

JAN 17 2014

S.B. NO. 2569

A BILL FOR AN ACT

RELATING TO HOME BIRTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that no licensure,
2 certification, or registration of home birth providers exists in
3 Hawaii. The American College of Obstetricians and Gynecologists
4 and the American Academy of Pediatrics believe that the safest
5 place for delivery is in the hospital but respect the right of
6 women to make an informed decision. However, Hawaii currently
7 has no regulations for home birth safety; no educational
8 requirements for home birth providers; and no requirements to
9 inform mothers about the possible risks of home birth, in
10 particular the risks of a high risk pregnancy home birth.

11 Furthermore, no safety protocols exist for the selection of
12 candidates for planned home birth and the transfer of care or
13 referral from home birth provider to the hospital or physician.

14 The legislature also finds that national data reports a two
15 to three fold increased risk of neonatal mortality with planned
16 home birth versus hospital birth, and that multiple preventable
17 neonatal deaths have occurred in Hawaii. The data further shows
18 an increased risk of neonatal morbidity, including low Apgar



1 scores and serious neurologic problems associated with planned
2 home birth versus hospital birth.

3 The purpose of this Act is to improve home birth safety by
4 establishing a home birth safety board, established as an
5 advisory board to the Hawaii medical board, for licensure;
6 requiring home birth providers to meet minimum educational and
7 training requirements for midwives established by the American
8 Midwifery Certification Board; establishing protocols for home
9 birth safety; requiring collection of home birth data; and
10 requiring that home birth providers fully inform their clients
11 regarding their planned home birth so that they may make an
12 informed decision.

13 SECTION 2. The Hawaii Revised Statutes is amended by
14 adding a new chapter to be appropriately designated and to read
15 as follows:

16 "CHAPTER

17 HOME BIRTH PROVIDERS

18 § -1 Definitions. As used in this part:

19 "Antepartum" means the period during pregnancy, before
20 birth.

21 "Board" means the home birth safety board, established as
22 an advisory board to the Hawaii medical board, that oversees the



1 licensure and activity of home birth providers, including all
2 midwives, physicians, and naturopathic physicians who desire to
3 perform home deliveries.

4 "Client" means a person who retains the services of a
5 certified nurse midwife, certified midwife, obstetrician, family
6 medicine physician with training in obstetrics, or naturopathic
7 physician for a planned home birth.

8 "Department" means the department of commerce and consumer
9 affairs.

10 "Home birth" means a planned out-of-hospital birth.

11 "Home birth midwife" means a nurse midwife or midwife who
12 has been certified by the American Midwifery Certification
13 Board.

14 "Home birth provider" means a midwife, obstetrician-
15 gynecologist, family medicine physician with training in
16 obstetrics, or naturopathic physician that has met the
17 educational, training, and other requirements for licensure to
18 provide home delivery services.

19 "Home delivery services" means the care and management of
20 women during the antepartum, intrapartum, and postpartum stages
21 of pregnancy.

22 "Intrapartum" means the period during the birth process.



1 "Low-risk pregnancy" means a normal, uncomplicated prenatal
2 course as determined by documentation of adequate prenatal care
3 and the anticipation of a normal uncomplicated labor and birth,
4 as defined by reasonable and generally accepted criteria adopted
5 by the American College of Obstetricians and Gynecologists for
6 maternal, fetal, and neonatal care, and generally accepted by
7 obstetric health care providers.

8 "Postpartum" means the period occurring between one hour to
9 forty-two days after birth.

10 "Protocol" means a defined response to a specific clinical
11 situation providing pathways to be followed by home birth
12 providers who perform home deliveries and manage a particular
13 issue or complication associated with a delivery.

14 "Referral or consultation" means the process by which the
15 home birth provider directs a client to a licensed physician,
16 who then determines, with the client, whether subsequent care
17 shall be provided by the physician, the midwife, or through a
18 collaboration between the physician and midwife.

19 "Transfer of care" means the transfer of care of the client
20 to a medical facility or physician who then assumes the direct
21 care of the client after the client arrives at the facility.



§ -2 Home birth safety board. (a) The department shall establish a home birth safety board, as an advisory board to the Hawaii medical board, for all home birth providers. The home birth safety board shall make recommendations on home birth safety pursuant to this chapter and report to the Hawaii medical board. The Hawaii medical board shall adopt rules and take all necessary actions pursuant to this chapter to assure the safety of home birth in Hawaii.

