

HOUSE BILL REPORT

SSB 5765

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the practice of midwifery.

Brief Description: Concerning the practice of midwifery.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Randall, Keiser, Conway, Das, Hasegawa, Lovelett, Mullet, Nobles, Robinson, Saldaña, Stanford, Trudeau and Wilson, C.).

Brief History:

Committee Activity:

Health Care & Wellness: 2/21/22, 2/23/22 [DP].

Brief Summary of Substitute Bill

- Changes requirements regarding licensed midwives, including requirements for licensing and prescribing and administering drugs and devices.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 9 members: Representatives Cody, Chair; Bateman, Vice Chair; Bronoske, Davis, Macri, Riccelli, Simmons, Stonier and Tharinger.

Minority Report: Do not pass. Signed by 6 members: Representatives Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Harris, Maycumber, Rude and Ybarra.

Staff: Jim Morishima (786-7191).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

A licensed midwife renders medical aid for a fee to a person during prenatal, intrapartum, and postpartum stages or to a newborn up to two weeks of age. The Secretary of Health (Secretary) is the disciplining authority for licensed midwives.

I. Licensing Requirements.

To be licensed as a midwife, a person must have a high school education, be at least 21 years of age, possess a certificate or diploma from a midwifery program, and pass an examination. The midwifery program the license applicant completes may be in a foreign country as long as the certificate or diploma is made under the seal of the consulate of the country in which the certificate or diploma was issued.

The training and education requirements must meet certain requirements, including observing at least 50 women in each of the prenatal, intrapartum, and early postpartum periods and observing an additional 50 women in the intrapartum period. The required training must include training in hospitals or alternative birth settings with emphasis on learning the ability to differentiate between low-risk and high-risk pregnancies.

II. Drugs and Devices.

A midwife may obtain and administer certain drugs, including prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, rho immune globulin, and local anesthetic. A midwife may administer other medications prescribed by a physician. In addition, the Secretary may adopt rules in consultation with the Midwife Advisory Committee, the Pharmacy Quality Assurance Commission, and the Washington Medical Commission, to allow midwives to purchase and use legend drugs and devices. Legend drugs and devices authorized to be purchased and used by midwives include resuscitation equipment, nitrous oxide, epinephrine, and certain intravenous fluids.

Summary of Bill:

I. Licensing Requirements.

Required training may be completed in any birth setting, instead of in a hospital or alternative birth setting. The certificate or diploma from a foreign institution of midwifery no longer must be made by and under the seal of the consulate of the country in which the certificate or diploma was issued.

II. Drugs and Devices.

A. License Extensions.

The Secretary, in collaboration with the Washington Medical Commission and the

Midwifery Advisory Committee, must adopt rules enabling midwives to obtain limited prescriptive license extensions and medical device and implant licensing extensions.

Limited Prescriptive License Extensions.

A midwife who has been granted a limited prescriptive license extension may prescribe, obtain, and administer:

- antibiotic, antiemetic, antiviral, antifungal, low-potency topical steroid, and antipruritic medications and therapies;
- other medications and therapies defined in rules adopted by the Secretary for the prevention and treatment of conditions that do not constitute a significant deviation from normal in pregnancy or postpartum; and
- hormonal and nonhormonal family planning methods.

To obtain a limited prescriptive license extension, a midwife must complete additional study and training requirements established in rule by the Secretary in collaboration with the Washington Medical Commission and the Midwifery Advisory Committee. The requirements must provide for the number of additional obstetrical pharmacology training hours consistent with other prescribers and additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other relevant sources.

Medical Device or Implant Extensions.

A midwife who has been granted a licensing extension to include medical devices and implants may prescribe, obtain, and administer hormonal and nonhormonal family planning medical devices.

To obtain a medical device or implant extension, a midwife must complete the same additional study and training requirements for a limited prescriptive license extension and any additional study and training requirements required by the Secretary in rules adopted in collaboration with the Washington Medical Commission and the Midwifery Advisory Committee. The rules must provide for the minimum number of completed procedures under supervision, completion of training required by device manufacturers or equivalent, and additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other relevant sources.

B. Prescribers.

The list of providers who may prescribe drugs to be obtained and administered by a midwife is expanded to include advanced registered nurse practitioners, naturopaths, and physician assistants, acting within their scopes of practice.

C. Rules on Drugs and Devices.

The Secretary may adopt rules authorizing midwives to prescribe, obtain, and administer legend drugs and devices, instead of to purchase and use such drugs and devices. The rules must be adopted in collaboration, instead of consultation, with the Midwifery Advisory Committee, the Pharmacy Quality Assurance Commission, and the Washington Medical Commission.

III. Terminology.

Gendered terms are replaced with gender-neutral terms. For example, references to "woman" are replaced with "individual" and references to "mother" are replaced with "gestational parent."

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Midwives are an essential part of the birthing system. They complete academic instruction and supervised clinical experience prior to licensing. They also are subject to peer review and continuing education. It is a responsive profession that adapts to changing times. Many people form personal relationships with midwives, which is why they choose them to shepherd new life into the world. Some people, including black birthing people, are reluctant to go to the hospital to seek care. Their health concerns are neglected and ignored and they face bullying and intimidation. Many people are more comfortable and connected with midwives. There is only a handful of black midwives. The inability of midwives to treat certain conditions can cause delayed care and adverse outcomes. Many patients do not have established primary care, so they have to go to the emergency department for care their midwives are unable to provide. Physicians like to work in collaboration with midwives to achieve high quality medical care. Patients are experiencing issues that midwives are trained to address, but are unable to do so. For example, midwives can counsel patients on birth control, but the patients have to establish a new provider relationship to actually access the birth control. Contraceptives are safe for this profession and its low-risk patients. It is unacceptable for vulnerable families to have to seek additional care when they already have someone who can meet their needs. This bill will improve outcomes and reduce strain in the system. This bill will allow midwives to deliver comprehensive care during and after birth. The Department of Health supported this bill in its sunrise review. This bill does not change the people midwives care for, just how they care for them. This bill does not

expand a midwife's scope to include abortion.

(Opposed) The standard of care for all women should be protected. Midwives are valued, but should have a clear focus. This bill is broad enough to include abortion. It leaves the details of the license extensions up to agency rulemaking. This bill should be narrowed to limit its focus on what midwives actually do.

Persons Testifying: (In support) Senator Emily Randall, prime sponsor; Jen Segadelli, Midwives Association of Washington State; Tanya Taiwo, Maternal-Child Health Systems, Bastyr University; Faisa Farole, Global Perinatal Services; Lindsey Camerena; and Alex Wehinger, Washington State Medical Association.

(Opposed) Sarah Davenport-Smith, Human Life of Washington.

Persons Signed In To Testify But Not Testifying: None.