

**SUBJECT:** Continuing the Texas Midwifery Board

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 8 ayes — Delisi, Laubenberg, Coleman, Dawson, Jackson, McReynolds, Solis, Truitt

0 nays

1 absent — Zedler

**WITNESSES:** For — Mary Barnett, Consortium of Texas Certified Nurse Midwives; Beth Overton, The Association of Texas Midwives; Jack Youngblood, Texans for Midwifery

Against — None

On — Yvonne Feinleib, Department of State Health Services; Amy Trost, Sunset Advisory Commission; Ralph Anderson and Moss Hampton, Texas Association of Obstetrics and Gynecology and Texas Medical Association

**BACKGROUND:** In 1983, the 68th Legislature enacted the Texas Midwifery Act, which regulates the practice of midwifery without formal medical training. The Texas Midwifery Board is composed of nine members: three documented midwives, one certified nurse midwife, one obstetrician/ gynecologist, one family practitioner or pediatrician, and three public members, one of whom must be a parent with at least one child born with the assistance of a midwife.

Midwives generally deliver babies using methods of care that focus on minimizing medical and technological intervention. Documented nurse midwives' licenses are granted by the Texas Midwifery Board. A documented nurse midwife license requires successful completion of state and national training courses and exams. Certified nurse midwives have a nursing license and are regulated by the Texas State Board of Nurse Examiners.

The board underwent Sunset review in 1993 and was continued by the 73rd Legislature. If not continued by the 79th Legislature, the board will be abolished September 1, 2005.

DIGEST:

HB 1535 would continue the Texas Midwifery Board until September 1, 2017. It would add standard sunset provisions governing conflicts of interest, designation of a presiding officer, grounds for removing a board member, training of board members, technology, negotiated rulemaking, complaint procedures, and standard licensing board recommendations and make conforming changes to legislation enacted in 2003.

The bill would change the license title from "documented nurse midwife" to "licensed nurse midwife."

The bill also would change the composition of the board to: five documented midwives, one obstetrician/ gynecologist, one family practitioner or pediatrician, and two public members, one of whom would have to be a parent with at least one child born with the assistance of a midwife.

The board could not restrict advertising or competitive bidding by a licensed midwife except to prohibit false, misleading, or deceptive practices. It also would have to notify license applicants of exam results within 30 days or, if the test were conducted by another party, within 14 days of the board's receiving the results. If the results by another party were delayed for more than 90 days, the board would have to notify the applicant of the delay before the 90th day. It also would have to furnish an applicant with an analysis of the results if requested by an applicant who failed the exam.

The bill would take effect September 1, 2005.

SUPPORTERS  
SAY:

Texas should add more documented midwife members to the board. While it is important to have the advice and expertise of physicians and the public on the board, documented midwives should not be in the minority. By removing a certified nurse midwife and one public member from the board, more documented nurse midwives could be members.

The term "licensed nurse midwife" would be more descriptive to the public because it indicates that the individual holds a license, which connotes regulation, complaint processes, and recourse. The public should

be made aware that if they had a problem with a midwife, they could complain to the state board and the state would have authority over that professional's licensure. The term "documented" does not convey any sense of regulation.

**OPPONENTS  
SAY:**

The midwifery board's structure should not be changed because it would cut out a particularly important voice: the certified nurse midwife. As a nurse and a midwife, this individual bridges the gap between the medical model of care and the documented nurse midwives' experience-based model.

The term "licensed" would connote a level of education that documented nurse midwives simply do not possess. A licensed professional generally is one who has achieved a certain level of education and experience to meet the state's licensing requirements. "Documented" better reflects these midwives' backgrounds.

**NOTES:**

The committee substitute made technical changes to the filed bill.

The companion bill, SB 416 by Shapleigh, has been referred to the Senate Government Organization Committee.