(b) The board shall consist of thirteen members appointed by the governor with the advice and consent of the senate, pursuant to section 26-34. The board shall consist of the following members:

(1) Two certified nurse midwives or certified midwives, as may be recommended by the Hawaii Chapter of the American College of Certified Nurse-Midwives;

(2) Two labor and delivery registered nurses, as may be recommended by the Hawaii Association of Women's Health, Obstetric, and Neonatal Nurses;

(3) Two obstetricians, as may be recommended by the American Congress of Obstetricians and Gynecologists-Hawaii Section;



(4) One maternal fetal medicine specialist, as may be recommended by the American Congress of Obstetricians and Gynecologists - Hawaii Section;

(5) One pediatrician, as may be recommended by the American Academy of Pediatrics - Hawaii Chapter;

(6) One neonatologist, as may be recommended by the American Academy of Pediatrics - Hawaii Chapter;

(7) One family medicine physician, as may be recommended by the Hawaii Academy of Family Physicians;

(8) One naturopathic physician;

(9) One department of health epidemiologist representing the director of health; and

(10) One public member.

Board members who are licensed professionals in their respective fields shall hold current Hawaii licenses. Each member shall serve a three-year term; provided that upon initial appointment, four members shall be appointed for a term of one year, four members for a term of two years, and five members for a term of three years.

(c) The organization of the board shall be established by the members.



(d) Members of the board and members of the Hawaii medical board shall not be personally liable for any act committed in the performance of their official duties as board members, and shall not be personally liable for any court costs which accrue in any action by or against the board or Hawaii medical board.

§ -3 Licenses. (a) Beginning on July 1, 2015, the board shall issue licenses to applicants who:

(1) Provide current certification as:

(A) A certified nurse midwife or certified midwife certified by the American Midwifery Certification Board;

(B) A naturopathic physician having completed training commensurate with that of a licensed obstetrician-gynecologist or having certification by the American Midwifery Certification Board;

(C) An obstetrician-gynecologist certified by the American Board of Obstetrics and Gynecology; or

(D) A family medicine physician with documented training in obstetrics either during residency training or in an obstetrics fellowship and certified by the American Board of Family Medicine;



(2) Provide documentation of:

(A) Meeting the minimum education and training requirements of the American Midwifery Certification Board, including a graduate degree and post-degree training in midwifery; this education and training should include documentation of supervised participation as:

(i) The primary caregiver in at least fifty births;

(ii) Provision of at least one hundred prenatal examinations;

(iii) Provision of at least fifty postpartum examinations; and

(iv) Provision of at least fifty newborn examinations;

(B) Certification by the American Board of Obstetrics and Gynecology; or

(C) Certification by the American Board of Family Medicine and documentation of:

(i) Obstetrics training and education; or

(ii) Obstetrics fellowship training as reviewed and approved by the board;



- 1 (3) Provide current certification in adult and neonatal
- 2 cardiopulmonary resuscitation;
- 3 (4) Provide current certification in neonatal
- 4 resuscitation program training from a course approved
- 5 by the American Academy of Pediatrics;
- 6 (5) Agree to comply with the informed consent requirement
- 7 under section -8;
- 8 (6) Agree to follow safety protocols for planned home
- 9 birth under rules set by the board;
- 10 (7) Agree to obtain at least twenty continuing education
- 11 credits in board-approved courses or lectures in
- 12 obstetrics every year;
- 13 (8) Agree to comply with data collection, timely birth
- 14 certificate, and peer review requirements;
- 15 (9) Meet other requirements as established by the board;
- 16 and
- 17 (10) Pay a licensure fee set by the board.
- 18 (b) The board shall renew licenses to applicants who have:
- 19 (1) Evidence of the required annual continuing education;
- 20 (2) Current certification in adult and neonatal
- 21 cardiopulmonary resuscitation;
- 22 (3) Current neonatal resuscitation program certification;



1 (4) Submitted data on a form to be promulgated by rule and
2 made available by the department of health to include,
3 but not limited to, the number of:

4 (A) Women to whom care was provided since the date of
5 the previously issued license;

6 (B) Home deliveries performed or supervised;

7 (C) Transfers to hospital or physician care;

8 (D) Transfers during labor, delivery, and immediately
9 following birth; and

10 (E) Perinatal deaths; and

11 (5) Paid a renewal fee set by the board.

