

Senate Bill 546

By: Senators James of the 35th, Harbison of the 15th, Butler of the 55th, Seay of the 34th and Jones of the 10th

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to
2 repeal provisions relating to the practice of midwifery; to amend Title 43 of the Official Code
3 of Georgia Annotated, relating to professions and businesses, so as to provide for the
4 licensure and regulation of community midwives; to provide for a short title; to provide for
5 definitions; to provide for the creation of the Certified Community Midwife Board; to
6 provide for membership and duties of the board; to provide for licensure requirements; to
7 provide for the issuance, renewal, and revocation of licenses; to require written disclosures
8 to clients; to provide for authorized acts and duties; to provide for statutory construction; to
9 provide for conforming changes; to provide for related matters; to repeal conflicting laws;
10 and for other purposes.

11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

12 **SECTION 1.**

13 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by
14 repealing Chapter 26, relating to the practice of midwifery, and designating said chapter as
15 reserved.

16 **SECTION 2.**

S. B. 546

40 (4) 'Client' means a woman and her fetus or newborn baby under the care of a CCM.

41 (5) 'Low risk' means labor and delivery and postpartum, newborn, and interconceptual
42 care that does not include a condition that requires a mandatory transfer under
43 administrative rules adopted by the division.

44 (6) 'Physician' means an individual licensed to practice medicine pursuant to Article 2
45 of Chapter 34 of this title.

46 (7) 'Practice of certified community midwifery' means the practice of providing the
47 necessary supervision, care, and advice to a client during essentially normal pregnancy,
48 labor, delivery, postpartum, and newborn periods that is consistent with national
49 community midwifery standards and based upon the acquisition of clinical skills
50 necessary for such care, including, but not limited to:

51 (A) Obtaining informed consent to provide services;

52 (B) Obtaining a health history, including a physical examination;

53 (C) Developing a plan of care for a client;

54 (D) Evaluating the results of client care;

55 (E) Consulting and collaborating with and referring and transferring care to licensed
56 healthcare professionals, as appropriate;

57 (F) Obtaining medications to administer to a client, including:

58 (i) Prescription vitamins;

59 (ii) Rho(D) immune globulin;

60 (iii) Sterile water;

61 (iv) One dose of intramuscular oxytocin after delivery of a baby to minimize a
62 client's blood loss;

63 (v) An additional single dose of oxytocin if a hemorrhage occurs, in which case the
64 certified community midwife must initiate transfer to a physician if a client's
65 condition does not immediately improve;

66 (vi) Oxygen;

- 67 (vii) Local anesthetics without epinephrine;
68 (viii) Vitamin K to prevent hemorrhagic disease of a newborn baby;
69 (ix) As required by law, eye prophylaxis to prevent ophthalmia neonatorum; and
70 (x) Any other medication approved by a licensed healthcare provider with authority
71 to prescribe that medication;
- 72 (G) Obtaining food, food extracts, or dietary supplements as defined by the United
73 States Food, Drug, and Cosmetic Act, homeopathic remedies, plant substances that are
74 not designated as prescription drugs or controlled substances, and over-the-counter
75 medications;
- 76 (H) Obtaining and using appropriate equipment and devices such as a fetal Doppler,
77 blood pressure cuff, phlebotomy supplies and instruments, and sutures;
- 78 (I) Obtaining appropriate screens and tests, including laboratory tests, urinalysis, and
79 ultrasound scans;
- 80 (J) Managing the antepartum period;
- 81 (K) Managing the intrapartum period, including:
82 (i) Monitoring and evaluating the condition of a mother and a fetus;
83 (ii) Performing an emergency episiotomy; and
84 (iii) Delivering a baby in any out-of-hospital setting;
- 85 (L) Managing the postpartum period, including the suturing of an episiotomy and the
86 suturing of first and second degree natural perineal and labial laceration, including the
87 administration of the local anesthetic;
- 88 (M) Managing the newborn period, including:
89 (i) Providing care for a newborn baby, including performing a normal newborn baby
90 examination; and
91 (ii) Resuscitating a newborn baby;
- 92 (N) Providing limited interconceptual services in order to provide continuity of care,
93 including:

- 94 (i) Breastfeeding support and counseling;
95 (ii) Family planning, limited to natural family planning, cervical caps, and
96 diaphragms; and
97 (iii) Pap smears and referral of a client with an abnormal result to an appropriate
98 licensed healthcare provider; and
99 (O) Executing the orders of a physician, if the orders are within the education,
100 knowledge, and skill of the certified community midwife.

