

CERTIFIED NURSE-MIDWIFERY PRACTICE IN MAINE

**An Initiative to Implement Standard Procedures and Practices Allowing Hospital
Admission by CNMs of Maternity Patients**

Maine Association of Certified Nurse Midwives, 2008-09

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SUMMARY OF MAINE ASSOCIATION OF CERTIFIED NURSE MIDWIVES’ INITIATIVE REGARDING INPATIENT NURSE-MIDWIFERY CARE AND HOSPITAL ADMITTING PRIVILEGES

This summary statement and the corresponding referenced materials describe the Initiative of the ME-ACNM to achieve broad-based implementation by Maine hospitals of consistent, authorized standards for hospital admission and related care of maternity patients by certified nurse-midwives (CNMs). The Initiative seeks to create an environment of respectful collaboration between physicians and midwives to bring safe, intelligent and sensitive health care to women and families, drawing on the strengths of each profession to improve outcomes, meet the needs and wishes of clients, and abide by the rules and regulations of related organizations.

The goals and the proposed means for accomplishing the Initiative are consistent with Maine laws and regulations governing health care services for maternity patients in need of hospitalization, and bring documentation and written guidelines into accord with accepted practice in numerous hospitals both in Maine and throughout the nation.

1. Certified Nurse Midwives:
 - a. are registered professional nurses who have received post-graduate education in a nurse-midwifery program, and are authorized to practice midwifery through the Maine State Board of Nursing.
 - b. autonomously provide health care services to their patients under the authority of the Maine Board of Nursing Rules and Regulations (Chapter 8). Such practice can include privileges to admit and discharge patients, with involvement of the physician as outlined through CNM/Physician collaborative practice agreements or departmental policy.
2. Initiative Recommendations.
 - a. **Hospital Policies and Procedures.** The Initiative recommends that the philosophy, criteria and guidelines for CNM admitting privileges and medical staff membership be reflected in written policy or procedure statements, setting forth the applicable standards and limitations, ensuring consistency within the hospital system, and between and among hospitals in the state. *See proposed Hospital Policy & Procedure Statement.*
 - b. **Medical Care by a Physician.** The Initiative recommends institution of a clear mechanism to ensure appropriate medical care when indicated. Under this Initiative, supervision of *the care of a CNM-admitted patient* by a licensed physician is required in the event that a hospitalized CNM patient requires care outside the scope of CNM practice and delineated privileges, or has an independent medical condition requiring physician treatment during the hospitalization. *See proposed Hospital Policy & Procedure Statement and Definition of Supervision.*

- c. **Consultation and Referrals.** The Initiative recommends institution of a clear mechanism for consultation and referral. CNMs practice within a health care system that includes consultation and collaborative management of patients as indicated by the health status of the patient. This includes referral to a physician for treatment of a medical condition, or when a patient experiences medical, gynecological and/or obstetrical complications. *See proposed Hospital Policy and Procedure Statement.*
 - d. **Practice Agreements.** The Initiative recommends defining CNM/physician collaborative relationships through practice agreements. Each CNM granted privileges in a Maine hospital is expected to define her or his scope of practice through practice guidelines, a CNM/physician Practice Agreement and/or departmental policy. Such agreements incorporate standards of Collaboration, Consultation and Referral, as defined under national midwifery standards. *See Definitions.*
 - e. **Hospital Privileges.** The Initiative recommends granting admitting and discharge privileges to Certified Nurse-Midwives. Under the Initiative, each CNM applying for clinical privileges is required to complete and submit a written application, documenting his or her competence, training, and experience relevant to the granting of such privileges. The process ensures, similarly to the granting of privileges for all physicians and other licensed practitioners, that only duly-qualified CNMs become members of hospital medical staffs.
 - f. **Uniform Delineation of Privileges Form.** The Initiative recommends use of a standardized *Delineation of Privileges Form* setting forth the scope of privileges a CNM can provide as a member of the medical staff at Maine hospitals. See attached sample *Delineation of Privileges Form*.
 - g. **Bylaw Provisions for Hospital Medical Staff.** The Initiative recommends the adoption of medical staff bylaw provisions recognizing CNMs as Licensed Independent Practitioners (LIPs). *See attached proposed Standard Language for Medical Staff Bylaws.*
3. **State Regulations.** The Initiative is consistent with the State of Maine Regulations for the Licensure of General and Specialty Hospitals, the Maine State Board of Nursing Rules and Regulations for Advanced Practice Nurses, and with the Board of Licensure in Medicine Regulations.
- a. **Licensure of Hospitals.** The State Regulations do not preclude admitting privileges for nurse midwives. Essentially, the State Regulations, C.M.R. 10-144-112, Rules for the Licensing of Hospitals (effective January 1, 2009) defer to the federal standards and certification requirements adopted by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) in 2007. The Regulations state, “[w]here ever the federal standards and certification requirements

