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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2080

03/23/2015 Authored by Lohmer and Laine

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health occupations; changing the regulatory agency for licensed
1.3 midwives from the Board of Medical Practice to the commissioner of health;
1.4 amending Minnesota Statutes 2014, sections 147D.01, subdivisions 3, 4, 5,
1.5 7; 147D.05, subdivision 1; 147D.07, subdivisions 2, 3; 147D.09; 147D.13,
1.6 subdivisions 2, 3, 4; 147D.15, subdivision 2; 147D.17, subdivisions 1, 2, 3,
1.7 5, 6, 7, 8, 9, 10, 12, 13; 147D.19; 147D.21, subdivisions 1, 2, 5; 147D.25,
1.8 subdivisions 1, 3; 147D.27, subdivisions 1, 2; proposing coding for new law in
1.9 Minnesota Statutes, chapter 147D; repealing Minnesota Statutes 2014, sections
1.10 147D.17, subdivision 4; 147D.23.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. Minnesota Statutes 2014, section 147D.01, subdivision 3, is amended to read:

1.13 Subd. 3. **Approved education program.** "Approved education program" means a
1.14 university, college, or other education program leading to eligibility for certification in
1.15 midwifery that is approved or accredited by the Midwifery Education and Accreditation
1.16 Council (MEAC) or its successor, or a national accrediting organization recommended by
1.17 the advisory council and approved by the ~~board~~ commissioner.

1.18 Sec. 2. Minnesota Statutes 2014, section 147D.01, subdivision 4, is amended to read:

1.19 Subd. 4. **Board Commissioner.** "~~Board~~" "Commissioner" means the ~~Board of~~
1.20 ~~Medical Practice~~ commissioner of health.

1.21 Sec. 3. Minnesota Statutes 2014, section 147D.01, subdivision 5, is amended to read:

1.22 Subd. 5. **Contact hour.** "Contact hour" means 50 consecutive minutes,
1.23 excluding coffee breaks, registration, meals without a speaker, and social activities,
1.24 of a ~~board-approved~~ advisory council-approved learning experience either through an
1.25 instructional session or clinical practice.

2.1 Sec. 4. Minnesota Statutes 2014, section 147D.01, subdivision 7, is amended to read:

2.2 Subd. 7. **Credentialing examination.** "Credentialing examination" means an
2.3 examination administered by the North American Registry of Midwives (NARM) or its
2.4 successor, or other national testing organization recommended by the advisory council and
2.5 approved by the ~~board~~ commissioner for credentialing as a licensed traditional midwife. A
2.6 credentialing examination must include a written examination and a skills assessment.

2.7 Sec. 5. Minnesota Statutes 2014, section 147D.05, subdivision 1, is amended to read:

2.8 Subdivision 1. **Practice standards.** (a) A licensed traditional midwife shall provide
2.9 an initial and ongoing screening to ensure that each client receives safe and appropriate
2.10 care. A licensed traditional midwife shall only accept and provide care to those women
2.11 who are expected to have a normal pregnancy, labor, and delivery. As part of the initial
2.12 screening to determine whether any contraindications are present, the licensed traditional
2.13 midwife must take a detailed health history that includes the woman's social, medical,
2.14 surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and
2.15 drug/chemical use histories. If a licensed traditional midwife determines at any time
2.16 during the course of the pregnancy that a woman's condition may preclude attendance by a
2.17 traditional midwife, the licensed traditional midwife must refer the client to a licensed
2.18 health care provider. As part of the initial and ongoing screening, a licensed traditional
2.19 midwife must provide or recommend that the client receive the following services, if
2.20 indicated, from an appropriate health care provider:

2.21 (1) initial laboratory pregnancy screening, including blood group and type, antibody
2.22 screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology;

2.23 (2) gonorrhea and chlamydia cultures;

2.24 (3) screening for sickle cell;

2.25 (4) screening for hepatitis B and human immunodeficiency virus (HIV);

2.26 (5) maternal serum alpha-fetoprotein test and ultrasound;

2.27 (6) Rh antibody and glucose screening at 28 weeks gestation;

2.28 (7) mandated newborn screening;

2.29 (8) Rh screening of the infant for maternal RhoGAM treatment; and

2.30 (9) screening for premature labor.

2.31 (b) A client must make arrangements to have the results of any of the tests described
2.32 in paragraph (a) sent to the licensed traditional midwife providing services to the client.

