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## IN THE HOUSE OF REPRESENTATIVES

## HOUSE BILL NO. 401

## BY HEALTH AND WELFARE COMMITTEE

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1	AN ACI
2	RELATING TO MIDWIFERY; AMENDING SECTION 54-5502, IDAHO CODE, TO DEFINE
3	TERMS; AMENDING SECTION 54-5505, IDAHO CODE, TO REVISE PROVISIONS RE-
4	LATING TO THE BOARD OF MIDWIFERY'S RULEMAKING RESPONSIBILITIES AND TO
5	MAKE A TECHNICAL CORRECTION; AND AMENDING SECTION 37, CHAPTER 79, LAWS
6	OF 2010, TO REVISE A SUNSET DATE.

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

SECTION 1. That Section 54-5502, Idaho Code, be, and the same is hereby amended to read as follows:

54-5502. DEFINITIONS. As used in this chapter:

- (1) "Board" means the Idaho state board of midwifery.
- (2) "Bureau" means the Idaho state bureau of occupational licenses.
- (3) "Certified professional midwife" or "CPM" means a person who is certified by the North American registry of midwives or any successor organization.
- (4) "Client" means a woman under the care of a licensed midwife, as well as her fetus and newborn child.
- (5) "Estimated due date" means the estimated date of delivery with a known date of conception, known date of last menstrual period or first trimester ultrasound.
- (6) "Idaho midwifery council" or "IMC" means the professional organization representing midwives in Idaho.
- (67) "Idahoans for midwives" or "IFM" means the Idaho consumer organization that promotes and supports midwifery care in Idaho.
- (8) "Licensed health care provider" means a physician or physician assistant or an advanced practice registered nurse.
- (79) "Licensed midwife" means a person who holds a current license issued by the board pursuant to the provisions of this chapter to engage in the practice of midwifery, who shall be designated "L.M."
- $(8\underline{10})$  "Midwifery education accreditation council" or "MEAC" means the organization established in 1991 and recognized by the U.S. department of education as an accrediting agency for midwifery education programs and institutions.
- (911) "National association of certified professional midwives" or "NACPM" means the national organization for certified professional midwives.
- (1 $\theta$ 2) "NACPM essential documents" means the documents adopted by NACPM that identify the nature of and standards of practice for responsible midwifery practice.
- $(1\pm3)$  "North American registry of midwives" or "NARM" means the international certification agency that establishes and administers certification for the CPM credential.

- (124) "Practice of midwifery" means providing maternity care for women and their newborns during the antepartum, intrapartum and postpartum periods. The postpartum period for both maternal and newborn care may not exceed six (6) weeks from the date of delivery.
- SECTION 2. That Section 54-5505, Idaho Code, be, and the same is hereby amended to read as follows:
  - 54-5505. RULEMAKING. (1) The rules adopted by the board shall:
  - (a) Allow a midwife to obtain and administer, during the practice of midwifery, the following:
    - (i) Oxygen;

- (ii) Oxytocin and cytotec as a postpartum antihemorrhagic agents;
- (iii) Injectable local anesthetic for the repair of lacerations that are no more extensive than second degree;
- (iv) Antibiotics to the mother for group b streptococcus prophylaxis consistent with guidelines of the United States centers for disease control and prevention;
- (v) Epinephrine to the mother administered via a metered dose auto-injector;
- (vi) Intravenous fluids for stabilization of the woman;
- (vii) Rho(d) immune globulin;
- (viii) Vitamin K; and
- (ix) Eye prophylactics to the baby.
- (b) Prohibit the use of other legend drugs, except those of a similar nature and character as determined by the board to be consistent with the practice of midwifery; provided that, at least one hundred twenty (120) days' advance notice of the proposal to allow the use of such drugs is given to the board of pharmacy and the board of medicine and neither board objects to the addition of such drugs to the midwifery formulary;
- (c) Define a protocol for use by licensed midwives of drugs approved in paragraphs (a) and (b) of this subsection that shall include methods of obtaining, storing and disposing of such drugs and an indication for use, dosage, route of administration and duration of treatment;
- (d) Define a protocol for medical waste disposal; and
- (e) Establish scope and practice standards for antepartum, intrapartum, postpartum and newborn care that shall, at a minimum:
  - (i) Prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions or symptoms that include:
    - 1. Placental abnormality;
    - 2. Multiple gestation, except that midwives may provide antepartum care that is supplementary to the medical care of the physician overseeing the pregnancy, so long as it does not interfere with the physician's recommended schedule of care;
    - 3. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first;