refer to requirements, standards or conditions applying to Medicare patients, for purpose of state licensing they must apply to all patients, regardless of payment source.” C.M.R. 10-144 -112 3, ¶ 3.4. Essentially, the new Rules align with the federal CMS standards and conditions of participation. See DHHS Notice of Agency Rule-making Adoption for C.M.R. 10-144-112, Division of Licensing and Regulatory Services.

- b. Board of Nursing. The Board of Nursing regulations provide that a certified nurse-midwife may qualify as an advanced practice registered nurse, who is authorized to deliver expanded professional health care. C.M.R. 02-380-08, § 1(1)(A). Moreover, the nursing regulations provide that a certified nurse-midwife is “independently responsible and accountable” for:
 - i. Primary health care and case management of women during pregnancy, childbirth, and the postpartum period;
 - ii. Primary health care of the newborn up to age one; and
 - iii. Provision of gynecological care, family planning services, and treatment of sexually transmitted diseases in contacts.

C.M.R. 02-380-08, § 1 (3)(B).

- c. Board of Licensure in Medicine. The regulations for the Board of Licensure in Medicine provide that a nurse midwife who is approved by the Maine State Board of Nursing as an advanced practice registered nurse (“APRN”) may work as a licensed independent practitioner. C.M.R. 02-373-03, Summary.

4. Federal Regulations. Hospital admission of patients by CNMs for routine deliveries is supported by federal regulations.

- a. The governing Center for Medicare and Medicaid Services (“CMS”) regulations state: “in a state that permits midwives to admit patients (and in accordance with hospital policy and practitioner privileges), CMS requires ONLY Medicare patients of a midwife be under the care of a doctor of medicine or osteopathy. CMS does not require Medicaid or other non-Medicare patients admitted by a midwife be under the care of a doctor of medicine or osteopathy.” CMS Interpretive Guidelines § 482.12(c)(2), A-0019; *see also* 42 C.F.R. §§ 482.1(a)(5) and 482.12(c)(2).
- b. Title XIX of the Social Security Act (Medicaid) requires that in order to receive Federal matching funds, certain basic services must be offered to the categorically needy population in any State program, including nurse-midwife services (to the extent authorized under State law): “If a State plan, under § 440.210 or 440.220 of this subchapter, provides for nurse-midwife services, as defined in § 440.165, the plan must provide that the nurse-midwife may enter into an independent provider agreement, without regard to whether the nurse-midwife is

under the supervision of, or associated with, a physician or other health care provider.” 42 C.F.R. § 441.21.

5. Summary. Allowing CNMs to admit their patients to hospitals for routine maternity care is intended to enhance patient access and care, and not to minimize or impede physician involvement when it is appropriate and necessary. In circumstances involving a complication of pregnancy, including a general medical condition that may negatively impact or complicate delivery, access to physician consultation and care is indicated. This collaborative approach is best supported by consistent hospital bylaws and clinical practice agreements between CNMs and OB/GYN physicians.

MAINE ASSOCIATION OF CERTIFIED NURSE-MIDWIVES

INTRODUCTION

The Initiative to Implement Standard Procedures and Practices Allowing Hospital Admission of Maternity Patients by Certified Nurse-Midwives seeks the adoption and implementation of consistent privileging and admission standards for Maine Certified Nurse-Midwives (CNMs) who practice in hospitals providing maternity care to the women of Maine. The goal of the Initiative is to clarify expectations for CNM/physician relationships while ensuring the safety and accessibility of midwifery care for Maine women. The guiding principle that forms the foundation of the Initiative is the thoughtful application of sound risk management guidelines.

