MICHIGAN BOARD OF LICENSED MIDWIFERY

MARCH 7, 2019 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Licensed Midwifery met on March 7, 2019, at 611 West Ottawa Street, Upper Level Conference Room 3, Lansing, Michigan 48933.

CALL TO ORDER

Heather Robinson, Professional Member, Acting Chairperson, called the meeting to order at 1:06 p.m.

ROLL CALL

Members Present: Heather Robinson, Professional Member, Acting Chairperson
Patrice Bobier, Professional Member
Claretta Duckett-Freeman, Public Member
Deborah Fisch, Public Member
Donald Greydanus, Professional Member
Amanda Howell, Professional Member
Tami Michele, Professional Member
Stacia Proefrock, Professional Member
Geradine Simkins, Professional Member
Nicole White, Professional Member

Members Absent: Katheryn Mazzara, Professional Member, Chairperson
Connie Perkins, Professional Member

Staff Present: Andria Ditschman, Analyst, Boards and Committees Section
Kerry Przybylo, Manager, Boards and Committees Section
Stephanie Wysack, Board Support, Boards and Committees Section

APPROVAL OF AGENDA

MOTION by Greydanus, seconded by Fisch, to approve the agenda as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Fisch, seconded by White, to approve the November 30, 2018 meeting minutes, as written.

A voice vote followed.

MOTION PREVAILED

NEW BUSINESS

Information regarding Egress Portal

Przybylo informed the Board of the new portal that the Department will be using to securely deliver meeting materials to the Board members. She provided a demonstration of how to access and use the portal.

Rules Discussion

Ditschman presented proposed additions and clarifications to the Board of Midwifery Draft Rules (Attachment #1).

MOTION by Simkins, seconded by Greydanus, to discuss.

A voice vote followed.

MOTION PREVAILED

Discussion was held.

MOTION by Simkins, seconded by Proefrock, to approve the Board of Midwifery Draft Rules as presented with additional amendments made at today's Board meeting.

A roll call vote was taken: Yeas: Bobier, Duckett-Freeman, Fisch, Greydanus, Howell, Michele, Proefrock, Simkins, White, Robinson
Nays: None.

MOTION PREVAILED

Ditschman explained the next steps in the process of rules promulgation.

Chair Report

None.

Department Update

Ditschman announced that Orlene Hawks has been named Director of the Department of Licensing and Regulatory Affairs.

Ditschman announced that Kim Gaedeke has been named Chief Deputy Director of the Department of Licensing and Regulatory Affairs.

Ditschman reminded the Board that the Department is a holding a New Board Member Training on March 13, 2019 that existing Board members are welcome to attend.

PUBLIC COMMENT

None.

ANNOUNCEMENTS

The next regularly scheduled meeting will be held April 23, 2019 at 9:30 a.m. at 611 West Ottawa Street, Upper Level Conference Room 3, Lansing, Michigan.

ADJOURNMENT

MOTION by Bobier, seconded by Greydanus, to adjourn the meeting at 3:06 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Board on July 23, 2019.

Prepared by:
Stephanie Wysack, Board Support March 8, 2019
Bureau of Professional Licensing

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

BOARD OF MIDWIFERY

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45(a)(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, 16174, 16186, 16201, 16204, and 16205 of 1978 PA 368, MCL 333.16145, 333.16148, 333.16174, 333.16186, 333.16201, 333.16204, and 333.16205, and sections 17105, 17107, 17111, 17112, and 17117 of 2016 PA 417, MCL 333.17105, 333.17107, 333.17111, 333.17112, and 333.17117, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

R 338.17101, R 338.17111, R 338.17113, R 338.17115, R 338.17121, **R 338.17122**, R 338.17123, R 338.17125, R 338.17127, R 338.17131, R 338.17132, R 338.17133, R 338.17134, R 338.17135, R 338.17136, R 338.17137, R 338.17138, and R 338.17141 are added to the Michigan Administrative Code to read as follows:

PART 1. GENERAL PROVISIONS

R 338.17101 Definitions.

Rule 101. (1) As used in these rules:

(a) "Appropriate health professional" means any individual licensed, registered or otherwise authorized to engage in a health profession under article 15 of the public health code **who is referred to, consulted with, or collaborates with a licensed midwife.**

(b) "Board" means the Michigan board of licensed midwifery.

(**c**) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

(d) "CPM" means a certified professional midwife who has met the standards for certification set by the North American Registry of Midwives (NARM). The CPM credential is accredited by the National Commission for Certifying Agencies (NCCA). The CPM credential with NARM requires a midwife to:

(i) Validate education.

(ii) Pass an examination.

(iii) Complete a workshop, module or course on cultural awareness.

(iv) Meet general education requirements.

(v) Maintain current adult CPR and current neonatal resuscitation program certification (NRP) with a hands-on component.

(vi) Complete obstetric emergency skills training.

(e) "Department" means the Michigan department of licensing and regulatory affairs.

(f) "Peer review" means the process utilized by midwives to confidentially discuss patient

cases in a professional forum, which includes support, feedback, follow-up, and learning objectives.

(2) Terms defined in the code have the same meanings when used in these rules.

PART 2. PRELICENSURE LICENSED MIDWIFERY EDUCATION

R 338.17111 Training standards for identifying victims of human trafficking: requirements.

Rule 111. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or registration who is licensed or registered shall complete a training in identifying victims of human trafficking that meets all the following standards:

(a) Training content shall cover all of the following:

(i) Understanding the types and venues of human trafficking in the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Resources for reporting suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally-recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved by the board for initial license or registration, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training may include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:

(i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of the article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule shall apply for license or registration renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses or registrations issued 5

or more years after the promulgation of this rule.

R 338.17113 Licensed midwifery accrediting organizations.

Rule 113. (1) The board approves the Midwifery Education Accreditation Council (MEAC), **or its successor entity,** as an accrediting organization **for an educational program or pathway**.

(2) A petition may be filed with the board for approval of a midwifery accrediting organization **for an educational program or pathway,** which will be evaluated to determine the organization's equivalence to the standards of other board approved accrediting organizations. **The board may approve a petition only if the standards and evaluative criteria of the organization are determined to be equivalent to the standards of MEAC, or its successor entity.**

R 338.17115 Licensed midwifery credentialing program.

