Department of Planning and Budget
2005 Fiscal Impact Statement

1. **Bill Number:** SB 1259

   House of Origin ☐ Introduced ☐ Substitute ☐ Engrossed

   Second House ☐ In Committee ☐ Substitute ☒ Enrolled

2. **Patron:** Frederick M. Quayle

3. **Committee:** Passed Both Houses

4. **Title:** Health professions; practice of midwifery

   Summary/Purpose: Provides for the licensing by the Board of Medicine of those persons who have obtained the Certified Professional Midwife credential to practice midwifery pursuant to regulations adopted by the Board of Medicine. The Board of Medicine must adopt regulations, with advice from the Advisory Board on Midwifery, which is established in this bill. The regulations must (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the current job analysis for the profession except that prescriptive authority will be prohibited, (iii) ensure independent practice, (iv) provide for an appropriate license fee, and (v) include requirements for licensure renewal and continuing education. The regulations must not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. Licensed midwives must disclose to clients certain background information, including their training and experience, written protocol for medical emergencies, malpractice or liability insurance coverage, and procedures to file complaints with the Board of Medicine. No person other than the licensed midwife who provided care to the patient will be liable for the midwife's negligent, grossly negligent or willful and wanton acts or omissions. Other health care providers will be liable for their own subsequent and independent negligent, grossly negligent or willful and wanton acts or omissions or when they have a business relationship with the licensed midwife who delivered the care. Mere consultation or acceptance of referrals will not be deemed to establish a business relationship, agency or employment relationship, or partnership or joint venture.

6. **Fiscal impact is unknown (see item 8)**

7. **Budget amendment necessary:** No. There is no clear estimate as to the additional expenditure required for the licensure of midwives, however additional nongeneral fund appropriation can be provided administratively once such spending needs are determined.

8. **Fiscal implications:** Although the regulation of midwives will clearly have a fiscal impact on the Board of Medicine, the amount and impact on licensure fees is unknown. Costs for the Board of Medicine will increase in licensing and disciplinary functions as well as the operation of another advisory board. The fee structure for professions regulated by the Department of Health Professions (DHP) is established as to offset the anticipated costs of

the board. Although the department does not have an exact estimate as to the number of midwives in the Commonwealth, it believes there are less than 20.

Each profession regulated by the DHP has a dedicated advisory board, which costs approximately $2,500 per year. This amount includes four annual meetings for the five advisory members and the associated costs to attend the four annual meetings of the full Board of Medicine. The least expensive biennial renewal fee for an independent profession licensed by the Board of Medicine is $312. Assuming this fee and 20 midwives are licensed, $6,240 in licensure revenue would be generated each biennium. This revenue would support the cost of maintaining a midwife advisory board, however it is unlikely the remaining funds would be sufficient to cover the cost of licensure and disciplinary functions.

9. **Specific agency or political subdivisions affected:**
    Department of Health Professions

10. **Technical amendment necessary:** No

11. **Other comments:** This bill is identical to House Bill 2038.

cc: Secretary of Health and Human Resources