

Georgia Occupational Regulation
Review Council

House Bill 717
Licensing Certified Professional
Midwives
LC 33 7832

A REVIEW OF THE PROPOSED LEGISLATION

NOVEMBER 2019

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Executive Summary

As provided in O.C.G.A. § 43-1A, the Georgia Occupational Regulation Review Council (Council) reviews all bills proposing licensure of a profession or business referred to by the chairperson of the legislative committee of reference. Accordingly, the Council, at the request of the chairperson of the House Committee on Health and Human Services, has reviewed House Bill 717 (LC 33 7832), which proposes the creation of the Advisory Board of Licensed Midwives and the licensure of Certified Professional Midwives.

During the course of this review, Council staff obtained information from the applicant group, Certified Professional Midwives, and the Council also set aside time for public comment at meetings.

O.C.G.A. § 43-1A requires the Council to consider certain criteria when determining the need for the regulation of a business or profession. For this review, the Council used these criteria to guide the development of findings related to the licensing of Certified Professional Midwives. The Council, with assistance from staff, developed the following findings during the course of this review:

- ❖ The practice of Certified Professional Midwives is not unregulated in the state of Georgia, as a Department of Public Health rule change in 2015 made the practice illegal. However, the state licenses Certified Nurse Midwives through the State Nursing Board.
- ❖ The information presented to the Council showed three pathways for licensure, only one included a formal education at an accredited school. Currently, there are no medical licenses given out in Georgia to persons who receive certification as a result of home study or pathway certificate.
- ❖ The estimated cost to the state to create a new board, as interpreted by the council, is much greater than the estimated revenues from the potential licensees. The language of the bill is unclear to the location of the board and also refers to the board as an advisory board, though it appears to this council that the duties listed mirror that of a Professional Licensing Board and the cost estimate was calculated as such.
- ❖ The language in the bill provides for Certified Professional Midwives to prescribe, possess, and distribute pharmaceuticals, though only licensed medical doctors have the ability to do this in the state of Georgia. Certain nurses and physician assistants may do so with the oversight of a licensed physician.
- ❖ Line 282 of the bill states that midwifery shall not constitute as the practice of medicine, though lines 286-290 require Medicaid and insurance providers to cover midwifery services at the same rate as other maternal care providers. The Council found this to be contradictory. The bill also does not require midwives to carry liability insurance, but the Council found that if services are required to be covered by medical insurers under this bill, practitioners should be required to hold some level of liability insurance.

Based on the findings, the Council recommends that HB 717 does not pass. In addition, the Council recommends that the applicant group meet with representatives from the Georgia Composite Medical Board, the State Board of Pharmacy, and the State Nursing Board to gather feedback on how to best proceed with being part of a treatment team.

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Introduction

House Bill (HB) 717 proposes the creation of an Advisory Board for Licensed Midwives, which will license Certified Professional Midwives (CPMs) in the state of Georgia. This report focuses on providing information concerning the nature of the legislation and presents an assessment of the need for such in the state.

In conducting this review, the Georgia Occupational Regulation Review Council, referred to as Council for the remainder of this report, solicited input from interested parties that wished to submit information or participate in the process. The applicant group, Certified Professional Midwives, submitted a questionnaire providing background information for the practice and regulation of midwifery.

In addition, the Council received information, public testimony, and letters of support from a number of Certified Professional Midwives and consumers as well as state agencies and organizations, which include:

- ❖ Georgia Composite Medical Board
- ❖ Medical Association of Georgia
- ❖ Georgia OB/GYN Society
- ❖ Department of Public Health
- ❖ Georgia Drug and Narcotics Agency

Council staff also performed additional analysis comparing the regulation of midwifery in other states to the proposal in HB 717.

The Council provided representatives from interested parties with the opportunity to present information during Council meetings, either by verbal presentation and/or through written material. The Council posted meeting dates, times, and locations to the Office of Planning and Budget website (<https://opb.georgia.gov/georgia-occupational-regulation-review-council>).

Description of Proposed Legislation

HB 717 repeals Chapter 26 of Title 31 of the Official Code of Georgia Annotated and amends Title 43 in order to create the Advisory Board for Licensed Midwives and regulate the occupation of direct-entry midwifery (non-nurse midwifery) through licensure under such board. The bill provides for the following:

- ❖ Establishes that the Advisory Board for Licensed Midwives be comprised of six members, all appointed by the governor;
- ❖ Allows for members of the board to receive reimbursement of expenses under Code Section 45-7-21;
- ❖ Prohibits anyone not licensed under the chapter from claiming to be a licensed midwife or using the title 'Licensed Midwife' or 'LM';

- Establishes the qualifications for an applicant to be licensed as a midwife: 18 years of age or older
- Certified by the North American Registry of Midwives (NARM) or another national certification recognized by the board
- Completed an educational program or pathway accredited by the Midwifery Education and Accreditation Council (MEAC), an unaccredited pathway but possesses a Midwifery Bridge Certificate from NARM, or maintained a license in a state that does not require completion of such a program or pathway
- Satisfactory results from the required background check
- Completed all other requirements prescribed by the board
- ❖ Requires licensees to display their license in an appropriate and public manner;
- ❖ Establishes that licenses are to be renewed biennially;
- ❖ Authorizes the board to issue, renew, revoke, suspend, deny, or refuse to issue or renew a license;
- ❖ Allows anyone to file a complaint against a licensee with the board and the board is authorized to investigate such allegation;
- ❖ Requires midwives to provide clients with written disclosures that include the name of the midwife and his or her address, telephone number, license number, information about his or her education and training, fees and billing methods, whether the midwife possesses liability insurance, and any other information deemed necessary by the board;
- ❖ Requires midwives to retain disclosures as well as informed consents and refusals for at least six years;
- ❖ Allows midwives to provide services consistent with prenatal, childbirth, and postpartum care meeting standards concurrent with national organization(s) approved by the board;
- ❖ Allows for a licensed midwife to:
 - Order prenatal, postpartum, and well-woman laboratory analyses;
 - Order obstetric ultrasounds;
 - Administer prescription drugs prescribed by a licensed physician or other authorized health care professional; and
 - Precept apprentices and student midwives and supervise midwifery assistants
- ❖ Establishes the duties of a licensed midwife, which includes:
 - Providing midwifery services consistent with the job analysis of the North American Registry of Midwives or its successor and consistent with the standards of practice of the National Association of Certified Professional Midwives;
 - Keeping current with continuing education consistent with board standards;
 - Providing clients with access to written plans for consultation, referral, and transport;
 - Providing clients with access to practice guidelines as required by the midwife's certifying organization;
 - Notifying clients about relevant state governmental requirements affecting newborns;
 - Filing a birth certificate for each birth in accordance with the laws of this state; and

- Purchasing, possessing, carrying, or administering prescription supplies and medications or restricted medical items approved by the board
- ❖ Prohibits midwives from offering services to clients in unsafe circumstances;
- ❖ Allows midwives to discontinue services for any reason;
- ❖ Requires insurance policies and organizations that cover maternal care services, including Medicaid, to reimburse midwives at the same rate as other maternal health professionals

A summary of the bill can be found in Appendix A. A complete copy of the bill is located in Appendix B.

