

SB 772- State Board of Nursing – Peer Advisory Com

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Position: FAV



Maryland
Hospital Association

March 7, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 772- State Board of Nursing – Peer Advisory Committees, Scopes of Practice, and Licensure Requirements

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 772. Maryland hospitals supported legislation in 2021 to create a pathway to licensure for certified midwives (CM). These trained professionals take the same graduate coursework and must pass the same board certification exam as certified nurse midwives (CNM). When CMs and CNMs work with obstetricians and gynecologists (OB/GYNs), they optimize care delivery.¹

SB 772 ensures CMs are part of appropriate work groups within the Board of Nursing and have the ability to administer starter dosages of medications like CNMs can. The bill also requires the Maryland Department of Health to convene stakeholders to develop recommendations to expand access to birthing services in birthing centers. We respectfully ask to be included in this work group. Many hospitals historically had relationships with birthing centers, and the majority of births in the state occur at hospitals. Maryland hospitals are committed to improving maternal and child health outcomes. In 2021, the Center for Medicare and Medicaid Innovation approved Maryland's State Integrated Health Improvement Strategy (SIHIS), which is "a fundamental component of the [Maryland Total Cost of Care Model](#)."² SIHIS includes total population health goals to address maternal and child health.³ The state committed to lower severe maternal morbidity 19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.^{4,5}

For these reasons, we ask for a *favorable* report on SB 772.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

¹ The American College of Obstetricians and Gynecologists. (April, 2018). "[Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives](#)".

² Center for Medicare and Medicaid Innovation. (March 17, 2021). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

³ Maryland Health Services Cost Review Commission. (May, 2021). "[Final Recommendation on Use of Maternal and Child Health Funding](#)".

⁴ Kaiser Family Foundation. (n.d.). "[State Facts: Births Financed by Medicaid](#)".

⁵ Maryland Health Services Cost Review Commission. (December 14, 2020). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

2023 ACNM SB 722 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 722 – State Board of Nursing – Peer Advisory Committee, Scope of Practice, and License Requirements

Hearing Date: March 7, 2023

Position: Support

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 722 – State Board of Nursing – Peer Advisory Committees, Scopes of Practice, and Licensure*. The bill primarily proposes clarifying changes to statute regarding certified midwives and certified nurse midwives. In addition, the board proposes the Secretary of Health consult with stakeholders in removing barriers to the establishment of birthing centers.

Background

There are three types of midwives – certified nurse-midwives (CNMs), certified midwives (CMs), and direct entry midwives (DEMS, also known as certified professional midwives). In Maryland, the Maryland General Assembly established a licensure framework for CMs with the enactment of HB 758/SB 684 in the 2021 session. The legislation was supported by the American College of Obstetrics and Gynecologists as well as the Maryland Nurses Association.

CMs have the same graduate educational and exam requirements as CNMs. They also have the same scope of practice. The only difference is that CMs did not enter midwifery with a nursing degree. Rather, most CMs enter graduate school with some other type of clinical background, such as pre-med undergraduate studies.

Clarifying Provisions

ACNM has been working with the Maryland Board of Nursing in developing CM regulations. In the process, we have identified several areas where statutory clarifications are needed to allow:

- Graduate certified midwives to practice under supervision while awaiting results from the national certification exam;
- Participation of CMs in a midwifery peer advisory committee convened by the Board;
- CMs and CNMs dispensing starter dosages in a manner parallel to nurse practitioners.

Delegation Authority

Once licensure regulations are finalized, CMs will be able to work in hospitals and community health centers, just as CNMs. To be integrated into the care team and provide seamless care, it is essential that CMs be able to delegate to support staff, such as certified nursing assistants, certified medication technicians, and medical assistants. The bill contains language that provides for the same delegation authority that is allowed for CNMs. CMs have the same scope of practice and graduate educational background as CNMs, so they should have the same delegation authority.

Birthing Centers

Birthing centers offer an important option for people seeking birthing services outside of a hospital setting. Birthing centers are licensed by the Office of Health Care Quality and recognized as facilities by Maryland Medicaid. Birthing centers may be independent facilities or managed under a hospital.

The last birthing center, located in Anne Arundel County, just closed in Maryland. This closure means that there is no access to birthing center services anywhere in Maryland.

Birthing centers can play a critical role in the strategy to reduce health disparities in health outcomes in a safe, cost-effective mannerⁱ. Birthing centers have lower rates of cesarean sections and cost about \$1,000 less than hospitals.ⁱⁱ As community-based providers, they can build strong connections to communities that have been marginalized from the health care system. However, Maryland now lacks a single birthing center. People would have to travel out-of-state to seek such care.

Under the bill, the Secretary of Health would be required to make recommendations to increase access to birthing services and birthing centers. We need to evaluate the barriers to birthing centers in Maryland, as compared to other states with more success in providing access. The Secretary would need to consult with interested stakeholders which would include midwives, doulas, physicians, and hospital partners.

We have an additional important note about delegation authority for CMs. If the General Assembly wants the Department of Health to address shortage of birthing centers, it is imperative that CMs be granted delegation authority. Staffing shortages have played a major role in the closure of birthing centers. CMs could alleviate that staffing shortage – but it will not work unless they have delegation authority. It would be entirely inefficient for CMs to staff a birthing center if they are unable to delegate as their CNM counterparts.

Conclusion

Thank you for your time in hearing this bill. We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ Phillippi JC, Danhausen K, Alliman J, Phillippi RD. Neonatal Outcomes in the Birth Center Setting: A Systematic Review. J Midwifery Womens Health. 2018 Jan;63(1):68-89. doi: 10.1111/jmwh.12701. PMID: 29419926.