2.33 The licensed traditional midwife must include these results in the client's record.

2.34 Sec. 6. Minnesota Statutes 2014, section 147D.07, subdivision 2, is amended to read:

- 3.1 Subd. 2. **Contents.** The informed consent form must be written in language
3.2 understandable to the client and, at a minimum, must contain the following:
- 3.3 (1) name, address, telephone number, and license number of the licensed traditional
3.4 midwife;
- 3.5 (2) a description of the licensed traditional midwife's education, training, and
3.6 experience in traditional midwifery;
- 3.7 (3) the licensed traditional midwife's fees and method of billing;
- 3.8 (4) the right of the client to file a complaint with the ~~board~~ commissioner and the
3.9 procedures for filing a complaint;
- 3.10 (5) a description of the licensed traditional midwife's medical consultation plan and
3.11 the antepartum, intrapartum, and postpartum conditions requiring consultation, transfer of
3.12 care, or transport to a hospital;
- 3.13 (6) the scope of care and services to be provided to the client by the licensed
3.14 traditional midwife;
- 3.15 (7) the available alternatives to traditional midwifery care;
- 3.16 (8) a statement indicating that the client's records and any transaction with the
3.17 licensed traditional midwife are confidential;
- 3.18 (9) a notice that reads: "We realize that there are risks associated with birth,
3.19 including the risk of death or disability of either mother or child. We understand that
3.20 a situation may arise, which requires emergency medical care and that it may not be
3.21 possible to transport the mother and/or baby to the hospital in time to benefit from such
3.22 care. We fully accept the outcome and consequences of our decision to have a licensed
3.23 traditional midwife attend us during pregnancy and at our birth. We realize that our
3.24 licensed traditional midwife is not licensed to practice medicine. We are not seeking a
3.25 licensed physician or certified nurse midwife as the primary caregiver for this pregnancy,
3.26 and we understand that our licensed traditional midwife shall inform us of any observed
3.27 signs or symptoms of disease, which may require evaluation, care, or treatment by a
3.28 medical practitioner. We agree that we are totally responsible for obtaining qualified
3.29 medical assistance for the care of any disease or pathological condition.";
- 3.30 (10) the right of a client to refuse services unless otherwise provided by law;
- 3.31 (11) a disclosure of whether the licensed traditional midwife carries malpractice
3.32 or liability insurance; and
- 3.33 (12) the client's and licensed traditional midwife's signatures and date of signing.

3.34 Sec. 7. Minnesota Statutes 2014, section 147D.07, subdivision 3, is amended to read:

4.1 Subd. 3. **Filing.** The licensed traditional midwife must have a signed informed
 4.2 consent form on file for each client. Upon request, the licensed traditional midwife must
 4.3 provide a copy of the informed consent form to the ~~board~~ commissioner.

4.4 Sec. 8. Minnesota Statutes 2014, section 147D.09, is amended to read:

4.5 **147D.09 LIMITATIONS OF PRACTICE.**

4.6 (a) A licensed traditional midwife shall not prescribe, dispense, or administer
 4.7 prescription drugs, except as permitted under paragraph (b).

4.8 (b) A licensed traditional midwife may administer vitamin K either orally or through
 4.9 intramuscular injection, maternal RhoGAM treatment, postpartum antihemorrhagic drugs
 4.10 under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to
 4.11 the newborn infant.

4.12 (c) A licensed traditional midwife shall not perform any operative or surgical
 4.13 procedures except for suture repair of first- or second-degree perineal lacerations.

4.14 Sec. 9. Minnesota Statutes 2014, section 147D.13, subdivision 2, is amended to read:

4.15 Subd. 2. **Practice report.** (a) A licensed traditional midwife must compile a
 4.16 summary report on each client. The report must include the following:

4.17 (1) vital statistics;

4.18 (2) scope of care administered;

4.19 (3) whether the medical consultation plan was implemented; and

4.20 (4) any physician or other health care provider referrals made.

4.21 (b) The ~~board~~ commissioner or advisory council may review these reports at any
 4.22 time upon request.

4.23 Sec. 10. Minnesota Statutes 2014, section 147D.13, subdivision 3, is amended to read:

4.24 Subd. 3. **Public health report.** A licensed traditional midwife must promptly report
 4.25 to the commissioner of health ~~and to the board~~ any maternal, fetal, or neonatal mortality
 4.26 or morbidity.

4.27 Sec. 11. Minnesota Statutes 2014, section 147D.13, subdivision 4, is amended to read:

4.28 Subd. 4. **Disciplinary action.** A licensed traditional midwife must report to the
 4.29 ~~board~~ commissioner termination, revocation, or suspension of the licensed traditional
 4.30 midwife's certification or any ~~disciplinary~~ incident review action taken against the licensed
 4.31 traditional midwife by the North American Registry of Midwives.

5.1 Sec. 12. Minnesota Statutes 2014, section 147D.15, subdivision 2, is amended to read:

5.2 Subd. 2. **Prohibited from practicing.** A person whose license under this chapter
5.3 has been revoked by the ~~board~~ commissioner is prohibited from practicing traditional
5.4 midwifery.

