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Assembly Nevada Licensed Certified Professional Midwifery (CPM) BDR

\*\* for the latest wording and for public meeting info, please go to the Nevada Legislature website. <https://www.leg.state.nv.us/Session/81st2021/> \*\*

BDR 225 is requested by assemblywoman Daniele Monroe-Moreno  
AN ACT relating to ~~licensed midwives~~ Nevada Licensed Certified Professional Midwives (CPMs).

[NOTE: Clear and consistent use of terms is VITAL to strictly limiting the scope of this bill. Therefore clarifying every case of the use of vague terms, for example:

- midwife, midwives, and midwifery needs to be carefully analyzed to determine if the statement is generic and applies to ALL midwives [CNMs, CMs, CPMs, and Other Midwives.] or if the language needs to be clarified by the phrase, "Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs),"
- licensed midwife, licensed midwives, and licensed midwifery needs to be EVERYWHERE changed to CPM, CPMs, or Nevada Licensed CPM/CPMs.
- board, and even "The Board", needs to be EVERYWHERE changed to CPM Board or Nevada Licensed Certified Professional Midwifery Advisory Board (CPM Board).]

[NOTE: As definitions 1, 5, and 11 are very similar, and in the interest of introducing/defining "midwife/midwifery", definition 1 should not include divisions of midwifery, and then definition 11 becomes unnecessary. ]

#### (1) "Midwifery"

(a) Means "skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life." [WHO]

(b) Midwives have been a proud part of the culture and history of Nevada that precedes Nevada statehood. Midwifery has always been legal in Nevada - there has never been an illegal midwife in Nevada - and it is the intention of this bill to retain that proud history and tradition, while adding a new, separate, narrow, and distinct class of midwife - the Nevada Licensed Certified Professional Midwife (CPM) - without in any way restraining the trade or infringing on the already legal practice of Other Midwives. It is the intention of this bill to expand the choices for Nevada mothers - not to limit or take away their right to birth wherever or with whomever they choose.

#### ~~(1) "Licensed Midwifery"~~

~~(a) Means the provision of care to a person during healthy pregnancy, childbirth, and the postpartum period, and the care of a normal newborn immediately following birth~~

~~(b) Includes co-management with other appropriate licensed health care providers as specified by the board by administrative regulation or when otherwise indicated; and~~

~~(c) is distinct from the practice of medicine or nursing.~~

(2) "Co-management", Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), means the process by which a CPM ~~licensed midwife~~ and a physician or other appropriate healthcare provider jointly manage the care of a client, the requirements for which shall be defined by the Nevada Licensed CPM Advisory Board (CPM Board); ~~board~~;

(3) "Consultation" Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), means the process by which a CPM ~~licensed midwife~~ directs the client to a physician or other appropriate ~~licensed~~ healthcare provider to render an opinion regarding the management of a specific problem or condition, the requirements for which shall be defined by DHHS;

(4) "CPM Board" means the Nevada Licensed CPM ~~Midwives~~ Advisory Board created in Section 2 of this Act;

(5) "Nevada Licensed Certified Professional Midwife (CPM) ~~midwife~~" means a person who is certified by the North American Registry of Midwives (NARM) and issued a license by DHHS to provide ~~licensed CPM midwifery~~ services in the State of Nevada. ~~Licensed CPMs midwives~~ are autonomous providers able to practice to the full extent of their scope without physician oversight ~~in both home and birth center settings~~, (b) is distinct from the practice of medicine or nursing. [NOTE: Birth Centers do not belong in this bill or under this CPM board. Every mention of "Birth Center" in all forms needs to be stricken.]

(6) "Referral" Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), means the process by which a CPM ~~licensed midwife~~ arranges for an accepting physician or other appropriate ~~licensed~~ healthcare provider to assume primary management responsibility for the condition requiring referral, which shall not preclude the CPM ~~licensed midwife~~ from continuing in the provision of care as mutually agreed upon with the accepting provider, as regulated by the CPM Board ~~board~~; and [NOTE: Here and in many other places in this BDR, especially nearly all of Section 6, it might appear that CPMs can only ever work with, and refer clients to "licensed" providers, and health food stores, yoga and other movement therapists, childbirth educators, doulas, other midwives, breastfeeding "Milk Bars", and even IBCLCs are no longer welcome to collaborate with CPMs. ??]