Rule 115. The board may approve a licensed midwifery credentialing program **only** if ~~it is~~ **the program meets all of the following:**

(a) The standards and evaluative criteria are equivalent to the credential of **a** certified professional midwife (CPM) from **the** North American registry of midwives (NARM), **or its successor entity.**

(b) It satisfies ~~meets~~ the criteria of section 16148 of the code, MCL 333.16148~~, and~~**.**

(c) It is accredited by the national commission for certifying agencies (NCCA), **or its successor entity,** or another accrediting organization approved by the board **if the standards and evaluative criteria of the accrediting organization are determined to be equivalent to the standards of NCCA, or its successor entity.**

PART 3. LICENSURE

R 338.17121 Licensure.

Rule 121. (1) In addition to meeting the requirements of sections 16174 ~~and 17115~~ of the code, MCL 333.16174 ~~and MCL 333.17115~~, an applicant for licensure ~~must~~ **shall** submit a completed application on a form provided by the department, together with the requisite fee, **and meet all of the following requirements:**~~.~~

(a) Meet 1 of the following:

(i) Submit proof to the department of completion of an educational program or pathway accredited by MEAC, or its successor entity, or by another accrediting organization approved by the board under R 333.17113.

(ii) If prior to January 1, 2020, the applicant holds a current credential of CPM from NARM, or its successor entity, or an equivalent credential from another midwifery credentialing program that is approved by the board under R 383.17115, and satisfies both of the following:

(A) Submits proof to the department that he or she holds a midwifery bridge certificate awarded by NARM, or its successor entity, or an equivalent credential from another midwifery credentialing program that meets the criteria of section 16148 of the code, MCL 333.16148.

(B) The midwifery credentialing program is accredited by the NCCA, or its

successor entity, or another accrediting organization approved by the board only if the standards and evaluative criteria of the accrediting organization are determined to be equivalent to the standards of NCCA, or its successor entity.

(b) Submit proof to the department of holding a current credential of CPM from NARM, or its successor entity, or an equivalent credential from another midwifery credentialing program, that is approved by the board under R 383.17115.

(c) Submit proof to the department of successfully passing the examination developed and scored by NARM or another exam approved by the board under subrule (3) of this rule.

(d) Submit proof to the department of meeting the English language requirement under R 338.17127, if applicable.

~~(2) An applicant for licensure who has not completed an educational program or pathway accredited by MEAC may petition the board to evaluate whether an educational program or pathway accredited by another accrediting organization is equivalent to a program or pathway accredited by MEAC.~~

~~(3) An applicant for licensure who does not hold the credential of CPM from NARM may petition the board to evaluate whether a credential is equivalent to the credential of CPM from NARM.~~

~~(4)~~ **(2)** The board approves and adopts the examination developed and scored by NARM.

~~(5)~~ **(3)** An applicant for licensure may petition the board to evaluate whether another examination meets the requirements of section 16178(1) of the code, MCL 333.16178(1).

~~(6)~~ **(4)** A licensed midwife shall have obtained his or her recredential or maintain his or her **CPM** credential ~~of CPM~~ from NARM, or equivalent credential approved by the board**, pursuant to R 338.17115**, during the license cycle.

R 338.17122 Nonrenewable temporary license.

Rule 122. (1) If an applicant holds a current CPM credential from a midwifery education program that is not MEAC accredited or accredited by an accrediting organization approved by the board under R 338.17113, he or she may apply for a nonrenewable temporary license if he or she satisfies both of the following:

(a) Meets the requirements of sections 16174 of the code, MCL 333.16174.

(b) Submits to the department a completed application, on a form provided by the department, together with the requisite fee.

(2) An individual who holds a temporary license must hold a midwifery bridge certificate from NARM or an equivalent credential approved by the board pursuant to R 338.17115, to qualify for a license when his or her temporary license expires, pursuant to section 17116 of the code, MCL 333.17116.

(3) The term of a temporary license is 24 months and is not renewable.

R 338.17123 Licensure by endorsement.

Rule 123. (1) An applicant who **currently holds a license** ~~is licensed~~ as a midwife in another state but who has never been licensed as a midwife in this state may apply for a license by endorsement **and is presumed to meet the requirements of section 16186 of the code, MCL 333.16186, if he or she meets the requirements of section 16174, MCL 333.16174, submits** ~~by submitting~~ a completed application, on a form provided by the department, together with the requisite fee~~.~~ **, and submits all of the following:**

~~(2) In addition to meeting the requirements of sections 16174 and 17119 of the code, MCL 333.16174 and MCL 333.17119, an applicant who meets the requirements of this rule is presumed to meet the requirements of section 16186 of the code, MCL 333.16186.~~

(a) Proof of completion of an educational program or pathway accredited by MEAC, or its successor entity, or by another accrediting organization approved by the board under R 333.17113.

(b) Proof of holding a current credential of CPM from NARM or another midwifery credentialing program approved by the board under R 333.17115.

(c) Proof of successfully passing the examination developed and scored by NARM or another exam approved by the board under R 338.17121(3).

(d) Proof there are no pending disciplinary proceedings against the applicant before a licensing agency in this state, any other state, or country, or any sanctions currently imposed against the applicant by a licensing agency in this state, any other state, or country which are based on grounds similar to those under Article 15 of the code.

(e) Proof to the department of meeting the English language requirement under R 338.17127, if applicable.

~~(3) Pursuant to section 17119(2) of the code, MCL 333.17119(2), an applicant for licensure who does not hold the credential of CPM from NARM may petition the board to evaluate whether a credential is equivalent to the credential of CPM from NARM.~~

(2) If an applicant is licensed as a midwife in a state that does not require completion of an educational program or pathway that is MEAC approved, the department may determine that the applicant has met the requirements of subrule (2)(a) of this rule if he or she satisfies both of the following:

(a) The applicant meets all the other requirements for licensure.

(b) The applicant holds a midwifery bridge certificate awarded by NARM or an equivalent credential from another midwifery credentialing program that meets the criteria of section 16148 of the code, MCL 333.16148, and is accredited by NCCA, or another accrediting organization approved by the board, if the standards and evaluative criteria of the accrediting organization are determined to be equivalent to the standards of NCCA or its successor entity.

