health care during the birthing of a child at home; and~~

~~WHEREAS, The practice of midwifery has been a part of the culture and tradition of Maryland since the colonial days, and it is in the public interest to remove impediments to the practice of midwifery; and~~

~~WHEREAS, The services of a direct entry midwife are a reasonable alternative for healthy pregnant women; now, therefore,~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

19–301.

(f) “Hospital” means an institution that:

- (1) Has a group of at least 5 physicians who are organized as a medical staff for the institution;
- (2) Maintains facilities to provide, under the supervision of the medical staff, diagnostic and treatment services for 2 or more unrelated individuals; and
- (3) Admits or retains the individuals for overnight care.

Article – Health Occupations

8–208.

(a) (1) In this section the following words have the meanings indicated.

(2) “Applicant” means an individual who has submitted an application to the Board to be licensed as a registered nurse, licensed practical nurse, [or] electrologist, ~~OR CERTIFIED~~ **LICENSED DIRECT-ENTRY MIDWIFE** or to be certified as a nursing assistant or medication technician in this State.

(3) “Program” means the rehabilitation program.

(b) (1) There is a Rehabilitation Committee in the Board.

(2) The Board may create 1 or more rehabilitation committees.

(c) (1) The Committee shall consist of 6 members.

(2) Of the 6 Committee members:

(i) 3 shall be licensed registered nurses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing;

(ii) 1 shall be a registered nurse, who has demonstrated expertise in the area of pain management;

(iii) 1 shall be a licensed practical nurse; and

(iv) 1 shall be a consumer member, who is knowledgeable in the field of chemical dependency.

(d) (1) The Board shall determine the term of a member of the Committee.

(2) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(3) A Committee member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(4) The Board may remove a Committee member for incompetence or misconduct.

(e) (1) The Committee shall elect a chairperson and a vice-chairperson.

(2) The manner of election of officers shall be as the Committee determines.

(f) A majority of the members then serving on the Committee Board is a quorum.

(g) The Committee shall determine the times and places of its meetings.

(h) Each member of the Committee is entitled to:

(1) Compensation in accordance with the State budget; and

(2) Reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(i) The Board may employ a staff to carry out the activities of the Committee in accordance with the State budget.

(j) In addition to the powers set forth elsewhere in this subtitle, the Committee may:

(1) Evaluate those nurses, nursing assistants, medication technicians, electrologists, **LICENSED DIRECT-ENTRY MIDWIVES**, or applicants who request participation in the program according to the guidelines prescribed by the Board and consider the recommendations for admission into the program;

(2) Review and designate those treatment facilities and services to which nurses, nursing assistants, medication technicians, electrologists, **LICENSED DIRECT-ENTRY MIDWIVES**, or applicants in the program may be referred;

(3) Receive and review information concerning a nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant participating in the program;

(4) Consider in the case of each nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant participating in a program whether the nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant may with safety continue or resume the practice of nursing or delegated nursing functions [or], electrology, OR LICENSED DIRECT-ENTRY MIDWIFERY; and

(5) Have meetings as necessary to consider the requests of nurses, nursing assistants, medication technicians, electrologists, LICENSED DIRECT-ENTRY MIDWIVES, or applicants to participate in the program, and consider reports regarding nurses, nursing assistants, medication technicians, electrologists, LICENSED DIRECT-ENTRY MIDWIVES, or applicants participating in the program.

(k) In addition to the duties set forth elsewhere in this subtitle, the Committee shall:

(1) Prepare reports to be submitted to the Board; and

(2) Set forth in writing for each nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant participating in the program a rehabilitation program established for that nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant, including the requirements for supervision and surveillance.

(l) The Committee shall inform each nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant who requests participation in the program of:

(1) The procedures followed in the program;

(2) The rights and responsibilities of the nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant in the program; and

(3) The possible results of noncompliance with the program.

(m) (1) Each nurse, nursing assistant, medication technician, electrologist, LICENSED DIRECT-ENTRY MIDWIFE, or applicant who requests to participate in the program shall agree to cooperate with the individual rehabilitation program designed by the Committee.

(2) Any failure to comply with the provisions of a rehabilitation program may result in termination of the nurse's, nursing assistant's, medication technician's, electrologist's, **LICENSED DIRECT-ENTRY MIDWIFE'S**, or applicant's participation in the program.

(3) The Committee shall report the name and license number of a nurse [or], electrologist, **OR LICENSED DIRECT-ENTRY MIDWIFE**, the name and certificate number of a nursing assistant or medication technician, or the name of an applicant who is expelled from the program for failure to comply with the conditions of the program.

(4) (i) The program shall transfer to the Board all the records of any nurse, nursing assistant, medication technician, electrologist, **LICENSED DIRECT-ENTRY MIDWIFE**, or applicant expelled from the program.

(ii) The Board may initiate disciplinary action based on the failure of the nurse, nursing assistant, medication technician, electrologist, **LICENSED DIRECT-ENTRY MIDWIFE**, or applicant to comply with the conditions of the program in accordance with the provisions of §§ 8-316 and 8-317 [or], §§ 8-6B-18 and 8-6B-19, **OR 8-6C-20** of this title.

(n) After the Committee has determined that a nurse, nursing assistant, medication technician, electrologist, **LICENSED DIRECT-ENTRY MIDWIFE**, or applicant has been rehabilitated, the Committee shall purge and destroy all records concerning a nurse's, nursing assistant's, medication technician's, electrologist's, **LICENSED DIRECT-ENTRY MIDWIFE'S**, or applicant's participation in the program.

(o) All Board and Committee records of a proceeding concerning the rehabilitation of a nurse, nursing assistant, medication technician, electrologist, **LICENSED DIRECT-ENTRY MIDWIFE**, or applicant in the program are confidential and are not subject to discovery or subpoena in any civil or criminal action.

(p) The Board shall provide for the representation of any person making reports to the Committee or the Board under this section in any action for defamation directly resulting from reports or information given to the Committee or the Board regarding a nurse's, nursing assistant's, medication technician's, electrologist's, **LICENSED DIRECT-ENTRY MIDWIFE'S**, or applicant's participation in the program.

(q) Beginning July 1, 1990, and on a regular basis thereafter, the Board shall require reports from the Committee. The reports shall include:

(1) Information concerning the number of cases accepted, denied, or terminated with compliance or noncompliance; and

(2) A cost analysis of the program.

8-317.

(a) Except as otherwise provided in the Administrative Procedure Act and in subsection (g) of this section, before the Board takes any action under § 8-312 or § 8-316 of this subtitle or § 8-404 ~~OR § 8-6C-20~~ of this title, it shall give the person against whom the action is contemplated an opportunity for a hearing before the Board.

SUBTITLE 6C. LICENSED DIRECT-ENTRY MIDWIVES.

8-6C-01.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ACME” MEANS THE ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION, OR A SUCCESSOR ORGANIZATION THAT IS AN ACCREDITING AGENCY FOR NURSE-MIDWIFERY AND DIRECT-ENTRY MIDWIFERY EDUCATION PROGRAMS AND IS APPROVED BY THE UNITED STATES DEPARTMENT OF EDUCATION.

(C) “AIMM” MEANS THE ASSOCIATION OF INDEPENDENT MIDWIVES OF MARYLAND OR A SUCCESSOR ORGANIZATION THAT IS A PROFESSIONAL ORGANIZATION REPRESENTING INDEPENDENT MIDWIVES IN THE STATE.

(D) “BOARD” MEANS THE STATE BOARD OF NURSING.

~~**(E) (1) “CERTIFIED DIRECT-ENTRY MIDWIFE” MEANS AN INDIVIDUAL WHO HAS BEEN GRANTED A LICENSE UNDER THIS SUBTITLE TO PRACTICE DIRECT-ENTRY MIDWIFERY.**~~

~~**(2) “CERTIFIED DIRECT-ENTRY MIDWIFE” DOES NOT INCLUDE A LICENSED NURSE CERTIFIED AS A NURSE-MIDWIFE UNDER THIS TITLE.**~~

~~**(F) (E) “COMMITTEE” MEANS THE DIRECT-ENTRY MIDWIFERY ADVISORY COMMITTEE ESTABLISHED UNDER § 8-6C-10**~~ **§ 8-6C-11** OF THIS SUBTITLE.

~~**(G) (F) “HEALTH CARE PRACTITIONER” MEANS:**~~

(1) AN INDIVIDUAL CERTIFIED AS A NURSE-MIDWIFE OR A NURSE PRACTITIONER UNDER THIS TITLE; OR

(2) A PHYSICIAN LICENSED UNDER TITLE 14 OF THIS ARTICLE; ~~OR~~

~~(3) A PHYSICIAN ASSISTANT LICENSED UNDER TITLE 15 OF THIS ARTICLE.~~

~~(H)~~ (G) (1) “HEALTH CARE PROVIDER” MEANS A HEALTH CARE PRACTITIONER OR A HOSPITAL.

(2) “HEALTH CARE PROVIDER” INCLUDES AGENTS OR EMPLOYEES OF A HEALTH CARE PRACTITIONER OR A HOSPITAL.

~~(H)~~ (H) “HOSPITAL” HAS THE MEANING STATED IN § 19-301 OF THE HEALTH – GENERAL ARTICLE.

~~(I)~~ (I) “LICENSE” MEANS, UNLESS THE CONTEXT REQUIRES OTHERWISE, A LICENSE ISSUED BY THE BOARD TO PRACTICE DIRECT-ENTRY MIDWIFERY.

(J) (1) “LICENSED DIRECT-ENTRY MIDWIFE” MEANS AN INDIVIDUAL WHO HAS BEEN GRANTED A LICENSE UNDER THIS SUBTITLE TO PRACTICE DIRECT-ENTRY MIDWIFERY.

(2) “LICENSED DIRECT-ENTRY MIDWIFE” DOES NOT INCLUDE A LICENSED NURSE CERTIFIED AS A NURSE-MIDWIFE UNDER THIS TITLE.

(K) “LOW-RISK PREGNANCY” MEANS A PREGNANCY, LABOR, AND DELIVERY AND POSTPARTUM, NEWBORN, AND ~~INTERCONCEPTUAL~~ INTERCONCEPTIONAL CARE THAT DOES NOT INCLUDE A CONDITION THAT REQUIRES A MANDATORY TRANSFER UNDER ~~REGULATIONS ADOPTED BY THE BOARD~~ UNDER § 8-6C-03.

~~(L) “MANA” MEANS THE MIDWIVES ALLIANCE OF NORTH AMERICA, OR A SUCCESSOR ORGANIZATION THAT IS A PROFESSIONAL MEMBERSHIP ORGANIZATION THAT PROMOTES EXCELLENCE IN MIDWIFERY PRACTICE.~~

~~(M) “MANA STATS” MEANS THE WEB-BASED PROSPECTIVE STATISTICS REPORTING SYSTEM HOUSED BY MANA, OR A SUCCESSOR NATIONAL, HIGH-QUALITY STATISTICS REPORTING SYSTEM SPECIFIED BY THE BOARD.~~

~~(N)~~ (L) “MEAC” MEANS THE MIDWIFERY EDUCATION AND ACCREDITATION COUNCIL, OR A SUCCESSOR ORGANIZATION THAT IS A NATIONAL ACCREDITATION AGENCY FOR MIDWIFERY EDUCATION APPROVED BY THE UNITED STATES DEPARTMENT OF EDUCATION.

~~(O)~~ (M) “NARM” MEANS THE NORTH AMERICAN REGISTRY OF MIDWIVES, OR A SUCCESSOR ORGANIZATION THAT IS AN INTERNATIONAL CERTIFICATION AGENCY THAT ESTABLISHES AND ADMINISTERS CERTIFICATION FOR THE CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL.

~~(P)~~ (N) (1) “PATIENT” MEANS A WOMAN FOR WHOM A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE PERFORMS SERVICES.

(2) “PATIENT” INCLUDES A WOMAN’S NEWBORN FOR THE PURPOSE OF PERINATAL OR POSTPARTUM CARE.

~~(Q)~~ (O) “POSTPARTUM PERIOD” MEANS THE FIRST 6 WEEKS AFTER DELIVERY.

~~(R)~~ (P) (1) “PRACTICE DIRECT-ENTRY MIDWIFERY” MEANS:

(I) PROVIDING ~~PRIMARY~~ MATERNITY CARE THAT IS CONSISTENT WITH A MIDWIFE’S TRAINING, EDUCATION, AND EXPERIENCE ~~TO PATIENTS THROUGHOUT THE CHILDBEARING CYCLE; AND~~

(II) IDENTIFYING AND REFERRING PATIENTS WHO REQUIRE MEDICAL CARE TO AN APPROPRIATE HEALTH CARE PROVIDER.

(2) “PRACTICE DIRECT-ENTRY MIDWIFERY” INCLUDES THE ACTIVITIES DESCRIBED IN § 8-6C-02 OF THIS SUBTITLE.

8-6C-02.

(A) THE PRACTICE OF DIRECT-ENTRY MIDWIFERY INCLUDES:

(1) PROVIDING THE NECESSARY SUPERVISION, CARE, AND ADVICE TO A PATIENT DURING A LOW-RISK PREGNANCY, LABOR, DELIVERY, AND POSTPARTUM PERIOD; AND

(2) NEWBORN CARE ~~DESCRIBED UNDER § 8-6C-06 OF~~ AUTHORIZED UNDER THIS SUBTITLE; THAT IS PROVIDED IN A MANNER THAT IS:

(I) CONSISTENT WITH NATIONAL DIRECT-ENTRY MIDWIFERY STANDARDS; AND

(II) BASED ON THE ACQUISITION OF CLINICAL SKILLS NECESSARY FOR THE CARE OF PREGNANT WOMEN AND NEWBORNS, INCLUDING ANTEPARTUM, INTRAPARTUM, AND POSTPARTUM CARE.