101 43-24B-3.

102 (a) There is created within the division the Certified Community Midwife Board which
103 shall consist of five members.

104 (b) The Governor shall appoint all members of such board as follows:

105 (1) Four certified community midwives; and

106 (2) One member of the general public.

107 (c) The members of the board shall serve for terms of two years and may succeed
108 themselves.

109 (d) Each member of the board shall receive the expense allowance as provided by
110 subsection (b) of Code Section 45-7-21 and the same mileage allowance for the use of a
111 personal car as that received by other state officials and employees or a travel allowance
112 of actual transportation costs if traveling by public carrier within this state.

113 (e) Any vacancy on the board shall be filled in the same manner as the regular
114 appointments. The Governor may remove members of the board for incompetence, neglect
115 of duty, unprofessional conduct, conviction of any felony, failure to meet the qualifications
116 of this chapter, or committing any act prohibited by this chapter.

117 (f) The board shall elect a chairperson from among its membership and may elect other
118 officers at the discretion of the board. Such chairperson and other officers shall serve for
119 terms of one year.

120 (g) The board shall meet at least once per year or as otherwise called by the chairperson.

121 43-24B-4.

122 The board shall issue a license to engage in the practice of certified community midwifery
123 to any individual who meets the requirements of this chapter.

124 43-24B-5.

125 (a) Each applicant for a license under this chapter shall meet the following requirements:

126 (1) Submit an application in a form prescribed by the board;

127 (2) Pay a fee as determined by the board;

128 (3) Be of good moral character with no pending complaints;

129 (4) Have satisfactory results from a criminal background check. Application for a
130 license under this Code section shall constitute express consent and authorization for the
131 board to perform such criminal background check. Each applicant who submits an
132 application for licensure agrees to provide the board with any and all information
133 necessary to run such criminal background check, including, but not limited to,
134 classifiable sets of fingerprints. The applicant shall be responsible for all fees associated
135 with the performance of such background check;

136 (5) Hold the credential certified community midwife or an equivalent certification;

137 (6) Provide documentation of three years of apprenticeship which includes training and
138 practice as a doula community health worker or lactation community health worker and
139 includes experience in initial obstetrical exam, prenatal care, births, newborn
140 examinations, and postpartum care. Preceptors for apprenticeships may be certified
141 community midwives, certified nurse midwives, physicians, or physician assistants with
142 at least five years of experience and at least 50 documented births, and who are
143 credentialed as a CCM;

144 (7) Hold current certification in adult and infant coronary pulmonary resuscitation
145 (CPR); and

146 (8) Provide documentation of successful completion of approved pharmacology,
147 anatomy and physiology, and birth emergency courses as defined by the board.

148 (b) The board, in its discretion, may issue a license to an applicant who does not meet all
149 of the requirements of paragraphs (5) through (8) of subsection (a) of this Code section but
150 who has been engaged in the practice of certified community midwifery for at least ten
151 years and has at least 50 documented births, and who has passed the certified community
152 midwife exam required for CCM certification.

153 43-24B-6.

154 (a) A license issued by the board shall be renewed every three years if the licensee is not
155 in violation of this chapter at the time of application for renewal.

156 (b) Each individual licensed under this chapter is responsible for renewing his or her
157 license before the expiration date.

158 43-24B-7.