5.5 Sec. 13. Minnesota Statutes 2014, section 147D.17, subdivision 1, is amended to read:

5.6 Subdivision 1. **General requirements for licensure.** To be eligible for licensure, an
5.7 applicant, with the exception of those seeking licensure by reciprocity under subdivision
5.8 2, must:

5.9 (1) submit a completed application on forms provided by the ~~board~~ commissioner
5.10 along with all fees required under section 147D.27 that includes:

5.11 (i) the applicant's name, Social Security number, home address and telephone
5.12 number, and business address and telephone number;

5.13 (ii) a list of degrees received from educational institutions;

5.14 (iii) a description of the applicant's professional training;

5.15 (iv) a list of registrations, certifications, and licenses held in other jurisdictions;

5.16 (v) a description of any other jurisdiction's refusal to credential the applicant;

5.17 (vi) a description of all professional disciplinary actions initiated against the
5.18 applicant in any jurisdiction; and

5.19 (vii) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

5.20 (2) submit a diploma from an approved education program or submit evidence
5.21 of having completed an apprenticeship;

5.22 (3) submit a verified copy of a valid and current credential, issued by the North
5.23 American Registry of Midwives or other national organization recommended by the
5.24 advisory council and approved by the ~~board~~ commissioner, as a certified professional
5.25 midwife;

5.26 (4) submit current certification from the American Heart Association or the
5.27 American Red Cross for adult and infant cardiopulmonary resuscitation;

5.28 (5) submit a copy of the applicant's medical consultation plan;

5.29 (6) submit documentation verifying that the applicant has the following practical
5.30 experience through an apprenticeship or other supervisory setting:

5.31 (i) the provision of 75 prenatal examinations, including 20 initial examinations;

5.32 (ii) supervised participation in 20 births, ten of which must be in a home setting;

5.33 (iii) participation as the primary birth attendant under the supervision of a licensed
5.34 traditional midwife at an additional 20 births, ten of which must have occurred outside a
5.35 state licensed health care facility;

- 6.1 (iv) 20 newborn examinations; and
- 6.2 (v) 40 postpartum examinations;
- 6.3 (7) submit additional information as requested by the ~~board~~ commissioner or
- 6.4 advisory council, including any additional information necessary to ensure that the
- 6.5 applicant is able to practice with reasonable skill and safety to the public;
- 6.6 (8) sign a statement that the information in the application is true and correct to the
- 6.7 best of the applicant's knowledge and belief; and
- 6.8 (9) sign a waiver authorizing the ~~board~~ commissioner to obtain access to the
- 6.9 applicant's records in this or any other state in which the applicant has completed an
- 6.10 approved education program or engaged in the practice of traditional midwifery.

6.11 Sec. 14. Minnesota Statutes 2014, section 147D.17, subdivision 2, is amended to read:

6.12 Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity, the

6.13 applicant must be credentialed by the North American Registry of Midwives or other

6.14 national organization recommended by the advisory council and approved by the ~~board~~

6.15 commissioner and must:

6.16 (1) submit the application materials and appropriate fees as required under

6.17 subdivision 1, clauses (1), (3), (4), (5), (6), (7), (8), and (9), and section 147D.27;

6.18 (2) provide a verified copy from the appropriate body of a current and unrestricted

6.19 credential for the practice of traditional midwifery in another jurisdiction that has initial

6.20 credentialing requirements equivalent to or higher than the requirements in subdivision

6.21 1; and

6.22 (3) provide letters of verification from the appropriate government body in each

6.23 jurisdiction in which the applicant holds a credential. Each letter must state the applicant's

6.24 name, date of birth, credential number, date of issuance, a statement regarding disciplinary

6.25 actions, if any, taken against the applicant, and if the applicant is in good standing in

6.26 that jurisdiction.

6.27 Sec. 15. Minnesota Statutes 2014, section 147D.17, subdivision 3, is amended to read:

6.28 Subd. 3. **Temporary permit.** The ~~board~~ commissioner may issue a temporary

6.29 permit to practice as a licensed traditional midwife to an applicant eligible for licensure

6.30 under this section if the application for licensure is complete, all applicable requirements

6.31 in this section have been met, and a nonrefundable fee set by the ~~board~~ commissioner

6.32 has been paid. The permit remains valid only until ~~the meeting of the board at which a~~

6.33 decision is made on the application for licensure.

7.1 Sec. 16. Minnesota Statutes 2014, section 147D.17, subdivision 5, is amended to read:

7.2 Subd. 5. **License expiration.** Licenses issued under this chapter expire ~~annually~~
7.3 every three years.

7.4 Sec. 17. Minnesota Statutes 2014, section 147D.17, subdivision 6, is amended to read:

7.5 Subd. 6. **Renewal.** To be eligible for license renewal, a licensed traditional midwife
7.6 must:

7.7 (1) complete a renewal application on a form provided by the ~~board~~ commissioner;

7.8 (2) submit the renewal fee;

7.9 (3) provide evidence every three years of a total of 30 hours of continuing education
7.10 approved by the ~~board~~ commissioner as described in section 147D.21;

7.11 (4) submit evidence of an annual peer review and update of the licensed traditional
7.12 midwife's medical consultation plan; and

7.13 (5) submit any additional information requested by the ~~board~~ commissioner. The
7.14 information must be submitted within 30 days after the ~~board's~~ commissioner's request, or
7.15 the renewal request is nullified.