Current Practices

Midwifery in Georgia

Currently, only Certified Nurse Midwives (CNMs) that are licensed through the State Nursing Board are legally allowed to practice midwifery in the state of Georgia (Georgia Rules and Regulations, 511-5-1-.02). This regulation was adopted by the department on September 11, 2015.

Education and Credentialing Requirements

According to testimony provided to the Council, many of those who are practicing as Certified Professional Midwives within the country, which totals to about 3,000, are credentialed by the North American Registry for Midwives (NARM), a national credentialing agency that establishes educational and practice standards for midwifery. A midwife may be certified through NARM in one of three ways: through the completion of the Portfolio Evaluation Process (PEP), graduating from a program accredited by the Midwifery Education Accreditation Council (MEAC), or being certified by the American Midwifery Certification Board as a Certified Nurse Midwife (CNM). The following are the 11 programs currently accredited by MEAC:

- | | |
|---|--|
| ❖ Bastyr University Department of Midwifery | ❖ Midwives College of Utah |
| ❖ Birthwise Midwifery School | ❖ National Midwifery Institute |
| ❖ National College of Midwifery | ❖ Southwest Wisconsin Technical College |
| ❖ Nizhoni Institute of Midwifery | ❖ Mercy in Action College of Midwifery |
| ❖ Birthingway College of Midwifery | ❖ Commonsense Childbirth School of Midwifery |
| ❖ Florida School of Traditional Midwifery | ❖ Maternidad La Luz |

Note that the PEP process is very similar to an apprenticeship. Potential direct-entry midwives that choose this route are required to have a specific amount of clinical experience, including observing 10 births, assisting with 20 births, etc. Upon the completion of such requirements, an applicant for certification would have to provide NARM with verification and an affidavit from the preceptor, the

professional certified midwife in which the applicant is observing and studying under, stating that the applicant is proficient in all clinical skills and knowledge. Three letters of reference must be provided on the applicant's behalf as well. However, regardless of the pathway taken, all applicants must pass the NARM exam. Certification must be renewed every three years in order for an individual to continue to use the C.P.M. or C.M. credentials.

A CNM is a registered professional nurse who has completed a post-basic educational program for nurse midwives which included theoretical and practical components and evidence of advanced pharmacology within the curriculum as a separate course (Georgia Rules and Regulations, 410-11-.02). Nurse midwives receive their credentials from the American College of Nurse-Midwives (ACNM), which requires all applicants to have completed a graduate program approved by the Accreditation Commission for Midwifery Education (ACME) in order to be credentialed. Currently, there are 37 programs accredited by ACME. They are as follows:

- ❖ Baylor University College of Nursing
- ❖ Baystate Medical Center
- ❖ Bethel University
- ❖ California State University Fullerton School of Nursing
- ❖ Case Western Reserve University Frances Payne Bolton School of Nursing
- ❖ Columbia University School of Nursing
- ❖ East Carolina University College of Nursing
- ❖ Emory University Nell Hodgson Woodruff School of Nursing
- ❖ Fairfield University
- ❖ Frontier Nursing University
- ❖ Georgetown University School of Nursing and Health Studies
- ❖ Marquette University College of Nursing
- ❖ Midwifery Institute at Jefferson, College of Health Professions at Thomas Jefferson University
- ❖ New York University Rory Meyers College of Nursing
- ❖ Ohio State University College of Nursing
- ❖ Oregon Health Science University School of Nursing
- ❖ Rutgers School of Nursing
- ❖ Seattle University College of Nursing
- ❖ Shenandoah University School of Nursing
- ❖ State University of New York Downstate Health Sciences University
- ❖ Stony Brook University School of Nursing
- ❖ Texas Tech University Health Sciences Center School of Nursing
- ❖ University of California at San Francisco
- ❖ University of Cincinnati Nurse-Midwifery College of Nursing and Health
- ❖ University of Colorado College of Nursing
- ❖ University of Illinois at Chicago College of Nursing

- ❖ University of Kansas School of Nursing
- ❖ University of Michigan School of Nursing
- ❖ University of Minnesota School of Nursing
- ❖ University of New Mexico College of Nursing
- ❖ University of Pennsylvania School of Nursing
- ❖ University of Pittsburgh School of Nursing
- ❖ University of Utah College of Nursing
- ❖ University of Washington School of Nursing
- ❖ Vanderbilt University School of Nursing
- ❖ Wayne State University College of Nursing
- ❖ Yale University School of Nursing

Following the completion of an ACME accredited graduate program, Registered Nurses seeking to be certified as a CNM must complete and pass the examination offered by the American Midwifery Certification Board (AMCB).

Standards of Practice and Professional Oversight

While testimony from the applicant group referenced a scope of practice established by NARM, OPB staff could only locate a reference to the scope of practice of the National Association of Certified Professional Midwives (NACPM) on NARM’s website. This scope is as follows:

The NACPM Scope of Practice is founded on the NACPM Philosophy. NACPM members offer expert care, education, counseling, and support to women and their families throughout the caregiving partnership, including pregnancy, birth, and the postpartum period. NACPM members work with women and families to identify their unique physical, social, and emotional needs. They inform, educate, and support women in making choices about their care through informed consent. NACPM members provide on-going care through pregnancy and continuous, hands-on care during labor, birth, and the immediate postpartum period. NACPM members are trained to recognize abnormal or dangerous conditions needing expert help outside their scope. NACPM members each have a plan for consultation and referral when these conditions arise. When needed, they provide emergency care and support for mothers and babies until additional assistance is available. NACPM members may practice and serve women in all settings and have particular expertise in out-of-hospital settings.

