Councilmember David Grosso

Councilmember Vincent C. Gray

Councilmember Charles Allen

Councilmember Mary Cheh

Councilmember Brandon Todd

Councilmember Robert C. White Jr.

Councilmember Brianne Nadeau

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish the Board of Certified Professional Midwives to regulate the practice of midwifery in the District; and to permit Certified Professional Midwives to supervise services at a Maternity birthing center.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Certified Professional Midwife Act of 2019".

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) "Accreditation Commission for Midwifery Education" or "ACME" means the U.S. Department of Education-recognized commission that provides accreditation for programs that meet the American College of Nurse-Midwives core competencies for midwifery practice.

(2) "American Midwifery Certification Board" or "AMCB" means the national certifying body for certified nurse-midwife candidates and certified midwife candidates who have received

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37 their graduate level education in programs accredited by the Accreditation Commission for
38 Midwifery Education.
39 (3) "Certified Professional Midwife" or "CPM" means a person who holds a current,
40 valid certification from the North American Registry of Midwives.
41 (4) "Certified Nurse-Midwife" or "CNM" means qualified registered nurse who holds a
42 current, valid certification from the American Midwifery Certification Board.
43 (5) "Client" means a person under the care of a midwife and such person's fetus or
44 newborn.
45 (6) "International Confederation of Midwives" means a non-governmental organization
46 that represents midwives and midwifery to organizations worldwide to achieve common goals in
47 the care of mothers and newborns; they define midwifery and establish global standards for
48 education, regulation and association for country-specific adaption.
49 (7) "Licensed midwife" means a person licensed under this Act to practice Midwifery in
50 the District of Columbia.
51 (8) "Midwifery Bridge Certificate" or "MBC" means a certificate issued by the North
52 American Registry of Midwives that documents completion of accredited continuing education
53 for Certified Professional Midwives based upon identified areas to address education in
54 emergency skills and other competencies set by the International Confederation of Midwives.
55 (9) "Midwifery" means the practice of providing primary maternity care to a client and
56 newborn during the preconception, antepartum, intrapartum and postpartum periods and well-
57 women care.
58 (10) "Midwifery Education Accreditation Council" or "MEAC" means the U.S.
59 Department of Education-recognized commission that provides accreditation for programs and

60 institutions that meet the International Confederation of Midwives competencies and the North
61 American Registry of Midwives skills and standards for midwifery practice.
62 (11) "National Association of Certified Professional Midwives" or "NACPM" means the
63 national professional and standard setting association specific to Certified Professional
64 Midwives.
65 (12) "North American Registry of Midwives" or "NARM" means the national certifying
66 body that sets national standards for CPMs and issues the Certificate Professional Midwife
67 credential.
68 Sec. 3. Qualifications for Licensure.
69 (a) An applicant for a license to practice midwifery as a licensed Certified Professional
70 Midwife shall submit to the board written evidence, verified by oath and satisfactory to the
71 board, that the applicant:
72 (1) Holds a current national certification as a Certified Professional Midwife by
73 the North American Registry of Midwives (NARM) or its successor organization;
74 (2) Has successfully completed a formal midwifery education and training
75 program through an accredited educational pathway or non-accredited educational pathway:
76 (A) Accredited educational pathway:
77 (i) Applicants who are Certified Professional Midwives who have
78 successfully completed an educational program or pathway accredited by the Midwifery
79 Education Accreditation Council (MEAC) are eligible for licensure
80 (I) After January 1, 2020 all new Certified Professional
81 Midwife applicants for licensure must have graduated from an educational program or pathway
82 accredited by MEAC.

83 (B) Non-accredited Educational Pathway:

84 (i) Applicants who are certified professional midwives who are

85 certified before January 1, 2020 and who completed non-accredited education pathways will be

86 required to obtain the North American Registry of Midwives Midwifery Bridge Certificate in

87 order to be eligible for licensure.

88 (ii) Applicants who have maintained licensure to practice

89 midwifery in a state that does not require accredited education regardless of the date of their

90 certification shall obtain the Midwifery Bridge Certificate to be eligible for licensure.