(7) "Transfer" Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), means the act of transporting a client to a ~~licensed~~ healthcare facility providing a higher level of care.

(8) "~~Birth Assistant/Midwife~~ Assistant"- Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), A person, who may be unlicensed, who performs non-clinical and basic clinical services for a CPM ~~licensed midwife or certified nurse midwife~~ and has had at least the minimum amount of hours of appropriate training pursuant to standards established as set forth in

this bill. The ~~midwife~~ assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. [NOTE:It is not within the scope of this bill to require anything of, or even to speak of, birth assistants, midwife assistants, student midwives, or apprentices who are working with CNMs, CMs, or Other Midwives.]

(9) "Direct Supervision"- means observation and evaluation of an apprentice/~~student midwife~~'s practical performance. The supervising ~~CPM midwife~~ must be physically present on the premises and available to intervene when an apprentice/~~student midwife~~ or ~~birth assistant/midwife~~ assistant performs any clinical task at births and prenatal and postpartum care exams. Must have a formal relationship defined in writing.

~~(10) "Birth center"- Community-based freestanding center for childbirth, owned and/or operated by certified professional midwives licensed in the State of Nevada where care is provided in the midwifery and wellness model of care. Birth centers are not required to adhere to the requirements set forth in the 'Guidelines for Design and Construction of Hospital and Outpatient Facilities' as required for obstetric centers. [NOTE: Birth Centers do not belong in this bill or under this CPM board. Every mention of "Birth Center" in all forms needs to be stricken.]~~

~~(11) "Certified Professional Midwife (CPM)" An autonomous independent practitioner who holds valid a certification from the North American Registry of Midwives (NARM) or its successor organization. [NOTE: Redundant and unnecessary, see definition 5, above.]~~

(12)"Apprentice/~~Student Midwife~~" Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), must be currently enrolled in an ~~midwifery~~ educational program consistent with United States educational accreditation standards and the United States Midwifery Education, Regulation, and Association (MERA) statement on the licensure of ~~CPMs certified professional midwives~~ under the direct supervision of a ~~CPM licensed midwifery~~ preceptor and holding a current apprentice permit issued by the ~~CPM~~ Board. May not practice or represent themselves as any other type of midwife.

2. A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

(1) The Nevada Licensed ~~Certified Professional Midwifery Midwives~~ Advisory Board (~~CPM Board~~) is hereby created, under DHHS. The ~~CPM~~ Board shall at regular intervals and guided by newly available evidence in peer-reviewed medical literature, advise the ~~CPM Board board~~ on promulgating administrative regulations regarding qualifications, standards for training, competency determination of ~~CPMs licensed midwives~~, any necessary statutory changes, and all other matters relating to ~~CPMs licensed midwives~~.

(2) The ~~CPM~~ Board shall be appointed by DHHS and shall consist of:

(a) One (1) member of the ~~DHHS~~ board, who shall be a nonvoting, ex officio member and serve as the liaison between the chair of the ~~CPM council~~ Board and DHHS;

(b) Four (4) Nevada Licensed ~~CPMs certified professional midwives~~ who shall be ~~CPMs licensed certified professional midwives~~ within six (6) months of the license availability;

(c) One (1) ~~certified nurse-midwife~~ Certified Nurse Midwife (CNM) practicing ~~licensed~~ in Nevada;

(d) One (1) obstetrician practicing ~~licensed~~ in Nevada;

(e) One (1) ~~practicing~~ neonatal health care provider practicing ~~licensed~~ in Nevada; and

(f) One (1) member of the general public. The chair of the CPM Board shall be elected annually by members of the CPM Board.