Additionally, the NACPM also sets a comprehensive list of standards for the practice of midwifery for its members:

- ❖ **Standard One:** The NACPM member works in partnership with each woman she serves
- ❖ **Standard Two:** Midwifery actions are prioritized to optimize well-being and minimize risk, with attention to the individual needs of each woman and baby
- ❖ **Standard Three:** The midwife supports each woman’s right to plan her care according to her needs and desires

- ❖ **Standard Four:** The midwife concludes the caregiving partnership with each woman responsibly
- ❖ **Standard Five:** The NACPM member collects and records the woman's and baby's health data, problems, and decisions and plans comprehensively throughout the caregiving partnership
- ❖ **Standard Six:** The midwife continuously evaluates and improves her knowledge, skills, and practice in her endeavor to provide the best possible care

Georgia Board of Nursing also provides for the scope and standards of practice for a CNM. Rule 410-11-.02 states the following:

The certified nurse-midwife (CNM) provides independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The certified nurse-midwife practices within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client. The certified nurse-midwife must practice in accordance with the Board-approved American College of Nurse-Midwives' current Standards for the Practice of Nurse-Midwifery.

As shown above, the board references the standards of practices provided by the ACNM. These are as follows:

- ❖ **Standard I:** Midwifery care is provided by qualified practitioners
- ❖ **Standard II:** Midwifery care occurs in a safe environment within the context of the family, community, and a system of health care
- ❖ **Standard III:** Midwifery care supports individual rights and self-determination within boundaries of safety
- ❖ **Standard IV:** Midwifery care is comprised of knowledge, skills, and judgements that foster the delivery of safe, satisfying, and culturally competent care
- ❖ **Standard V:** Midwifery care is based upon knowledge, skills, and judgements which are reflected in written practice guidelines and are used to guide the scope of midwifery care and service provided to clients
- ❖ **Standard VI:** Midwifery care is documented in a format that is accessible and complete
- ❖ **Standard VII:** Midwifery care is evaluated according to an established program for quality management that includes a plan to identify and resolve problems
- ❖ **Standard VIII:** Midwifery practice may be expanded beyond the ACNM core competencies to incorporate new procedures that improve care for women and their families

It is important to note that both the ACNM and the Georgia Board of Nursing emphasize collaborative management and care of a patient within a healthcare system. Advanced Practice Registered Nurses, which a CNM would be considered to be under Georgia rules and regulations, are required to adhere to a written nurse protocol. This is a written document mutually agreed upon and

signed by the nurse and a licensed physician and it specifies the delegated medical acts that the nurse is able to provide, such as administering and ordering specific drugs.

Currently, HB 717 authorizes CPMs to “Purchase, possess, carry, or administer prescription supplies...and other prescription medications or restricted medical items approved by the advisory board.” The bill does not provide for physician oversight or collaboration, and only states that a CPM may seek discretionary consultation with a physician.

The Issue and Potential for Harm

Lack of Accountability

According to the American College of Obstetrics and Gynecologists (ACOG), about 1 percent of births occur in the home each year. However, as homebirths increase, the lack of consumer knowledge regarding midwifery and those who practice the profession has the potential to have a negative, harmful impact. There is currently no regulating body for midwives in the state of Georgia other than the Board of Nursing which licenses only nurse midwives and as a result, there are no standards of practice for Certified Professional Midwives as well as no accountability in circumstances where the life of the mother and/or child is endangered. This being said, there is no assurance of the presence of accountability or true standards of practice in HB 717 as currently written. Even if CPMs were licensed in the state of Georgia, the bill does not provide for any kind of collaboration between midwives and other professionals within the healthcare system and does not require CPMs to be supervised by an obstetrician or any other kind of physician.

Midwifery Data

According to the information provided by the applicant group, certified professional midwives across the United States submit data regarding their clientele, as well as birth outcomes, to the Midwives Alliance of North America (MANA). This association is committed to researching the practice of midwifery in the country, promoting a midwife model of care, addressing health disparities, and achieving optimal outcomes through normal physiologic birth and healthcare. The MANA Statistics Project was launched in 2004, and since then, it has collected data from midwives who voluntarily submit their records of care and outcomes. These statistics were used and presented by the applicant group during Council meetings. According to the data, out of 873 total planned home or birthing center births, 90 percent of women successfully gave birth out of the hospital. Only about 10.5 percent of these births resulted in a transport to the hospital during labor. The applicant group also presented data from the Center for Disease Control (CDC) supporting a 34.2 percent cesarean delivery rate for the state of Georgia. Planning community births serviced by CPMs for the same period of time resulted in only a 3.2 percent cesarean delivery rate.

However, it is important to reiterate that this data is voluntarily submitted to MANA. Currently, the state of Georgia does not include the intended place of birth on birth certificates/vital records reporting. The only details required in birth and death certificates in Georgia statute is the time and place of the birth or death (O.C.G.A. § 31-10-9).

Rural Georgia

The applicant group asserts that licensing CPMs can help solve the lack of access to maternity care in rural Georgia, as most areas of Georgia have at least one CPM within driving range. By licensing CPMs, their presence would increase to other areas in the state, specifically rural areas, as only 80 out of 159 counties in the state of Georgia have an Obstetrician present. Also, in the last 21 years, 31 labor and delivery units have closed across the state, making it harder for women to receive timely obstetric care in emergency circumstances.

Though CPMs are regulated in 33 states, an analysis performed by GateHouse Media shows that a majority of non-nurse midwives are clustered in urban and suburban areas that are already served by hospitals that provide maternity services.¹ Another area of concern is the driving distance between the home in which the mother is giving birth and the nearest hospital with an obstetrics unit. Some of the states that have licensed CPMs also regulate the distance between out-of-hospital births and the nearest hospital. New York considers a drive of over 20 minutes to be a risk factor to a laboring woman while Florida recognizes a drive of more than 30 minutes as a risk. Following the 31 labor and delivery unit closures, there are only 75 left in the state, according to the Department of Community Health. This means that there are many counties left without any units, potentially forcing transfer of care for CPMs, emergency or not, to last up to 50 minutes. It is also important to note that collaboration with obstetricians or CNMs would be extremely difficult due to these distances.

