

## SENATE BILL No. 272

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### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 25-0.5-4-34; IC 25-22.5-2-7; IC 25-23.4.

**Synopsis:** Midwife certification. Transfers the responsibility for certifying direct entry midwives from the medical licensing board to the midwifery committee (committee). Removes the requirements that the committee establish: (1) continuing education requirements; (2) peer review procedures; and (3) geographical requirements for collaborating physicians. Removes the requirements that a direct entry midwife applicant must have: (1) a postsecondary educational degree; and (2) additional births beyond the credentialing requirements for a Certified Professional Midwife. Removes the requirement that a physician examine a midwife's client twice during the client's pregnancy. (However, this bill does not change laws requiring a midwife to refer a patient to a physician for certain health conditions.) Repeals: (1) a provision defining "board"; and (2) certain requirements concerning collaborating agreements. Removes certain expired provisions. Makes conforming changes.

**Effective:** July 1, 2015.

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## Kruse

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January 7, 2015, read first time and referred to Committee on Health & Provider Services.

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First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

## SENATE BILL No. 272

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 25-0.5-4-34, IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2015]: **Sec. 34. The midwifery committee**
- 4 **(IC 25-23.4-2-1) is a board under IC 25-1-4.**
- 5 SECTION 2. IC 25-22.5-2-7, AS AMENDED BY P.L.232-2013,
- 6 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 7 JULY 1, 2015]: Sec. 7. (a) The board shall do the following:
- 8 (1) Adopt rules and forms necessary to implement this article that
- 9 concern, but are not limited to, the following areas:
- 10 (A) Qualification by education, residence, citizenship,
- 11 training, and character for admission to an examination for
- 12 licensure or by endorsement for licensure.
- 13 (B) The examination for licensure.
- 14 (C) The license or permit.
- 15 (D) Fees for examination, permit, licensure, and registration.
- 16 (E) Reinstatement of licenses and permits.



- 1 (F) Payment of costs in disciplinary proceedings conducted by  
 2 the board.
- 3 (2) Administer oaths in matters relating to the discharge of the  
 4 board's official duties.
- 5 (3) Enforce this article and assign to the personnel of the agency  
 6 duties as may be necessary in the discharge of the board's duty.
- 7 (4) Maintain, through the agency, full and complete records of all  
 8 applicants for licensure or permit and of all licenses and permits  
 9 issued.
- 10 (5) Make available, upon request, the complete schedule of  
 11 minimum requirements for licensure or permit.
- 12 (6) Issue, at the board's discretion, a temporary permit to an  
 13 applicant for the interim from the date of application until the  
 14 next regular meeting of the board.
- 15 (7) Issue an unlimited license, a limited license, or a temporary  
 16 medical permit, depending upon the qualifications of the  
 17 applicant, to any applicant who successfully fulfills all of the  
 18 requirements of this article.
- 19 (8) Adopt rules establishing standards for the competent practice  
 20 of medicine, osteopathic medicine, or any other form of practice  
 21 regulated by a limited license or permit issued under this article.
- 22 (9) Adopt rules regarding the appropriate prescribing of Schedule  
 23 III or Schedule IV controlled substances for the purpose of weight  
 24 reduction or to control obesity.
- 25 (10) Adopt rules establishing standards for office based  
 26 procedures that require moderate sedation, deep sedation, or  
 27 general anesthesia.
- 28 (11) Adopt rules or protocol establishing the following:
- 29 (A) An education program to be used to educate women with  
 30 high breast density.
- 31 (B) Standards for providing an annual screening or diagnostic  
 32 test for a woman who is at least forty (40) years of age and  
 33 who has been determined to have high breast density.
- 34 As used in this subdivision, "high breast density" means a  
 35 condition in which there is a greater amount of breast and  
 36 connective tissue in comparison to fat in the breast.
- 37 (12) Adopt rules establishing standards and protocols for the  
 38 prescribing of controlled substances.
- 39 ~~(13) Adopt rules as set forth in IC 25-23.4 concerning the~~  
 40 ~~certification of certified direct entry midwives.~~
- 41 (b) The board may adopt rules that establish:
- 42 (1) certification requirements for child death pathologists;



1 (2) an annual training program for child death pathologists under  
2 IC 16-35-7-3(b)(2); and

3 (3) a process to certify a qualified child death pathologist.