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- 4. Birth under thirty-seven and zero-sevenths (37 0/7) weeks and after beyond forty-two and zero-sevenths (42 0/7) completed weeks' gestational age of the estimated due date;
- 5. A history of more than one (1) prior cesarean section, a cesarean section within eighteen (18) months of the <del>current delivery</del> estimated due date or any cesarean section that was surgically closed with a classical or vertical uterine incision;
- 6. Rh or other blood group or pPlatelet sensitization, hematological or coagulation disorders;
- 7. A body mass index of forty (40.0) or higher at the time of conception;
- 8. Prior chemotherapy and/or radiation treatment for a malignancy;
- 9. Previous pre-eclampsia resulting in premature delivery;
- 10. Cervical insufficiency; or
- 11. HIV positive status; or
- 12. Opiate use that places the infant at risk of neonatal abstinence syndrome.
- (ii) Prohibit a licensed midwife from providing care for a client with a history of the following disorders, diagnoses, conditions or symptoms unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a physician licensed pursuant to chapter 18, title 54, Idaho Code licensed health care provider:
  - 1. Diabetes;
  - 2. Thyroid disease;
  - 3. Epilepsy;
  - 4. Hypertension;
  - 5. Cardiac disease;
  - 6. Pulmonary disease;
  - 7. Renal disease;
  - 8. Gastrointestinal disorders;
  - 9. Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract;
  - 10. Abnormal cervical cytology;
  - 11. Sleep apnea;
  - 12. Previous bariatric surgery;
  - 13. Hepatitis; or
  - 14. History of illegal drug use or excessive prescription drug use; or
  - 15. Rh or other blood group disorders and a physician determines the pregnancy can safely be attended by a midwife.
- (iii) Require a licensed midwife to recommend that a client see a physician licensed under chapter 18, title 54, Idaho Code, or under an equivalent provision of the law of a state bordering Idaho and to document and maintain a record as required by section 54-5511, Idaho Code, if such client has a history of disorders, diagnoses, conditions or symptoms that include:
  - 1. Previous complicated pregnancy;

1	2. Previous cesarean section;
2	3. Previous pregnancy loss in second or third trimester;
3	4. Previous spontaneous premature labor;
4	5. Previous pre-term rupture of membranes;
5	6. Previous pre-eclampsia;
6	7. Previous hypertensive disease of pregnancy;
7	8. Parvo;
8	9. Toxo;
9	10. CMV;
10	11. HSV;
11	12. Previous maternal/newborn group b streptococcus infec-
12	tion;
13	13. A body mass index of at least thirty-five (35.0) but less
14	than forty (40.0) at the time of conception;
15	14. Underlying family genetic disorders with potential for
16	transmission; or
17	15. Psychosocial situations that may complicate pregnancy.
18	(iv) Require that a licensed midwife shall facilitate the immedi-
19	ate transfer to a hospital for emergency care for disorders, diag-
20	noses, conditions or symptoms that include:
21	<ol> <li>Maternal fever in labor;</li> </ol>
22	2. Suggestion of fetal jeopardy such as bleeding or meconium
23	or abnormal fetal heart tones;
24	3. Noncephalic presentation at the onset of labor or rup-
25	ture of membranes, whichever occurs first, unless imminent
26	<pre>delivery is safer than transfer;</pre>
27	4. Second stage labor after two (2) hours of initiation of
28	pushing when the mother has had a previous cesarean section;
29	5. Current spontaneous premature labor;
30	<ol><li>6. Current pre-term premature rupture of membranes;</li></ol>
31	7. Current pre-eclampsia;
32	8. Current hypertensive disease of pregnancy;
33	9. Continuous uncontrolled bleeding;
34	10. Bleeding which necessitates the administration of more
35	than two (2) doses of oxytocin or other antihemorrhagic
36	agent;
37	11. Delivery injuries to the bladder or bowel;
38	12. Grand mal seizure;
39	13. Uncontrolled vomiting;
40	14. Coughing or vomiting of blood;
41	15. Severe chest pain; or
42	16. Sudden onset of shortness of breath and associated la-
43	bored breathing.
44	A transfer of care shall be accompanied by the client's medical
45	record, the licensed midwife's assessment of the client's current

(v) Establish a written plan for the emergency transfer and transport required in subparagraph (iv) of this paragraph and for notifying the hospital to which a client will be transferred in

condition and a description of the care provided by the licensed

midwife prior to transfer;

the case of an emergency. If a client is transferred in an emergency, the licensed midwife shall notify the hospital when the transfer is initiated and accompany the client to the hospital if feasible, or communicate by telephone with the hospital if unable to be present personally, and shall provide the client's medical record. The record shall include the client's name, address, list of diagnosed medical conditions, list of prescription or over the counter medications regularly taken, history of previous allergic reactions to medications, if feasible the client's current medical condition and description of the care provided by the midwife and next of kin contact information. A midwife who deems it necessary to transfer or terminate care pursuant to this section and any rules promulgated under this section or for any other reason shall transfer or terminate care and shall not be regarded as having abandoned care or wrongfully terminated services. Before nonemergent discontinuing of services, the midwife shall notify the client in writing, provide the client with names of licensed physicians and contact information for the nearest hospital emergency room and offer to provide copies of medical records regardless of whether copying costs have been paid by the client.

- (f) Establish and operate a system of peer review for licensed midwives that shall include, but not be limited to, the appropriateness, quality, utilization and the ethical performance of midwifery care.
- (2) The rules adopted by the board may not:

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

SECTION 3. That Section 37, Chapter 79, Laws of 2010, be, and the same is hereby amended to read as follows:

SECTION 37. The provisions of Sections 20 and 21 of this act shall be null, void and of no force and effect on and after July 1,  $20\frac{14}{24}$ .