7.16 Sec. 18. Minnesota Statutes 2014, section 147D.17, subdivision 7, is amended to read:

7.17 Subd. 7. **Change of address.** A licensed traditional midwife who changes addresses
7.18 must inform the ~~board~~ commissioner within 30 days, in writing, of the change of address.

7.19 All notices or other correspondence mailed to or served on a licensed traditional midwife
7.20 by the ~~board~~ commissioner at the licensed traditional midwife's address on file with

7.21 the ~~board~~ commissioner shall be considered as having been received by the licensed
7.22 traditional midwife.

7.23 Sec. 19. Minnesota Statutes 2014, section 147D.17, subdivision 8, is amended to read:

7.24 Subd. 8. **License renewal notice.** At least 30 days before the license renewal date,
7.25 the ~~board~~ commissioner shall send out a renewal notice to the last known address of the
7.26 licensed traditional midwife on file. The notice must include a renewal application and a
7.27 notice of fees required for renewal. It must also inform the licensed traditional midwife that
7.28 licensure will expire without further action by the ~~board~~ commissioner if an application for
7.29 license renewal is not received before the deadline for renewal. The licensed traditional
7.30 midwife's failure to receive this notice shall not relieve the licensed traditional midwife of
7.31 the obligation to meet the deadline and other requirements for license renewal. Failure to
7.32 receive this notice is not grounds for challenging expiration of licensure status.

8.1 Sec. 20. Minnesota Statutes 2014, section 147D.17, subdivision 9, is amended to read:

8.2 Subd. 9. **Renewal deadline.** The renewal application and fee must be postmarked
8.3 on or before July 1 or as determined by the ~~board~~ commissioner. If the postmark is
8.4 illegible, the application shall be considered timely if received by the third working day
8.5 after the deadline.

8.6 Sec. 21. Minnesota Statutes 2014, section 147D.17, subdivision 10, is amended to read:

8.7 Subd. 10. **Inactive status and return to active status.** (a) A license may be placed
8.8 in inactive status upon application to the ~~board~~ commissioner by the licensed traditional
8.9 midwife and upon payment of an inactive status fee.

8.10 (b) Licensed traditional midwives seeking restoration to active from inactive status
8.11 must pay the current renewal fees and all unpaid back inactive fees. They must meet
8.12 the criteria for renewal specified in subdivision 6, including continuing education hours
8.13 equivalent to one hour for each month of inactive status, prior to submitting an application
8.14 to regain licensure status. If the inactive status extends beyond five years, a qualifying
8.15 score on a credentialing examination, or completion of an advisory council-approved
8.16 eight-week supervised practical experience is required. If the licensed traditional midwife
8.17 intends to regain active licensure by means of eight weeks of advisory council-approved
8.18 practical experience, the licensed traditional midwife shall be granted temporary licensure
8.19 for a period of no longer than six months.

8.20 Sec. 22. Minnesota Statutes 2014, section 147D.17, subdivision 12, is amended to read:

8.21 Subd. 12. **Cancellation due to nonrenewal.** The ~~board~~ commissioner shall not
8.22 renew, reissue, reinstate, or restore a license that has lapsed and has not been renewed
8.23 within two licensure renewal cycles starting July 1999. A licensed traditional midwife
8.24 whose license is canceled for nonrenewal must obtain a new license by applying for
8.25 licensure and fulfilling all requirements then in existence for initial licensure as a licensed
8.26 traditional midwife.

8.27 Sec. 23. Minnesota Statutes 2014, section 147D.17, subdivision 13, is amended to read:

8.28 Subd. 13. **Cancellation of licensure in good standing.** (a) A licensed traditional
8.29 midwife holding an active license as a licensed traditional midwife in the state may,
8.30 upon approval of the ~~board~~ commissioner, be granted licensure cancellation if the
8.31 ~~board is commissioner~~ commissioner or advisory council are not investigating the person as a result
8.32 of a complaint or information received or if the ~~board~~ commissioner has not begun

9.1 disciplinary proceedings against the licensed traditional midwife. Such action by the
 9.2 ~~board~~ commissioner shall be reported as a cancellation of licensure in good standing.

9.3 (b) A licensed traditional midwife who receives ~~board~~ the commissioner's approval
 9.4 for licensure cancellation is not entitled to a refund of any license fees paid for the
 9.5 licensure period in which cancellation of the license occurred.

9.6 (c) To obtain licensure after cancellation, a licensed traditional midwife must obtain
 9.7 a new license by applying for licensure and fulfilling the requirements then in existence
 9.8 for obtaining an initial license as a traditional midwife.

9.9 Sec. 24. Minnesota Statutes 2014, section 147D.19, is amended to read:

9.10 **147D.19 ~~BOARD~~ COMMISSIONER ACTION ON APPLICATIONS FOR**
 9.11 **LICENSURE.**

9.12 (a) The ~~board~~ commissioner shall act on each application for licensure according
 9.13 to paragraphs (b) to (d).