Financial Impact

In developing a financial analysis, the Council calculated the estimated cost for establishing a Professional Licensing Board rather than an Advisory Board since the duties prescribed to the board in HB 717 more so mirror those of a licensing board. The Council also assumed that the board would be established under the Secretary of State's Office since the bill does not clarify its location and the agency currently houses most of the regulatory boards within the state. As a result, the initial and reoccurring costs of the board and the issuing of a new license was provided by the Secretary of State's Office.

HB 717 provides for the creation of an advisory board as well the issuance of a new license. In the event of the passage of the legislation as currently written, the total costs for the first year of implementation would be \$260,000 and reoccurring costs would be approximately \$170,000. These amounts account for data and IT systems, rulemaking on behalf of the Attorney General's office, the salaries of supporting staff, and the expenses of the advisory board. These figures are broken down in the data tables in Appendix C.

Board

HB 717 proposes the creation of the Advisory Board for Licensed Midwives. The board would consist of six members, all appointed by the Governor. There would be three Certified Professional Midwives sitting on the board, along with one consumer member, a Certified Nurse Midwife, and one licensed physician with out-of-hospital birth experience. Members of the board would serve for

¹ Sherman, Lucille, Jennifer Borresen, and Dak Le. "Are Midwives out of Reach for Rural Patients?" Mapping Midwives. Gatehouse Media. Accessed November 5, 2019. <https://gatehousenews.com/mappingmidwives>.

staggered, three-year terms and receive an expense allowance as provided for in subsection (b) of Code Section 45-7-21 of the Official Code of Georgia Annotated.

Midwifery in Other States

Currently, 33 other states recognize and regulate the practice of direct-entry midwifery through registration, certification, or licensure. Those states are as follows:

- ❖ Alabama
- ❖ Alaska
- ❖ Arizona
- ❖ Arkansas
- ❖ California
- ❖ Colorado
- ❖ Delaware
- ❖ Florida
- ❖ Hawaii
- ❖ Idaho
- ❖ Indiana
- ❖ Kentucky
- ❖ Louisiana
- ❖ Maine
- ❖ Maryland
- ❖ Michigan
- ❖ Minnesota
- ❖ Montana
- ❖ New Hampshire
- ❖ New Jersey
- ❖ New Mexico
- ❖ New York
- ❖ Oregon
- ❖ Rhode Island
- ❖ South Carolina
- ❖ Tennessee
- ❖ Texas
- ❖ Utah
- ❖ Vermont
- ❖ Virginia
- ❖ Washington
- ❖ Wisconsin

Among those listed, 27 of the states have established a full licensure process for professional midwives, requiring that all applicants for licensure complete all the educational and administrative requirements and pass an examination in order to be able to practice the occupation. Those states include:

- ❖ Alabama
- ❖ Alaska
- ❖ Arizona
- ❖ Arkansas
- ❖ California
- ❖ Colorado
- ❖ Delaware
- ❖ Florida
- ❖ Hawaii
- ❖ Idaho
- ❖ Kentucky
- ❖ Louisiana
- ❖ Maine
- ❖ Maryland
- ❖ Michigan
- ❖ Minnesota
- ❖ Montana
- ❖ New Jersey
- ❖ New York
- ❖ Oregon
- ❖ Rhode Island
- ❖ Texas
- ❖ Utah
- ❖ Vermont
- ❖ Virginia
- ❖ Washington
- ❖ Wisconsin
- ❖ Wyoming

Three states—Indiana, New Hampshire, and Tennessee—currently have a certification process for midwives who are able to complete the requirements of and submit evidence to their respective regulatory body. These requirements typically include the Certified Professional Midwife or Certified Midwife credential from the North American Midwife Registry (NARM) and proof of clinical training, such as a CPR certification.

Two states, Colorado and New Mexico, have the least amount of regulation of the practice of midwifery, as they only have a midwifery registry. After submitting required documentation, midwives are listed on an online roster found on the website of their regulatory body.

The 33 states that regulate midwifery also have varying requirements for gaining and maintaining a certification, registration, or license to practice. This is the case for liability insurance. In five states, Alabama, Colorado, Indiana, Kentucky, and Virginia, direct-entry midwives are required by statute to possess liability insurance in case litigation ensues from complications or negligence in the labor and delivery process, antepartum care, or postpartum care. However, a majority of the states just require that a midwife disclose whether or not he or she possesses liability insurance to the client. Those states are as follows:

- ❖ California
- ❖ Delaware
- ❖ Florida
- ❖ Idaho
- ❖ Louisiana
- ❖ Maine
- ❖ Maryland
- ❖ Michigan
- ❖ Minnesota
- ❖ Oregon
- ❖ Utah
- ❖ Vermont
- ❖ Wisconsin
- ❖ Wyoming

Some states also statutorily require that the health insurance of a client, including Medicaid, covers the services of a direct-entry midwife if the same policy or organization does so for other maternal care providers. Currently, the official codes of six states do not allow health insurance to discriminate against maternal care providers. Those states are as follows:

- ❖ Alaska
- ❖ New Jersey
- ❖ New Mexico
- ❖ New York
- ❖ Rhode Island
- ❖ Vermont

However, though not required in statute, another 11 states allow for Medicaid coverage for midwifery services from Certified Professional Midwives that have been licensed in the state:

- ❖ Arizona
- ❖ California
- ❖ Florida
- ❖ Idaho
- ❖ Louisiana
- ❖ New Hampshire
- ❖ Oregon
- ❖ Texas
- ❖ Virginia
- ❖ Washington
- ❖ Wisconsin

In contrast, the state of Alabama does not require health policies and health organizations to cover midwifery costs and such is codified in existing statutes.

Findings

Pursuant to O.C.G.A. § 43-1A-6, the Georgia Occupational Regulation Review Council must review bills under their consideration according to the following criteria:

- ❖ Whether the unregulated practice of the occupation may harm or endanger the health, safety, and welfare of citizens of this state and whether the potential for harm is recognizable and not remote;
- ❖ Whether the practice of the occupation requires specialized skill or training and whether the public needs and will benefit by assurances of initial and continuing occupational ability;
- ❖ Whether the citizens of this state are or may be effectively protected by other means;
- ❖ Whether the overall cost effectiveness and economic impact would be positive for citizens of this state; and
- ❖ Whether there are means other than state regulation to protect the interests of the state.

