



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

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February 24, 2021

The Honorable Shane E. Pendergrass  
Chair, Health and Government Operations Committee  
Room 241 House Office Building  
Annapolis, MD 21401-1991

**RE: HB 758 – Maryland Licensure of Certified Midwives Act – Letter of Support with Amendments**

Dear Chair Pendergrass:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of support with amendments for HB 758 – Maryland Licensure of Certified Midwives Act. This bill establishes a licensing and regulatory system for the practice of certified midwifery under the State Board of Nursing. This bill alters duties of the Board to set standards for the practice of certified midwifery. Additionally, the Board is required to issue a license to practice certified midwifery to individuals who have met certain requirements.

The practice of midwifery encompasses a full range of primary health care services for women from adolescence beyond menopause. Midwives work in partnership with women to give the necessary support, care, and advice during pregnancy, labor, and the postpartum period. Their responsibilities may include antenatal education and preparation for parenthood, monitoring preventative measures for both mother and child, detecting complications, and accessing medical care or other appropriate assistance in the case of emergency.

The current landscape of midwifery in the state of Maryland focuses on the practice of certified nurse midwives (CNMs) and licensed direct-entry midwives (LDEMs). An individual holding a CNM license has been trained through a midwifery education program and additionally holds a license to practice registered nursing (RN). The CNM license is recognized in all 50 states, the District of Columbia, and all U.S. territories.

HB 758 would establish a new discipline of midwifery to include certified midwives (CMs). This license allows an individual to train through a midwifery education program without having to obtain a RN license. The individual receives the same midwifery educational and clinical training as a CNM, and must pass the same national examination. The CM license is currently recognized in the states of Delaware, Hawaii, Maine, New Jersey, New York, and Rhode Island. The states of Virginia, Pennsylvania, Minnesota, and the District of Columbia are currently working to adopt similar legislation as HB 758 to formalize the CM license.

The Board fully supports the introduction of the CM discipline on the account of two factors. The first being that it will increase the amount of healthcare professionals authorized to practice midwifery in the State. It may incentivize midwives from neighboring states to obtain a license to practice certified midwifery within Maryland. The second being that it will lead to an increase in access to reproductive healthcare for all communities in Maryland.

The Board would like to propose a number of amendments to HB 758. These amendments would align with existing language in Title 8 of the Health Occupations Article.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support with amendments for HB 758.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 ([iman.farid@maryland.gov](mailto:iman.farid@maryland.gov)) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 ([rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov)).

Sincerely,



Gary N. Hicks

Board President

The Board respectfully submits the following amendments:

Amendment 1. On page 6. Add section 8-6D-02.1. After line 30.

**(A) IF THE BOARD, WHILE REVIEWING AN APPLICATION FOR LICENSURE OR INVESTIGATING AN ALLEGATION BROUGHT AGAINST A LICENSEE UNDER THIS TITLE, HAS REASON TO BELIEVE AND OBJECTIVE EVIDENCE THAT THE APPLICANT OR LICENSEE MAY CAUSE HARM TO INDIVIDUALS AFFECTED BY THE APPLICANT'S OR LICENSEE'S PRACTICE OF CERTIFIED MIDWIFERY, THE BOARD SHALL REQUIRE THE APPLICANT OR LICENSEE TO SUBMIT TO AN APPROPRIATE EXAMINATION BY A HEALTH CARE PROVIDER DESIGNATED BY THE BOARD.**

**(B) IN RETURN FOR THE PRIVILEGE TO PRACTICE CERTIFIED MIDWIFERY IN THE STATE, THE APPLICANT OR LICENSEE IS DEEMED TO HAVE:**

**(1) CONSENTED TO SUBMIT TO AN EXAMINATION UNDER THIS SECTION, IF REQUESTED BY THE BOARD IN WRITING; AND**

**(2) WAIVED ANY CLAIM OF PRIVILEGE AS TO THE TESTIMONY OR EXAMINATION REPORTS OF THE EXAMINING HEALTH CARE PROFESSIONAL.**

**(C) THE FAILURE OR REFUSAL OF THE APPLICANT OR LICENSEE TO SUBMIT TO AN EXAMINATION REQUIRED UNDER SUBSECTION (B) OF THIS SECTION IS PRIMA FACIE EVIDENCE OF THE APPLICANT'S OR LICENSEE'S INABILITY TO PRACTICE CERTIFIED MIDWIFERY COMPETENTLY, UNLESS THE BOARD FINDS THAT THE FAILURE OR REFUSAL WAS BEYOND THE CONTROL OF THE LICENSEE.**

**(D) THE BOARD SHALL PAY THE COST OF ANY EXAMINATION MADE UNDER THIS SECTION.**

Amendment 2. On page 7. Section 8-6D-03; line 18:

(4) HAVE PASSED [AN] **THE AMERICAN MIDWIFERY CERTIFICATION BOARD EXAMINATION APPROVED BY AMCB.**

Amendment 3. On page 8. Section 8-6D-05. Remove lines 6 – 12.