12 (c) Any license shall expire one year after the date of
13 its issuance. The board may refuse to issue or renew any
14 license under this section for one or any combination of causes
15 stated in section -4(b).

16 (d) The board shall notify the applicant in writing of the
17 reasons for a refusal to issue a license and shall advise the
18 applicant of the applicant's right to file a complaint with the
19 administrative hearing commission as provided by chapter 91. As
20 an alternative to a refusal to issue or renew any license, the
21 board may, at its discretion, issue a license, which is subject
22 to probation, restriction, or limitation, to an applicant for



1 one or any combination of causes stated in section -4(b) .
2 The board's order of probation, limitation, or restriction shall
3 contain a statement of the discipline imposed, the basis for the
4 discipline, the date such action shall become effective, and a
5 statement that the applicant has thirty days to submit a written
6 request for a hearing before the administrative hearing
7 commission. If the board issues a probationary, limited, or
8 restricted license to an applicant, either party may file a
9 written petition with the administrative hearing commission
10 within thirty days of the effective date of the probationary,
11 limited, or restricted license seeking review of the board's
12 determination. If no written request for a hearing is received
13 by the administrative hearing commission within the thirty day
14 period, the right to seek review of the board's decision shall
15 be considered waived.

16 (e) Nothing in this section shall be construed to prohibit
17 a certified nurse midwife or certified midwife, naturopathic
18 physician, obstetrician-gynecologist, or family medicine
19 physician licensed under this section from providing home
20 delivery services, so long as such services are lawfully
21 performed under such individual's scope of practice as
22 authorized by law and regulation.



1 § -4 Complaints; administrative hearings. (a) Any
2 complaint received by the board concerning a person who is
3 licensed under section -3 shall be recorded as received and
4 the date received. The board:

5 (1) Shall investigate all complaints concerning alleged
6 violations of section -3;

7 (2) Shall investigate grounds for the suspension,
8 revocation, or refusal to issue a license;

9 (3) May employ investigators who shall investigate
10 complaints and make inspections and any inquiries as,
11 in the judgment of the board, are appropriate to
12 enforce section -3;

13 (4) May file a petition in the name of the state asking a
14 court to issue a restraining order, an injunction or a
15 writ of mandamus against any person who is or has been
16 violating any of the provisions of section -3 or
17 any lawful rule, order or subpoena of the board, in
18 lieu of or in addition to any remedy provided in this
19 section; and

20 (5) May file a complaint with the administrative hearing
21 commission as provided in chapter 91 against any



holder of any license issued under sections -3 if
the evidence supports such action.

(b) The board may cause a complaint to be filed with the
administrative hearing commission as provided by chapter 91
against any holder of a license required by section -3, or
any individual who has failed to renew or has surrendered the
individual's license for any one or any combination of the
following causes:

(1) Use or unlawful possession of any controlled
substance, as defined in chapter 712, or alcoholic
beverage to an extent that such use impairs an
individual's ability to perform home delivery
services;

(2) Violation of the drug laws or regulations of this
state, any other state, or the federal government;

(3) Final adjudication resulted in the individual being
found guilty, or entering a plea of guilty or nolo
contendere, in a criminal prosecution under the laws
of any state or the United States for any offense:

(A) Reasonably related to the qualifications,
functions, or duties of a home birth provider;



(B) Where the essential element is fraud, dishonesty,
or an act of violence; or

(C) Involving moral turpitude, whether or not a
sentence is imposed;

(4) Use of fraud, deception, misrepresentation, or bribery
in securing a license issued under section -3(a);

(5) Procurement or attempt to procure any fee, charge,
tuition, or other compensation by fraud, deception, or
misrepresentation;

(6) Incompetence, misconduct, gross negligence, fraud,
misrepresentation, or dishonesty in the performance of
the functions and duties of a home birth provider;

(7) Violation of, or assisting or enabling any person to
violate, any provision of section -3 or any lawful
regulation adopted under section -3;

(8) Impersonation of any person holding a license or
allowing any person to use another individual's
license;

(9) Disciplinary action against the holder of a license
granted by another state, territory, federal agency,
or country upon grounds for which revocation or
suspension is authorized in this state;



(10) Judgment of insanity or incompetence by a court of competent jurisdiction;

(11) Assisting or enabling any individual to practice or offer to practice as a home birth provider who is not licensed and currently eligible to practice under section;

(12) Issuance of a license based upon a material mistake of fact;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading, or deceptive to the general public or individuals to whom the advertisement or solicitation is primarily directed;

(15) Commitment of unethical conduct as defined by the board; or

(16) Engagement in conduct detrimental to the health or safety of either the mother or infant, or both, as determined by the board.