(B) THE PRACTICE OF DIRECT-ENTRY MIDWIFERY ALSO INCLUDES:

(1) OBTAINING INFORMED CONSENT TO PROVIDE SERVICES TO THE PATIENT;

(2) DISCUSSING:

(I) ANY GENERAL RISK FACTORS ASSOCIATED WITH THE SERVICES TO BE PROVIDED;

(II) ANY SPECIFIC RISK FACTORS PERTAINING TO THE HEALTH AND CIRCUMSTANCES OF THE INDIVIDUAL PATIENT;

(III) CONDITIONS THAT PRECLUDE CARE BY A LICENSED DIRECT-ENTRY MIDWIFE; AND

(IV) THE CONDITIONS UNDER WHICH CONSULTATION, TRANSFER OF CARE, OR TRANSPORT OF THE PATIENT MUST BE IMPLEMENTED;

~~(2)~~ **(3) OBTAINING A HEALTH HISTORY OF THE PATIENT, INCLUDING AND PERFORMING A PHYSICAL EXAMINATION;**

~~(3)~~ **(4) DEVELOPING A WRITTEN PLAN OF CARE SPECIFIC TO THE PATIENT, TO ENSURE CONTINUITY OF CARE THROUGHOUT THE ANTEPARTUM, INTRAPARTUM, AND POSTPARTUM PERIODS, THAT INCLUDES:**

~~(I)~~ **ANY GENERAL RISK FACTORS ASSOCIATED WITH THE SERVICES TO BE PROVIDED;**

~~(II)~~ **ANY A PLAN FOR THE MANAGEMENT OF ANY SPECIFIC RISK FACTORS PERTAINING TO THE INDIVIDUAL HEALTH AND CIRCUMSTANCES OF THE INDIVIDUAL PATIENT; AND**

~~(III)~~ **THE CONDITIONS UNDER WHICH CONSULTATION, TRANSFER OF CARE, OR TRANSPORT OF THE PATIENT MAY BE IMPLEMENTED; AND**

~~(IV)~~ **(II) A PLAN TO BE FOLLOWED IN THE EVENT OF AN EMERGENCY, INCLUDING A PLAN FOR TRANSPORTATION;**

~~(4)~~ **(5) EVALUATING THE RESULTS OF PATIENT CARE;**

~~(5)~~ **(6) CONSULTING AND COLLABORATING WITH A HEALTH CARE PRACTITIONER REGARDING THE CARE OF A PATIENT, AND REFERRING AND TRANSFERRING CARE TO, A HEALTH CARE PROVIDER, AS REQUIRED;**

~~(6)~~ **(7) REFERRAL OF ALL PATIENTS, PRIOR TO WITHIN 72 HOURS AFTER DELIVERY, TO A PEDIATRIC HEALTH CARE PROVIDER PRACTITIONER FOR CARE OF THE NEWBORN;**

~~(7)~~ (8) AS ~~RECOMMENDED BY THE COMMITTEE AND~~ APPROVED BY THE BOARD:

(I) OBTAINING AND ADMINISTERING MEDICATIONS; AND

(II) OBTAINING AND USING EQUIPMENT AND DEVICES;

~~(8)~~ (9) OBTAINING APPROPRIATE SCREENING AND TESTING, INCLUDING LABORATORY TESTS, URINALYSIS, AND ULTRASOUND;

~~(9)~~ (10) PROVIDING PRENATAL CARE DURING THE ANTEPARTUM PERIOD, WITH CONSULTATION OR REFERRAL AS REQUIRED;

~~(10)~~ (11) PROVIDING CARE DURING THE INTRAPARTUM PERIOD, INCLUDING:

(I) MONITORING AND EVALUATING THE CONDITION OF THE PATIENT AND FETUS;

(II) AT THE ONSET OF ACTIVE LABOR NOTIFYING THE PEDIATRIC HEALTH CARE PRACTITIONER THAT DELIVERY IS IMMINENT;

~~(11)~~ (III) PERFORMING EMERGENCY PROCEDURES, INCLUDING:

1. ADMINISTERING APPROVED MEDICATIONS;

2. ADMINISTERING INTRAVENOUS FLUIDS FOR STABILIZATION;

3. PERFORMING AN EMERGENCY EPISIOTOMY; AND

4. PROVIDING CARE WHILE ON THE WAY TO A HOSPITAL UNDER CIRCUMSTANCES IN WHICH EMERGENCY MEDICAL SERVICES HAVE NOT BEEN ACTIVATED; AND

(IV) ACTIVATING EMERGENCY MEDICAL SERVICES FOR AN EMERGENCY; AND

~~(12)~~ (V) DELIVERING IN AN OUT-OF-HOSPITAL SETTING;

~~(13)~~ (12) PARTICIPATING IN PEER REVIEW AS REQUIRED UNDER § 8-6C-18(E)(1)(II) OF THIS SUBTITLE;

~~(12)~~ (13) PROVIDING CARE DURING THE POSTPARTUM PERIOD, INCLUDING:

~~(I) WITH THE ADMINISTRATION OF A LOCAL ANESTHETIC;~~

~~1. SUTURING OF FIRST AND SECOND DEGREE PERINEAL OR LABIAL LACERATIONS; AND~~

~~2. PERFORMING AN EPISIOTOMY; AND~~

(I) SUTURING OF FIRST AND SECOND DEGREE PERINEAL OR LABIAL LACERATIONS, OR SUTURING OF AN EPISIOTOMY WITH THE ADMINISTRATION OF A LOCAL ANESTHETIC; AND

(II) MAKING FURTHER CONTACT WITH THE PATIENT WITHIN 48 HOURS, WITHIN 2 WEEKS, AND AT 6 WEEKS AFTER THE DELIVERY TO ASSESS FOR HEMORRHAGE, PREECLAMPSIA, THROMBO-EMBOLISM, INFECTION, AND EMOTIONAL WELL-BEING;

~~(13)~~ (14) PROVIDING ROUTINE CARE FOR THE NEWBORN FOR UP TO 72 HOURS AFTER DELIVERY, EXCLUSIVE OF ADMINISTERING IMMUNIZATIONS, INCLUDING:

(I) IMMEDIATE CARE AT BIRTH, INCLUDING RESUSCITATING AS NEEDED, PERFORMING A NEWBORN EXAMINATION, AND ADMINISTERING INTRAMUSCULAR VITAMIN K AND EYE OINTMENT FOR PREVENTION OF OPHTHALMIA NEONATORUM; ~~AND~~

~~(II) 1. SUBJECT TO ITEM 2 OF THIS ITEM, PERFORMING CRITICAL CONGENITAL HEART DISEASE SCREENING, IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE BOARD, ON A NEWBORN BETWEEN 24 HOURS AND 48 HOURS AFTER DELIVERY; OR~~

~~2. IF UNABLE TO PERFORM THE SCREENING UNDER ITEM 1 OF THIS ITEM, REFERRING THE NEWBORN TO A HEALTH CARE PROVIDER TO PERFORM THE SCREENING BETWEEN 24 HOURS AND 48 HOURS AFTER DELIVERY;~~

(II) ASSESSING NEWBORN FEEDING AND HYDRATION;

(III) PERFORMING METABOLIC SCREENING AND REPORTING ON THE SCREENING IN ACCORDANCE WITH THE REGULATIONS RELATED TO NEWBORN SCREENINGS THAT ARE ADOPTED BY THE DEPARTMENT;

(IV) PERFORMING CRITICAL CONGENITAL HEART DISEASE SCREENING AND REPORTING ON THE SCREENING IN ACCORDANCE WITH THE REGULATIONS RELATED TO NEWBORN SCREENINGS THAT ARE ADOPTED BY THE DEPARTMENT;

(V) IF UNABLE TO PERFORM THE SCREENING REQUIRED UNDER ITEM (III) OR (IV) OF THIS ITEM, REFERRING THE NEWBORN TO A PEDIATRIC HEALTH CARE PRACTITIONER TO PERFORM THE SCREENING WITHIN 24 TO 48 HOURS AFTER DELIVERY; AND

(VI) REFERRING THE INFANT TO AN AUDIOLOGIST FOR A HEARING SCREENING IN ACCORDANCE WITH THE REGULATIONS RELATED TO NEWBORN SCREENINGS THAT ARE ADOPTED BY THE DEPARTMENT;

~~(14)~~ (15) WITHIN 24 HOURS AFTER DELIVERY:

~~(i) NOTIFYING,~~ NOTIFYING A PEDIATRIC HEALTH CARE PROVIDER PRACTITIONER OF THE DELIVERY;

(16) WITHIN 72 HOURS AFTER DELIVERY:

~~(H)~~ (I) TRANSFERRING HEALTH RECORDS TO THE PEDIATRIC HEALTH CARE PROVIDER PRACTITIONER, INCLUDING DOCUMENTATION OF THE PERFORMANCE OF THE SCREENINGS REQUIRED UNDER ITEM (14)(III) AND (IV) OF THIS SUBSECTION; AND

~~(III)~~ (II) RECOMMENDING TO THE PATIENT THAT REFERRING THE NEWBORN BE SEEN BY TO A PEDIATRIC HEALTH CARE PROVIDER PRACTITIONER WITHIN 24 HOURS AFTER DELIVERY;

~~(15)~~ (17) PROVIDING THE FOLLOWING CARE OF THE NEWBORN AFTER BEYOND THE FIRST 72 HOURS AFTER DELIVERY:

(I) WEIGHT CHECKS AND GENERAL OBSERVATION OF THE NEWBORN'S ACTIVITY, WITH ABNORMAL FINDINGS COMMUNICATED TO THE NEWBORN'S PEDIATRIC HEALTH CARE PROVIDER PRACTITIONER;

(II) REFERRAL FOR METABOLIC SCREENING, CRITICAL CONGENITAL HEART DISEASE SCREENING, AND HEARING SCREENING; AND ASSESSMENT OF NEWBORN FEEDING AND HYDRATION; AND

(III) BREASTFEEDING SUPPORT AND COUNSELING; AND

~~(16)~~ **(18) PROVIDING LIMITED SERVICES TO THE PATIENT AFTER THE POSTPARTUM PERIOD, INCLUDING:**

(I) BREASTFEEDING SUPPORT AND COUNSELING; AND

(II) COUNSELING AND REFERRAL ~~AS NECESSARY~~ FOR ALL FAMILY PLANNING METHODS, INCLUDING:

~~1. STERILIZATION; AND~~

~~2. LONG-ACTING REVERSIBLE CONTRACEPTIVES.~~

(C) THE PRACTICE OF DIRECT-ENTRY MIDWIFERY DOES NOT INCLUDE:

(1) PHARMACOLOGICAL INDUCTION OR AUGMENTATION OF LABOR OR ARTIFICIAL RUPTURE OF MEMBRANES PRIOR TO THE ONSET OF LABOR;

(2) SURGICAL DELIVERY OR ANY SURGERY EXCEPT AN EMERGENCY EPISIOTOMY;

(3) USE OF FORCEPS OR VACUUM EXTRACTOR;

(4) EXCEPT FOR THE ADMINISTRATION OF A LOCAL ANESTHETIC, ADMINISTRATION OF AN ANESTHETIC;

(5) ADMINISTRATION OF ANY KIND OF NARCOTIC ANALGESIC; OR

(6) ADMINISTRATION OF ANY PRESCRIPTION MEDICATION IN A MANNER THAT VIOLATES THIS SUBTITLE.

8-6C-03.

A LICENSED DIRECT-ENTRY MIDWIFE MAY NOT ASSUME OR CONTINUE TO TAKE RESPONSIBILITY FOR A PATIENT'S PREGNANCY AND BIRTH CARE AND SHALL ARRANGE FOR THE ORDERLY TRANSFER OF CARE TO A HEALTH CARE PRACTITIONER FOR A PATIENT WHO IS ALREADY UNDER THE CARE OF THE LICENSED DIRECT-ENTRY MIDWIFE, IF A HISTORY OF ANY OF THE FOLLOWING DISORDERS OR SITUATIONS IS FOUND TO BE PRESENT AT THE INITIAL INTERVIEW OR IF ANY OF THE FOLLOWING DISORDERS OR SITUATIONS BECOME APPARENT THROUGH A PATIENT HISTORY, AN EXAMINATION, OR IN A LABORATORY REPORT AS PRENATAL CARE PROCEEDS:

(1) DIABETES MELLITUS, INCLUDING UNCONTROLLED GESTATIONAL DIABETES;

- (2) HYPERTHYROIDISM TREATED WITH MEDICATION;**
- (3) UNCONTROLLED HYPOTHYROIDISM;**
- (4) EPILEPSY WITH SEIZURES OR ANTIEPILEPTIC DRUG USE DURING THE PREVIOUS 12 MONTHS;**
- (5) COAGULATION DISORDERS;**
- (6) CHRONIC PULMONARY DISEASE;**
- (7) HEART DISEASE IN WHICH THERE ARE ARRHYTHMIAS OR MURMURS EXCEPT WHEN, AFTER EVALUATION, IT IS THE OPINION OF A PHYSICIAN LICENSED UNDER TITLE 14 OF THIS ARTICLE OR A LICENSED NURSE CERTIFIED AS A NURSE-MIDWIFE OR A NURSE PRACTITIONER UNDER THIS TITLE THAT MIDWIFERY CARE MAY PROCEED;**
- (8) HYPERTENSION, INCLUDING PREGNANCY-INDUCED HYPERTENSION (PIH);**
- (9) RENAL DISEASE;**
- (10) EXCEPT AS OTHERWISE PROVIDED IN § 8-6C-04(A)(11) OF THIS SUBTITLE, RH SENSITIZATION WITH POSITIVE ANTIBODY TITER;**
- (11) PREVIOUS UTERINE SURGERY, INCLUDING A CESAREAN SECTION OR MYOMECTOMY;**
- (12) INDICATIONS THAT THE FETUS HAS DIED IN UTERO;**
- (13) PREMATURE LABOR (GESTATION LESS THAN 37 WEEKS);**
- (14) MULTIPLE GESTATION;**
- (15) NONCEPHALIC PRESENTATION AT OR AFTER 38 WEEKS;**
- (16) PLACENTA PREVIA OR ABRUPTION;**
- (17) PREECLAMPSIA;**
- (18) SEVERE ANEMIA, DEFINED AS HEMOGLOBIN LESS THAN 10 G/DL;**