4 SECTION 3. IC 25-23.4-1-3 IS REPEALED [EFFECTIVE JULY  
5 1, 2015]. Sec. 3: "Board" refers to the medical licensing board of  
6 Indiana.

7 SECTION 4. IC 25-23.4-2-1, AS ADDED BY P.L.232-2013,  
8 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
9 JULY 1, 2015]: Sec. 1. The midwifery committee is established. to  
10 provide recommendations and information to the board.

11 SECTION 5. IC 25-23.4-2-6, AS ADDED BY P.L.232-2013,  
12 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
13 JULY 1, 2015]: Sec. 6. (a) The **board committee** shall after receiving  
14 information, proposals, or recommendations from the committee, do  
15 the following:

16 (1) Establish as a requirement for certification as a certified direct  
17 entry midwife the Certified Professional Midwife credentials  
18 developed by the North American Registry of Midwives or a  
19 successor organization.

20 (2) Subject to IC 25-1-8-2, establish fees to administer this article.

21 ~~(3) Establish annual continuing education requirements to renew  
22 a certified direct entry midwife's certificate, which must include  
23 continuing education in pharmacology. The requirements  
24 established under this subdivision must provide for at least fifteen  
25 (15) hours of continuing education every twelve (12) months.~~

26 ~~(4) Develop a peer review procedure, using as guidelines the peer  
27 review procedures established by:~~

28 ~~(A) the Indiana Midwives Association or a successor  
29 organization; and~~

30 ~~(B) the North American Registry of Midwives or a successor  
31 organization.~~

32 (b) The **board committee** shall after receiving recommendations  
33 from the committee, do the following:

34 (1) ~~In addition to the requirements under IC 25-23.4-5, Adopt~~  
35 ~~rules under IC 4-22-2 to provide for adequate collaboration~~  
36 ~~between a certified direct entry midwife and a collaborating~~  
37 ~~physician.~~

38 (2) Adopt rules under IC 4-22-2 that define the competent  
39 practice for certified direct entry midwives. Rules adopted under  
40 this subdivision must limit the practice of certified direct entry  
41 midwives to nonhospital settings.

42 (3) Adopt rules under IC 4-22-2 that establish standards for an



1 emergency plan of care, including that a plan must allow for the  
2 timely provision of emergency care at a hospital.

3 ~~(4)~~ In addition to the requirements under IC 25-23.4-4-1(a)(6),  
4 adopt rules under IC 4-22-2 to set standards for determining the  
5 geographic area close enough to the planned location of the  
6 delivery to make the collaborating physician a reasonable choice  
7 to provide backup care.

8 ~~(5)~~ In addition to the requirements under IC 25-23.4-5-1(b); **(4)**  
9 Adopt rules under IC 4-22-2 to establish standards or conditions  
10 that require ~~additional~~ review of a certified direct entry midwife's  
11 client encounters by the collaborating physician.

12 ~~(6)~~ **(5)** Adopt rules under IC 4-22-2 to determine the number of  
13 certified direct entry midwives with whom a physician may  
14 collaborate.

15 ~~(7)~~ In addition to the requirements under IC 25-23.4-6-1(b); **(6)**  
16 Establish the conditions that require a certified direct entry  
17 midwife to refer a client for an examination by a physician.

18 ~~(8)~~ **(7)** Adopt rules under IC 4-22-2, establishing the health  
19 conditions that require a referral to a physician under  
20 ~~IC 25-23.4-6-1(c)~~. **IC 25-23.4-6-1(b)**.

21 (c) The **board committee** may not adopt rules to grant a certified  
22 direct entry midwife prescriptive authority other than the authority  
23 specified in IC 25-23.4-4-5.