Based on this set of criteria, the Council has reviewed HB 717, which proposes the creation of an Advisory Board for Licensed Midwives and the licensing of Certified Professional Midwives. In doing so, the Council developed the following findings:

In the state of Georgia, the practice of Certified Professional Midwives is not unregulated. A Department of Public Health rule change in 2015 made the practice illegal.

The state of Georgia licenses Certified Nurse Midwives through the State Nursing Board. Currently, there are almost 600 who are licensed, some of whom practice out-of-home births.

The information presented to the Council showed three pathways for licensure, only one included a formal education at an accredited school.

There are no medical licenses given out in Georgia to persons who receive certification as a result of home study or a bridge pathway certificate.

The estimated cost to the state to create a new board, as interpreted by the council, is much greater than the estimated revenues from the potential licensees.

The bill language is unclear to the location of the proposed board. The language also refers the board as an advisory board, however it appears to this Council that the duties listed mirror that of a Professional Licensing Board. The cost estimate for the proposed board was calculated as such.

The language in the bill provides for Certified Professional Midwives to prescribe, possess, and distribute pharmaceuticals.

Currently in the state of Georgia, only licensed medical doctors have those abilities. Certain nurses and physician assistants can only do so with the oversight of a licensed physician.

Line 282 of the bill states, “Midwifery shall not constitute the practice of medicine in this state” while lines 286 -290 provide for Medicaid and insurance providers cover midwifery services at the same rate as other providers of maternity care.

The Council found this to be contradictory. For health insurance and Medicaid to cover midwifery services at an equal rate, midwifery services should be recognized as the practice of medicine in this state.

In addition, the bill does not require midwives to carry liability insurance. The Council found that if services were to be covered by Medicaid or health insurers, then it is appropriate that practitioners should hold some level of liability insurance.

Recommendation

Due to the findings listed above the council does not recommend HB 717 pass.

In addition, the council recommends the applicant group meet with representatives from the Georgia Composite Medical Board, the State Board of Pharmacy, and the State Nursing Board to gather feedback on how best to proceed with being a part of a treatment team.

The council voted and approved this recommendation with eight votes for, one abstention, and one absence on November 6, 2019.

Appendix A: Summary of Proposed Legislation

Summary of HB 717

- The purpose of this bill is to create the Advisory Board for Licensed Midwives and require the licensure of professional midwives in the state of Georgia, which shall be regulated by the board
- This bill shall take effect upon being signed into law by the governor or without such approval and all provisions shall be subject to the Georgia Administrative Procedure Act
- All members of the board shall be appointed by the governor, consist of six members, serve staggered terms of three years each, and meet at least once a year
- The board shall be comprised of three Certified Professional Midwives, one consumer member, one Certified Nurse Midwife, and one licensed physician with experience with out-of-hospital births, and a chairperson shall be elected by the group
- Members shall receive reimbursement of expenses of the board under Code Section 45-7-21
- It is prohibited for anyone person to claim to be a licensed midwife unless licensed under this chapter of Title 43 and no unlicensed person shall use the title ‘Licensed Midwife’ or ‘LM’
- To be eligible for licensure, an applicant must:
 - Be at least 18 years of age;
 - Possess certification by the North American Registry of Midwives (NARM) or another national certification recognized by the board;
 - Have completed an educational program or pathway accredited by the Midwifery Education and Accreditation Council (MEAC), completed an unaccredited pathway but possess a Midwifery Bridge Certificate issued by NARM, or maintained a license in a state that does not require the completion of such program or pathway;
 - Have satisfactory results from the required background check;
 - Have completed all other requirements prescribed by the board
- The board must provide a detailed notification of acceptance or rejection to applicants
- Licenses are the property of the board and must be surrendered to the board on demand
- Licensees are required to display their license in an appropriate and public manner and are responsible for renewing such license biennially
- A licensee may request that his or her license be declared inactive by the board
- The board may revoke, suspend, deny, or refuse to issue or renew a license; place a licensee on probation; or issue a letter of admonition for the following reasons:
 - Obtaining a license fraudulently or participating in fraudulent acts;
 - Suspension or invalidation of a business or other professional license;
 - Conviction of a felony or crime involving moral turpitude;
 - Willfully or negligently acting in a manner contrary to a patient’s welfare;
 - Excessive drug or alcohol use; or
 - A physical or mental disability rendering safe midwife services impossible
- Anyone may file a complaint against a licensee with the board and the board is authorized to investigate such allegations
- The board may fine violators of this chapter no less than \$100 and no more than \$500

- A licensed midwife must provide written disclosures to clients that includes his or her name, address, telephone number, license number, information about his or her education and training, fees and billing methods, whether the licensed midwife has liability insurance, and any other information deemed relevant by the board
- Licensed midwives are required to retain such disclosures as well as informed consent or refusal for at least six years
- Licensed midwives are authorized to provide services consistent with prenatal, childbirth, and postpartum care such as ordering labs and ultrasounds; administering prescription drugs from a licensed physician or healthcare professional, providing and filing necessary documentation, and meeting standards concurrent with national organizations approved by the board
- Licensed midwives may also precept and supervise apprentices, student midwives, and midwifery assistants
- Allows for a licensed midwife to:
 - Order prenatal, postpartum, and well-woman laboratory analyses;
 - Order obstetric ultrasounds;
 - Administer prescription drugs prescribed by a licensed physician or other authorized health care professional; and
 - Precept apprentices and student midwives and supervise midwifery assistants
- Establishes the duties of a licensed midwife, which includes:
 - Providing midwifery services consistent with the job analysis of the North American Registry of Midwives or its successor and consistent with the standards of practice of the National Association of Certified Professional Midwives;
 - Keeping current with continuing education consistent with board standards;
 - Providing clients with access to written plans for consultation, referral, and transport;
 - Providing clients with access to practice guidelines as required by the midwife's certifying organization;
 - Notifying clients about relevant state governmental requirements affecting newborns;
 - Filing a birth certificate for each birth in accordance with the laws of this state; and
 - Purchasing, possessing, carrying, or administering prescription supplies and medications or restricted medical items approved by the board
- Licensed midwives may not practice midwifery if impaired due to a physical, mental, or substance-abuse related problem or circumstances are unsafe for a client
- Services may be discontinued by a midwife for any reason, provided that the client has access to other professional care
- Midwives may consult physicians or healthcare professionals, but such individuals are not liable for any acts or omission on the part of the midwife
- Nothing in this legislation shall be construed to affect or prevent any licensed healthcare professional from engaging in the authorize scope of his or her professional, family members from providing incidental care, religious and cultural representatives providing spiritual care, providers acting under the direction of a licensed healthcare professional, or anyone providing incidental support or information
- The practice of midwifery does not constitute the practice of medicine and this legislation shall not be construed to change the regulation of physicians