(3) DHHS may solicit nominations for the CPM Board ~~board~~ from interested parties or organizations and shall give consideration to nominees who have experience collaborating with CPMs ~~providers of, providing, or utilizing out-of-hospital midwifery services.~~

(4) DHHS shall specify the terms for the CPM Board members, not to exceed four (4) years. Members shall serve at the discretion of DHHS, may be reappointed at the end of their terms. The CPM Board ~~board~~ will determine if compensation is available.

(5) A CPM ~~licensed midwife~~ has the same authority and responsibility as appropriate ~~licensed~~ health care providers regarding following public health laws, reporting reportable diseases and conditions, controlling and preventing communicable diseases, recording of vital statistics, obtaining health histories, and performing physical examinations, except that this authority is limited to activity consistent with provision of services authorized by Sections 1 to 8 of this Act.

(6) A CPM ~~licensed midwife~~ shall keep appropriate medical records regarding treatment and outcomes as required by the CPM Board ~~board~~ by administrative regulation. [and/or?]

### SECTION 3.

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

DHHS shall promulgate administrative regulations, according to recommendations of the CPM Board, in accordance with \_\_\_\_\_ to:

(1) Establish required standards for training programs for CPMs ~~licensed midwives~~;

(2) Establish licensing requirements for CPMs ~~licensed midwives~~, including but not limited to:

(a) Educational requirements that are consistent with United States educational accreditation standards and the United States Midwifery Education, Regulation, and Association (MERA) statement on the licensure of CPMs ~~certified professional midwives~~; Provision of ~~Temporary~~ PEP Licensure Route: Completion of the North American Registry of Midwives Portfolio Education Process with mandatory completion of Midwifery Bridge certificate will be accepted as a route to licensure until ~~such a time as NARM closes this route, or the need for closing this route to midwifery is determined by the CPM Board. January 1, 2023.~~ [NOTE: NARM has not announced any plans to close the PEP Process. There is no reason that Nevada CPM law should close an open pathway to

becoming a CPM, the closing of which would create an unnecessarily burdensome hurdle to the very diverse (racial/culturally, urban-rurally, and socio-economically, among others) populations of birthing persons and future midwives in Nevada.]

(b) Competency validation ferried by a national organization or agency that meets United States accreditation standards and recognized DHHS; and

(c) Anti-racism, anti-bias, and/or cultural humility training for recertification

(d) CPMs who have maintained licensure in another state that does not require accredited education must obtain the midwifery bridge certificate to be eligible for licensure in Nevada regardless of their date of certification

(3) Establish statewide requirements for ~~CPMs licensed midwives~~ and hospitals regarding the transfer of care from a ~~CPM licensed midwife~~ to a hospital as developed by the Transfer Guidelines Work Group established in Section 8 of this Act;

(4) Establish provisions for disciplinary actions for ~~CPMs licensed midwives~~;

(5) Establish fees for the initial license not to exceed one thousand dollars (\$1,000), renewal of a license, reinstatement of a license, and other fees as may be necessary, for ~~CPMs licensed-certified professional midwives~~;

(6) Establish requirements for informed consent by individuals receiving services from a ~~CPM licensed midwife~~, which shall include:

(a) A description of the ~~CPM's licensed midwife's~~ education and credentials;

(b) A description of the scope of practice of ~~CPMs licensed midwifery~~ permitted under Sections 1 to 8 of this Act, including a summary of the limitations of the skills and practices of a ~~CPM licensed midwife~~;

(c) Instructions for obtaining a copy of the administrative regulations promulgated by the ~~CPM Board board~~ pursuant to this section;

(d) Instructions for filing complaints with the ~~CPM Board board~~;

(e) A written protocol for emergencies, including transfer to a higher level of care;

(f) A description of the procedures, benefits, and risks of birth in the client's chosen environment, primarily those conditions that may arise during delivery;

(g) Disclosure of professional liability insurance if held by the ~~CPM licensed midwife~~;

(h) A summary of the requirements for consultation, referral or transfer of care as promulgated by administrative regulation by the ~~CPM Board board~~ under this section;

