

Proposal Summary/ Overview

Name: Rachel Voigt, CPM, LM
Rebecca Polston, CPM, LM

Organization: National Association of Certified Professional Midwives - Minnesota Chapter (NACPM - MN)

Website: <https://www.mnnacpm.org/>

Phone: +1 (612) 963-7770

Email Address: Primary contact: rachel.voigt95@gmail.com
Additional contact: edoyle@oconnellconsulting.net

Is this proposal regarding:

- New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Licensed Traditional Midwives, LTM ([MN Stat. 147D](#))

All Licensed Traditional Midwives in MN are Certified Professional Midwives (CPMs). More information about the [Certified Professional Midwife credential can be found on the NACPM website.](#)

2) Briefly describe the proposed change.

Since 1999, licensed traditional midwives have been ordering the medications listed in their formulary in statute in Minn. Stat 147D. These medications have been obtained and administered by midwives for over 20 years. Licensed by the Board of Medical Practice as autonomous healthcare providers, licensed traditional midwives are trained, skilled, and competent in the use of the medications in their formulary.

Recently, several suppliers have stopped selling these medications to midwives, creating a major barrier for midwives to obtain essential life-saving medications within their scope of practice. This development has revealed the need to clarify existing Statute 147D to allow midwives to 'obtain and possess' the

medications in their statutory formulary to align with the original intent of the law, as well as the language and practice in other states that license traditional midwives.

The proposed technical change would clarify that licensed traditional midwives are able to **obtain and possess** (in addition to administering) the medications listed in their formulary. The language needed to make this change is two-fold:

(1) Adding the words “obtain and possess” to the section traditional midwife statute related to formulary medications (Minn Stat. [147D.09 \(b\)](#)); and

(2) Adding a new subdivision (subdivision 16) to the legend drug section of the Pharmacy Practice Act (Minn Stat. [151.37](#)) that states that “licensed midwives are authorized to directly obtain supplies and devices; obtain, possess, and administer drugs and diagnostic tests pursuant to section 147D.09 (b); order testing; and receive reports that are necessary to the practice of midwifery and consistent with the scope of practice”.

Licensed traditional midwives in MN are not seeking to change or expand their scope. They simply wish to continue with the same scope they have practiced for the past two decades.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

This proposal has not yet been introduced. Conversations are underway about potential legislative sponsors. The original authors of the traditional midwife legislation - Senator Pappas and Senator Abeler - have confirmed that the original intent of the legislation was to allow these midwives to purchase and administer the formulary medications, as they have done for the past two decades.

4) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

This issue is both urgent and time-sensitive.

Several medical suppliers have stopped selling medications to licensed traditional midwives as a result of the perceived ambiguity of the current statute. As a result, some midwives no longer have access to the medications in their formulary, inhibiting their ability to provide quality health care. Below are some related testimonies:

“I have had the privilege of attending over 300 births and have used antihemorrhagic medications countless times to ensure the life and safety of my patients.”

“My midwife’s access to prophylactic Rhogam due to my RH Negative Blood Type was crucial for the safety of any chosen future pregnancies I may have.”

In addition, the ability to “use all appropriate medications enhances a midwife’s ability to prevent or manage first-line complications and assists in identifying and referring clients who require obstetric or pediatric attention” ([Birth Settings in America: Outcomes, Quality, Access and Choice](#)).

Clarifying the licensed traditional midwife statute would ensure that practicing midwives regain access to the crucial medications that protect the lives and safety of their patients.

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subdivision 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) **Who does the proposal impact?**

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Licensed Traditional Midwives, LTMWs ([MN Stat. 147D](#)).

All Licensed Traditional Midwives in MN are Certified Professional Midwives (CPMs). More information about the [Certified Professional Midwife credential can be found on the NACPM website](#).

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota.

The National Association of Certified Professional Midwives, Minnesota Chapter (NACPM - MN) is leading on this proposal. Licensed traditional midwives are certified by the Board of Medical Practice. There are currently [53 licensed traditional midwives located in MN](#).

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Licensed traditional midwives primarily provide midwifery care in homes and free-standing birth centers. LTM's practice throughout Minnesota, including the Twin Cities, suburban areas, and rural areas in Greater Minnesota.