- Insurance providers who cover maternity care shall not deny coverage of care provided by licensed midwives
- Anyone in violation of this act is declared to be a public nuisance subject to abatement
- All statutes in conflict with this act are repealed

Appendix B: Complete Text of House Bill 717

BILL TO BE ENTITLED

AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to
2 repeal in its entirety Chapter 26, relating to the practice of midwifery; to amend Title 43 of
3 the Official Code of Georgia Annotated, relating to professions and businesses, so as to
4 provide for the licensure and regulation of midwives; to provide for a short title; to provide
5 for legislative findings; to provide for definitions; to provide for the creation of the Advisory
6 Board for Licensed Midwives; to provide for its membership and duties; to provide for
7 licensure requirements; to provide for the issuance, renewal, and revocation of licenses; to
8 require written disclosures to clients; to provide for authorized acts and duties of licensed
9 midwives; to provide for statutory construction; to provide for nuisances; to provide for
10 related matters; to provide for an effective date; to repeal conflicting laws; and for other
11 purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 **SECTION 1.**

14 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by
15 repealing in its entirety Chapter 26, relating to the practice of midwifery

16 **SECTION 2.**

17 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,
18 is amended by adding a new chapter to read as follows:

19 **CHAPTER 24B**

20 43-24B-1.

21 This chapter shall be known and may be cited as the 'Georgia Licensed Midwife Act.'

43-24B-2.

23 The General Assembly finds that:

24 (1) Childbirth is the culmination of pregnancy and is a natural process, not a disease;

25 (2) Regulating midwives promotes access to safe and effective antepartum, childbirth,
26 and postpartum care, providing for the health, safety, and welfare of mothers and their
27 newborns;

28 (3) Midwifery has always been a highly valued part of life in this state;

29 (4) Parents are entitled to freedom in choosing their provider and setting for childbirth;

30 (5) Potential parents in this state desire alternatives to currently available hospital based
31 maternity care;

32 (6) Costs of out-of-hospital childbirth tend to be lower than in-hospital childbirth;

33 (7) Planned out-of-hospital childbirth is safer when assisted by trained midwives;

34 (8) Midwives can assist women and their families with safe and effective childbirth
35 while guiding the health, safety, and welfare of mothers and their offspring through the
36 childbearing year;

37 (9) Certified professional midwives are specialists in out-of-hospital births;

38 (10) Many parts of this state currently experience a crisis in access to safe and effective
39 care for mothers and their newborns during the prenatal, childbirth, and postpartum
40 periods;

41 (11) Numerous counties in this state are underserved by obstetricians;

42 (12) Improved access to midwives in all settings is associated with significantly higher
43 rates of spontaneous vaginal delivery, vaginal birth after cesarean (VBAC), and
44 breastfeeding at birth and at six months; and significantly lower rates of cesarean section
45 (CS), preterm (PTB), and low birth weight (LBW) infants;

46 (13) Midwifery care improves pregnancy outcomes for both low-risk and high-risk
47 women in underserved rural and urban communities;

48 (14) Lack of access to licensed midwives impels families to have unattended
49 out-of-hospital births or travel long distances to get care; and

50 (15) For healthy women, midwife assisted childbirth in out-of-hospital settings has lower
51 maternity and infant morbidity rates than in-hospital childbirth.

52 43-24B-3.

53 As used in this chapter, the term:

54 (1) 'Advisory board' means the Advisory Board for Licensed Midwives established

55 pursuant to Code Section 43-24B-4.

(2) 'Certified nurse midwife' means a midwife who has been certified by the American

57 Midwifery Certification Board or its successor and is licensed by the Georgia Board of

58 Nursing.

59 (3) 'Certified professional midwife' means a midwife who has been certified by the North

60 American Registry of Midwives, or its successor organization.

61 (4) 'Consultation' means a communication between a midwife and another health care

62 provider when assessing a condition during the prenatal, childbirth, or postpartum

63 periods.

64 (5) 'Informed consent' means a verbal or written agreement from the mother to consent

65 to procedures, protocols, and treatments or recommended diagnostic tests after full

66 disclosure of the current standard of care, its purpose, benefits, known risks,

67 contraindications, and associated risks, as well as any alternative options.

68 (6) 'Informed refusal' means a verbal or written agreement from the mother that indicates

69 that after full disclosure of the current standard of care, its purpose, benefits, known risks,

70 contraindications, and risks associated with its refusal, women have the legal authority

71 in all but the rarest of emergency circumstances to decline procedures, protocols, and

72 treatments that such mother finds unacceptable for any reason.

73 (7) 'License' means a license issued pursuant to this chapter to practice midwifery.

74 (8) 'Licensed midwife' means a midwife who has a license to practice midwifery

75 pursuant to this chapter.

76 (9) 'Midwifery' means the assistance given to women during the prenatal, childbirth, and

77 postpartum periods, including well-woman screening and education.

78 (10) 'Midwifery assistant' means any person working under the supervision of a midwife

79 as defined in this chapter.

80 (11) 'Out-of-hospital birth' includes both home birth and birth center birth.

81 (12) 'Referral' means a request made by a midwife to a physician or other health care
82 provider for an assessment of a mother or her offspring in order to determine appropriate
83 care.

84 43-24B-4.

85 (a) There is created within the division the Advisory Board for Licensed Midwives which
86 shall consist of six members.

87 (b) The Governor shall appoint all members of such advisory board as follows:

88 (1) Three certified professional midwives;

89 (2) One consumer member, who has firsthand experience with out-of-hospital birth and
90 who does not derive a substantial livelihood from the provision of anything related to
91 prenatal, childbirth, or postpartum care;

92 (3) One certified nurse midwife; and

93 (4) One licensed physician who has firsthand experience with out-of-hospital births.

94 (c) Each member of the advisory board shall be a citizen of the United States and shall
95 have been a resident of Georgia for at least five years immediately preceding their
96 appointment. Members of the advisory board may serve for unlimited terms except that
97 no member may serve more than two consecutive terms.

