A BILL TO BE ENTITLED

AN ACT TO UPDATE AND MODERNIZE THE MIDWIFERY PRACTICE ACT.

Whereas, certified nurse-midwives are advanced practice registered nurses who are formally educated with current requirements for graduate level education and have achieved certification by the American Midwifery Certification Board; and

Whereas, North Carolina ranks 44th in the nation in infant mortality and 37th in maternal mortality; and

Whereas, women in North Carolina face disparities in access to prenatal health care services as half of North Carolina counties have three or fewer obstetricians, 31 counties have no obstetricians, and 46 counties have no certified nurse-midwives; and

Whereas, women in North Carolina face disparities in primary health care services as 78 counties are designated as health professional shortage areas by the Health Resources and Services Administration; and

Whereas, the American Congress of Obstetricians and Gynecologists projects a workforce shortage of obstetricians/gynecologists and recommends certified nurse-midwives as part of the solution; and

Whereas, care by certified nurse-midwives within a health care system has been shown to produce high-quality outcomes at lower costs; and

Whereas, access to care by certified nurse-midwives has specifically been shown to decrease rates of neonatal and infant mortality, low birth weight, medical intervention, and caesarean section; and

Whereas, the requirement to practice under the supervision of a physician creates an undue restriction on the practice of certified nurse-midwives and inappropriate liability for the physician; and

Whereas, North Carolina is one of only six states that require certified nurse-midwives to practice under the supervision of a physician; and

Whereas, the Institute of Medicine has found access to care from certified nurse-midwives has improved primary health care services for women in rural and inner city areas and recommends removing scope-of-practice barriers, such as the requirement of physician supervision, and allowing certified nurse-midwives to practice to the full extent of their education and training; and

Whereas, the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives have jointly stated that obstetricians/gynecologists and certified nurse-midwives "are experts in their respective fields of practice and are educated, trained, and licensed, independent providers" and that obstetricians/gynecologists and certified
nurse-midwives "should have access to a system of care that fosters collaboration among licensed, independent providers"; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Article 1 of Chapter 90 of the General Statutes is amended by adding the following new section to read:

"§ 90-18.7. Limitations on nurse-midwives.

(a) Any certified nurse-midwife approved under the provisions of Article 10A of this Chapter to provide midwifery care may use the title "certified nurse-midwife." Any other person who uses the title in any form or holds himself or herself out to be a nurse-midwife or to be so approved shall be deemed to be in violation of this Article.

(b) A certified nurse-midwife is authorized to write prescriptions for drugs if all of the following conditions are met:

(1) The certified nurse-midwife has current approval from the joint subcommittee established under G.S. 90-178.4.

(2) The joint subcommittee as established under G.S. 90-178.4 has assigned an identification number to the nurse-midwife that appears on the written prescription.

(3) The joint subcommittee as established under G.S. 90-178.4 has provided to the nurse-midwife written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review of the drugs prescribed.

(c) The joint subcommittee of the North Carolina Medical Board and the Board of Nursing established under G.S. 90-178.4 shall adopt rules governing the approval of individual nurse-midwives to write prescriptions with any limitations the joint subcommittee deems is in the best interest of patient health and safety, consistent with the rules established for nurse practitioners under G.S. 90-18.2(b)."

SECTION 2. G.S. 90-178.2 reads as rewritten:

"§ 90-178.2. Definitions.

As used in this Article: The following definitions apply in this Article:

(1) "Interconceptional care" includes but is not limited to:

a. Family planning;

b. Screening for cancer of the breast and reproductive tract; and

c. Screening for and management of minor infections of the reproductive organs;

Certified nurse-midwife. – A nurse licensed and registered under Article 9A of this Chapter who has completed a midwifery education program accredited by the Accreditation Commission for Midwifery Education, passed a national certification examination administered by the American Midwifery Certification Board, and has received the professional designation of "Certified Nurse-Midwife" (CNM). Certified nurse-midwives practice in accordance with the Core Competencies for Basic Midwifery Practice, the Standards for the Practice of Midwifery, the Philosophy of the American College of Nurse-Midwives (ACNM), and the Code of Ethics promulgated by the ACNM.

(2) "Intrapartum care" includes but is not limited to:

a. Attending women in uncomplicated labor; confirmation and assessment of labor and its progress.
b. Assisting with spontaneous delivery of infants in vertex presentation from 37 to 42 weeks gestation; Identification of normal and deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies.

b1. Management of spontaneous vaginal birth and appropriate third-stage management, including the use of uterotonics.

c. Performing amniotomy.

d. Administering local anesthesia.

e. Performing episiotomy and repair.

f. Repairing lacerations associated with childbirth.

(3) “Midwifery” means the practice of care that includes, but is not limited to, the act of providing primary, prenatal, intrapartum, postpartum, newborn and interconceptional and newborn care. Midwifery is practiced within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the woman or newborn. Midwifery is practiced in accord with the current Standards for Midwifery Practice, as defined by the American College of Nurse-Midwives. The term does not include the practice of medicine by a physician licensed to practice medicine when engaged in the practice of medicine as defined by law, the performance of medical acts by a physician assistant or nurse practitioner when performed in accordance with the rules of the North Carolina Medical Board, the practice of nursing by a registered nurse engaged in the practice of nursing as defined by law, or the rendering of childbirth assistance in an emergency situation.

(4) “Newborn care” includes care as described by the American College of Nurse-Midwives’ Core Competencies for Basic Midwifery Practice that focuses on the newborn and includes, but is not limited to, the following:

a. Routine assistance to the newborn to establish respiration and maintain thermal stability.

b. Routine physical assessment including APGAR scoring.

c. Vitamin K administration.

d. Eye prophylaxis for ophthalmia neonatorum.

e. Methods to facilitate newborn adaptation to extrauterine life, including stabilization, resuscitation, and emergency management as indicated.