(i) Procedures established by the ~~CPM licensed midwife~~ for referral or transfer of care of a client to a physician or other appropriate healthcare providers;

(j) Procedures established by the ~~CPM licensed midwife~~ for consultation or co-management; and

(k) Any other information deemed necessary by DHHS for the patient to provide informed consent for care by a ~~CPM licensed midwife~~;

~~(7) Establish regulations pertaining to certified professional midwives owning and/or operating freestanding birth centers in the state of Nevada as defined in this Act. [NOTE: Birth Centers do not belong in this bill or under this CPM board. Every mention of "Birth Center" in all forms needs to be stricken.]~~

(8) Establish a formulary of legend medications that a ~~CPM licensed midwife~~ may obtain, transport, and administer when providing ~~CPM licensed midwifery~~ services including but not limited to the formulary provided in this act and those those medications and devices that are indicated and approved by DHHS for the safe conduct of pregnancy, labor and birth, and immediate care of the newborn, immediate management of obstetrical emergencies, or performance of routine prophylactic measures, and that the ~~CPM licensed midwife~~ is approved to administer and monitor. This subsection shall not be interpreted to bestow prescriptive authority, and the formulary shall not include Schedule II, III, IV, or V drugs as defined in the Controlled Substances Act, 21 U.S.C. secs. 812 et seq.;

(9) Further regulate, as necessary, the provision of ~~CPM licensed midwifery~~ services;

(10) Require ~~CPMs licensed midwives~~ to report to DHHS annually as specified by DHHS the following information regarding cases in which the ~~CPM licensed midwife~~ provided services when the intended place of birth at the onset of care was in an out-of-hospital setting:

(a) The total number of clients provided ~~CPM licensed midwife~~ services at the onset of care;

(b) The number of live births attended as a ~~CPM licensed midwife~~;

(c) The number of cases of fetal demise, newborn deaths, and maternal deaths attended as a ~~CPM licensed midwife~~ at the discovery of the demise or death;

(d) The number, reason for, and outcome of each transport of a client in the antepartum, Intrapartum, or immediate postpartum periods;

(e) A brief description of any complications resulting in the morbidity or mortality of a mother or a newborn;

(f) Planned location of delivery and the actual location of delivery; and

(g) Any other information deemed necessary by DHHS;

(11) Require ~~CPMs licensed midwives~~ to report to the ~~CPM Board board~~ within thirty (30) days of the occurrence, a case of newborn or maternal death attended by a ~~CPM licensed midwife~~ at the discovery of the death; and

(12) Define a list of conditions requiring co-management, consultation, or referral of a client to a physician or other appropriate ~~licensed~~ health care provider, and the process for such co-management, consultation, or referral.

(13) Establish requirements for ~~Birth Assistant/Midwife~~ Assistants. [NOTE: It is not within the scope of this bill to require anything of, or even to speak of, birth assistants, midwife assistants, student midwives, or apprentices who are working with CNMs, CMs, or Other Midwives.]

A. Criteria for ~~Birth~~ Assistants Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), This bill authorizes an ~~midwife~~ assistant to perform certain ~~assistive~~ activities under the supervision of a ~~CPM licensed midwife or certified nurse-midwife or certified midwife~~, including the administration of medicine, and technical support services.

1. The following criteria must be met:

a. Is at least 18 years of age

b. Has had minimum appropriate training by course or trainer approved by the ~~CPM~~ Board Certificate of completion required.

c. Anti-racism and anti-bias training

d. Must maintain current training in Neonatal Resuscitation from a certified instructor through American Academy of Pediatrics

e. Must maintain Basic Life Support (CPR)

B. Scope of a ~~Birth~~ Assistant, Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), ~~Birth assistants~~ Assistants may perform simple routine medical tasks and procedures that can be safely performed by an ~~midwife~~ assistant who has limited training and who functions under the direct supervision of a ~~CPM licensed midwife~~ on premise with ability to intervene. An ~~birth~~ assistant will not assess clinical information or make clinical decisions. ~~Midwife assistants~~ Assistants are permitted to perform the following technical support services:

1. Administer medications- intradermal, subcutaneous, IM and perform skin tests and additional technical support services.