(19) UNCOMMON DISEASES AND DISORDERS, INCLUDING ADDISON'S DISEASE, CUSHING'S DISEASE, SYSTEMIC LUPUS ERYTHEMATOSUS, ANTIPHOSPHOLIPID SYNDROME, SCLERODERMA, RHEUMATOID ARTHRITIS, PERIARTERITIS NODOSA, MARFAN'S SYNDROME, AND OTHER SYSTEMIC AND RARE DISEASES AND DISORDERS;

(20) AIDS/HIV;

(21) HEPATITIS A THROUGH G AND NON-A THROUGH G;

(22) ACUTE TOXOPLASMOSIS INFECTION, IF THE PATIENT IS SYMPTOMATIC;

(23) ACUTE RUBELLA INFECTION DURING PREGNANCY;

(24) ACUTE CYTOMEGALOVIRUS INFECTION, IF THE PATIENT IS SYMPTOMATIC;

(25) ACUTE PARVOVIRUS INFECTION, IF THE PATIENT IS SYMPTOMATIC;

(26) ALCOHOL ABUSE, SUBSTANCE ABUSE, OR PRESCRIPTION ABUSE DURING PREGNANCY;

(27) CONTINUED DAILY TOBACCO USE INTO THE SECOND TRIMESTER;

(28) THROMBOSIS;

(29) INFLAMMATORY BOWEL DISEASE THAT IS NOT IN REMISSION;

(30) HERPES SIMPLEX VIRUS, PRIMARY GENITAL INFECTION DURING PREGNANCY, OR ACTIVE GENITAL LESIONS AT THE TIME OF DELIVERY;

(31) SIGNIFICANT FETAL CONGENITAL ANOMALY;

(32) ECTOPIC PREGNANCY;

(33) PREPREGNANCY BODY MASS INDEX (BMI) OF LESS THAN 18.5 OR 35 OR MORE; OR

(34) POST TERM MATURITY (GESTATIONAL AGE 42 0/7 WEEKS AND BEYOND).

8-6C-04.

(A) A LICENSED DIRECT-ENTRY MIDWIFE SHALL CONSULT WITH A HEALTH CARE PRACTITIONER, AND DOCUMENT THE CONSULTATION, THE RECOMMENDATIONS OF THE CONSULTATION, AND THE DISCUSSION OF THE CONSULTATION WITH THE CLIENT, IF ANY OF THE FOLLOWING CONDITIONS ARE PRESENT DURING PRENATAL CARE:

(1) SIGNIFICANT MENTAL DISEASE, INCLUDING DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA, AND OTHER CONDITIONS THAT IMPAIR THE ABILITY OF THE PATIENT TO PARTICIPATE EFFECTIVELY IN THE PATIENT'S CARE OR THAT REQUIRE THE USE OF PSYCHOTROPIC DRUGS TO CONTROL THE CONDITION;

(2) SECOND OR THIRD TRIMESTER BLEEDING;

(3) INTERMITTENT USE OF ALCOHOL INTO THE SECOND TRIMESTER;

(4) ASTHMA;

(5) DIET-CONTROLLED GESTATIONAL DIABETES;

(6) HISTORY OF GENETIC PROBLEMS, INTRAUTERINE DEATH AFTER 20 WEEKS' GESTATION, OR STILLBIRTH;

(7) ABNORMAL PAP SMEAR;

(8) POSSIBLE ECTOPIC PREGNANCY;

(9) TUBERCULOSIS;

(10) CONTROLLED HYPOTHYROIDISM, BEING TREATED WITH THYROID REPLACEMENT AND EUTHYROID, AND WITH THYROID TEST NUMBERS IN THE NORMAL RANGE;

(11) RH SENSITIZATION WITH POSITIVE ANTIBODY TITER;

(12) BREECH PRESENTATION BETWEEN 35 AND 38 WEEKS;

(13) TRANSVERSE LIE OR OTHER ABNORMAL PRESENTATION BETWEEN 35 AND 38 WEEKS;

(14) PREMATURE RUPTURE OF MEMBRANES AT 37 WEEKS OR LESS;

(15) SMALL FOR GESTATIONAL AGE OR LARGE FOR GESTATIONAL AGE FETUS;

(16) POLYHYDRAMNIOS OR OLIGOHYDRAMNIOS;

(17) PREVIOUS LEEP PROCEDURE OR CONE BIOPSY;

(18) PREVIOUS OBSTETRICAL PROBLEMS, INCLUDING UTERINE ABNORMALITIES, PLACENTAL ABRUPTION, PLACENTA ACCRETA, OBSTETRIC HEMORRHAGE, INCOMPETENT CERVIX, OR PRETERM DELIVERY FOR ANY REASON;

(19) POSTTERM MATURITY (41 0/7 TO 6/7 WEEKS GESTATIONAL AGE);

(20) INFLAMMATORY BOWEL DISEASE, IN REMISSION; OR

(21) HERPES SIMPLEX VIRUS, PRIMARY INFECTION OR ACTIVE INFECTION AT TIME OF DELIVERY.

(B) SUBJECT TO SUBSECTION (C) OF THIS SECTION, A LICENSED DIRECT-ENTRY MIDWIFE SHALL ARRANGE IMMEDIATE EMERGENCY TRANSFER TO A HOSPITAL IF:

(1) THE PATIENT REQUESTS TRANSFER; OR

(2) THE PATIENT OR NEWBORN IS DETERMINED TO HAVE ANY OF THE FOLLOWING CONDITIONS DURING LABOR, DELIVERY, OR THE IMMEDIATE POSTPARTUM PERIOD:

(I) UNFORESEEN NONCEPHALIC PRESENTATION;

(II) UNFORESEEN MULTIPLE GESTATION;

(III) NONREASSURING FETAL HEART RATE OR PATTERN, INCLUDING TACHYCARDIA, BRADYCARDIA, SIGNIFICANT CHANGE IN BASELINE, AND PERSISTENT LATE OR SEVERE VARIABLE DECELERATIONS;

(IV) PROLAPSED CORD;

(V) UNRESOLVED MATERNAL HEMORRHAGE;

(VI) RETAINED PLACENTA;

(VII) SIGNS OF FETAL OR MATERNAL INFECTION;

(VIII) PATIENT WITH A THIRD OR FOURTH DEGREE LACERATION OR A LACERATION BEYOND THE LICENSED DIRECT-ENTRY MIDWIFE'S ABILITY TO REPAIR;

(IX) APGAR OF LESS THAN SEVEN AT 5 MINUTES;

(X) OBVIOUS CONGENITAL ANOMALIES;

(XI) NEED FOR CHEST COMPRESSIONS DURING NEONATAL RESUSCITATION;

(XII) NEWBORN WITH PERSISTENT CENTRAL CYANOSIS;

(XIII) NEWBORN WITH PERSISTENT GRUNTING AND RETRACTIONS;

(XIV) NEWBORN WITH ABNORMAL VITAL SIGNS;

(XV) GROSS OR THICK MECONIUM STAINING, WHEN DISCOVERED; OR

(XVI) NEWBORN WITH EXCESSIVE DEHYDRATION DUE TO INABILITY TO FEED.

(C) IF TRANSFER IS NOT POSSIBLE BECAUSE OF IMMINENT DELIVERY, THE LICENSED DIRECT-ENTRY MIDWIFE SHALL CONSULT WITH A HEALTH CARE PROVIDER FOR GUIDANCE ON FURTHER MANAGEMENT OF THE PATIENT AND TO DETERMINE WHEN TRANSFER MAY BE SAFELY ARRANGED, IF REQUIRED.

(D) (1) A LICENSED DIRECT-ENTRY MIDWIFE SHALL IMMEDIATELY TRANSFER THE CARE OF A PATIENT TO A HEALTH CARE PROVIDER FOR THE TREATMENT OF ANY SIGNIFICANT POSTPARTUM MORBIDITY, INCLUDING:

(I) UNCONTROLLED POSTPARTUM HEMORRHAGE;

(II) PREECLAMPSIA;

(III) THROMBO-EMBOLISM;

(IV) AN INFECTION; OR

(V) A POSTPARTUM MENTAL HEALTH DISORDER.

(2) A LICENSED DIRECT-ENTRY MIDWIFE WHO IS REQUIRED TO TRANSFER CARE OF A PATIENT UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY CONTINUE OTHER ASPECTS OF POSTPARTUM CARE IN CONSULTATION WITH THE TREATING HEALTH CARE PRACTITIONER.

~~8-6C-03.~~ 8-6C-05.

AT THE TIME OF DELIVERY, A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL BE ASSISTED BY A SECOND INDIVIDUAL WHO:

(1) HAS COMPLETED THE AMERICAN ACADEMY OF PEDIATRICS/AMERICAN HEART ASSOCIATION NEONATAL RESUSCITATION PROGRAM (NRP) WITHIN THE PREVIOUS 2 YEARS; AND

(2) HAS THE SKILLS AND EQUIPMENT NECESSARY TO PERFORM A FULL RESUSCITATION OF THE NEWBORN IN ACCORDANCE WITH THE PRINCIPLES OF NRP.

~~8-6C-04.~~ 8-6C-06.

(A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, AN INDIVIDUAL SHALL BE LICENSED BY THE BOARD BEFORE THE INDIVIDUAL MAY PRACTICE DIRECT-ENTRY MIDWIFERY IN THE STATE.

(B) THIS SECTION DOES NOT APPLY TO:

(1) AN INDIVIDUAL WHO ASSISTS AT A BIRTH IN AN EMERGENCY;

(2) AN INDIVIDUAL WHO IS LICENSED AS A HEALTH CARE PRACTITIONER ~~AND~~ WHOSE SCOPE OF PRACTICE ~~AUTHORIZES THE~~ ALLOWS THE INDIVIDUAL TO PRACTICE ~~OF~~ DIRECT-ENTRY MIDWIFERY; OR

(3) A STUDENT WHO IS PRACTICING DIRECT-ENTRY MIDWIFERY WHILE ENGAGED IN AN APPROVED CLINICAL MIDWIFE EDUCATIONAL EXPERIENCE UNDER THE SUPERVISION OF A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE.

~~8-6C-05.~~ 8-6C-07.

(A) IF A PATIENT CHOOSES TO GIVE BIRTH AT HOME IN A SITUATION PROHIBITED BY THIS SUBTITLE OR IN WHICH A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE RECOMMENDS TRANSFER, THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL:

(1) TRANSFER CARE OF THE PATIENT AND THE PATIENT'S FAMILY TO AN ALTERNATIVE A HEALTH CARE PROVIDER PRACTITIONER; AND

(2) COMPLETE THE STANDARD FORM DEVELOPED UNDER § 8-6C-08(E) OF THIS SUBTITLE AND SUBMIT THE COMPLETED FORM TO THE ACCEPTING HEALTH CARE PRACTITIONER; AND

~~(2)~~ (3) CEASE TO TAKE RESPONSIBILITY FOR THE PATIENT'S PREGNANCY CARE WITHIN 1 WEEK AFTER PROVIDING THE REFERRAL AFTER THE TRANSFER.

(B) IF BIRTH IS IMMINENT AND THE PATIENT REFUSES TO BE TRANSFERRED AFTER THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE DETERMINES THAT A TRANSFER IS NECESSARY, THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL ~~CALL~~:

(1) CALL 9-1-1 AND REMAIN WITH THE PATIENT UNTIL EMERGENCY SERVICES PERSONNEL ARRIVE; AND

(2) TRANSFER CARE AND GIVE A VERBAL REPORT OF THE CARE PROVIDED TO THE EMERGENCY MEDICAL SERVICES PROVIDERS.

~~§ 6C-06.~~ § 6C-08.

(A) A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL DEVELOP A GENERAL WRITTEN PLAN FOR THEIR PRACTICE FOR:

(1) EMERGENCY TRANSFER OF A PATIENT, NEWBORN, OR BOTH;

(2) TRANSPORT OF A NEWBORN TO A NEWBORN NURSERY OR NEONATAL INTENSIVE CARE NURSERY; AND

(3) TRANSPORT OF A PATIENT TO AN APPROPRIATE HOSPITAL WITH A LABOR AND DELIVERY UNIT.

(B) THE COMMITTEE SHALL REVIEW AND ~~APPROVE~~ RECOMMEND APPROVAL TO THE BOARD OF THE PLAN REQUIRED UNDER SUBSECTION (A) OF THIS SECTION.

(C) THE PLAN REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE PROVIDED TO ANY HOSPITAL IDENTIFIED IN THE PLAN.

(D) (1) IN ADDITION TO THE GENERAL WRITTEN PLAN REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL PREPARE A PLAN THAT IS SPECIFIC TO EACH PATIENT AND SHARE THE PLAN WITH THE PATIENT.