9.14 (b) The ~~board~~ commissioner shall determine if the applicant meets the requirements
 9.15 for licensure under section 147D.17. The ~~board~~ commissioner or advisory council may
 9.16 investigate information provided by an applicant to determine whether the information
 9.17 is accurate and complete.

9.18 (c) The ~~board~~ commissioner shall notify each applicant in writing of action taken on
 9.19 the application, the grounds for denying licensure if licensure is denied, and the applicant's
 9.20 right to review under paragraph (d).

9.21 (d) Applicants denied licensure may make a written request to the ~~board~~
 9.22 commissioner, within 30 days of the ~~board's~~ commissioner's notice, to appear before
 9.23 the advisory council and for the advisory council to review the ~~board's~~ commissioner's
 9.24 decision to deny the applicant's license. After reviewing the denial, the advisory council
 9.25 shall make a recommendation to the ~~board~~ commissioner as to whether the denial shall be
 9.26 affirmed. Each applicant is allowed only one request for review per licensure period.

9.27 Sec. 25. Minnesota Statutes 2014, section 147D.21, subdivision 1, is amended to read:

9.28 Subdivision 1. **Number of required contact hours.** Three years after the date of
 9.29 initial licensure and every three years thereafter, a licensed traditional midwife must
 9.30 complete a minimum of 30 contact hours of ~~board-approved~~ advisory council-approved
 9.31 continuing education and attest to completion of continuing education requirements by
 9.32 reporting to the ~~board~~ commissioner. At least five contact hours within a three-year
 9.33 reporting period must involve adult cardiopulmonary resuscitation and either infant
 9.34 cardiopulmonary resuscitation or neonatal advanced life support.

10.1 Sec. 26. Minnesota Statutes 2014, section 147D.21, subdivision 2, is amended to read:

10.2 Subd. 2. **Approval of continuing education programs.** The ~~board~~ advisory council
10.3 shall approve continuing education programs that meet the following criteria:

10.4 (1) the program content directly relates to the practice of traditional midwifery;

10.5 (2) each member of the program faculty is knowledgeable in the subject matter as
10.6 demonstrated by a degree from an accredited education program, verifiable experience
10.7 in the field of traditional midwifery, special training in the subject matter, or experience
10.8 teaching in the subject area;

10.9 (3) the program lasts at least one contact hour;

10.10 (4) there are specific, measurable, written objectives, consistent with the program,
10.11 describing the expected outcomes for the participants; and

10.12 (5) the program sponsor has a mechanism to verify participation and maintains
10.13 attendance records for three years.

10.14 Sec. 27. Minnesota Statutes 2014, section 147D.21, subdivision 5, is amended to read:

10.15 Subd. 5. **Verification of continuing education credits.** The ~~board~~ advisory council
10.16 shall periodically select a random sample of licensed traditional midwives and require
10.17 those licensed traditional midwives to supply the ~~board~~ advisory council with evidence of
10.18 having completed the continuing education to which they attested. Documentation may
10.19 come directly from the licensed traditional midwife or from state or national organizations
10.20 that maintain continuing education records.

10.21 Sec. 28. **[147D.22] PROHIBITED CONDUCT.**

10.22 Subdivision 1. **Prohibited conduct.** The commissioner may impose disciplinary
10.23 action as described in section 147D.24 against any licensed traditional midwife. The
10.24 following conduct is prohibited and is grounds for disciplinary action:

10.25 (1) conviction of a crime, including a finding or verdict of guilt, an admission of
10.26 guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United
10.27 States reasonably related to the conduct specified in this section. "Conviction," as used
10.28 in this subdivision, includes a conviction of an offense which, if committed in this state,
10.29 would be deemed a felony, gross misdemeanor, or misdemeanor, without regard to its
10.30 designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is
10.31 made or returned but the adjudication of guilt is either withheld or not entered;

10.32 (2) conviction of any crime against a person. For purposes of this chapter, a "crime
10.33 against a person" means violations of the following sections: 609.185; 609.19; 609.195;
10.34 609.20; 609.205; 609.2112; 609.2113; 609.2114; 609.215; 609.221; 609.222; 609.223;

11.1 609.224; 609.2242; 609.23; 609.231; 609.2325; 609.233; 609.2335; 609.235; 609.24;
11.2 609.245; 609.25; 609.255; 609.26, subdivision 1, clause (1) or (2); 609.265; 609.342;
11.3 609.343; 609.344; 609.345; 609.365; 609.498, subdivision 1; 609.50, subdivision 1,
11.4 clause (1); 609.561; 609.562; 609.595; and 609.72, subdivision 3; and Minnesota Statutes
11.5 2012, section 609.21;

11.6 (3) demonstrating a willful or careless disregard for the health, welfare, or safety
11.7 of a client;