24 SECTION 6. IC 25-23.4-2-7, AS ADDED BY P.L.232-2013,  
25 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
26 JULY 1, 2015]: Sec. 7. ~~The committee may propose rules to the board~~  
27 ~~for adoption.~~ The **board committee** shall adopt rules under IC 4-22-2  
28 to administer this article.

29 SECTION 7. IC 25-23.4-2-8 IS ADDED TO THE INDIANA CODE  
30 AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY  
31 1, 2015]: Sec. 8. **(a) Any rules adopted by the medical licensing**  
32 **board of Indiana before July 1, 2015, under this article are**  
33 **transferred to the committee and shall be treated after June 30,**  
34 **2015, as though they had been adopted by the committee.**

35 **(b) Any license issued by the medical licensing board of Indiana**  
36 **before July 1, 2015, under this article shall be treated after June**  
37 **30, 2015, as though it had been issued by the committee.**

38 **(c) All duties, powers, records, and responsibilities of the**  
39 **medical licensing board of Indiana before July 1, 2015, under this**  
40 **article are transferred to the committee on July 1, 2015.**

41 SECTION 8. IC 25-23.4-3-1, AS AMENDED BY THE  
42 TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL



1 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
2 JULY 1, 2015]: Sec. 1. (a) This section does not apply to an individual  
3 who has a license under IC 25-23-1-13.1 to practice midwifery as a  
4 certified nurse midwife and is practicing within the scope of that  
5 license.

6 (b) ~~After July 1, 2014,~~ An individual may not engage in the practice  
7 of midwifery unless:

8 (1) the individual is issued a certificate by a board under  
9 IC 25-1-5 and is acting within the scope of the person's license; or

10 (2) the individual has a certified direct entry midwife certificate  
11 under this article. ~~and has a collaborative agreement with a~~  
12 ~~physician as set forth in this article.~~

13 (c) To become certified as a certified direct entry midwife, an  
14 applicant must satisfy the following requirements:

15 (1) Be at least twenty-one (21) years of age.

16 (2) ~~Possess at least:~~

17 (A) ~~an associate degree in nursing; associate degree in~~  
18 ~~midwifery accredited by the Midwifery Education~~  
19 ~~Accreditation Council (MEAC); or other similar science~~  
20 ~~related associate degree; or~~

21 (B) ~~a bachelor's degree;~~

22 ~~from a postsecondary educational institution.~~

23 (3) ~~(2)~~ Satisfactorily complete educational curriculum approved  
24 by:

25 (A) the Midwifery Education Accreditation Council (MEAC)  
26 or a successor organization; or

27 (B) the educational equivalent of a Midwifery Education  
28 Accreditation Council curriculum approved by the ~~board~~  
29 ~~committee.~~

30 (4) ~~(3)~~ Acquire and document practical experience as outlined in  
31 the Certified Professional Midwife credentialing process in  
32 accordance with the standards of the North American Registry of  
33 Midwives or a successor organization.

34 (5) ~~(4)~~ Obtain certification by an accredited association in adult  
35 cardiopulmonary resuscitation that is approved by the ~~board~~  
36 ~~committee.~~

37 (6) ~~(5)~~ Complete the program sponsored by the American  
38 Academy of Pediatrics in neonatal resuscitation, excluding  
39 endotracheal intubation and the administration of drugs.

40 (7) ~~Comply with the birth requirements of the Certified~~  
41 ~~Professional Midwife credentialing process; observe an additional~~  
42 ~~twenty (20) births; be directly supervised by a physician for~~