(2) THE PLAN REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) INCLUDE PROCEDURES AND PROCESSES TO BE UNDERTAKEN IN THE EVENT OF AN EMERGENCY FOR THE MOTHER, THE NEWBORN, OR BOTH;

(II) IDENTIFY THE HOSPITAL CLOSEST TO THE ADDRESS OF THE PLANNED HOME BIRTH THAT HAS A LABOR AND DELIVERY UNIT;

(III) INCLUDE A CARE PLAN FOR THE NEWBORN; AND

(IV) IDENTIFY THE PEDIATRIC HEALTH CARE PRACTITIONER WHO WILL BE NOTIFIED AFTER DELIVERY IN ACCORDANCE WITH § 8-6C-02(B)(15) OF THIS SUBTITLE TO RECEIVE THE TRANSFER OF CARE OF THE NEWBORN.

(E) (1) THE BOARD, IN CONSULTATION WITH STAKEHOLDERS, SHALL DEVELOP A ~~SINGLE-UNIFORM~~ STANDARD FORM FOR USE IN ALL CASES IN WHICH A TRANSFER OCCURS DURING PRENATAL CARE, LABOR, OR POSTPARTUM.

(2) THE FORM SHALL INCLUDE THE MEDICAL INFORMATION NEEDED BY THE ~~HOSPITAL-BASED~~ HEALTH CARE PROVIDER PRACTITIONER RECEIVING THE PATIENT.

(F) (1) ~~UNLESS EMERGENCY SERVICES PERSONNEL IS BEING USED FOR THE TRANSPORT, AFTER~~ AFTER A DECISION TO TRANSPORT A PATIENT HAS BEEN MADE, THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL ~~CALL:~~

(I) CALL THE RECEIVING ~~HOSPITAL-BASED~~ HEALTH CARE PROVIDER AND INFORM;

(II) INFORM THE HEALTH CARE PROVIDER OF THE INCOMING PATIENT; AND

(III) ACCOMPANY THE PATIENT TO THE HOSPITAL.

(2) ON ARRIVAL AT THE HOSPITAL, THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL PROVIDE ~~TO:~~

(I) TO THE STAFF OF THE HOSPITAL:

~~(H)~~ **1. THE STANDARD FORM DEVELOPED UNDER SUBSECTION (E) OF THIS SECTION; AND**

~~(H)~~ **2. THE COMPLETE MEDICAL RECORDS OF THE PATIENT; AND**

(II) TO THE ACCEPTING HEALTH CARE TEAM, A VERBAL SUMMARY OF THE CARE PROVIDED TO THE PATIENT BY THE LICENSED DIRECT-ENTRY MIDWIFE.

~~§ 6C-07. § 6C-09.~~

(A) BEFORE INITIATING CARE, A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL OBTAIN A SIGNED COPY OF THE STANDARDIZED INFORMED CONSENT AGREEMENT DEVELOPED ~~BY THE COMMITTEE UNDER § 8-6C-11(A)(3) OF THIS SUBTITLE~~ IN ACCORDANCE WITH THIS SECTION.

(B) ~~AN ADDITIONAL~~ (1) THE BOARD, IN CONSULTATION WITH STAKEHOLDERS, SHALL DEVELOP AN INFORMED CONSENT AGREEMENT.

(2) THE AGREEMENT DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE ACKNOWLEDGMENT BY THE PATIENT OF RECEIPT, AT A MINIMUM, OF THE FOLLOWING:

~~(1)~~ **(I) THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE'S TRAINING AND EXPERIENCE;**

~~(2)~~ **(II) INSTRUCTIONS FOR OBTAINING A COPY OF THE REGULATIONS ADOPTED BY THE BOARD UNDER THIS SUBTITLE;**

~~(3)~~ **(III) INSTRUCTIONS FOR OBTAINING A COPY OF THE NARM CERTIFICATION REQUIREMENTS;**

~~(4)~~ **(IV) INSTRUCTIONS FOR FILING A COMPLAINT WITH THE BOARD;**

~~(5)~~ **(V) NOTICE OF WHETHER THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE HAS PROFESSIONAL LIABILITY INSURANCE COVERAGE;**

~~(6)~~ (VI) A DESCRIPTION OF THE PROCEDURES, BENEFITS, AND RISKS OF HOME BIRTHS, INCLUDING THOSE CONDITIONS THAT MAY ARISE DURING DELIVERY; AND

~~(7)~~ (VII) ANY OTHER INFORMATION THAT THE BOARD REQUIRES.

~~§ 6C-08.~~

~~A CERTIFIED DIRECT ENTRY MIDWIFE MAY NOT OFFER A TRIAL OF LABOR TO A PATIENT WHO HAS HAD A DELIVERY BY A CESAREAN SECTION, UNLESS:~~

~~(1) THE PATIENT HAD A LOW TRANSVERSE INCISION;~~

~~(2) AT THE ONSET OF LABOR, AT LEAST 18 MONTHS WILL HAVE ELAPSED SINCE THE CESAREAN SECTION;~~

~~(3) THE CERTIFIED DIRECT ENTRY MIDWIFE HAS RECOMMENDED THAT THE PATIENT CONSULT WITH A HEALTH CARE PRACTITIONER TO REVIEW THE PATIENT'S OPERATIVE REPORT AND DISCUSS THE PATIENT'S INDIVIDUAL LEVEL OF RISK; AND~~

~~(4) THE CERTIFIED DIRECT ENTRY MIDWIFE HAS OBTAINED WRITTEN INFORMED CONSENT, IN ADDITION TO THE DOCUMENTS REQUIRED UNDER § 8-6C-07 OF THIS SUBTITLE, THAT SPECIFIES THE RISKS OF A VAGINAL BIRTH AFTER CESAREAN SECTION WHEN PERFORMED IN AN OUT-OF-HOSPITAL SETTING.~~

~~§ 6C-09.~~ § 6C-10.

~~(A) A CERTIFIED LICENSED DIRECT ENTRY MIDWIFE SHALL:~~

~~(1) SUBJECT TO THE CONSENT OF THE PATIENT, COLLECT DATA UNDER MANA STATS FOR EACH PATIENT WHO INITIATES CARE;~~

~~(2) SUBMIT A COPY OF INDIVIDUAL MANA STATS ANNUALLY TO THE COMMITTEE; AND~~

~~(3) NOTIFY THE COMMITTEE ANNUALLY OF THE NUMBER OF PATIENTS WHO DECLINE CONSENT TO PARTICIPATE IN THE MANA STATS DATA COLLECTION SYSTEM ON A FORM PRESCRIBED BY THE COMMITTEE.~~

(A) BEGINNING OCTOBER 1, 2016, AND ON EACH OCTOBER 1 THEREAFTER, A LICENSED DIRECT-ENTRY MIDWIFE SHALL REPORT TO THE COMMITTEE, IN A FORM SPECIFIED BY THE BOARD, THE FOLLOWING INFORMATION REGARDING CASES IN WHICH THE LICENSED DIRECT-ENTRY MIDWIFE ASSISTED DURING THE

PREVIOUS FISCAL YEAR WHEN THE INTENDED PLACE OF BIRTH AT THE ONSET OF CARE WAS AN OUT-OF-HOSPITAL SETTING:

(1) THE TOTAL NUMBER OF PATIENTS SERVED AS PRIMARY CAREGIVER AT THE ONSET OF CARE;

(2) THE NUMBER, BY COUNTY, OF LIVE BIRTHS ATTENDED AS PRIMARY CAREGIVER;

(3) THE NUMBER, BY COUNTY, OF CASES OF FETAL DEMISE, INFANT DEATHS, AND MATERNAL DEATHS ATTENDED AS PRIMARY CAREGIVER AT THE DISCOVERY OF THE DEMISE OR DEATH;

(4) THE NUMBER OF WOMEN WHOSE PRIMARY CARE WAS TRANSFERRED TO ANOTHER HEALTH CARE PRACTITIONER DURING THE ANTEPARTUM PERIOD AND THE REASON FOR TRANSFER;

(5) THE NUMBER, REASON FOR, AND OUTCOME OF EACH NONEMERGENCY HOSPITAL TRANSFER DURING THE INTRAPARTUM OR POSTPARTUM PERIOD;

(6) THE NUMBER, REASON FOR, AND OUTCOME OF EACH URGENT OR EMERGENCY TRANSPORT OF AN EXPECTANT MOTHER IN THE ANTEPARTUM PERIOD;

(7) THE NUMBER, REASON FOR, AND OUTCOME OF EACH URGENT OR EMERGENCY TRANSPORT OF AN INFANT OR MOTHER DURING THE INTRAPARTUM OR IMMEDIATE POSTPARTUM PERIOD;

(8) THE NUMBER OF PLANNED OUT-OF-HOSPITAL BIRTHS AT THE ONSET OF LABOR AND THE NUMBER OF BIRTHS COMPLETED IN AN OUT-OF-HOSPITAL SETTING;

(9) A BRIEF DESCRIPTION OF ANY COMPLICATIONS RESULTING IN THE MORBIDITY OR MORTALITY OF A MOTHER OR A NEONATE; AND

(10) ANY OTHER INFORMATION REQUIRED BY THE BOARD IN REGULATIONS.

(B) THE BOARD SHALL SEND A WRITTEN NOTICE OF NONCOMPLIANCE TO EACH LICENSEE WHO FAILS TO MEET THE REPORTING REQUIREMENTS UNDER SUBSECTION (A) THIS SECTION.

(C) A LICENSED DIRECT-ENTRY MIDWIFE WHO FAILS TO COMPLY WITH THE REPORTING REQUIREMENTS UNDER THIS SECTION SHALL BE PROHIBITED FROM LICENSE RENEWAL UNTIL THE INFORMATION REQUIRED UNDER SUBSECTION (A) THIS SECTION IS REPORTED.

(D) THE COMMITTEE SHALL MAINTAIN THE CONFIDENTIALITY OF ANY REPORT SUBMITTED UNDER SUBSECTION (A) THIS SECTION.

~~(B)~~ (E) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A CERTIFIED LICENSED DIRECT-ENTRY MIDWIFE SHALL BE SUBJECT TO THE SAME REPORTING REQUIREMENTS AS OTHER HEALTH CARE PROVIDERS PRACTITIONERS WHO PROVIDE CARE TO INDIVIDUALS IN ACCORDANCE WITH THIS TITLE.

(G) A LICENSED DIRECT-ENTRY MIDWIFE ATTENDING AN OUT-OF-HOSPITAL DELIVERY SHALL:

(1) FOR ANY LIVE BIRTH, COMPLETE AND SUBMIT A BIRTH CERTIFICATE IN ACCORDANCE WITH § 4-208 OF THE HEALTH - GENERAL ARTICLE; AND

(2) FOR ANY DEATH, MAKE ALL MEDICAL RECORDS AVAILABLE AND COMMUNICATE RELEVANT CIRCUMSTANCES OF THE DEATH TO THE INDIVIDUAL RESPONSIBLE FOR COMPLETING THE CERTIFICATE OF DEATH UNDER § 4-212 OR § 4-213 OF THE HEALTH - GENERAL ARTICLE.

~~§ 6C-10, 8-6C-11.~~

(A) THERE IS A DIRECT-ENTRY MIDWIFERY ADVISORY COMMITTEE WITHIN THE BOARD.

(B) (1) THE COMMITTEE CONSISTS OF SEVEN MEMBERS APPOINTED BY THE BOARD.

(2) OF THE SEVEN MEMBERS:

(I) SUBJECT TO PARAGRAPH ~~(4)~~ (3) OF THIS SUBSECTION AND SUBSECTION (D) OF THIS SECTION, THREE SHALL BE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES;

(II) ~~SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, TWO~~ TWO SHALL BE LICENSED NURSES CERTIFIED AS NURSE-MIDWIVES ~~WHO~~;

~~1. CURRENTLY PRACTICE IN AN OUT-OF-HOSPITAL SETTING, INCLUDING A FREESTANDING BIRTH CENTER OR HOME BIRTH PRACTICE; OR~~

~~2. HAVE A MINIMUM OF 2 YEARS OF CLINICAL EXPERIENCE IN AN OUT-OF-HOSPITAL SETTING, INCLUDING A FREESTANDING BIRTH CENTER OR HOME BIRTH PRACTICE;~~

(III) ONE SHALL BE A REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION; AND

(IV) ONE SHALL BE A CONSUMER MEMBER.

~~(3) IF A LICENSED NURSE CERTIFIED AS A NURSE MIDWIFE WHO MEETS THE REQUIREMENTS OF PARAGRAPH (2)(II) OF THIS SUBSECTION IS NOT AVAILABLE, THE BOARD MAY WAIVE THE REQUIREMENTS OF PARAGRAPH (2)(II) OF THIS SUBSECTION AND APPOINT ANY LICENSED NURSE CERTIFIED AS A NURSE MIDWIFE TO THE COMMITTEE.~~

~~(4)~~ (3) (I) THE BOARD SHALL APPOINT THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE MEMBERS OF THE COMMITTEE FROM A LIST OF QUALIFIED INDIVIDUALS SUBMITTED TO THE BOARD BY AIMM.

(II) THE BOARD MAY REQUEST AN ADDITIONAL LIST OF QUALIFIED INDIVIDUALS FROM AIMM IF THE INITIAL LIST IS DETERMINED TO BE INADEQUATE.

(C) EACH MEMBER OF THE COMMITTEE SHALL BE A CITIZEN OF THE UNITED STATES AND A RESIDENT OF THE STATE.

