



S.F. No. 832 – Certified midwife licensure establishment by the Board of Nursing

Author: Senator Liz Boldon

Prepared by: Erica Heikel, Senate Counsel (erica.heikel@mnsenate.gov)

Date: March 5, 2025

Bill Overview

S.F. 832 establishes licensure for certified midwives by the Board of Nursing. The bill provides that a “certified midwife” is an individual who holds a current and valid national certification as a certified midwife from the American Midwifery Certification Board, and who is licensed by the Board of Nursing. The bill also details the application and licensure requirements, fees, a certified midwife’s scope of practice, grounds for disciplinary actions, and reporting obligations.

Section Summaries

Section 1 (147D.03, subd. 1) states that a certified midwife licensed by the Board of Nursing is not subject to chapter 147D, which governs traditional midwives.

Section 2 (148.241) requires the appropriation made to the Board of Nursing must also pay for the administration of the Minnesota Certified Midwife Practice Act and that the funds can only be used for necessary expenses and the promotion of certified midwifery education and standards of care in Minnesota.

Section 3 [148G.01] states chapter 148G shall be referred to as the Minnesota Certified Midwife Practice Act.

Section 4 [148G.02] describes the scope of the Minnesota Certified Midwife Practice Act and that the Act applies to all applicants and licensees, all persons who use the title certified midwife, and all persons who provide certified midwifery services to patients in Minnesota.

Section 5 [148G.03] provides definitions for the Minnesota Certified Midwife Practice Act, including “board,” “certified midwife,” “certified midwifery practice,” “licensure period,” and “patient.”

Section 6 [148G.04] provides the licensure requirements for certified midwives.

Subdivision 1 prohibits a person from practicing as a certified midwife or serving as the faculty of record for clinical instruction in a midwifery distance learning program unless the certified midwife is licensed by the Board of Nursing and requires applicants for licensure to apply to the Board and pay a fee. This subdivision also provides requirements for an applicant to be eligible for licensure, including holding a current and valid certification as a certified midwife from the American Midwifery Certification Board and completing a graduate level midwifery program that includes clinical experience and is accredited by the Accreditation Commission for Midwifery Education.

Subdivision 2 requires an applicant to complete a reorientation plan as a certified midwife if more than five years have elapsed since the applicant last practiced in a certified midwife role, and requires that the plan must include a minimum of 500 hours of supervised certified midwifery practice.

Section 7 [148G.05] provides the licensure renewal and relicensure requirements for certified midwives.

Subdivision 1 requires a certified midwife to apply for a license renewal before the certified midwife's licensure period ends, requires an applicant for renewal to provide evidence of current certification, and requires an applicant for renewal to submit a fee to the Board of Nursing.

Subdivision 2 requires an applicant for renewal to complete a reorientation plan as a certified midwife if more than five years have elapsed since the applicant last practiced in a certified midwife role and requires that the plan must include a minimum of 500 hours of supervised certified midwifery practice.

Subdivision 3 requires a person whose license has lapsed and who wants to resume practice as a certified midwife to apply for relicensure, submit to the Board of Nursing evidence of compliance with procedures and requirements established by the Board, and pay a relicensure fee.

Section 8 [148G.06] requires a certified midwife to notify the Board of Nursing when they renew their certification and if notification is not provided, prohibits that individual from practicing as a certified midwife. This section also provides that a license may be denied if an applicant does not supply the necessary information to determine that applicant's qualifications.

Section 9 [148G.07] requires a certified midwife to maintain their current name and address with the Board of Nursing and to notify the Board in writing within 30 days of any changes.

Section 10 [148G.08] provides that only persons who hold a current license to practice certified midwifery in Minnesota may use the title of certified midwife.

Section 11 [148G.09] authorizes certified midwives to diagnose, prescribe, and institute therapy or referrals of patients; to prescribe, procure, sign for, record, administer, and dispense over-the-counter, legend, and controlled substances; and to plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment. This subdivision also requires certified midwives to comply with federal Drug Enforcement Administration requirements related to controlled substances.

Section 12 [148G.10] provides that licensure and licensure renewal fees are nonrefundable and must be deposited in the state government special revenue fund.

Section 13 [148G.11] provides the fee amounts for licensure, for licensure renewal, for practicing without current certification, and for relicensure.

Section 14 [148G.12] provides requirements for institutions wanting to implement certified midwifery educational programs.

Subdivision 1 requires an institution that desires to conduct a certified midwifery program to submit evidence to the Board of Nursing that the institution is prepared to provide a program of theory and practice in certified midwifery, achieve preaccreditation and eventual full accreditation by the American Commission for Midwifery Education, and meet other standards established by law and the Board.

