

HOUSE BILL 355

J2
HB 351/23 – HGO

4lr1359
CF SB 62

By: **Delegate Cullison**

Introduced and read first time: January 17, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Occupations – Licensed Direct–Entry Midwives – Previous Cesarean**
3 **Section**

4 FOR the purpose of allowing a licensed direct–entry midwife to assume or take
5 responsibility for a client who had a previous cesarean section and regulating the
6 circumstances under which the responsibility may be assumed or taken; altering the
7 required contents of a certain informed consent agreement; requiring the State
8 Board of Nursing, in consultation with certain stakeholders, to develop a transport
9 protocol for clients who had a previous cesarean section; and generally relating to
10 the practice of licensed direct–entry midwifery and cesarean sections.

11 BY repealing and reenacting, with amendments,
12 Article – Health Occupations
13 Section 8–6C–03(11), 8–6C–04(a)(20) and (21), and 8–6C–09
14 Annotated Code of Maryland
15 (2021 Replacement Volume and 2023 Supplement)

16 BY adding to
17 Article – Health Occupations
18 Section 8–6C–04(a)(22) and (e)
19 Annotated Code of Maryland
20 (2021 Replacement Volume and 2023 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
22 That the Laws of Maryland read as follows:

23 **Article – Health Occupations**

24 8–6C–03.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



A licensed direct-entry midwife may not assume or continue to take responsibility for a patient's pregnancy and birth care and shall arrange for the orderly transfer of care to a health care practitioner for a patient who is already under the care of the licensed direct-entry midwife, if any of the following disorders or situations is found to be present at the initial interview or if any of the following disorders or situations occur as prenatal care proceeds:

(11) Previous uterine surgery, including:

(I) EXCEPT AS PROVIDED IN § 8-6C-04 OF THIS SUBTITLE, a cesarean section [or myomectomy]; AND

(II) MYOMECTOMY;

8-6C-04.

(a) A licensed direct-entry midwife shall consult with a health care practitioner, and document the consultation, the recommendations of the consultation, and the discussion of the consultation with the client, if any of the following conditions are present during prenatal care:

(20) Inflammatory bowel disease, in remission; [or]

(21) Active genital herpes lesions during pregnancy; OR

(22) A SINGLE PREVIOUS CESAREAN SECTION THAT:

(I) RESULTED IN THE PATIENT HAVING A CONFIRMED LOW TRANSVERSE INCISION; AND

(II) WAS PERFORMED AT LEAST 18 MONTHS BEFORE THE EXPECTED DATE OF BIRTH FOR THE CURRENT PREGNANCY.

(E) IF A LICENSED DIRECT-ENTRY MIDWIFE IS REQUIRED TO CONSULT WITH A HEALTH CARE PRACTITIONER UNDER SUBSECTION (A)(22) OF THIS SECTION, THE LICENSED DIRECT-ENTRY MIDWIFE SHALL CONSULT WITH AN OBSTETRICIAN, A CERTIFIED NURSE MIDWIFE, OR A LICENSED CERTIFIED MIDWIFE.

8-6C-09.

(a) Before initiating care, a licensed direct-entry midwife shall obtain a signed copy of the Board-approved informed consent agreement in accordance with this section.

(b) (1) The Board, in consultation with stakeholders, shall review and update as necessary the informed consent agreement at least every 4 years.

(2) The agreement reviewed under paragraph (1) of this subsection shall include acknowledgment by the patient of receipt, at a minimum, of the following:

(i) The licensed direct-entry midwife's training and experience;

(ii) Instructions for obtaining a copy of the regulations adopted by the Board under this subtitle;

(iii) Instructions for obtaining a copy of the NARM certification requirements;

(iv) Instructions for filing a complaint with the Board;

(v) Notice of whether the licensed direct-entry midwife has professional liability insurance coverage;

(vi) A description of the procedures, benefits, and risks of home births, including those conditions that may arise during delivery; [and]

(vii) **IF THE PATIENT WILL BE CARED FOR IN ACCORDANCE WITH § 8-6C-04(A)(22) OF THIS SUBTITLE:**

1. THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE ANTICIPATED HOSPITAL TO WHICH THE PATIENT MIGHT BE TRANSFERRED; AND

2. THE NAME AND PRACTICE AREA OF THE HEALTH CARE PRACTITIONER CONSULTED UNDER § 8-6C-04(E) OF THIS SUBTITLE; AND

(VIII) Any other information that the Board requires.

(C) BEFORE INITIATING CARE IN ACCORDANCE WITH § 8-6C-04(A)(22) OF THIS SUBTITLE, IN ADDITION TO OBTAINING THE INFORMED CONSENT AGREEMENT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, A LICENSED DIRECT-ENTRY MIDWIFE SHALL OBTAIN A SIGNED COPY OF A BOARD-APPROVED INFORMED CONSENT AGREEMENT THAT IS SPECIFIC TO HOME BIRTH AFTER A CESAREAN SECTION, THAT SHALL INCLUDE:

(1) A DESCRIPTION OF THE PROCEDURE, BENEFITS, ALTERNATIVES, AND RISKS OF A HOME BIRTH AFTER A CESAREAN SECTION, INCLUDING CONDITIONS THAT MAY ARISE DURING DELIVERY; AND

(2) ANY OTHER INFORMATION THAT THE BOARD REQUIRES.

(D) THE BOARD, IN CONSULTATION WITH THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS, THE ASSOCIATION OF INDEPENDENT

1 **MIDWIVES OF MARYLAND, THE MARYLAND HOSPITAL ASSOCIATION, AND OTHER**
2 **STAKEHOLDERS, SHALL DEVELOP A STANDARD PLANNED OUT-OF-HOSPITAL BIRTH**
3 **TRANSPORT PROTOCOL FOR CLIENTS CARED FOR IN ACCORDANCE WITH §**
4 **8-6C-04(A)(22) OF THIS SUBTITLE.**

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 2024.