Certified Nurse-Midwives are Advanced Practice Registered Nurses (APRNs) who provide maternity and women's health care. They are authorized through their licenses and pursuant to Maine Board of Nursing regulations to autonomously provide "primary health care and case management of women during pregnancy, childbirth, and the postpartum period." Certified Nurse-Midwives deliver over 17% of babies born in Maine hospitals.

Many hospitals, appropriately, privilege CNMs to admit and discharge their maternity patients within a collaborative practice framework governed by the hospital OB/GYN department. Other hospitals are more restrictive, with provisions in the general hospital bylaws calling for CNM hospital admissions and services to be subject to the "supervision or sponsorship" of a physician. However, such bylaw provisions often restrict the ability of CNMs to practice within the scope of their licenses and create an undue burden on OB/GYN physicians, and in some instances unnecessarily impeding patient access to timely and high-quality midwifery care. This type of bylaw provision imposes unnecessary liability on physicians otherwise uninvolved in the care of a CNM patient, is frequently not met in day-to-day practice, and complicates the issue of liability coverage for the companies who insure hospitals, physicians and CNMs alike.

Through the Initiative, the Maine Association of Certified Nurse-Midwives, with the support of other health care agencies and associations, is attempting to clarify and improve the process for hospital admission of CNM maternity patients in Maine. The goal is to address the needs of maternal health care patients in our state in a manner that meets current legal and regulatory standards. This can be accomplished through hospital bylaw provisions and medical staff rules addressing expectations and standards applicable to CNM admission of maternity patients, in conjunction with the use of departmental policy and professional collaborative practice agreements.

The provisions and documents provided here are designed to meet the current Board of Medicine and Board of General and Specialty Hospital Rules and Regulations, and Joint Commission standards regarding privileging of licensed independent professionals. The ancillary materials include referenced pertinent legal and regulatory standards and documents that support the recommendations of the Initiative.

MAINE ASSOCIATION OF CERTIFIED NURSE-MIDWIVES INITIATIVE

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DEFINITIONS

“Certified nurse-midwife” (“CNM”) means a registered professional nurse who has received post-graduate education in a nurse-midwifery program approved by the American College of Nurse-Midwives and who has passed the national certification examination administered by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Counsel, Inc. (A.C.C.). *See C.M.R. 02-380-08, State Board of Nursing, Regulations Relating to Advanced Practice Registered Nursing.*

“Collaboration” means working jointly with other health care providers to provide patient care. Collaboration is the process whereby a CNM or CM and physician maintain a professional relationship to ensure the care of women whose condition is or has become medically, gynecologically or obstetrically complicated. *See ACNM (2003) Standards for the Practice of Midwifery; ACNM (1997) Collaborative Management in Midwifery Practice for Medical, Gynecologic, or Obstetrical Problems; ACNM (2002) Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives.*

“Consultation” is the process, as referenced in the ACNM document *Collaborative Management in Midwifery Practice for Medical, Gynecologic, or Obstetrical Problems*, whereby a CNM or CM, who maintains primary management responsibility for the woman’s care, seeks the advice or opinion of a physician or another member of the health care team as part of collaborative practice.

“General Medical Condition” is generally accepted to mean the diagnosis, treatment or current presence of clinical signs or symptoms indicative of specific diseases or disorders. This definition does not include the physiologic process of uncomplicated pregnancy, labor, birth, and the puerperium. *See, e.g.:*

1. Revisions to Interpretive Guidelines for Medicare Hospital Conditions of Participation in 42 C.F.R. § 482. *See CMS Interpretive Guidelines § 482.12(c)(2), A-0019.*
2. CMS Letter dated August 18, 2005 to state survey agency directors providing notice of Revisions to Interpretative Guidelines.
3. ICD-9-CM codes, distinguishing uncomplicated pregnancy and delivery, from medical conditions and from complications of pregnancy.
4. DSM IV Axis III, list of General Medical Conditions, which includes only complications of pregnancy.