2. Administer meds orally, sublingually, topically or rectally or by providing a dose to a patient for immediate self-administration.

3. Administer O2 at the direction of the supervising ~~CPM licensed midwife~~.

4. Assist in immediate newborn care
- 5.Placement of the device used for auscultation of fetal heart tones
6. Assist patient activities of daily living and transfer to bed and bathroom.
7. CPR/neonatal resuscitation

C. Required Training for ~~Midwife~~ Assistants: Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs) Anyone,acting in the role of birth assistant to a CPM must complete training that specifically addresses birth assisting in the home setting. Training must be provided by a DHHS approved program or curriculum submitted to the DHHS for approval. ~~Nurses or other midwives acting in the role of birth assistant must also complete this training that specifically addresses birth assisting in the home setting.~~

#### SECTION 4.

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

DHHS may require a criminal background investigation of an applicant for a license as a ~~CPM licensed midwife~~ by means of a fingerprint check by the Department of Nevada State Police and the Federal Bureau of Investigation.

#### SECTION 5.

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

(1) It shall be unlawful for any person to provide ~~CPM licensed midwifery~~ services as defined in Section 1 of this Act unless that person is a ~~CPM licensed midwife~~ currently issued a license by DHHS in accordance with Sections 1 to 8 of this Act ~~or is an appropriate licensed health care provider providing services that are within his or her scope of practice.~~

~~(2) It shall be unlawful for any person to operate or to offer to operate or to represent or advertise the operation of a school or program of midwifery unless the school or program has been approved by DHHS to do so and are consistent with United States educational accreditation standards. [NOTE: Certified Nurse Midwives are not under the DHHS.]~~

(3) WHEREAS, Midwives have been a proud part of the culture and history of Nevada that precedes Nevada statehood. Midwifery has always been legal in Nevada - there has never been an illegal midwife in Nevada - and it is the intention of this bill to retain that proud history and tradition, while adding a new, separate, narrow, and distinct class of midwife - the Nevada Licensed Certified Professional Midwife (CPM) - without in any way restraining the trade or infringing on the already legal practice of Other Midwives. It is the intention of this bill to expand the choices for Nevada mothers - not to limit or take away their right birth wherever or with whomever they choose.



THEREFORE, Nothing in ~~Sections 1 to 8 of~~ this entire ACT relating to Nevada Licensed Certified Professional Midwives (CPMs) shall prohibit ANY Other Midwives ~~other midwives~~ from providing midwifery services without a CPM license, or in any way limit Other Midwives from legal practices, such as advertising midwifery services or charging and receiving fees, and including billing and receiving payment from insurance and health care cost sharing providers that cover those services. ~~without a license if the other midwife has cultural, philosophical, or religious traditions that include the attendance of other midwives at birth, or a member of an American Indian community who provides midwifery services to the member's community. The other midwife must disclose to each client on a form provided by DHHS:~~

[NOTE: This is a bill to regulate CPM's practice and not denigrate the education and practice of non-cpm practitioners. Also, this makes professionals NOT regulated by this bill part of the requirements of this bill.]

- ~~1. That the person does not possess a professional midwifery license issued by the state.~~
- ~~2. That the person's education and qualification have not been reviewed by the state.~~
- ~~3. The client will not have recourse through a formal complaint process through the state.~~
- ~~4. Must be signed and dated by both client and other midwife and kept on record for 5 years~~

(4) Nothing in ~~Sections 1 to 8 of~~ this entire ACT relating to Nevada Licensed Certified Professional Midwives (CPMs) shall prohibit ANY person ~~an appropriate licensed healthcare provider or other person~~ from providing emergency care, including care of a precipitous delivery.