- 1           ~~twenty (20) births; assist with an additional twenty (20) births;~~  
 2           ~~and act as the primary attendant for an additional twenty (20)~~  
 3           ~~births.~~  
 4           ~~(8) (6)~~ Provide proof to the ~~board~~ **committee** that the applicant  
 5           has obtained the Certified Professional Midwife credential as  
 6           administered by the North American Registry of Midwives or a  
 7           successor organization.  
 8           ~~(9) (7)~~ Present additional documentation or certifications required  
 9           by the ~~board.~~ **committee**. The ~~board~~ **committee** may adopt  
 10          standards that require more training than required by the North  
 11          American Registry of Midwives.  
 12          ~~(10) (8)~~ Maintain sufficient liability insurance.  
 13          ~~(d)~~ The board may exempt an applicant from the following:  
 14          (1) The education requirements in subsection (c)(2) if the  
 15          applicant provides proof to the board that the applicant is enrolled  
 16          in a program that will satisfy the requirements of subsection  
 17          (c)(2). An exemption under this subsection applies for an  
 18          individual for not more than two (2) years. This subsection  
 19          expires June 30, 2016.  
 20          (2) The education requirements in subsection (c)(3) if the  
 21          applicant provides:  
 22                  (A) proof to the board that the applicant has delivered over one  
 23                  hundred (100) births as a primary attendant; and  
 24                  (B) a letter of reference from a licensed physician with whom  
 25                  the applicant has informally collaborated.  
 26          This subdivision expires June 30, 2015.  
 27          (3) The requirement that a physician directly supervise twenty  
 28          (20) births in subsection (c)(7) if the applicant provides:  
 29                  (A) proof to the board that the applicant has delivered over one  
 30                  hundred (100) births as a primary attendant; and  
 31                  (B) a letter of reference from a licensed physician with whom  
 32                  the applicant has informally collaborated.  
 33          This subdivision expires June 30, 2015.  
 34          SECTION 9. IC 25-23.4-3-2, AS ADDED BY P.L.232-2013,  
 35          SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 36          JULY 1, 2015]: Sec. 2. The ~~board~~ **committee** shall after receiving  
 37          recommendations from the ~~committee~~; do the following:  
 38                  (1) Determine the education that satisfies the requirements in  
 39                  section 1 of this chapter.  
 40                  (2) Establish formal education requirements in addition to those  
 41                  required in section 1 of this chapter. The requirements must  
 42                  include course material on:



- 1 (A) emergency life support procedures;  
 2 (B) identification of high risk births for mothers;  
 3 (C) identification of potential complications during labor; and  
 4 (D) other material the **board committee** specifies.

5 SECTION 10. IC 25-23.4-3-3, AS ADDED BY P.L.232-2013,  
 6 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 7 JULY 1, 2015]: Sec. 3. The **board committee** shall issue a certificate  
 8 to practice certified direct entry midwifery to an applicant who satisfies  
 9 the requirements of sections 1 and 2 of this chapter.

10 SECTION 11. IC 25-23.4-3-4, AS ADDED BY P.L.232-2013,  
 11 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2015]: Sec. 4. (a) A certificate issued under this chapter  
 13 expires after two (2) years, on a date established by the licensing  
 14 agency. Failure to renew a certificate on or before the expiration date  
 15 makes the certificate invalid without any action by the ~~board~~  
 16 **committee**.

17 (b) To be eligible for the renewal of a certificate issued under this  
 18 chapter, an individual must:

- 19 (1) meet continuing education requirements set by the ~~board~~;  
 20 **committee**;  
 21 (2) maintain a Certified Professional Midwife credential; and  
 22 (3) maintain sufficient liability insurance.

23 SECTION 12. IC 25-23.4-3-6, AS ADDED BY P.L.232-2013,  
 24 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 25 JULY 1, 2015]: Sec. 6. The ~~board committee~~ may issue a certificate to  
 26 an individual who is licensed or certified as a midwife in another state  
 27 if:

- 28 (1) the ~~board committee~~ determines that the midwife has fulfilled  
 29 requirements that are at least equal to the certification  
 30 requirements of this article;  
 31 (2) the midwife holds a license or certificate in good standing  
 32 from another state and the midwife has practiced for at least three  
 33 (3) out of the past five (5) years under the license or certificate;  
 34 (3) the midwife discloses to the ~~board committee~~ any judgment  
 35 or settlement of malpractice and the ~~board committee~~ makes a  
 36 determination that the judgment or settlement does not affect the  
 37 midwife's ability to practice as a midwife; and  
 38 (4) the midwife does not have a conviction in the previous five (5)  
 39 years that has a direct bearing on the midwife's ability to practice  
 40 competently.