~~(4) Pursuant to section 17119(2) of the code, MCL 333.17119(2), an applicant for licensure may petition the board to evaluate whether another examination meets the requirements of section 16178(1) of the code, MCL 333.16178(1).~~

R 338.17125 Relicensure requirements.

Rule 125. An applicant for relicensure whose Michigan licensed midwifery license has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), as applicable, may be relicensed by complying with the following requirements as noted by (√):

(1) For a midwife who has let his or her Michigan license lapse and who does not hold a license in another state:	Lapsed less than 3 years	Lapsed more than 3 years, but less than 7 years	Lapsed 7 or more years

(a) Application and fee: submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
(b) Good moral character: establish that he or she is of good moral character as defined under sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Fingerprints: submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).		√	√
(d) Continuing education: submit proof of having completed 30 hours of continuing education in courses and programs ~~approved by the board, including~~ **and** at least 1 hour in pain and symptom management**, 2 hours of cultural awareness, and 1 hour of pharmacology related to the practice of midwifery, as required under R 338.17141, and** which was earned within the 3-year period immediately preceding the application for relicensure. **However, if the continuing education hours submitted with the application are deficient, the applicant shall have 2 years from the date of the application to complete the deficient hours. The application will be held and the license will not be issued until the continuing education requirements have been met.**	√	√	√
(e) Examination: within the 3-year period immediately preceding the application for relicensure, retake and pass the examination approved by the board pursuant to R 338.17121.			√
(f) Proof of license from another state ~~where licensed: an applicant's license must be verified~~ **verification** by the licensing agency of all other states of the United States in which the applicant ~~holds a current license or~~ ever held a license as a midwife~~. Verification~~ must be sent directly to the department from the licensing agency and include the record of any disciplinary action taken or pending against the applicant.	√	√	√

(g) Credential: submit proof of an active credential of CPM from the NARM or an equivalent credential from another midwifery credentialing program that is approved by the board and accredited by the NCCA or another accrediting organization approved by the board. A licensed midwife shall maintain his or her credential of CPM from NARM, or equivalent credential approved by the board, during the license cycle.	√	√	√

(2) For a midwife who has let his or her Michigan license lapse, but who holds a current and valid licensed midwife license in another state:	Michigan license lapsed Less than 3 years	Michigan license lapsed more than 3 years, but less than 7 years	Michigan license lapsed 7 or more years
(a) Application and fee: submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
(b) Good moral character: establish that he or she is of good moral character as defined under sections 1 to 7 of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Fingerprints: submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).		√	√
(d) Continuing education: submit proof of having completed 30 hours of continuing education in courses and programs ~~approved by the board~~, ~~including~~ **and** at least 1 hour in pain and symptom management**, 2 hours of cultural awareness, and 1 hour of pharmacology related to the practice of midwifery, as required under R 338.17141, and** which was earned within the 3-year period immediately preceding the application for relicensure. **However, if the continuing education hours submitted with the application are deficient, the applicant shall have 2 years from the date of the application to complete the deficient hours. The application will be held and the license will not be issued until the continuing education requirements have been met.**		√	√

(e) Proof of license verification from another state where licensed: an applicant's license must be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a license as a midwife. Verification must be sent directly to the department from the licensing agency and include the record of any disciplinary action taken or pending against the applicant.	√	√	√
(f) Credential: submit proof of an active credential of CPM from the NARM or an equivalent credential from another midwifery credentialing program that is approved by the board and accredited by the NCCA or another accrediting organization approved by the board. A licensed midwife shall maintain his or her credential of CPM from NARM, or equivalent credential approved by the board, during the license cycle.	√	√	√

R 338.17127 English language requirement.

Rule 127. ~~(1)~~ An applicant who attended a nonaccredited program pursuant to R 338.17121, or a program outside of the United States, shall demonstrate a working knowledge of the English language. An applicant shall demonstrate a working knowledge of the English language by satisfying either of the following requirements:

~~(i)~~ **(a)** Submit proof that he or she has obtained a total score of not less than 80 on the test of English as a foreign language internet-based test (TOEFL-iBT) administered by the educational testing service (ETS).

~~(ii)~~ **(b)** Submit proof that he or she completed ~~an~~ **a midwifery** educational program **or pathway** ~~located in any country where English is an official language~~ **conducted in the English language**.

PART 4. PRACTICE, CONDUCT, AND CLASSIFICATION OF CONDITIONS

R 338.17131 Definitions.

Rule 131. As used in this part:

~~(a) "Appropriate health professional" means any individual licensed, registered or otherwise authorized to engage in a health profession under article 15 of the public health code.~~

(a) "Appropriate pharmacology training" means 8 hours of training related to pharmacology applicable to midwifery practice, approved by MEAC or the board.

(b) "Consultation" means the process by which a licensed midwife, who maintains primary management responsibility for the patient's care, seeks the advice of another appropriate

health professional or member of the health care team.

(c) "Emergency medical services personnel" means an emergency medical technician, emergency medical technician specialist, or paramedic.

(d) "Futility" means care offered that would not mitigate a patient's lethal diagnosis or prognosis of imminent death.

(e) "Refer" means to suggest a patient seek discussion, information, aid, or treatment from a particular appropriate health professional.

(f) "Transfer" means to convey the responsibility for the care of a patient to **a hospital, emergency medical services personnel, or** another appropriate health professional. **Transfer may occur at any point during care, during the prenatal, intrapartum, postpartum, or neonatal period, and may be either of an emergent or non-emergent nature.**

(g) "Transport" means the physical movement of a patient from 1 location to another.

R 338.17132 Informed disclosure and consent.

Rule 132. (1) At the inception of care for a patient, a licensed midwife shall provide an informed disclosure **in writing** to the patient that includes all the following:

(a) A description of the licensed midwife's training, philosophy of practice, **information regarding the care team,** transfer of care plan, credentials and legal status, services to be provided, availability of a complaint process both with NARM and the state, and relevant Health Insurance Portability and Accountability Act (HIPAA) disclosures.

(b) Access to the midwife's ~~personal~~ practice guidelines.

(c) Whether the licensed midwife is permitted to administer drugs and medications pursuant to R 338.17137, ~~and~~ which medications the licensed midwife carries for potential use**, if a medication is required by law, and if certain standard medications are not available from the midwife, how and where the medications can be obtained**.