(5) Nothing in ~~Sections 1 to 8 of~~ this entire ACT relating to Nevada Licensed Certified Professional Midwives (CPMs) shall prohibit ANY person from providing self-care, or ~~uncompensated~~ care to a friend or family member. [NOTE: This needs to be divided here into two separate points.] Nothing in this entire ACT relating to Nevada Licensed Certified Professional Midwives (CPMs), ~~chapter~~ abridges, limits, or changes in any way the right of parents to deliver their baby where, when, how, and with whom they choose, regardless of ~~compensation or relationship licensure under this chapter.~~

(6) Nothing in Sections 1 to 8 of this Act shall prohibit an individual from performing activities or functions that are delegated by the CPM preceptor ~~licensed midwife~~ if that individual is an ~~apprentice or assistant student of midwifery in a training program operating as authorized by the board~~, and is under the direct supervision of ~~a qualified~~ the CPM preceptor ~~as authorized by the board~~.

Apprentice/~~Student Midwives~~ Pursuant to this ACT relating to Nevada Licensed Certified Professional Midwives (CPMs):

#### A. General Provisions

1. An apprentice/~~student midwife~~ may provide any care or service allowed by these regulations only set out under the direct supervision of a CPM preceptor on premise and able to intervene. The CPM

preceptor reviews and evaluates all care provided by and attends every clinical task managed by the apprentice. The CPM preceptor retains the responsibility for clients seen by apprentices/~~student midwives~~.

2. CPM Preceptors must disclose to each client on a form provided by DHHS that an apprentice/student midwife may be involved in their care and the scope of that apprentice/~~student midwife~~ under direct supervision.

3. Apprentice/~~student midwife~~ may not represent themselves or practice as any other type of midwife while holding an active Apprentice/~~student midwife~~ permit.

B. Apprentice/~~Student Midwife~~ Permits:

1. Application for apprentice ~~midwife~~ permit must include all of the following:

- a. a completed agreement with the CPM preceptor
- b. a completed apprentice application
- c. payment of \$100 to division [To whom?]

2. Upon proof of successful completion of application, DHHS will supply to the qualifying apprentice applicants an apprentice ~~midwife~~ permit and regulatory information applicable to apprenticeship.

4. Renewal of Permits: An apprentice ~~midwifery~~ permit may be renewed once q [What is q?] two years permit period. An applicant for renewal shall submit to DHHS:

- a. A completed renewal application
- b. Renewal payment of \$100

SECTION 6. [NOTE: Here and in many other places in this BDR, it might appear that CPMs can only ever work with, and refer clients to “licensed” providers, and health food stores, yoga and other movement therapists, childbirth educators, doulas, other midwives, breastfeeding “Milk Bars”, and even IBCLCs are no longer welcome to collaborate with CPMs. ??]

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

(1) Within one (1) year of the effective date of this Act, the council [Who? CPM Board?] shall make recommendations to DHHS for the promulgation of administrative regulations by DHHS regarding requirements for the management of clients who may have a condition that precludes the clients from being considered at lower risk of an adverse outcome for the mother, her fetus, or her newborn. These recommendations shall include:

(a) A regulatory framework to support consultation and co-management between a CPM ~~licensed midwives~~ and other appropriate ~~licensed~~ health care providers with expertise in obstetrical and

neonatal care, in order to optimize obstetrical and neonatal outcomes in whatever setting a client chooses for birth. The regulatory framework shall specify:

1. Processes and infrastructure to facilitate co-management and consultation with other **licensed** healthcare providers who possess the appropriate **medical** expertise;
2. Processes and infrastructure to facilitate co-management with, or transfer of primary management responsibility to, other **licensed** healthcare providers who possess the appropriate **medical** expertise;
3. Processes and infrastructure for transfer of clients to facilities with a higher level of care, as developed by the Transfer Guidelines Work Group established in Section 8 of this Act, and as updated by the **CPM Board board**;
4. Processes for the provision of required or routinely recommended screening and disease prevention measures, if not provided directly by the **CPM licensed-midwife** and
5. Other collaborative processes deemed necessary by the **CPM Board board** or DHHS to optimize obstetrical and neonatal outcomes;