11.8 (4) engaging in sexual contact with a client, engaging in contact that may be
11.9 reasonably interpreted by a client as sexual, engaging in any verbal behavior that is
11.10 seductive or sexually demeaning to the client, or engaging in sexual exploitation of
11.11 a client or former client;

11.12 (5) advertising that is false, fraudulent, deceptive, or misleading;

11.13 (6) adjudication as mentally incompetent or as a person who is dangerous to
11.14 self or adjudication pursuant to chapter 253B as chemically dependent, mentally ill,
11.15 developmentally disabled, or mentally ill and dangerous to the public, or as a sexual
11.16 psychopathic personality or sexually dangerous person;

11.17 (7) inability to engage in traditional midwifery services with reasonable safety
11.18 to clients;

11.19 (8) the habitual overindulgence in the use of or the dependence on intoxicating
11.20 liquors;

11.21 (9) improper or unauthorized personal or other use of any legend drugs as defined
11.22 in chapter 151, any chemicals as defined in chapter 151, or any controlled substance as
11.23 defined in chapter 152;

11.24 (10) revealing a communication from, or relating to a client, except when otherwise
11.25 required or permitted by law;

11.26 (11) splitting fees or promising to pay a portion of a fee to any other professional
11.27 other than for services rendered by the other professional to the client;

11.28 (12) engaging in abusive or fraudulent billing practices, including violations of the
11.29 federal Medicare and Medicaid laws or state medical assistance laws;

11.30 (13) failure to provide information in response to a written request by the
11.31 commissioner or advisory council or to cooperate with an investigation conducted by the
11.32 commissioner or advisory council;

11.33 (14) obtaining money, property, or services from a client, other than reasonable
11.34 fees for services provided to the client, through the use of undue influence, harassment,
11.35 duress, deception, or fraud;

12.1 (15) intentionally submitting false or misleading information to the commissioner
 12.2 or the advisory council;

12.3 (16) violating any order issued by the commissioner;

12.4 (17) failure to comply with any provision of the chapter and any rules adopted
 12.5 under those sections;

12.6 (18) revocation, suspension, restriction, limitation, or other disciplinary action
 12.7 against any health care license, certificate, registration, or right to practice traditional
 12.8 midwifery in this or another state or jurisdiction for offenses that would be subject to
 12.9 disciplinary action in this state or failure to report to the commissioner that charges
 12.10 regarding the licensee's license, certificate, registration, or right of practice have been
 12.11 brought in this or another state or jurisdiction;

12.12 (19) use of the title "doctor," "Dr.," or "physician" alone or in combination with any
 12.13 other words, letters, or insignia;

12.14 (20) performing a medical diagnosis or providing services other than traditional
 12.15 midwifery services, without being licensed to do so under the laws of this state; and

12.16 (21) any other just cause related to the licensed practice of traditional midwifery.

12.17 Subd. 2. **Evidence.** In disciplinary actions alleging a violation of subdivision 1,
 12.18 clause (1), (2), or (6), a copy of the judgment or proceeding under the seal of the court
 12.19 administrator or of the administrative agency that entered the same is admissible into
 12.20 evidence without further authentication and constitutes prima facie evidence of its contents.

12.21 Subd. 3. **Examination; access to medical data.** (a) If the commissioner has
 12.22 probable cause to believe that a licensed traditional midwife has engaged in conduct
 12.23 prohibited by subdivision 1, clause (6), (8), or (9), the commissioner may issue an
 12.24 order directing the licensee to submit to a mental or physical examination or chemical
 12.25 dependency evaluation. For the purpose of this subdivision, every licensed traditional
 12.26 midwife is deemed to have consented to submit to a mental or physical examination or
 12.27 chemical dependency evaluation when ordered to do so in writing by the commissioner
 12.28 and further to have waived all objections to the admissibility of the testimony or
 12.29 examination reports of the health care provider performing the examination or evaluation
 12.30 on the grounds that the same constitute a privileged communication. Failure of a licensee
 12.31 to submit to an examination or evaluation when ordered, unless the failure was due to
 12.32 circumstances beyond the licensee's control, constitutes an admission that the licensee
 12.33 violated subdivision 1, clause (6), (8), or (9), based on the factual specifications in the
 12.34 examination or evaluation order and may result in a default and final disciplinary order
 12.35 being entered after a contested case hearing. A licensee affected under this paragraph shall
 12.36 at reasonable intervals be given an opportunity to demonstrate that the licensee can resume

13.1 the provision of midwifery with reasonable safety to clients. In any proceeding under this
 13.2 paragraph, neither the record of proceedings nor the orders entered by the commissioner
 13.3 shall be used against a licensee in any other proceeding.