(5) “Postpartum care” includes care as described by the American College of Nurse-Midwives’ Core Competencies for Basic Midwifery Practice that focuses on management strategies and therapeutics to facilitate a healthy puerperium and includes, but is not limited to, the following:

a. Management of the normal third stage of labor.

b. Administration of pitocin and methergine uterotonics after delivery of the infant when indicated.

c. Six weeks postpartum evaluation exam and initiation of family planning.

d. Management of deviations from normal and appropriate interventions, including management of complications and emergencies.
"Prenatal care" includes Prenatal care. – Care as described by the American College of Nurse-Midwives’ Core Competencies for Basic Midwifery Practice that focuses on promotion of normal pregnancy using management strategies and therapeutics as indicated and includes, but is not limited to, the following:

a. Historical and physical assessment: Obtaining history with ongoing physical assessment of mother and fetus.
b. Obtaining and assessing the results of routine laboratory tests;
b1. Confirmation and dating of pregnancy.
c. Supervising the use of prescription and nonprescription medications, such as prenatal vitamins, folic acid, iron, and nonprescription medicines and iron.

Primary care. – Care as described by the American College of Nurse-Midwives’ Core Competencies for Basic Midwifery Practice that is the provision of and referral to appropriate health care services and includes, but is not limited to, the following:

a. Screening for cancer of the breast and reproductive tract.
b. Screening for and management of minor infections of the reproductive organs.
c. Gynecologic care, including family planning, perimenopause, and postmenopause.
d. Management of common health problems, including infections, self-limiting conditions, and mild or stable presentations of chronic conditions, using consultation, collaboration, or referral to appropriate health care services, as indicated."

SECTION 3. G.S. 90-178.3(b) reads as rewritten:

"(b) A person certified nurse-midwife approved pursuant to this Article may practice midwifery in a hospital or non-hospital setting and setting. The certified nurse-midwife shall practice under the supervision of a physician licensed to practice medicine who is actively engaged in the practice of obstetrics within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the patient. Midwifery care shall be consistent with the standards of care established by the American College of Nurse-Midwives. Every nurse-midwife shall provide each patient with information regarding or referral to other providers and services upon request of the patient or when the care required by the patient is not within the midwife’s scope of practice. A registered nurse certified nurse-midwife approved pursuant to this Article is authorized to write prescriptions for drugs in accordance with the same conditions applicable to a nurse practitioner under G.S. 90-18.2(b) and G.S. 90-18.7(b)."

SECTION 4. G.S. 90-178.4(a) reads as rewritten:

"(a) The joint subcommittee of the North Carolina Medical Board and the Board of Nursing created pursuant to G.S. 90-18.2 shall administer the provisions of this Article and the rules adopted pursuant to this Article; Provided, however, that actions of the joint subcommittee pursuant to this Article shall not require approval by the North Carolina Medical Board and the Board of Nursing. For purposes of this Article, the joint subcommittee shall be enlarged by four-seven additional members, including two certified midwives five nurse-midwives appointed upon the recommendation of the North Carolina affiliate of the American College of Nurse-Midwives and two obstetricians physicians actively engaged in the practice of obstetrics who have had working experience with midwives certified nurse-midwives."
SECTION 5. G.S. 90-178.4 is amended by adding the following new subsection to read:

"(a1) The joint subcommittee shall adopt rules requiring a certified nurse-midwife who attends a planned birth outside of a hospital setting to obtain a signed informed-consent agreement from the certified nurse-midwife's patient. The informed-consent agreement shall include information about the liability insurance coverage carried by the certified nurse-midwife."

SECTION 6. G.S. 90-178.5 reads as rewritten:

"§ 90-178.5. Qualifications for approval.

In order to be approved by the joint subcommittee pursuant to this Article, a person shall comply with each of the following:

(1) Complete an application on a form furnished by the joint subcommittee;
(2) Submit evidence of certification by the American College of Nurse-Midwives, American Midwifery Certification Board;
(3) Submit evidence of arrangements for physician supervision; and
(4) Pay the fee for application and approval."

SECTION 7. Article 10A of Chapter 90 of the General Statutes is amended by adding the following new section to read:

"§ 90-178.8. Limit vicarious liability.

(a) No physician or physician assistant, including the physician assistant's employing or supervising physician, licensed under Article 1 of this Chapter or nurse licensed under Article 9A of this Chapter, shall be held liable for any civil damages as a result of the medical care or treatment provided by the physician, physician assistant, or nurse when:

(1) The physician, physician assistant, or nurse is providing medical care or treatment to a woman or infant in an emergency situation; and
(2) The emergency situation arises during the delivery or birth of the infant as a consequence of the care provided by a nurse-midwife approved under this Article who attends a planned birth outside of a hospital setting.

However, the physician, physician assistant, or nurse shall remain liable for his or her own independent acts of negligence.

(b) No health care facility licensed under Chapter 122C or 131E of the General Statutes shall be held liable for civil damages as a result of the medical care or treatment provided by the facility when:

(1) The facility is providing medical care or treatment to a woman or infant in an emergency situation; and
(2) The emergency situation arises during the delivery or birth of the infant as a consequence of the care provided by a nurse-midwife approved under this Article who attends a planned birth outside of a hospital setting.

However, the health care facility shall remain liable for its own independent acts of negligence.

(c) Nothing in this section shall be construed to limit liability when the civil damages pursuant to this section are the result of gross negligence or willful or wanton misconduct."

SECTION 8. This act is effective when it becomes law.