ⁱⁱ <https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity>

2023 PPM SB 582 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV

Planned Parenthood of Maryland

Committee: Senate Finance Committee

Bill Title: Senate Bill 582 – Behavioral Health Care - Treatment and Access
(Behavioral Health Model for Maryland)

Hearing Date: March 7, 2023

Position: Support

Planned Parenthood of Maryland supports *Senate Bill 582 – Behavioral Health Care – Treatment and Access*. The bill, while mostly about behavioral health, includes telehealth provisions regard reimbursement for all health care services. The bill extends two provisions of SB 3/HB 123 which are set to sunset at the end of June 2023: 1) reimbursement for audio-only services; and 2) reimbursement parity for telehealth services. It is critical that Maryland continue these policies to ensure the health care system can meet the needs of patients for somatic, behavioral health, and dental care.

A recent report from the Maryland Health Care Commission observed that the telehealth use during the pandemic “demonstrated the utility of telehealth and the potential of telehealth to address disparities in access to care.”ⁱ In reproductive health, telehealth has been critical in supporting access to a wide range of services including birth control, abortion, and prevention of HIV.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf

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Uploaded by: State of Maryland (MD)

Position: FWA



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 7, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 772 – State Board of Nursing – Peer Advisory Committees, Scopes of Practice, and Licensure Requirements – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for Senate Bill 772 – State Board of Nursing – Peer Advisory Committees, Scopes of Practice, and Licensure Requirements. This bill authorizes the State Board of Nursing to appoint peer advisory committees to provide advice related to midwifery; authorizes nurse – midwives and licensed certified midwives to personally prepare and dispense a starter dosage of certain drugs; authorizes nurse – midwives and licensed certified midwives to delegate certain tasks to certified medication technicians and certified nursing assistants under certain circumstances; alters the exceptions to the certified midwifery licensure requirement and the qualifications required for a license; and requires the Department of Health, in consultation with stakeholders, to develop recommendations to expand access to birthing services in birthing centers.

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 provide the necessary support, care, and advice during pregnancy, labor, delivery, 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 an emergency.

House Bill 758 and Senate Bill 684, introduced during the 2021 legislative session, established a new discipline of midwifery to include licensed certified midwives (CM). This license allows an individual to attend a midwifery education program without first having obtained a registered nurse (RN) license. The individual receives the same midwifery education and clinical experience as a certified nurse midwife and must pass the nationally recognized examination. The Board supports the proposed amendments to the licensed certified midwifery statute, as they will further aid the state in increasing the number of healthcare professionals authorized to practice midwifery.

The Board respectfully submits additional amendments to further clarify the terms and duties of nurse – midwives and licensed certified midwives, as outlined in Senate Bill 772.

On page 2. Lines 13 – 14. Amend definition of “midwife”

(2) A “MIDWIFE” MEANS:

(1) A REGISTERED NURSE WHO IS [A LICENSED NURSE] CERTIFIED AS A NURSE – MIDWIFE; OR

(2) A LICENSED CERTIFIED MIDWIFE.

On page 4. Lines 8 – 13. Remove language related to delegation:

(1) Has completed a Board – approved medication technician training program; {and} **AND**

(2) Is certified by the Board as a medication technician [; **AND**

(3) PERFORMS MEDICATION TECHNICIAN TASKS DELEGATED BY A REGISTERED NURSE, LICENSED PRACTICAL NURSE, OR LICENSED CERTIFIED MIDWIFE.]

On page 4. Lines 15 – 20. Remove language related to delegation:

(1) Means an individual regardless of title who [, **FOR COMPENSATION,**] routinely performs {nursing;} **NURSING**

[(I) NURSING] tasks delegated by a registered nurse or licensed practical nurse {for compensation} [; **OR**

(II) TECHNICAL TASKS DELEGATED BY A LICENSED CERTIFIED MIDWIFE] ; and

On page 8. Lines 4 – 5. Amend language related to midwifery education:

(4) AN INDIVIDUAL WHO HAS GRADUATED FROM A GRADUATE LEVEL ACCREDITED PROGRAM FOR [AN APPROVED CLINICAL] MIDWIFERY EDUCATION APPROVED BY ACME [EXPERIENCE] AND WHO IS:

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for SB 772.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", with a stylized flourish at the end.

Gary N. Hicks
Board President

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

2023 SB772 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB772

State Board of Nursing - Peer Advisory Committees, Scopes of Practice,
and Licensure Requirements

Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB772

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to SB772. Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, SB772 diminishes professional standards of care expanding the scope of practice of nurse midwives to include the ability “to personally prepare and dispense a starter dosage of certain drugs under certain circumstances,” and “to delegate certain tasks to certified medication technicians and certified nursing assistants under certain circumstances.” This greatly alters the scope of practice for nurse midwives and the support staff for the delivery of care to women and girls. Without specific language excluding the application of this bill to abortion, nurse midwives would be authorized to prepare and dispense lethal chemical abortion drugs, putting more pregnant women and girls at risk for injury and death. The delegation of nurse midwife duties to staff with even less qualifications than the nurse midwife lowers the standard of care even further. This bill must be considered in the legislative context in which the Assembly continues to increase the number of healthcare roles to be given prescription authority and dispensing authority.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the nurse midwife which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifenews article)

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the “scope of practice” of any health care professional which doesn’t include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.



Opposition Statement SB772, page 2 of 2

State Board of Nursing - Peer Advisory Committees, Scopes of Practice,
and Licensure Requirements
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that “scope” as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn’s refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry’s solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016, the Court’s decision in *Whole Woman’s Health v. Hellerstedt* prioritized “mere access” to abortion facilities and abortion industry profitability over women’s health and safety.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for **SB772**.