After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 91.



1 (c) Upon a finding by the administrative hearing
2 commission that the grounds provided in subsection (b) for
3 disciplinary action are met, the board may perform one or more
4 of the following:

5 (1) Warn, censure, or place the person named in the
6 complaint on probation on such terms and conditions as
7 the board deems appropriate for a period not to exceed
8 ten years;

9 (2) Suspend the person's license for a period not to
10 exceed three years;

11 (3) Restrict or limit the person's license for an
12 indefinite period of time;

13 (4) Revoke the person's license;

14 (5) Administer a public or private reprimand;

15 (6) Deny the person's application for a license;

16 (7) Permanently withhold issuance of a license; or

17 (8) Require the person to attend continuing educational
18 courses and pass examinations as the board may direct.

19 (d) An individual whose license has been revoked shall
20 wait at least one year from the date of revocation to apply for
21 renewal. Renewal shall be granted at the discretion of the



board after compliance with all requirements of section -3
relative to the licensing of the applicant for the first time.

§ -5 Rules; protocols. (a) The board will adopt rules
and protocols related to standard home birth safety practices
for the mother and newborn, including rules and protocols
necessary to implement and administer sections -3 and -4.

The board shall consider actions and rules in the following
areas:

- (1) Obtaining informed consent to provide services;
- (2) Obtaining the client's complete health history;
- (3) Developing a plan of care for a client;
- (4) Evaluating the results of client care;
- (5) Consulting and collaborating with licensed
obstetricians or pediatricians;
- (6) Referring and transferring care to licensed
obstetricians or pediatricians;
- (7) Obtaining medications and appropriate equipment for
home birth safety and care to administer to clients;
- (8) Obtaining appropriate standard of care prenatal
screening and testing;
- (9) Managing the antepartum period;
- (10) Managing the intrapartum period, including:



- 1 (A) Monitoring and evaluating the condition of mother
- 2 and fetus;
- 3 (B) Performing emergency episiotomy; and
- 4 (C) Delivering in an out-of-hospital setting;
- 5 (11) Managing the postpartum period including:
- 6 (A) Suturing of episiotomy; or
- 7 (B) First and second degree natural perineal and
- 8 labial lacerations, including the administration
- 9 of a local anesthetic;
- 10 (12) Managing the newborn period, including:
- 11 (A) Providing standard of care management and
- 12 screening of the newborn; and
- 13 (B) Performing a normal newborn examination;
- 14 (13) Resuscitating a newborn;
- 15 (14) Providing limited interconceptual services in order to
- 16 provide continuity of care, including:
- 17 (A) Breastfeeding support and counseling;
- 18 (B) Family planning; and
- 19 (C) Pap smears.

20 § -6 Planned home birth. (a) Planned home births shall
21 be offered only to clients with low risk pregnancies. The board
22 shall:



(1) Limit the licensed home birth providers' practice to a normal, low risk pregnancy, labor, postpartum, newborn, and interconceptual care including:

(A) Low risk pregnancy and normal antepartum care;

(B) No previous uterine scar or cesarean section;

(C) Labor that is low risk at the start of labor, remains low risk throughout the course of labor and delivery, and is not pharmacologically induced or augmented;

(D) Pregnancy in which the singleton infant is born spontaneously in the vertex position between thirty-seven and forty-one and six-sevenths completed weeks of pregnancy; and

(E) The mother and infant remain low risk after delivery;

(2) Appropriately recommend and facilitate consultation with, collaboration with, referral to, or transfer or mandatory transfer of care to a licensed physician when the circumstances require action in accordance with this section and standards established by board rules.