13.4 (b) In addition to ordering a physical or mental examination or chemical dependency
 13.5 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or
 13.6 any other law limiting access to medical or other health data, obtain medical data and
 13.7 health records relating to a licensed traditional midwife without the licensee's consent if
 13.8 the commissioner has probable cause to believe that a licensee has engaged in conduct
 13.9 prohibited by subdivision 1, clause (6), (8), or (9). The medical data may be requested
 13.10 from a provider as defined in section 144.291, subdivision 2, paragraph (h), an insurance
 13.11 company, or a government agency, including the Department of Human Services. A
 13.12 provider, insurance company, or government agency shall comply with any written request
 13.13 of the commissioner under this subdivision and is not liable in any action for damages for
 13.14 releasing the data requested by the commissioner if the data are released pursuant to a
 13.15 written request under this subdivision, unless the information is false and the person or
 13.16 organization giving the information knew or had reason to believe the information was
 13.17 false. Information obtained under this subdivision is private data under section 13.41.

13.18 **Sec. 29. [147D.24] DISCIPLINARY ACTIONS.**

13.19 Subdivision 1. **Forms of disciplinary action.** (a) When the commissioner finds that
 13.20 a licensed traditional midwife has violated any provision of this chapter, the commissioner
 13.21 may take one or more of the following actions:

13.22 (1) refuse to grant or renew licensure;

13.23 (2) revoke licensure;

13.24 (3) suspend licensure;

13.25 (4) any reasonable lesser action including, but not limited to, reprimand or
 13.26 restrictions on licensure;

13.27 (5) censure or reprimand the licensee;

13.28 (6) impose a fee on the licensee to reimburse the commissioner for all or part of the
 13.29 cost of the proceedings resulting in disciplinary action including, but not limited to, the
 13.30 amount paid by the commissioner for services from the Office of Administrative Hearings,
 13.31 attorney fees, court reports, witnesses, reproduction of records, staff time, and expense
 13.32 incurred by the commissioner; or

13.33 (7) any other action justified by the case and authorized by law.

13.34 (b) Before taking any of the actions described in paragraph (a), the commissioner
 13.35 shall consult with the advisory council and provide the advisory council the opportunity

14.1 to review the investigation and make recommendations to the commissioner on the
14.2 disciplinary action to be taken.

14.3 Subd. 2. **Investigation of complaints.** The commissioner, or the advisory council
14.4 when authorized by the commissioner, may initiate an investigation upon receiving a
14.5 complaint or other oral or written communication that alleges or implies that a person has
14.6 violated this chapter. In the receipt, investigation, and hearing of a complaint that alleges
14.7 or implies a person has violated this chapter, the commissioner shall follow the procedures
14.8 in section 214.10.

14.9 Subd. 3. **Effects of specific disciplinary action on use of title.** Upon notice from
14.10 the commissioner denying licensure renewal or upon notice that disciplinary actions have
14.11 been imposed and the person is no longer entitled to use the licensed titles, the person
14.12 shall cease to use titles protected by this chapter and to represent to the public that the
14.13 person is licensed by the commissioner.

14.14 Subd. 4. **Reinstatement.** A person who has had licensure suspended may request
14.15 and provide justification for reinstatement following the period of suspension specified by
14.16 the commissioner. The requirements of this chapter for renewing licensure and any other
14.17 conditions imposed with the suspension must be met before licensure may be reinstated.

14.18 Subd. 5. **Temporary suspension.** In addition to any other remedy provided by law,
14.19 the commissioner may, acting through a person to whom the commissioner has delegated
14.20 this authority and without a hearing, temporarily suspend the right of a licensed traditional
14.21 midwife to practice if the commissioner's delegate finds that the licensee has violated a
14.22 statute or rule that the commissioner is empowered to enforce and continued practice by
14.23 the licensee would create a serious risk of harm to others. The suspension is in effect upon
14.24 service of a written order on the licensee specifying the statute or rule violated. The order
14.25 remains in effect until the commissioner issues a final order in the matter after a hearing
14.26 or upon agreement between the commissioner and the licensee. Service of the order is
14.27 effective if the order is served on the licensee or counsel of record personally or by first
14.28 class mail. Within ten days of service of the order, the commissioner shall hold a hearing
14.29 on the sole issue of whether there is a reasonable basis to continue, modify, or lift the
14.30 suspension. Evidence presented by the commissioner or licensee shall be in affidavit form
14.31 only. The licensee or the counsel of record may appear for oral argument. Within five
14.32 working days after the hearing, the commissioner shall issue the commissioner's order
14.33 and, if the suspension is continued, schedule a contested case hearing within 45 days after
14.34 issuance of the order. The administrative law judge shall issue a report within 30 days
14.35 after closing of the contested case hearing record. The commissioner shall issue a final
14.36 order within 30 days after receipt of that report.

15.1 Subd. 6. **Automatic suspension.** The right of a licensed traditional midwife to
 15.2 practice is automatically suspended if:

15.3 (1) a guardian of a licensed traditional midwife is appointed by order of a court
 15.4 under sections 524.5-101 to 524.5-502; or

15.5 (2) the licensee is committed by order of a court pursuant to chapter 253B.