(d) Access to the board of licensed midwifery rules.

(e) Whether the licensed midwife has malpractice liability insurance coverage, and if so, the policy limitations of the coverage. The patient must be informed of the coverage and policy limitations both verbally and in writing.

(2) If during care and shared decision making, a patient chooses to deviate from a licensed midwife's recommendation, the licensed midwife shall provide the patient with an informed consent process which must include all the following:

(a) Explanation of the available treatments and procedures.

(b) Explanation of both the risks and expected benefits of the available treatments and procedures.

(c) Discussion of alternative procedures, including delaying or declining of testing or treatment, and the risks and benefits associated with each choice.

(d) Documentation of any initial refusal by the patient of any action, procedure, test, or screening that is recommended by the licensed midwife.

(3) A licensed midwife shall obtain the patient's signature acknowledging that the patient has been informed, verbally and in writing, of the disclosures.

(4) A licensed midwife ~~is exempt from the requirements of subrules (2) and (3) of this rule if the deviation occurs after the inception of active labor, or in an emergent situation, or if the change in the condition of a patient requires immediate action on the part of the licensed midwife.~~ **shall provide an abbreviated informed consent appropriate to the emergent situation with documentation to follow once the situation has stabilized.**

R 338.17133 Additional informed consent requirements.

Rule 133. (1) Additional informed consent processes are required when a patient presents to a licensed midwife under any of the following circumstances:

(a) Previous cesarean birth – at the inception of care.

(b) Fetus in a breech presentation – when it is likely in the midwife's judgment the fetus will present in breech presentation at the onset of labor.

(c) Twin or multiple gestation – at the time of discovery by the midwife.

(2) A licensed midwife shall disclose to the patient his or her ~~personal~~ practice guidelines surrounding the management of the pregnancies listed in subrule (1) of this rule, which must include the licensed midwife's level of experience, type of special training, care philosophy, and outcome history relative to such circumstances.

(3) The disclosure must contain information regarding the licensed midwife's care team and style of management to be expected under such circumstances, including a description of conditions under which the licensed midwife shall recommend transfer or transport.

(4) The licensed midwife shall practice within the limits of his or her ~~personal~~ practice guidelines described in this rule.

(5) The licensed midwife shall provide the patient with an informed choice document **and written informed consent**, specific to ~~the patient's situation~~ **the conditions listed in subrule (1) of this rule**, which includes the potential increased risks and benefits of the following:

(a) The circumstances listed in subrule (1) of this rule.

(b) Birth outside a hospital setting associated with the circumstances listed in subrule (1) of this rule.

(c) Medical care options associated with the circumstances listed in subrule (1) of this rule, including the risks of cesarean section, both in the current pregnancy and any future pregnancies.

(6) A licensed midwife ~~is exempt from the requirements of this rule if the circumstances listed in subrule (1) of this rule are discovered after the inception of active labor, in an emergent situation, or if the change in the condition of a patient requires immediate action on the part of the licensed midwife~~ **shall provide an abbreviated informed consent appropriate to the emergent situation with documentation to follow once the situation has stabilized**.

R 338.17134 Consultation and referral.

Rule 134. (1) A licensed midwife shall consult with or refer a patient to ~~an appropriate health professional~~ **a physician, physician's assistant, or advanced practice registered nurse licensed under Article 15 of the code, document the consultation or referral, and follow up with the patient regarding the consultation or referral,** if the patient presents with any of the following conditions ~~that in the judgment of the licensed midwife warrant consultation or referral~~:

(a) Antepartum:

(i) ~~Gestational~~ **H**~~h~~ypertension **in pregnancy as defined as systolic blood pressure greater than 140 mm Hg and diastolic blood pressure greater than 90 mm Hg measured on two separate occasions more than four hours apart.**

(ii) Persistent, severe headaches, epigastric pain, or visual disturbances.

(iii) Persistent symptoms of urinary tract infection.

(iv) Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.

(v) Rupture of membranes prior to the 36.6 weeks of gestation without active labor.

(vi) Noted abnormal decrease in or cessation of fetal movement.

(vii) Hemoglobin level less than 9 and resistant to supplemental therapy.

(viii) A temperature of 100.4 degrees Fahrenheit or 38.0 degrees Celsius or greater for more than 24 hours.

(ix) Isoimmunization, Rh-negative sensitization, or any other positive antibody titer, which would have a detrimental effect on the mother or fetus.

(x) Abnormally elevated blood glucose levels unresponsive to dietary management.

(xi) Positive HIV antibody test.

(xii) TORCH (Toxoplasmosis, other, rubella, cytomegalovirus, and herpes simplex infections.)

(xiii) Symptoms of severe malnutrition, severe persistent dehydration, or protracted weight loss.

(xiv) Symptoms of deep vein thrombosis.

(xv) Documented placenta previa.

(xvi) Documented placenta overlying the site of a previous uterine scar.

(xvii) Active labor prior to 36.0 weeks of gestation.

(xviii) Fetus with diagnosed congenital abnormalities that will require immediate medical intervention at birth.

(xix) History of myomectomy.

(xx) Prior history of early preterm birth, 32 weeks or less.

(~~xx~~ **xxi**) Pelvic or uterine abnormalities affecting normal vaginal births, including tumors and malformations.

(~~xxi~~ **xxii**) Marked abnormal fetal heart tones.

(~~xxii~~ **xxiii**) Abnormal non-stress test or abnormal biophysical profile.

(~~xxiii~~ **xxiv**) Marked or severe hydramnios or oligohydramnios.

(~~xxiv~~ **xxv**) Suspected intrauterine growth restriction.

(~~xxv~~ **xxvi**) Gestation beyond ~~42~~ **43.0** weeks.

(~~xxvi~~ **xxvii**) Suspected perinatal mood disorder or uncontrolled current serious psychiatric illness.

(~~xxvii~~ **xxviii**) Suspected active alcohol use disorder.

(~~xxviii~~ **xxix**) Suspected active substance use disorder.

(~~xxix~~ **xxx**) Receiving opioid replacement therapy.

(~~xxx~~ **xxxi**) Sexually transmitted infection.

(~~xxx~~i **xxxii**) Symptoms of ectopic pregnancy

(~~xxxii~~ **xxxiii**) Second or third trimester fetal demise.