91 (4) Applicants who have maintained licensure to practice midwifery for at least

92 one year in a state that does not require accredited education regardless of the date of their

93 certification shall obtain the Midwifery Bridge Certificate to be eligible for licensure

94 Sec. 4. Exemptions.

95 (a) Nothing in this chapter shall:

96 (1) Limit or regulate the practice of a licensed physician, licensed naturopathic

97 physician, certified nurse-midwife, or licensed basic or advanced emergency medical technician;

98 (2) Apply to persons who are members of Native American communities and

99 provide traditional midwife services to their communities;

100 (3) Apply to any person who, in good faith, engages in the practice of the

101 religious tenets of any church or in any religious act if no fee is contemplated, charged or

102 received;

103 (4) Apply to any person rendering aid in an emergency;

104 (5) Apply to student midwives currently enrolled in an accredited midwifery

105 education program and providing services to clients under the direct, on-site, in-person

106 supervision of a Certified Professional Midwife who is licensed and a qualified preceptor.

107 (b) The practice of Midwifery shall not constitute the practice of medicine, naturopathic

108 medicine, Certified Nurse-Midwifery, Certified Midwifery or emergency medical care to the

109 extent that a midwife advises, attends or assists a person during pregnancy, labor, childbirth or

110 the postpartum period.

111 (1) Nothing in this Chapter shall be interpreted to lower the applicable standard of

112 care for Certified Professional Midwives.

113 Sec 5. Advisory Committee on Board of Nursing

114 (a) There is established an Advisory Committee on Midwifery to provide

115 recommendations to the Board of Nursing regarding the best standards for the practice of

116 midwifery in the District of Columbia consist of 5 members as follows:

117 (1) The Director of the Department of Health, or his or her designee;

118 (2) Four Midwives licensed in the District with at least one being a

119 Certified Professional Midwife; and

120 (b) Of the appointees to the Advisory Committee on Athletic Trainers other than

121 the Director, 2 shall serve an initial term of 2 years and 2 shall serve an initial term of 3 years.

122 Subsequent appointments shall be for terms of 3 years.

123 Sec. 7. Certifications for Maternity Centers in the District of Columbia.

124 (a) Upon receipt of satisfactory proof from the applicant, the Director shall certify that

125 the following services shall be provided at the maternity center by or under the supervision of a

126 certified nurse-midwife or a certified professional midwife, provided a physician, as described in

127 section 2614 of DCMR, is available on call at all times:

128 (1) Diagnostic services for screening and referral for care of at-risk maternity

129 patients and newborn infants; and.

130 (2) Midwifery services for the care of maternity patients and newborn infants;

131 (b)(1) The responsible individual or entity appointed by the maternity center shall

132 develop and maintain a written organizational plan and be responsible for the appointment of a

133 certified nurse-midwife or a certified professional midwife as Director of the maternity center

134 and a qualified physician as Director of Medical Affairs.

135 (2) A Maternity Center shall not be required to employ a Director of Medical

136 Affairs provided that the Maternity Center is able to produce demonstrated evidence that the

137 Maternity Center has access to appropriate consultation and transfer of care with an obstetrician

138 within an appropriate distance from the birthing center.

139 (c) If midwifery services are provided by the maternity center, a certified nurse midwife

140 or a certified professional midwife shall be appointed Director of Midwifery Services. The

141 Director of the maternity center may serve in this capacity

142 Sec. 8. Maternity Center Operating Procedures.

143 (a)(1) Every maternity center, regardless of size, shall have written Practice Guidelines

144 establishing procedures for both normal and emergency care. These guidelines shall be

145 consistent with the Practice Guidelines of the American College of Nurse-Midwives, Standards

146 of Practice of the National Association of Certified Professional Midwives and District of

147 Columbia laws and regulations relating to midwifery practices, and shall indicate the areas of

148 responsibility of medical, nurse- and certified professional midwifery and nursing personnel and

149 the extent to which the responsibility of physicians can be delegated. These Practice Guidelines

150 shall be available to all members of the center and shall be reviewed annually.