98 (d) The members of the advisory board shall serve for staggered terms of three years each;
99 provided, however, that initial appointments shall be made as follows:

100 (1) One certified professional midwife and one certified nurse midwife for a term of
101 three years;

102 (2) One certified professional midwife and one licensed physician for a term of two
103 years; and

104 (3) One certified professional midwife and one consumer member for a term of one year.

105 (e) Each member of the advisory board shall receive the expense allowance as provided
106 by subsection (b) of Code Section 45-7-21 and the same mileage allowance for the use of
107 a personal car as that received by other state officials and employees or a travel allowance
108 of actual transportation cost if traveling by public carrier within this state. Each advisory
109 board member shall also be reimbursed for any conference or meeting registration fee

110 incurred in the performance of his or her duties as an advisory board member. For each
111 day's service outside of the state as an advisory board member, such member shall receive
112 actual expenses as an expense allowance as well as the mileage allowance for the use of
113 a personal car equal to that received by other state officials and employees or a travel
114 allowance of actual transportation cost if traveling by public carrier or by rental motor
115 vehicle. Expense vouchers submitted by advisory board members are subject to approval
116 of the chairperson. Out-of-state travel by advisory board members must be approved by
117 the advisory board chairperson.

118 (f) Any vacancy on the advisory board shall be filled in the same manner as the regular
119 appointments. The Governor may remove members of the advisory board for
120 incompetence, neglect of duty, unprofessional conduct, conviction of any felony, failure
121 to meet the qualifications of this chapter, or committing any act prohibited by this chapter.
122 43-24B-5.

123 (a) The advisory board shall elect a chairperson from among its membership, and may
124 elect other officers at the discretion of the advisory board, who shall each serve for one
125 year.

126 (b) The advisory board shall meet at least once per year or as otherwise called by the
127 chairperson.

128 43-24B-6.

129 No person shall identify themselves as a licensed midwife in this state unless they are
130 licensed pursuant to this chapter.

131 43-24B-7.

132 Each applicant for a license under this chapter shall be at least 18 years of age, shall have
133 submitted a completed application upon a form and in such manner as the advisory board
134 prescribes, accompanied by applicable fees, and shall meet the following requirements:

135 (1)(A) Possessing national certification by the North American Registry of Midwives
136 as a certified professional midwife; or

137 (B) Possessing national certification recognized by the advisory board and substantially

138 equivalent to the North American Registry of Midwives for certified professional
139 midwives;

140 (2)(A) Having completed an educational program or pathway accredited by the
141 Midwifery Education and Accreditation Council and obtained the certified professional
142 midwife credential; or

143 (B)(i) Having completed an educational pathway not accredited by the Midwifery
144 Education and Accreditation Council: and

145 (ii)(I) Possessing the Midwifery Bridge Certificate issued by the North American
146 Registry of Midwives; or

147 (II) For certified professional midwives who have maintained licensure in a state
148 that does not require completion of an educational program or pathway accredited
149 by the Midwifery Education and Accreditation Council obtaining the Midwifery
150 Bridge Certificate regardless of the date of their certification in order to apply for
151 licensure;

152 (3) Having satisfactory results from a criminal background check report conducted by
153 the Georgia Crime Information Center and the Federal Bureau of Investigation, as
154 determined by the advisory board. Application for a license under this Code section shall
155 constitute express consent and authorization for the advisory board to perform such
156 criminal background check. Each applicant who submits an application for licensure
157 agrees to provide the advisory board with any and all information necessary to run such
158 criminal background check, including, but not limited to, classifiable sets of fingerprints.
159 The applicant shall be responsible for all fees associated with the performance of such
160 background check; and

161 (4) Completing such other requirements as may be prescribed by the advisory board.
162 43-24B-8.

163 After evaluation of an application and other evidence submitted, the advisory board shall
164 notify each applicant that such application and evidence submitted are satisfactory and
165 accepted or unsatisfactory and rejected. If rejected, the notice shall state the reasons for
166 the rejection.

167 43-24B-9.

168 (a) A license issued by the advisory board is the property of the advisory board and must
169 be surrendered on demand.

170 (b) The licensee shall display the license in an appropriate and public manner.

171 (c) The licensee shall inform the advisory board of any change of address.

172 (d) The license shall be renewed biennially if the licensee is not in violation of this chapter
173 at the time of application for renewal.

174 (e) Each person licensed under this chapter is responsible for renewing his or her license
175 before the expiration date.

176 (f) Under procedures and conditions established by the advisory board, a licensee may
177 request that his or her license be declared inactive. The licensee may apply for active status
178 at any time, and upon meeting the conditions set by the advisory board, such license shall
179 be declared active.

180 43-24B-10.

181 (a) The advisory board may revoke, suspend, deny, or refuse to issue or renew a license;
182 place a licensee on probation; or issue a letter of admonition upon proof that the licensee
183 or applicant has:

184 (1) Procured or attempted to procure a license by fraud, deceit, misrepresentation,
185 misleading omission, or material misstatement of fact;

186 (2) Been convicted of a felony or of any crime involving moral turpitude as provided
187 under state law;

188 (3) Willfully or negligently acted in a manner inconsistent with the health or safety of
189 persons under such licensee's care;

190 (4) Had a license to practice a business or profession suspended or revoked or has
191 otherwise been subject to discipline related to such licensee's practice of a business or
192 profession in any other jurisdiction;

193 (5) Committed a fraudulent act that materially affects the fitness of the licensee or
194 applicant to practice a business or profession;

195 (6) Excessively or habitually used alcohol or drugs, provided that the advisory board

196 shall not discipline a licensee under this paragraph if such licensee is enrolled in a
197 substance abuse program approved by the advisory board; or
198 (7) A physical or mental disability that renders such licensee incapable of safely
199 practicing midwifery.

200 (b) The advisory board is authorized to conduct investigations into allegations of conduct
201 described in subsection (a) of this Code section.

202 (c) In addition to revoking, suspending, denying, or refusing to renew a license, the
203 advisory board may fine a licensee found to have violated any provision of this chapter or
204 any rule adopted by the advisory board under this chapter of not less than \$100.00 nor more
205 than \$500.00 for each such violation.

206 (d) The provisions of Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act,'
207 shall be applicable to the advisory board and the provisions of this chapter.

208 (e) Any person may file a complaint with the advisory board with respect to a licensed
209 midwife.