“Licensed Independent Practitioner” means any individual permitted by law and by a health care facility to provide care, treatment, and services without direction or supervision. *See, Joint Commission for the Accreditation of Healthcare, The Medical Staff Handbook, vol. 20, page 6.*

“Midwifery Practice” means the provision of women’s health care by a CNM, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, family

planning and gynecologic needs of women within a context or health care system that provides for collaborative care. *ACNM (2003) Standards for the Practice of Midwifery*.

“Practice Agreement” means an arrangement that defines the collaborative practice between OB/GYN physicians and CNMs that may not be addressed through the delineation of privileges. Such an arrangement would provide guidance and recommendations for Consultation and Referral within the specific hospital or practice setting, and would ensure physician availability when needed.

“Referral” is the process by which the CNM directs the client to a physician or another health care professional for management of a particular problem or aspect of the client’s care. *ACNM (1997) Collaborative Management in Midwifery Practice for Medical, Gynecological, and Obstetrical Conditions*.

“Supervision” means overseeing, and accepting responsibility and liability for medical activities *delegated* by a physician to an APRN. *Board of Licensure in Medicine. Chapter 3. Physician Supervision of Advanced Practice Registered Nurse under Medical Delegation*.

- The scope of practice of an APRN *independent of any delegation* by a physician is defined by the Maine State Board of Nursing, statutorily identified in 32 M.R.S.A. §2102 2-A.
- An APRN (whether a midwife or nurse practitioner) may choose to perform medical acts *beyond the scope of practice by an APRN* as defined by the Maine State Board of Nursing, when these services are *delegated* by a licensed physician. At that point, the physician would be responsible for supervision of the acts of the CNM, and would assume liability for the same.
- Midwifery Practice must be in accordance with the ACNM standards, including adherence to the concepts of consultation, collaboration, and referral where appropriate.

DRAFT HOSPITAL POLICY AND PROCEDURES STATEMENT REGARDING HOSPITAL ADMISSION OF MATERNITY PATIENTS BY CERTIFIED NURSE-MIDWIVES

Policy Number _____

Date of Implementation: _____

Replacing or Revising Policy Number/date: _____

POLICY

It is the policy of this Hospital to enhance access to quality health care for Maine women seeking hospital-based midwifery care services, by allowing hospital admission by and extending treatment privileges to, Maine certified nurse-midwives who function within a practice setting that provides for collaborative practice between certified nurse-midwives and physicians.

PROCEDURES

The Hospital Policy shall be accomplished by the following procedures and practices:

- A. Privilege Applications. Certified Nurse Midwives with hospital admitting privileges may admit and care for patients in the hospital. Each CNM, similar to every applicant for clinical privileges, shall document to the satisfaction of the Medical Staff his or her competence, training, and experience relevant to the granting of such privileges.
- B. Delineation of Privileges Form. The Hospital Privileges granted to CNMs shall be reflected in the *Delineation of Privileging Form*, which can be found in the Credentials file of each CNM. This form is completed by the CNM applicant setting forth the specific services the CNM is authorized and qualified to provide within the scope of her or his license. In connection with the granting of privileges, the form reflects the scope of privileges and services the CNM is authorized to provide as a member of the Hospital Medical Staff.
- C. Standards of Care. All services provided by CNMs are governed by the written Standards for the Practice of Midwifery and the Core Competencies for Basic Midwifery Practice promulgated by the American College of Nurse-Midwives, and by general standards of professional care. Midwifery practice is based on the *Core Competencies for Basic Midwifery Practice*, the *Standards for the Practice of Nurse-Midwifery* and the *Code of Ethics* promulgated by the American College of Nurse-Midwives. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM Certification Council (ACC) or the American Midwifery Certification Board. (AMCB) assume responsibility and accountability for their practice as primary health care providers.”¹

¹ ACNM (2002). Core Competencies for Basic Midwifery Practice. Accessed 10-20-06 from <http://www.midwife.org/display.cfm?id=484>.