151 (2) Delivery Practice Guidelines shall be consistent with the current professional

152 standards of the National Association of Childbearing Centers, the Commission for the
153 Accreditation of Birth Centers, the National Association of Certified Professional Midwives and
154 the American College of Nurse Midwives
155 (b) A certified nurse-midwife, a certified professional midwife or a physician with special
156 training in obstetrics, shall attend each patient in labor from the time of admission, during labor,
157 during birth and through the immediate postpartum period. Such attendance may be delegated
158 only to another certified nurse-midwife, a certified professional midwife or physician. At least
159 two attendants must be present at every birth, one of whom is a physician, a certified nurse-
160 midwife or a certified professional midwife. Both attendants shall be currently certified in adult
161 CPR equivalent to the American Heart Association Class C basic life support, and neonatal CPR
162 equivalent to the American Academy of Pediatrics/American Heart Association. Qualified
163 personnel, to include at a minimum a licensed nurse-midwife, a certified professional midwife
164 and/or a Board-certified physician on the premises or on call, shall be on duty at all times when
165 patients are admitted.
166 Sec. 9. Administration of Medications.
167 (a) The Practice Guidelines governing drugs and medications shall provide for legal
168 authorization, storage, administration and record keeping including:
169 (1) Medications shall be ordered by a certified-nurse midwife, certified
170 professional midwife or physican or other member of the staff who is licensed to write such
171 orders;
172 (2) Medication orders shall be recorded in the patient's chart and signed by the
173 ordering person with his/her whole signature;
174 (3) Medications shall be administered by a physician, nurse midwife, certified

175 professional midwife registered nurse or licensed practical nurse, and in accordance with the
176 approved practice guidelines.
177 Sec. 10. Reimbursement for Licensed Certified Professional Midwives
178 (a) A health insurance plan or health benefit plan providing maternity benefits within the
179 District of Columbia shall also provide coverage for services rendered by a midwife licensed
180 pursuant to this Act for services within the Licensed Midwife's scope of practice, regardless of
181 the site of services.
182 (b) Coverage for services provided by a Licensed Midwife shall not be subject to any
183 greater co-payment, deductible, or coinsurance than is applicable to any other similar benefits
184 provided by the plan
185 (c) A health insurance plan may require that the maternity services be provided by a
186 Licensed Midwife under contract with the plan.
187 Sec. 11. The District of Columbia Health Professional Loan Repayment (D.C. Code § 7-
188 751.01, amended, and D.C. Register Title 22B, Chapter 61) is amended as follows:
189 (a) Subsection (6) is amended to read as follows:
190 "(6) "Other health professional" means a person who has graduated from an accredited
191 program for registered nurses, nurse midwives, certified professional midwives, certified
192 registered nurse practitioners, dental hygienists, clinical social workers, clinical psychologists,
193 professional counselors, or physician assistants and has completed any required post-graduate
194 training.
195 (b) Subsection (9) is amended to read as follows:
196 "(9) "Service obligation site" means a nonprofit health facility or a District of Columbia
197 Department of Health or Department of Mental Health program that provides primary health,

198 maternity services, mental health, or dental services located in a federally designated Health
199 Professional Service Area or Medically Underserved Area within the District of Columbia that
200 provides care to District of Columbia residents regardless of ability to pay.

201 Sec. 12. Rulemaking

202 The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act,
203 approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 et seq.), may issue rules
204 to implement the provisions of this act.

205 Sec. 13. Fiscal impact statement.

206 The Council adopts the fiscal impact statement in the committee report as the fiscal
207 impact a statement required by section 4a of the General Legislative Procedures Act of 1975,
208 approved October 16,2006 (120 Stat. 2038; D.C. official Code Section 1-201.47.

209 Sec. 14. Effective date.

210 This act shall take effect following approval by the Mayor (or in the event of veto by the
211 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
212 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
213 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
214 Columbia Register.