(D) ~~(1)~~ EACH ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE MEMBER OF THE COMMITTEE ~~APPOINTED ON OR BEFORE SEPTEMBER 30, 2021:~~

~~(1) SHALL HAVE HELD A CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL FROM NARM FOR AT LEAST 2 YEARS IMMEDIATELY BEFORE APPOINTMENT;~~

~~(H)~~ (1) SHALL MEET THE LICENSURE REQUIREMENTS OF THIS SUBTITLE; AND

~~(H)~~ (2) MAY NOT BE A LICENSED NURSE WHO IS CERTIFIED AS A NURSE-MIDWIFE.

~~(2) EACH CERTIFIED LICENSED DIRECT ENTRY MIDWIFE MEMBER OF THE COMMITTEE APPOINTED ON OR AFTER OCTOBER 1, 2021;~~

~~(I) SHALL HAVE BEEN CERTIFIED BY NARM FOR AT LEAST 5 YEARS IMMEDIATELY BEFORE APPOINTMENT; AND~~

~~(II) MAY NOT BE A LICENSED NURSE WHO IS CERTIFIED AS A NURSE MIDWIFE.~~

(E) THE CONSUMER MEMBER OF THE COMMITTEE:

(1) SHALL BE A MEMBER OF THE GENERAL PUBLIC;

(2) MAY NOT BE OR EVER HAVE BEEN:

(I) A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE;

(II) A LICENSED NURSE CERTIFIED AS A MIDWIFE;

(III) A HEALTH CARE ~~PROVIDER~~ PRACTITIONER WHO IS DIRECTLY INVOLVED WITH PREGNANCY OR LABOR; OR

(IV) IN TRAINING TO BE A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE, A LICENSED NURSE CERTIFIED AS A MIDWIFE, OR A HEALTH CARE PRACTITIONER WHO IS DIRECTLY INVOLVED WITH PREGNANCY OR LABOR;

(3) MAY NOT HAVE A HOUSEHOLD MEMBER WHO IS:

(I) A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE, A LICENSED NURSE WHO IS CERTIFIED AS A NURSE-MIDWIFE, A HEALTH CARE PRACTITIONER WHO IS DIRECTLY INVOLVED WITH PREGNANCY OR LABOR; OR

(II) IN TRAINING TO BE A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE, A LICENSED NURSE WHO IS CERTIFIED AS A NURSE-MIDWIFE, OR A HEALTH CARE PRACTITIONER WHO IS DIRECTLY INVOLVED WITH PREGNANCY OR LABOR;

(4) MAY NOT:

(I) PARTICIPATE OR EVER HAVE PARTICIPATED IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO THE PRACTICE OF DIRECT-ENTRY MIDWIFERY;

(II) HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO THE PRACTICE OF DIRECT-ENTRY MIDWIFERY; OR

(III) HAVE, OR HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT, A SUBSTANTIAL FINANCIAL INTEREST IN A PERSON WHO IS REGULATED BY THE BOARD.

(F) THE COMMITTEE SHALL ELECT A CHAIR FROM AMONG ITS MEMBERS TO A 2-YEAR TERM.

(G) (1) THE TERM OF A MEMBER IS ~~3~~ 4 YEARS.

(2) THE TERMS OF THE MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE COMMITTEE ON OCTOBER 1, 2015.

(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.

(6) TO THE EXTENT PRACTICABLE, THE BOARD SHALL FILL ANY VACANCY ON THE COMMITTEE WITHIN 60 DAYS OF THE DATE OF THE VACANCY.

(H) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE COMMITTEE IS A QUORUM.

(I) IN ADDITION TO ANY OTHER MEETING REQUIREMENTS OF THIS TITLE, THE COMMITTEE SHALL MEET:

(1) AT THE REQUEST OF THE EXECUTIVE DIRECTOR OF THE BOARD;
AND

(2) AS NECESSARY TO CONDUCT BOARD OR COMMITTEE BUSINESS.

(J) IN ACCORDANCE WITH THE STATE BUDGET, EACH MEMBER OF THE COMMITTEE IS ENTITLED TO:

(1) COMPENSATION, AT A RATE DETERMINED BY THE BOARD, FOR EACH DAY, OR PART OF A DAY, ON WHICH THE MEMBER IS ENGAGED IN THE DUTIES OF THE COMMITTEE; AND

(2) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS.

(K) (1) THE BOARD MAY REMOVE A MEMBER FOR INCOMPETENCE OR MISCONDUCT.

(2) THE BOARD MAY REMOVE A MEMBER WHO IS ABSENT FROM TWO SUCCESSIVE COMMITTEE MEETINGS WITHOUT ADEQUATE REASON.

~~§ 6C-11.~~ § 6C-12.

(A) ~~IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,~~ THE THE COMMITTEE SHALL:

(1) REVIEW APPLICATIONS FOR LICENSURE AS A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE AND MAKE RECOMMENDATIONS TO THE BOARD REGARDING APPLICANTS;

(2) MAINTAIN A LIST OF ALL ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES;

(3) ~~CREATE A STANDARDIZED INFORMED CONSENT DOCUMENT OUTLINING THE PROCEDURES, RISKS, AND BENEFITS OF OUT-OF-HOSPITAL BIRTH TO BE USED BY ALL CERTIFIED LICENSED DIRECT-ENTRY MIDWIVES;~~

(4) MAKE RECOMMENDATIONS TO THE BOARD REGARDING CONTINUING EDUCATION REQUIREMENTS FOR ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES;

(5) REVIEW ADVERTISING BY ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES AND BY INSTITUTIONS THAT OFFER A DIRECT-ENTRY MIDWIFE PROGRAM AND MAKE RECOMMENDATIONS TO THE BOARD, AS NECESSARY;

(6) ADVISE THE BOARD ON MATTERS RELATING TO THE PRACTICE OF DIRECT-ENTRY MIDWIFERY;

(7) COLLECT ~~MANA STATS ANNUAL SUMMARY~~ THE REPORTS ~~FROM~~ REQUIRED TO BE SUBMITTED BY EACH ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE UNDER § 8-6C-10(A) OF THIS SUBTITLE;

(8) MAKE RECOMMENDATIONS TO THE BOARD REGARDING REGULATIONS RELATING TO THE PRACTICE OF DIRECT-ENTRY MIDWIFERY THAT ARE NECESSARY TO CARRY OUT THE PROVISIONS OF THE SUBTITLE, ~~INCLUDING REGULATIONS THAT:~~

~~(I) DEFINE SPECIFIC CONDITIONS REQUIRING TRANSFER OF CARE OR CONSULTATION, INCLUDING:~~

- ~~1. PREEXISTING CONDITIONS;~~
- ~~2. PREGNANCY COMPLICATIONS;~~
- ~~3. PREGNANCY-RELATED COMPLICATIONS;~~
- ~~4. COMPLICATIONS ARISING DURING LABOR, DELIVERY, OR THE IMMEDIATE POSTPARTUM PERIOD; AND~~
- ~~5. CONDITIONS ARISING DURING THE POSTPARTUM PERIOD;~~

~~(H) INCLUDE SPECIFIC CONDITIONS FOR WHICH THE CERTIFIED LICENSED DIRECT ENTRY MIDWIFE MAY NOT UNDERTAKE THE CARE OF A PATIENT, OR SHALL IMMEDIATELY REFER AND TRANSFER THE CARE OF THE PATIENT TO A HEALTH CARE PROVIDER, INCLUDING:~~

- ~~1. KNOWN NONCEPHALIC PRESENTATION AFTER 38 WEEKS; AND~~
- ~~2. KNOWN MULTIPLE GESTATION;~~

~~(HH) INCLUDE SPECIFIC CONDITIONS FOR WHICH THE CERTIFIED LICENSED DIRECT ENTRY MIDWIFE SHALL:~~

- ~~1. CONSULT WITH A HEALTH CARE PROVIDER PRACTITIONER; AND~~
- ~~2. PROVIDE FOR DOCUMENTATION OF THE CONSULTATION AND COMMUNICATION OF THE CONSULTATION TO THE PATIENT; AND~~

~~(IV) 1. INCLUDE SPECIFIC CONDITIONS THAT MAY ARISE DURING LABOR OR THE POSTPARTUM PERIOD THAT REQUIRE IMMEDIATE TRANSFER OF THE PATIENT OR THE NEWBORN TO A HOSPITAL; OR~~

~~2. IF TRANSFER IS NOT POSSIBLE BECAUSE OF IMMINENT DELIVERY, INCLUDE A REQUIREMENT THAT THE CERTIFIED LICENSED DIRECT ENTRY MIDWIFE CONSULT WITH A HOSPITAL BASED HEALTH CARE PRACTITIONER FOR GUIDANCE ON FURTHER MANAGEMENT AND TO DETERMINE WHEN TRANSFER MAY BE SAFELY ARRANGED, IF REQUIRED;~~

(9) AT THE REQUEST OF THE BOARD, INVESTIGATE COMPLAINTS AGAINST ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES;

(10) KEEP A RECORD OF THE COMMITTEE'S PROCEEDINGS; AND

(11) ~~SUBMIT AN ANNUAL~~ SUBJECT TO SUBSECTION (B) OF THIS SECTION, BEGINNING NOVEMBER 1, 2016, AND ON EACH NOVEMBER 1 THEREAFTER, SUBMIT A REPORT TO THE BOARD, INCLUDING:

~~(I) THE NUMBER OF CERTIFIED DIRECT ENTRY MIDWIVES LICENSED IN THE STATE;~~

~~(II) THE TOTAL NUMBER OF PLANNED HOME BIRTHS IN THE STATE; AND~~

~~(III) THE NUMBER AND CIRCUMSTANCES OF ALL:~~

~~1. HEALTHY BIRTH OUTCOMES ATTENDED BY CERTIFIED DIRECT ENTRY MIDWIVES;~~

~~2. ADVERSE BIRTH OUTCOMES ATTENDED BY CERTIFIED DIRECT ENTRY MIDWIVES; AND~~

~~3. BIRTHS IN WHICH A TRANSFER OR TRANSPORT WAS MADE TO A HOSPITAL OR TO THE CARE OF ANOTHER HEALTH CARE PROVIDER.~~

(I) A SUMMARY OF THE INFORMATION INCLUDED IN REPORTS SUBMITTED TO THE COMMITTEE BY LICENSED DIRECT-ENTRY MIDWIVES UNDER § 8-6C-10(A) OF THIS SUBTITLE; AND

(II) ANY OTHER INFORMATION IDENTIFIED BY THE BOARD.

(B) THE COMMITTEE MAY NOT INCLUDE ANY PERSONALLY IDENTIFYING INFORMATION IN THE REPORT SUBMITTED TO THE BOARD UNDER SUBSECTION (A)(11) OF THIS SECTION.

(C) BEGINNING DECEMBER 1, 2016, AND ON EACH DECEMBER 1 THEREAFTER, THE BOARD SHALL SUBMIT TO THE SENATE EDUCATION, HEALTH,

AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE:

(1) THE REPORT SUBMITTED TO THE BOARD UNDER SUBSECTION (A)(11) OF THIS SECTION;

(2) IN CONSULTATION WITH THE COMMITTEE, ANY RECOMMENDATIONS REGARDING THE CONTINUATION AND IMPROVEMENT OF THE LICENSURE OF LICENSED DIRECT-ENTRY MIDWIVES IN THE STATE; AND

(3) ANY RECOMMENDATIONS REGARDING EXPANDING THE SCOPE OF PRACTICE OF LICENSED DIRECT-ENTRY MIDWIVES; AND

(4) ANY RECOMMENDATIONS, INCLUDING RECOMMENDATIONS FOR LEGISLATION, REGARDING THE SCOPE OF PRACTICE OF LICENSED DIRECT-ENTRY MIDWIVES TO INCLUDE VAGINAL BIRTH AFTER CESAREAN.

~~§ 6C-12.~~ § 6C-13.

(A) IN ADDITION TO THE EDUCATION AND TRAINING REQUIREMENTS UNDER SUBSECTION (B) OF THIS SECTION, TO QUALIFY FOR A LICENSE, AN APPLICANT SHALL:

(1) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 8-303 OF THIS TITLE;

(2) BE OF GOOD MORAL CHARACTER;

(3) BE A HIGH SCHOOL GRADUATE OR HAVE COMPLETED EQUIVALENT EDUCATION;

(4) BE AT LEAST 21 YEARS OLD;

(5) HOLD A CURRENT CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION ISSUED BY THE AMERICAN RED CROSS OR THE AMERICAN HEART ASSOCIATION; AND

(6) ~~HOLD A CURRENT NEONATAL RESUSCITATION (NRP) CERTIFICATION ISSUED BY THE AMERICAN ACADEMY OF PEDIATRICS~~ HAVE COMPLETED IN THE PAST 2 YEARS THE AMERICAN ACADEMY OF PEDIATRICS/AMERICAN HEART ASSOCIATION NEONATAL RESUSCITATION PROGRAM (NRP).