41 SECTION 13. IC 25-23.4-4-1, AS ADDED BY P.L.232-2013,  
 42 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE





1 JULY 1, 2015]: Sec. 1. (a) All the following must occur before a  
2 certified direct entry midwife may accept a client for midwifery care:

3 (1) The certified direct entry midwife must provide the potential  
4 client with an informed disclosure of practice form.

5 (2) The potential client must sign and date the form.

6 (3) The certified direct entry midwife must sign and date the form.

7 (4) If the potential client refuses a procedure or treatment required  
8 by law, the potential client must so indicate on a separate  
9 procedure or treatment form.

10 (5) The certified direct entry midwife must have an emergency  
11 plan for the care of the client if an emergency arises. As part of  
12 the emergency plan, the client must sign a release of the client's  
13 medical records that allows the certified direct entry midwife to  
14 provide the client's medical records to a physician if an  
15 emergency arises.

16 (6) Subject to rules adopted under ~~IC 25-23.4-2-6(b)(5)~~,  
17 **IC 25-23.4-2-6(b)(4)**, the certified direct entry midwife must have  
18 a collaborative agreement with a physician to provide for  
19 consultation and care for the client. ~~The physician shall examine~~  
20 ~~the client at least one (1) time during the client's first trimester~~  
21 ~~and one (1) time during the client's third trimester.~~ The  
22 collaborating physician should be located in an area close to  
23 where the delivery will occur.

24 (7) The certified direct entry midwife must provide the client with  
25 a list of options for additional screening and assessments,  
26 including visits to a physician.

27 (8) The certified direct entry midwife must maintain medical  
28 records on the client through the entire course of care and transfer  
29 the medical records to a treating physician if an emergency arises.  
30 The medical records must contain all the forms that are required  
31 under this subsection.

32 (b) A certified direct entry midwife may not have a minor as a client  
33 unless the minor's parent or guardian has agreed in writing to use the  
34 certified direct entry midwife and all other requirements of this article  
35 have been met.

36 SECTION 14, IC 25-23.4-4-3, AS ADDED BY P.L.232-2013,  
37 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
38 JULY 1, 2015]: Sec. 3. The informed disclosure of practice form must  
39 be in writing and must contain the following information:

40 (1) A description of the certified direct entry midwife's education  
41 and training in midwifery, including completion of continuing  
42 education courses and participation in the peer review process.



- 1 (2) The certified direct entry midwife's experience level in the  
2 field of midwifery.
- 3 (3) The certified direct entry midwife's philosophy of practice.
- 4 (4) Antepartum, intrapartum, and postpartum period conditions  
5 requiring consultation, transfer of care, and transport to a hospital.
- 6 (5) The emergency medical backup plan, including the emergency  
7 plan and the collaborative agreement with a physician for backup  
8 care required under section 1 of this chapter.
- 9 ~~(6) The services to be provided to the client by the certified direct~~  
10 ~~entry midwife and that a physician is required to examine the~~  
11 ~~client at least one (1) time during the client's first trimester and~~  
12 ~~one (1) time during the client's third trimester.~~
- 13 ~~(7) (6)~~ (6) The certified direct entry midwife's current status of  
14 certification under this article.
- 15 ~~(8) (7)~~ (7) A detailed explanation of treatments and procedures.
- 16 ~~(9) (8)~~ (8) A detailed description of the risks and expected benefits of  
17 midwifery care.
- 18 ~~(10) (9)~~ (9) The availability of a grievance process in a case in which  
19 a client is dissatisfied with the performance of the certified direct  
20 entry midwife.
- 21 ~~(11) (10)~~ (10) A statement that if the client is advised by the certified  
22 direct entry midwife or a collaborating physician that the client is  
23 or has become at risk (as described in IC 25-23.4-6), the certified  
24 direct entry midwife:
- 25 (A) shall refer the client to a physician for consultation;  
26 (B) may refuse to provide or continue care; and  
27 (C) may transfer care of the client to a physician.
- 28 ~~(12) (11)~~ (11) A statement disclosing whether or not the certified  
29 direct entry midwife maintains liability insurance.
- 30 ~~(13) (12)~~ (12) That state certification of a certified direct entry  
31 midwife does not ensure that a home setting for delivery of a child  
32 is safe.
- 33 ~~(14) (13)~~ (13) A statement that the client understands that the client is  
34 waiving the right to sue a physician or health care provider for the  
35 acts or omissions of the client's certified direct entry midwife.
- 36 SECTION 15. IC 25-23.4-4-4, AS ADDED BY P.L.232-2013,  
37 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
38 JULY 1, 2015]: Sec. 4. (a) Before March 31 every year, a certified  
39 direct entry midwife shall provide an annual report to the ~~board~~  
40 **committee** regarding each birth the previous year that the certified  
41 direct entry midwife assisted. A report must summarize the following  
42 on a form prescribed by the ~~board~~: **committee**:



1 (1) Vital statistics.  
 2 (2) Scope of care.  
 3 (3) Transport information.  
 4 (4) Physician referral.  
 5 (b) A certified direct entry midwife may not reveal the identity of  
 6 the clients referred to in a report under subsection (a).  
 7 (c) The ~~board~~ **committee** shall compile the data from the reports  
 8 collected under subsection (a) and submit the data to the state  
 9 department of health.  
 10 SECTION 16. IC 25-23.4-4-5, AS ADDED BY P.L.232-2013,  
 11 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2015]: Sec. 5. (a) Except as provided in subsection (b), a  
 13 certified direct entry midwife may not dispense or administer  
 14 prescription drugs.  
 15 (b) A certified direct entry midwife may carry and administer the  
 16 following medications under a protocol issued and agreed to by a  
 17 physician licensed under IC 25-22.5:  
 18 (1) Postpartum antihemorrhagic drugs in emergency situations.  
 19 (2) Local anesthetics by infiltration or topical application, only for  
 20 postpartum repair of lacerations, tears, and episiotomy.  
 21 (3) Oxygen.  
 22 (4) Prophylactic antibiotics for Group B Strep (also known as  
 23 Beta Strep).  
 24 (c) A certified direct entry midwife may not administer a drug  
 25 intravenously and may, with a physician's order, administer the  
 26 following:  
 27 (1) Vitamin K, either orally or through intramuscular injection.  
 28 (2) Rhogam.  
 29 (3) Prophylactic ophthalmic antibiotics.  
 30 The ~~board~~ **committee** may adopt rules under IC 4-22-2 specifying the  
 31 circumstances under which a certified direct entry midwife may  
 32 administer the substances listed in this subsection.  
 33 SECTION 17. IC 25-23.4-5 IS REPEALED [EFFECTIVE JULY 1,  
 34 2015]. (Physician Collaboration with Certified Direct Entry Midwives).  
 35 SECTION 18. IC 25-23.4-6-1, AS AMENDED BY P.L.2-2014,  
 36 SECTION 108, IS AMENDED TO READ AS FOLLOWS  
 37 [EFFECTIVE JULY 1, 2015]: Sec. 1. (a) Subject to rules adopted  
 38 under ~~IC 25-23.4-2-6(b)~~, **IC 25-23.4-2-6(b)(7)**, a certified direct entry  
 39 midwife must provide an initial screening of a client that includes an  
 40 assessment of health conditions that require a referral to a physician  
 41 under subsection ~~(c)~~: **(b)**.  
 42 ~~(b) Subject to rules adopted under IC 25-23.4-2-6(b)~~, a certified



1 direct entry midwife shall refer a client to a physician in the client's  
2 first and third trimester of pregnancy.

3 (e) (b) If a client has a health condition that makes the client at risk,  
4 the certified direct entry midwife shall, subject to rules adopted under  
5 ~~IC 25-23.4-2-6(b)~~: **IC 25-23.4-2-6(b)(7)**:

- 6 (1) refer the client to a licensed physician; and  
7 (2) consult with the physician concerning the client's care.