(a) A list of conditions or symptoms associated with a risk of death or serious permanent harm affecting a mother, fetus, or newborn, as assessed by a **CPM licensed-midwife** exercising reasonable skill and knowledge, and:

1. Requirements for co-management with, or referral of primary management responsibility to, a physician or other appropriate **licensed** healthcare provider, of a client with conditions or symptoms specified under this paragraph, to protect the health and safety of a mother, fetus or newborn. Separate regulatory requirements shall be developed for each or any condition on the list, if clinically appropriate. If every effort is made to consult, co-manage and/or refer, and it is documented in client records, and no physician or other appropriate **licensed** healthcare provider is able or willing to consult, co-manage, and/or accept referral, this requirement will be considered met by the **CPM licensed-midwife** and the **CPM licensed-midwife** may continue to assume primary management responsibility for the client.:and

2. Requirements for management of a client with conditions or symptoms specified under this paragraph who refuses to consent to recommendations intended to prevent death or serious permanent harm, including requirements for informed refusal by the client. The requirements for informed refusal shall be tailored to the specific condition or symptom, and shall reflect maximal effort to protect the life and health of the mother, her fetus, and her newborn; and

(b) A list of conditions or symptoms associated with a more than minimal risk of adversely affecting a mother, fetus, or newborn, but not a significant risk of death or serious permanent harm, as assessed by a **CPM licensed-midwife** exercising reasonable skill and knowledge, and:

1. Requirements for consultation, co-management, or referral of primary management responsibility of a client with conditions or symptoms specified under this paragraph, for each condition or symptom on the list, to ensure the health and safety of a mother, fetus, or newborn; and

2. Requirements for documentation of an informed refusal by a client with conditions or symptoms specified under this paragraph of recommended consultation, referral of care, or other management, including the information to be provided to a client that is necessary to enable informed refusal of recommended care.

(2) The CPM Board's board's recommendations shall be accepted by DHHS to form the basis for any requirements or restrictions imposed by the CPM Board board on the provision of CPM licensed midwifery services to a client whose condition is not classified as healthy. The recommendations shall be based on evolving medical evidence published in peer-reviewed medical literature and with consideration to the likelihood of serious harm or death to the mother or newborn.

(3) Until such time as the CPM Board has conveyed superseding recommendations to DHHS and DHHS has promulgated superseding administrative regulations, the following shall be enforced by DHHS:

(a) If on initial or subsequent assessment, one (1) of the following conditions exists, the CPM licensed midwife shall arrange for consultation, co-management or referral in accordance with Sections 1 to 8 of this Act, and document that recommendation in the CPM's licensed midwife's record:

1. Complete placenta previa, or partial placenta previa persisting after twenty eight (28) weeks;
2. HIV infection;
3. Cardiovascular disease, including hypertension;
4. Severe psychiatric illness that may result in self-harm or harm to others;
5. History of cervical incompetence;
6. Pre-eclampsia or eclampsia;
7. Fetal growth restriction, oligohydramnios or moderate or severe polyhydramnios in the current pregnancy;
8. Known potentially serious anatomic fetal abnormalities;
9. Any type of diabetes requiring insulin or other medication for management;
10. Gestational age greater than forty-three (43) weeks; or
11. Any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a CPM licensed midwife exercising reasonable skill and knowledge;

(b) The CPM licensed midwife may continue to participate in the care of a client requiring transfer, in

a collaborative fashion and as mutually agreed upon with the accepting physician, to the extent permitted by hospital regulations and if it is beneficial to the client. If a client with a condition listed in paragraph

(a) of this subsection declines to accept a medically indicated consultation or referral, the **CPM licensed midwife** shall document such refusal in writing and shall endeavor to transition the client to an appropriate higher level of care. If the condition mandating transfer occurs during labor or delivery, or the client is otherwise acutely in jeopardy but refuses transfer, then the **CPM midwife** shall call 911 and provide care at least until relieved by another appropriate **licensed** health care provider; and

(c) If on initial or subsequent assessment, one (1) of the following conditions exists, the **CPM midwife** shall arrange for consultation and either co-management or referral in accordance with Sections 1 to 8 of this Act, and document that recommendation **in the midwifery record**:

1. Prior cesarean section or other surgery resulting in a uterine scar;
2. Multifetal gestation;
3. Non-cephalic presentation after thirty-six (36) weeks gestation; and
4. History of severe shoulder dystocia as documented by objective findings.