~~**[(A) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES AND OTHER SERVICES IT PROVIDES TO LICENSED CERTIFIED MIDWIVES THAT ARE EQUIVALENT TO:**~~

~~**(1) INITIAL AND RENEWAL LICENSURE FEES FOR A REGISTERED NURSE; AND**~~

~~**(2) INITIAL AND RENEWAL CERTIFICATION FEES FOR A LICENSED NURSE CERTIFIED AS A NURSE-MIDWIFE]**~~

Amendment 4. On page 8. Section 8-6D-05. Add.

**(A) THE BOARD SHALL SET REASONABLE FEES FOR THE ISSUANCE AND RENEWAL OF LICENSES AND OTHER SERVICES IT PROVIDES TO LICENSED CERTIFIED MIDWIVES;**

**(1) THE FEES CHARGED SHALL BE SET SO AS TO PRODUCE FUNDS TO APPROXIMATE THE COST OF MAINTAINING THE LICENSURE AND OTHER SERVICES PROVIDED TO LICENSED CERTIFIED MIDWIVES.**

Amendment 5. On page 8. Section 8-6D-05; line 16, after BOARD:

**BOARD OF NURSING FUND.**

Amendment 6. On page 8. Section 8-6D-05; line 17, after USED:

USED **EXCLUSIVELY** TO COVER

Amendment 7. On page 10. Section 8-6D-08. Remove lines 11 – 12.

~~**[THE LICENSEE THE DOCUMENTS NECESSARY FOR INITIATING THE CRIMINAL HISTORY RECORDS CHECK WITH THE RENEWAL NOTICE.]**~~

Amendment 8. On page 10. Section 8-6D-08. After SEND add:

**SEND INFORMATION REGARDING HOW THE APPLICANT MAY COMPLETE THE REQUIRED CRIMINAL HISTORY RECORDS CHECK.**

Amendment 9. On page 14. Section 8-6D-10. Remove lines 27 – 28.

**~~[(24) PRACTICES CERTIFIED MIDWIFERY ON A NONRENEWED LICENSE FOR A PERIOD OF 16 MONTHS OR LONGER;]~~**

Amendment 10. On page 14. Section 8-6D-10. Add line 27.

**(24) ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT;**

Amendment 11. On page 15. Section 8-6D-10. Add after line 17.

**(D) IF A LICENSE ISSUED UNDER THIS SUBTITLE WAS SUSPENDED OR REVOKED FOR A PERIOD OF MORE THAN 1 YEAR, OR IF A PERIOD OF MORE THAN 1 YEAR HAS PASSED SINCE A LICENSE WAS SURRENDERED, THE BOARD MAY REINSTATE THE LICENSE IF THE LICENSEE:**

**(1) APPLIES TO THE BOARD FOR REINSTATEMENT:**

**(2) MEETS THE REQUIREMENTS FOR RENEWAL UNDER 8-6D-08 OF THIS SUBTITLE;**

**(3) MEETS ANY OTHER REQUIREMENTS FOR REINSTATEMENT AS ESTABLISHED BY THE BOARD IN REGULATIONS; AND**

**(4) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH §8-303 OF THIS TITLE.**

**(E) IF A LICENSEE MEETS THE REQUIREMENTS OF THIS SUBSECTION, THE BOARD SHALL:**

**(1) REINSTATE THE LICENSE;**

**(2) REINSTATE THE LICENSE SUBJECT TO TERMS AND CONDITIONS THAT THE BOARD CONSIDERS NECESSARY, INCLUDING A PERIOD OF PROBATION; OR**

**(3) DENY REINSTATEMENT OF THE LICENSE.**

Amendment 12. On page 17. Add Section 8-6D-15. Add after line 14.

**(A) THE AUTHORITY OF THE BOARD ESTABLISHED UNDER THIS SUBTITLE:**

**(1) VESTS WITH THE BOARD AT THE TIME AN INDIVIDUAL APPLIES FOR CERTIFICATION;**

**(2) CONTINUES DURING PERIOD OF LICENSURE; AND**

**(3) CONTINUES AUTHORITY OVER AN INDIVIDUAL HOLDING AN EXPIRED LICENSE, A LAPSED LICENSE, OR A TEMPORARY LICENSE THAT HAS EXPIRED UNDER §8-6D-10 OF THIS SUBTITLE.**

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*