

HOUSE BILL REPORT

HB 2031

As Reported By House Committee On:
Health Care

Title: An act relating to adding midwives to the definition of health care practitioners that provide women's health care services.

Brief Description: Including midwives in women's health care services.

Sponsors: Representatives Ruderman, Dunn, Dickerson, Fortunato, Conway, Boldt, Kessler, Murray, O'Brien, Romero, Cairnes, Ogden, Rockefeller, Linville, Kenney, Edmonds, Schual-Berke, Kagi, Tokuda, McIntire, Keiser, Cooper, Lantz, Santos and Miloscia.

Brief History:

Committee Activity:

Health Care: 2/1/00, 2/4/00 [DP].

Brief Summary of Bill

- Midwives are included among the health care practitioners with whom health carriers must provide direct access to women's health care for their enrollees.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 11 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Campbell; Conway; Edmonds; Mulliken; Pennington and Ruderman.

Minority Report: Do not pass. Signed by 1 member: Representative Edwards.

Staff: John Welsh (786-7133).

Background:

The practice of midwifery is regulated by the Department of Health as a health care profession, and a midwife must pass an examination and hold a license in order to

practice or advertise as a midwife. However, the Nursing Care Quality Assurance Commission regulates the practice of nurse midwives.

The practice of midwifery includes the rendering of medical aid for a fee or compensation to a woman during the prenatal, intrapartum, and postpartum stages of child birth. It includes the acquisition and administration of prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic, including other drugs or medications prescribed by a physician. Midwives must consult physicians whenever there are significant deviations from normal in either the mother or infant, and have a written plan for consultation, emergency transfer and transport of the infant to neonatal intensive care, or the woman to obstetrical care.

Candidates must have at least three years of midwifery training, and meet minimum educational requirements including neonatal pediatrics, obstetrics, pharmacology, female reproductive anatomy, gynecology, and epidemiology. Required training includes undertaking the care of at least 50 women in each stage of the delivery process.

Health carriers are required by law to assure that enrolled female patients have direct access to timely and appropriate covered women's health care services from the health practitioner of their choice, without the necessity of prior approval. However carriers are not prevented from restricting women patients to seeing only those health practitioners with whom they have participating agreements.

Health practitioners include, but need not be limited to, physicians and osteopathic physicians, physicians' and osteopathic physicians' assistants, and advanced registered nurse practitioner specialists.

Summary of Bill:

Licensed midwives are included among the health practitioners with whom health carriers may contract for providing direct access to maternity services for their enrollees.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Currently, health carriers must provide their enrollees direct access to physician obstetricians and nurse midwives. But women do not necessarily have direct access to midwives. This bill will complete the list of the practitioners who provide maternity care, and give women enrollees a choice of alternatives.

Testimony Against: The intent of the original law was to cover only practitioners who had jurisdiction over the whole body. Midwives do not have a scope of practice covering the whole body system.

Testified: (In support) Representative Ruderman, prime sponsor; Nick Federici and Leeanne Shelley, Midwives Association; Louise Nunez; and Sarah Valigura.

(Opposed) Carl Nelson, Washington State Medical Association.