

H.B. 25

DIRECT-ENTRY MIDWIFE ACT

Representative **Jackie Biskupski** proposes the following amendments:

1. Page 6, Lines 176 through 178:

176 (7) "Practice of Direct-entry midwifery" means practice of providing the necessary supervision,
care, and advice to a client during essentially normal pregnancy, labor, delivery, postpartum, and
newborn periods that is ~~{in accordance}~~ consistent with
177 national professional midwifery standards and that is based upon the acquisition of clinical
178 skills necessary for the care of pregnant women and newborns, including antepartum.

2. Page 7, Lines 186 through 201:

186 (f) obtaining medications, as specified in this Subsection (7)(f) ~~{or by rule}~~ , to administer
187 to clients, including:
188 (i) prescription vitamins;
189 (ii) Rho D immunoglobulin;
190 ~~{(iii) CDC- or ACOG-recommended agents for Group B strep prophylaxis}~~ ;
191 ~~{(iv)}~~ (iii) sterile water;
192 ~~{(v) IV fluids, excluding blood products;}~~ (iv) one dose of intramuscular oxytocin after the
delivery of the placenta to minimize blood loss;
193 ~~{(vi) anti-hemorrhagic medications;}~~ (v) one dose of intramuscular oxytocin if a
hemorrhage occurs, in which case the licensed Direct-entry midwife must either consult with a physician
licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah
Osteopathic Medical Practice Act, or notify the obstetrician on call at a local hospital, and initiate
transfer if requested by the contacted physician or if the client's condition does not immediately
improve;
194 ~~{(vii)}~~ (vi) oxygen;
195 ~~{(viii)}~~ (vii) local anesthetics without epinephrine used in accordance with Subsection
(7)(l); ;
196 ~~{(ix)}~~ (viii) vitamin K to prevent hemorrhagic disease of the newborn;
197 ~~{(x)}~~ (ix) eye prophylaxis to prevent ophthalmia neonatorum as required by law; and
198 ~~{(xi) other medications that are not controlled substances as defined in Section 58-37-2}~~ (x)
any other medication approved by a licensed health care provider with authority to prescribe that
medication;
199 ~~{and which are approved by the division in collaboration with the Licensed Direct-entry}~~
~~200 Midwife Formulary Committee}~~

201 (g) obtaining food, food extracts, dietary supplements, as defined by the Federal Food,

3. Page 8, Lines 214 through 219:

214 (l) managing the postpartum period including {~~±~~}
215 ~~{(i)}~~ suturing of episiotomy or first and second degree natural perineal and labial
216 lacerations, including the administration of a local anesthetic; ~~{and}~~
217 ~~{(ii) managing hemorrhage, including the administration of anti-hemorrhagic}~~
218 ~~{medications or IV fluids;}~~
219 (m) managing the newborn period including:

4. Page 14, Lines 400 through 403:

400 (D) a promise to provide the client, upon request, separate documents describing the
401 rules governing licensed Direct-entry midwifery practice, including a list of conditions
402 indicating the need for consultation, collaboration, referral, transfer or ~~{emergency~~
403 ~~-}~~ mandatory transfer, and
the licensed Direct-entry midwife's personal written practice guidelines;

5. Page 14, Lines 412 through 414:

412 (2) A licensed Direct-entry midwife shall appropriately recommend and facilitate
413 consultation with, collaboration with, referral to, or transfer or ~~{emergency}~~ mandatory transfer of
414 care to a
licensed health care professional when the circumstances require that action in accordance with

6. Page 14, Lines 422 through 424:

422 (4) If after a client has been informed that she has or may have a condition indicating
423 the need for ~~{emergency}~~ mandatory transfer, the licensed Direct-entry midwife shall , in
424 accordance with procedures established by division rule, terminate the care or initiate transfer by:
(a) calling 911 and reporting the need for immediate transfer;

7. Page 14, Lines 427 through 428:

427 physician's orders. =
(5) For the period from 2006 through 2011, a licensed Direct-entry midwife must submit outcome
data to the Midwives's Alliance of North America's Division of Research on the form and in the manner
prescribed by rule.
428 ~~{(5)}~~ (6) This chapter does not mandate health insurance coverage for midwifery services.

8. Page 15, Lines 444 through 446:

444 (d) The issuing of an order for a Direct-entry midwife's client does not constitute a
445 delegation of duties from the other provider to the Direct-entry midwife. =

(4) A licensed health care provider may not be held civilly liable for rendering emergency medical services that arise from prohibited conduct in Section 57-77-603, or from care rendered under a waiver as specified in Subsection 58-77-601(3)(b), unless the emergency medical services constitute gross negligence or reckless disregard for the client.

(5) A licensed Direct-entry midwife shall be solely responsible for the use of medications under this chapter.

446 Section 18. Section **58-77-603** is enacted to read:

9. Page 15, Lines 449 through 455:

449 (1) administer a prescription drug to a client {~~,-~~} ~~{other than those specified in~~
Subsections;} **in a manner that violates this chapter;**
450 ~~{58-77-102(7) and 58-77-602(3)(a);}~~

451 (2) effect any type of surgical delivery except for the cutting of an emergency
452 episiotomy;

453 (3) administer any type of epidural, spinal, or caudal anesthetic, or any type of narcotic
454 analgesia; ~~{-or}~~ =

(4) use forceps or a vacuum extractor;

(5) manually remove the placenta, except in an emergency that presents an immediate threat to the life of the client; or

455 ~~{(4)}~~ **(6)** induce abortion.