15.6 The right to practice remains suspended until the licensee is restored to capacity by a court
 15.7 and, upon petition by the licensee, the suspension is terminated by the commissioner after
 15.8 a hearing or upon agreement between the commissioner and the licensee.

15.9 Sec. 30. Minnesota Statutes 2014, section 147D.25, subdivision 1, is amended to read:

15.10 Subdivision 1. **Membership.** The ~~board~~ commissioner shall appoint a five-member
 15.11 Advisory Council on Licensed Traditional Midwifery. ~~One member shall be a licensed~~
 15.12 ~~physician who has been or is currently consulting with licensed traditional midwives,~~
 15.13 ~~appointed from a list of names submitted to the board by the Minnesota Medical~~
 15.14 ~~Association. Three~~ Four members shall be licensed traditional midwives appointed from a
 15.15 list of names submitted to the ~~board~~ commissioner by Midwifery Now and the Minnesota
 15.16 Council of Certified Professional Midwives or their successors. One member shall be
 15.17 a ~~home birth~~ parent of a child born under the care of a licensed traditional midwife
 15.18 appointed from a list of names submitted to the ~~board~~ commissioner by Minnesota
 15.19 Families for Midwifery, or its successor.

15.20 Sec. 31. Minnesota Statutes 2014, section 147D.25, subdivision 3, is amended to read:

15.21 Subd. 3. **Duties.** The advisory council shall:

15.22 (1) advise the ~~board~~ commissioner regarding standards for licensed traditional
 15.23 midwives;

15.24 (2) provide for distribution of information regarding licensed traditional midwifery
 15.25 practice standards;

15.26 (3) advise the ~~board~~ commissioner on enforcement of this chapter;

15.27 (4) review applications and recommend granting or denying licensure or license
 15.28 renewal;

15.29 ~~(5) advise the board on issues related to receiving and investigating complaints,~~
 15.30 ~~conducting hearings, and imposing disciplinary action in relation to complaints against~~
 15.31 ~~licensed traditional midwives~~ review reports of investigations related to individuals and
 15.32 make recommendations to the commissioner as to whether licensure should be denied or
 15.33 disciplinary action should be taken against the individual;

16.1 (6) advise the ~~board~~ commissioner regarding approval of continuing education
16.2 programs using the criteria in section 147D.21, subdivision 2;

16.3 (7) recommend alternate accrediting and credentialing organizations or agencies
16.4 to the ~~board~~ commissioner; and

16.5 (8) perform other duties authorized for advisory councils by chapter 214, as directed
16.6 by the ~~board~~ commissioner.

16.7 Sec. 32. Minnesota Statutes 2014, section 147D.27, subdivision 1, is amended to read:

16.8 Subdivision 1. **Licensure fee.** The license application fee is \$100. The fee for
16.9 initial licensure and ~~annual~~ renewal is ~~\$100~~ \$300. The fee for inactive status is \$50. The
16.10 fee for a temporary permit is \$75.

16.11 Sec. 33. Minnesota Statutes 2014, section 147D.27, subdivision 2, is amended to read:

16.12 Subd. 2. **Proration of fees.** The ~~board~~ commissioner may prorate the initial licensure
16.13 fee. All licensed traditional midwives are required to pay the full fee upon license renewal.

16.14 Sec. 34. **TRANSFER.**

16.15 Funds appropriated to the Board of Medical Practice from the state government
16.16 special revenue fund shall be transferred to the commissioner of health for the purpose of
16.17 implementing Minnesota Statutes, chapter 147D.

16.18 Sec. 35. **REPEALER.**

16.19 Minnesota Statutes 2014, sections 147D.17, subdivision 4; and 147D.23, are
16.20 repealed.

16.21 Sec. 36. **EFFECTIVE DATE.**

16.22 Sections 1 to 35 are effective January 1, 2016.

147D.17 LICENSURE REQUIREMENTS.

Subd. 4. **Licensure by equivalency during transition period.** (a) From July 1, 1999, to July 1, 2001, a person may qualify for licensure if the person has engaged in the practice of traditional midwifery in this state for at least five years in the period from July 1, 1994, to June 30, 1999, and submits documentation verifying the practical experience described in subdivision 1, clause (6). To be eligible for licensure under this subdivision, the person must also submit the application materials and the appropriate fees required under subdivision 1, clauses (1), (4), (5), (6), (7), (8), and (9), and section 147D.27.

(b) An application for licensure under this subdivision must be submitted to the board between July 1, 1999, and June 30, 2001. Licensure under this subdivision may be renewed once. Within a two-year period from the date a license is issued by the board in accordance with this subdivision, the licensed traditional midwife must obtain a certification from the North American Registry of Midwives as a certified professional midwife. If certification is not obtained within this time period, the licensed traditional midwife must obtain a new license by applying for licensure and fulfilling the requirements then in existence for obtaining an initial license as a licensed traditional midwife.

147D.23 DISCIPLINE; REPORTING.

For purposes of this chapter, licensed traditional midwives and applicants are subject to the provisions of sections 147.091 to 147.162.