

GENERAL ASSEMBLY OF NORTH CAROLINA



Session 2013

Legislative Fiscal Note

REVISED

BILL NUMBER: House Bill 204 (First Edition)

SHORT TITLE: Update/Modernize/Midwifery Practice Act.

SPONSOR(S): Representatives Stevens, Burr, Glazier, and Hamilton

FISCAL IMPACT					
	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input checked="" type="checkbox"/> No Estimate Available
State Impact	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
General Fund Revenues:					
General Fund Expenditures:					
State Positions:					
NET STATE IMPACT	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
<p>PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED: North Carolina Medical Board North Carolina Board of Nursing, Midwifery Joint Subcommittee</p> <p>EFFECTIVE DATE: Bill effective when it becomes law</p> <p>TECHNICAL CONSIDERATIONS: Yes - See Technical Considerations Section</p>					

BILL SUMMARY:

Amends G.S. 90 by adding new section, G.S. 90-19.7, *Limitations on nurse-midwives*, providing that nurse-midwives approved under Article 10A of G.S. Chapter 90 may use the title “certified nurse-midwife”. Others that hold themselves out as such are in violation. Certified nurse-midwives are authorized to write prescriptions if

- (1) The individual has been approved by the Midwifery Joint Subcommittee of the North Carolina Medical Board and the Board of Nursing
- (2) The subcommittee has assigned an identification number to the nurse-midwife, which appears on the written prescription

- (3) Written instructions about indications and contraindications for prescribing drugs and policy for periodic review of the drugs prescribed have been provided to the nurse-midwife by the subcommittee

Directs the subcommittee to adopt rules for approving individual nurse-midwives to write prescriptions, with any limitations deemed in the best interest of patient health and safety.

Amends G.S. 90-178.2, *Definitions*, by adding and defining *certified nurse-midwife*, *intrapartum care*, and *primary care*. Deletes *Interconceptional care* term and definition. Updates, adds language to, and makes technical and conforming changes to *midwifery*, *newborn care*, *postpartum care*, and *prenatal care* definitions.

Amends G.S. 90-178.3, *Regulation of midwifery*, by stating that a person engaging in the unapproved practice of midwifery is not only in violation of Article 10A of G.S. 90 but also in violation of practicing medicine without a license. The bill requires certified nurse-midwives to practice within a health care system that provides for consultation, collaborative management, or referral. Midwifery standards must be consistent with the standards of care established by the American College of Nurse-Midwives. Each nurse midwife must provide each patient with information regarding or referral to other providers and services at the request of the patient or when required care is outside the scope of the midwife's practice.

Amends G.S. 90-178.4(a), altering the makeup of the subcommittee. Requires that seven additional members of the subcommittee consist of five certified nurse-midwives appointed by the recommendation of the NC Affiliate of the American College of Nurse-Midwives, and two physicians actively engaged in the practice of obstetrics (was, four additional members, two certified midwives, and two obstetricians who have worked with certified midwives).

Amends G.S. 90-178.4, by adding a new subsection requiring the subcommittee to adopt rules requiring a certified nurse-midwife that attends a planned birth outside of a hospital to obtain a signed informed consent agreement from the patient. Information about the certified nurse-midwife's liability insurance coverage must be included.

Amends G.S. 90-178.5, *Qualification for approval*, requiring the submittal of certification by the American Midwifery Certification Board (was, American College of Nurse Midwives). Makes other technical and conforming changes.

Amends G.S. 90, by adding a new section, G.S. 90-178.8, *Limit vicarious liability*, limiting the liability of physicians, physician assistants, or nurses licensed under G.S. 90 from being held liable for civil damages as a result of medical care given to a woman or infant in an emergency situation when the emergency situation arises during the delivery or birth of the infant as a consequence of care provided by a nurse mid-wife approved under G.S. 90, who attends a planned birth outside of a hospital setting. Also limits the liability of health care facilities licensed under G.S. 122C and 131E in the same manner. Liability is not limited in cases of gross negligence or wanton misconduct.

Summary provided by the UNC School of Government.

ASSUMPTIONS AND METHODOLOGY:

It is assumed that this bill will not create any additional cost or quantifiable savings to the State. Under current law, the Midwifery Joint Subcommittee does not charge any expenses to the State. General Statute 90-178.4 subsection (d) states “No expense incurred by the joint subcommittee shall be charged to the State.” Any increased costs that result from this bill will be the joint responsibility of the North Carolina Board of Nursing and the North Carolina Medical Board. The North Carolina Board of Nursing and the North Carolina Medical Board receive no General Fund support. Both boards are fee supported.

Additional Information Added to this Revised Fiscal Note -- According to the North Carolina College of Nurse Midwives, this bill may lead to a one time increase of up to 80 certified nurse midwives (CNMs) practicing in the State. We cannot determine how many of the eligible certified nurse midwives will return to practice. The State could lower costs if the CNMs provide services to Medicaid patients who would have received the same services from a physician in the absence of this new law. Medicaid reimburses CNMs at 98% the rate it reimburses physicians. However, there is no available data currently to estimate the significance of any potential savings to the Medicaid program. It is anticipated that Medicaid reimbursement rates will not change as a result of the elimination of the physician supervision requirement.

SOURCES OF DATA: North Carolina Board of Nursing, North Carolina Medical Board, State of North Carolina Budget Manual, UNC School of Government, Department of Health and Human Services

TECHNICAL CONSIDERATIONS: The bill affects the application of a criminal penalty which by General Statute and House Rules requires a Legislative Incarceration Note. This fiscal note does not address any potential incarceration costs of the criminal penalty referenced in the bill. Those costs, if any, are addressed in a separate Legislative Incarceration Note for the bill.

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