(~~xxxiii~~ **xxxiv**) Symptoms or evidence of hydatidiform mole.

(~~xxxiv~~ **xxxv**) Thrombocytopenia with a count less than 100,000 platelets per microliter.

(~~xxxv~~ **xxxvi**) Vaginal infection unresponsive to treatment.

(~~xxxvi~~ **xxxvii**) Symptoms or clinical evidence of hepatitis.

(~~xxxvii~~ **xxxviii**) Abnormal liver or metabolic panel.

(xxxix) Significant proteinuria.

~~(xxxviii)~~ **(xl)** Abnormal PAP test results.

~~(xxxix)~~ **(xli)** Significant hematological disorders or coagulopathies, or pulmonary embolism.

(xlii) Hyperreflexia.
(xliii) Clonus.
(xliv) Rheumatoid arthritis.
(xlv) Chronic pulmonary disease.
(xlvi) Uncontrolled gestational diabetes.
(xlvii) Hyperthyroidism treated with medication.
(xlviii) Suspected coagulation disorder.
(xlix) Inflammatory bowel disease.
(l) (l) Addison's disease.
(li) Scleroderma.

(~~xl~~ **lii**) Any other condition or symptom that could threaten the health of the mother or fetus, as assessed by a licensed midwife exercising reasonable skill and judgment.

(b) Intrapartum:

(i) ~~Blood pressure exceeding 160/110~~.

(~~ii~~ **i**) Persistent, severe headaches, epigastric pain or visual disturbances.

(~~iii~~ **ii**) Temperature over 100.4 degrees Fahrenheit or 38.0 degrees Celsius in absence of environmental factors.

(~~iv~~ **iii**) Signs or symptoms of maternal infection.

(~~v~~ **iv**) Confirmed ruptured membranes without onset of labor after 72 hours.

(~~vi~~ **v**) Excessive vomiting, dehydration, acidosis, or exhaustion unresponsive to treatment.

(~~vii~~ **vi**) Uncontrolled current serious psychiatric illness.

(vii) Fetal heart rate abnormalities of severe bradycardia, fetal tachycardia, or sustained deceleration of fetal heart rate.

(viii) Any other condition or symptom that could threaten the health of the mother or fetus, as assessed by a licensed midwife exercising reasonable skill and judgment.

(c) Postpartum:

(i) Failure to void bladder within 6 hours of birth **or catheterization**.

(ii) Temperature of 101.0 degrees Fahrenheit or 39 degrees Celsius for more than 12 hours.

(iii) Signs or symptoms of uterine sepsis.

(iv) Symptoms of deep vein thrombosis.

(v) Suspected perinatal mood disorder or uncontrolled current serious psychiatric illness.

(vi) Suspected active alcohol use disorder.

(vii) Suspected active substance use disorder.

(viii) Lacerations requiring repair beyond the scope of practice of the licensed midwife.

(ix) Blood pressure exceeding systolic greater than 140 mm Hg and diastolic greater than 90 mm Hg measured after delivery of the baby.

(~~ix~~ **x**) Any other condition or symptom that could threaten the health of the mother, as assessed by a licensed midwife exercising reasonable skill and judgment.

(2) A licensed midwife shall consult with or refer a patient to a physician, physician's assistant, or advanced practice registered nurse licensed under Article 15 of the code, document the consultation or referral, and follow up with the patient regarding the consultation or referral, if the infant presents with any of the following conditions:

(d) ~~Infant:~~

(~~I~~ **a**) Abnormal metabolic infant screening.

(~~ii~~ **b**) Failed hearing screening.

(~~iii~~ **c**) Jaundice occurring outside of normal range.

(~~iv~~ **d**) Failure to urinate within 36 hours of birth.

(~~v~~ **e**) Failure to pass meconium within 48 hours of birth.

(~~vi~~ **f**) Medically significant nonlethal congenital anomalies.

(~~vii~~ **g**) Suspected birth injury.

(~~viii~~ **h**) Signs of clinically significant dehydration.

(~~ix~~ **i**) Signs and symptoms of neonatal abstinence syndrome.

(j) Weight less than 2500 grams or 5 pounds, 8 ounces, singleton.

(~~x~~ **k**) Any other abnormal infant behavior or appearance that could adversely affect the health of the infant, as assessed by a licensed midwife exercising reasonable skill and judgment.

(~~2~~**3**) When a referral to a~~n appropriate health professional~~ **physician, physician's assistant, or advanced practice registered nurse licensed under Article 15 of the code** is made, after referral the licensed midwife may, if possible, remain in communication with the ~~appropriate health professional~~ **physician, physician's assistant, or advanced practice registered nurse** until resolution of the concern.

(4) If the patient elects not to accept a referral or the physician, physician's assistant, or advanced practice registered nurse's advice, the licensed midwife shall:

(a) Obtain full informed consent from the patient and document the refusal in writing.

(b) Discuss with the patient what the continuing role of the licensed midwife will be and whether the licensed midwife will continue or discontinue care of the patient.

(35) Neither consultation nor referral preclude the possibility of continued care by a licensed midwife or the possibility of an out-of-hospital birth. The licensed midwife may maintain care of the patient to the greatest degree possible. ~~The patient may elect not to accept a referral or an appropriate health professional's advice. If full informed consent has been provided, and if the refusal is documented in writing, the licensed midwife may continue or discontinue to care for the patient.~~

R 338.17135 Emergent transfer of care.

Rule 135. (1) In **the following** emergent circumstances**,** a licensed midwife ~~may~~ **shall immediately arrange for transport of the patient to a hospital and notify hospital staff of the** transfer ~~the~~ **of** care of **the** patient ~~to an appropriate health professional~~. ~~The following conditions require immediate notification and emergency transfer to a hospital~~:

(a) Mother:

(i) Seizures.

(ii) Unconsciousness.

(iii) Respiratory distress or arrest.

(iv) Maternal shock unresponsive to treatment.

(v) Symptoms of maternal stroke.

(vi) Symptoms of suspected psychosis.

(vii) Symptomatic cardiac arrhythmias or chest pain.

(viii) Prolapsed umbilical cord.

(ix) Symptoms of uterine rupture.

(x) Symptoms of placental abruption.

(xi) Symptoms of preeclampsia or eclampsia.

(xii) Severe abdominal pain inconsistent with normal labor.