(B) AN APPLICANT:

(1) SHALL HOLD A CURRENT VALID CERTIFIED PROFESSIONAL MIDWIFE CREDENTIAL GRANTED BY NARM; AND

(2) (I) SHALL HAVE COMPLETED A MIDWIFERY EDUCATION PROGRAM THAT IS ACCREDITED BY MEAC OR ACME; OR

(II) IF THE APPLICANT WAS CERTIFIED BY NARM AS A CERTIFIED PROFESSIONAL MIDWIFE ON OR BEFORE **JANUARY 15, 2017, THROUGH A NON-MEAC ACCREDITED PROGRAM, BUT OTHERWISE QUALIFIES FOR LICENSURE, SHALL PROVIDE:**

1. VERIFICATION OF COMPLETION OF NARM-APPROVED CLINICAL REQUIREMENTS; AND

2. EVIDENCE OF COMPLETION, IN THE PAST ~~5~~ 2 YEARS, OF AN ADDITIONAL ~~40~~ 50 HOURS OF ~~ACCREDITED AND BOARD APPROVED~~ CONTINUING EDUCATION UNITS APPROVED BY THE BOARD AND ACCREDITED BY MEAC, THE AMERICAN COLLEGE OF NURSE MIDWIVES, OR THE ACCREDITING COUNCIL FOR CONTINUING MEDICAL EDUCATION, INCLUDING A MINIMUM OF 8 HOURS OF PHARMACOLOGY AND:

A. 14 HOURS OF OBSTETRIC EMERGENCY SKILLS TRAINING SUCH AS A BIRTH EMERGENCY SKILLS TRAINING (BEST) OR AN ADVANCED LIFE SAVING IN OBSTETRICS (ALSO) COURSE; AND

B. THE REMAINING 36 HOURS DIVIDED AMONG AND INCLUDING HOURS IN THE AREAS OF PHARMACOLOGY, LAB INTERPRETATION OF PREGNANCY, ANTEPARTUM COMPLICATIONS, INTRAPARTUM COMPLICATIONS, POSTPARTUM COMPLICATIONS, AND NEONATAL CARE.

~~§ 6C-13.~~ § 6C-14.

TO APPLY FOR A LICENSE, AN APPLICANT SHALL:

(1) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 8-303 OF THIS TITLE;

(2) SUBMIT TO THE BOARD:

(I) AN APPLICATION ON THE FORM THAT THE BOARD REQUIRES; AND

(II) WRITTEN, VERIFIED EVIDENCE THAT THE REQUIREMENT OF ITEM (1) OF THIS SUBSECTION IS BEING MET; AND

(3) PAY TO THE BOARD A FEE SET BY THE BOARD.

~~§ 6C-14.~~ § 6C-15.

(A) (1) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES AND OTHER SERVICES IT PROVIDES TO ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES.

(2) THE FEES CHARGED SHALL BE SET SO AS TO PRODUCE FUNDS TO APPROXIMATE THE COST OF MAINTAINING THE LICENSURE AND OTHER SERVICES PROVIDED TO ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIVES.

(B) (1) THE BOARD SHALL PAY ALL FEES COLLECTED UNDER THIS SUBTITLE TO THE COMPTROLLER.

(2) THE COMPTROLLER SHALL DISTRIBUTE ALL FEES TO THE BOARD.

(C) THE FEES COLLECTED UNDER THIS SECTION SHALL BE USED TO COVER THE ACTUAL DOCUMENTED DIRECT AND INDIRECT COSTS OF FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE BOARD AS PROVIDED BY ~~THE PROVISIONS OF~~ THIS SUBTITLE.

~~§ 6C-15.~~

~~(A) SUBJECT TO THE PROVISIONS OF THIS SECTION, THE BOARD MAY ISSUE A LICENSE BY ENDORSEMENT AND WAIVE THE EDUCATION AND TRAINING REQUIREMENTS UNDER § 8-6C-12 OF THIS SUBTITLE FOR AN INDIVIDUAL WHO IS LICENSED TO PRACTICE DIRECT ENTRY MIDWIFERY IN ANOTHER STATE.~~

~~(B) THE BOARD MAY ISSUE A LICENSE BY ENDORSEMENT UNDER THIS SECTION ONLY IF THE APPLICANT:~~

~~(1) PAYS THE FEE REQUIRED BY THE BOARD; AND~~

~~(2) PROVIDES ADEQUATE EVIDENCE THAT THE APPLICANT:~~

~~(i) MEETS THE QUALIFICATIONS OTHERWISE REQUIRED BY THIS SUBTITLE; AND~~

~~(H) BECAME LICENSED IN THE OTHER STATE AFTER MEETING REQUIREMENTS THAT ARE SUBSTANTIALLY EQUIVALENT TO THE REQUIREMENTS OF THIS SUBTITLE.~~

8-6C-16.

(A) SUBJECT TO SUBSECTION (C) OF THIS SECTION, THE BOARD SHALL ISSUE A LICENSE TO AN APPLICANT WHO:

- (1) MEETS THE REQUIREMENTS OF THIS SUBTITLE; AND
- (2) PAYS A FEE SET BY THE BOARD.

(B) THE BOARD SHALL INCLUDE ON EACH LICENSE THAT THE BOARD ISSUES A DESIGNATION OF ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE.

(C) (1) ON RECEIPT OF THE CRIMINAL HISTORY RECORD INFORMATION OF AN APPLICANT FOR LICENSURE FORWARDED TO THE BOARD IN ACCORDANCE WITH § 8-303 OF THIS TITLE, IN DETERMINING WHETHER TO GRANT A LICENSE, THE BOARD SHALL CONSIDER:

- (I) THE AGE AT WHICH THE CRIME WAS COMMITTED;
- (II) THE CIRCUMSTANCES SURROUNDING THE CRIME;
- (III) THE LENGTH OF TIME THAT HAS PASSED SINCE THE CRIME;
- (IV) SUBSEQUENT WORK HISTORY;
- (V) EMPLOYMENT AND CHARACTER REFERENCES; AND
- (VI) OTHER EVIDENCE THAT DEMONSTRATES WHETHER THE APPLICANT POSES A THREAT TO THE PUBLIC HEALTH OR SAFETY.

(2) THE BOARD MAY NOT ISSUE A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 8-303 OF THIS TITLE HAS NOT BEEN RECEIVED.

8-6C-17.

A LICENSE ISSUED UNDER THIS SUBTITLE AUTHORIZES THE LICENSEE TO PRACTICE DIRECT-ENTRY MIDWIFERY WHILE THE LICENSE IS ~~EFFECTIVE~~ ACTIVE.

8-6C-18.

(A) A LICENSE EXPIRES ON A DATE SET BY THE BOARD, UNLESS THE LICENSE IS RENEWED FOR AN ADDITIONAL TERM AS PROVIDED IN THIS SECTION.

(B) A LICENSE MAY NOT BE RENEWED FOR A TERM LONGER THAN 2 YEARS.

(C) (1) AT LEAST 3 MONTHS BEFORE A LICENSE EXPIRES, THE BOARD SHALL SEND TO THE LICENSEE A RENEWAL NOTICE BY:

(I) FIRST-CLASS MAIL TO THE LAST KNOWN MAILING ADDRESS OF THE LICENSEE; OR

(II) ELECTRONIC MEANS TO THE LAST KNOWN ELECTRONIC ADDRESS OF THE LICENSEE.

(2) A RENEWAL NOTICE SHALL STATE:

(I) THE DATE ON WHICH THE CURRENT LICENSE EXPIRES;

(II) THE DATE BY WHICH THE RENEWAL APPLICATION MUST BE RECEIVED BY THE BOARD FOR THE RENEWAL TO BE ISSUED AND MAILED BEFORE THE LICENSE EXPIRES; AND

(III) THE AMOUNT OF THE RENEWAL FEE.

(D) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, BEFORE A LICENSE EXPIRES, THE LICENSEE PERIODICALLY MAY RENEW IT FOR AN ADDITIONAL TERM IF THE LICENSEE:

(1) OTHERWISE IS ENTITLED TO BE LICENSED;

(2) PAYS TO THE BOARD A RENEWAL FEE SET BY THE BOARD; AND

(3) SUBMITS TO THE BOARD:

(I) A RENEWAL APPLICATION ON THE FORM THAT THE BOARD REQUIRES; AND

(II) SATISFACTORY EVIDENCE OF COMPLIANCE WITH ANY CONTINUING EDUCATION OR OTHER COMPETENCY REQUIREMENTS SET UNDER THIS SUBTITLE FOR LICENSE RENEWAL.

(E) IN ADDITION TO ANY OTHER QUALIFICATIONS AND REQUIREMENTS ESTABLISHED BY THE BOARD FOR LICENSE RENEWAL, THE BOARD SHALL REQUIRE:

(1) 20 ACCREDITED AND BOARD-APPROVED CONTINUING EDUCATION UNITS TO BE COMPLETED EVERY 2 YEARS;

(2) 4 HOURS OF PEER REVIEW IN ACCORDANCE WITH NARM STANDARDS FOR OFFICIAL PEER REVIEW TO BE COMPLETED EVERY 2 YEARS; AND

(3) ~~SUBMISSION OF DATA ON EVERY PATIENT WHO CONSENTS TO PARTICIPATE IN MANA STATS ON ANY FORM PRESCRIBED BY MANA AND IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OF MANA~~ THE ANNUAL REPORTS REQUIRED UNDER § 8-6C-10(A) OF THIS SUBTITLE.

(F) SUBJECT TO SUBSECTION (L) OF THIS SECTION, THE BOARD SHALL RENEW THE LICENSE OF EACH LICENSEE WHO MEETS THE REQUIREMENTS OF THIS SECTION.

(G) ~~IF A LICENSEE FAILS TO PROVIDE SATISFACTORY EVIDENCE OF COMPLIANCE WITH ANY CONTINUING EDUCATION REQUIREMENTS SET UNDER THIS SUBTITLE FOR LICENSE RENEWAL, OR COMPLIES WITH SUBSECTION (H) OF THIS SECTION, THE BOARD SHALL PLACE THE LICENSEE ON INACTIVE STATUS~~ THE BOARD SHALL PLACE A LICENSEE ON INACTIVE STATUS IF THE LICENSEE:

(1) FAILS TO PROVIDE SATISFACTORY EVIDENCE OF COMPLIANCE WITH ANY CONTINUING EDUCATION REQUIREMENTS SET UNDER THIS SECTION FOR LICENSE RENEWAL; OR

(2) FAILS TO SUBMIT THE ANNUAL REPORT REQUIRED UNDER § 8-6C-10(A) OF THIS SUBTITLE.

(H) THE BOARD SHALL PLACE A LICENSEE ON INACTIVE STATUS IF THE LICENSEE SUBMITS TO THE BOARD:

(1) AN APPLICATION FOR INACTIVE STATUS ON THE FORM REQUIRED BY THE BOARD; AND

(2) THE INACTIVE STATUS FEE SET BY THE BOARD.

(I) THE BOARD SHALL REACTIVATE THE LICENSE OF AN INDIVIDUAL WHO IS ON INACTIVE STATUS IF THE INDIVIDUAL:

(1) COMPLIES WITH ANY CONTINUING EDUCATION REQUIREMENT AND DATA REPORTING REQUIREMENTS ESTABLISHED BY THE BOARD FOR THIS PURPOSE;

(2) PAYS TO THE BOARD A REACTIVATION FEE SET BY THE BOARD;
AND

(3) IS OTHERWISE ENTITLED TO BE LICENSED.

(J) THE BOARD, IN ACCORDANCE WITH ITS REGULATIONS, SHALL REINSTATE THE LICENSE OF AN INDIVIDUAL WHO HAS FAILED TO RENEW THE LICENSE FOR ANY REASON IF THE INDIVIDUAL:

(1) IS OTHERWISE ENTITLED TO BE LICENSED;

(2) COMPLIES WITH ANY CONTINUING EDUCATION ~~REQUIREMENT~~
AND DATA REPORTING REQUIREMENTS ESTABLISHED BY THE BOARD FOR THIS PURPOSE;

(3) PAYS TO THE BOARD A REINSTATEMENT FEE SET BY THE BOARD;

(4) FOR AN EXPIRED LICENSE OR LAPSED LICENSE THAT HAS BEEN EXPIRED OR LAPSED FOR MORE THAN 1 YEAR, COMPLETES A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 8-303 OF THIS TITLE; AND

(5) APPLIES TO THE BOARD FOR REINSTATEMENT OF THE LICENSE WITHIN 5 YEARS AFTER THE LICENSE EXPIRES.

(K) (1) THE BOARD MAY NOT REINSTATE THE LICENSE OF A ~~CERTIFIED LICENSED~~ DIRECT-ENTRY MIDWIFE WHO FAILS TO APPLY FOR REINSTATEMENT OF THE LICENSE WITHIN 5 YEARS AFTER THE LICENSE EXPIRES.

(2) THE INDIVIDUAL MAY BECOME LICENSED BY MEETING THE CURRENT REQUIREMENTS FOR OBTAINING A NEW LICENSE UNDER THIS SUBTITLE.

(L) (1) A LICENSEE SHALL SUBMIT TO AN ADDITIONAL CRIMINAL HISTORY RECORDS CHECK EVERY 12 YEARS.

(2) ON RECEIPT OF THE CRIMINAL HISTORY RECORD INFORMATION OF A LICENSEE FORWARDED TO THE BOARD IN ACCORDANCE WITH § 8-303 OF THIS TITLE, IN DETERMINING WHETHER TO RENEW A LICENSE, THE BOARD SHALL CONSIDER:

(I) THE AGE AT WHICH THE CRIME WAS COMMITTED;

(II) THE CIRCUMSTANCES SURROUNDING THE CRIME;

(III) THE LENGTH OF TIME THAT HAS PASSED SINCE THE CRIME;

(IV) SUBSEQUENT WORK HISTORY;

(V) EMPLOYMENT AND CHARACTER REFERENCES; AND

(VI) OTHER EVIDENCE THAT DEMONSTRATES WHETHER THE APPLICANT POSES A THREAT TO THE PUBLIC HEALTH OR SAFETY.

(3) THE BOARD MAY NOT RENEW A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 8-303 OF THIS TITLE HAS NOT BEEN RECEIVED.

8-6C-19.

(A) UNLESS THE BOARD AGREES TO ACCEPT THE SURRENDER OF THE LICENSE:

(1) A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE MAY NOT SURRENDER A LICENSE; AND

(2) A LICENSE MAY NOT LAPSE BY OPERATION OF LAW WHILE THE LICENSEE IS UNDER INVESTIGATION OR WHILE CHARGES ARE PENDING AGAINST THE LICENSEE.