The number of births taking place outside of hospitals is growing. The number of home births in MN increased from 637 births in 2011 to 1,033 births in 2021. Birth center births grew from 82 to 709 over the same time period. More individuals choosing out-of-hospital birth is due to both individual preference as well as the [growth in maternity deserts in MN](#) and [in the U.S.](#) Nearly 20 percent of MN counties are considered “maternity deserts” due to the decline in facilities offering maternal health services.

Individuals are choosing out of hospital births throughout MN. The below chart illustrates the number of births at home and in birth centers by county between 2019 and 2021 in MN.

2019-2021 MN Birth Data		
Location	Planned home births	Birth Center Births
Anoka County, MN	99	156
Dakota County, MN	104	208
Hennepin County, MN	289	891
Olmsted County, MN	56	
Ramsey County, MN	124	389
St. Louis County, MN	96	
Scott County, MN	30	40
Stearns County, MN	111	31
Washington County, MN	67	96
Wright County, MN	83	42
Unidentified Counties, MN	1,369	404
Total	2,428	2,266

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

A licensed traditional midwife (LTM) is a knowledgeable, skilled, and professional primary maternity care provider. As described in Minn Stat. [147D](#), the practice of traditional midwifery includes but is not limited to:

- (1) initial and ongoing assessment for suitability of traditional midwifery care;
- (2) providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and ordering standard prenatal laboratory tests and imaging, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family;
- (3) attending and supporting the natural process of labor and birth;
- (4) postpartum care of the mother and an initial assessment of the newborn;
- (5) providing information and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn; and
- (6) ordering ultrasounds, providing point-of-care testing, and ordering laboratory tests that conform to the standard prenatal protocol of the licensed traditional midwife's standard of care.

Other occupational groups working with birthing people and newborns in Minnesota include Certified Nurse Midwives (CNMs) and obstetrician-gynecologists (OB-GYNs).

Certified Nurse Midwives ([CNMs](#)) are licensed healthcare practitioners educated in the two disciplines of nursing and midwifery, and certified by the American Midwifery Certification Board. CNMs provide primary healthcare to women of childbearing age including: prenatal care, labor and delivery care, care after birth, gynecological exams, newborn care, assistance with family planning decisions, preconception care, menopausal management and counseling in health maintenance and disease prevention. CNMs can provide care for births in clinic, hospital, home and birth center settings.

Obstetrician-gynecologists ([OB-GYNs](#)) are medical doctors specializing in female reproductive health, including pregnancy and childbirth. Obstetrics involves working with pregnant women, including delivering babies. Gynecology involves the female reproductive system, treating a wide range of conditions, including sexually transmitted infections (STIs) and chronic pain.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

A licensed traditional midwife’s competency is established through training, education, and supervised clinical experience; LTMs can train through an apprenticeship with a qualified midwife or by attending a midwifery program or school ([Midwives Alliance of North America](#)). There are several pathways to becoming a licensed traditional midwife, but some common ones are outlined below:

Pathway A

1. Attend a Midwifery Education Accreditation Council ([MEAC](#)) or Accreditation Commission for

Midwifery Education ([ACME](#)) accredited midwifery school.

2. Take the North American Registry of Midwives ([NARM](#)) written examination establishing the necessary knowledge, skills, and abilities necessary to practice competently.
3. Receive the CPM credential upon successful completion of the exam.

Pathway B

1. Train through an apprenticeship with a qualified midwife.
2. Complete an Entry-Level NARM Portfolio Evaluation Process ([PEP](#)).
3. Have your PEP and other qualifications evaluated for credentialing by the NARM.
4. Receive the CPM credential upon successful evaluation.

After receiving the credential, LTM/CPMs must have written practice guidelines, a process for informed disclosure and consent with clients, including a HIPAA privacy policy, and participation in a one-time cultural competency course for certification. Evidence of ongoing continuing education is required to maintain the CPM credential ([NACPM](#)).