(4) DHHS shall, at the earliest opportunity, promulgate administrative regulations specific to the conditions listed in paragraph (c) of subsection (3) of this section, including the minimum requirements for informed refusal by the client of otherwise mandatory consultation and either co-management or referral.

(5) If the client has complied with administrative regulations promulgated by DHHS for informed refusal, then the **CPM licensed midwife** may pursuant to subsection

(4) of this section, continue to assume primary management responsibility for the client unless and until the client subsequently consents to co-managed care or referral.

## SECTION 7.

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

Nothing in Sections 1 to 8 of this Act is intended to expand liability. In the event of an action for injury or death due to any act or omission of a **CPM licensed midwife** licensed pursuant to Sections 1 to 8 of this Act, the liability of any other **licensed** healthcare provider shall be limited to their negligent acts and omissions that violate their standards of care according to existing law.

## SECTION 8.

A NEW SECTION OF \_\_\_\_\_ IS CREATED TO READ AS FOLLOWS:

The Transfer Guidelines Work Group is hereby established as an independent entity to develop statewide requirements for ~~CPMs licensed midwives~~ and hospitals which shall be based upon evidence in peer-reviewed medical literature and accepted best practice standards, regarding the process of transfer of care from a ~~CPM licensed midwife~~ to a hospital. The scope of the Transfer Guidelines Work Group shall include procedures that promote the safe and timely transfer of mothers or newborns to facilities that can provide a higher level of care when needed, and to ensure the complete and timely transmission of all necessary information required to satisfactorily care for a mother or newborn requiring transfer. The work group shall select a chair from among the members. The work group shall meet as necessary and submit the developed statewide requirements agreed to by the majority after every attempt to satisfy all parties in the work group by the work group to the ~~CPM Board board~~ within one (1) year of the effective date of this Act. The ~~CPM Board board~~ shall promulgate administrative regulations to implement the requirements developed by the work group. The work group shall cease to exist after the developed requirements have been submitted to DHHS unless DHHS directs its continuance. The members of the work group shall not be paid or reimbursed for travel or other expenses. The work group shall consist of the following members:

(1) Two (2) ~~licensed~~ healthcare providers- CNM, APRN, or OB/Gyn- one from Northern Nevada and one from Southern Nevada, responsible for accepting transfers from ~~CPMs the home or birth center setting~~ to hospital. [NOTE: Birth Centers do not belong in this bill or under this CPM board. Every mention of "Birth Center" in all forms needs to be stricken.]

(2) Four (4) individuals appointed by the Nevada Chapter of the National Association of Certified Professional Midwives,-2 Northern and 2 Southern ~~CPMs licensed midwives~~ If the regional position is unable to be filled by a ~~CPM licensed midwife~~ in that region, it may be filled by a ~~CPM licensed midwife~~ from another region.

(3) 2 Nurse Managers or similar job responsibilities, one from Northern Nevada and one from Southern Nevada, responsible for helping coordinate transfer from ~~CPMs the home or birth center setting~~ to hospital. [NOTE: Birth Centers do not belong in this bill or under this CPM board. Every mention of "Birth Center" in all forms needs to be stricken.]

(4) Two (2) individuals appointed by Emergency Medical Services- one from Northern Nevada, one from Southern Nevada,

(5) One (1) member of the DHHS who shall be a nonvoting, ex officio member and who shall serve as the liaison between the work group chair and DHHS.

(6) Additionally, a member of the Nevada Hospital Association is optional, but not required in the Work Group.