(B) THE BOARD MAY SET CONDITIONS ON AN AGREEMENT WITH THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE UNDER INVESTIGATION OR AGAINST WHOM CHARGES ARE PENDING TO ACCEPT SURRENDER OF THE LICENSE.

8-6C-20.

(A) SUBJECT TO THE HEARING PROVISIONS OF § 8-317 OF THIS TITLE, THE BOARD MAY DENY A LICENSE TO AN APPLICANT, REPRIMAND A LICENSEE, PLACE A LICENSEE ON PROBATION, OR SUSPEND OR REVOKE A LICENSE IF THE APPLICANT OR LICENSEE:

(1) FRAUDULENTLY OR DECEPTIVELY OBTAINS OR ATTEMPTS TO OBTAIN A LICENSE FOR THE APPLICANT OR FOR ANOTHER;

(2) FRAUDULENTLY OR DECEPTIVELY USES A LICENSE;

(3) IS DISCIPLINED BY A LICENSING, MILITARY, OR DISCIPLINARY AUTHORITY IN THE STATE OR IN ANY OTHER STATE OR COUNTRY OR IS CONVICTED OR DISCIPLINED BY A COURT IN THE STATE OR IN ANY OTHER STATE OR COUNTRY

FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THE BOARD'S DISCIPLINARY STATUTES;

(4) IS CONVICTED OF OR PLEADS GUILTY OR NOLO CONTENDERE TO A FELONY OR TO A CRIME INVOLVING MORAL TURPITUDE, WHETHER OR NOT ANY APPEAL OR OTHER PROCEEDING IS PENDING TO HAVE THE CONVICTION OR PLEA SET ASIDE;

(5) WILLFULLY AND KNOWINGLY:

(I) FILES A FALSE REPORT OR RECORD OF AN INDIVIDUAL UNDER THE LICENSEE'S CARE;

(II) GIVES ANY FALSE OR MISLEADING INFORMATION ABOUT A MATERIAL MATTER IN AN EMPLOYMENT APPLICATION;

(III) FAILS TO FILE OR RECORD ANY HEALTH RECORD THAT IS REQUIRED BY LAW;

(IV) OBSTRUCTS THE FILING OR RECORDING OF ANY HEALTH RECORD AS REQUIRED BY LAW; OR

(V) INDUCES ANOTHER PERSON TO FAIL TO FILE OR RECORD ANY HEALTH RECORD AS REQUIRED BY LAW;

(6) KNOWINGLY DOES ANY ACT THAT HAS BEEN DETERMINED BY THE BOARD, IN ITS REGULATIONS, TO EXCEED THE SCOPE OF PRACTICE AUTHORIZED TO THE INDIVIDUAL UNDER THIS SUBTITLE;

(7) PROVIDES PROFESSIONAL SERVICES WHILE:

(I) UNDER THE INFLUENCE OF ALCOHOL; OR

(II) USING ANY NARCOTIC OR CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;

(8) DOES AN ACT THAT IS INCONSISTENT WITH GENERALLY ACCEPTED PROFESSIONAL STANDARDS IN THE PRACTICE OF DIRECT-ENTRY MIDWIFERY;

(9) IS GROSSLY NEGLIGENT IN THE PRACTICE OF DIRECT-ENTRY MIDWIFERY;

(10) HAS VIOLATED ANY PROVISION OF THIS TITLE;

(11) SUBMITS A FALSE STATEMENT TO COLLECT A FEE;

(12) IS PHYSICALLY OR MENTALLY INCOMPETENT;

(13) KNOWINGLY FAILS TO REPORT SUSPECTED CHILD ABUSE IN VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE;

(14) EXCEPT IN AN EMERGENCY LIFE-THREATENING SITUATION WHERE IT IS NOT FEASIBLE OR PRACTICABLE, FAILS TO COMPLY WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S GUIDELINES ON UNIVERSAL PRECAUTIONS;

(15) IS IN INDEPENDENT PRACTICE AND FAILS TO DISPLAY THE NOTICE REQUIRED UNDER § 8-6C-23 OF THIS SUBTITLE;

(16) IS HABITUALLY INTOXICATED;

(17) IS ADDICTED TO, OR HABITUALLY ABUSES, ANY NARCOTIC OR CONTROLLED DANGEROUS SUBSTANCE AS DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE;

(18) FAILS TO COOPERATE WITH A LAWFUL INVESTIGATION CONDUCTED BY THE BOARD;

(19) IS EXPELLED FROM THE REHABILITATION PROGRAM ESTABLISHED PURSUANT TO § 8-208 OF THIS TITLE FOR FAILURE TO COMPLY WITH THE CONDITIONS OF THE PROGRAM;

~~(20) DELEGATES DIRECT-ENTRY MIDWIFERY ACTS OR RESPONSIBILITIES TO AN INDIVIDUAL THAT THE APPLICANT OR LICENSEE KNOWS OR HAS REASON TO KNOW LACKS THE ABILITY, KNOWLEDGE, OR REQUIRED LICENSURE TO PERFORM;~~

~~(21) FAILS TO PROPERLY SUPERVISE INDIVIDUALS TO WHOM DIRECT-ENTRY MIDWIFERY ACTS OR RESPONSIBILITIES HAVE BEEN DELEGATED;~~

~~(22)~~ (20) ENGAGES IN CONDUCT THAT VIOLATES THE PROFESSIONAL CODE OF ETHICS;

~~(23)~~ (21) IS PROFESSIONALLY INCOMPETENT;

~~(24)~~ (22) PRACTICES DIRECT-ENTRY MIDWIFERY WITHOUT A LICENSE, BEFORE OBTAINING OR RENEWING A LICENSE, INCLUDING ANY PERIOD WHEN THE LICENSE HAS LAPSED;

~~(25)~~ (23) AFTER FAILING TO RENEW A LICENSE OR AFTER A LICENSE HAS LAPSED, COMMITS ANY ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION;

~~(26) PRACTICES DIRECT-ENTRY MIDWIFERY ON A NONRENEWED LICENSE FOR A PERIOD OF 16 MONTHS OR LONGER;~~

~~(27)~~ (24) VIOLATES REGULATIONS ADOPTED BY THE BOARD OR AN ORDER FROM THE BOARD;

~~(28)~~ (25) PERFORMS AN ACT THAT IS BEYOND THE LICENSEE'S KNOWLEDGE AND SKILLS;

~~(29)~~ (26) FAILS TO SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 8-303 OF THIS TITLE; ~~OR~~

~~(30)~~ (27) WHEN ACTING IN A SUPERVISORY POSITION, DIRECTS ANOTHER ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE TO PERFORM AN ACT THAT IS BEYOND THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE'S KNOWLEDGE AND SKILLS; OR

(28) FAILS TO FILE A REPORT REQUIRED UNDER THIS SUBTITLE.

(B) IF, AFTER A HEARING UNDER § 8-317 OF THIS TITLE, THE BOARD FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE BOARD MAY IMPOSE A PENALTY NOT EXCEEDING \$5,000 INSTEAD OF OR IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.

(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN INDIVIDUAL WHOSE LICENSE HAS BEEN SUSPENDED OR REVOKED BY THE BOARD SHALL RETURN THE LICENSE TO THE BOARD.

(2) IF A SUSPENDED OR REVOKED LICENSE HAS BEEN LOST, THE INDIVIDUAL SHALL FILE WITH THE BOARD A VERIFIED STATEMENT TO THAT EFFECT.

8-6C-21.

(A) UNLESS AUTHORIZED TO PRACTICE DIRECT-ENTRY MIDWIFERY, AN INDIVIDUAL MAY NOT REPRESENT TO THE PUBLIC BY TITLE, DESCRIPTION OF SERVICE, METHOD, PROCEDURE, OR OTHERWISE, THAT THE INDIVIDUAL IS AUTHORIZED TO PRACTICE DIRECT-ENTRY MIDWIFERY IN THE STATE.

(B) A LICENSEE MAY NOT ADVERTISE IN A MANNER THAT IS UNREASONABLE, MISLEADING, OR FRAUDULENT.

(C) UNLESS AUTHORIZED TO PRACTICE DIRECT-ENTRY MIDWIFERY UNDER THIS SUBTITLE, AN INDIVIDUAL MAY NOT USE THE ABBREVIATION “~~CDEM~~ LDEM” OR USE THE DESIGNATION “~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE”.

(D) UNLESS AUTHORIZED TO PRACTICE DIRECT-ENTRY MIDWIFERY UNDER THIS SUBTITLE OR CERTIFIED AS A NURSE MIDWIFE UNDER THIS TITLE, AN INDIVIDUAL MAY NOT USE THE DESIGNATION “MIDWIFE”.

8-6C-22.

(A) EXCEPT FOR ANY WILLFUL OR GROSSLY NEGLIGENT ACT, A HEALTH CARE PROVIDER OR EMERGENCY ROOM PERSONNEL WHO WORK AT A HOSPITAL, OR EMERGENCY MEDICAL ~~TECHNICIANS~~ SERVICES PROVIDERS OR AMBULANCE PERSONNEL, MAY NOT BE HELD CIVILLY LIABLE FOR AN ACTION ARISING SOLELY FROM AN INJURY RESULTING FROM AN ACT ~~OF~~ OR OMISSION OF A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE, EVEN IF THE PERSON HAS CONSULTED WITH THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE OR ACCEPTED A REFERRAL FROM THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE.

(B) A HEALTH CARE PRACTITIONER WHO CONSULTS WITH A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE OR RECEIVES NOTIFICATION OF A DELIVERY UNDER § 6-6C-02(B)(15) § 8-6C-02(B)(15) OF THIS SUBTITLE OR THE TRANSFER OF RECORDS UNDER § 8-6C-02(B)(16) OF THIS SUBTITLE BUT WHO DOES NOT EXAMINE OR TREAT A PATIENT OF THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE MAY NOT BE DEEMED TO HAVE CREATED A PHYSICIAN-PATIENT RELATIONSHIP WITH THE PATIENT.

8-6C-23.

IF A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE IS ENGAGED IN THE PRIVATE PRACTICE OF DIRECT-ENTRY MIDWIFERY IN THE STATE, THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE SHALL DISPLAY THE NOTICE DEVELOPED

UNDER § 1-207 OF THIS ARTICLE CONSPICUOUSLY IN EACH OFFICE WHERE THE ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE IS ENGAGED IN PRACTICE.

8-6C-24.

(A) THIS SECTION DOES NOT APPLY TO A VIOLATION OF § 8-6C-10(A) OF THIS SUBTITLE.

(B) A PERSON WHO VIOLATES ANY PROVISION OF THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING \$5,000 OR IMPRISONMENT NOT EXCEEDING 1 YEAR OR BOTH.

8-6C-25.

THIS SUBTITLE MAY BE CITED AS THE ~~MARYLAND HOME BIRTH SAFETY ACT~~ MARYLAND LICENSURE OF DIRECT-ENTRY MIDWIVES ACT.

8-6C-26.

SUBJECT TO THE EVALUATION AND REESTABLISHMENT PROVISIONS OF THE MARYLAND PROGRAM EVALUATION ACT, AND SUBJECT TO THE TERMINATION OF THIS SUBTITLE UNDER § 8-802 OF THIS TITLE, THIS SUBTITLE AND ALL REGULATIONS ADOPTED UNDER THIS SUBTITLE SHALL TERMINATE AND BE OF NO EFFECT AFTER JULY 1, 2023.

8-701.

(E-1) EXCEPT AS OTHERWISE PROVIDED IN THIS TITLE, AN INDIVIDUAL MAY NOT PRACTICE, ATTEMPT TO PRACTICE, OR OFFER TO PRACTICE AS A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE UNLESS LICENSED BY THE BOARD TO PRACTICE AS A ~~CERTIFIED~~ LICENSED DIRECT-ENTRY MIDWIFE.

Article – State Government

8-405.