159 (a) The board may refuse to issue or renew a license; revoke, suspend, or restrict a license;
160 place a licensee on probation; issue a public or private reprimand; or issue a cease and
161 desist order upon proof that the licensee or applicant has:

162 (1) Represented or held himself or herself out to be a certified community midwife;

163 (2) Administered a prescription medication, except oxygen or oxytocin, in the practice
164 of certified community midwifery;

165 (3) Failed to obtain an informed consent statement pursuant to Code Section 43-24B-9
166 prior to engaging in the practice of midwifery with a client;

167 (4) Failed to retain signed informed consent statements for at least four years pursuant
168 to Code Section 43-24B-9;

169 (5) Disregarded a client's dignity or right to privacy as to her person, condition,
170 possessions, or medical records;

171 (6) Failed to file or record any medical report as required by law, impeded or obstructed
172 the filing or recording of a report, or induced another to fail to file or record a report;

173 (7) Breached a statutory, common law, regulatory, or ethical requirement of
174 confidentiality with respect to a client, unless ordered by the court;

175 (8) Used advertising or an identification statement that is false, misleading, or deceptive;
176 or

177 (9) Used in combination with the term 'midwife' the term 'nurse' or another title, initial,
178 or designation that falsely implies that the certified community midwife is licensed as a
179 certified nurse midwife, registered nurse, licensed practical nurse, or certified practical
180 nurse.

181 (b) The board is authorized to conduct investigations into allegations of conduct described
182 in subsection (a) of this Code section.

183 (c) In addition to the actions specified in subsection (a) of this Code section, the board may
184 fine a licensee found to have violated any provision of this chapter or any rule adopted by
185 the board under this chapter of not less than \$100.00 nor more than \$500.00 for each such
186 violation.

187 (d) The provisions of Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act,'
188 shall be applicable to the board and the provisions of this chapter.

189 43-24B-8.

190 Any individual engaging in the practice of certified community midwifery in violation of
191 this chapter shall be guilty of a misdemeanor.

192 43-24B-9.

- 193 (a) Prior to engaging in the practice of certified community midwifery with a client, a
194 certified community midwife shall obtain informed consent or refusal from such client.
- 195 (b) Such informed consent shall include:
- 196 (1) The name and license number of the certified community midwife;
197 (2) The client's name, address, telephone number, and primary care provider, if the client
198 has one;
- 199 (3) A description of the certified community midwife's education, training, continuing
200 education, and experience in midwifery;
- 201 (4) A description of the certified community midwife's peer review process;
202 (5) The certified community midwife's philosophy of practice;
- 203 (6) A promise to provide the client, upon request, with separate documents describing
204 the rules governing the practice of certified community midwifery, including a list of
205 conditions indicating the need for consultation, collaboration, referral, transfer, or
206 mandatory transfer, and the certified community midwife's personal written practice
207 guidelines;
- 208 (7) A medical backup or transfer plan;
- 209 (8) A description of the services provided to the client by the certified community
210 midwife;
- 211 (9) The certified community midwife's current legal status;
- 212 (10) The availability of a grievance process;
- 213 (11) The signatures of the client and certified community midwife and the date of
214 signatures; and
- 215 (12) Whether the certified midwife is covered by a professional liability insurance
216 policy.
- 217 (c) The certified community midwife shall retain a copy of executed informed consent
218 documents for at least four years after the date of signing.

219 43-24B-10.

220 A certified community midwife shall:

221 (1)(A) Limit the certified community midwife's practice to normal pregnancy, labor,
222 delivery, postpartum, newborn, and interconceptual care:

223 (i) That is not pharmacologically induced;

224 (ii) That is low risk at the start of labor;

225 (iii) That remains low risk throughout the course of labor and delivery;

226 (iv) In which the infant is born spontaneously between 37 and 43 completed weeks
227 of gestation; and

228 (v) In which after delivery, both mother and infant remain low risk.