1 Ideally, the out-of-hospital birth shall occur within thirty
2 minutes from a hospital able to perform cesarean sections. The
3 above limitations do not prohibit a licensed home birth provider
4 from delivering an infant when there is an intrauterine fetal
5 demise or a fetal anomaly incompatible with life, but only after
6 an appropriate written consultation with a licensed obstetrician
7 or maternal fetal medicine specialist.

8 (b) The board shall adopt, amend, repeal, and enforce
9 rules necessary for the proper administration and enforcement of
10 this section. The rules adopted by the board shall, at a
11 minimum:

12 (1) Prohibit a licensed home birth provider from providing
13 care for a high risk pregnancy with any one or more
14 pregnancy disorders, diagnoses, conditions, or
15 symptoms determined by the board, including but not
16 limited to:

17 (A) Previous cesarean section or uterine scar;

18 (B) Multiple gestation;

19 (C) Breech or any other non-vertex presentation at
20 greater than or equal to thirty-six weeks;



(D) Hypertension, diabetes, or other medical condition constituting a high risk pregnancy as determined by the board;

(E) Preterm labor; or

(F) Other high risk conditions as determined by the board;

(2) Require a licensed home birth provider to recommend that a client seek care with a licensed obstetrician and to document and maintain in the client's record a history of any disorder, diagnosis, conditions, or symptoms considered to be a high risk pregnancy as determined by rules and home birth safety protocols adopted by the board; and

(3) Require the licensed home birth provider to develop a means for timely consultation with, referral, or transfer to a hospital, or a licensed obstetrician or pediatrician, whenever there are significant deviations from normal in either the mother or the infant.

§ -7 Referral; transfer of care. (a) For home birth safety, the board shall adopt administrative rules regarding conditions that require:



1 (1) Mandatory transfer of patient care before the onset of
2 labor to a physician upon evidence of certain maternal
3 or fetal conditions;

4 (2) Mandatory consultation with a physician and initiation
5 of immediate emergency transport to a medical facility
6 when certain maternal or fetal conditions exist on
7 initial or subsequent intrapartum or postpartum
8 assessment; or

9 (3) Other medical conditions deemed by the board to
10 necessitate referral or transfer of care.

11 (b) The board may revoke, suspend, or condition the
12 license of a home birth provider if the board finds the home
13 birth provider has failed to refer clients or newborns in need
14 of care, or at risk of needing care beyond the abilities of the
15 home birth provider, to an appropriate health care professional.

16 § -8 Informed consent. Before accepting care, the
17 licensed home birth provider shall present, explain, and sign an
18 informed consent document to each client during their first
19 meeting, which shall include but not be limited to:

20 (1) The name and license of the home birth provider,
21 including the effective dates of the licensure;



- 1 (2) The client's name, address, phone number, birth date,
2 and primary care provider, if the client has one;
- 3 (3) A specific description of the licensed home birth
4 provider's education, training, and qualifications;
- 5 (4) A description of the planned home birth care,
6 including the definition of a low risk, normal
7 pregnancy;
- 8 (5) The benefits and risks associated with childbirth in
9 the setting selected by the client, including an
10 increased risk of neonatal mortality associated with
11 home birth;
- 12 (6) A statement advising the client to obtain standard-of-
13 care prenatal testing either through the home birth
14 provider or a licensed physician;
- 15 (7) A recommendation that the client see a licensed
16 obstetrician at least once during the pregnancy;
- 17 (8) A complete health history sheet, including the
18 client's:
 - 19 (A) Medical conditions;
 - 20 (B) Surgeries;
 - 21 (C) Previous pregnancies;
 - 22 (D) Allergies;



1 (E) Screening for possible hereditary diseases;

2 (F) Physical examination;

3 (G) Nutritional status; and

4 (H) A written assessment of risk factors;

5 (9) A written care plan specific to the client to ensure
6 the continuity of care throughout the antepartum,
7 intrapartum, and postpartum periods, which must review
8 the conditions under which consultation, including the
9 transfer of care or emergent transport of the client,
10 may be implemented;

11 (10) A statement about whether the licensed home birth
12 provider has malpractice or liability insurance
13 coverage;

14 (11) The following statement: "Assumption of risk. The
15 state hereby finds, determines, and declares that the
16 authority granted by this licensure for the provision
17 of home birth services does not constitute an
18 endorsement of such practices, and that it is
19 incumbent upon the individual seeking home birth
20 services to determine the qualifications of her
21 provider, the possible risks involved for the



1 individual and her baby, and make her own informed
2 decision."; and

3 (12) A statement that full disclosure of this information
4 has been made, all of the client's questions have been
5 answered, and a copy of this consent document has been
6 given to the client and a copy retained in the
7 client's record.