210 43-24B-11.

211 On and after July 1, 2019, no person without a license issued pursuant to this chapter shall
212 use the title 'licensed midwife' or the abbreviation 'L.M.'.

213 43-24B-12.

214 (a) Before performing midwifery services to a client, a licensed midwife shall provide, in
215 a language that is understandable to the client, a written disclosure containing:

216 (1) The midwife's name, address, telephone number, and license number;

217 (2) Relevant information about the licensed midwife's training, qualifications, expertise,
218 and disciplinary sanctions, if any;

219 (3) The midwife's fees and method of billing;

220 (4) The relevant state laws and regulations pertaining to the practice of midwifery in this
221 state;

222 (5) The method with which a client may file a complaint with the advisory board;

223 (6) Whether the licensed midwife has liability insurance; and

224 (7) Any other relevant information required by the advisory board.

225 (b) A licensed midwife shall obtain a signed written informed consent or informed refusal
226 in a language that is understandable to the client.

227 (c) Written disclosures, written informed consents, and written informed refusals shall be
228 signed by the client and retained by the licensed midwife for at least six years.

229 43-24B-13.

230 (a) A licensed midwife shall be authorized to:

231 (1) Order prenatal, postpartum, and well-woman laboratory analyses to be performed by
232 a licensed laboratory for screening purposes;

233 (2) Order obstetric ultrasounds;

234 (3) Administer prescription drugs prescribed by a licensed physician or other authorized
235 health care professional; and

236 (4) Precept apprentices and student midwives and supervise midwifery assistants,
237 provided that apprentices, student midwives, and midwifery assistants work only under
238 the direction of the licensed midwife.

239 (b) A licensed midwife shall:

240 (1) Provide midwifery services consistent with the job analysis of the North American
241 Registry of Midwives or its successor organization and consistent with the standards of
242 practice of the National Association of Certified Professional Midwives or another
243 national midwifery organization approved by the advisory board;

244 (2) Keep current with continuing education consistent with standards established by a
245 national organization recognized by the advisory board;

246 (3) Provide clients with access to written plans for consultation, referral, and transport;

247 (4) Provide clients with access to practice guidelines as required by the midwife's
248 certifying organization;

249 (5) Notify clients about relevant state governmental requirements affecting newborns;

250 (6) File a birth certificate for each birth in accordance with the laws of this state; and

251 (7) Purchase, possess, carry, or administer prescription supplies, including intravenous
252 bags for fluid replenishment, RhoD-immunoglobulin, vitamin K for administering orally

253 or through intramuscular injection, postpartum antihemorrhagic agents, local anesthetics
254 for suturing childbirth related lacerations or episiotomies, oxygen, a prophylactic eye
255 agent to a newborn, and other prescription medications or restricted medical items
256 approved by the advisory board.

257 43-24B-14.

258 A licensed midwife shall not practice midwifery when:

259 (1) Impaired due to any physical, mental, or substance-abuse related problem; or

260 (2) Circumstances reasonably make the practice of midwifery by the licensed midwife
261 amount to reckless disregard for a client's health, safety, or welfare.

262 43-24B-15.

263 A licensed midwife may terminate services to a client for any reason, provided that the
264 client has reasonable access to other professional care.

265 43-24B-16.

266 A licensed midwife may seek discretionary consultation with a licensed physician or
267 certified nurse midwife and such physician or certified nurse midwife consulted shall not
268 be held liable for any acts or omissions on the part of such licensed midwife, unless such
269 physician or certified nurse midwife directly contributes to acts or omissions of such
270 licensed midwife involving reckless disregard for the health, safety, or welfare of a
271 pregnant woman or newborn.

272 43-24B-17.

273 (a) Nothing in this chapter shall be construed to affect or prevent:

274 (1) Any licensed health care professionals from engaging in the authorized scope of
275 practice of their profession;

276 (2) Members of a pregnant woman's family from providing incidental care;

277 (3) Representatives of a pregnant woman's culture or religion from providing care
278 consistent with tenets or practices relying on spiritual care of the physical body;

279 (4) Care providers acting under the orders or direction of licensed health care
280 professionals; or

281 (5) Anyone providing incidental support or information for a pregnant woman.

282 (b) Midwifery shall not constitute the practice of medicine in this state.

283 (c) Nothing in this chapter shall be construed to change the regulation of physicians as

284 provided for in the laws of this state.

285 43-24B-18.

286 Any health insurance policy, health maintenance organization plan, or other form of health

287 insurance coverage, including Medicaid, that covers maternity care shall not deny coverage

288 for maternity care provided by a licensed midwife in any setting and shall reimburse

289 maternity care by a licensed midwife at the same rate as for other providers of maternity

290 care covered by the insurance policy.

291 43-24B-19.

292 Any violation of this chapter or any rules and regulations adopted pursuant to this chapter

293 is declared to be a public nuisance subject to abatement as provided in Code Section

294 31-5-9."

295

SECTION 3.

296 This Act shall become effective upon its approval by the Governor or upon its becoming law

297 without such approval.

298

SECTION 4.

299 All laws and parts of laws in conflict with this Act are repealed.

Appendix C: Cost Estimate

Startup Costs New License (One-time Expenses)	
Task	Cost
System Integration	
SA Development and Integration	\$27,000
IT Staff Work with System	\$25,000
Support and Maintenance	\$10,000
Contingency	\$18,000
Other Startup Expenses	
Rulemaking (AG's office)	\$10,000
Total Cost	\$90,000

New Board added to Division - Board for Licensed Midwives (Continuing Costs)			
Description	Salary	Burden	Total
Salaries			
Licensing Analyst (50%)	\$15,000	\$9,450	\$24,450
Compliance Analyst (50%)	\$15,000	\$9,450	\$24,450
Intake Support (40%)	\$10,200	\$6,426	\$16,626
Call Center Support (40%)	\$10,200	\$6,426	\$16,626
Investigations Support (50%)	\$24,000	\$15,120	\$39,120
Salaries Subtotal			\$121,272
Other Expenses			
Board Member Per Diem/Travel			\$10,000
Attorney General Fees			\$10,000
Training			\$15,000
Shared Server Costs			\$5,000
OSAH Hearings			\$3,000
Miscellaneous, seals, certificates			\$5,000
Other Expenses Subtotal			\$48,000
Total Cost			\$169,272