D. Hospital Admissions. Certified Nurse-Midwives are authorized through privileges granted by the Hospital to admit and provide treatment for women within the CNM scope of practice as defined by the as defined by the American College of Nurse Midwives and the Maine State Board of Nursing.

1. Certified Nurse-Midwives who admit patients without underlying medical conditions may perform the complete admission history and physical examination and provide care according to their delineated privileges, including patient transfer or discharge from the facility. Routine deliveries are not considered a ‘general medical condition.’ *See General Medical Condition Resource List.*
2. When indicated, the general medical care of each patient shall be under the supervision of a physician or medical group, such as: a) OB/GYN physician/group, b) the patient’s primary care physician/group, c) the hospitalist, or d) other appropriate physician(s) on Active or Temporary Medical Staff qualified to oversee the patient’s medical care. The mechanism(s) addressing physician oversight of the patient’s general medical care may be delineated through CNM practice guidelines, the CNM/physician clinical practice agreement, or department-specific policy.
3. Certified Nurse-Midwives who admit patients with underlying medical problems may perform the complete admission history and physical examination and provide care according to their delineated privileges. When indicated, based on patient status, clinical findings and assessment of risk, a consultation will be obtained, within 24 hours of admission, with a physician on Active or Temporary Medical Staff who is qualified to oversee the patient’s medical care. All requests for consultation must be documented by the CNM.

E. Medical Care and Treatment by a Physician. When a patient experiences medical, gynecological and/or obstetrical complications requiring physician participation in the patient’s care, the CNM may continue to be active in the patient’s care. Such patient’s care is subject to physician supervision of the *patient’s medical care* until the earlier of: a) the written confirmation by the physician of the resolution of the patient’s medical condition, or b) until the time of discharge.

F. Collaborative Practice. All hospital-based maternity care providers with limited obstetric privileges must have readily available access to OB/GYN consultation, collaboration and referral for their patients. Review and oversight of the mechanism for collaborative practice will take place within the OB/GYN committee, and may be reflected in hospital policies related to maternity or women’s health care. Collaborative practice is intended to combine the knowledge and skills of one or more health professionals to maximize the efficiency of clinicians and the health care system for the patient’s benefit. Collaborative practice brings together health care professionals with different and complimentary knowledge and skills to increase the scope of, satisfaction with, and access to patient services.

1. Certified Nurse-Midwives with clinical privileges at this hospital function as a member of a collaborative health care team. Collaborative relationships allow CNMs to consult or refer with OB/GYN physicians and/or other health care providers as needed for care outside their scope of practice based on their delineated privileges or patient preferences.
2. When obstetrician/gynecologists and certified nurse-midwives collaborate, they should concur on a clear mechanism for consultation, collaboration and referral based on the individual needs of each patient.² This mechanism is to be developed by an interdisciplinary team that includes but is not limited to Certified Nurse-Midwives, Obstetrician/Gynecologists, and Pediatric care providers.

G. Practice Agreements. Each CNM granted Hospital Medical Staff privileges shall enter into a practice agreement, defining the collaborative relationship with any one or a number of physician members of the Hospital Medical Staff. *Collaborative Relationship* means an effective and agreed upon system of consultation and collaborative management of patients, dependent upon the health status of the patient. The philosophy and system includes:

Consultation: the process whereby a CNM, who maintains primary management responsibility for the woman's care, seeks the advice or opinion of a physician or another member of the health care team.

Collaboration: the process whereby a CNM and physician jointly manage the care of a woman or newborn experiencing medical, gynecological, obstetrical or pediatric complications. The scope of collaboration may encompass the physical care of the patient, including delivery by the CNM, according to a mutually agreed-upon plan of care. When maternal or fetal status require the physician to assume management of the patient's care, the CNM may continue to participate in physical care, counseling, guidance, teaching and support. Effective communication between the CNM and physician is essential for ongoing collaborative management.

Referral: the process by which the CNM directs the client to a physician or another health care professional for management of a particular problem or aspect of the client's care, particularly for treatment of a medical condition, or when a patient experiences medical, gynecological and/or obstetrical complications.

² ACNM/ACOG (2002). Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.

