



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

In accordance with the Administrative Procedures Act, R.I. Gen. Laws Section 42-35-3(a)(1), the following is a concise statement regarding this rulemaking for Midwives (216-RICR-40-05-23).

This amendment to the regulations creates Authority and Incorporated Materials sections, removes unused/superfluous definitions, revises qualifications of nurse-midwives to clarify that they must hold a current RI license as a registered nurse/privilege to practice, requires submission of a background check as part of licensure, removes superfluous language, aligns prescription privileges for certified midwives with statute, and adds Rhogam and prophylaxis for group beta streptococcus to list of emergency medications which may be carried and administered by certified professional midwives.

In response to public comment, the year for the document incorporated in § 23.2(C) was corrected to 2018.

In response to public comment, § 23.2(F) was revised to incorporate the National Association of Certified Professional Midwives' Essential Documents of the National Association of Certified Professional Midwives.

In response to public comment, § 23.3(A)(10) was revised to remove the word normal.

In response to public comment, the definition for regionally accredited was removed.

In response to public comment, the heading for § 23.10 was revised to include certified midwives.

During public comment, it was suggested that the regulations be revised to reference the North American Registry of Midwives' (NARM) competencies. RIDOH has determined that this suggested revision will not be implemented because, after review, RIDOH has found that NARM does not maintain its own set of standards, and instead cites those standards from the Midwife Alliance of North America and American College of Nurse-Midwives that are incorporated by reference in the regulations.

During public comment, it was suggested that the requirement for certified nurse midwives to hold a current RI license as a registered nurse be removed. RIDOH has determined that this suggested revision will not be implemented because the American Midwifery Certification Board requires proof of licensure as a U.S. Registered Nurse for certified nurse-midwives, so reflecting this requirement in the regulations is not an undue burden to licensees.

During public comment, it was suggested that the makeup of the Midwifery Advisory Council be revised. RIDOH has determined that this suggested revision will not be implemented because the current composition of the Council allows for appropriate representation of midwives and clinical input from physicians.

During public comment, it was suggested that § 23.7.2(A) be revised to include a reference to the District of Columbia. RIDOH has determined that this suggested revision will not be implemented because § 23.7.2(A) allows for endorsement of those licensed in another state or territory, which would include the District of Columbia.

During public comment, it was suggested that § 23.10(D) be revised to specify the mode of transmission for Vitamin K and prophylaxis for group beta streptococcus. RIDOH has determined that this suggested revision will not be implemented because proscribing the mode of transmission for these medications would be inconsistent with the rest of § 23.10(D), and could unduly hamper midwives' emergency medication distribution.

During public comment, it was suggested that the regulations be revised to remove background check requirements and provisions regarding denial/suspension of licensure based on various grounds. RIDOH has determined that these suggested revisions will not be implemented because the referenced requirement for background checks and clauses regarding denial/suspension are necessary for RIDOH to maintain the integrity of public health and patient safety.

During public comment, an objection was raised to inclusion of prophylaxis for group beta streptococcus under § 23.10(D). RIDOH has determined that this section will remain as posted because it believes that allowing for the emergency distribution of prophylaxis for group beta streptococcus is necessary to ensure the safety of pregnant mothers and their children.

During public comment, it was suggested that the definition for Midwifery be revised to mean the practice of midwives according to their respective education/certification and licensure. RIDOH has determined that this suggested revision will not be implemented because it believes that the current definition for Midwifery is more appropriate to describe the scope of services provided by midwives.

During public comment, it was suggested that § 23.10(D)(11) be revised to Group B streptococcal infection. RIDOH has determined that this suggested revision will not be implemented because for the purposes of the regulations, Group B streptococcal infection and group beta streptococcus are substantially equivalent and do not require the suggested revision.

During public comment, it was suggested that § 23.11(A) be revised to require the availability of records upon transfer from home to the hospital. RIDOH has determined that this suggested revision will not be implemented because § 23.11 provides for appropriate documentation of medical records, and implementing such a requirement could unduly hamper transfer operations.

During public comment, it was suggested that the dates of documents incorporated by reference in § 23.2 be removed. RIDOH has determined that this suggested revision will not be implemented because R.I. Gen. Laws § 42-35-3.2(d) specifies that materials incorporated by reference must identify the date of the incorporated material, and state that the rule does not include later amendments to or editions of the incorporated material.

In the development of this rule, consideration was given to: 1) alternative approaches; 2) overlap or duplication with other statutory and regulatory provisions; and 3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based on available information. RIDOH has determined that the benefits of this rule justify its costs.