(b) Each of the following governmental activities or units and the statutes and regulations that relate to the governmental activities or units are subject to full evaluation, in the evaluation year specified, without the need for a preliminary evaluation:

(3) [(i) Nursing, State Board of (§ 8-201 of the Health Occupations Article: 2021)]; and] INCLUDING:

[(ii)] (I) Electrology Practice Committee (§ 8-6B-05 of the Health Occupations Article: 2021); AND

(II) DIRECT-ENTRY MIDWIFERY ADVISORY COMMITTEE (§ 8-6C-10 OF THE HEALTH OCCUPATIONS ARTICLE: 2021);

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article Health Occupations~~

~~§ 6C-02.1.~~

~~(A) A CERTIFIED DIRECT-ENTRY MIDWIFE SHALL CONSULT WITH A HEALTH CARE PRACTITIONER IF ANY OF THE FOLLOWING CONDITIONS PRESENT DURING PRENATAL CARE:~~

- ~~(1) SIGNIFICANT MENTAL DISEASE, INCLUDING DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA, AND OTHER CONDITIONS THAT IMPAIR THE ABILITY OF THE PATIENT TO PARTICIPATE EFFECTIVELY IN THE PATIENT'S CARE OR THAT REQUIRE THE USE OF PSYCHOTROPIC DRUGS TO CONTROL THE CONDITION;~~
- ~~(2) POSTMATURITY (GESTATIONAL AGE GREATER THAN 42 WEEKS);~~
- ~~(3) SECOND OR THIRD TRIMESTER BLEEDING;~~
- ~~(4) INTERMITTENT USE OF ALCOHOL INTO THE SECOND TRIMESTER;~~
- ~~(5) ASTHMA;~~
- ~~(6) DIET-CONTROLLED GESTATIONAL DIABETES;~~
- ~~(7) HISTORY OF GENETIC PROBLEMS, INTRAUTERINE DEATH AFTER 20 WEEKS' GESTATION, OR STILLBIRTH;~~
- ~~(8) PREVIOUS UTERINE SURGERY, INCLUDING MYOMECTOMY, LEEP, OR CONE BIOPSY;~~
- ~~(9) ABNORMAL PAP SMEAR;~~
- ~~(10) PREVIOUS OBSTETRICAL PROBLEMS, INCLUDING UTERINE ABNORMALITIES, PLACENTAL ABRUPTION, SIGNIFICANT CONGENITAL ANOMALIES, PLACENTA ACCRETE, INCOMPETENT CERVIX, OR PRETERM DELIVERY FOR ANY REASON;~~

- ~~(11) POSSIBLE ECTOPIC PREGNANCY;~~
 - ~~(12) IN REMISSION FROM INFLAMMATORY BOWEL DISEASE;~~
 - ~~(13) TUBERCULOSIS;~~
 - ~~(14) CONTROLLED HYPOTHYROIDISM, BEING TREATED WITH THYROID REPLACEMENT AND EUTHYROID, AND WITH THYROID TEST NUMBERS IN THE NORMAL RANGE;~~
 - ~~(15) MORBID OBESITY (BODY MASS INDEX (BMI) GREATER THAN 34 AT INITIAL PREGNANCY VISIT);~~
 - ~~(16) RH SENSITIZATION WITH POSITIVE ANTIBODY TITER;~~
 - ~~(17) BREECH PRESENTATION BETWEEN 35 AND 38 WEEKS;~~
 - ~~(18) TRANSVERSE LIE OR OTHER ABNORMAL PRESENTATION BETWEEN 35 AND 38 WEEKS; AND~~
 - ~~(19) PREMATURE RUPTURE OF MEMBRANES AT 37 WEEKS OR LESS.~~
- ~~(B) SUBJECT TO SUBSECTION (C) OF THIS SECTION, A CERTIFIED DIRECT ENTRY MIDWIFE SHALL ARRANGE IMMEDIATE EMERGENCY TRANSFER TO A HOSPITAL IF:~~
- ~~(1) THE PATIENT REQUESTS TRANSFER; OR~~
 - ~~(2) THE PATIENT OR NEWBORN IS DETERMINED TO HAVE ANY OF THE FOLLOWING CONDITIONS DURING LABOR, DELIVERY, OR THE POSTPARTUM PERIOD:~~
 - ~~(I) UNFORESEEN NONCEPHALIC PRESENTATION;~~
 - ~~(II) UNFORESEEN MULTIPLE GESTATION;~~
 - ~~(III) NONREASSURING FETAL HEART RATE OR PATTERN, INCLUDING TACHYCARDIA, BRADYCARDIA, SIGNIFICANT CHANGE IN BASELINE, AND PERSISTENT LATE OR SEVERE VARIABLE DECELERATIONS;~~
 - ~~(IV) PROLAPSED CORD;~~
 - ~~(V) UNRESOLVED MATERNAL HEMORRHAGE;~~

~~(VI) RETAINED PLACENTA;~~

~~(VII) SIGNS OF FETAL OR MATERNAL INFECTION;~~

~~(VIII) PATIENT WITH A THIRD OR FOURTH DEGREE LACERATION OR A LACERATION BEYOND THE CERTIFIED DIRECT ENTRY MIDWIFE'S ABILITY TO REPAIR;~~

~~(IX) APGAR OF LESS THAN SEVEN AT 10 MINUTES;~~

~~(X) SIGNIFICANT CONGENITAL ANOMALY;~~

~~(XI) NEED FOR CHEST COMPRESSIONS DURING NEONATAL RESUSCITATION;~~

~~(XII) NEWBORN WITH PERSISTENT CENTRAL CYANOSIS;~~

~~(XIII) NEWBORN WITH PERSISTENT GRUNTING AND RETRACTIONS;~~

~~(XIV) NEWBORN WITH ABNORMAL VITAL SIGNS WHO DOES NOT IMPROVE AFTER AT-HOME INTERVENTIONS ARE ADMINISTERED; OR~~

~~(XV) GROSS OR THICK MECONIUM STAINING, WHEN DISCOVERED.~~

~~(C) IF TRANSFER IS NOT POSSIBLE BECAUSE OF IMMINENT DELIVERY, THE CERTIFIED DIRECT ENTRY MIDWIFE SHALL CONSULT WITH A HOSPITAL-BASED HEALTH CARE PRACTITIONER FOR GUIDANCE ON FURTHER MANAGEMENT OF THE PATIENT AND TO DETERMINE WHEN TRANSFER MAY BE SAFELY ARRANGED, IF REQUIRED.~~

~~(D) ON OR BEFORE JUNE 1, 2016, THE BOARD SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SECTION.~~

~~8-6C-02.2.~~

~~(A) A CERTIFIED DIRECT ENTRY MIDWIFE MAY NOT UNDERTAKE THE CARE OF A PATIENT, OR SHALL IMMEDIATELY REFER AND TRANSFER THE CARE OF A PATIENT TO A HEALTH CARE PROVIDER, IF THE PATIENT IS DETERMINED TO HAVE ANY OF THE FOLLOWING CONDITIONS:~~

~~(1) DIABETES MELLITUS, INCLUDING UNCONTROLLED GESTATIONAL DIABETES;~~

- ~~(2) HYPERTHYROIDISM TREATED WITH MEDICATION;~~
- ~~(3) UNCONTROLLED HYPOTHYROIDISM;~~
- ~~(4) EPILEPSY WITH SEIZURES OR ANTI-EPILEPTIC DRUG USE DURING THE 12 MONTHS PRIOR TO THE ESTIMATED DATE OF DELIVERY;~~
- ~~(5) COAGULATION DISORDERS;~~
- ~~(6) CHRONIC PULMONARY DISEASE;~~
- ~~(7) HEART DISEASE IN WHICH THERE ARE ARRHYTHMIAS OR MURMURS EXCEPT WHEN, AFTER EVALUATION, IT IS THE OPINION OF A PHYSICIAN LICENSED UNDER TITLE 14 OF THIS ARTICLE OR A LICENSED NURSE CERTIFIED AS A MIDWIFE OR A NURSE PRACTITIONER UNDER THIS TITLE THAT MIDWIFERY CARE MAY PROCEED;~~
- ~~(8) HYPERTENSION, INCLUDING PREGNANCY INDUCED HYPERTENSION (PIH);~~
- ~~(9) RENAL DISEASE;~~
- ~~(10) EXCEPT AS OTHERWISE PROVIDED IN § 8-6C-02.1(A)(16), RH SENSITIZATION WITH POSITIVE ANTIBODY TITER;~~
- ~~(11) EXCEPT AS OTHERWISE PROVIDED IN § 8-6C-08, A PREVIOUS CESAREAN SECTION DELIVERY;~~
- ~~(12) INDICATIONS THAT THE FETUS HAS DIED IN UTERO;~~
- ~~(13) PREMATURE LABOR (GESTATION LESS THAN 37 WEEKS);~~
- ~~(14) MULTIPLE GESTATION;~~
- ~~(15) NONCEPHALIC PRESENTATION AT OR AFTER 38 WEEKS;~~
- ~~(16) PLACENTA PREVIA OR ABRUPTION;~~
- ~~(17) PREECLAMPSIA;~~
- ~~(18) SEVERE ANEMIA, DEFINED AS HEMOGLOBIN LESS THAN 10 G/DL;~~

~~(19) UNCOMMON DISEASES AND DISORDERS, INCLUDING ADDISON'S DISEASE, CUSHING'S DISEASE, SYSTEMIC LUPUS ERYTHEMATOSUS, ANTIPHOSPHOLIPID SYNDROME, SCLERODERMA, RHEUMATOID ARTHRITIS, PERIARTERITIS NODOSA, MARFAN'S SYNDROME, AND OTHER SYSTEMIC AND RARE DISEASES AND DISORDERS;~~

~~(20) AIDS/HIV;~~

~~(21) HEPATITIS A THROUGH G AND NON A THROUGH G;~~

~~(22) ACUTE TOXOPLASMOSES INFECTION, IF THE PATIENT IS SYMPTOMATIC;~~

~~(23) RUBELLA INFECTION DURING PREGNANCY;~~

~~(24) ACUTE CYTOMEGALOVIRUS INFECTION, IF THE PATIENT IS SYMPTOMATIC;~~

~~(25) ALCOHOL ABUSE, SUBSTANCE ABUSE, OR PRESCRIPTION ABUSE DURING PREGNANCY;~~

~~(26) CONTINUED DAILY TOBACCO USE INTO THE SECOND TRIMESTER;~~

~~(27) THROMBOSIS;~~

~~(28) INFLAMMATORY BOWEL DISEASE THAT IS NOT IN REMISSION;~~

~~(29) HERPES SIMPLEX VIRUS, PRIMARY GENITAL INFECTION DURING PREGNANCY, OR ACTIVE GENITAL LESIONS AT THE TIME OF DELIVERY;~~

~~(30) SIGNIFICANT FETAL CONGENITAL ANOMALY; OR~~

~~(31) ECTOPIC PREGNANCY.~~

~~(B) ON OR BEFORE JUNE 1, 2016, THE BOARD SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SECTION.~~

SECTION ~~3~~ 2. AND BE IT FURTHER ENACTED, That:

(a) The Direct-Entry Midwifery Advisory Committee established under Section 1 of this Act, with the approval of the State Board of Nursing, shall convene a workgroup to study the development of ~~a midwifery formulary~~;

(1) the standardized transfer form required to be developed under § 8-6C-08(e)(1) of the Health Occupations Article, as enacted by Section 1 of this Act;

(2) the standardized informed consent agreement required to be developed under § 8-6C-13(a)(3) of the Health Occupations Article, as enacted by Section 1 of this Act; and

(3) a midwifery formulary.

(b) The workgroup shall consist of stakeholders, including representatives of:

(1) the Association of Independent Midwives of Maryland;

(2) the Maryland Chapter of the American Congress of Obstetricians and Gynecologists;

(3) the Maryland affiliate of the American College of Nurse-Midwives;

(4) the Maryland Pharmacists Association; ~~and~~

~~(4)~~ (5) the Maryland Chapter of the American Academy of Pediatrics;
and

~~(5)~~ (6) any other stakeholders the Committee considers necessary.

(c) The workgroup shall:

(1) review the transfer forms, informed consent forms, and midwifery formularies developed in other states;

(2) make recommendations regarding the ~~establishment of a midwifery formulary council; and~~ content and use of the standardized transfer form required to be developed under § 8-6C-08(e)(1) of the Health Occupations Article, as enacted by Section 1 of this Act;

(3) make recommendations regarding the content and use of the standardized informed consent agreement required to be developed under § 8-6C-13(a)(3) of the Health Occupations Article, as enacted by Section 1 of this Act; and

~~(3)~~ (4) make recommendations regarding the establishment of a midwifery formulary, including types of medications, equipment, and devices to be included on the formulary and explain the method by which the midwifery formulary council will decide
workgroup decided which medications, equipment, and devices will be included in the formulary.

(d) On or before ~~June~~ January 1, 2016, the workgroup shall report its findings and recommendations, ~~in accordance with § 2-1246 of the State Government Article, to the~~

~~Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee~~ to the State Board of Nursing.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2016, the Department of Legislative Services shall compile and analyze data on the outcomes of vaginal births after cesarean attended by licensed certified professional midwives in out-of-hospital settings from other states and by licensed midwives in out-of-hospital settings in other countries.

(b) The data compiled and analyzed under subsection (a) of this section shall include information, as available, on the incidence of uterine rupture, vaginal birth after cesarean success rates, transfer rates, and information on evidence of adverse outcomes.

(c) The Department shall:

(1) report, in accordance with § 2-1246 of the State Government Article, on the data compiled and analyzed under subsection (a) of this section to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee; and

(2) provide the data to the State Board of Nursing; and

(3) present the data to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

SECTION 4. AND BE IT FURTHER ENACTED, That regulations necessary to carry out the provisions of ~~Sections~~ Section 1 and 2 of this Act shall be adopted by the State Board of Nursing on or before ~~June~~ December 1, 2016.

~~SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 1, 2018, the State Board of Nursing, in consultation with the Direct Entry Midwifery Advisory Committee and in accordance with § 2-1246 of the State Government Article, shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, for licensure years 2016, 2017, and 2018, regarding:~~

~~(1) the number of certified direct entry midwives in the State;~~

~~(2) the number and circumstances of all:~~

~~(i) healthy birth outcomes attended by certified direct entry midwives;~~

~~(ii) adverse birth outcomes attended by certified direct entry midwives; and~~

~~(iii) births where a transfer or transport was made to a hospital or to the care of another health care provider; and~~

~~(3) recommendations for the continuation and improvement of the licensure of certified direct entry midwives in the State.~~

SECTION ~~6~~ 5. AND BE IT FURTHER ENACTED, That the terms of the initial members of the Direct-Entry Midwifery Advisory Committee within the State Board of Nursing shall expire as follows:

- (1) two members in 2016;
- (2) three members in 2017; and
- (3) two members in 2018.

SECTION ~~7~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2015. ~~Section 2 of this Act shall remain effective until the effective date of regulations adopted by the State Board of Nursing that include the provisions in Section 2 of this Act. On that date, with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect. The State Board of Nursing shall notify the Department of Legislative Services within 5 days after the effective date of the regulations.~~

Approved by the Governor, May 12, 2015.