Checklist of Recommended Risk-Management Elements For Hospital-Based Certified Nurse Midwifery Practice

- CNM practice as “Licensed Independent Practitioners” (LIPs).
- The term “Licensed Independent Practitioner” is defined in Medical Staff documents.
- CNMs are required to participate in the OB/GYN or Perinatal Committee, and such participation is reflected in the minutes.
- Each CNM with hospital LIP privileges should be party to a Collaborative Practice Agreement, as defined by the ACNM, with one or more licensed physicians on the hospital staff, privileged in obstetrics, and signed by all parties.
- Recommended components of the Collaborative Practice Agreement include, but are not limited to, identification and description of:
 - the practice setting(s) in which the CNM will provide care.
 - the types of patients for which the CNM will provide care.
 - the mechanism for physician coverage and consultation.
 - the nature and extent of CNM professional liability coverage.
 - the CNM “Scope of Practice”, which means and includes:
 - Delineation of parameters for independent practice (such as, conduct of normal spontaneous vaginal birth, induction or augmentation of labor).
 - Written clinical practice guidelines for midwifery care (preprinted text acceptable), including, but not limited to definition of and parameters for consultation, co-management of care (collaborative care), and referral.
 - A description of prescriptive authority and scope.
 - If medical functions beyond the CNM scope of practice are delegated, the following components must be defined: documentation of relevant education and training, identification of physician supervisor, and plan for physician oversight of the delegated function.

- Review process or processes by which the CNM scope of practice, authority, and competency are evaluated and verified as being consistent with the scope of hospital privileges and applicable midwifery standards. This includes periodic review to assess CNM practice as consistent with the current national- and state-defined CNM scope of practice. The description of the review processes should specify:
 - the reviewing body.
 - the frequency and mode of assessment.
 - the requirement for CNM participation in the hospital peer review process. Documentation of either internal or external peer review is acceptable.
 - the process and scope of medical record audits (quality management) of CNM records.
 - the triggers, such as particular diagnoses, outcomes, or indicators that stimulate review.
 - the nature, timing, extent and documentation of comparisons of CNM clinical practice with national midwifery standards.
 - requirements for documentation, and disclosure of review findings, assessments, and recommendations to the CNM whose care has been reviewed.

- Evidence of the collaborative relationship is readily available. Recommended components include:
 - Regularly scheduled meetings to discuss clinical care or concurrent case review, in particular for patients with interesting or challenging history or findings.
 - Documentation of collaboration that meets clinical criteria or diagnoses as set forth in the collaborative practice agreement, practice guidelines, or hospital standards. Acceptable forms of documentation of the CNM/physician collaborative process include, but are not limited to:
 - patient medical records
 - meeting minutes
 - case review
 - schedules
 - Mutual review of effectiveness of CNM/physician collaboration process.

- Ready access of CNM to physician consultation
 - Timeliness of CNM request for consultation
 - Timeliness of physician response to CNM request for consultation
 - Communication between CNM and physician is documented in medical record, and includes but is not limited to
 - indication for consultation
 - plan for continued care
 - anticipated follow-up
- A requirement for periodic updates of Collaborative Practice Agreements.

**LICENSED INDEPENDENT PRACTITIONER
DELINEATION OF MEDICAL STAFF PRIVILEGES**

CERTIFIED NURSE-MIDWIFE

Name: _____ Date: _____

Appointment

(Last)

(First)

(Middle)

Reappointment

Eligibility Requirements: In order to be admitted as a member of the Medical Staff, each applicant shall submit written documentation evidencing compliance with the following:

- 1) Basic education: Meets current Maine Board of Nursing standards for CNM licensure
- 2) Graduation from a program of nurse-midwifery accredited by the American College of Nurse Midwives
- 3) Licensure and Certifications:
 - a) Current Maine RN license
 - b) "Approval to Practice" as an Advanced Practice Nurse in the state of Maine, and
 - c) Certified by the American College of Nurse Midwives or its designated certification board
- 4) Required previous experience: Evidence of current competency to perform the procedures requested
- 5) Additional requirements:
 - a) Applicant must maintain a collaborative practice arrangement with at least one (1) physician on staff who is Board Certified or Board Eligible in the Department of OB/GYN
 - b) Satisfactory observance by one or more CNM or physician member(s) of the Medical Staff, of at least five deliveries independently performed by the applicant.
- 6) Reappointment:
 - a) Based on unbiased, objective results of care according to the Board of Trustees quality assurance mechanisms
 - b) Applicant has maintained competence in credentialed procedures according to current risk management criteria
 - c) Evidence of continuing education specifically related to midwifery consistent with Maine Board of Nursing requirements