Subdivision 2 requires the Board to annually survey all midwifery programs in the state for current accreditation status.

Subdivision 3 provides the process the Board must go through if an accredited certified midwifery program is not maintaining the standards required by the American Commission on Midwifery Education.

Subdivision 4 requires the Board to reinstate approval of a certified midwifery program when the program of theory and practice meets the accreditation standards.

Section 15 [148G.13] provides the grounds for disciplinary action and allows the Board of Nursing to direct an applicant or certified midwife to submit to a mental or physical examination or chemical dependency evaluation in certain circumstances. This section also allows the Board to obtain medical data and health records under certain circumstances.

Section 16 [148G.14] provides the forms of disciplinary action the Board of Nursing may take.

Subdivision 1 allows the Board to take certain actions if the Board finds that grounds for disciplinary action exist under section 148G.13.

Subdivision 2 provides the instances when a license to practice certified midwifery is automatically suspended.

Subdivision 3 allows the Board to temporarily suspend a license of a certified midwife without a hearing if the Board finds that there is probable cause to believe the certified midwife violated a statute or rule, and that continued practice by the certified midwife would create a serious risk of harm to others.

Subdivision 4 allows the Board to reinstate and reissue a license to practice certified midwifery and impose any disciplinary or corrective measure it might originally have imposed. This subdivision also requires certain fees to be paid by the person whose license is reinstated and reissued.

Section 17 [148G.15] provides reporting obligations for actions that constitute grounds for discipline.

Subdivision 1 allows any person who has knowledge of any conduct that constitutes grounds for discipline under section 148G.13 to report the alleged violation to the Board of Nursing.

Subdivision 2 requires the chief nursing executive or chief administrative officer of any hospital, clinic, prepaid medical plan, or other health care institution to report an action taken by the institution to revoke, suspend, limit, or condition a certified midwife's privilege to practice in the institution or any other disciplinary action, but only if the action pertains to grounds for disciplinary action under section 148G.13.

Subdivision 3 requires a person licensed by a health-related licensing board to report personal knowledge of any conduct by a certified midwife that constitutes grounds for disciplinary action under section 148G.13.

Subdivision 4 requires insurers who provide professional liability insurance to certified midwives to submit a report four times a year concerning any certified midwife against whom a malpractice award has been made or who has been a party to a settlement.

Subdivision 5 requires a court administrator to report any judgment or other determination that adjudges or includes a finding that a certified midwife is a person who is mentally ill, mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or gross misdemeanor, guilty of a violation of federal or state narcotics laws, guilty of operating a motor vehicle while under the influence, or guilty of an abuse or fraud under Medicare or Medicaid. This subdivision also requires a court administrator to report if the court appoints a guardian of the certified midwife or commits a certified midwife.

Subdivision 6 requires reports to be submitted no later than 30 days after the occurrence of the reportable event.

Subdivision 7 subjects individuals to civil penalties if they fail to report.

Section 18 [148G.16] provides immunity from civil liability or criminal prosecution for submitting a report in good faith and for those members of the Board of Nursing who investigate violations.

Section 19 [148G.17] requires a certified midwife who is the subject of an investigation to cooperate fully with the investigation.

Section 20 [148G.18] requires a reviewing court, upon judicial review of any Board of Nursing disciplinary action, to seal the administrative record, except for the Board's final decision.

Section 21 [148G.19] provides for certain exemptions, including that chapter 148G does not prohibit the furnishing of certified midwifery assistance in an emergency or the practicing of traditional midwifery under section 147D.03.

Section 22 [148G.20] provides that certain actions taken by a person, corporation, firm, or association are unlawful, including selling or fraudulently obtaining any certified midwifery diploma or license, practicing certified midwifery without a license, or using the professional title “certified midwife” without being licensed. This section also provides that these violations are gross misdemeanor-level criminal offenses, and imposes a penalty fee on certified midwives who practice without a license.

Section 23 [148G.21] allows a court to enjoin any act or practice in which a person practices certified midwifery without a license or when a license has been suspended or revoked.

Section 24 (151.01, subd. 23) adds “licensed certified midwife” into the definition of “practitioner” under the Pharmacy Practice Act.

Section 25 (152.12, subd. 1) allows a licensed certified midwife to prescribe, administer, and dispense a controlled substance under the Pharmacy Practice Act.

Section 26 (256B.0625, subd. 28c) provides that medical assistance covers services performed by a licensed certified midwife if the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the facility payment, the service is otherwise covered under medical assistance as a physician service, and the service is within the certified midwife’s scope of practice.

Section 27 provides that the Minnesota Certified Midwife Practice Act is effective July 1, 2026.