(xiii) Symptoms of pulmonary or amniotic fluid embolism.

(xiv) Symptoms of chorioamnionitis that include the presence of a fever greater than 100.4

degrees Fahrenheit or 38.0 degrees Celsius and 2 of the following 3 signs: uterine tenderness, maternal or fetal tachycardia, or foul/purulent amniotic fluid.

(xv) Unresolved fetal malpresentation not compatible with spontaneous vaginal delivery.

(xvi) Hemorrhage non-responsive to therapy.

(xvii) Uterine inversion.

(xviii) Persistent uterine atony.

(xix) Symptoms of anaphylaxis.

(xx) Failure to deliver placenta within 2 hours in the third stage.

(xxi) Persistent abnormal vital signs.

(xxii) Significant abnormal bleeding prior to delivery, with or without abdominal pain.

(xxiii) Fetal distress evidenced by abnormal fetal heart tones when birth is not imminent.

(xxiv) A single blood pressure reading of greater than or equal to 160/110.

(xxv) Genital herpes lesions at the time of delivery if the lesions cannot be covered by an occlusive dressing.

(b) Infant:

(i) Persistent cardiac irregularities.

(ii) Persistent central cyanosis, pallor, or abnormal perfusion.

(iii) Persistent lethargy or poor muscle tone.

(iv) Seizures.

(v) Apgar score of 6 or less at 5 minutes without significant improvement by 10 minutes.

(vi) Non-transient respiratory distress.

(vii) Significant signs or symptoms of infection.

(viii) Evidence of unresolved hypoglycemia.

(ix) Abnormal, bulging, or depressed fontanel.

(x) Significant evidence of prematurity.

(xi) Clinically significant abnormalities in vital signs, muscle tone, or behavior.

(xii) Failed critical congenital heart defect screening.

(xiii) Persistent inability to suck.

(xiv) Clinically significant abdominal distension.

(xv) Clinically significant projectile vomiting.

(xvi) Contact with genital herpes lesions at birth.

(2) **As required under subrule (1) of this rule,** ~~The~~ licensed midwife shall initiate immediate transport according to the licensed midwife's emergency care plan; provide necessary emergency stabilization until emergency medical services **personnel** arrive or transfer **to a hospital or emergency medical services personnel** is completed; provide pertinent information to the ~~appropriate health professional~~ **provider assuming care of the patient or patients**; and is encouraged to fill out a patient transfer form provided by the department.

(3) Transport via private vehicle is an acceptable method of transport if it is the most expedient method for accessing medical services.

(4) A licensed midwife **if present,** ~~may continue~~ **is allowed** to provide care to a patient with any of the complications or conditions set forth in this rule under any of the following circumstances:

(~~i~~ **a**) If no ~~appropriate health professional or other equivalent~~ **emergency** medical services **personnel** are available.

(~~ii~~ **b**) If delivery occurs during transport.

(~~iii~~ **c**) If the patient refuses to be transported to the hospital.

(~~iv~~ **d**) If the transfer or transport entails futility, or extraordinary and unnecessary human suffering.

(5) The licensed midwife may remain in consultation with the appropriate health professional after a transfer is made.

(6) If authorized by the patient, a licensed midwife may be able to be present during the labor and childbirth, and care may return to the midwife upon discharge.

R 338.17136 Prohibited conduct.

Rule 136. An individual covered by these rules shall not perform the following acts:

(a) Except as provided in R 338.17137, administer prescription drugs or medications.

(b) Use vacuum extractors or forceps.

(c) Prescribe medications.

(d) Perform surgical procedures other than episiotomies, repairs of perineal lacerations, **and** clamping and cutting the umbilical cord~~, and frenulum revisions~~.

(e) Knowingly accept sole responsibility for prenatal or intrapartum care of a patient with any of the following risk factors:

(i) Chronic significant maternal cardiac, pulmonary, renal, or hepatic disease.

(ii) Malignant disease in an active phase.

(iii) Insulin dependent diabetes mellitus.

(iv) Active tuberculosis.

(v) Active syphilis.

(vi) Confirmed AIDS status.

(vii) Current seizure disorder requiring medication.

(viii) History of previous uterine rupture.

(ix) Monoamniotic twins.

(x) Opioid use disorder.

(xi) Known uncontrolled hypothyroidism.

(xii) Cushing's disease.

(xiii) Systemic lupus erythematosus.

(xiv) Antiphospholipid syndrome.

(xv) Polyarteritis nodosa.

(xvi) Primary genital herpes infection in pregnancy.

R 338.17137 Administration of prescription drugs or medications.

Rule 137. (1) **Pursuant to section 17111 of the code, MCL 333.17111,** ~~A~~ **a** licensed midwife who has appropriate pharmacology training and holds a standing prescription from an appropriate health professional with prescriptive authority, ~~may, but is not required to,~~ **is permitted to** administer the following prescription drugs and medications~~.~~ **:**

(a) Prophylactic vitamin K to an infant, either orally or through intramuscular injection.

(b) Antihemorrhagic agents to a postpartum mother after the birth of the infant.

(c) Local anesthetic for the repair of lacerations to a mother.

(d) Oxygen to a mother or infant.

(e) Prophylactic eye agent to an infant.

(f) Prophylactic Rho(D) immunoglobulin to a mother.

(g) Agents for group B streptococcus prophylaxis, recommended by the federal centers for

disease control and prevention, to a mother.

(h) Intravenous fluids, excluding blood products, to a mother.

(i) Antiemetics to the mother.

(j) Epinephrine.

