



**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

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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 manner<sup>i</sup>. Birthing centers have lower rates of cesarean sections and cost about \$1,000 less than hospitals.<sup>ii</sup> 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](mailto:relliott@policypartners.net).

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<sup>i</sup> 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.

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