8 The informed consent document shall be signed and dated by the
9 client and the home birth provider as evidence that the document
10 has been received and explained, and kept by the home birth
11 provider as part of the client's permanent medical record.

12 § -9 Peer review. (a) Licensed home birth providers
13 are accountable to the board, their peers, and the public for
14 safe, competent, ethical practice, including but not limited to
15 the licensed home birth provider's participation in the peer
16 review process and any required mortality and morbidity
17 reporting. The results of these individual evaluations can be
18 distributed to influence professional policy development,
19 education, and practice. A licensed home birth provider shall
20 report the following to the board, and request and participate
21 in peer review in the following specific situations:



(1) There has been a death or significant morbidity to a client or child;

(2) The home birth provider has acted outside the protocols provided by this act or administrative rules; or

(3) There has been an intrapartum transfer of care to a hospital or physician.

(b) Any peer review report identifying areas for improvement shall be reviewed, with a peer review plan for improvement and follow-up made in appropriate cases. A licensed health care professional or facility may release clinical and demographic data concerning home births performed in the State to a peer review organization. Facilities and professionals who have submitted information or addenda through the peer review process may review and comment on the peer review report and follow-up plan.

§ -10 Record keeping and reporting requirements. (a)

Every licensed home birth provider who intends to provide home birth services for a client shall file a notice of intent to deliver at home with the department of health within fourteen days of entering into any agreement to provide such services. The forms for filing the notice of intent to home deliver shall



1 be promulgated by rule and made available by the department.
2 The department shall maintain a permanent database of all home
3 deliveries done under the care of licensed home birth providers,
4 which shall be made available to the home birth safety board.

5 (b) The licensed home birth provider shall complete a
6 certificate of birth registration and file it with the
7 department within ten days of the birth of any child in the
8 State. No licensed home birth provider shall register nor
9 enable any other party to register any child not born in the
10 State as a Hawaii birth. Failure to meet these vital records
11 regulations shall be grounds for disciplinary action.

12 (c) Any licensed home birth provider submitting an
13 application to renew a license shall compile and submit to the
14 board a complete practice data summary for the twelve months
15 immediately preceding the date of the application. Such
16 information shall be provided in form and content as prescribed
17 by rule of the board.

18 (d) Each licensed home birth provider who assists, or
19 supervises a person acting under their orders to assist, in
20 normal childbirth shall annually report this activity to the
21 board. The summary report shall contain, at a minimum, the



1 following data and other information as promulgated by the
2 board:

- 3 (1) The home birth provider's name and license number;
- 4 (2) The calendar year being reported; and
- 5 (3) Information regarding cases in which the home birth
6 provider, or someone supervised by the home birth
7 provider, assisted in the previous year as determined
8 by the board, including information on the number of
9 clients, births, transfers, reasons for transfer,
10 birth outcome, complications, and other information
11 required by the board.

12 (e) Licensed home birth providers shall report to the
13 board and department of health any maternal, fetal, or neonatal
14 mortality or serious morbidity within twenty-four hours.
15 Failure of a home birth provider to submit required reports
16 constitutes grounds to deny renewal of license."

17 SECTION 3. This Act does not affect rights and duties that
18 matured, penalties that were incurred, and proceedings that were
19 begun before its effective date.

20 SECTION 4. This Act shall take effect upon its approval.
21

INTRODUCED BY: John Green MD

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Report Title:

Home Birth Safety Board; Midwives; License

Description:

Establishes the home birth safety board to adopt rules and protocols for home birth providers. Requires home birth providers to be licensed beginning on 7/1/2015 and to meet minimum educational and training requirements. Requires the home birth safety board to investigate complaints concerning violations of its regulations and to take disciplinary action when necessary. Limits home births to clients with normal, low-risk pregnancies. Requires licensed home birth providers to use informed consent documents with their clients and to follow record keeping and reporting requirements.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