(k) ~~Any other drug or medication authorized by the board.~~

(2) Administration of any of the drugs included in subrule (1) of this rule must be in accordance with this rule. The indications, dose, route of administration, duration of treatment, and contraindications relating to the administration of drugs or medications identified under subrule (1) of this rule are shown in Table 1:

Table 1

Administration of Prescription Drugs and Medications

Medication	*Indication*	*Dose*	*Route of Administration*	*Duration of Treatment*	*Contraindications*	*Comments*
Maternal						
Oxygen	Maternal: fetal distress, maternal shock, stroke-like symptoms.	Maternal: 12L/minute.	Maternal: free-flow, nasal cannula, mask.	Maternal: until ~~stabilized~~ **stabilized** or transfer of care.	None, with indications present.	Administration of oxygen to a neonate should be in accordance with NRP standards. When an oxygen blender is not accessible, free-flow oxygen may be used combined with pulse oximetry. Current research cautions that inappropriate use of oxygen can cause free radical and oxidative stress damage in the neonate.
~~0.5% Erythromycin Opthalmic ointment~~	~~Prophylaxis of neonatal ophthalmia neonatorum due to N. gonorrhoeae or chlamydia trachomatis~~.	~~1 cm ribbon of 0.5% ointment in each eye within 24 hours of birth~~.	~~Ocular, in lower eyelid~~.	~~1 dose~~.	~~Hypersensitivity to drug class or component~~.	~~May cause ocular irritation or blurred vision~~.
Pitocin 10 units/ml	Prevention and treatment of postpartum hemorrhage.	10 units/ml.	Intramuscular.	1-2 doses, PRN.		
Pitocin 10 units/ml	Prevention and treatment of postpartum hemorrhage.	20 units in 1000 ml IV fluids, Initial bolus rate 1000 ml/hour bolus for 30 minutes (equals 10 units) followed by a maintenance rate 125 ml/hour over 3.5 hours (equals remaining 10 units).	Intravenous.	4 hours.		
Methyl-ergonovine (Methergine) 0.2 mg/ml	Prevention and treatment of postpartum hemorrhage.	0.2 mg/ml.	Intramuscular.	0.2 mg IM q2-4hr PRN; not to exceed 5 doses.	Contraindicated for patient with hypertension or Reynaud's disease. Can be used in conjunction with Pitocin after delivery of the placenta.	IM preferred for acute postpartum use. Oral methergine can help to lessen continued bleeding after hemorrhage.
Methyl-ergonovine (Methergine) 0.2 mg		0.2 mg tab.	Oral.	0.2-0.4 mg PO q6-8hr PRN for 2-7 days .	Contraindicated for patient with hypertension or Reynaud's disease.	IM preferred for acute postpartum use. Oral methergine can help to lessen continued bleeding after hemorrhage.
~~Vitamin K 1.0 mg/0.5 ml~~	~~Prophylaxis and therapy of hemorrhagic disease of the newborn~~.	~~0.5-1.0 mg~~.	~~Intramuscular~~.	~~Single dose~~.	~~Family history of hypoprothrombinaemia; hypersensitivity to drug class or component~~.	~~Vitamin K 1.0 mg/0.5 ml~~
Misoprostol (Cytotec)	Postpartum hemorrhage.	600 mg oral or 800 mg buccal or rectal.	Oral, buccal, rectal.	Single dose.		
RHo (D) Immune Globulin (Rhogam)	Prophylactic dose: RH- patient at 28-30 weeks gestation; RH- patient after a miscarriage; postpartum RH- patient with an RH+ baby. A prenatal dose can also be given after an injury under advisement of a physician.	300 mcg pre-filled syringe.	Intramuscular.	Administer within 72 hours of birth or antenatal event.	RH positive; IgA deficiency.	
Penicillin G	Group Beta Strep (GBS) prophylaxis in labor.	Initial loading dose: 5 million units IV. Subsequent doses: 2.5–3.0 million units IV every 4 hours.	Administer via IVPB with prepared minibag.	Until delivery.	Allergy to penicillin.	
Ampicillin	Group Beta Strep prophylaxis in labor.	Initial loading dose: 2 g IV. Subsequent doses: 1 g IV every 4 hours.	Administer via IVPB with prepared minibag.	Until delivery.	Allergy to penicillin.	

Administration of Prescription Drugs and Medications

Maternal						
Cefazolin	Group Beta Strep prophylaxis in labor.	Initial loading dose: 2g IV. Subsequent doses: 1g IV every 8 hours.	Administer via IVPB with prepared minibag.	Until delivery.	Allergy to cefazolin.	Cefazolin is the first choice for patients who have a history of allergy to penicillin but no history of anaphylactic reaction to penicillin. Use ~~clindamycin~~ **clindamycin** or vancomycin for patients who have a history of anaphylactic penicillin allergy.
Clindamycin	Group Beta Strep prophylaxis in labor.	900 mg IV every 8 hours until delivery.	Administer via IVPB with prepared minibag.	Until delivery.	Allergy to clindamycin.	Use only with history of anaphylactic reaction to penicillin. Clindamycin and Vancomycin are the drugs of choice for GBS prophylaxis for patients who have a history of anaphylactic reactions to penicillin.
Vancomycin	Group Beta Strep prophylaxis in labor.	1 g IV every 12 hours.	Administer via IVPB with prepared minibag.	Until delivery.	Allergy to vancomycin.	Use only with history of anaphylactic reaction to penicillin. Clindamycin and Vancomycin are the drugs of choice for GBS prophylaxis for patients who have a history of anaphylactic reactions to penicillin.
Epinephrine	**Severe allergic reaction.**	**Single dose of 0.3 mg, USP, 1:1000 (0.3 mL) in a sterile solution.**		**5-15 minutes. Transport to hospital should be initiated.**		**Discontinue medication that is causing reaction; place patient supine and elevate lower extremities. Protect the airway. Transport to hospital should follow.**
Lactated Ringers Solution	Dehydration during labor.	Up to 2L.	Intravenous.	Over the course of 3-5 hours.		Most patients respond to intravenous hydration and a short period of gut rest, followed by reintroduction of oral intake. Preferred over normal saline.
0.9% Normal Saline solution	Dehydration during labor, when LR not available. Postpartum hemorrhage. Allergic reactions.	1L- 2L bolus.	Intravenous.	During course of infusion.		Intrapartum: the addition of 5% Dextrose to solution can increase success rate with nausea or vomiting.
Lidocaine	Postpartum repair of vulvo-vaginal lacerations.	Injectable: up to 5 ml 2%, 10 ml 1%, or 20 ml 0.5%. Topical cream, spray, or gel.	Injection.	2 hours.	Known allergy or signs or symptoms of allergic reaction.	Do not use lidocaine with ~~epinepherine~~,**epinephrine** max dose 3 mg/kg.
Antiemetic ranitidine zantac	To reduce vomiting during labor.	150 mg every 6 hours.	Oral.	Treat until symptoms subside.		
Diphenhydramine	To reduce vomiting during labor.	25 to 50 mg every 4 to 6 hours / 10-50 mg every 4-6 hours.	Oral; intravenous.			
Ondansetron	To reduce vomiting during labor.	4-8 mg IVP / 4 mg (up to twice PRN).	Oral; intravenous.			May produce headache as side effect.
~~Epinephrine~~	~~Severe allergic reaction~~.	~~Single dose of 0.3 mg, USP~~, ~~1:1000 (0.3 mL) in a sterile solution~~.		~~5-15 minutes. Transport to hospital should be initiated~~.		~~Discontinue medication that is causing reaction; place patient supine and elevate lower extremities. Protect the airway. Transport to hospital should follow~~.
~~Epinephrine~~	~~Neonatal resuscitation~~.	~~0.1 - 0.3 mL/kg (0.01 - 0.03 mg/kg) of body weight in a 1:10,000 concentration~~.	~~Administered in the umbilical venous catheter followed by 1 - 3 mL flush of sterile normal saline~~.	~~Repeat every 3-5 min if HR <60 bpm with chest compressions~~.		~~EMS services should be en route~~.
~~Epinephrine~~		~~1 ml/kg 1:10,000 concentration~~.	~~Endotracheal~~.	~~Repeat every 3-5 min if HR <60 bpm with chest compressions~~.		~~Max 3 ml/dose, EMS services should be en route~~.
Neonatal						
Oxygen	**Neonatal: neonatal resuscitation, if indicated; abnormal pulse oximetry**	**Neonatal: 10L/minute,**	**Neonatal: bag and**	**Neonatal: until pulse-oximetry readings are within target range of**	**None, with**	**Administration of oxygen to a neonate should be in accordance with NRP standards. When an oxygen blender is not accessible, free-flow oxygen may be used combined with pulse oximetry. Current research cautions that inappropriate use of oxygen**