229 (B) The limitations contained in subparagraph (A) of this paragraph shall not prohibit
230 a certified community midwife from delivering an infant when there is:

231 (i) Intrauterine fetal demise; or

232 (ii) A fetal anomaly incompatible with life;

233 (2) Appropriately recommend and facilitate consultation and collaboration with and
234 referral or mandatory transfer of care to a licensed healthcare professional when the
235 circumstances require such action in accordance with this Code section and standards
236 established by board rule;

237 (3) If, after a client has been informed that she has or may have a condition indicating
238 the need for medical consultation, collaboration, referral, or transfer and the client has
239 declined such consultation, collaboration, referral, or transfer, the certified community
240 midwife shall:

241 (A) Terminate care in accordance with procedures established by board rule; or

242 (B) Continue to provide care for the client if the client signs a waiver of medical
243 consultation, collaboration, referral, or transfer;

244 (4) If after a client has been informed that she has or may have a condition indicating the
245 need for mandatory transfer, the certified community midwife shall, in accordance with
246 procedures established by board rule, terminate the care or initiate transfer by:

247 (A) Calling 9-1-1 and reporting the need for immediate transfer;

248 (B) Immediately transporting the client by private vehicle to the receiving provider; or

249 (C) Contacting the physician to whom the client will be transferred and following such
250 physician's orders; and

251 (5) The standards for consultation and transfer are the minimum standards that a certified
252 community midwife shall follow. A certified community midwife shall initiate
253 consultation, collaboration, referral, or transfer of a patient sooner than required by
254 administrative rule if, in the opinion and experience of the certified community midwife,
255 the condition of the mother or infant warrant a consultation, collaboration, referral, or
256 transfer.

257 43-24B-11.

258 (a) If a certified community midwife seeks to consult or collaborate with or refer or
259 transfer a client to a licensed healthcare provider or facility, the responsibility of the
260 provider or facility for the client shall not begin until the client is physically within the care
261 of such provider or facility.

262 (b) A licensed healthcare provider who examines a certified community midwife's client
263 shall only be liable for the actual examination and shall not be held accountable for the
264 client's decision to pursue an out-of-hospital birth or the services of a certified community
265 midwife.

266 (c)(1) A licensed healthcare provider may, upon receiving a briefing or data from a
267 certified community midwife, issue a medical order for the certified community
268 midwife's client, without that client being an explicit patient of such provider.

269 (2) Regardless of the advice given or order issued, the responsibility and liability for
270 caring for the client shall be that of the certified community midwife.

271 (3) The provider giving the order shall be responsible and liable only for the
272 appropriateness of the order, given the briefing or data received.

273 (4) The issuing of an order for a certified community midwife's client does not constitute
274 a delegation of duties from the other provider to the certified community midwife.

275 (d) A licensed healthcare provider may not be held civilly liable for rendering emergency
276 medical services that arise from prohibited conduct or from care rendered under a waiver
277 as specified, unless the emergency medical services constitute gross negligence or reckless
278 disregard for the client.

279 (e) A certified community midwife shall be solely responsible for the use of medications
280 under this chapter.

281 43-24B-12.

282 A certified community midwife shall not be authorized to:

283 (1) Administer a prescription drug to a client in a manner that violates this chapter;

284 (2) Effect any type of surgical delivery except for the cutting of an emergency
285 episiotomy, and suturing a first and second degree tear;

286 (3) Administer any type of epidural, spinal, or caudal anesthetic, or any type of narcotic
287 analgesia;

288 (4) Use forceps or a vacuum extractor; or

289 (5) Manually remove the placenta, except in an emergency that presents an immediate
290 threat to the life of the mother.

291 43-24B-13.

292 Nothing in this chapter shall be construed to abridge, limit, or change in any way the right
293 of a parent or parents to deliver a fetus where, when, how, and with whom they choose.

294 43-24B-14.

295 The practice of certified community midwifery shall not be considered the practice of
296 medicine, nursing, or nurse midwifery."

297

SECTION 4.

298 All laws and parts of laws in conflict with this Act are repealed.