Other qualifications for the credential include a job analysis, periodic surveys of practicing midwives to determine what midwives need to know and be able to do. This process is mandated by the National Commission for Certifying Agencies ([NCCA](#)) which accredits national health credentials in the U.S., including the CPM, Certified Nurse-Midwife ([CNM](#)) and Certified Midwife (CM). NCCA is the accrediting body of the Institute for Credentialing Excellence ([ICE](#)).

Minnesota requires some additional submission of forms and applications that can be viewed here: [Minn. Stat 147D.17](#).

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

No. There would also be no change in preparation or the cost of entry to the occupation.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Yes, this language is common in other state licensed traditional midwife statutes. Below are several examples of identical or similar language in other states.

- **California.** Excerpt: “A midwife is authorized to directly obtain supplies and devices, **obtain and administer drugs** and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.”
Source: [CA Business and Professions Code, Division 2. Healing Arts. Chapter 5. Medicine. Article 24. Licensed Midwives](#)
- **Colorado.** Excerpt: “a registrant may **obtain and administer** (a) Vitamin K to newborns by intramuscular injection; (b) Rho(D) immune globulin to Rh-negative mothers by intramuscular injection...”
(Source: [Direct Entry Midwife Practice Act](#), page 7)

- **Maine.** Excerpt: “Certified professional midwives are authorized to **obtain, possess, and administer** the following drugs and devices...”
(Citation: [Ch. 6-A Standards Relating to Certified Professional Midwives Authority to Obtain and Administer Drugs, Medical Devices and Scope of Practice](#))
- **Vermont.** Excerpt: “A licensed midwife may **obtain** (by **purchase** or by prescription written by a Vermont-licensed MD or DO) **and administer the legend drugs** listed in Table A, for the purposes listed in that table...”
(Citation: See page 12 of [VT Administrative Rules for Midwives](#))
- **Virginia.** See link below. Here is an excerpt: “A licensed midwife may **obtain, possess, and administer drugs** and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis...”
(Source: [VA SB 1275 \(2023 session\), VA Code Chapter 674](#))

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

N/A. The new regulation would not require current practitioners to receive any additional training, education, or experience. The proposed change simply clarifies the original intent of the licensed traditional midwife statute and aligns the statute with existing practice.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

New entrants and current practitioners would follow the same aforementioned preparation required to engage in the occupation because this change would not result in any certification or practice modifications.

Minn Stat 147D describes the education and credential requirements for licensed traditional midwives. No changes to these requirements are needed or desired. This proposed change simply clarifies the original intent of the licensed traditional midwife statute related to obtaining, possessing and administering formulary medications.

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institutions or by a regulated health professional? How would the proposal change the provision of supervision?

This proposal would make **no changes** related to supervision of licensed traditional midwives.

LTM's are licensed under the Minnesota Board of Medical Practice. Each LTM must develop a medical consultation plan ([147D.11](#)), describing guidelines for:

- (1) consultation with a licensed health care provider, and
- (2) the transfer of care to a licensed health care provider.

Licensed traditional midwives and applicants are subject to the provisions of Minn Stat sections [147.091](#) to [147.162](#), which cover grounds for disciplinary action by the Board of Medical Practice.

There is also a statutory Advisory Council on Licensed Traditional Midwifery (147D.25) that:

- (1) Advises the board regarding standards for licensed traditional midwives;
- (2) Provides for distribution of information regarding licensed traditional midwifery practice standards;
- (3) Advises the board on enforcement of this chapter (147D);
- (4) Reviews applications and recommend granting or denying licensure or license renewal;
- (5) Advises the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against licensed traditional midwives;
- (6) Advises the board regarding approval of continuing education programs using the criteria in section [147D.21, subdivision 2](#);
- (7) Recommends alternate accrediting and credentialing organizations or agencies to the board; and
- (8) Performs other duties authorized for advisory councils by chapter 214, as directed by the board.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

Licensed traditional midwives are regulated by the [MN Board of Medical Practice](#). The Board of Medical Practice discussed this issue within its policy committee, and affirmatively voted to support the proposed changes at its full Board meeting on September 9, 2023.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

Minn Stat [147D](#) includes provisions to ensure that licensed traditional midwives maintain competency. This proposal would make no change to those competency requirements. Licensed traditional midwives must renew their license annually ([MN BMP](#)), going through the following steps:

- (1) Provide evidence every three years of a total of 30 hours of continuing education approved by the board as described in section [147D.21](#). At least five contact hours within this period must involve adult cardiopulmonary resuscitation and either infant cardiopulmonary resuscitation or neonatal advanced life support;

- (2) Submit evidence of an annual peer review and update of the LTM's medical consultation plan; and
- (3) Submit any additional information requested by the board.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

The absence of clarifying language “**obtain and possess**” related to the midwifery formulary medications has resulted in the inability of licensed traditional midwives to purchase needed and life-saving medications. Continued inability to purchase necessary medications will create a disruption in access to midwifery care for individuals choosing home birth and birth centers. This additional language will clarify the existing statute, which will allow midwives to once again purchase the medications needed for their practices.

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

While the midwives have purchased and administered formulary medications for 20 years, the recent interpretation of the statute has interfered with midwives' ability to purchase medications. Technical changes to the law are needed to ensure that midwives can continue to purchase medications needed to provide care.

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

The current statute has been interpreted as only allowing midwives to administer medications, not purchase or obtain those medications, despite many years of purchasing medications. Midwives are now unable to reliably purchase medications, which is why this technical change is needed.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The inability of LTMs to purchase medications interferes with midwifery care for expectant and birthing mothers. Because midwives no longer have reliable access to their formulary drugs, they instead must rely on limited existing inventory. Some midwives may have to pause their practices due to lack of

needed medications. This issue is of particular concern for those living in maternity care deserts in MN, who rely on midwives for safe, accessible maternal health care.

The proposed legislative language would ensure that the medications in licensed traditional midwives' formulary are readily available should emergency situations arise. For example, LTM's often use antihemorrhagic medications under certain circumstances during childbirth that ensure the life and safety of their patients. Their access to other medications, such as prophylactic Rhogam, is crucial for the safety of any future pregnancies the patient may have.

In short, this technical change, although simple, is necessary for licensed traditional midwives to continue providing the quality healthcare to birthing people and newborns that they have been for the past two decades. Licensed traditional midwifery is a safe, cost-effective, holistic, and proven approach to childbirth, and access to the essential medications in their formulary is central to effective care.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

There is no expected impact on the cost of services or goods provided by the occupation, but the proposed change would retain the current supply of licensed traditional midwives, as it would allow them to continue practicing midwifery with the formulary medications needed. The current issue is likely to limit the supply of practitioners due to LTM's not performing births without the drugs in their formulary on hand.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

No, services will continue to be compensated according to current practice.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

There is no expected impact beyond securing access to culturally competent, qualified maternal health care providers for women who choose licensed traditional midwives for their care.

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

None. Because this is a technical change that would not influence, in any way, the practice of licensed traditional midwives, there is no expected cost or impact to state or local entities.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

The MN Board of Medical Practice will continue to provide oversight related to Licensed Traditional Midwives in the state. No additional evaluation is needed as a result of this proposal, as it does not change the current scope or practice of midwifery in MN.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

The National Association of Certified Professional Midwives - Minnesota Chapter (NACPM - MN) is sponsoring this proposal. According to the most recent data from the MN Board of Medical Practice, there are currently [53 licensed traditional midwives located in MN](#).

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Supporters of this proposal include:

- The MN Board of Medical Practice
- National Association of Certified Professional Midwives - Minnesota Chapter (NACPM - MN)
- The MN Chapter of the American College of Nurse Midwives

The MN Board of Pharmacy has stated that it will defer to the MN Board of Medical Practice on this issue.

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

There are no known opponents of this proposal. This proposal does not change the scope or practice of licensed traditional midwifery in MN, but instead clarifies the statute to align with the law's original intent and existing practice.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

The sponsors have had multiple conversations with the Board of Pharmacy as well as the Board of Medical Practice. We joined a meeting of the Board of Medical Practice Policy Committee and the full

Board, which voted to affirmatively support the proposed changes at its September 2023 meeting. The proposed language is the result of the conversations with both Boards and incorporates recommendations from both Boards.