

SENATE BILL REPORT

SB 5765

As Reported by Senate Committee On:
Health & Long Term Care, January 28, 2022

Title: An act relating to the practice of midwifery.

Brief Description: Concerning the practice of midwifery.

Sponsors: Senators Randall, Keiser, Conway, Das, Hasegawa, Lovelett, Mullet, Nobles, Robinson, Saldaña, Stanford, Trudeau and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/26/22, 1/28/22 [DPS, DNP].

Brief Summary of First Substitute Bill

- Establishes a limited prescriptive license extension and a license extension to include medical devices and implants for licensed midwives.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5765 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Muzzall, Ranking Member; Conway, Holy, Keiser, Randall, Robinson and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Padden, Rivers and Sefzik.

Staff: Julie Tran (786-7283)

Background: The Department of Health (DOH) certifies, licenses, and regulates health professions in Washington State. Most of these health professions are governed by a board,

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commission, or advisory committee which are supported by DOH. Each health profession's scope of practice is defined in law, and must fully cover the costs of its licensing and disciplining activities through fees for licensing, renewal, registration, certification, and examination. All health professions are subject to the Uniform Disciplinary Act (UDA).

A licensed midwife renders medical care for compensation to a woman during prenatal, intrapartum, and postpartum stages, up to the newborn or up to two weeks of age. To be licensed in Washington, a midwife must:

- have a high school education;
- be at least 21 years of age;
- possess a certificate or diploma from a midwifery program;
- obtain a minimum of three years of midwifery training;
- meet minimum educational requirements;
- for a student midwife during training, undertake the care of at least 50 women in each of the prenatal, intrapartum, and early postpartum periods;
- observe an additional 50 women in the intrapartum period; and
- pass an examination.

Foreign candidates must present with the application a translation of the foreign certificate or diploma made by and under the seal of the consulate of the country in which the certificate or diploma was issued.

A midwife licensed under this chapter may obtain and administer prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin—human, and local anesthetic, and may administer other drugs or medications prescribed by a physician.

Summary of Bill (First Substitute): A licensed midwife may seek a limited prescriptive license extension and an additional license extension to include medical devices and implants. The license extensions do not apply to newborn care.

To obtain a limited prescriptive license extension, a candidate must complete additional study and training requirements including a number of obstetrical pharmacology training hours consistent with the training hours required for other similar prescribers and additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other sources.

To obtain an additional license extension to include medical devices and implants, a candidate must complete: the study and training requirements to obtain a limited prescriptive license extension; a minimum number of completed procedures under supervision; trainings as required by the device manufacturers; and any additional training consistent with guidelines commensurate with other professions providing family planning and treating common prenatal and postpartum conditions and any other relevant sources.

A midwife licensed in Washington State may obtain and administer prophylactic

ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin—human, and local anesthetic, and may administer other drugs or medications prescribed by a physician, an advanced registered nurse practitioner, a naturopath, or a physician assistant acting within the practitioner's scope of practice.

A midwife licensed in the state of Washington who has been granted a limited prescriptive license extension by the Secretary of Health may prescribe, obtain, and administer: antibiotic, antiemetic, antiviral, antifungal, low-potency topical steroid, and antipruritic medications and therapies, and other medications and therapies as defined in the midwifery legend drugs and devices rule 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.

A midwife licensed in the state of Washington who has been granted an additional license extension to include medical devices and implants by the Secretary of Health may prescribe, obtain, and administer hormonal and nonhormonal family planning medical devices.

Foreign candidates seeking a license to practice midwifery in Washington State are not required to have the foreign certificate or diploma's translation be made under the seal of the consulate of the country where the certificate or diploma was issued.

DOH is required to conduct rule-making in collaboration with the Washington Medical Commission and the Midwifery Advisory Committee.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Modifies the list of prescribers which can prescribe certain drugs and medications that licensed midwives may obtain and administer to include physician assistants and clarifies that the listed practitioners are acting within their scope of practice.
- Clarifies that the license extensions do not apply to newborn care.
- Clarifies the prescriptive authority for licensed midwives who have been granted a limited prescriptive license extension to prescribe, obtain, and administer to specific types of medications and therapies for the prevention and treatment of conditions that do not constitute a significant deviation from normal in pregnancy or postpartum as well as hormonal and nonhormonal family planning methods.
- Requires DOH to conduct rule-making in collaboration with the Washington Medical Commission and the Midwifery Advisory Committee.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill is about families receiving timely access to the care that they need from the providers with whom they have an established relationship. Many don't have established primary care providers and they are referred to urgent care or an emergency department for their common ailments. This bill allows licensed midwives to treat for common conditions of pregnancies immediately. It is a small shift in practice that would fill a gap and have an overwhelming impact on a person's holistic well-being. There is a request to expand the scope of practice for midwifery to include preconception and interconception care.

OTHER: This bill will provide access to care and provide better continuity of care especially in rural and underserved communities. There is a request for additional parameters for the prescriptive authorities and recommendation to require collaboration with the Washington Medical Commission for any rule-making.

Persons Testifying: PRO: Senator Emily Randall, Prime Sponsor; Crystal Ogle, Washington Alliance for Responsible Midwifery; Cynthia Flynn; Jennifer Segadelli, Midwives Assn of WA State; Tanya Taiwo; Lindsey Camarena; Tara Lawal, Rainier Valley Community Clinic; Brittany Seidel; Kristin Effland, Bastyr University; Mara Merritt, None.

OTHER: Alex Wehinger, WA State Medical Association (WSMA); Sherry Thomas, Washington State Department of Health (available for questions).

Persons Signed In To Testify But Not Testifying: No one.