	readings.	or as indicated.	mask, free-flow.	infant age, or transfer of care.	indications present.	can cause free radical and oxidative stress damage in the neonate.
0.5% Erythromycin Ophthalmic ointment	Prophylaxis of neonatal ophthalmia neonatorum due to N. gonorrhoeae or chlamydia trachomatis.	1 cm ribbon of 0.5% ointment in each eye within 24 hours of birth.	Ocular, in lower eyelid.	1 dose.	Hypersensitivity to drug class or component.	May cause ocular irritation or blurred vision.
Vitamin K 1.0 mg/0.5 ml	Prophylaxis and therapy of hemorrhagic disease of the newborn.	0.5-1.0 mg.	Intramuscular.	Single dose.	Family history of hypoprothrombinemia; hypersensitivity to drug class or component.	Vitamin K 1.0 mg/0.5 ml
Epinephrine	Neonatal resuscitation.	0.1 - 0.3 mL/kg (0.01 - 0.03 mg/kg) of body weight in a 1:10,000 concentration.	Administered in the umbilical venous catheter followed by 1 - 3 mL flush of sterile normal saline.	Repeat every 3-5 min if HR <60 bpm with chest compressions.		EMS services should be en route.
Epinephrine	Neonatal resuscitation.	1 ml/kg 1:10,000 concentration.	Endotracheal.	Repeat every 3-5 min if HR <60 bpm with chest compressions.		Max 3 ml/dose, EMS services should be en route.

R 338.17138 Report patient's data.

Rule 138. (1) Unless the patient refuses, a licensed midwife shall report patient data to the statistics registry maintained by midwives alliance of North America's (MANA) division of research (DOR), pursuant to MANA's policies and procedures, or a similar registry maintained by a successor organization approved by the board.

(2) A licensee shall register with MANA's DOR.

(3) Annually, by the date determined by MANA, a licensee shall submit patient data on all completed courses of care in the licensee's practice during the previous 12 months.

(4) During the first year of licensure, a licensee shall submit data from the date of licensure to the date determined by MANA.

PART 5. LICENSE RENEWAL AND CONTINUING EDUCATION

R 338.17141 License renewals; requirements; applicability.

Rule 141. (1) In addition to meeting the requirements of section 16201 of the code, MCL 333.16201, an applicant for renewal shall submit a completed application on a form provided by the department, together with the requisite fee and, prior to renewal, shall hold the credential of CPM from NARM, or equivalent credential approved by the board.

(2) Pursuant to section 16201 of the code, MCL 333.16201, an applicant for license renewal who has been licensed for the **2**-year period immediately prior to renewal shall accumulate all of the following, during the prior **2** years ~~and before renewal~~ **by the end of the license cycle**:

(a) At least 30 hours of continuing education that is met by obtaining ~~and~~ **or** maintaining, the credential of CPM from NARM, or an equivalent credential approved by the board.

(b) One hour of continuing education in pain and symptom management pursuant to section 16204(2) of the code, MCL 333.16204(2). Acceptable methods of continuing education in pain and symptom management includes online and in person presentations, courses or programs and may include, but is not limited to, the following subject areas: behavior management, psychology of pain, behavior modification, stress management, and clinical applications as they relate to professional practice.

(c) Two hours of continuing education on cultural awareness that include examination of disparate maternal infant mortality and morbidity experienced by the African American and indigenous populations. Acceptable methods of continuing education in cultural awareness include online and in person presentations, courses, programs, or reading an article that is published in a peer review journal, health care journal, or professional or scientific journal.

(d) One hour of continuing education in pharmacology applicable to the practice of midwifery.

(3) "Continuing education hour" as used in these rules means the cumulative number of program minutes divided by 60. When the fractional part of an hour is 55 minutes or more, it counts as 1 hour. Any portion of an hour between 30 and 54 minutes counts as half of an hour. Any part of an hour less than 30 minutes will be discarded. Breaks are not counted.

(4) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule.

(5) A licensee shall retain documentation of meeting the requirements of this rule for a period of 4 years from the date of applying for license renewal.

(6) The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule.

(7) A self-certification statement by an individual that includes the title of the article, author, publication name, date, volume, and issue of publication, as applicable, is acceptable evidence of reading an article that is published in a peer review journal, health care journal, or professional or scientific journal.

(8) Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(9) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department prior to the expiration date of the license. A CPM credential from NARM, or equivalent credential approved by the board, may not be waived.

(10) The requirements of this part do not apply to an applicant during an initial **1-year** licensure cycle.