Name: _____ Date: _____
 (Last) (First) (Middle)

Appointment Reappointment

<u>Privilege Requested</u>	Requested	Not Requested	Granted	Denied
Admission, Triage, and Discharge of Patients				
History and Physical: Admission				
History and Physical: Discharge				
Assessment of maternal status				
Assessment of fetal status				
Ordering and interpretation of Laboratory testing				
Diagnostic imaging				
Fetal evaluation tests				
Other diagnostic testing				
Written orders for outpatient care				
Written orders for inpatient care				
Diagnosis and management of labor				
Ordering epidural anesthesia				
Diagnosis and initiation of treatment for complications of labor or birth				
Management of NSVD				
Administration of local or pudendal block				
Vacuum extraction - Outlet				
Episiotomy – midline, and repair				
Episiotomy – mediolateral, and repair				
Laceration repair – First degree				
Laceration repair – Second degree				
Laceration repair – Third Degree				
Laceration repair – Fourth Degree				
Laceration repair – Vaginal sulcus				
Laceration repair – Cervix				
Treatment of postpartum hemorrhage				

<u>Privilege Requested</u>	Requested	Not Requested	Granted	Denied
Manual removal of the placenta				
First Assisting – Cesarean delivery				
First Assisting – GYN surgery				
Newborn resuscitation				
Normal newborn care				
Circumcision				
Ultrasound – third trimester				
External version under ultrasound				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

STANDARD LANGUAGE FOR MEDICAL STAFF BYLAWS

RECOGNIZING CERTIFIED NURSE-MIDWIVES AS LICENSED INDEPENDENT PRACTITIONERS

A nurse midwife or nurse practitioner who is approved by the Maine State Board of Nursing as an advanced practice registered nurse (“APRN”) may work as a licensed independent practitioner and/or choose to perform medical diagnosis or prescribe therapeutic or corrective measures when these services are delegated by a licensed physician. 32 M.R.S.A. §2205-B.3; *see also* C.M.R. 02-373-03, Summary and § 1 (1) (A)

Licensed Independent Practitioner (LIP) shall include, for purposes of hospital privileges, members of the Hospital Medical and Professional Staff who, when practicing within the scope of their licenses and delineated privileges, provide unsupervised, independent direct patient care. To be considered for membership on Hospital Medical and Professional Staff these providers must:

- a. Have graduated from an accredited program in their specialty based on current statute, rules and regulations of the appropriate regulatory or licensing agency.
- b. Hold a current Maine license in their specialty.
- c. Provide proof of acknowledgment of independent status thorough the appropriate licensing board, where applicable

Such bylaw definitions should also include language confirming, with respect to the scope of rights and responsibilities of CNMs that ‘LIPs shall be afforded and subject to the same rights, obligations, and processes with respect to applications, renewals and hearings as other active members of the Medical Staff’.

Implications of State of Maine Insurance Statutes for CNM Initiative

Insurance coverage laws and regulations for health care services in the State of Maine require no revision or amendment in connection with this initiative and the related privileging of nurse midwives. Instead, extending admitting and registration privileges to CNMs privileges minimizes unnecessary confusion, meets current insurance statutes. At the same time implementation of the Initiative will reduce professional liability insurance obligations on companies who provide coverage for collaborating physicians, and obviates liability exposure for physicians otherwise uninvolved in the care of a CNM patient.

With respect to pertinent Maine insurance laws:

- By law, maternity care rendered by a certified nurse midwife; that is, midwifery services within the scope of the CNM's license, must be afforded the same health insurance coverage as an insurer provides for the services if rendered by a primary care medical provider.

The pertinent sections of the Maine Insurance Code provide as follows:

Required coverage for services. An insurer shall provide coverage for covered services performed by a certified nurse practitioner or certified nurse midwife within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife, and (when required by the policy) the recipient of care was referred to the CNM by a primary care provider. 24-A M.R.S.A. § 2757.

Identification of services provided by certified nurse practitioners and certified nurse midwives. "All claims for coverage of services provided by certified nurse practitioners and certified nurse midwives must identify the certified nurse practitioners and certified nurse midwives who provided those services. A carrier offering a health plan in this State shall assign identification numbers or codes to certified nurse practitioners and certified nurse midwives who provide covered services for enrollees covered under that plan. A claim submitted for payment to a carrier by a health care provider or facility must include the identification number or code of the certified nurse practitioner or certified nurse midwife who provided the service and may not be submitted using the identification number or code of a physician or other health care provider who did not provide the covered service." 24-A M.R.S.A. § 4303 (5).

Implications of Joint Commission on Accreditation of Hospitals Standards - Hospital Governing Documents

The hospital accreditation standards from the Joint Commission on Accreditation of Hospitals are consistent with goals of this Initiative and of the regulatory bodies that monitor safety and quality of care in hospitals.

In particular, the CNM Delineation of Privileges Form and the collaborative agreements contemplated by this Privilege Initiative, meet if not exceed, the Joint Commission requirements. For example, the Joint Commission standards regarding services being provided by practitioners with privileges (Standard MS.1.10), and regarding uniform quality of patient care, treatment and services (Standard MS.1.10; Standard MS 2.10) are met by the procedures and approaches recommended by this Initiative.

Further, the Joint Commission standards expressly recognize that licensed independent practitioners should have appropriate privileges that correspond to the particular level of services needed by any given patient, and that permit management and coordination of a patient's care. (Standard MS 2.20). Similarly to this CNM Initiative, the Joint Commission standards contemplate management of a patient's *medical* condition by a physician. (Standard MS 2.20).

**Implications of State of Maine Regulations regarding Licensure of General
And Specialty Hospitals in the State of Maine -
Hospital and Medical Staff Governing Documents**

The State of Maine regulations for the licensure of hospitals (“the Hospital Licensure Regulations”), effective January 1, 2009, adopted the federal standards and certification requirements. *See* C.M.R. 10-144-112, § 3. As of January 1, 2009, the Hospital Licensure Regulations have streamlined the hospital survey and licensure process. Hospitals are now exempt from state inspection requirements if they are federally certified by CMS for participation in the federal Medicare program *and* hold full accreditation status by a health care facility accrediting organization recognized by CMS. Moreover, the hospital standards are aligned with the federal CMS conditions of participation. *See DHHS Notice of Agency Rule-making Adoption for C.M.R. 10-144-112, Division of Licensing and Regulatory Services.*

Implications of State of Maine Regulations regarding Health Care Provider Licensure

Board of Medicine Regulations re Certified Nurse Midwives

Under the State of Maine Board of Medicine regulations, a CNM may independently perform all aspects of care within the nurse midwifery scope of practice, as defined by the Maine Board of Nursing, *without requiring physician supervision*. This scope includes the provision of maternity care, hospital admissions, history & physicals, uncomplicated deliveries, routine postpartum care and patient discharge.

Although the regulations reference supervision by physicians, it is clear that such supervision is required *only* in circumstances involving medical delegation by a physician and/or the performance by CNMs of medical treatment *beyond the scope of the midwifery license*. Pertinent sections of the Board of Medicine Regulations and State Board of Nursing Regulations regarding Physicians and CNMs include C.M.R. 02-380-08 (Regulations Relating to Advanced Practice Registered Nursing) and C.M.R. 02-373-03, § 1(A) (Definitions); § 4 (Scope of Practice); and § 4(A)(3) (Delegated Authority).

The State of Maine professional regulations allow the approach sought by this Initiative - to allow CNMs hospital privileges to admit patients for maternity care. In fact, restrictions on this approach and the imposition of supervisory requirements over CNMs by physicians creates unnecessary potential liability for physicians otherwise uninvolved in the care of a CNM patient, and presents complications for the liability insurance companies who provide coverage for these physicians.